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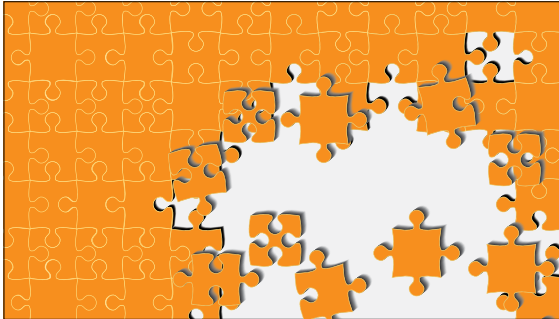**American**College *of* **Healthcare**Executives *for leaders who care*®

CONTENTS

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Fresh, Exclusive Content

Read the following articles only at **HealthcareExecutive.org/WebExtras**:

Building Belonging Across Generations

With as many as five generations currently in the workforce, the healthcare field can build a sense of belonging that considers all age groups. During the diversity and inclusion curriculum implemented at Main Line Health, one of the exercises involved breaking into generational groups and asking, "How do you feel other generations think of you?"

Improving Onboarding, Transitioning New Team Members

Without adequate onboarding, things can go awry even if a candidate is a great fit. However, leaders can take certain steps to help ease the transition of new hires and not spend a great deal of time doing it.

Recent *Healthcare Executive* Podcasts

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Evolving How We Lead

Randy F. Liss

How we think of leadership today is much different than the way we did even just a decade ago. Circumstances and events of recent years have flipped the playing field, demanding that leaders be less organization- and task-oriented and more collaborative and people-focused. And, I might argue, it's much for the better.

Part of that evolution is how leaders assemble their executive teams, with today's playbook featuring fresh recruiting approaches and role-reconfiguration. Our cover story, "Building a Future-fit Executive Team" (Page 8), explores these trends in C-suite team building and the strategies leaders are using to ensure that their teams can handle not only today's trials, but tomorrow's as well.

Also evolving is how leaders promote and realize diversity, equity and inclusion in their organizations. In our second feature, "Infusing Belonging into DEI Work" (Page 20), we look at how the idea of belonging is becoming an important part of healthcare leadership as organizations build it into their dual focus on employees and patients alike. As one leader put it, "You can't be successful in business without making people feel like they belong." That, it seems, is what DEI is all about.

I hope you enjoy this issue of *Healthcare Executive*, and with this being our final issue of 2023, thank you so very much for reading and for your support of the magazine. We're already busy assembling our editorial lineup for 2024 and look forward to sharing it with you throughout the year.

As always, if you'd like to share any feedback about the magazine, just send me a note at rliss@ache.org. ▲

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The Power of Gratitude

Expressing our appreciation can make a world of difference.

Deborah J. Bowen,
FACHE, CAE

As leaders we are constantly juggling complex challenges, and answers are not always readily apparent. We also know that the importance of engaging our workforce has never been more critical, whether in problem solving, patient care or taking care of a facility, to name a few. I think we all could agree that engaging and motivating others is core to leading well, yet research suggests we overlook the simple but powerful act of expressing our gratitude.

Gratitude is a perspective and choice we all make to see the good in our lives, each other and those around us.

In discussing the science of gratitude, the Center for Creative Leadership cited research noting that only 15% of people regularly thank others at work, even though 80% of employees say they are willing to work harder for an appreciative boss. The CCL also pointed to a study that found that differences in levels of gratitude accounted for 20% of individual differences in satisfaction. What is also striking is that gratitude as a trait or act seems to have diminished in Western society, reportedly due to rising expectations.

There is also research to suggest that gratitude increases levels of wellness that has social, emotional and psychological benefits. Even more powerful is that once you note it, whether a sunny day, laughing with a colleague or friend, or an expression of thanks, gratitude has a domino effect. Once you receive it and acknowledge the positive feeling, you are more likely to reciprocate it.

Though healthcare is not known for simple solutions, this just may be the antidote we need right now. An easy choice to make that holds the promise to brighten a patient's day, or a team's progress, and can build to a strong ripple effect that reverberates throughout our organizations and communities. Gratitude is a perspective and choice we all make to see the good in our lives, each other and those around us—not to mention a leadership skill that, when leveraged in rounding or simple acts of kindness, can change a day, a mood, a culture.

In this season of giving thanks, it may be time to remind ourselves as leaders just how powerful gratitude can be. To get started, I would like to thank…

Our volunteers. ACHE has thousands of volunteers. Without them,

ACHE would not be the community it is. This fall we held our Chapter Leaders Conference, and the spirit and excitement of volunteerism was evident. Volunteers are the driving force behind ACHE, and our Board, our Regents, chapter leaders and member volunteers deserve recognition for selflessly sharing their expertise, time and talent to help others learn, grow and connect. No job is too big or too small, from shaping strategy, to advising us on new products and programs, to selecting awards, to coordinating events, to serving as faculty for educational programming, not to mention the countless acts of helping others through advising, mentoring and more. To our vast network of volunteers, I thank each of you.

Our partners. So much can be achieved by working with others, and we are grateful for the ecosystem of partners we have. This includes our Premier Corporate Partners, associations that partner with us on safety and equity as well as growing and advancing diverse leaders, including our clinical partners. Some of our most tenured partnerships are with the Association of University Programs in Health Administration in book publishing, the Commission on Accreditation of Healthcare Management Education, and healthcare administration partners that participate in ACHE's Higher Education Network. It is through these relationships that ACHE can fulfill its mission and extend its impact across organizations and professions to advance our field and the work we do every day. We are proud to stand side by side with each of our partners.

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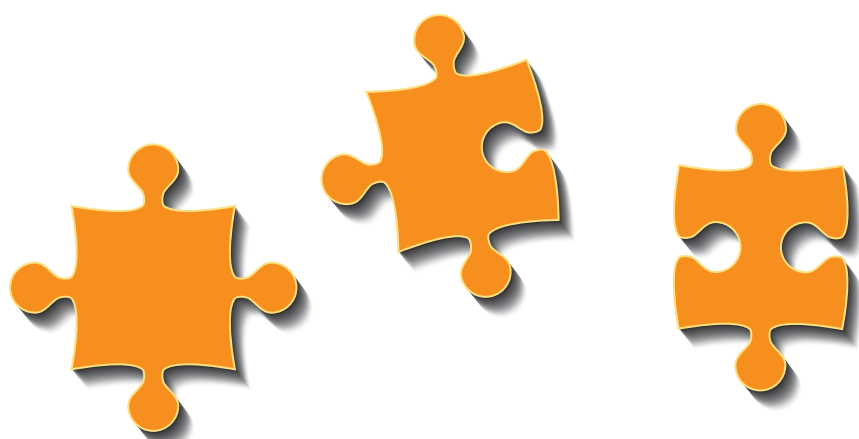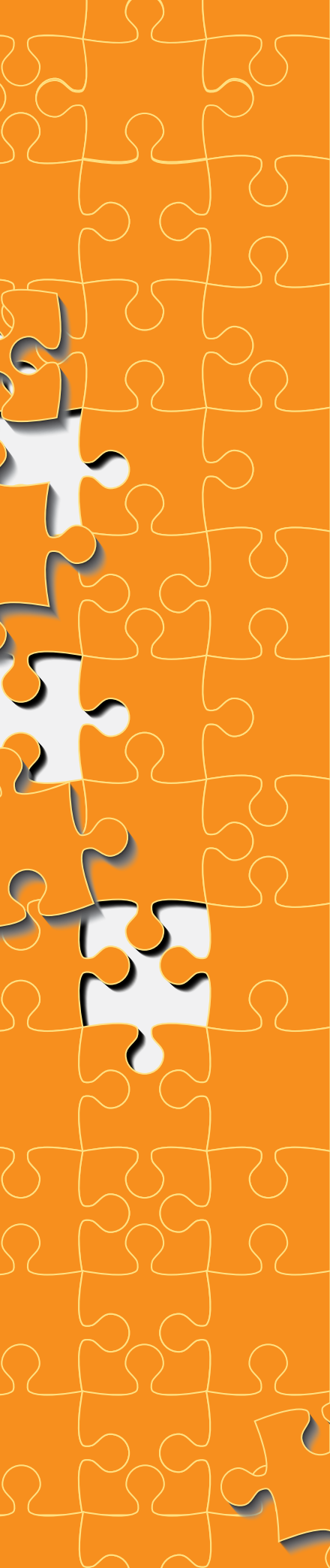
Ensuring the Success of Executive Teams Today and Tomorrow

By Lea E. Radick

The challenges confronting today's healthcare executives are manifold: Recruitment, retention, inflation, reimbursement and competition from outside the healthcare sector all vie for leaders' attention. Faced with these significant headwinds, building an executive team has become all the more important and, at the same time, harder to do, according to John Fernandez, president and CEO of Lifespan, a health system headquartered in Providence, R.I., and interim president of Rhode Island Hospital, also in Providence. "It's a very challenging environment. Way more than when I started in my healthcare career," he says.

Jennifer Tomasik, FACHE, vice president and principal with CFAR Inc., a management consulting firm, agrees. "The stakes are higher now," she says of leaders' efforts to recruit for their executive teams. In her role, Tomasik is seeing a "hangover" in the healthcare industry, creating a sort of organizational languishing borne out of the intense effort and focus that was required of hospital and health system personnel during the COVID-19 pandemic.

Now, as healthcare organizations grapple with financial pressures, exhaustion and employee "churn,"

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leaders are recruiting smaller teams of executives and deploying different strategies to do so. "They're reconfiguring roles and asking people to take on multiple responsibilities," says Tomasik, "and moving toward a much tighter, more nimble, more resilient team that really trusts each other."

In this feature, we explore the strategies healthcare leaders are using to build executive teams that can succeed both today and tomorrow, as well as trends in how leaders are building their teams. Conversations

recruiting from outside their organizations or focusing more so on developing leaders internally, what leaders are looking for in the executives they hire, and the backgrounds and career pathways of the candidates who are surfacing to the top of their searches.

SEARCHING WITHIN

Tomasik, who is accustomed to seeing organizations use a search firm when leadership spots open up, says the process now begins with assessing their own ranks first. "They are taking that initial search with their own people who they've had experience with or they've heard of through their networks who might be the right fit, not just from a technical standpoint but also really from more of a values and a cultural standpoint."

president with executive search firm Kirby Bates Associates, says organizations are looking both inside and outside when hiring. But, he points out that having a succession planning process "that reaches into the organization to keep a current inventory of available talent" can help. Even if an internal candidate's resume isn't an exact fit, the organization knows that person's qualities and strengths, which it can buttress with executive coaching, for example. "As we're all moving to have a more diverse leadership team and one that represents the communities we serve, it's also an opportunity to give people the opportunity to grow their careers," Kain says.

When external candidates are recruited, organizations typically seek successful leaders with diverse backgrounds, according to Kain, who has seen a rise in leaders wanting to measure internal candidates against external options. "They'll have candidates go through the interview process to measure them side by side and validate whether to promote from within or hire externally."

Fernandez, who assumed the role of president and CEO of Lifespan and interim president of Rhode Island Hospital in early 2023, has been rebuilding and reorganizing his team across the integrated, not-for-profit, academic health system. In doing so, he has relied on a mix of recruiting people from outside the organization and promoting people from within.

Right away, Fernandez had to find

> ## "They're reconfiguring roles and asking people to take on multiple responsibilities and moving toward a much tighter, more nimble, more resilient team that really trusts each other."
>
> **—Jennifer Tomasik, FACHE, CFAR Inc.**

with experts and providers alike revealed whether leaders are

From a strategic point of view, Dennis Kain, FACHE, senior vice

replacements for the recently vacated positions of CFO and head of human resources. He hired two individuals with whom he had worked previously—one to handle the areas of finance and administration, and that of senior vice president of strategy and planning—a new position at Lifespan that he felt was needed to "plan for a future and a lot of fixes."

Soon after Fernandez started, the health system announced the reorganization of some of the senior management team. This involved recasting two existing clinical positions into new roles, for which he is still recruiting, and streamlining the number of his direct reports down to six. "Sometimes having fewer people who are in decision-making roles can help the organization move faster because there's just fewer committees and people to deal with," he says.

FINDING THE RIGHT FIT

As teams shrink, finding candidates who are a great fit has only grown in importance. "You always hear the word 'trust' in teams and how essential it is, but it takes time to create that," says Tomasik. Now more than ever, leaders are searching for candidates who "can hit the ground running and really accelerate up that trust curve in a way that enables the full team to get better jelled and improve their performance."

During the last several years, one of the main criteria in Fernandez's search for candidates is kindness. Ensuring that the people he hires are kind "doesn't mean they're super sweet" but that "deep down in their soul, they're kind and care

about our patients and our mission and other people. After that, if they can do some finance or operations, that would be good."

Amy B. Mansue, president and CEO, Inspira Health, a charitable nonprofit healthcare organization that includes four hospitals, two comprehensive cancer centers and several multispecialty health centers throughout Southern New Jersey, says she is looking for leaders who are great communicators, experts in their skill sets and who possess high emotional intelligence.

Also high on her list of values in candidates is agility and the ability to

manage change. "We're making sure that people who are coming to the table have an understanding that if you're looking for static, the same thing every day, this is probably not the field you want to be in right now."

"Right now, we're at a crucial moment. With a 'COVID echo,' we need to be nimble, and we need to be able to make tough decisions regarding services that we offer."

—Dennis Kain, FACHE, Kirby Bates Associates

Mansue indicated that the past few years have signaled significant changes and challenges in the healthcare landscape, with 2020 being the catalyst for much of what health systems, including Inspira Health, continue to face three years later.

Candidates with a successful track record of implementation are also in high demand, according to Kain; however, the measure of successful implementation is transitioning away from a basis of revenue growth toward managing

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costs and doing more with less while at the same time continuing to maintain quality. "That's a unique skill set these days. Right now, we're at a crucial moment. With a 'COVID echo,' we need to be nimble, and we need to be able to make tough decisions regarding services that we offer," he says. Making that determination can be difficult with respect to licensure issues. "In order for hospitals to open their doors, accept patients, receive CMS reimbursement and maintain their license, they have to treat any

more organizations have pivoted toward ambulatory/physician practice leadership and moving patients to lower cost of care settings."

Strong communications and interpersonal skills are two traits that stand out for Tomasik in recent executive searches. The "ability to know how to engage people at different levels" is an especially important skill, "especially in a world where you really need to motivate and inspire people," she says.

Though background, technical skill and education are all important factors to consider in hiring an

> "Sometimes having fewer people who are in decision-making roles can help the organization move faster because there's just fewer committees and people to deal with."
>
> **—John Fernandez, Lifespan and Rhode Island Hospital**

patient who comes into their emergency department. This creates a very high demand on hospital services and costs," Kain says, adding that the requirements for not-for-profit hospitals is very high. "To continue providing quality care under such pressure,

executive candidate, determining whether someone is the right candidate often comes down to whether they can be seen as a leader, Kain says. More often, he sees leadership teams hire executive advisors to be part of the evaluation

process and to assist newly appointed external candidates to fit well within an existing team.

RESTRUCTURING FOR SAFETY AND OTHER CHALLENGES

When Inspira's Mansue started her role three years ago, she prioritized creating a sense of community.

To do this, Mansue conducted an internal engagement survey and evaluated the strategic plan against the backdrop of the pandemic. What she discovered was employees who felt concerned for their safety because of the pandemic and the increase of incidences of violence toward staff.

In response, the health system took a clear approach to establishing a culture that focuses "very specifically on the safety of our employees and on the reminder that none of us are alone," says Mansue. Part of the organization's renewed focus on safety included creating a culture where employees could feel comfortable speaking up and demonstrating their feedback in action.

At the same time, Mansue believed the leadership team needed to be restructured so that certain positions could better support driving the dual focus of quality and safety. "It was about creating the structure first and then finding the people who fit into that structure." With the right structure and people in place, Mansue's leadership team could lead for safety, reinforcing to staff the importance they play in that work.

In addition, Inspira has invested in technology and expertise around

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workplace violence. For instance, an on-staff expert provides training to ensure all employees use a common language about how to relate to patients who need to be de-escalated, and to also manage crisis situations.

Beyond the hands-on training and resources, Inspira has also invested in numerous technological resources employees can use for keeping both patients and staff safe, including Strongline Staff Safety System, a GPS-enabled badge that serves as an easy and discreet way for staff to instantly summon help if they feel threatened.

In addition, psychiatric advanced practice nurses are now in the ED, and the system has expanded its behavioral health assessment team to support the medical staff until they can get patients to the right behavioral health units and services. Bringing these changes to life required the

feedback from employees and the right leaders at the helm to activate it effectively.

As to the size of her team, Mansue says it's about the same as previously, but there are now "new voices at the table." For example, the health system added a chief of innovation and information technology to help link those two areas. "We're just trying to reorganize things for the current environment, and then we're also trying to create that systemness," she says. To that end, Inspira Health is sharing lessons learned throughout the facilities that comprise the system.

"That then falls into the whole issue around transparency and safety. Are we reporting out? We're sharing our best practices and areas of improvement."

Inspira has also adopted an operating model it calls "operational advantage," in which the health system

shares its goals on a regular basis with the workforce and demonstrates whether it's on track to meet those goals. "I think that's a much more transparent process to ensure that everybody's involved and understands how decisions made at the system level impact each staff member." To do that requires leaders who "understand in a deep way that we're going to continually change until we get to the right structure to best serve our patients and employees," she says.

For Fernandez, preparing for future challenges means having a "very clear" multiyear or strategic plan "so we all know what direction we're headed." On the softer side, he plans to do intentional team building and formal leadership assessments to determine how to build the organization's bench strength over time. The health system also recently implemented a training program called "Leading at Lifespan," which provides one-on-one management training designed to build a cohesive leadership culture across the organization.

LEADERSHIP DEVELOPMENT AND SUCCESSION PLANNING

Tomasik is hearing a desire from her clients for more

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leadership development, not just at the senior level but across the organization; however, budgets aren't necessarily there to support that, she says. "On the one hand, you can't afford not to do it, but on the other hand, in a world where you

more intentional strategies for leadership development that people can apply to the work they're already doing, Tomasik says it feels less like a "big, separate, expensive thing to do." She describes it as, "do the work, build the team." However, it does take time, attention and intentionality, she cautions.

Additionally, strong leaders can model and cascade their skills down to their teams, Tomasik says.

recruitment advantage that says, "if you join this organization, there are pathways to grow your career." He expects to see more of an emphasis of internal hiring, "particularly as we're trying to go down the path with DEI to purposefully identify potential leaders."

Inspira is offering advancement opportunities to its full-time employees by reimbursing tuition for classes taken at Rowan College of South Jersey. In addition, Inspira has partnered with the college to create training programs for areas in need of staff. "Our vision is that you come in one role and we're going to support you all the way through to get the education you want and need to be anything you want," Mansue says.

As for succession planning, Inspira incorporates it into its annual review process, identifying candidates who have high potential within the organization who may benefit from additional training. "All of that is just part of the continuum and making sure we can grow our leaders from within," Mansue says.

Lea E. Radick is a healthcare writer in Chicago.

> "Our vision is that you come in one role and that we're going to support you all the way through to get the education you want and need to be anything you want."
>
> **—Amy B. Mansue, Inspira Health**

have limited resources, where do you put those resources?"

She advises clients to try to layer leadership development into the work that organizations are already doing when shaping a strategy or advancing an initiative. By providing

"The significance of a strong leader on organizational performance cannot be overstated."

Kain finds that leaders are very sensitive now to the idea of promoting from within, as it leads to greater morale and can be seen as a

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Growth Strategies for the Future

NYU Langone Health making the right investments for long-term success.

"I can see a time where we won't be saying 'we're going to do a robotic surgery, we're going to do surgery,' and the expectation is that it is robotic."

—Collin E. Brathwaite, MD
Chair, Department of Surgery, NYU Langone Hospital
Long Island and Long Island Community Hospital
NYU Langone Health
New York

Da Vinci robots are no longer a disruptor in the healthcare technology space. They are a vital instrument to help healthcare provider organizations not only solve some of their biggest challenges but also fuel overall health system growth.

One of the nation's leaders in robotic surgery, NYU Langone Health, New York, an academic medical center with six hospitals and several outpatient centers and faculty group practices, performs more than 2,000 minimally invasive, robotic-assisted surgeries each year in multiple specialty areas. Several factors go into developing a sustainable, growth-oriented robotics program. Following are keys to NYU Langone Health's success.

A Purposeful Structure

A robotics program can take different shapes, depending on an organization's size, patient population, mission and other factors. For NYU Langone, a centralized, strategic approach has proven successful, according to Andrew Brotman, MD, executive vice president/vice dean, Clinical Affairs, and chief clinical officer.

"We have moved to the point where we now have 24 robots systemwide, and the amount of robotic surgery has skyrocketed," he says. "In great part, it's a shift from other types of surgery like laparoscopic surgery or open surgery but also new growth because we're doing something that previously wasn't done."

In an effort to drive communication and disseminate best practices throughout the health system, three robotics-focused committees bring representatives together: a steering committee, a credentials committee and an operations committee. Each hospital with a robot also has its own robotics committee. In addition to surgeons and specialty leaders, committees comprise leaders from perioperative, nursing, finance and operations.

There is representation from executive, clinical and operational pillars within the health system and at each individual hospital location, and all work cohesively in partnership with supplier partner Intuitive to align on strategic goals and then develop ways to execute and achieve those goals.

"We use a centralized-structure approach because leaving it to an individual surgeon or a department chair frequently results in uninformed decisions," Brotman says. "A laparoscopic surgeon, for example, who is averse to change, may say, 'There's no reason to do robotics.' Then, you might not get a robot in an area where perhaps you should have a robot."

A Multidisciplinary Approach

The integrated, systems approach to robotics carries over into NYU Langone's ORs. Kathy Huang, MD, surgical director, Perioperative Services, director, Endometriosis Center, and clinical associate professor, cites the organization's multidisciplinary collaboration on robotic surgical cases as a benefit for patients and surgeons.

"We see a lot of specialties collaborating on cases, and that's invaluable," she says. "I moved to NYU in part because it has robotic colorectal surgeons whom I can collaborate with on more difficult cases."

For instance, Huang can now perform the dissection undertaking of an endometriosis surgery robotically, and at the

same time another surgeon can complete a bowel resection robotically, if the patient requires it. This creates access to more minimally invasive procedures and prevents the need to perform an open surgery that could have a much longer recovery time.

There is not only a benefit for the patient and surgeons but also for NYU Langone, where collaboration among robotic surgeons serves as a recruitment and retention tool. Huang and colleague Collin E. Brathwaite, MD, professor of surgery, NYU Grossman Long Island School of Medicine, and chair of the Department of Surgery, NYU Langone Hospital Long Island and Long Island Community Hospital, note that some of the best robotic surgeons from across the country want to come to their organization because of the collaborative environment and access to robots.

Data Assists With Continuous Improvement

At the core of the NYU Langone robotics program is data. Quality metrics, such as length of stay, complication rates, surgical site infection rates, readmission rates and conversion rates, are shared openly across the health system. Also shared are data about how individual surgeons and teams are using the robots and costs associated with their use. Data is used in all aspects of decision-making, whether it's determining if the health system needs to add another robot or whether operational or clinical improvements need to be made.

"The data is fine-tuned all the way down to the provider," Brathwaite says. Identifying surgeons who use fewer resources while still achieving great outcomes can lead to adoption of more efficient, standardized approaches.

"We can dig into the data for the actual procedures, determine best outcomes and try to move people toward those best outcomes," Brotman says.

Outcomes Demonstrate Benefits

NYU Langone's robotics program continues to grow successfully because of the benefits it has demonstrated compared to alternative surgical approaches. The health system anticipates this growth to continue in the future, which is why it has decided to invest so heavily in its robotics program.

"Our outcomes speak for themselves," Brathwaite says. "We see clear benefits in terms of length of stay, reduced complications, reduced blood transfusions, reduced surgical site infections, reduction in the conversion rate from minimally invasive surgery to open, and fewer patients requiring re-operations."

The use of robotic surgery also has resulted in cost savings. For example, the health system conducted a two-year analysis (2019–2020) that revealed significant savings—$783,000—when comparing gastric bypass surgery completed robotically versus laparoscopically, according to Brathwaite. He notes the health system is also seeing significant savings with respect to robotic emergency general surgery and other areas. Brathwaite, Brotman and Huang all mention a culture of excellence and continuous improvement as contributors to the success of NYU Langone's robotics program, in addition to recognizing the importance of investing in technological and medical advancements that go where science is going.

"In our culture, there's a commitment to excellence in all aspects, and there's a mindset of continuous improvement," Brathwaite says. "I think the future of robotic surgery is bright. I can see a time where we won't be saying 'we're going to do a robotic surgery, we're going to do surgery,' and the expectation is that it is robotic."

For more information, please contact Samantha Martin, senior group marketing manager, Executive Education, Intuitive, at executive.education@intusurg.com.

Infusing Belonging Into DEI Work

Leaders work to ensure organizations evolve from both a workforce, patient perspective.

By Ed Finkel

Healthcare leaders whose organizations are adding the concept of "belonging" to their ongoing DEI work tend to echo, at least in so many words, the analogy proffered by Sandra Ogunremi, DHA, vice president, diversity, inclusion and

belonging at Monument Health in Rapid City, S.D.

"I have heard it said that diversity is being invited to the party, inclusion is being asked to dance, and belonging is dancing like no one is watching. And

I agree," she says. "You can bring your whole self to work and be authentic—be real. It is OK to be you."

That sentiment around belonging is growing in corporate settings as companies tweak their approaches to

diversity, equity and inclusion efforts. It also is becoming an increasingly important part of healthcare leadership as hospitals and health systems build it into their dual focus on employees and patients alike.

Monument Health, for instance, has been focused on DEI since it signed the AHA's Equity of Care Pledge in 2015, Ogunremi says. Like many in the field, the organization has focused more on belonging as its DEI efforts have evolved and the work spurred by the signing of the AHA pledge has taken hold.

"Belonging is when people are seen, heard, understood and have psychological safety," she says. "Without a sense of belonging, people withdraw. They become disengaged, they quit quietly and then ultimately leave. A sense of belonging is crucial to our overall well-being. It impacts our physical, mental, emotional and spiritual state."

"Attracting and retaining our teams is critically important," adds Paulette Davidson, FACHE, president and CEO of Monument Health. "If we create a culture where people from different backgrounds feel comfortable and can thrive, then we have the optimal environment where we all feel a strong connection and know we belong. I am very passionate about 'belonging' as a component to our culture."

Northwell Health, based in New Hyde Park and Lake Success, New York, started its DEI work focusing on patient care and later expanded its focus to the workforce, says Maxine Carrington, JD, senior vice president and chief people officer. She sees belonging as an outcome of inclusion, starting with keeping tabs on workforce insights, including sentiment

and turnover. "For example, we assess belonging based on what folks tell us, and whether we see retention happening," she says. "Often, there's been a focus on the recruitment of historically underrepresented groups. Most companies are starting to equally focus on retention."

Minneapolis-based Allina Health aligns and integrates its DEI and belonging principles and practices at both the system and operational level, says Jacqueline Thomas-Hall, vice president and chief diversity, equity and inclusion officer. Allina Health added the concept of belonging to its work to be more intentional about underscoring the representational aspect of diversity, turning the concept into tangible action in large and small ways.

Employee resource groups "have engaged employees in courageous

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Infusing Belonging Into DEI Work

conversations and executive listening sessions, which have become safe spaces to share lived experiences, highlight differences and address some unconscious biases," she says. Gender-neutral bathrooms, respect for pronouns, artwork that reflects diversity, and highlighting heritage months are other ways "we continue the quest to ensure as many people as possible feel seen, heard, welcomed and respected—key aspects of belonging."

DEI-B in the Workforce

On the employee-facing side, Leon Caldwell, PhD, senior director, health equity strategy and innovation at the American Hospital Association, sees organizations forming employee resource groups that convene across title or position lines, acknowledging the hierarchy within the organization but without letting titles hinder climate and culture. "You'll have racial and ethnic groups, you'll also have LGBTQIA+ and employee resource groups for other dimensions of commonality in your organization," he says. "The key part is that the organization celebrates what staff and patients bring to the organization. You bring your own uniqueness."

More broadly, Caldwell sees more AHA members being upfront about

differences and uniqueness. "They're connecting people and creating a space for that to happen," he says. "We see more hospital- or system-sanctioned activities. They're no longer seen as adjuncts to the organization, or an adjunct to the

> **Belonging is when people are seen, heard, understood and have psychological safety. Without a sense of belonging, people withdraw. They become disengaged, they quit quietly and then ultimately leave.**
>
> **Sandra Ogunremi, DHA**
> **Monument Health**

role of the employee, but they're kind of embedded."

Main Line Health, located in suburban Philadelphia, looks at the career pathways for entry-level staff, such as housekeepers, pharmacy technicians and nursing assistants, to see whether an upward trajectory exists for them—both overall and by subgroups. For instance, last year, the organization launched a leadership development program for high-performing individuals who have an interest in growing their

career at Main Line Health. "This program is open to all entry-level employees and has resulted in 32 promotions to date," says Karen F. Smith, system director, Diversity Respect and Inclusion.

Another area of focus at Main Line Health that targets belonging is the LGBTQ+ population.

"If the organization isn't committed to respecting and embracing differences, it can be very easy for someone in the LGBTQ+ community to feel like, 'I don't belong here. They don't value me as a person, the way they value other people who are more like them,'" says Jack Lynch III, FACHE, president and CEO, Main Line Health. "All these things are the right thing to do, from the heart, and quite frankly, you can't be successful in business without making people feel like they belong. They will go somewhere else."

To strengthen its culture of belonging, Main Line Health created LGBTQ+ inclusive care centers within identified physician practices. Those practices receive training and guidance from the director of LGBTQ+ services to ensure each patient of that community has

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an exceptional experience. Additionally, the LGBTQ+ & Allies employee resource group, provides employees with a connection, resources and support to ensure their needs are being met. They have held several lunch-and-learn sessions for all employees to learn more about the needs of the community and how each employee can make a difference.

"Many of our employees enjoy using their volunteer days to support these communities and enhance their sense of belonging by providing to others in need," says Smith.

Main Line Health has also provided opportunities for all its employees to be part of the organization's diversity, respect, equity and inclusion, or DREI, work and enhance belonging. While employee resource groups aren't new to many industries, they were a recent addition to the organization's structure. "We have a variety of groups that offer something for everyone to get involved," says Smith. Group examples include Black/African American & Allies, Substance Use Disorder Allies and Neurodiverse & Allies.

"Starting these groups during the COVID pandemic was challenging,

but it also provided an opportunity for us to bring employees together from across the organization with a shared purpose," says Smith.

Davidson of Monument Health—a member of the Mayo Clinic Care Network that serves 12 communities

> **We assess belonging based on what folks tell us, and whether we see retention happening. Often, there's been a focus on the recruitment of historically underrepresented groups. Most companies are starting to equally focus on retention.**
>
> **Maxine Carrington, JD**
> **Northwell Health**

across western South Dakota with five hospitals and more than 40 medical clinics and specialty centers—says her organization starts teaching the concepts of DEI and belonging with every new caregiver in the organization during their orientation. Monument then follows up on a monthly basis with a training luncheon, and weekly with e-newsletters and other communication vehicles.

"It's their favorite part" of onboarding, she says. "It is an opportunity for them to learn about the organization, and their fit, and they feel connected." At the monthly luncheons, she adds, "hundreds of people come, and we have panel discussions about gender issues, about ethnic differences, about ageism."

A board-appointed corporate responsibility committee is ultimately responsible for DEI-B efforts, and Davidson underscores the importance of that high-level involvement. She says evidence includes net revenue growth from about $650 million to $1 billion over the past several years along with improvements in quality outcomes, patient experience scores and diversity in the workplace. When a caregiver makes a non-clinical error in judgment and uses inappropriate language, Monument Health seizes on the opportunity for a teaching moment, she says. "It's a very alive education process. What it creates is a voice for our caregivers."

As an organization that serves a five-state region with a rural geography, Monument is very intentional in setting this tone to attract and retain diverse staff, not to mention leaders

and board members, Davidson says. "This is a business strategy. This is the right thing to do. This is about meeting our mission and taking care of the region," she says. "It's not as easy to recruit as in an urban setting, where there's a higher population."

For Northwell, DEI-B on the workforce side starts with aiming to ensure a diverse slate of candidates for every vacancy through programs with schools, community groups and youth employment agencies, Carrington says. Next, the organization targets advancement and retention through development and mentorship programs aimed at women, people of color and other diverse groups.

Northwell also fosters a culture of inclusion and belonging through centralized education on issues like microaggressions, allyship and inclusive leadership, as well as through its nationally recognized business employee resource groups, or BERGs, that focus on women, different racial and ethnic groups, LGBTQ+, people with disabilities, caregivers and veterans. Groups soon to be added: multigenerational, interfaith and multicultural.

"[They] support our business objectives through their contributions to our strategies, as well as serving as a leadership pipeline pool," Carrington says. "We support their programming and have learned so much from them. It's pretty amazing."

> ❝ We continue the quest to ensure as many people as possible feel seen, heard, welcomed and respected—key aspects of belonging. ❞
>
> **Jacqueline Thomas-Hall**
> **Allina Health**

With more than 85,000 employees and flagship hospitals North Shore University Hospital, Long Island Jewish Medical Center and Lenox Hill Hospital, Northwell talks not only about diversity but valuing, Carrington says.

"Celebration sounds like an event—like a one-time thing," she says. "Value sounds long term. We are saying, 'This is critical to our business success and sustainability.'" Northwell has three teams that captain its belonging efforts: Fair Employment Practices, which sits in human resources; the Center for Equity in Care, which is patient-focused; and Community and Population Health, which looks upstream to engage and support communities while addressing social determinants of health.

Allina Health's Thomas-Hall wants to ensure employees feel as though they have true connections and allies. For example, she says, if someone is transitioning their gender, "We want to make sure we meet those needs and be a conduit for how they share their information with colleagues, patients and others. We also want to learn how different parts of our communities feel about diversity, and to make sure they know this is a place where we do not tolerate disrespect or exclusion."

Allina Health, a nonprofit with 12 hospital campuses, more than 60 primary care clinics, 20 same-day and urgent care centers, and 28,500 employees, creates opportunities for employees to be allies of one another through such vehicles as employee resource groups, Thomas-Hall says. Currently those focus on Native American, Latino/Hispanic, Black, immigrants, LGBTQ+, women, veterans, and mental health and disability groups, the last of which plans to split into two separate groups.

"If we're looking at [providing care] in a population we have little familiarity with, we can use the ERGs to understand and navigate those communities, and become a champion as we think about our ability to show up and present in specific

Infusing Belonging Into DEI Work

The Patient Experience

On the patient side, Caldwell sees a connection between employees bringing their best selves to the workplace and their overall feeling about their work with patient satisfaction. "If you have a workforce that feels engaged, invigorated, inspired because they can work in a place that allows all of them to show up, it could [impact] how they treat patients, and even each other as colleagues. That has implications for health equity, DEI, quality of care and patients who need to feel familiar with care providers. You've introduced humanity back into the system."

Rather than talking about cultural competency, Caldwell prefers the term "cultural humility" because he sees the former goal as always evolving, with no real endpoint. "One doesn't become culturally competent, and stop," he says. "It's a dynamic realm when it comes to understanding culture. The appropriate training is around being culturally agile. That allows one to confront differences and seek commonality with a sense of humility, and

empathy, and openness to learning." Patients are seeking caregivers who look like them or otherwise understand where they're coming from,

> **If the organization isn't committed to respecting and embracing differences, it can be very easy for someone in the LGBTQ+ community to feel like, 'I don't belong here. They don't value me as a person, the way they value other people who are more like them.' All these things are the right thing to do, from the heart, and quite frankly, you can't be successful in business without making people feel like they belong. They will go somewhere else.**
>
> **Jack Lynch III, FACHE**
> **Main Line Health**

Lynch says. About a decade ago, Main Line Health opened two family practices that the organization labeled "LGBTQ+ Inclusive" and focused on making sure that

population felt welcomed. "They wouldn't be stared at. They wouldn't be asked 'What do you mean?'" when describing how they identify, he says. "We have gender-neutral restrooms and social services supports specific to the needs of that population."

Main Line Health digs into patient satisfaction dashboards provided by third parties beyond the top-line numbers, Lynch says. "If you don't look at them stratified by ethnicity, race, gender, age, payer and ZIP code, you're missing some very critical data," he says. "One of the more challenging is sexual orientation identity data. We don't capture that as easily in the registration process." The organization added a couple of optional questions in its patient satisfaction survey and, after "a handful of angry patients" reacted badly, Lynch wondered if they should remove the questions. His staff insisted the misunderstanding and anger would blow over, and it did.

Main Line Health also has adopted the AHA's "Why We Ask" training

to assist staff on how to comfortably collect this information at point of registration. Lynch says a Black patient entering the ED might ask, "Why do you want to know?" He adds, "We trained people to explain, 'I want to make sure that, as we care for our patient population, we're meeting the needs of all our patients.'"

It's well-documented that in the U.S., the rate of maternal mortality and morbidity for Black women is more than twice the rate of mortality for white women. "At Main Line Health, we do not have any maternal mortalities in our patient population. Thus, we have focused on complications and related factors," says Rosangely Cruz-Rojas, DrPH, vice president/chief diversity and equity officer."We found that Black women were delivering via Caesarean at 1.7 times the rate of white women. We implemented interventions and have reduced that gap."

Monument Health likewise encourages staff not to make assumptions about patients' ethnicities—or anything else, Ogunremi says. "Some of our brothers and sisters are blonde and have blue eyes—and they have Native American heritage," she says. "We need to capture that." The system also encourages cultural appropriateness, recognizing that a patient may prefer limited eye contact, or want a gentle touch instead of a firm handshake, she adds. Caregivers "need to understand some patients communicate differently."

Included in Monument Health's service area is the Pine Ridge Reservation, home to the Oglala Lakota Nation. Native American families have become less likely to wait until a medical problem requires a trip to the ED, Davidson says. "Instead, they're getting preventive medicine," she says. "We've changed their perception of our organization by being welcoming and being respectful of cultural differences. The goal for all is to receive the care they need."

The system's Healthcare Equity Governance Team recently focused on patients with congestive heart failure who returned to the hospital within 30 days and found that Native Americans were more likely to do so, Davidson says. "We've developed a program where community health workers and nurses are following up more frequently, going to patients' homes, checking up on them, and making sure that they're seeing their doctors and taking the right medications," she says. "That's leading us down the path of improving the health of our families and communities."

Northwell, similarly, has rolled out the "We Ask Because We Care" campaign that supports the capture of demographic data, while at the same time explaining to patients why such data is so valuable, Carrington says.

"Whether it's reporting for regulatory reasons or helping to understand patient populations, health equity is certainly central to everything we do," she says. "We have a council focused on improving health and quality outcomes. We have a transgender care team, with a focus on LGBTQIA access."

Patients visit the hospital during their most vulnerable moments, at a time when emotions are high, says Thomas-Hall of Allina Health. "We want to make sure that our words and deeds match, and that as we begin to navigate what brings them to the hospital, and having a conversation about what their main concerns are, it cannot be one-size-fits-all. That's why cultural competency, moving to cultural intelligence, is truly important," she says. "We need to make sure our own biases are in check. We spend a lot of time training to understand bias."

Allina looks at its experience score outcomes and strategizes using the data to find opportunities for improvement, Thomas-Hall says. "We think about how we walk with them, and let them guide us," she says. "What do we need to do to meet the needs of our community? So they feel, 'Allina Health understands who we are, they understand our unique needs, and they are working with us to provide the right services.'"

Ed Finkel is a freelance writer based in Chicago.

Ethical Leadership: Doing What It Takes

Being an ethical leader means more than having specific character traits.

Jason Lesandrini, FACHE

I recently met with 30 healthcare leaders from across the country and asked how many of them considered themselves to be ethical leaders. Perhaps unsurprisingly, everyone raised their hand. When asked how they knew they were ethical leaders, they gave responses like, "I have integrity," or "I am honest." As we continued to discuss the meaning of ethical leadership, it became apparent to them that these character traits were only part of the equation; there is more to being an ethical leader than having specific personality traits.

People often point to particular virtues or personality traits they see in themselves or their role models as indicative of ethical leadership. However, there is more to it than that. First and foremost, it is about *doing* the right thing or *taking* the right action. It is about leading through ethical behaviors and is something that takes practice.

Ethical behavior can be thought of as a moral muscle, and, just like any muscle, without regular exercise, it will atrophy. It is only when a person's character traits, such as integrity and honesty, are translated into ethical behaviors that we can truly experience ethical leadership. The focus of this article is on the following vital ethical behaviors:

- Demonstrating ethics is a priority.

- Communicating clear expectations for ethical practice.

- Practicing ethical decision-making.

- Using the right incentives to drive behavior.

- Supporting an ethics program.

Ethical behavior can be thought of as a moral muscle … without regular exercise, it will atrophy.

Though this behavioral model of ethical leadership draws from that proposed by the Veterans Health Administration's National Center for Ethics in Health Care's IntegratedEthics initiative (see "Ethical Leadership: Fostering an Ethical Environment & Culture," ethics.va.gov/Elprimer.pdf), it breaks from that model in two main ways: drawing out the importance of incentives for driving behavior and emphasizing that behaviors, in combination with character traits, are what make an individual an ethical leader.

Leadership Behaviors and Sample Actions

Leadership Behavior	Sample Actions
Demonstrate Ethics as a Priority	Create opportunities for ethics conversations
Communicate Clear Expectations Around Ethical Practices	Avoid phrases that imply results at all costs are the only thing that matter
Practice Ethical Decision-Making	Ensure feelings of "this is not right" are addressed
Use the Right Incentives to Drive Behavior	Reward those who follow the organization's values
Support the Ethics Program	Advertise ethics resources within the department

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Demonstrating Ethics Is a Priority

Ethics has a trickle-down effect. While most leaders will say they are ethical, it is crucial that they demonstrate ethics is important to them. Without doing so, team members might infer that doing the right thing or behaving in a way that aligns with organizational values is not essential to the work they do.

There is more to being an ethical leader than having specific personality traits.

There are many ways for leaders to demonstrate, to their team and other stakeholders, that ethics is a priority. One approach can be as easy as leaders telling team members during meetings that ethics is important to them. However, consistent actions must follow those statements, such as being open to speaking about ethical issues with team members and stressing ethical practice, even in times of stress.

Communicating Clear Expectations for Ethical Practice

There are daily pressures on organizations to yield the best results, whether they be clinical or financial. These demands can sometimes push the boundaries of what is ethically acceptable. We all have heard unfortunate stories of leaders pressuring their teams to meet goals, with the misunderstanding that they can do "whatever it takes" to achieve them. Ethical leaders are clear with their team members about their expectations for ethical practice. When expectations are clear, ethical leaders create a

psychologically safe and ethical culture where team members can speak up, ask questions and, most importantly, express concerns when leaders ask them to perform actions they are ethically unsure about.

Practicing Ethical Decision-Making

Healthcare decision-making is tough, especially when attempting to identify and address the values-based components of a decision. It is crucial, therefore, that ethical leaders use a consistent framework to address ethical issues. In doing so, they can provide a clear rationale to their team as to why a particular decision was made and on what ethical grounds.

Often, by using a systematic framework, a leader can identify issues outside of their scope or comfort level, which prompts them to seek out the assistance of someone with ethics expertise. The complexity of ethical issues and demand for ethical decision-making has likely led to the growth of ethics programs within healthcare organizations, which hire ethicists to make ethics expertise more readily available to healthcare leaders.

Using the Right Incentives to Drive Behavior

An institution's mission, vision and values are the core of all decision-making within an organization and fundamental to any ethical leader's decision-making process. Ethical leaders ensure team members are held accountable for their actions when they make decisions that are inconsistent with the organization's mission, vision and values. The key here is not to punish

the employee but, rather, to raise awareness of the importance of the organization's core values and why making decisions based on those values is crucial.

In addition, it is essential that ethical leaders support team members who exude organizational values. Team members learn behavior both from seeing accountability for violation of values and from positive examples of team members who are living out the organization's values through their behaviors and decision-making.

Supporting an Ethics Program

We all know that any program lacking leadership support will likely be unsuccessful. This is also true of ethics programs. Leaders should understand the role and importance of ethics resources within their organization. It is also essential to understand the distinction between ethics-based resources and those used in compliance, risk or legal departments.

Ethics programs and resources aim to address and guide values-based decisions. Part of a leader's ethical behavior involves supporting team members' access to and participation in these resources. For example, leaders should support team members when they want to attend education events put on by the ethics program or when team members want to engage in initiatives developed by the ethics program.

Moving Forward

Being an ethical leader requires we all do the work, but to do so successfully necessitates clear guidance. A first step is to provide

resources to support the growth of leaders' ethical muscles. This includes assessments for individuals about ethics leadership, such as ACHE's Ethics Self-Assessment (**ache.org/Ethics**), and creation of an ethical leadership development training program. Such a program will identify organization and leader-specific growth opportunities, which should be incorporated into yearly development plans (see "Leadership Behaviors and Sample Actions" on Page 28).

It might also be helpful to identify how ethical leadership could be integrated into existing training programs within the institution such as case scenarios that highlight ethical challenges a leader may encounter in their role. Furthermore, hiring processes that recognize the character of the individuals in addition to demonstrated behaviors can be effective.

Promoting ethical leadership provides numerous benefits for the individual leader and the organization. These include higher staff engagement and satisfaction, improved community image, decreased ethical scandals, and, in many cases, increased revenue and cost savings, especially in the long-term.

Successful organizations prioritize ethical leadership and create spaces and resources where leaders can learn to lead through ethical behaviors and fully develop their moral muscles. ▲

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Kimberley Darey, MD, FACOG

Sherri Leahy, PhD, RN

'I Have a Safety Concern'

Encouraging a culture of speaking up is critical for patient safety efforts.

When it comes to the satisfaction of our patients, as well as their safety, most of us read the latest research to keep up to date on successes and ways to improve. No doubt many of us are aware of the 2022 report by the Office of Inspector General ("Adverse Events in Hospitals: A Quarter of Medicare Patients Experienced Harm in October 2018") that found patient harm from medical errors, including healthcare-associated infections, falls, medication errors, and delayed or omitted care, was experienced by 25% of hospitalized Medicare patients during their hospital stays. The results of this study contributed to calls for increased leadership and action around patient safety.

Given the scale and persistence of patient harm in hospitals, Elmhurst (Ill.) Hospital leadership took these and other findings to heart and decided the hospital was going to be "ultra safe" with a goal of zero harm.

Encouraging Everyone to Speak Up

Avoiding harm to patients is the first responsibility and is called out in Elmhurst Hospital's vision of "Safe, Seamless and Personal Care." Words alone are not enough; therefore, hospital leadership's commitment to reducing harm is expressed through actions and evidence-based solutions.

Drawing on the science of safety, as seen in high-reliability cultures, hospital leaders implemented strategies that included a safe environmental design, monitoring technologies, protocols and procedures, and tools to enhance patient safety. One strategy was the development of a safety culture in which everyone is expected to speak up about patient safety concerns to avoid errors and adverse patient outcomes. The phrase "I have a safety concern" is an important component of Elmhurst Hospital's culture of safety. This phrase is a way for staff to raise concerns when they become aware of a safety incident or potential risk. Healthcare practitioners, especially front-line staff, are often the first to observe unsafe conditions and can bring them to the attention of those who can remediate them.

To drive home the importance of speaking up, Elmhurst Hospital leaders created a Good Catch award to recognize staff members—as individuals or as members of a team—who spoke up to improve patient safety. Senior leaders review Good Catch nominations and select an honoree each month to recognize with a traveling trophy. A steady decrease in patient safety events has followed from this initiative. For example, the hospital's Serious Safety Event rate, which is tracked monthly,

experienced a reduction from a baseline rate of 2.25 in 2017 to 0.5 after three years, and has seen a further reduction to 0.05 to date.

Supporting All Staff

Though there are numerous studies that demonstrate the positive relationship between speaking up and patient safety, Elmhurst Hospital leaders acknowledged that some staff members may feel uncomfortable or hesitant to speak up. The hospital also recognizes that leaders who respond to medical errors with individual blame and punishment may limit future reporting, which can impede patient safety efforts. Conversely, a culture of openness about speaking up about safety concerns contributes to creating and maintaining trust throughout the organization, according to research published in the Feb. 8, 2014, issue of *BMC Health Services Research* ("Speaking up for patient safety by hospital-based health care professionals: a literature review").

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According to data from the Agency for Healthcare Research and Quality "Hospital Survey on Patient Safety Culture" (results from questions about communication openness), employees who perceive supervisors as open and supportive of a patient safety culture often increase their incidences of speaking up for patient safety. And leaders who encourage direct, informal interaction with employees at multiple levels encourage higher levels of speaking up.

To empower leaders to encourage their team members to speak up about patient safety, all staff at the hospital participated in a one-day peer-to-peer training program. Called "Road to Zero Harm," the program emphasized a culture of high reliability, **safety** and the value of speaking up. Leaders work with managers to support all staff, regardless of their position and specialty, to voice concerns related to patient safety without fear of reprisal. Initiatives revolve around team building, leadership rounding, shadowing staff and strengthening a culture of safety. As a result of the training, leaders at the hospital reward, praise and expect speaking up for safety.

The perceived safety of speaking up at Elmhurst Hospital is reinforced by a psychologically safe work environment that mitigates initial concerns about speaking up related to lack of confidence, fear of embarrassment if wrong about a safety concern and a disproportionate authority gradient. All staff are empowered to use tools when they believe something is wrong, including a standardized rubric for communication called SBAR (situation, background, assessment, recommendation). Using the phrase "I have a safety concern" provides a clear understanding among all team members regarding the gravity of the safety concern being raised.

Elmhurst Hospital's team culture also supports an environment where a willingness to speak up is supported. A strong team culture is associated with open employee communication based on trust, shared perceptions of the importance of patient safety and employee confidence in organizational error-prevention strategies. For instance, every work team, from the OR to food service at the hospital, has a manager or leader who understands the value of speaking up as a way to understand insights and ideas gained from front-line workers that can inform the organization's patient safety strategy.

To reinforce this team culture, a deck of 36 educational flash cards created in-house provides guidance for leaders in encouraging various safety behaviors, including speaking up for safety. The cards help facilitate discussions between leaders and their team members about patient safety.

Keeping Communication Open

The fact that communication plays a large role in medical errors has been widely acknowledged. In its Sentinel Event Data 2022 Annual Review, The Joint Commission reported failures in communication among its top three most frequently identified root causes

Flash Cards
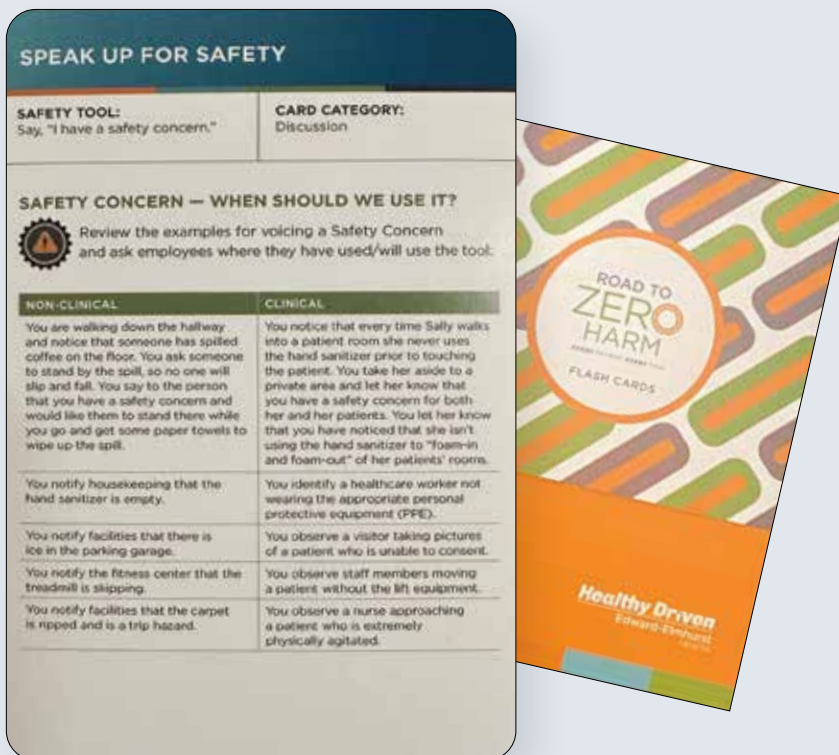
of serious safety events. Today, Elmhurst Hospital's quest for zero harm is supported by a culture of communication openness. Each employee, including the president, is trained to speak up if they see something that's not right and say, "I have a safety concern." With that simple phrase, which everyone respects, the concern is immediately investigated by operational and patient safety leaders. The 2019 *AHRQ Hospital Survey on Patient Safety Culture 2.0* includes a composite measure on communication openness, including four questions about speaking up. Elmhurst's results on these four questions in 2022 exceeded the AHRQ 2022 database average percent of positive responses of 400 participating hospitals.

Speaking up is one of the critical behaviors of Elmhurst Hospital's patient safety culture. As a result of its initiatives to encourage speaking up, the hospital has seen ongoing improvement in measures of employee engagement and patient safety event rates year after year. Speaking up for patient safety has been shown to improve outcomes for patients, turning what could have been fatal errors into near misses. The hospital has found that open and supportive leadership play a critical role in supporting a willingness to speak up with confidence about patient safety concerns, even when work is intense and the stakes are high. ▲

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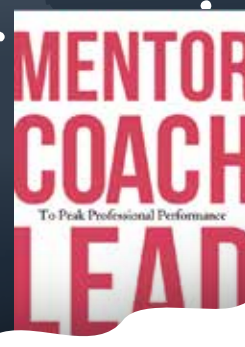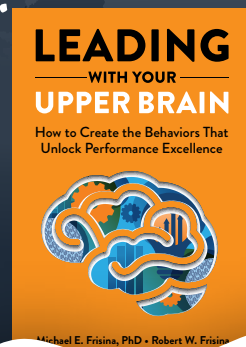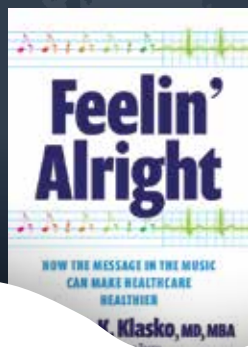
Healthcare on Wheels

Innovative mobile programs help advance health equity.

Stephanie Fendrick, FACHE

Virtua Health, the largest not-for-profit health system in southern New Jersey, has a brand promise to be "here for good." These three simple words shape the organization's strategic plans and keep staff members mindful of their commitment to the community they serve. The brand promise also informed the health system's newest mobile health program.

Launched in spring 2023, Virtua's Mobile Health and Cancer Screening Unit is a 40-foot vehicle designed to empower the health system to provide more than 6,000 appointments per year. Virtua Health sees this program-on-wheels as fundamental to its work to advance health equity. Rather than passively hope patients find their way to the health system, Virtua instead aims to go directly to the neighborhoods that traditionally lack access to care, forge meaningful partnerships with local leaders and establish trust as a true partner in health.

The vehicle is equipped with the latest mammography equipment and includes a private exam room, an imaging suite, a restroom and a registration area. In addition to mammograms, the program offers screenings for cervical, prostate and colorectal cancer, among other services.

The mobile unit offers free cancer screenings to people who are uninsured or have limited health insurance coverage. The New Jersey Department of Health funds this service as part of its statewide cancer education and early detection program. Additionally, the vehicle makes scheduled visits to community centers, places of worship, area employers and other locations to provide screenings to anyone who would benefit from the convenience of having care come to them, including those with Medicare or Medicaid.

For those who have flexibility in their working hours, a stable place to call home and reliable transportation, it can be easy to forget the challenges other people who are less fortunate may encounter when attempting to prioritize their health and seek needed care. It is easy to imagine, however, that if getting a mammogram required taking unpaid time off work or commuting 45 minutes on two or three bus lines, someone might put off the procedure by a month, a year or more.

This is the sort of candid feedback Virtua's patients have provided regarding the Mobile Health and Cancer Screening Unit. Many have thanked the health system for acknowledging the competing demands on their time and for simplifying the entry point for receiving care.

As the health system reflects on the program's journey to this point and maps out its future, some key concepts come to mind. The following lessons learned can be applicable to other healthcare organizations aiming to make meaningful inroads in health equity.

Many have thanked the health system for acknowledging the competing demands on their time and for simplifying the entry point for receiving care.

Meet People Where They Are
The Mobile Health and Cancer Screening Unit is not Virtua's first mobile program. The health system has provided mobile cancer screenings for many years on a vehicle it leased rather than owned. Although the original program was impactful, the on-the-ground team recognized it could do more for the community if the health system had complete oversight. In fact, Virtua is now positioned to quadruple the number of mobile mammograms it provides, from 760 to 3,400 per year.

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In addition to 3-D mammograms, this vehicle offers clinical breast exams, gynecologic/pelvic exams, pap tests to detect cervical cancer, colorectal screenings via a take-home stool test kit or fast-tracked colonoscopy referrals and PSA tests.

Virtua also has other one-of-a-kind vehicles that bring health services where they can do the most good. A converted cargo van is now the Eat Well Mobile Farmers Market, and a one-time city bus has become the Eat Well Mobile Grocery Store. "Eat Well" is the umbrella term for Virtua's initiatives to address food insecurity, and both vehicles are

Virtua Health Mobile Health and Cancer Screening Unit

40 feet long

6,000 appointments per year

760 to 3,400 mammograms per year

familiar sights on New Jersey's roads and highways.

In 2017, Virtua also launched a Pediatric Mobile Services Unit. This 25-foot van provides developmental and health screenings and vaccines for more than 4,000 children and their families each year.

Although each vehicle has a distinct function, they all aim to bridge the gaps that often prevent people from accessing care. Virtua sees these programs as meeting people halfway; if you want people to take your hand, you first need to extend it.

Establish Care Continuity
Importantly, the health system's aim for these mobile programs is to serve as a launching point for deeper relationships. If, for example, a child on the Pediatric Mobile Services Unit shows signs of developmental delays, staff members will work to enroll them in Virtua's early intervention program. Similarly, if someone who shops at the Eat Well Mobile Farmers Market needs support managing a

chronic condition like hypertension or diabetes, the team can connect them to a wide range of clinical services.

Inevitably, some percentage of the people who participate in a mobile cancer screening will discover that they have cancer. Virtua wants to support these patients in that moment and guide them through the journey ahead through the health system's oncology partnership with Penn Medicine.

Show up With Authenticity
Healthcare is all about relationships, and the partnerships Virtua makes with community leaders are fundamental to the organization's success in reaching prospective patients. In the months leading up to the launch of the Mobile Health and Cancer Screening Unit, as the vehicle was being retrofitted, Virtua staff members began to establish these connections with key players. For example, team members visited local Veterans of Foreign Wars halls and made phone calls to senior centers to raise awareness about the

mobile services. These conversations made it clear how much Virtua and its partners could help each other and, therefore, the community.

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Importantly, the health system's aim for these mobile programs is to serve as a launching point for deeper relationships.

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Health system leadership also assembled a diverse staff that reflects the populations Virtua serves. Currently, there are eight bilingual team members, including someone who speaks Haitian Creole. To nurture relationships among those who exclusively speak Spanish, including migrant farm workers, Virtua leaders fostered what is known as a promotores program. The promotores, the Spanish term for "community health workers," are well-known figures within their community who connect people to care, many times from within their own family and friend network. In Virtua's experience, the promotores' guidance in the community can carry as much weight as that of a clinician because of existing relationships and shared life experiences.

Fuel Your Good Work Through Philanthropy

Virtua Health is extremely fortunate to have a philanthropic community that covered the startup and continues to cover the sustained costs of its mobile programs. This includes kindhearted individuals, grant makers, government agencies and businesses of all sizes. For instance, a $1 million donation from a foundation kick-started the Pediatric Mobile

Services Unit. That foundation has made subsequent contributions—as have other private/public donors—to maintain its operations. That program has also been awarded grants for its impact. The approximate cost of the Mobile Health and Cancer Screening Unit—meaning the vehicle itself—is more than $1 million.

Those who dedicate their dollars to the health system's mobile fleet can feel certain they have made a wise investment, whether that comes from the immediate gratification of providing someone with fresh produce for dinner through the Mobile Farmers Market or the lasting impact of administering back-to-school vaccines through the Pediatric Mobile Services van.

Importantly, at Virtua Health, employees do not consider this work a "side project" that supplements the core functions of a health system. In fact, the team at Virtua applies the same degree of consideration and scrutiny to its community-based programs as it does to its traditional service lines such as cardiology or orthopedics. They are all integral to the organization's identity and purpose.

In the end, it comes back to being "here for good." And that feels great. ▲

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Campaign 2024: How It Will Affect Healthcare

Three issues will capture most voter attention during this election cycle.

Paul H. Keckley, PhD

Next November, U.S. voters will elect the next president as well as 34 senators, 435 members of Congress, 11 governors and representatives in 85 state legislative bodies. It's a consequential election for healthcare, which (at 33%) ranks as the second biggest issue to voters after the U.S. economy (60%), ahead of immigration (28%), policing and crime (24%), abortion and the environment (21% each), according to a July 2023 *Newsweek* poll.

This will be the first election cycle after the reapportionment of votes in the U.S. Electoral College following the 2020 U.S. census. Swing states, such as Wisconsin, Michigan and Pennsylvania, will again be key to the presidential results. However, recent population and demographic shifts have widened distinctions between each major party's core voters and so-called blue states, which tend to be more liberal, and red states, which tend to be more conservative.

The increased concentration of liberal or conservative voters in certain states and regions has contributed to political polarization in the U.S. electorate. An August 2023 Gallup analysis of partisan gaps states: "Political polarization since 2003 has increased most significantly on issues related to federal government power, global warming and the environment, education, abortion, foreign trade, immigration, gun laws, the government's role in providing healthcare, and income tax fairness. Increased polarization has been less evident on certain moral issues and satisfaction with the state of race relations." Thus, healthcare issues are increasingly subject to hyper-partisanship and, often, misinformation.

State elections and ballot referenda will take on added significance for healthcare in 2024.

Prevailing Views About the U.S. Health System

Although healthcare looms as a critical issue in the 2024 electoral cycle, polling indicates it's nonspecific to a particular issue except for abortion, which is very important to young and urban-dwelling women. Also, the "medical system" enjoys a favorable view among most voters, although confidence has declined in recent years due to access and affordability concerns, according to the Gallup analysis. As a general rule:

- Democratic voters pay more attention to healthcare issues than Republican voters, and they consider access a fundamental right. Specifically, access to abortion and health insurance subsidies for low-income adults are their top concerns. The majority believe the federal government should play a bigger role in healthcare, with universal coverage being the ultimate goal.

- Republican voters pay attention to healthcare in the context of individual rights versus government control. They support efforts that stimulate competition and reduce waste. Whereas price transparency is popular, price controls are considered a step too far.

The Role of States

State elections and ballot referenda will take on added significance for healthcare in 2024. Consider the following points:

- Voters in 34 states will elect senators to serve in a closely divided U.S. Senate that approves healthcare budgets, appointments and judges. In 2024, Democrats will defend 23 seats, including three in heavily Republican-leaning states (Montana, Ohio and West Virginia).

- State referenda decide laws and regulations on such healthcare

issues as abortion rights and drug price controls. Notably, federal regulations complicate state actions on matters like these, throwing many into the court system for resolution.

- States vary widely in funding for Medicaid and public health programs. Conservative-leaning states are prone to more restrictions on access and lower funding, whereas liberal-leaning states are inclined toward more access and higher funding through state and local taxes. State legislators and/or governors control these deliberations.

The Primary Issues

The following three healthcare issues will capture most voter attention in 2024:

Abortion: Since the Supreme Court decision last year, opinions about abortion have migrated toward restricted access and patient safety, though it remains a highly divisive issue. In 25 states and the District of Columbia, there are no restrictions on access; in 14 states, abortion is banned; and in 11 states, abortion is legal but with gestational limits that range from six weeks in Georgia to between 12 and 22 weeks in Arizona, Utah, Nebraska, Kansas, Iowa, Indiana, Ohio, North Carolina, South Carolina and Florida.

Access and affordability: Although technically these are two separate issues, many voters consider them to be one in the same. When viewing these issues along party lines, 85% of Democratic voters believe there should be universal coverage versus 33% of Republican voters. Opinions

about the 2010 Affordable Care Act remain sharply divided, though Medicaid expansion has passed in 40 states. Thus, the 2024 election will feature a clash of views about remedies for access and affordability, with conservative voters calling for more competition, consumerism and transparency and liberal voters calling for more government funding, regulation and fairness.

Institutional trust: Perceived partisanship, lack of independence and/or ineptitude in opinions by the U.S. Supreme Court, drug approvals by the Food and Drug Administration, and public health directives from the Centers for Disease Control and Prevention have eroded voter faith and trust in their performance, according to Gallup polling. They'll be popular targets in antagonist campaigns.

Although the economy, inflation and consumer prices are likely to drive the majority of the vote during the 2024 elections, healthcare will not be far behind. These three issues will draw the majority of voter attention, and barring a second pandemic or major conflict with Russia or China, healthcare will be on the ballot in 2024 and might very well make the difference in who wins and loses.

Every healthcare organization must advocate on behalf of relevant policies and educate voters on healthcare issues under the watchful oversight of their board and within regulatory constraints of election laws. Voters will be paying attention. ▲

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David L. Schreiner, PhD, FACHE

Melanie M. Miller

Lessons From Children

Leading with empowering, authentic love.

As we gain experience and become wiser with age, it's important to reflect on the lessons we've learned and pass them on to the next generation. Grandparents and leaders share common goals for our grandchildren and employees: happiness, independence and productivity. The lessons we learn from children can help us lead more effectively, and we can pass these lessons on to others.

Too often, leaders overlook the power of appreciation and fail to ask the right questions. What if we used the same approach we use with children and applied it to our staff to encourage growth and development? Following are some leadership lessons to consider from that lens.

Ask Meaningful Questions

If you want to create a positive work environment, it's essential to make sure your staff feels heard and appreciated. One way to do this is by asking them the right questions and listening intently to the responses.

When kids come home from school, we often ask them, "How was school?" When the standard answer is "nothing," perhaps a better question is, "Can you tell me three things that made school fun today?" Research shows that we remember things in threes, and many industries abide by this "rule of three" in their business and marketing practices. But the real power of this question is that it gets kids talking and sharing. They don't realize they're communicating meaningfully because they're having fun with an appreciative audience.

This approach can also work with staff. Instead of asking, "What happened at work today?" try saying, "Tell me three things that happened today that made you proud to work here." For example, you could ask them to share three things they accomplished that day or three things they learned. This gets them talking and helps them focus on the positive aspects of their day. When people feel appreciated, they're more likely to be engaged and motivated at work.

Let Them Finish Their Thought

Time constraints and impatience lead to one of the biggest things leaders should avoid doing: interrupting their staff. Children with slower processing speeds need more time to speak their thoughts, and some of these children become adults with slower processing speeds. Interrupting someone sends the message that you are uninterested in what they have to say. This can be demotivating.

Instead, always let your staff members finish their thoughts. This demonstrates that you value their input and are willing to listen. If the conversation turns negative, flip it back to thinking from a place of

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The Bottom Line

Leaders can learn a lot about communicating with their staff members by considering effective methods for communicating with children. These include:

- Asking meaningful questions.
- Letting staff members finish their thoughts—don't interrupt!
- Building trust by making staff feel valued and confident.
- Respecting team members' individuality and individual learning styles.

abundance. For example, instead of dwelling on what went wrong, ask them what could have happened to make it better.

Focusing on solutions rather than problems creates a positive environment that encourages creativity, innovation and efficiency. People are more likely to take risks and try new things when they feel supported and appreciated.

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Always let your staff members finish their thoughts. This demonstrates that you value their input and are willing to listen. If the conversation turns negative, flip it back to thinking from a place of abundance.

....

Build Trust
Trust is an essential component of any positive work environment. If you want to build trust with your staff, you need to make sure they feel safe and valued. One way to do this is to eliminate criticism from your rounding practice.

Instead of focusing on what people are doing wrong, focus on what they're doing well and how they can challenge themselves. For example, consider an employee who has frequent tardiness. Rather than criticizing the staff member for their tardiness, a leader can ask what the employer can do to help the employee, such as adjusting schedules or seeking assistance from

colleagues. By taking this approach, you create a positive learning environment that encourages growth and development.

Learning new things can be challenging—for kids and adults. Another way to build trust is responding to employees' "I can't" or "this is too hard" statements with "it's hard because you haven't learned it yet." Allowing an employee the opportunity to step back to their own confident and independent performance level can establish trust. Work backward to their proficiency, and then build skills from there.

Focus on the Learners
We should honor our team members as individuals. It's important to remember that everyone learns differently. To be an effective leader, you need to understand your staff members' learning styles and tailor your approach to meet their needs. Pay attention to the learners when observing a leader who is presenting to a team. What do the learners react to, and how do they react?

Understanding and facilitating to your staff's learning style can create a positive learning environment that encourages growth and development. Present in a fun and interactive way. Try various mediums, such as employee forums, video, email and chat to engage employees around important issues. Remember the "rule of three."

Leadership in Practice
Leadership is more than just telling people what to do. It's about creating a positive environment that encourages growth and development. By asking the right questions, letting them finish their thought, building

trust and focusing on the learners, you can create a culture of appreciation that will benefit everyone.

By incorporating these lessons into our leadership practices, we can help create a positive work environment where the staff feels valued, supported and motivated. These principles can help you become a more effective and compassionate leader while creating a better future for yourself and those who will follow in your footsteps. ▲

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Inclusive Governance Amid Board Composition Changes

Kimberly A. Russel, FACHE

Intentional planning is needed to realize the benefits of diversity.

First, the good news: The healthcare field is finally showing movement on diversifying governance composition. The Governance Institute's *Biennial Survey of Hospitals and Healthcare Systems* is revealing improvement—63% of boards reported at least one member of color in 2023, and 62% did so in 2021, compared with 49% in 2019. Both the 2021 and 2023 surveys also demonstrated the addition of female board members and a decrease in average director age compared with past years. Although additional progress is needed, a shift is underway in many boardrooms.

Some boards have not anticipated that a changing governance composition may upend their dynamics and culture. The occupational, business or community connections of new board members may differ from those of long-standing directors. Tenured board members may be serving with newly appointed directors with whom they do not have past business or social relationships. Without careful stewardship, transitioning new and legacy directors together into an effective governance team may be choppier than expected.

Boards have been intentional in recruiting new directors with diverse competencies and backgrounds; similarly, they must be intentional in ensuring that a more diverse board is fully inclusive of all members. The benefits of a diverse board will not be realized until all directors fully participate in boardroom discussions and decisions. The aim is to develop an environment that will engage the voices and talents of both experienced and newly appointed directors, resulting in sharpened governance effectiveness. CEOs are well positioned to help their boards anticipate the need for inclusive governance processes; advance planning will supersede problems that can occur when new and tenured board members do not meld well.

Boards are more likely to avoid a groupthink mentality when contrasting opinions are openly expressed.

Governance Committee Role

Remember the primary purpose of governance diversification is to bring different perspectives into the board's work. Boards with a history of quickly reaching consensus are sometimes surprised that the newest directors may express divergent opinions and priorities. Just as the governance committee oversees governance orientation, it can also take the lead in preparing the board

This article was published in partnership with The Governance Institute.

CEO Checklist to Facilitate Inclusive Governance

- Initiate conversation with the governance committee about preparing for board composition changes.

- Work with board leadership and the governance committee to develop strategies that promote full inclusivity.

- Join the board chair in acknowledging the positive changes that diverse board composition brings to the organization.

- Reach out to each new director personally and individually.

for changes in board composition. Considerations for the governance committee's preparatory work include the following:

- **Openly acknowledge to the existing board that new directors may shift the boardroom discourse.** Lead a discussion with the full board, noting that new voices may not reflect the opinions of more seasoned directors. Remind existing board members that new and differing perspectives are an indicator of a healthy, effective board.

- **Objectively assess the board chair's group facilitation skills.** If not a strength of the chair, develop alternative strategies (perhaps asking another director or the CEO to lead key discussions alongside the board chair).

- **Objectively assess the current boardroom culture.** Are differing opinions routinely expressed in board and committee meetings? Do all directors participate in deliberations? If not, then consider both points as an opportunity for governance improvement. The board will fully benefit from diverse director composition with an established culture of active participation and respectful expression of viewpoints.

New directors also present an opportunity for the governance committee to rethink the board orientation program. Given the unique background and professional experiences of each new board member, a customized orientation plan (which will vary by individual director) is advised. Board orientation programs are typically focused on the business of healthcare and may overlook discussion about board culture. For example, new directors appreciate advance knowledge about:

- Board discussion protocols.

- Voting procedures.

- Seating arrangements.

- Cell phone usage.

- Level of formality (or informality) during board meetings.

- Attendance expectations at board-related social events.

Although many directors will pick up on the board's unique culture over time, addressing cultural norms early is helpful to new directors and may accelerate inclusion. Matching an experienced director with each new director as a peer mentor also fosters inclusion.

Board Leadership

Reconfiguring board composition presents a leadership opportunity for the board chair. The chair can set the tone by actively supporting the governance committee's work to prepare the current directors. Two ways to do this are by reinforcing that differing opinions and new ideas are expected and welcome, and by emphasizing that airing divergent viewpoints is a healthy dynamic. Boards are more likely to avoid a groupthink mentality when contrasting opinions are openly expressed.

A more diverse board will also test the meeting facilitation skills of the board chair. Although many newly appointed directors prefer to absorb the complexities of healthcare before contributing to discussions, the board chair can still seek opportunities to engage them during meetings. Fresh eyes can be an asset as boards tackle challenging and complex decisions, so inviting new members into the conversation can help. (Example: "Mary, you have a lot of expertise in this area. What is your perspective?")

A board chair can be more effective when they build an open and positive relationship with each director over time. Scheduling an informal meeting with each new director, with the intent of building relationships and open communication, can help the chair achieve that.

Although virtual meetings have become the new normal for most boards, the virtual setting generally does not promote rapid integration and a sense of inclusion among new directors. In-person interactions with peer directors are essential for new board members. Consider strongly encouraging in-person attendance at board meetings whenever possible. An in-person retreat can also jump-start the development of a newly constituted board. With thoughtful planning, boards can create inclusive and highly effective governance that draws upon the unique skills and backgrounds of all their members. ▲

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Improving Care for People Experiencing Homelessness

Organizations have the power to contribute to systematic and sustained improvements.

It has been well documented that homelessness is associated with poorer mental and physical health. Due to limited access to primary care and the compounding effects of health conditions and deteriorating wellness, mental illness, substance use disorders and physical disabilities, individuals experiencing homelessness may not engage with health services until they are in crisis.

The moral imperative—providing equitable access to safe, high-quality healthcare for all—is another compelling reason for health systems to strive for improved care for people experiencing homelessness.

The clear connections between homelessness, poor health and increased use of emergency health services highlight the significant overlap between the populations served by the healthcare system and those served by the homeless response system.

They also point to the pressing need for cross-sector collaboration to drive systematic, sustained reductions in homelessness that can lead to both improved access to housing and better health outcomes at the population level.

The moral imperative—providing equitable access to safe, high-quality healthcare for all—is another compelling reason for health systems to strive for improved care for people experiencing homelessness. More equitable access to not only healthcare is needed but also to the social supports necessary to improve health outcomes.

This work requires providers to build and sustain partnerships with community organizations and people with lived experience of homelessness.

Community Solutions and the Institute for Healthcare Improvement have worked together for years, implementing improvement methods and leading innovation in quality and accountability in clinical and community settings to help effectively and sustainably end homelessness.

Community Solutions' Built for Zero movement works with over

100 communities throughout the nation, employing a quality improvement framework to drive measurable, equitable reductions in homelessness. IHI and Community Solutions also partnered with major health systems—Kaiser Permanente, Providence Health, CommonSpirit Health, UC Davis Health and Sutter Health—in five U.S. communities for a three-year pilot project that brought together leaders from both local homeless response systems and health systems.

This pilot project experience revealed what really mattered in engaging the local community and gleaned five lessons for healthcare leaders to consider as they work toward better experience and outcomes for people experiencing homelessness.

Use existing data to identify opportunities to improve care for people experiencing homelessness. Consider social determinants of health screening data, case management data on homelessness, ZIP code data, or simply start by looking at the number of patients accessing your health system with no address or an address of a local shelter.

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Christine Candio, RN, LFACHE, and Vincent Candio
Gayle L. Capozzalo, FACHE, and Jack K. Heil, PhD
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Once equipped with this data, look at the outcomes of the patients identified and determine three things: if they are returning frequently with unmet needs, what the data looks like through an equity lens, and how many people are experiencing homelessness who interact with your services and inequities in their outcomes.

Engage with the local Continuum of Care Program to gain understanding of homelessness in the community. Engaging with the regional or local planning body that coordinates housing and services funding for homeless families and individuals, such as the U.S. Department of Housing and Urban Development Continuum of Care Program, can help health systems learn more about the state of homelessness in the community.

In particular, a Continuum of Care Program can provide information on the most recent count of sheltered and unsheltered people experiencing homelessness on a single night, as well as a real-time, by-name comprehensive list of every person in the community experiencing homelessness.

Redesign your healthcare organization's response system. Closely examine your organization's response system to screen for social determinants of health and ensure that this screening is universal and reliable.

Questions to consider include: What happens when a patient screens positive for being unhoused? Does the health system have dedicated staff assigned to help meet the needs of this population?

If these resources are not in place, identify other organizations in the community with which to partner, such as housing service providers, to meet the needs of patients identified as experiencing homelessness.

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The clear connections between homelessness, poor health and increased use of emergency health services highlight the significant overlap between the populations served by the healthcare system and those served by the homeless response system.

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Explore the power of partnership. Forging meaningful collaborations between healthcare institutions and community-based organizations will help build a comprehensive ecosystem of care, enabling coordinated access to housing supports, mental health supports, substance use treatment and other essential social services.

Working in partnership can help build care pathways that promote a more holistic system of care and foster a better understanding of the health outcomes of people experiencing homelessness at the population level. These partnerships can also identify and start to fill gaps at the community level in support of a more equitable system of care.

Collaborate for impact. One of the biggest takeaways from the pilot

project is that organizations can leverage their influence in the community to make a meaningful impact by harnessing the collective expertise and resources of their own systems, community-based organizations and individuals with lived experience of homelessness.

This kind of authentic collaboration paves the way toward a more compassionate, equitable and impactful ecosystem of care.

Communities participating in the pilot project explored some innovations around collaborating for impact, including the following:

- Expand medical respite and recuperative care to offer a safe environment for healing after hospitalization, as well as to create time and space to connect people with permanent housing services and supports. Emerging evidence shows that this approach decreases hospital length of stay and improves health outcomes for people experiencing homelessness.

- Create new homelessness liaison roles that bring the expertise of the homeless response system to the bedside, facilitating both expedited discharges to the appropriate care setting and collaboration across care settings.

- Establish regular cross-sector case conferencing between providers and homeless response systems that centers the patient, includes a cross-sector team representing each

person or agency intersecting with the patient, and focuses on collaboratively finding solutions and developing a shared plan of care. Designed well, case conferencing serves to not only improve care and outcomes for the individual but also improve quality of care generally and create systemwide improvements.

- Engage people with lived experience of homelessness in improvement work. Communities in the pilot project have, for example, integrated people with lived experience into advisory councils for designing better systems, as well as in the direct delivery of services.

With homelessness intricately linked to poorer health outcomes and increased healthcare use, the moral imperative for cross-sector collaboration between health systems and homeless response organizations has never been more pressing. By leveraging data, forging meaningful partnerships and embracing innovative approaches, healthcare systems have the power to drive systematic and sustained improvements in care for people experiencing homelessness. ▲

Catherine Mather is senior project director at the Institute for Healthcare Improvement (cmather@ihi.org). Lauran Hardin is chief integration officer at HC2 Strategies (lauran@hc2strategies.com). Meghan Arsenault is senior strategy lead at Community Solutions (marsenault@community.solutions).

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Well-Designed Care Coordination

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Tampa General's goal is to streamline processes and redefine its value propositions.

John Couris

The U.S. healthcare system is in need of a new way of designing and implementing care, one that maximizes patient value by achieving the best possible outcomes at the lowest cost. Well-designed and well-targeted care coordination has the potential to do just this. Today and from this point forward, Tampa General Hospital is in the care coordination business. Chief executive officers everywhere—both within and outside of the healthcare industry—can leverage the fundamental principles of care coordination to streamline their processes, improve outcomes and redefine their value propositions. Because care coordination is wholly focused on how to best use the tools and resources available to deliver value for the person an organization was built to serve, it is a model for how every business should strive to operate.

What does care coordination require? A 360-degree, consumer-friendly approach to patient-centered care. More specifically, this model services the medical and nonmedical needs that impact the health of the individual. Armed with technology and the appropriate communication tools across care settings, care coordination allows providers to anticipate patient needs and potential red flags.

Through care coordination, organizations can intervene to improve care quality and drive outcomes by providing the appropriate treatment when and where it is needed—from the ambulatory to acute to post-acute settings—to care for not only those patients with immediate health needs but also those with chronic conditions.

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What does care coordination require? A 360-degree, consumer-friendly approach to patient-centered care.

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Driving Care

Tampa General Hospital/Florida Health Science Center has begun to invest, plan and implement care coordination across the ambulatory, acute and post-acute settings. Tampa General/Florida Health Sciences Center, a 1,040-plus-bed academic medical system with over 125 locations and facilities, provides the ideal laboratory for implementing and examining the effectiveness of coordinated care. It is a microcosm of the industry, representing the future composite of healthcare systems in terms of size and scope. All care settings converge into one care system with the patient at the center; however, specific strategies to drive care coordination are unique to each setting.

For example, in the ambulatory setting, the organization uses a robust nurse navigator program at Tampa General Diagnostic Center, Sun City, Fla. This multipurpose facility, which houses a diagnostic clinic, urgent care facility, primary care practice, diagnostic imaging and a laboratory, was specifically designed to support patients without existing connections to local care providers, allowing them to walk into the facility (without an appointment) to receive a diagnostic work-up by a physician.

From there, a nurse navigator coordinates all needed follow-up medical care and helps access support services. They assist with appointments, answer specific clinical questions, explain medication, facilitate transportation and logistics, and help link patients to the right providers, essentially serving as a patient's healthcare "sherpa." Additionally, the navigator is embedded in the community and can access additional support services that help improve patients' existing health and serve to offset social determinants of health such as access to fresh food. Ultimately, by establishing a path of coordinated care, inefficiencies and potential roadblocks are removed.

The in-patient acute hospital setting uses the hospital command center, CareComm, for predictive analytics

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and artificial intelligence applications to help optimize minute-to-minute patient care operations and care coordination with real-time actionable information. An example of this work is to combat and manage sepsis, a leading cause of U.S. inpatient hospital deaths and hospital readmittance.

For over 10 years, Tampa General has been working hard to reduce the impact of sepsis in the hospital, making slow and steady improvement. By leveraging the CareComm command center to develop an early warning and management system for sepsis, Tampa General decreased its average sepsis mortality to 6.2%—significantly lower than the national average of 24%. The early death rate was nearly halved from 6.1% to 3.1%, which accounts for more than 50 lives saved within just six months of implementation. However, with the proper information early enough, outcomes can be dramatically improved, as early recognition and rapid treatment are the interventions proven to reduce morbidity, mortality and length of stay in sepsis patients.

In 2022, the organization began working with the CareComm sepsis tile, a diagnostic dashboard comprised of technological innovation that focuses both on the early detection of patients at risk for sepsis and subsequent monitoring of management protocols for patients that acquire the disease. The tile uses real-time patient data and applies a rule-based algorithm to monitor 16 risk criteria for sepsis. At-risk patients are prioritized and presented for further evaluation by the trained

rapid response team, a group of multidisciplinary medical professionals who are trained and focused on monitoring and treating sepsis.

Once a patient has been diagnosed with sepsis, they are placed "on the bundle," a small set of evidence-based practices that have been proven to improve patient outcomes when performed collectively and reliably. The patients continue to be monitored via the tile to ensure appropriate treatments are ordered and dispensed promptly for the best possible outcomes. The rapid response team interfaces with front-line clinical staff to streamline the delivery of lifesaving interventions, including antibiotics and fluids.

The CareComm sepsis tile relies on predictive analytics, AI and implementing data into real-time action. It also requires the dedication, investment and engagement of the clinical staff. Tampa General Hospital's clinical team has embraced the CareComm sepsis tile, and the results achieved have been dramatic. From FY 2019 through FY 2021, average mortality rate from sepsis was 9.2%. Since focusing on this alignment work, average sepsis mortality dropped to 7.6%, and in the fourth quarter of FY 2022, since the sepsis tile went live, average sepsis mortality has decreased to 6.2%.

Investment in Access
For care coordination to work effectively, as is the case for the nurse navigator program and CareComm, a significant investment in both people and technology is required to ensure access to data, resources, people, workflows and systems of communication to

facilitate a continuous and frictionless system of care.

Tampa General's next step in coordinating care across the system and establishing an access hub through which information flows and care coordination is fully realized is to move beyond the traditional call center to leverage technology into an integrated experience center. The retail industry has done this quite effectively with customer relationship management systems.

As such, Tampa General is developing a consumer connection experience that will link all significant touchpoints for a patient throughout their care journey within the system using one platform and integrated digital tools. Here, products and services will become seamlessly integrated, making the user (both patient and provider) experience highly intuitive and easy to navigate, and the access to care and services more readily available and less prone to roadblocks.

Continuous innovation that challenges the status quo, empowers patients to play an active role in their care, and enables our team members to deliver high-quality care will continue to be a key strategic priority for Tampa General. In applying this model for care coordination, the bar is raised for what both patients and providers can expect from their experiences receiving and delivering care. ▲

John Couris is president and CEO, Florida Health Sciences Center/Tampa General Hospital, Research Fellow at University of South Florida Muma College of Business, and an ACHE Member.

ACHE MEMBER UPDATE

Dent, McGaw Student Scholarships Awarded for 2023

ACHE recently presented its Albert W. Dent and Foster G. McGaw student scholarships to 15 outstanding graduate students preparing for careers in health-care management.

The Foundation of the American College of Healthcare Executives established the Albert W. Dent scholarship in honor of Albert W. Dent, the first African American Fellow of ACHE. The Dent scholarship is bestowed annually to racially and/or ethnically diverse, as well as LGBTQ+, students who are enrolled in graduate programs in health services administration.

The late Foster G. McGaw, founder of the American Hospital Supply Corporation, contributed funds for this award, which is given annually to students enrolled in graduate programs in health services administration.

The following students each received a scholarship in tribute to the late Albert W. Dent:

Kiran F. Ahmed, Texas Woman's University, Denton, Texas.

In Memoriam

ACHE regretfully reports the deaths of the following ACHE members as reported by the Department of Executive Engagement:

John J. Cleary, FACHE
Boerne, Texas

Gary Gambuti, FACHE
New York

Jahaziel Bruce, The Pennsylvania State University, University Park, Pa.

Samantha Granja, University of Florida, Gainesville, Fla.

Rukshana Gupta, University of Illinois Chicago.

Brandy Hitchcock, University of Southern California, Los Angeles.

Adriana S. Kotchkoski, University of Iowa, Iowa City, Iowa.

Christian J. Tejeda, Brown University, School of Public Health, Providence, R.I.

Lauren Wesley, Tulane University, School of Public Health and Tropical Medicine, New Orleans.

In addition, ACHE awarded the Foster G. McGaw Student Scholarship to the following individuals:

Daniel A. Caulfield, University of Minnesota Twin Cities, Minneapolis.

Davontae N. Foxx-Drew, University of Michigan, School of Public Health and Ross School of Business, Ann Arbor, Mich.

Jessica M. Honig, Ferris State University, Big Rapids, Mich.

Arieonna Nettles, UTHealth Houston, School of Public Health.

Rayyan Sokkarie, Florida International University, Miami.

Gina Sung, University of Minnesota, Minneapolis.

Kelly Thomas, University of Iowa, Iowa City, Iowa.

Applications for the 2024 Dent and McGaw graduate student scholarships will be accepted between Jan. 1 and March 31, 2024. The number of awards varies from year to year. For more information, visit **ache.org/Students** and click the "Scholarships and Awards" link in the "Become a Student Associate" section.

PEOPLE

ACHE Members Elected to AHA Board

The following ACHE members have been elected to a three-year term on the American Hospital Association's board of trustees beginning Jan. 1, 2024:

Kurt A. Barwis, FACHE, president/CEO, Bristol (Conn.) Health.

Laura S. Kaiser, FACHE, president/CEO, SSM Health, St. Louis.

Michael A. Mayo, DHA, FACHE, president/CEO, Baptist Health, Jacksonville, Fla.

Timothy M. McManus, FACHE, national group president, HCA Healthcare, Nashville, Tenn.

Matt Wille, FACHE, president/CEO, Munson Medical Center, Traverse City, Mich.

To promote the many benefits of membership, the following ACHE leaders spoke at these recent events:

Delvecchio S. Finley, FACHE
Chair
California Association of Healthcare Leaders
Keynote Address, 2023 Annual Meeting and Awards
Walnut Creek, Calif.
(August 2023)

ACHE Western Florida Chapter
Welcome/Keynote, Culture and Workforce in Healthcare Symposium
Tampa, Fla.
(September 2023)

Virginia Hospital & Healthcare Association
ACHE State of Healthcare, 2023 Virginia Hospital and Healthcare Conference
Roanoke, Va.
(September 2023)

Healthcare Leaders of New York
7th Annual Mini-Congress
New York
(October 2023)

William P. Santulli, FACHE
Chair-Elect
Florida Hospital Association
ACHE Luncheon, 2023 Annual Meeting
Orlando, Fla.
(October 2023)

Anthony A. Armada, FACHE
Immediate Past Chair
ACHE of Iowa
Annual Meeting
Des Moines, Iowa
(October 2023)

Following are new hire and promotion announcements.

Rachel Gregoire welcomed as manager, Career Resource Center, Department of Executive Engagement. Rachel previously worked with ACHE as specialist, Career Resource Center, from 2015 to 2019.

Belinda Roman promoted to program specialist, Career Resource Center, Department of Executive Engagement, from program coordinator.

Career Attainments by Race/Ethnicity: Compensation

Results by ACHE's Executive Office, Research.

In 2022, the American College of Healthcare Executives led the sixth in a series of studies conducted over the past 30 years comparing career attainments of healthcare executives by race/ethnicity. Questionnaires were sent to comparative samples of Asian, Black, Hispanic/Latino and white healthcare executives. Of the 9,416 ACHE members who were successfully sent the survey, 2,527 responded, yielding a 26.8% response rate. These responses were supplemented by a small number of responses from an earlier questionnaire pretest and a sample of executives provided by the National Association of Health Services Executives.
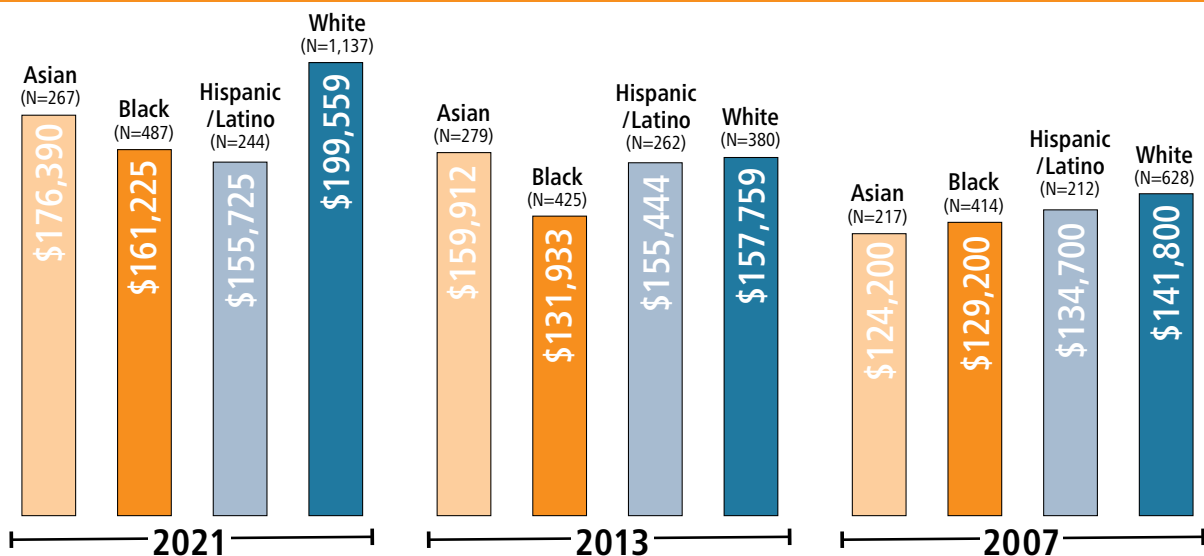
Among the many aspects of career progression examined in the survey was median compensation received in the previous year. The results of our examination of respondent median compensation by race/ethnicity are shown in the table below. To allow a fair comparison, salary data were weighted to control for education and experience. The table also contains data from two previous studies for context.

In 2021, white respondents as a group received the highest median compensation when controlling for education and experience. Asian respondents earned the second highest level of compensation, Black respondents the third and Hispanic/Latino respondents the fourth. This is a change from 2013 when median compensation calculated for Asian, Hispanic/Latino and white respondents was similar. Controlling for education and experience, the median compensation for Hispanic/Latino respondents in 2021 is relatively unchanged from that reported in 2013. For members of the other racial/ethnic groups studied, median compensation reported by respondents has increased over this time period.

ACHE thanks the executives who responded to this survey for their time, consideration, and service to their profession and to healthcare leadership research. ACHE also wishes to thank the National Association of Health Services Executives, the National Association of Latino Healthcare Executives, the Institute for Diversity and Health Equity and ACHE's Asian Healthcare Leaders Community Committee for their support of this study.

Median Compensation Controlling for Education and Experience ($)

2021:
- Asian (N=267): $176,390
- Black (N=487): $161,225
- Hispanic/Latino (N=244): $155,725
- White (N=1,137): $199,559

2013:
- Asian (N=279): $159,912
- Black (N=425): $131,933
- Hispanic/Latino (N=262): $155,444
- White (N=380): $157,759

2007:
- Asian (N=217): $124,200
- Black (N=414): $129,200
- Hispanic/Latino (N=212): $134,700
- White (N=628): $141,800

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The American College of Healthcare Executives congratulates members who recently received awards recognizing their contribution to healthcare leadership.

Ronel J. Africa, PsyD, FACHE, director, Behavioral Health & Recovery Services, San Carlos, Calif., received the Early Careerist Healthcare Executive Award from the Regent for California—Northern & Central.

Suzanne Asaro, FACHE, director, Outpatient Operations, Adventist Health Castle, Kailua, Hawaii, received the Mid Careerist Healthcare Executive Award from the Regent for Hawaii/Pacific.

Deborah Austin, director, Patient Relations & Accreditation, John Muir Health, Walnut Creek, Calif., received the DEI Leadership Award from the Regent for California—Northern & Central.

Corina B. Clark, manager, Respiratory Care & Rehab Services, Salinas Valley (Calif.) Memorial Healthcare System, received the Early Careerist Healthcare Executive Award from the Regent for California—Northern & Central.

Sydney Holmes, RN, regional director, Operations, RestorixHealth, Tarrytown, N.Y., received the Early Careerist Healthcare Executive Award from the Regent for Wyoming.

Rachael L. McKinney, FACHE, hospital area CEO, Sutter Medical Center, Sacramento (Calif.), received the Senior-Level Healthcare Executive Award from the Regent for California—Northern & Central.

Kenneth H. Morris, senior sales representative, Stryker, Kalamazoo, Mich., received the Early Careerist Healthcare Executive Award from the Regent for Hawaii/Pacific.

Baljeet S. Sangha, FACHE, COO/Deputy Director, SF Health Network/San Francisco Department of Public Health, received the Senior-Level Healthcare Executive Award from the Regent for California—Northern & Central.

Lt Col William M. Van Houweling, FACHE, CEO, University Medical Center of Southern Nevada, Las Vegas, received the Senior Careerist Healthcare Executive Award from the Regent for Air Force.

***Our members**.* Each of you reading this article, including the 48,000 other leader members, are the lifeblood and soul of ACHE. Whether you are a CEO or a student, we are dedicated to supporting you wherever you are in your career and your work to advance the health of all. Through your service to patients, communities and colleagues, and through your support and participation for ACHE, be it nationally or locally, you are what makes our association what it is today. It is indeed an honor and a privilege to serve you.

As I begin to reflect on the year and all we have achieved, I am mindful that none of this happens without all those connected to the work we do. I am enormously proud to work with you and the incredible ACHE staff—so thank you. If you would like ACHE to send you or another ACHE member a personal expression of our gratitude, please email us at gratitude@ache.org. We would welcome the opportunity to tell you how special you are to us. ▲

Deborah J. Bowen, FACHE, CAE, is president/CEO of the American College of Healthcare Executives (dbowen@ache.org).

Mentorship as a Leadership Tool

Chapters can produce successful programs.

Mentorship is a crucial component of a healthcare leader's professional development, and ACHE supports members interested in serving as both mentees and mentors. For example, the Leadership Mentoring Network works with members to establish mentor-mentee partnerships through virtual methods. Local chapters can help facilitate mentoring relationships, as well.

The National Capital Healthcare Executives chapter, which covers northern Virginia and Washington, D.C., revitalized its mentorship efforts and relaunched a mentorship program in the fall of 2022. The six-month program used a dedicated cohort approach and leveraged elements of programs offered by ACHE and other chapters, most notably the ACHE of North Texas chapter. A flexible framework provided direction and accountability for both mentors and mentees, and it also allowed individualization to fulfill program goals for each mentor-mentee pairing.

The chapter's mentorship program was a success, with a completion rate of nearly 75%. Participants' feedback identified valuable elements of the program, including the ability to build relationships between mentors and mentees, and providing tools for developing goals that mentees can personalize based on conversations with their mentors. Regular check-ins were provided by the program facilitators, and participants were required to document their experiences through easy-to-use monthly activity updates. More than 80 mentoring sessions were completed, which provided great value to mentees.

The National Capital Healthcare Executives chapter revitalized its mentorship efforts and relaunched a mentorship program.

Program recruitment was based on participant interest for both mentors and mentees, career level, rationale for applying, and best mode of communication preferred (audio, video or both). A thoughtful process was used to match mentees with their mentors to ensure an accurate fit for bidirectional fulfillment of program goals.

The program concluded with a chapter program celebration and networking event, where each "graduating" mentee received a framed certificate of completion and was individually photographed with their mentor and chapter leaders. More than 70 chapter members and guests attended the event, which was also highlighted by guest speaker Catherine Codispoti, executive vice president/chief people officer, Children's National Hospital, Washington, D.C., and an ACHE Member. Codispoti congratulated both the mentees and mentors and spoke about the important role mentoring plays throughout the career of a healthcare professional.

Feedback for program refinement by participants and program leaders included challenges with multiple mentees assigned to one mentor, dissonance in program goals between mentee and mentor, and time constraints. The redesigned version of the mentorship program for the chapter's most recent cycle that began this past fall takes into account participant experiences and offers an evolved version of both the process and the program itself. The 2023–2024 mentorship program will be supported by the chapter's mentorship committee, which will provide input to the application process and also screen all candidates through a mixed application review and interview process.

Finally, the overwhelming success of the 2022–2023 mentorship program places this year's program at a

heightened level for engagement, enrollment and sharing the benefits of mentorship across the full spectrum of the Washington, D.C., and northern Virgina areas through the National Capital Healthcare Executives' chapter region. ▲

To find your chapter, search the chapter directory. To discuss your ideas for chapters, contact Stacey A. Kidd, CAE, director, Chapter Relations, Department of Executive Engagement, at (312) 424-9323 or skidd@ache.org.

NCHE Chapter Mentorship Program "Graduates" at the Spring 2023 celebration and networking event with chapter leaders.

NCHE Chapter Mentorship Program celebration and networking event: (left to right): Membership Director Jim Ramsey; Mentorship Director Aparna Gupta, DNP, FACHE; President Bank Aramvareekul, FACHE; VIP Guest Speaker Catherine Codispoti; and Regent Edward Daniel, PhD, FACHE.

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12. Tax Status *(For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)*

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☒ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

PS Form **3526**, July 2014 *[Page 1 of 4 (see instructions page 4)]* PSN: 7530-01-000-9931   **PRIVACY NOTICE:** See our privacy policy on *www.usps.com.*

13. Publication Title	14. Issue Date for Circulation Data Below
Healthcare Executive	September 1, 2023

15. Extent and Nature of Circulation

			Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies *(Net press run)*			35,436	42,347
b. Paid Circulation *(By Mail and Outside the Mail)*	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	33,422	39,380
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 *(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)*	0	0
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	394	438
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	0	0
c. Total Paid Distribution *[Sum of 15b (1), (2), (3), and (4)]* ▶			33,87	39,818
d. Free or Nominal Rate Distribution *(By Mail and Outside the Mail)*	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0
	(4)	Free or Nominal Rate Distribution Outside the Mail *(Carriers or other means)*	415	1,146
e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))*			415	1,146
f. Total Distribution *(Sum of 15c and 15e)* ▶			34,390	40,964
g. Copies not Distributed *(See Instructions to Publishers #4 (page #3))* ▶			1,158	1,383
h. Total *(Sum of 15f and g)*			35,390	42,347
i. Percent Paid *(15c divided by 15f times 100)* ▶			98%	97%

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

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(All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies ▶		0	0
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17. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed ☐ Publication not required.

in the ___Nov/Dec 2023___ issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Vice President, DoCM

Date: Oct. 4, 2023

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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Jim Aberle, FACHE, to president, Legacy Mount Hood Medical Center, Gresham, Ore., from CEO, McKenzie-Willamette Medical Center, Springfield, Ore.

Todd Blake, FACHE, to COO, Memorial Care Long Beach (Calif.) Medical Center and Miller Children's & Women's Hospital Long Beach, from operations officer, Intermountain Medical Center, Murray, Utah.

Teri Chenot, EdD, RN, FAAN, to clinical professor, The Ohio State University College of Nursing, Columbus, from professor, Keigwin School of Nursing, Jacksonville (Fla.) University.

David E. Irigoyen, FACHE, CMPE, to vice president, Anesthesia Services, Sullivan Healthcare Consulting, Alpharetta, Ga., from vice president, operational performance, Anesthesia, TeamHealth, Knoxville, Tenn.

Jeff Fuller, FACHE, to vice president, Analytics Delivery, Divurgent, Virginia Beach, Va., from vice president, Analytics Solutions, CipherHealth, New York.

Casey Greene, FACHE, to market president, UnityPoint Health–Cedar Rapids (Iowa), from vice president/COO.

Jim Nemeth, FACHE, to CEO, OakLeaf Surgical Hospital, Altoona, Wis., from COO/executive vice president, Memorial Healthcare, Owosso, Mich.

Michelle Niermann, FACHE, to COO, East Division, UnityPoint Health, Des Moines, Iowa, from president/CEO, Unity Point Health–Cedar Rapids (Iowa).

Lindsey Petrini, FACHE, to CEO, Piedmont Newton Hospital, Covington, Ga., from vice president/COO, Wellstar North Fulton, Roswell, Ga.

Mary Rose, FACHE, to retirement from vice president, patient care services/CNO, ProMedica Coldwater (Mich.) Regional Hospital. We would like to thank Mary for her years of service to the healthcare field.

Danielle Socrates to vice president, value-based care, Beebe Healthcare, Lewes, Del., from director, performance operations, Beebe Medical Group.

Gonzalo Solís, FACHE, to COO, Broward Health Medical Center, Fort Lauderdale, Fla., from vice president, Operations, University of Maryland Medical System, Baltimore.

Jennifer Stoeke to assistant vice president, Orlando Health/CNO, Orlando

Health South Seminole Hospital, from patient care administrator, Orlando (Fla.) Health Dr. P. Phillips Hospital.

Tyson Thornton, PharmD, FACHE, to vice president, Operations, Pen Bay Medical Center, Rockport, Maine, and Waldo County General Hospital, Belfast, Maine, from vice president, Northern Light Inland Hospital, Waterville, Maine, and Northern Light Sebasticook Valley Health, Pittsfield, Maine.

Cody R. Traffanstedt to director, specialty clinics, East Alabama Health, Opelika, Ala., from practice manager, East Alabama Rheumatology Center and East Alabama Infectious Disease.

Duke Walker, FACHE, to vice president, Operations, Musculoskeletal Medicine, Lee Health, Fort Myers, Fla., from interim COO, Ascension Columbia St. Mary's Hospital, Milwaukee.

Russell J. Woolley, FACHE, to president/CEO, CHI Mercy Health, Roseburg, Ore., from vice president/COO, Virginia Mason Franciscan Health's St. Francis Hospital, Federal Way, Wash.

Madison Workman, FACHE, to COO, Broward Health North, Deerfield Beach, Fla., from COO, HCA Florida University Hospital, Davie, Fla.

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