HEALTHCARE EXECUTIVE

The Magazine for Healthcare Leaders

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Leadership Tips for Recruiting, Retaining and Empowering Employees

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Integrating an Unwavering Vision

Three CEOs discuss how establishing a vision within their respective organizations is driving success.

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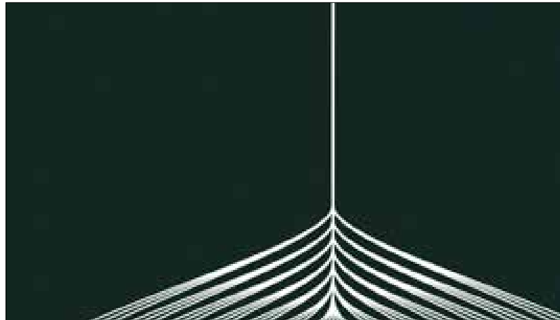

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Three CEOs discuss how establishing a vision within their respective organizations is driving success.

Feature

16 **Leadership Tips for Recruiting, Retaining and Empowering Employees**

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Giving employees more personal control and more authority allows them to work both independently and collaboratively to make good, sound decisions.

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The 2 Big Myths About Using AI in Healthcare
AI has the potential to undo much of the frustration of documenting in the EHR through tools such as ambient listening that not only transcribes, but also interprets and summarizes what is happening in a patient encounter, according to Danielle S. Walsh, MD, FAAP, FACS, professor of surgery and vice chair of Quality and Process Improvement, the University of Kentucky College of Medicine in Lexington.

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In "Using Technology to Solve Healthcare Operational Challenges," **Mohan Giridharadas**, founder/CEO, LeanTaaS, discusses how AI can solve healthcare operational challenges and the importance of change management in transforming hospital processes.

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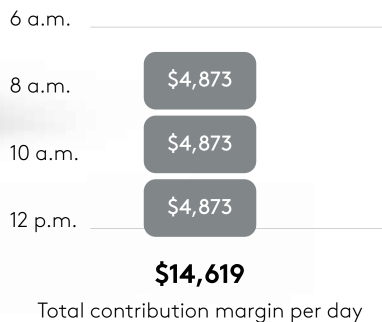
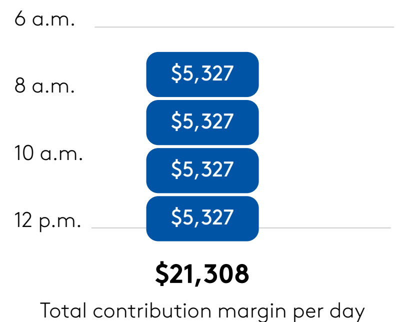
– Total Direct Costs	$4,783	$4,329
Average Contribution Margin	$4,873†	$5,327†

Da Vinci Xi OR schedule



$14,619
Total contribution margin per day

Da Vinci 5 OR schedule



$21,308
Total contribution margin per day

* Scenarios utilize observed surgeon console time reduction based on a review of their da Vinci Xi system log data (n = 69) from 2023, and da Vinci 5 system log data (n = 13) from 4/1/2024-6/25/2024. **Cost inputs are estimated from actual customer data on file. †Contribution margin equals actual payment less total direct cost for closed encounters only.

Information about the complexity of a surgical procedure or whether concomitant procedures were conducted, which could influence the console time cannot be extrapolated from the da Vinci system log data. Financial estimates vary across regions and facilities based on several factors, including fixed costs, variable costs, payor mix, etc.

As such, this data presentation should be considered as directional only and not conclusive

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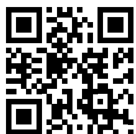

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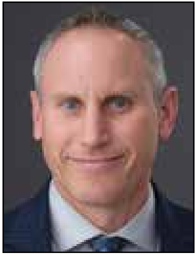

Randy F. Liss

It All Starts With A Vision

"I found quickly that when you have a connection and a shared belief with your team—when you share a vision—you can accomplish a lot together."

Dawn Staley, the well-decorated head coach of the University of South Carolina women's basketball team, wrote the words above in a 2015 article on The Players' Tribune website. Since then, her Gamecocks teams have won three NCAA titles and she earned a gold medal as coach of the U.S. women's basketball team at the Summer Olympics in 2021. To say she's had some success getting others to share her vision would be an understatement.

But it all starts with establishing that vision. In our cover story, "Integrating an Unwavering Vision" (Page 8), three healthcare CEOs share what that process looked like for them, how they secured buy-in from their teams and the positive results they've achieved. From crafting the right vision statement to communicating it to others, the lessons these CEOs have learned are helping drive success in their respective organizations.

Developing and operationalizing the right vision is just part of a leader's agenda. Other puzzle pieces include hiring the right people and keeping them happy and engaged. In our second feature, "Leadership Tips for Recruiting, Retaining and Empowering Employees" (Page 16), leaders and experts detail trends in finding the best candidates and helping them thrive in their work, such as by ensuring that frontline staff have enough authority to make decisions. As one expert puts it, "Trust your employees."

I hope you enjoy this issue of *Healthcare Executive*, and with this being our final issue of 2024, thank you very much for reading and for your support of the magazine. We've got a terrific editorial lineup for 2025 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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Deborah J. Bowen, FACHE, CAE

The Resilient Leader: A Connector for the Community

Connection and community are more important than ever.

Although you are reading this after the damage done by Hurricanes Helene and Milton, I am sure the devastation is still top of mind. Like me, you probably checked in on the well-being of family, friends or colleagues. I was struck by the conversations I had in those weeks with leaders. Their concerns for those in remote areas, navigating shortages of personnel and supplies, while fostering some sense of stability and safety for their organizations is inspiring.

It's a harsh reminder that while we confront daily challenges—workforce shortages, financial struggles, cybersecurity threats, burnout and more—it is the unpredictable event that truly tests both our strategies and characters as leaders. It is also a reminder that as leaders, it's up to us to set the stage for our teams and communities to succeed even in the most perilous of times.

Effective leaders are at their best during difficulty, drawing on their experience to pivot and respond in whatever way needed. What may be most impressive, however, is the ability of our workforce to rise to the challenge, often despite uncertain personal circumstances. In the same way, leaders rally the teams and resources needed to do what is necessary.

The recent impact of these natural disasters are important reminders of the unpredictability that crisis can inflict on a community. They also are opportunities for us to learn from each other to better navigate the scenarios. Many organizations are offering helpful insights, such as the list of resources listed in the recent article, "Hospitals are Always There for Patients and Communities, Including in Times of Disasters and Emergencies," by Rick Pollack, president and CEO, American Hospital Association.

Connection and community are more important than ever. In thinking our way forward, the following seems particularly relevant:

Prioritize collaboration. The importance of collaboration cannot be overstated, whether locally within the community you serve, or across the wider public health ecosystem. A very recent example of this is the American Hospital Association's list of resources on IV fluid supplies available at https://bit.ly/AHA-helene.

We all know it is difficult to build trust in the middle of a crisis; working with others must be a central pillar of how we prepare and work every day. Establishing feedback loops across disparate community groups and organizations only enhances collaboration and resiliency when faced with unpredictability and crisis.

Invest in agility and adaptability. Scenario planning is a key asset, as is investing in developing organizational agility before a crisis. To enhance an agile culture, we learn and improve by balancing the evidence with transparent dialogue to identify possible situations and responses. Further adaptability and problem solving can be taught. Investing in team training can further reinforce the importance of being agile, whether a front-line caregiver or leader. Developing a rhythm for a preparedness mindset can be embedded into an organization's culture as a way to continuously evaluate and improve.

Generously support and give gratitude. The emotional stress of a crisis cannot be underestimated; our field knows all too well how emotional stress can impact an organization's culture long term. Many are still dealing with the effects from the pandemic. Taking care of a workforce, families and community through emergency funds or other support programs is paramount. It is up to us as leaders to foster a culture that puts gratitude at the center of its mission.

Of course, these are not the only efforts or tactics. What is most evident is that having a defined approach is key.

Leaders are essential cogs within communities. Reminders of the power of our teams who are on full display in tough times, proving once

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Integrating an Unwavering Vision

Three CEOs discuss how establishing a vision within their respective organizations is driving success.

By Karen Wagner

It's probably safe to say that leading a hospital, health system or other facility in the care continuum, even before the days of a worldwide pandemic and incessant cyberattacks, has never been an easy job. Yet today, perhaps more than ever, leaders are needed who can imagine what sometimes few others can, are flexible to changing environments and who can guide growth.

In essence, today's leaders must have an unwavering vision.

Whether leading a regional health system within a national one, a hospital within a university medical center system that serves diverse needs, or a thriving independent hospital, the three CEOs whose experiences are highlighted here share a vision that ensures they thrive in their roles, inspires team spirit and strengthens their organizations.

"Being a visionary CEO gets people excited," says Stonish Pierce, FACHE, president and CEO of Trinity Health Georgia in Athens. "If you don't have a palpable vision, you're stagnant, your people can become complacent, and they may not get excited about coming to work every day."

Having a Clear Vision

Judging by the experiences of these CEOs, creating that excitement starts with a vibrant and clear vision—whether it is the personal drive of the CEO or the formal statement of the organization.

When Pierce became CEO of Trinity Health Georgia nearly two years ago, the organization was in need of a turnaround in clinical, financial and operational performance, he says.

Although Trinity Health Georgia's parent organization, Livonia, Michigan-based Trinity Health, which comprises 101 hospitals across 27 states, has an enterprise-wide mission and vision, each region within the system has its own promise statement, which can be considered a regional vision, Pierce says.

"So, coming in, I had the ability to work with my senior leadership team to craft a vision centered around where I wanted to take the regional organization," he says.

From day one of his role, Pierce says his vision was this: full speed ahead to make the three-hospital regional system the preferred provider in northeast Georgia and the best place to work, practice medicine and receive care.

At his first system leadership team meeting, Pierce says he drew the Gateway Arch, the famous monument in St. Louis that represents westward expansion. He marked a spot on the arch depicting the performance of competitors and then another spot, lower on the arch, depicting Trinity Health Georgia's performance. "And I said, 'this organization is going to be in a different place one year from now,'" Pierce recalls.

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Integrating an Unwavering Vision

Perhaps the experience of CEO Robert Vissers, MD, in deriving a vision statement for Boulder Community Health in Colorado nearly 10 years ago wasn't as dramatic as Pierce's, but it has arguably been just as important.

Vissers, who is an ACHE Member, says his personal vision aligns with the organization's formal vision statement, which he, his leadership team and the board developed: partnering to create and care for the healthiest community in the nation.

"We went from a very compelling and articulate but lengthy vision that I cannot recall to a very concise and aspirational statement that we use every day," he says.

For Kathy Parrinello, FACHE, her vision for Strong Memorial Hospital and Highland Hospital, where she recently was appointed CEO, is derived from the overall mission of the system that the hospitals are part of—the University of Rochester Medical Center, which has eight hospitals in the Finger Lakes region of upstate New York and comprises Rochester-based URMedicine.

Parrinello describes the vision of URMC as linking academic medicine to local providers to maximize the health and economic vitality of the communities the system serves.

"We accomplish this vision by ensuring that the communities in the region have access to care close to home, by growing primary and specialty care programs and creating a strong workforce to provide that care," Parrinello says. "Our commitment [is] to grow and develop services in our region to make sure that everyone in our surrounding communities has access to high-quality healthcare."

A Visionary Leadership Style

Just as translating their personal visions into their organization's formal vision statement was a multi-stakeholder effort, working to achieve these visions has been far from a sole effort for these CEOs. They use such terms as outgoing, collaborative and transparent to describe their leadership style.

Parrinello says her outgoing and collaborative style helps to develop relationships throughout the region to attract patients to the system's services and to develop a network of primary and urgent care clinicians who will provide the care.

"It's important to be visible in our community organizations," she says.

To build her networking skills and market the system's programs, Parrinello belongs to numerous community organizations that serve various populations, including the Finger Lakes Performing Provider System, for which she serves as chair of the board, and the YWCA. She also attends leadership training sessions and patient rounds, in addition to visiting with staff regularly to understand workforce needs.

> "Being a visionary CEO gets people excited. If you don't have a palpable vision, you're stagnant, your people can become complacent, and they may not get excited about coming to work every day."
>
> —Stonish Pierce, FACHE
> Trinity Health Georgia

Parrinello guides her management teams, which consist of the chief financial, medical and nursing officers, in addition to other team members, in carrying out the systemwide vision. During meetings, she encourages her team to share their perspectives, challenges and concerns.

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Integrating
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"We want to push ourselves to be even better," she says. "We want to ensure that every single member of the management team feels stretched in their thinking. That is only possible if you listen to other viewpoints."

Similarly, Pierce says his transparency with physicians and inclusion of their perspectives has helped garner their support of his turnaround vision and drive its success.

"I've been transparent since the day I arrived … with the medical staff especially," he says.

When Pierce first started as CEO, he met with nearly 100 key physicians and stakeholders. He says now he attends all the medical executive committee meetings at each of the regional hospitals he oversees and regularly meets with physician groups to optimize alignment.

Pierce also regularly shares patient experience, engagement and quality outcomes with the medical staff, something that was not previously done at the organization, he says. He also sought strategic perspective from several physicians, including those now serving in dyad service-line leadership capacities, to leverage their insights on an ongoing basis.

The physicians were appreciative of his efforts to be inclusive, he says, adding that as a CEO, "You may have a vision about where you want to go, but the worst thing is to come in and tell a physician, 'This is the way it's going to be done.'"

To build support for the vision from his system leadership team, Pierce spoke to their competitive spirit. With the region's flagship hospital being just a few miles from the University of Georgia, winner of the 2021 and 2022 College Football Playoff National Championships, he decided to leverage the football team's success. He asked the system leadership team, "'We are home to the national champs, so you know about winning, correct?'" he says, noting that most affirmed. Then Pierce says he added: "'So do you want to continue our local winning ways?'" he says. "Everyone raised their hand and said, 'I want to win, I want to be a part of this,'" cultivating the belief that growth was possible.

Pierce says he also always led with optimism about how the turnaround could be achieved. "Every single decision has been about growth and how we can reemerge," he says.

Succeeding in the Vision

That team spirit helped spark the turnaround, Pierce says, leading to a $21.3 million improvement in the system's financial performance in one year and moving the organization back into the black. Today, the system's potential falls rate is the lowest across all Trinity Health regions and ranks among the best nationally, he adds. And patient experience outcomes rank first for acute care and medical groups and second for the emergency department across all Trinity regions.

"We turned around financially, our quality is top notch and our patient experience is doing well," he says.

At Boulder Community Health, Vissers says the vision guides the hospital's mission and serves as a common thread through all his and his team's decision-making. Adhering to this

"We want to ensure that every single member of the management team feels stretched in their thinking. That is only possible if you listen to other viewpoints."

—Kathy Parrinello, FACHE
Strong Memorial Hospital and Highland Hospital
University of Rochester Medical Center

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vision has also helped sustain the organization financially.

Vissers says that because Boulder Community Health is the only remaining independent hospital on the Front Range (a mountain range of the Southern Rocky Mountains located in the central portion of Colorado and southeastern portion of Wyoming), he says he is often approached with partnership and affiliation opportunities. When he first joined the organization as COO, the hospital's independence was a strict priority, he says. He believes the revised vision statement has enabled more flexibility in such considerations.

Now, when opportunities arise to partner or affiliate, the decision is based on what would best serve the community, he says. So far, independence is still considered the best structure to achieve the organization's vision. But when another organization makes an inquiry, his general response is simple: "If you can help us improve the health and wellness of our community and improve the quality and excellence of healthcare we provide, we're open to any proposals."

Some partnerships, both administrative and clinical, have proved valuable, he says. For example, Boulder Community Health partners with an outside organization to operate its revenue cycle functions and has joint ventures with another health system and specialty medical groups, such as surgery centers.

"Embracing our vision has pushed us to explore joint ventures that I don't think we normally would have," he says.

Developing a Strong Vision: Lesson Learned

The following list was compiled from the lessons Pierce, Vissers and Parrinello have learned in developing a strong vision.

Keep Formal Vision Statements Simple*:* "It also has to be something that's meaningful, aspirational and hopefully unique to your organization," says Robert Vissers, MD, president and CEO of Boulder (Colo.) Community Health.

Make the Vision Your North Star: The vision can provide the stability and direction to foster change, Vissers says, so every word is meaningful. "Every word in our vision statement has meaning, has intent and principles behind it that guide our broader decisions and goals," says Vissers.

Continuously Communicate the Vision*:* Make sure all stakeholders—senior leadership, medical staff and front-line staff—are informed about past and current challenges, where the opportunities lie and where the organization is headed next. "I share the balanced scorecard with the entire system, so nothing's hidden," says Stonish Pierce, FACHE, president and CEO of Trinity Health Georgia.

Get the Docs on Board*:* Pierce also advocates for using a physician champion to win over support from other physicians, as he did in "selling" his vision for performance improvement at Trinity Health Georgia. "I think the folks that win listen to their docs and keep them involved," he says.

Develop Strong Leadership Teams*:* Kathy Parrinello, FACHE, of the University of Rochester Medical Center, Rochester, N.Y., notes the importance of teamwork in fulfilling a vision. "Given the complexity of the work we do, it isn't one person doing the work. It's multiple people participating in and implementing the work," she says. "The part of a leader is to help those people articulate, communicate and appreciate each other's expertise and how we work together. That is the best way to succeed."

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Integrating an Unwavering Vision

Partnering with medical groups has also enabled the hospital to keep patients in network, which has contributed to better care integration, quality and outcomes. "And it's also been a financial lift for us," he says.

Visioning and Decision-Making

Communicating and reinforcing Boulder Community Health's vision has been key to achieving that vision, says Vissers. What has helped is that the vision statement is "simple, easy to use and meaningful," he adds.

Decisions within the organization are made within the context of the vision, Vissers says, adding that keeping the vision at the forefront is especially instrumental when he and his team are struggling with a particularly difficult decision.

The COVID-19 pandemic, followed by hyperinflation, proved to be somewhat of a test of the vision's strength, Vissers says. During the pandemic, for instance, Vissers and his team worked hard to prevent layoffs and preserve the workforce by instituting such measures as pay cuts across executive leadership, management and staff. The Boulder Community Health Foundation collaborated closely with the community to secure substantial funding for its rapid response efforts and prioritize the well-being of hospital staff during those challenging times, Vissers says. In the wake of the pandemic, the foundation successfully raised an additional $5 million to invest in the ongoing education and professional development of the team. "The community's support proved to be one of Boulder Community Health's most valuable assets in fostering genuine partnerships," he says.

Vissers says it also would have been easy operationally to eliminate some services that, while important, are not profitable, such as behavioral health.

"It would have been a reasonable fiscal decision to significantly cut back that service until we went into a better financial position," he says, "but that would have been cutting a service that, if anything, was needed more than ever."

Selling the Vision

Whatever the vision, its power lies in how effectively it is communicated and integrated across the organization.

At Trinity Health Georgia, "When we talk about being the best place to work, practice medicine and receive care, it's reflected on every single meeting agenda," says Pierce. "So it's emphasized over and over. My goal is to make sure the majority of colleagues and physicians are engaged with the organization. I want them to feel excited about coming to work here, and they connect with our mission and vision of where we're going."

The vision statement at Boulder Community Health is a cornerstone of strategic and financial planning and included in these plans as a reminder of its vitality to the organization, Vissers says. "The intent of the vision was for it to be something we aspire to every day," he says.

Vissers also emphasizes the importance of longevity in a vision, believing that a vision statement should be carefully crafted to endure for decades to sustain its impact on those a hospital serves.

"If you're going to take on the responsibility of not only healthcare, but bringing health to your community, you can't think in anything less than years or decades," he says. "That's where we make the difference in the health of a population."

> "Embracing our vision has pushed us to explore joint ventures that I don't think we normally would have."
>
> —Robert Vissers, MD
> Boulder Community Health

Karen Wagner is a freelance writer based in the Chicago area.

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Leadership Tips for Recruiting, Retaining and Empowering Employees

Employing the right strategies can be the difference between an organization's success and failure.

By Bob Kronemyer

When a high-performing leader who loved her job submitted her resignation to Mark Dooley, FACHE, he knew he needed to do whatever he could to not lose her.

"This was a leader who was willing to jump into the front lines and help her staff, as well as other departments," says Dooley, the CEO of Gadsden (Ala.) Regional Medical Center. "Her department consistently achieved high employee engagement results. This leader exemplified true servant leadership."

Her reasons for wanting to leave, says Dooley, had nothing to do with the job. Instead, she had young children starting school, and her workday wasn't compatible with school schedules. To get her to stay, Dooley offered her the flexibility to start and end her workday a little later, and that other staff members could cover the early hours of the day.

"We were able to salvage this strong leader by being flexible with her schedule," says Dooley, pointing out that not all leaders need to have a regular schedule of 7 a.m. to 4 p.m. or 8 a.m. to 5 p.m. One benefit of this arrangement for the hospital was that the employee was present for part of the evening.

Recruiting the right candidate for a position is a good start for an ideal healthcare workforce, but just as important is retaining great employees and minimizing burnout. Workforce challenges continue to be the top concern of hospital CEOs, according to ACHE's most recent survey of top issues confronting

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hospitals, and personnel shortages and staff burnout remain high among those challenges. The recruitment and retention strategies that leaders use to address those challenges can be the difference between the organization's success and failure.

Unlike recruiting in many other industries, recruitment in healthcare often requires "candidates with specialized skills and qualifications, which limits the candidate pool," says Dooley.

And the high demand for employees, coupled with a shrinking pool of qualified applicants, "makes it increasingly more difficult to find enough staff to fill all of our available positions," he adds.

Impact of COVID

In addition, staff recruitment has largely switched from in-person to virtual or digital, a shift that became necessary during the COVID-19 pandemic and has continued, Dooley says. Other changes that have impacted recruitment include a candidate's desire for more flexible scheduling options and the importance to candidates of having a faster, more seamless and more personal recruiting process than in the past.

Despite these challenges, "I am a big believer that when you involve potential new employees and other key stakeholders in the recruitment process you end up with a better fit," Dooley says. "This also allows us to better evaluate whether a potential employee will fit within our organization's culture."

Setting realistic job requirements and having a potential new hire shadow the position for a few hours "can help both sides determine if this will most likely be a good match," Dooley says.

Janelle Lee, RN, FABC, an ACHE Member, serves as vice president of human resources at The University of Kansas Health System, in Kansas City, Kan., which employs nearly 20,000 people. "We very much have a people-first approach to everything we do," Lee says. "How do we take the best care of our employees at all times, even during tough budget times? By ensuring our employees feel well taken care of, valued and respected."

Partnering With the Community

One successful recruiting approach the health system employs is partnering with local schools, including high schools, through career days, shadowing experiences and tuition discounts.

"I don't think anyone has a one-size-fits-all approach anymore, especially with the current labor market," Lee says.

The increasingly competitive labor market requires a complex,

> "This was a leader who was willing to jump into the front lines and help her staff, as well as other departments. This leader exemplified true servant leadership."
>
> **Mark Dooley, FACHE**
> **Gadsden Regional Medical Center**

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Late might be too late.

Approximately 60 million adult Americans aged >45 years are currently **unscreened for colorectal cancer (CRC).**[1,2*]

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*Based on 2022 USA single-year census estimates for ages 45-85 inclusive and the percentage of unscreened subjects. Does not account for variable screening rates across age ranges.[1,2]

†These data are from a 2019 retrospective analysis of Kaiser Permanente healthcare system patients who died of CRC between 2006 and 2012 (n=1750).[3]

EHR=electronic health record.

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Leadership Tips for Recruiting, Retaining and Empowering Employees

multidimensional plan to recruit labor or develop labor to fill needs, according to Lee. “Placing a requisition and posting it on a job board no longer meets the needs and will not work to fill positions,” she says. “Ensuring there are many strategies to attract talent is imperative. For example, the relationships with schools and the students in the programs is one tactic to recruitment.”

The health system also targets area colleges and universities for recruitment by having developed relationships that allow for optimal clinical rotations for different modalities and additional hands-on experience. The University of Kansas Health System’s preceptor programs, for instance, have a core curriculum to develop the skills saturated in best practice of how to give feedback, monitor progress and support new employees. The program also allows employees the autonomy to learn the skill and nuance of the type of patients they may encounter to enhance their critical thinking skills.

“Due to the training, support and ongoing evaluation of the preceptors, the new employees feel supported and valued for what they bring, which leads to a sense of belonging directly correlating to greater retention,” says Lee.

During a hire’s first year of employment, particularly those positions with high first-year turnover, the health system works to ensure the person has acclimated well to the organization, continues to be valued and respected, and identifies growth opportunities there rather than seeking employment elsewhere. “We want to increase our first-year retention rate,” Lee says.

The organization’s Leadership and Organizational Development team offers support at all levels of leadership, focusing on skill development to improve rounding with employees; how to have meaningful check-ins with all employees, with a specific emphasis on those in their first year of employment; how to perform behavioral interviews to determine best fit with culture; and giving performance management feedback.

“These resources, along with supporting employees with a career coach, team-building initiatives and recognition programs, have started to lead to a decrease in first-year turnover,” Lee says.

The health system considers sign-on bonuses or retention bonuses to be short-term incentives and doesn’t offer them, according to Lee. “We feel strongly that if people want to come here and work, they do so because it’s a great culture and fit for both parties,” she says.

> **“We emphasize being involved in having a voice in what we’re doing and how we do our work, and molding the work we do to fit their needs.”**
>
> **Janelle Lee, RN, FABC**
> **The University of Kansas Health System**

Recruiters Engaging Face-to-Face with Employees

Carson Dye, FACHE, believes recruiters need to be closer to the areas in which they recruit.

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"As healthcare organizations have become larger and larger, I think recruiters have become further distanced from what I call the clinical front lines," says Dye, president and CEO of Exceptional Leadership LLC, Toledo, Ohio, which focuses primarily on physician executive recruitment and physician engagement. "This could be nursing or housekeeping or dietary. I am incredibly concerned about leaders not having a better sense of what's going on with the clinical front lines."

Moreover, since the pandemic, the ability to work remotely has greatly increased, resulting in leaders and recruiters spending far less time engaging with employees face-to-face. "My advice to recruiters is go more often and stay longer," Dye says. For a position in the ED, this might mean donning scrubs and staying a full 12-hour shift on a busy Saturday to truly comprehend the environment and responsibilities.

"I think sometimes a human resources interviewer, a human resources manager or a departmental manager are distanced from the literal physical areas they are recruiting for," says Dye, who was a chief human resources officer for various hospitals and health systems before becoming a consultant. "You have to know what's going on. There are hundreds of healthcare systems where the recruiters are in buildings that are miles and miles away from any kind of patient care area. They might as well be working for an insurance company or a bank."

And while competitive pay is always part of the job offer, "in recent years many employees have begun to place more value on benefits not directly tied to compensation," says Gadsden Regional Medical Center's Dooley. "If we want to ensure staff are happy and increase our retention efforts, we have to be cognizant of that shift," he says.

A key component of retention is continual employee input on decision-making that affects them. "We emphasize being involved in having a voice in what we're doing and how we do our work, and molding the work we do to fit their needs," says The University of Kansas Health System's Lee. The organization is heavily invested in operational improvement initiatives at both the leader and the employee levels.

"We evaluate our metrics and operational outcomes using health professionals at all levels to include both clinical and nonclinical areas," she says. "We want our employees to provide feedback and be part of the solution. Our employees are highly engaged because they know their voice matters."

Employee Feedback

Employee engagement must be reimagined, according to Lee, from inviting them to sit on committees to analyzing results. "The ability to get their feedback on processes, practice, etc., by leveraging different approaches through quick sessions, just-in-time feedback, and one or two question surveys in person is essential," Lee says.

Because employees want stronger performance management processes, feedback at The University of Kansas Health System is obtained from leaders of all spans of control, including both clinical and nonclinical areas, to enhance programs and the employees experience. "Our teams want more meaningful feedback, and we want to connect with employee on a more personal level to drive value, respect and aspirations," says Lee.

The health system recently conducted several listening sessions with a multitude of leaders to gain insight into its performance management program. Much of the discussion and feedback centered on their desire to have flexibility in when they conduct the conversations, having different templates to

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guide the conversation and meet the employee where they are in their career to enhance the engagement in the conversation, the constraints of time, and how to better align the processes that support their work to address employee needs.

"Feedback from our employees indicates they want to have more meaningful performance conversations with their leaders, and leaders want to have more meaningful conversation with the employees," Lee says. "By completing the focus groups and gathering feedback from our employees on potential solutions and what resonates with them, we are able to create systems that meet everyone's needs."

Dye believes that giving employees more control over what they do in their day-to-day work also can help retention. "Research shows that the more personal control individuals can have over what they do, the more engaged and satisfied they are," he says. "However, the larger our organizations become, the more apt those organizations are to move authority higher and higher up in the organization. So people start to feel like they are being treated like robots."

Employee Power

Giving employees more personal control and more authority allows them to work both independently and collaboratively "to make good, sound decisions," Dye says. "Employees feel more engaged when the employer—the senior leaders—give them more power and authority to make decisions closer to the front lines, because the employees then feel trusted."

Similarly, when recruiters and senior leaders spend lengthy time in various departments, "the employees know you, the leader, have more knowledge and empathy of what's really going on at those front lines," Dye says. "It's just amazing what a difference it makes. Being seen as a leader is important. But being present is more important."

Management should do what it can to help employees feel like they matter, Dye adds. "Often, that's more important than money," he says, noting that job dissatisfaction scores are not all tied to monetary compensation.

Granting employees more authority and control can also alleviate burnout. "As an example, some organizations have started to provide more flexible staffing because that's a big issue," Dye says. "Yes, it's more complicated to allow customized shifts for nurses, for example, but that's better than having your turnover high and employees feeling very burned out and very tired."

> "Research shows that the more personal control individuals can have over what they do, the more engaged and satisfied they are."
>
> **Carson Dye, FACHE**
> **Exceptional Leadership LLC**

Idea Banks

Listening more by offering online chat tools and idea banks can also make a difference. "Long ago we had suggestion boxes, but we didn't replace them with anything," Dye says. "Talk to people. Be with people. Listen to people."

One health system, Dye says, provides an anonymous input page on its

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ASP, average sales price; ASP+6 = reimbursement of 106% of the average sales price; NOPAIN Act, Non-Opioids Prevent Addiction in the Nation Act.

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employee portal. The organization contracts with a local professor from a community college to collect the inputs, interpret them and then send monthly summaries. The C-suite has been supportive, says Dye.

At another organization that does something similar, staff in the marketing department responds to employees posting suggestions on the idea bank by thanking them and promising a response from the appropriate administrative area. If the marketing staff can't answer the question, the system COO handles the inquiry.

Employees can flourish by not having their questions booted three to four levels up before a decision is made. "Trust your employees," Dye says.

Hospitality, with its traditional high turnover rate, is one department at The University of Kansas Health System that has had success with employee engagement and reduced turnover. Conversely, the health system has rarely benefitted when using a direct hire external search firm for clinical roles, in part due to the lack of candidates. "The goal of the firm is also to fill the position without necessarily aligning with the culture of our organization," Lee says.

For nursing, international recruitment has shown promise for many health organizations, especially for hard-to-fill medical-surgical nurses. "Most international nurses have five to 10 years of high-quality experience and are also excited to join your system," Lee says.

A Joyful Work Environment

Lee says it's important that health systems strive to make employees find joy in their work and not simply feel engaged. The University of Kansas Health System offers a free General Educational Development program, from which 15 employees have graduated thus far and received subsequent promotions.

Dye says it's probably time for healthcare entities to develop systems, policies and practices that give front-line employees more of a voice and the ability to interact with policymakers and senior decision-makers.

"For instance, if your hospital CEO spends a whole shift in a nursing unit and has lunch and breaks with the staff, employees will feel the CEO is more likely to listen to them about a really big problem in securing a type of supply," Dye says. "Employees need to get to know upper management as human beings, not just as hospital administrators."

Dooley says this creates a positive, nurturing environment. "It is an environment where staff are encouraged to speak up if they see more efficient ways to complete tasks," he says. "An environment where we always first look to focus on processes rather than people. This type of environment empowers leaders to be decision-makers and thus makes stronger leaders."

Establishing clear and open lines of communication and including employees in decision-making where possible and appropriate can empower the workforce. "Again, creating an environment where an employee feels valued and a part of something bigger will lead to more empowered employees," Dooley says. "Personalization of the work experience for each employee can help create that environment."

Dooley believes recent trends in recruitment and retention are here to stay. "If we try to recruit and offer the same incentives for retention that we did 10 years ago, we are behind the curve," he says. "And 10 years from now, we will likely be looking at a new set of drivers and incentives for recruitment and retention. The key to being successful will be to keep abreast of the changes and be willing to be flexible in our approach."

Bob Kronemyer is a freelance writer based in Elkhart, Ind.

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The Patient Safety Journey: Insights From Two Health Systems

For healthcare leaders, ensuring the safety of the patients who place trust in their providers is the highest priority.

Cultivating a culture of safety—one that is also backed by technology, connected data and shared resources—is critical. Following is a look at how Children's Hospital of Orange County, Orange, Calif., and Nemours Children's Health are building safety cultures and using tools and solutions that are scalable to hospitals of all types.

Point the Finger at Problems, Not People

Learning from mistakes and focusing on what the organization is doing well builds the trust, communication and transparency that are key to a robust safety culture.

"The atmosphere should be one of pointing fingers at problems, not people," says Jared Capouya, MD, chief quality and patient safety officer, Nemours Children's Health. To help create that kind of environment, the health system is implementing a just culture model, which emphasizes trust, accountability, transparency, and a belief that safety errors and incidents are learning opportunities.

"This will further our ability to foster an atmosphere where we're really addressing the underlying systems and processes that lead to harm," Capouya says.

CHOC is cultivating a just culture that strikes a balanced approach in which staff are made to feel comfortable about reporting errors, speaking up about safety concerns and celebrating the good work being done to keep patients safe.

"We want to focus on learning from our mistakes but also learning from what goes well, because 99.9% of the time things go really well," says Sandip Godambe, MD, CMO.

Hosting town hall-style meetings for staff to talk openly about safety and share ideas is one way leaders can encourage transparency and communication, as well as break down geographic and metaphorical siloes. CHOC leadership encourages sharing positive stories at frequent enterprisewide meetings across the health system, which includes two hospitals and multiple primary care practices.

Embrace Connected—and Connecting—Technologies

Safety cultures today are about being proactive. Nemours Children's Health and CHOC are embracing technological tools and solutions that help staff anticipate and prevent harm.

"Children's Hospital of Orange County partners with RLDatix on our safety reporting, such as incident reports, which give us visibility across the enterprise, not only in the inpatient realm but in the ambulatory setting as well," Godambe says. Sharing data about patient safety issues or incidents across the organization helps staff identify potential risk factors and reinforces the idea that safety is everyone's responsibility.

As a geographically broad, multistate health system, with hospitals in Delaware and Florida, Nemours Children's Health relies on a centralized logistics center that allows staff to monitor patients' vital signs from anywhere in its system.

"We've already seen a great impact from an increase in reporting," Capouya says.

Predictive tools that can be embedded in or layered on to the EHR also play an important role in safety efforts. CHOC's staff use such tools for early event recognition to diagnose sepsis and assist with predicting which children have a high likelihood of being readmitted.

"When we can predict that, we can focus on making sure that before the patient is discharged, they have the right access to care and supplies where they live," Godambe says.

Both health systems see technology's role growing as their safety journeys evolve. The potential for artificial intelligence to bolster safety efforts is of particular interest. Capouya envisions AI pulling together data from disparate sources—faster—to help proactively identify and communicate risks.

"Our teams process an amazing amount of information daily," he says. "They manage event reporting, safety indicators, surveillance data and triggers. If we could pull all those inputs together, synthesize and learn from it faster, that would be an awesome benefit."

CHOC is working on better understanding how AI tools that track care movements, such as the processes involved with inserting central lines, could prompt clinical staff to make sure they are following safety procedures. Godambe envisions a similar technology being implemented into its hand hygiene systems to make sure families are washing their hands properly before visiting vulnerable patients.

Share and Share Some More

One of the biggest success factors throughout both organizations' patient safety journeys is the shared learnings that drive safer care for all patients across the healthcare continuum. In addition to citing the benefits of sharing information about safety challenges and successes organizationwide, Capouya and Godambe underscore the value of collaborating with partners, such as patient safety organizations and healthcare associations, to share learnings and resources more widely.

Hosting town hall-style meetings for staff to talk openly about safety and share ideas is one way leaders can encourage transparency and communication, as well as break down geographic and metaphorical siloes.

Solutions for Patient Safety, The Children's Hospital Association and Patient Safety Organizations, including the RLDatix Safety Institute, serve as "connectors," Capouya says, to facilitate information sharing.

"I can reach out to any number of children's hospitals today, and they would gladly share with me their strategies and tactics around what they're doing to prevent harm, and we would as well," he says. "That atmosphere has accelerated our journey."

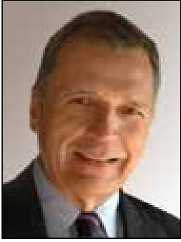
CHOC considers Solutions for Patient Safety, RLDatix and BETA Healthcare Group, the host organization of the BETA HEART program, among its collaborative partners in creating sustainable patient safety cultures. The hospital is also part of a patient safety organization of around 60 children's hospitals that meets every Wednesday.

"In real time you get to hear, 'Hey, we have this issue, does anyone else have this problem?' It's a phenomenal amount of learning that goes on," Godambe says.

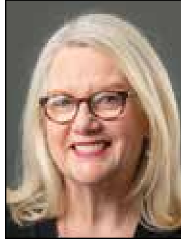
There are no quick fixes in patient safety—it is an ongoing journey. That's why organizations like Nemours Children's Health and CHOC make continuous learning a core pillar of their safety initiatives.

"Sustaining improvement is not a one and done," Godambe says. "It takes persistence. We have to focus on what every health system has learned and collaborate. At its most basic, it is about what did you learn today, and how can you share it?"

For more information, please contact Fathma Rahman, global brand and marketing communications manager, Marketing, RLDatix, at fathma.rahman@rldatix.com.



William A. Nelson,
PhD, HFACHE



Susan A. Reeves,
EdD, RN, CENP

A Mandate for Executives

National survey highlights need for more organizational ethics resources.

Healthcare organizations have a growing need for ethics resources. Although they have a long history of providing them to help clinicians address various provider-patient and family ethics challenges, the organizational ethics field is a newer area focusing on administrative decision-making, clinical practices and policies, as well as the institution's overall culture in relation to its core values and mission. Organizational ethics is designed to assist organizations in analyzing and resolving organizational ethics conflicts.

The importance of and need for providing organizational ethics resources was driven home during the COVID-19 pandemic, when some healthcare executives reached out to ethicists with knowledge and skills in the area. However, many executives, whose organizations lacked organizational ethics resources, discovered that traditional clinical ethics committee members were not prepared to adequately assist with organization-level decision-making regarding ethical challenges such as establishing crisis standards of care or deciding whether to close a clinic because it is a financial drain on an institution.

While the pandemic may have brought the need for organizational ethics to the fore, the post-pandemic era has no shortage of day-to-day issues that are ripe for further ethical analysis and ethical-informed decision-making. Financial stress in organizations has resulted in the closure of many poor-margin services, many that serve the most vulnerable in our communities. The escalating cost of new drugs has introduced significant inequity regarding which patients can receive treatment and which cannot based upon the ability to pay. And, of course, the labor shortage has created highly concerning recruitment and retention practices, which often drain smaller healthcare organizations of vital human resources because they simply do not have the financial wherewithal to compete. The ethical challenges that confront healthcare leaders today are seemingly endless.

The Bottom Line

A recent national organizational ethics survey revealed key findings about the need for ethics resources in healthcare organizations. Based on the findings, healthcare leaders should consider the following:

- Acknowledge the need for and importance of having competent organizational ethics resources—and fund them.
- Work closely with a respected ethicist to develop a "charter" that describes the purpose, structure and function of organizational ethics resources.
- Actively seek advice from organizational ethicists regarding various organizational challenges.
- Consider the ways in which all staff members can be made aware of ethics' importance in the organization's everyday work.

The Study: Understanding Organizational Ethics Resources

A group of healthcare ethicists from various institutions that focus on organizational ethics conducted a survey of executives from a variety of hospitals and health systems across the country to better understand the scope, activities and engagement of organizational ethics resources. The survey's goal was to identify dominant practices and help executives identify best practices in developing and implementing organizational ethics resources. The survey findings were published in the Jan. 17, 2024, issue of *HEC Forum*, an international, peer-reviewed publication featuring original contributions of interest to practicing physicians, nurses, social workers, risk managers, attorneys and ethicists. The title of the survey is "Organizational Ethics in Healthcare: A National Survey," and it is authored by Kelly Turner, Tim Lahey, Becket Gremmels, Jason

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Lesandrini, FACHE, and William Nelson, PhD, HFACHE.

The authors sent the organizational ethics survey, consisting of 16 questions, to a convenience sample of ethics professional societies identified on ethics-focused professional LISTSERVs, as well as contact lists of healthcare ethicists working at faith-based institutions. Ethicists come from various professions such as physicians, nurses, chaplains and others. In addition to their health professional training, they have additional degrees and other forms of training in applied ethics, specializing in healthcare ethics (clinical, organizational, research and public health ethics).

The surveyors received responses from 93 people. (**Editor's note**: This study is a valuable beginning for exploring ethical issues and ethics resources in organizations and can spark important discussions. However, ACHE recommends that the survey needs further study to ensure the reliability and validity of the results.)

The key findings, while not surprising, are illuminating for healthcare executives and provide a clear mandate for action.

Study Findings: Ethics Resources Vary Widely

The survey findings indicated great variation in the structure of organizational ethics resources. They range from having an individual ethicist, to relying on a specifically designed organizational ethics committee, to making ethics resources available as one component of a clinical ethics committee.

The findings also revealed the scope of organizational ethics activities at the respondents' institutions. A large majority of respondents noted that ethics activities focused on:

- The creation of ethics-related institutional policy.
- Availability for ad hoc consultation.
- Participation in resource allocation considerations and institutional business decisions.

Perhaps one of the most concerning findings was that 22.6% of respondents indicated, "We don't do organizational ethics."

Another key finding described the

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barriers to having a successful organizational ethics resource. While some cited the lack of available ethics expertise in their organizations, the largest and most significant barriers included leadership's failure to recognize that an organizational ethics committee or resource was important (47.3%), leadership's failure to recognize the need for organizational ethics expertise (43%) and the lack of invitation for those with ethics expertise to join in management's decision-making (53.8%).

It is hardly surprising then, given that many of the barriers centered on organizational leaders, that the largest barrier reported was a lack of organizationwide understanding of the role and function of organizational ethics resources (71%).

A Wake-Up Call for Healthcare Leaders

Given these findings from the first national organizational ethics survey, healthcare executives seeking to enhance their organizations' effectiveness and ability to deliver on their mission and values should consider the following four recommendations:

1. ***Establish competent organizational ethics resources and fund them***. Just as executives may seek the consultation of legal counsel, there is also value in seeking the input of ethicists or organizational ethics committees on key decisions. The use of ethicists reflects an important responsibility of healthcare leaders to ensure that the organization's moral core remains intact when facing operations challenges.
2. ***Work closely with a respected ethicist to develop a "charter" that describes the purpose, structure and function of organizational ethics resources***. The charter could be an expanded view of the institution's current clinical ethics committee. Whether the organizational ethics resources, or charter, are integrated within the traditional clinical ethics committee or not, a description of its role needs to be clear, including a definition of organizational ethics.
3. ***Seek advice from organizational ethicists regarding various organizational challenges***. Having an ethicist participate in leadership meetings when faced with challenging issues, such as establishing a policy regarding racist patients or developing conflicts of interest guidelines, can bring added insight to the decision-making process. Inviting the organizational ethicist into the process can not only be beneficial to leaders in thinking through the ethical challenge, but it also serves as a role model for members of the management team regarding embracing ethics resources.
4. ***Consider the ways in which all staff members can be made aware of ethics' importance in the organization's everyday work, not solely in clinical work***. Consideration should be given to how new employees learn in explicit ways about the organization's mission and values, and how the mission and values are woven into the fabric of the organization no matter what job someone does or which department they support. Internal and external communication should reinforce the ways in which organizational decisions reflect the mission and values. In this way, staff can appreciate that the organization is fostering ethical behavior.

This study provides a wake-up call to healthcare leaders regarding the need for organizational ethics resource development. The environment in which our healthcare organizations are operating is growing ever more complex, as are the decisions that confront leaders. And this complexity is likely to grow in the coming years.

The ability to make decisions that align with an organization's mission and values is going to become increasingly challenging given economic and other competing pressures.

The development of organizational ethics resources to support leaders and their decision-making is a mandate whose time has arrived. ▲

William A. Nelson, PhD, HFACHE, is director/professor of the Ethics and Human Values program at the Geisel School of Medicine at Dartmouth, Hanover, N.H. (william.a.nelson@dartmouth.edu). Susan A. Reeves, EdD, RN, CENP, is system chief nurse executive for Dartmouth Health, headquartered in Lebanon, N.H. (susan.a.reeves@hitchcock.org).

Editor's note: The American College of Healthcare Executives includes integrity as one of its four core values. As such, ethics is among the organization's key commitments. Visit **ache.org/Ethics** to learn about ACHE's commitment to ethics and resources offered, including its *Code of Ethics*, ethics self-assessment and Ethics Toolkit.

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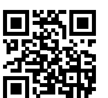

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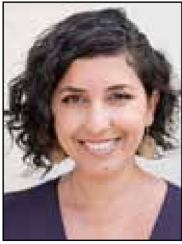

Jamie Elmasu

Getting 'Beyond Violence'

A hospital-based violence prevention program is meeting a community need.

Health systems are synonymous with healing, and for survivors of interpersonal violence, a well-resourced, post-discharge support system is essential to promote safety and resilience. That sort of support system is in place at John Muir Health, a nonprofit healthcare leader in Northern California, with Beyond Violence, a hospital-based violence prevention program that provides bedside intervention to people affected by intentional interpersonal violence, defined as the use of intentional force to cause harm from one person to another or group of people.

John Muir Health's integrated system of doctors, hospitals, outpatient centers and community services operates primarily in Contra Costa County, the area's only trauma center. While recovering in the hospital, survivors of assaults, stabbings or shootings are in stages of deep reflection, recounting their violent experience. At this critical juncture, John Muir Health social workers engage Beyond Violence intervention specialists, or community-based paraprofessionals, to provide them with timely bedside support, crisis management, linkage to a robust network of health and social services, and a connection to nonprofit partner organizations post-hospital discharge. To date, the program has provided healing services to more than 700 clients since its launch in 2010.

By using a health equity approach, Beyond Violence offers crisis management, education, employment, trauma recovery, legal intervention, and a connection to food, housing and emergency funding resources. This model has achieved highly successful outcomes for clients while they are enrolled in the program:

- 99% of program clients remain alive.
- 99% of program clients avoid retaliation.
- 98% of program clients avoid incarceration.

The program serves people in Contra Costa County who are survivors of intentional violence, have been historically underserved and who have experienced systemic racism. Since the program's inception, 90% of clients identify as people of color. The program's geographic reach spans throughout the county, with most cases occurring in the cities of Pittsburg, Antioch, Richmond and Concord.

Who Are Beyond Violence's Clients?
Beyond Violence clients are people who have faced tremendous adversity and multiple layers of trauma, oppression, discrimination and marginalization. They are incredibly resilient and deserve healing and liberation individually and collectively. Clients say the program has changed their lives, provided help and given them hope.

Who Are Beyond Violence's Intervention Specialists?
At the program's core, intervention specialists provide personalized care to each client. These specialists are paraprofessionals from the community hired by John Muir Health's

Beyond Violence Testimonial

"I remember how David, my intervention specialist, explained it [impacts of drama] to me, reflected back what I went through. It made me think about how I have experienced trauma. I couldn't sleep, thinking someone was out to get me. Talking about it helped it go away. Recognizing it made me feel calmer."

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partner nonprofit organizations based on their knowledge and lived experience in the local community, cultural alignment and linguistic capacity, and commitment to equity.

An intervention specialist is involved with the client throughout their involvement in the program, which typically spans three months to one year. The combination of immediate intervention at the hospital bedside followed by community-based intensive case management has reduced risk factors for hospital readmission and improved overall health outcomes.

For survivors of interpersonal violence, a well-resourced, post-discharge support system is essential to promote safety and resilience.

Intervention specialists provide crisis intervention, visit clients in their homes, provide regular check-ins and drive clients to health appointments, specifically to John Muir Health's Mobile Health Clinic or Trauma Follow-Up Clinic for wound care and other medical needs. They also help connect clients to community resources such as mental health services, substance use treatment, academic support, vocational and recreational programs, and legal, food and housing assistance.

The end goal for each client is preventing reinjury, avoiding involvement with law enforcement, healing, empowering individuals to reintegrate back into the community such as by re-enrolling in school or

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applying for jobs, and improving their overall quality of life. This program model recognizes the direct link between social determinants of health and factors that influence violence.

A Collaborative Model

The Beyond Violence program is collaborative, with each stakeholder playing an integral and unique role. John Muir Health provides hospital-based funding and administrative services and partners with five Contra Costa County nonprofit organizations to provide community-based services. Each partner organization is provided grant funding via community benefit funding to support program staff, which includes intervention specialists and mental health therapists. Partner organizations are culturally competent, led by people of color and intentionally hire people who are rooted in the communities they serve. Current partners include One Day at a Time, RYSE Center, Center for Human Development, Fred Finch Youth & Family Services, and The Family Justice Center.

As part of its ongoing efforts, John Muir Health convenes biannual all-partner meetings for coalition building and interagency collaboration. During these sessions, stakeholders discuss population needs, staffing and financial resources, and client interactions and experiences. Following the meetings, program adjustments are made.

Adapting the Program

Beyond Violence's initial goal was limited to filling a gap in post-hospital discharge services for people ages 15 to 25 affected by interpersonal violence. Partnering with a youth-serving nonprofit social services organization, the program provided continuity of care for patients and supported sustained safety and healing.

Since the program's inception, geographies, age ranges and support services have been expanded to meet the population's growing needs. The program's partners identified that Beyond Violence clients needed culturally responsive, trauma-informed mental health services. To meet that need, in 2018, John Muir Health launched a partnership with a mental health services agency to provide free, confidential and culturally appropriate services for program clients. To date, more than 160 clients have received direct therapy from a licensed professional.

To expand geography and age range, John Muir Health analyzed data from the organization's Trauma Center patient registry. The data showcased a potential to serve an additional 30 to 60 people in Antioch and 45 to 90 people in Richmond annually. In 2022, John Muir Health forged a new nonprofit partnership to launch two new program sites in addition to the county's three existing sites.

Program Funding

As a nonprofit health system, John Muir Health invests in the community through financial contributions and direct services to support uninsured, low-income and vulnerable community members. Beyond Violence is the health system's signature community benefit program, and funding to support program staff comes directly from the organization.

To support program partnerships, John Muir Health offers financial contributions to partnering nonprofit organizations to cover community partner overhead costs and staffing. To support program expansion, the John Muir Health Foundation pursues external grants from local foundations, state programs and private philanthropic funding opportunities. So far, Beyond Violence has received more than $3.5 million in external grant support, including significant contributions from the Carestar Foundation and the California Violence Intervention and Prevention program.

Achieving Safety for All

The Beyond Violence program has been successful in achieving its goals with individuals and families who participate. Interpersonal violence, however, continues to plague our communities and, specifically, low-income people of color.

As a society, we have a tremendous road ahead to ultimately achieve safety for all. Healthcare leaders must collectively commit to societal improvement, resilience and equity. This needs to be a multipronged approach that includes meaningful gun safety policies, law enforcement trainings, social-emotional learning programs at schools and many other strategies. John Muir Health is proud to lead the Beyond Violence program and play a small role in our collective fight for community safety and resilience. ▲

Jamie Elmasu is director, Community Health Improvement, John Muir Health, Walnut Creek, Calif., and an ACHE Member (jamie.elmasu@johnmuirhealth.com).

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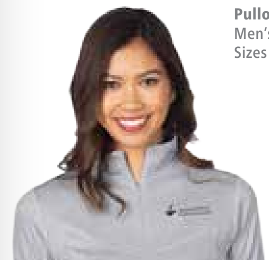

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Polo Shirt Men's/Women's Sizes

Charlene Kesee, DBA, FACHE, FACMPE

Patient Navigators Improve Access

Cancer patients can be seen in clinic, scheduled for surgery sooner.

The possibility of a cancer diagnosis often ignites anxiety in patients, leaving them with a sense of urgency to make the soonest available oncology appointment. It's not only the patients who feel this sense of urgency: Oncology providers recognize that a swift and comprehensive treatment plan could affect the treatment outcome. But appointment availability can be an issue when access is an underlying factor.

By using the patient navigators, head and neck patients were scheduled and seen in the clinic sooner than patients in other specialties.

Patient access is a common problem for healthcare facilities, particularly in cases when the soonest available appointment is weeks or even months into the future. Removing barriers to access requires creative, innovative approaches by the clinical and administrative leadership teams.

The Department of Otolaryngology—Head and Neck Surgery at the University of Texas Southwestern Medical Center is a comprehensive ear, nose and throat practice with multiple subspecialty clinical practice locations. The subspecialty surgical disciplines include head and neck oncology, rhinology, neurotology, pediatrics, rhinology and voice, and facial plastics and reconstruction. The department also offers audiology, cochlear implantation and speech language pathology services with nearly 90 providers in total for all locations. Even with the large number of providers and multiple locations, however, the average wait time for a new patient otolaryngology appointment in any of the specialties at the main campus location was 60 days. This lag time is not optimal for head and neck cancer patients, whose conditions warrant swift surgical intervention to achieve the best outcomes. In 2022, University of Texas Southwestern Medical Center staff set out to improve wait times for surgery scheduling.

The Challenge: Reduce Wait Times for Cancer Patients

One of the major challenges was improving the lag time from when a head and neck referral was received to the date the patient was seen in the clinic. One of the institutional metrics that all ambulatory departments were focused on was getting new patients seen within 10 days, which was often difficult to achieve. While the intake processes for the entire department were lengthy and comprehensive, the intake for new head and neck cancer patients required even more information that providers wanted prior to the patient's appointment, including previous medical summaries and imaging scans. By reviewing that information beforehand, much of the care coordination and multidisciplinary discussions among the clinical staff could happen prior to the initial patient visit, reducing the wait time for surgery scheduling.

To address this challenge, the department's leadership team actively explored innovative strategies for improving this metric without overbooking patients or jeopardizing quality of care. During brainstorming discussions, the team realized that the internal intake process created an additional barrier. To overcome this barrier and address wait time challenges, otolaryngology department leaders set their sights on investigating whether a nursing navigator program that was accessible in the health system's cancer center could benefit their department, too.

That program consisted of a team of dedicated nursing staff to help with care coordination for patients navigating the cancer diagnosis and

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treatment process throughout the hospital. The head and neck department providers wanted to determine if this type of program could be modeled in the otolaryngology department. The patient navigator program was uncommon in the ambulatory space, but a streamlined intake and care coordination strategy could potentially enhance the overall process for new patients.

Could a Navigator Program Be the Solution?

Prior to exploring the navigator role as an outpatient option, the otolaryngology department's patient registration team comprised 15 clinical staff assistants who coordinated the intake process for all clinics. This was a universal—but not the most optimal—process for a multidisciplinary practice, where each subspecialty's pre-appointment registration criteria differed. Adding to the complexity, the clinical staff assistants also performed a range of administrative duties, including answering incoming patient calls and handling appointment scheduling, insurance verification and front desk responsibilities. Implementing a system with a dedicated head and neck intake team was an opportunity to improve the overall patient experience.

Implementing the navigator program involved creating three patient navigator positions, which were deployed to the head and neck clinic. The navigator's role is to:

- Collaborate with referring providers to gather pertinent referral information, including imaging scans and historical treatment summaries, prior to the patient's initial visit.
- Collaborate with radiology areas to expedite imaging orders when needed.
- Work with head and neck providers to schedule the ambulatory clinic visit within four weeks of receiving the referral.

Ultimately, implementing the navigator program was designed to improve care coordination for head and neck patients through the following goals:

- Improving the registration and intake process, including obtaining prior treatment records.
- Reducing the lag time for a referral to be processed.
- Reducing the lag time from receipt of a referral to date of visit.
- Reducing surgery scheduling wait times and enhancing patient outcomes.

Results: Improved Patient Access and Experience

Following the implementation of the navigator program, clinic and administrative leaders analyzed referral and patient visit data from November 2022 to November 2023. During the 12-month monitoring period, a total of 6,018 new patient referrals were received in the department for all specialties combined. The department analyzed the navigators' intake processes for the head and neck clinic compared to the clinical staff assistants team's intake processes for the other specialties. The analysis was not only a review of the lag time from the referral receipt to appointment date but also the percentage of referrals converted to an appointment rather than a patient finding a different provider, along with the average six-month retention of those patients.

The navigators were able to process referrals within eight days from the date of receipt (versus 14 days for other specialties), with the clinic visit commencing within 21 days, while the average wait time for other specialties remained at 60 days. The referral/appointment conversion was 9% higher for head and neck patients than patients in other specialties, with a 90% six-month retention rate.

This project was a care quality-focused project; however, other recognized improvements were not part of the project's focus such as increased provider work relative value units (a measure of productivity) and increased clinical and surgical revenue. By using the patient navigators, head and neck patients were scheduled and seen in the clinic sooner than patients in other specialties. This improved access for new cancer patients and contributed to a positive treatment experience for those patients.

Based on the success of the head and neck navigator implementation, the leadership team began developing strategies for using navigators in other subspecialties. Although meeting the institutional metrics of "new patients seen within 10 days" is still a challenge, the navigator-focused process has helped the department get closer to achieving that goal. ▲

Charlene Kesee, DBA, FACHE, FACMPE, is clinical department administrator, UT Southwestern Medical Center, Dallas (ckesee@gmail.com).

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Spend Trends: Optimizing spend for efficiency and resiliency

As an industry under constant budgetary pressure to stay within tight profit margins and up to date with rapidly advancing technology, healthcare organizations need control over employee spend and the ability to make smart, strategic spending decisions. We know the most successful healthcare organizations are those that understand their spend well enough to control costs, drive policy compliance, and say "yes" to the right things.

To guide you on this journey, we analyzed the top three spend categories for the healthcare industry to help you optimize your financial operations and gain the insights you need to protect your bottom line.

Top 3 Spend Categories:

44% - Other or Miscellaneous
When a spend category consists of many different expense types, the opportunity to quickly review and pivot wanes. Shifting workplace dynamics and the introduction of new spending categories underscored the ongoing need to update spend categories with new expense types that are clear for employees — ensuring consistent and relevant reporting.

14% - Lodging
Visibility into employee hotel bookings, business travel locations, and preferred hotel supplier selection is now considered essential data. As travel increases, healthcare organizations must be ready to keep their travelers safe — and keep their bottom line healthy. With the right information, you can fulfill both of these obligations.

10% - Mileage
The mileage spend category has remained high over the last couple of years for many healthcare organizations, especially for those who continue to provide home care services. Determination of when to travel and when to stay remote shapes budget strategies and has changed the way dollars are allocated.

So what are some things you can do to optimize this spend?

1. Create relevant expense categories - Regular review of your spend categories and the expense types mapped to them will keep your policies relevant and spend visibility clear. If your 'Other' or 'Miscellaneous' expense category is high, dig into what's inside that category and consider adjusting your categories and policies so you know exactly where your organization's dollars are going.

2. Reel in your tail spend - In the past, most organizations regarded tail spend — the low-cost, high-volume indirect expenditures made by a broad range of employees — as something that wasn't worth the effort of managing. But with tail spend accounting for an average 80% of an organization's purchase transactions, today's savviest healthcare organizations know this is a missed opportunity for savings.

3. Encourage travel program adoption -Create travel policies that make tracking mileage, reservation, and itinerary management simple. Regularly adjust your travel program policies and employee communications to account for the way your teams administer, manage, and allocate budget for travel.

4. Embrace automation - Whether you want to minimize manual steps, increase budget compliance, or bring stability to cashflow, automation can help you maximize your organization's potential. Automation increases control and oversight, and gives you a clearer picture of how your dollars are being spent, empowering you to make strategic spending decisions.

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Paul H. Keckley, PhD

Physician Discontent: The Changing Imperative

Leaders find that value, respect and autonomy are critical.

Physician discontent poses a major challenge to the U.S. healthcare system, impacting patient access, services and the quality of care provided.

Discontent and lingering burnout are complicated and codependent, and factors outside the workplace frequently contribute to both. Studies conducted by academics, medical professional societies and government agencies concur on four points.

- The majority of practicing physicians are unhappy and anxious about the future of the profession. While they say they would choose the profession again if given the choice, most express reservation about the long-term attractiveness of medicine to new clinicians, and most have caveats about their own career paths. Even though physician burnout has fallen below 50% for the first time since 2020, according to a survey released earlier this year by the American Medical Association, it still remains higher in certain regions, specialties and age groups of clinicians.
- A majority of physicians blame outside factors—unnecessary administrative requirements, overreaching regulatory controls and intrusion by hospitals and insurers in their clinical decision-making—as root causes of their discontent. Physicians also cite clinical documentation in EHR systems as adding to their workload with marginal improvement in quality. They believe prior authorization requirements by insurers are impediments to patient care and damaging to their clinical autonomy.
- Some physicians attribute declining respect for the profession to social media misinformation and unreasonable patient expectations. They think the net result of these is higher operating costs in their practices, lower professional income, suboptimal patient care and instability in their individual work-life balance. For these reasons, eight out of 10 physicians have chosen employment with a hospital, insurer or private equity investor to maintain their practice—up from 44% who chose this type of employment five years ago. The marginal decline in discontent and slight decrease in burnout since the COVID-19 pandemic is associated with relief from "hassles" because they chose an alternate employment option.

  Notably, data from the healthcare staffing firm Doximity indicate that total physician compensation increased 3% from an average of $352,000 to $363,000 in 2023, though the gap between median primary and specialty care ($117,000) and between male and female clinicians ($110,000) remained wide. These data also show that physician income continues to vary widely by location and employment arrangement.
- Organized medicine's efforts to reduce physician discontent and remedy burnout show improvements, but market dynamics remain problematic. The six core competencies upon which the AMA anchors its guidance for the profession—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice—remain relevant but incomplete.

Training, licensing, credentialing and professional education curricula in undergraduate medical education, residencies and professional practice settings do not prepare practitioners for the trends facing the medical profession as part of a dynamic U.S. system. Medical practice is profoundly impacted in five zones of activity: clinical innovations, technological capabilities, regulatory actions, funding and capital market shifts, and consumer expectations and actions. In each zone, trends are asynchronous, lag indicators are less

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predictive and data-driven technologies are more critical to performance. That horizon includes quantum computing, consumer self-care, increased transparency, artificial intelligence, evidence-based practice and accountability for patient adherence, outcomes and costs—all of which require practitioners' attention and preparation. While educational programs by the AMA, the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges and others address these, timely and appropriate integration in day-to-day practice has not kept pace.

While physicians say they would choose the profession again if given the choice, most express reservation about the long-term attractiveness of medicine to new clinicians and most have caveats about their own career paths.

Physician employers—hospitals, large medical groups, insurers and private equity owners —address physician discontent through similar mechanisms. Industry promotional materials and studies point to eight elements in physician well-being programs offered by their employers:

- Administrative support for business functions that free up physicians to focus on patient care.
- Physician self-assessment diagnostic tools with interpretive support coupled with peer assessments.
- Professional counseling support for impaired clinicians.
- Training programs for clinician leaders in management skills, data analysis, financial literacy and negotiation skills.
- Organizational culture assessments to identify and remedy toxicity in work environments due to interpersonal conflicts or personality disorders.
- Physician surveys to assess satisfaction with services, resources and unmet needs.
- Addition of performance-based results around clinical process improvements, risk sharing and patient experiences in compensation agreements.
- Inclusion of physicians in strategic decision-making by the organization with regard to governance and managerial assignments.

In addition to the eight mechanisms noted above, a ninth is perhaps the most important: physicians want to be valued and respected.

According to a Physicians Advocacy Institute and Avalere Health report in 2023, 50.4% of physicians expressed feeling valued by their organization to a great extent or moderately, up from 46.3% in 2022. But 16% did not feel valued at all by their organization, which contributed to discontent and burnout issues. That's down from 18% in 2022.

How an organization demonstrates that it values and respects its physicians manifests in many ways: formally and informally. These efforts must be recognized by physicians as meaningful, ongoing, genuine and not manipulative.

Considerations for Leaders

The U.S. medical profession consists of over 1.1 million clinicians of various backgrounds, races, ethnicities and ages, and all are concerned about the future of the profession, preferring clinical autonomy in diagnosing and treating patients.

Despite their concerns, physicians continue to enjoy strong public trust per Gallup's annual occupational trust survey, sharing that distinction with nursing when compared to all other professions. And according to the AMA, most physicians believe their patients are satisfied with their performance but simply lack appreciation for the difficulty of medical practice. Most physicians believe their diagnoses are accurate and interventions appropriate.

Most would choose medicine again as their career, even though they are discouraged about its future. While progress is being made, their discontent should not be ignored. That's the changing imperative for leaders. ▲

Paul H. Keckley, PhD, is managing editor of The Keckley Report (pkeckley@paulkeckley.com).

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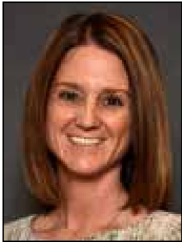
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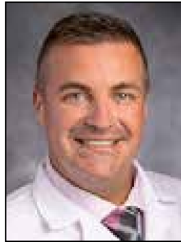
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Integrated Management for Operational Success

Triad leadership represents a transformative approach.

Effective healthcare leadership is critical to navigating heavily matrixed environments and ensuring organizational success. Traditional healthcare organizations are moving to embrace the triad leadership model, recognizing the value that collaboration among medical, administrative and nursing leaders creates. Triad leadership leverages the strengths of these professionals to develop an innovative approach to healthcare management.

What Is Triad Leadership?
Each of the triad's components bring a unique perspective and skill set:

- ***Physician leaders*** display the clinical expertise and insight needed to align medical decision-making with organizational goals. Physician leaders are essential in setting clinical standards and treating patients using evidence-based medicine protocols. Their involvement in decision-making ensures that clinical perspectives are considered when setting overall strategy.
- ***Administrative leaders*** have expertise in the management of compliance, human resources, finances and healthcare operations. Their expertise in these areas ensures that the organization remains financially sound, efficient and sustainable for the future.
- ***Nursing leaders*** bring expertise in patient care delivery, quality improvement initiatives and maintaining clinical excellence standards. They are integral to implementing patient care protocols and fostering patient-centered care. In addition, nursing leaders' bedside experience provides valuable insights into operations and challenges within the healthcare setting.

The journey toward triad leadership is not merely a shift in organizational structure but a cultural transformation.

Why Triad Leadership?
The triad leadership model offers several advantages over traditional leadership models, including the following.

- ***Collaborative decision-making.*** Triad leaders make informed decisions with diverse perspectives that balance clinical, operational and patient care priorities. Collaboration ensures decisions are well thought out and consider the implications for all aspects of the healthcare organization. For example, when addressing a hospital's high infection rates, a triad of leaders can pool their expertise—physician leaders focusing on clinical protocols, nursing leaders on patient care practices, and administrative leaders on resource allocation. This comprehensive approach leads to more effective and holistic solutions. Importantly, this model can be replicated at all levels of the organization.
- ***Enhanced communication.*** Regular communication among triad leaders fosters transparency and alignment across departments, promoting a unified approach to front-line staff and patients. For instance, a short scheduled daily check-in allows triad leaders to quickly disseminate information and coordinate responses to rapidly changing situations. This enhancement improves care coordination and problem-solving because decisions are made with each triad leader's involvement.
- ***Improved patient outcomes.*** This integrated leadership approach allows for a more cohesive strategy in patient care, one that reduces errors and enhances overall quality. By integrating each leader's strengths, the triad

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model enhances the quality of care delivered to patients. An example is the reduction of central line-associated bloodstream infections in a hospital that adopted triad leadership. The collaborative efforts of the triad leaders—educating staff, ensuring adherence to evidence-based practices, and continuously monitoring and adjusting protocols—led to a significant decrease in infection rates, showcasing the model's effectiveness in improving patient safety and care quality.

Implementing Triad Leadership

Implementing triad leadership requires a deliberate, strategic approach. Essential steps include:

- ***Establishing clear roles and responsibilities.*** Defining the specific duties of medical, administrative and nursing leaders within the triad helps avoid overlap and ensures clarity. Clearly defined roles help prevent confusion and ensure that each leader can focus on their area of expertise.
- ***Promoting interdisciplinary collaboration.*** Encouraging open dialogue and cooperation among triad members allows them to capitalize on each other's strengths and expertise. Regular interdisciplinary meetings can help build a cohesive team and create a culture that enables triad members to be open and vulnerable in their communication.
- ***Investing in leadership development.*** Offering training and professional development opportunities tailored to triad leadership competencies, such as conflict resolution and strategic planning, is critical. Organizational investment in leaders' continuous development is essential to leadership retention and, therefore, maintenance of triad relationships.
- ***Measuring performance metrics.*** Developing key performance indicators to evaluate the effectiveness of leadership in achieving goals and improving patient outcomes is necessary. Monitoring these metrics can provide constructive feedback and identify areas for future improvement.

Organizational Impact

Research shows that implementing a successful triad leadership model can result in quality improvements, including a decrease in hospital-acquired infections. One health system has been on the journey of triad leadership since 2021. After implementation, one of the system's hospitals experienced a dramatic reduction in central line-associated bloodstream infections (*Physician Leadership Journal*, May 2023) and a similar trend in catheter-associated urinary tract infections (*American Journal of Infection Control*, Issue 3, 2023). In the triad model, leaders from different disciplines support each other, share knowledge and develop collective strategies to overcome challenges. In both cases, the triad leaders promoted evidence-based practices and a culture of continuous improvement. Their combined efforts in educating staff, monitoring compliance and adjusting protocols based on feedback were crucial in achieving significant improvements in patient safety and care quality.

Triad leaders make informed decisions with diverse perspectives that balance clinical, operational and patient care priorities.

In another example, a hospital's busy ED was experiencing extended wait times due to increased patient volume, an aging population, hospital capacity issues, complex cases and inefficient processes, among other factors. Tackling these challenges required systemic change, including enhancing community access, optimizing hospital workflows and assessing required resources. During an 18-month period from 2023 to 2024, collaboration among medical, administrative and nursing leaders led to more efficient

Implementing Triad Leadership

Implementing triad leadership requires a deliberate, strategic approach, including the following steps:

- Establish clear roles and responsibilities.
- Promote interdisciplinary collaboration.
- Invest in leadership development.
- Measure performance metrics.

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resource use, shorter ED wait times and a reduced left-without-being-seen rate to 1.2% from 4.5%. By working together in the triad model, leaders in all three disciplines identified bottlenecks and developed solutions addressing the root cause of delays from multiple perspectives. This was achieved through regular performance evaluations, feedback loops and iterative adjustments, all driven by a shared goal of enhancing patient experience.

Challenges and Considerations

Despite its many benefits, implementing triad leadership can face challenges, including resistance to change, resource allocation difficulties, and maintaining commitment and momentum.

- ***Resistance to change.*** This is a common hurdle, as staff may hesitate to adopt new practices or workflows and resist traditional hierarchical structure changes. This reluctance can stem from a fear of the unknown, comfort with existing processes or skepticism about the effectiveness of proposed changes. Overcoming this resistance requires clear communication, involving staff in decision-making and demonstrating the tangible benefits of innovative approaches. During the implementation of new patient care protocols, for example, triad leaders might encounter resistance to change. By working together and presenting a united front, they can address concerns, provide consistent messaging and support staff through the transition, thereby building organizational resilience. It is imperative that each triad leader present the same vision and support.
- ***Resource allocation.*** Triad leadership often involves balancing limited resources among various departments and initiatives. This can lead to tough decisions about where to prioritize funding and support. Effective triad leadership requires transparent and strategic planning to ensure resources are allocated in a manner that supports overall organizational goals and maximizes impact.
- ***Maintaining commitment and momentum.*** Initial enthusiasm for change can wane, especially if quick results are not evident. Long-term commitment requires ongoing communication, regular progress updates and celebrating small victories to motivate the team. Investing in the continuous development of triad leaders is essential for maintaining momentum and achieving long-term success. Organizations that prioritize leadership development, such as offering training in conflict resolution and strategic planning, not only enhance their leaders' capabilities but also foster a culture of continuous improvement. This approach helps sustain commitment, especially when quick results are not immediately evident, by keeping the team motivated and focused on the long-term vision of patient-centered care and operational excellence.

The evolution of triad leadership will continue to shape healthcare leadership practices. Future directions include integrating technology and expanding interprofessional teams. Leveraging technology in informed decisions through data analytics can enhance communication and decision-making within triad leadership, supporting more informed and timely decisions.

Additionally, engaging broader healthcare teams, including allied health professionals, in triad leadership models can improve interdisciplinary collaboration and patient care. This expansion can lead to more comprehensive care strategies and better health outcomes, enhancing the overall effectiveness of healthcare delivery.

A Transformative Approach

Triad leadership represents a transformative approach to organizational leadership, uniting medical, administrative and nursing leaders in a shared commitment to operational success and patient-centered care. By embracing collaboration, fostering communication and leveraging diverse expertise, healthcare organizations can navigate complexities more effectively and achieve sustainable excellence in care delivery.

The journey toward triad leadership is not merely a shift in organizational structure but a cultural transformation that empowers leaders at all levels to drive positive change. Together, we can propel healthcare management into a new era of efficiency, innovation and patient-centricity. ▲

Ashley M. Carlucci, DNP, RN, is Market CNO, University Hospitals Health System, Cleveland, and an ACHE Member (ashley.carlucci@uhhospitals.org). Christopher J. Dussel, MD, FACHE, is CMO, University Hospitals Health System, Parma, Ohio (christopher.dussel@uhhospitals.org). James L. Hill Jr., MD, FASA, FACHE, is COO, University Hospitals Parma (Ohio) Medical Center (james.hill3@uhhospitals.org).

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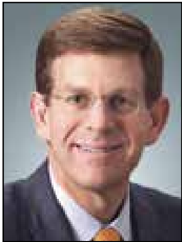
Brian Silverstein, MD

Governance Effectiveness More Important Than Ever

It is the cornerstone of success in navigating the digital and AI world.

Governance has multiple meanings, depending on the context; it is the table setting that determines the code of conduct and sets the culture for how a group or organization is going to operate.

The key to good governance is having components that are the bedrock and then other pieces that are regularly reviewed and updated, including board member and leadership selection considerations and development of charter statements or guiding principles.

Two key elements describe governance: stable components that provide an enduring foundation and dynamic elements that are regularly reviewed and updated to reflect changing circumstances.

It's common to draw a distinction between governance and management. This is a key concept to understand to ensure high performance. In addition to the functional roles of a board of directors, governance can also be applied to service lines, programs and initiatives. These also need thoughtful modern governance structures to achieve their goals.

As we move into the digital and AI world of healthcare, it's more important than ever to ensure we have the right governance for our organizations.

Governance is a concept that involves overseeing the direction and control of something. This can be applied at the highest level to an organization or to a simple project. It serves as the foundation for organizational success because it encompasses the structures, processes and cultural norms that define how an organization operates, makes decisions and engages with its stakeholders.

Governance plays a critical role in ensuring that organizations remain true to their mission, values and purpose.

Though there are many frameworks to describe governance, there are two key elements: stable components that provide an enduring foundation and dynamic elements that are regularly reviewed and updated to reflect changing circumstances.

This balance between stability and adaptability allows for the development of corporate culture. Though culture can be hard to define, it is expressed in the decisions that an organization makes (and that are overseen through governance).

Mission and vision statements are either brought to life or die by the process and resultant outcomes that organizations achieve.

Key elements of effective governance include:

- A stable foundation of enduring components, such as the mission and values.
- Dynamic elements that are regularly reviewed and updated such as strategies and policies.
- Clear selection criteria for leadership and board members.
- Well-defined charter statements and guiding principles.

Best practices for effective governance include:

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- Developing clear and compelling charter statements that define the organization's purpose and values.
- Establishing a regular review and update process for dynamic elements of the governance framework.
- Fostering diverse and inclusive leadership that reflects the organization's stakeholders and communities.
- Providing ongoing education and training to support the development of governance knowledge and skills.

Governance and Management: Understanding the Distinction

The roles of governance and management are often conflated but should always be kept separate.

Governance must not stray from its duty of oversight, strategy and policy, and likewise management has plenty of responsibility with execution and operations. This distinction is critical, as it ensures that organizations can effectively balance their long-term strategic and day-to-day operational priorities.

Though management organizes and directs employees and operations to achieve company goals, it's important for management to use governance practices that are consistent with the organization for their operational areas and projects. This practice is critical to ensure that the culture of the organization plays a role in new areas such as digital and AI.

The healthcare landscape is undergoing rapid change, driven by advances in technology, shifting consumer expectations and evolving regulatory requirements. In this context, effective governance is more important than ever so that organizations can adapt quickly to changing circumstances, while at the same time remaining true to their mission and values.

This means governance remains unchanged based on technological advances. Rather, its goal is to serve as the framework for the organization to discern technology's benefits and potential harms.

Governance must not stray from its duty of oversight, strategy and policy, and likewise management has plenty of responsibility with execution and operations.

Governance can then determine an implementation plan that allows the organization to achieve its goals in a manner that is consistent with its culture.

This means that the promises of digital need to be considered based on the potential harm and the specific use cases when people's lives are at stake.

Effective governance is the cornerstone of success in healthcare. By establishing a well-designed governance framework, organizations can ensure that they remain true to their mission, values and purpose while adapting to the changing circumstances of the healthcare landscape.

This does not mean that we slow down innovation or block it. Instead, each organization must develop the right oversight process to ensure that technology is used to advance the mission.

The governing board is not going to be involved in management decisions, but ideally it has already created the framework and structure for management to implement.

Many industries have made the leap to a digital world, but healthcare's adoption has been more limited. Though hospitals and health systems have been very successful at moving from paper records to electronic systems, the ability to then use electronic information has been more restricted. In other industries there are standards that allow for information to flow freely.

As we embark on this new digital era that seems to have material promises, our boards and management are going to face questions and challenges that can materially impact patients' lives—for the better and the worse.

Our current systems have navigated similar issues in the past, and optimism abounds that with the right people, processes and framework in place, healthcare is going to continue to find the right path forward. ▲

Brian Silverstein, MD, is chief population health officer at Innovaccer, an advisor with The Governance Institute and an ACHE Member (brian.silverstein@innovaccer.com).

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Kedar Mate, MD

Josh Clark, RN

The Leader's Role in Optimal Systems of Care

Successful care operating systems share common elements.

The importance of leadership and culture to improve patient care is cited and emphasized so routinely, it might seem cliché, but it's nonetheless true: Failures to improve care experience and outcomes are almost always traceable to the top. Despite having this essential knowledge, many efforts to improve care falter. This is so even when leaders articulate and communicate a compelling vision for transformed care, and clearly identify and encourage behaviors needed to transform culture. Why?

For leaders implementing care operating systems, that vision is of a seamless, fully integrated, technology-enabled operating model that—by design—generates continuous learning and improvement.

The answer, of course, is systems. Those working to improve care and health have long known that changing outcomes requires changing systems. Yet, the approaches to improving and building better systems are as numerous and varied as the health systems that need them. Some find success, but too many fail to deliver the desired results. A small but growing number of health systems have designed and implemented the kind of systems that reliably deliver better and safer care for patients, and better, more efficient, and more equitable experiences for patients and the workforce.

Though these approaches aren't identical, they share common elements that, collectively, are called "care operating systems." The six common elements of successful care operating systems are described below.

1. ***Valuing People***
   Leadership in care operating systems requires a demonstrated understanding that the people in the systems are, by far, the most important resource. Every aspect of the operating model design is in service of supporting the people who work in it. The key question for any change or redesign of the system should be, "How does this help our people do their jobs better and more easily?" A key component of valuing people is setting aside time and space to celebrate staff contributions, not only for delivering excellent care but also for identifying system failures and helping to correct them.

2. ***Appreciating Complexity***
   Healthcare grows more complex every day. Clinicians treat more patients with complex conditions, and the complexity of care delivery itself is increasing, drawing on disparate disciplines and emerging evidence. This degree of complexity requires system resilience, led with a clear and bold vision for the organization. It also calls for leaders to heed the lesson learned in other complex industries, as articulated by James Clear in his book *Atomic Habits*: "You do not rise to the level of your goals. You fall to the level of your systems."

3. ***Integrating All Dimensions of Quality***
   High-functioning care operating systems treat all dimensions of quality equally and as one integrated set. Safety, timeliness, effectiveness, efficiency, equity and patient-centeredness are all managed and measured collectively. Through use of existing technologies, clinicians, leaders and operational support teams understand the organization's performance priorities, see how their daily work affects those priorities and predict where gaps may occur.

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4. ***Deploying the Quality Team Differently***
   Effective care operating systems redefine the role of quality teams and leaders as indispensable support for clinicians, rather than being seen as the people who evaluate performance or track errors. Quality teams are operators, problem solvers and change agents who facilitate both daily and large-scale improvement. They spend each day learning about the system issues that clinicians experience and leverage the right teams and the right skills to engineer the issues out of the system.

5. ***Communicating in Clinical Language***
   A hallmark of care operating systems is that they use the language of improvement science and engineering within quality teams and with systems engineers. When convening with clinicians to discuss improvements, however, they use clinical language to ensure that the clinical staff is fully engaged and clearly understands the implications of any change.

6. ***Establishing and Maintaining True Transparency***
   The evidence is clear: Real transparency is better for everyone, as existing technologies can enable real-time process and outcomes data that matter to both patients and the workforce. In effective care operating systems, this data is always visible, shared and reliably acted on.

Success Starts With Leadership

As ever, successfully implementing such systems starts with leaders, whose responsibility is to create a compelling vision for the care their organization will deliver. For leaders implementing care operating systems, that vision is of a seamless, fully integrated, technology-enabled operating model that—by design—generates continuous learning and improvement.

Within such a vision, listening is perhaps the most important responsibility. Once the vision is communicated, the shift from telling to listening is paramount because it is a core responsibility that's reliably practiced at every level of leadership in the organization.

Leaders who make time and maintain open communication channels to listen to and seek feedback from clinicians at the point of care will get their indispensable perspective on what is and is not working and identify aspects of the system that need improvement. With that knowledge, a leader's role in a successful care operating system is to make it easier for clinicians to do their best work, removing barriers to the changes sought by care teams and allocating resources to rapidly improve system performance. Clinicians shouldn't have to enter "tickets" or go to committees to facilitate the change; the operating system facilitates the necessary improvement.

Enabling clinicians to do their best work through improved care operating systems leads to better care and outcomes, and, just as important, reduces the burdens on the workforce. It's been more than four years since COVID-19 created an existential crisis in healthcare, and our systems have not yet fully recovered. Faced with the self-reinforcing challenges of burnout, turnover and a shrinking pool of experienced, well-trained health professionals, the need for systems of care that support and empower the workforce has never been greater. Care operating systems are exactly the kinds of systems that can make everyone's lives better: patients and their families and the workforce and their families, too.

What About Culture?

Leadership and culture remain crucial ingredients in any effort to improve patient care. As previously described, leaders have an essential role in helping to create and support effective care operating systems. But what about culture? If culture is the sum of how everyone in a system behaves, then how can leaders influence these behaviors? The answer again is systems. Leaders can certainly encourage their teams to behave differently, but it's more important to create, maintain and support systems that drive behavior. Care operating systems are deliberately designed to make the right choice the default choice, thereby facilitating the results we seek.

IHI is now partnering with health systems that are building and deploying care operating systems, and we hope many more will join this effort. Together, we will co-design systems that produce the outcomes we want and need and empower clinicians to fulfill their calling. ▲

Kedar Mate, MD, is president and CEO at the Institute for Healthcare Improvement (kmate@ihi.org). Josh Clark, RN, is vice president, quality and safety operating systems, at IHI (jclark@ihi.org).

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Daniel S. Zomchek, PhD, FACHE

Transforming Care Through High Reliability

VA health system elevates patient care through safety and process excellence.

Striving toward high reliability, in which harm prevention and process improvement are second nature to all employees, can dramatically improve care delivered to patients. This is why the VA Great Lakes Health Care System, Veterans Integrated Service Network, or VISN 12, has purposefully embedded high reliability in how the organization "does business" to continuously improve and empower employees at every level of the organization to speak up for safety. Our veterans deserve nothing less.

Headquartered in Westchester, Ill., about 15 miles outside Chicago, the system is a network of eight medical facilities and over 40 community-based clinics whose mission is to serve the healthcare needs of the over 800,000 veterans in Illinois, Wisconsin, Michigan's Upper Peninsula and Northwest Indiana by providing excellent and timely care and supporting innovation, empowerment, productivity, accountability and continuous improvement.

Recognizing that leadership sponsorship, the key to any successful change, is a priority in advancing the high reliability efforts across the network, VISN 12 leadership teams added structural processes to embed changes into the organization's routine operations, ensuring a lasting positive impact and sustained improvement in the three HRO framework areas: building capacity, becoming an HRO and achieving results. These structural processes help mitigate resistance to change, aligning innovations with organizational goals and realizing the benefits over time.

The VA Great Lakes Health Care System, Veterans Integrated Service Network, or VISN 12, has purposefully embedded high reliability in how the organization "does business" to continuously improve.

Building Capacity

In 2019, VISN 12 leadership teams established a united vision of strategic high-reliability goals, prioritizing dedicated staff and employee high-reliability training completion. Staff participated in four types of Veterans Health Administration high-reliability training sessions, each achieving over 90% completion rates. Leadership also added a sustainment plan to capture new employees. Multiple VISN 12 medical facilities went above and beyond by including all employees in the trainings and offering refresher sessions to align with the HRO vision. Post-training, VISN 12 implemented over 160 initiatives demonstrating improvement in communication, team dynamics and facility processes. Here are a few:

- The dental team at VA Illiana Health Care System, Danville, Ill., initiated a daily debrief, creatively titled, "The Daily Wrap," to improve its communication and care processes. In response to a power outage, the team addressed reusable medical equipment processes to eliminate 60% of its stock, creating more efficient processes for its department and the facility.

- The physical and occupational therapy team at Clement J. Zablocki VA Medical Center,

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Milwaukee, also implemented a debrief that allowed the team to review and improve the care it provides veterans, including identifying additional care opportunities to better serve veterans with amputations.

- The telehealth team at Edward Hines, Jr. VA Hospital, Hines, Ill., implemented a team briefing to improve communication and morale.

Becoming an HRO

VISN 12, again recognizing the need for leadership sponsorship, prioritized the implementation of HRO processes, including safety forums, leadership rounding, safety huddles with visual management systems, staff recognition with a good catch and other award programs, process improvement, communication strategies and sharing of best practices.

Jesse Brown VA Medical Center, Chicago, holds monthly safety forums using a panel format involving subject matter experts, allowing for open discussion of key safety topics like veteran suicide and recent work with race inequalities and medical algorithms. Nursing-tiered huddles allow for bidirectional communication with all nursing departments and key stakeholders, giving opportunities to improve key processes—like work order completion—that demonstrate a statistically significant improvement, with a probability value, or p-value, of less than 0.05.

Edward Hines, Jr. VA Hospital's executive sponsorship of HRO demonstrates its commitment to supporting employee development by providing leadership workshops,

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The Fund supports participation in ACHE's Career Accelerator Program, the Executive Program and the Thomas C. Dolan Diversity in Executive Leadership Program, as well as additional educational opportunities presented throughout the year.

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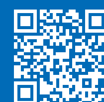

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employee listening sessions and embedding HRO efforts and process improvements in meeting structure, demonstrating team efforts of providing safe care to patients. The facility also has a robust tiered huddle visual management system and leader rounding processes that allow for bidirectional communication throughout the medical center, enabling opportunities to address vulnerabilities promptly. For example, a recent mattress recall enabled a facility-wide action.

William S. Middleton Memorial Veterans Hospital, Madison, Wis., implemented and shared across the VHA a strong Good Catch award program that highlights its Good Catch Hall of Fame, which recognizes employees who consistently identify good catch events.

Tomah (Wis.) VA Medical Center was recognized for its best practice of including veteran participation in a safety forum, recognizing "why" VA serves its veterans.

In an HRO, every team member is encouraged to voice concerns, share observations and provide feedback, creating an environment where safety and quality are prioritized. This was dramatically demonstrated with the launch of the new EHR at Captain James A. Lovell Federal Health Care Center, North Chicago, Ill., where employees provided crucial information to ensure that safe care continued to be provided to patients during the transition.

Bidirectional communication methods, including employee listening sessions, leader rounding, safety reporting platforms and suggestion portals, have been used and implemented across VISN 12 so employees can report patient care and departmental process concerns. VISN 12 employees demonstrate commitment to high reliability by reporting events before they cause harm, resulting in one of the highest close-call-reporting-to-adverse-event ratios in the VHA.

Achieving Results

Achieving results in a high-reliability environment requires steadfast commitment to the principles of safety, quality and continuous improvement. By embedding these practices into the organizational fabric, VISN 12 continues to use high-reliability principles to help its staff safely provide the best possible care to veterans.

Employee efforts to improve care processes across the system include a management and program analyst's development of a geospatial mapping tool for better data-driven veteran outreach decision-making.

Employee efforts to improve care processes across the system include a management and program analyst's development of a geospatial mapping tool for better data-driven veteran outreach decision-making; a pharmacy tech's identification and mitigation of a barcode vulnerability; a biomed team's identification and mitigation of a patient lift vulnerability; identification and mitigation of opportunities in employee post-cardiac surgery care skill development; alcohol withdrawal assessment; and identification and mitigation of vulnerabilities with medication syringes.

Embracing HRO principles and leveraging data-driven insights to identify and address issues that impact patient care enhances clinical outcomes and improves patient satisfaction and trust. VISN 12 has demonstrated remarkable levels of veteran satisfaction, which are shown to be above the VHA national average in outpatient (93.3%), inpatient (96.2%) and telehealth (91.5%) trust, with multiple areas leading VHA, including emergency medicine (93.5%) and community care (85.3%). Oscar G. Johnson VA Medical Center has also been recognized for exceptional veteran experience for five consecutive years.

VISN 12 leadership remains committed to supporting strategies to build capacity, become an HRO and achieve results, recognizing that this transformation is not an initiative with an end date, but a culture change that requires dedicated attention as it continues to progress in a coordinated fashion across its facilities. Executive directors can demonstrate this intentional commitment by consistently prioritizing safety, implementing rigorous risk management practices, investing in continuous training and improvement, encouraging open communication about potential risks, and leading by example in making data-driven, informed decisions that align with HRO principles. ▲

Daniel S. Zomchek, PhD, FACHE, is executive director, VA Great Lakes Health Care System, Veterans Integrated Service Network 12, Westchester, Ill. (daniel.zomchek@va.gov).

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ACHE Members in the News

ACHE Members in the News highlights Members and Fellows who are in the news making a positive impact on the healthcare profession.

News makers and promotions will be highlighted from open news sites. Check back weekly to read about members making news.

Submit an Item
If you or an ACHE colleague are featured or appear in a news outlet, please provide a link for consideration.

Submit your ACHE Members in the News or On the Move suggestions to he-editor@ache.org.

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ACHE MEMBER UPDATE

Interim Regent Appointed

Anne Tyrol, RN, FACHE, CNO/senior vice president, Patient Care Services, Cheshire Medical Center/Dartmouth-Hitchcock Keene (N.H.), has been appointed Interim Regent for New Hampshire.

Interim Regent-at-Large Appointed

Jim Zheng, FACHE, director, Radiology, Beth Israel Deaconess Needham, Medfield, Mass., has been appointed Interim Regent-at-Large for District 1.

Dent, McGaw Student Scholarships Awarded for 2024

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

The following students each received a scholarship in tribute to the late Albert W. Dent, the first Black healthcare executive to achieve ACHE Fellow status:

Kenya Benitez, San Diego State University.

Christopher Gallardo, Hofstra University, Hempstead, N.Y.

Boluwatife Gbadebo, Minnesota State University, Minneapolis.

Elizabeth Mompoint, University of Miami.

Victoria Ortiz, Case Western Reserve University, Cleveland.

Kara Powell, Dartmouth College, Hanover, N.H.

Trey Wineglass, Winthrop University, Rock Hill, S.C.

Hubert Zhou, Binghamton (N.Y.) University

The Dent scholarship is bestowed annually to students in need who are enrolled in graduate programs in health services administration.

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

Claire Glenn, University of Kentucky, Lexington.

Andrew C. Hennings, Pacific University, Hillsboro, Ore.

Emily Marisa Luera, Texas A&M University, College Station.

Cortney I. Martin, Purdue University, West Lafayette, Ind.

Makenzie Postma, University of North Carolina, Charlotte.

Erik Robinson, University of California—Davis.

Andrew B. Thomas, Baylor University, Waco, Texas.

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

Applications for the 2025 Dent and McGaw graduate student scholarships will be accepted between Jan. 1 and March 31, 2025. 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, 2025:

Joan M. Coffman, FACHE, president/CEO, St. Tammany Health System, Covington, La.

Leslie D. "Les" Hirsch, FACHE, president/CEO, Saint Peter's Healthcare System, New Brunswick, N.J.

Brian Peters, CEO, Michigan Health & Hospital Association, Okemos.

Lisa Shannon, president/CEO, Alina Health, Minneapolis.

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LEADERS IN ACTION

To promote the many benefits of membership, the following ACHE leaders spoke recently at these in-person events:

William P. Santulli, FACHE
Chair
47th Annual IHF World Hospital Congress
Rio de Janeiro, Brazil
(September 2024)

Healthcare Leaders of New York
HLNY's 8th Annual Mini-Congress
(September 2024)

ACHE of North Texas
The State of ACHE
(October 2024)

The Missouri Chapter of ACHE
Missouri Hospital Association
Annual Convention
(November 2024)

Michele K. Sutton, FACHE
Chair-Elect
California Association of Healthcare Leaders–Northern California Chapter
California Association of Healthcare Leaders Annual Awards Ceremony
(August 2024)

Delvecchio S. Finley, FACHE
Immediate Past Chair
Utah Healthcare Executives
Utah Healthcare Executives/Utah Hospital Association's Fall Conference
(September 2024)

National Association of Health Services Executives
Annual Educational Conference
(October 2024)

In Memoriam

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

Robert R. Fanning Jr., LFACHE
Boxford, Mass. (ACHE Chair 1992–1993; District 1 Governor 1985–1989; Regent, Massachusetts 1981–1984)

David J. Handel, LFACHE
Fishers, Ind.

Nancy G. Levitt-Rosenthal, LFACHE
Easton, Conn. (ACHE Regent, Connecticut 2007–2010)

Frank V. Sacco, LFACHE
Ormond Beach, Fla. (ACHE Regent, Florida—Northern & Western 1995–1997; 1992–1995)

Remembering David Wagner, a Passionate Healthcare Executive

David Scott Wagner, FACHE, CEO, HCA/Houston Healthcare Pearland (Texas), passed away Aug. 23 at the age of 64. He was a hospital administrator for more than 37 years, working for Presbyterian Health System, Dallas; Good Shepherd Medical Center, Longview, Texas; CHRISTUS Spohn Hospital, Beeville, Texas; and Saint Francis Health System, Tulsa, Okla.

He was a member with ACHE for 39 years and served as a board member for the American College of Healthcare Executives—Southeast Texas Chapter. He also served ACHE on the Regents Advisory Council and Group Practices Executive Committee.

During his tenure at Saint Francis, Wagner's leadership contributed to the construction of a $206 million building/tower addition representing 150 inpatient beds as well as a new ED, hospital lobby, chapel and convent.

Throughout his career, Wagner adhered to his mission of caring for those in need of healthcare, and he was passionate about helping others—both patients and his team members. He was known for lending a hand in any situation and made it a point to round in the hospital, thanking employees for their work. HCA Pearland won first place in 2022 for *Modern Healthcare*'s "Best Places to Work," a nationwide award that made him so proud of everyone in his work family, according to his obituary.

Outside the hospital, Wagner actively participated in numerous community committees. He was on the boards of the Pearland Chamber of Commerce and Northern Brazoria County Education Alliance, as well as the advisory board for the Healthcare Administration Program at the School of Public Health at Texas A&M University. He was also a frequent guest speaker at Texas Woman's University and UTHealth School of Public Health.

Wagner received a master's degree in healthcare administration from Trinity University and a bachelor's degree from Texas A&M University. He is survived by his wife of 32 years, Karen, and his two children, Jackson and McKenna, and his father, Donald B. Wagner, LFACHE.

A scholarship has been set up in Wagner's memory via his chapter at https://bit.ly/3NhG4XC.

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Addressing Registered Nurse Shortages in Hospitals

Results by ACHE's Executive Office, Research.

In January 2024, ACHE conducted a survey of hospital CEOs to learn more about the causes of workforce shortages and how hospitals are addressing the issue. Of the 1,633 who received the survey, 350 responded, for an overall response rate of 21%.

Hospital CEOs were asked to name the top three staffing shortages they were experiencing. They reported their top staffing shortages as follows: 71% of responses indicated a shortage of registered nurses, 50% identified a lack of medical technicians and 35% cited a shortage of physicians. Eighteen percent of respondents specified a shortage of specialists, while 17% noted a shortage of primary care physicians. The reasons for the registered nurse shortages in hospitals, as reported by survey respondents, are listed in Table 1. The most common ways in which hospitals are addressing these shortages are listed in Table 2. Other strategies to address registered nurse shortages reported by a small number of respondents included forming relationships with schools to produce more graduates (3), starting training programs or a new school (3), recruiting foreign nurses (4), using an internal agency (3), providing loan repayment and/or tuition assistance (3), increasing pay or career advancement incentives (3), changing the work culture and increasing the engagement of staff (1).

ACHE wishes to thank those who responded to this survey for their time, consideration and service to their profession and to healthcare leadership research.

Table 1: Reasons for registered nurse staffing shortages

Reasons for shortage of registered nurses	Percentages or numbers indicated by CEOs (N=248)
Competition from other hospitals	77%
Competition from agencies	64%
Staff retirement/leaving	59%
Insufficient number of staff graduating from schools	56%
Hospital location makes it hard to attract staff	44%
Nurses moving to advanced practice	44%
Staff burnout	43%
Competition from other non-hospital providers	40%
Competition from non-healthcare employers	16%
Other	3%

Table 2: How organizations are addressing registered nurse staffing shortages

Strategies to address shortage of registered nurses	Percentages or numbers indicated by CEOs (N=248)
Focusing on staff recruitment	92%
Focusing on staff retention	90%
Filling in with contract (agency) staff who are travelers	72%
Altering care models to reduce need for the position	47%
Filling in with contract (agency) staff who work on a per diem basis	38%
Reducing services that require this position	12%
Other	8%

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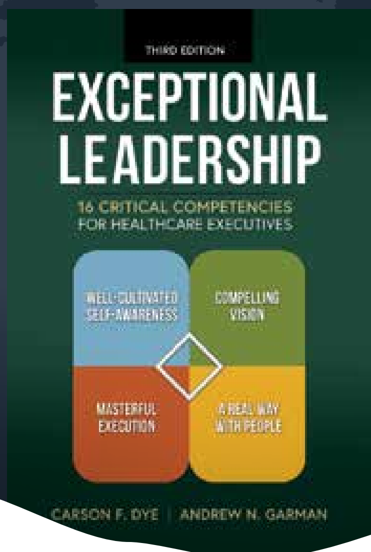

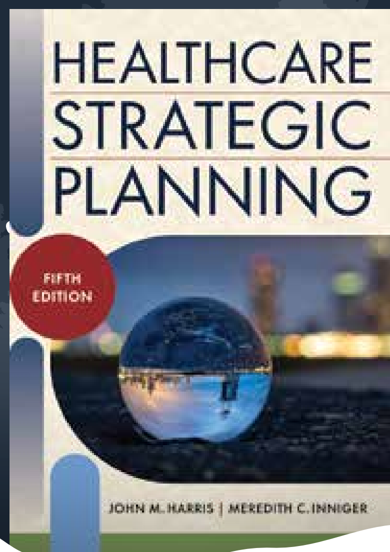

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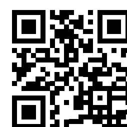

Membership Engagement

Offering ways to get involved with your chapter and community.

Did you know that when you joined ACHE, you were automatically enrolled in your local chapter? For instance, if you live in Manassas City, Va., your chapter is National Capital Healthcare Executives, which is highlighted in this issue. You can search for your chapter at **ache.org/Chapters**.

The ways in which you can benefit from participating in your chapter are endless: network and learn from healthcare leaders at every career stage, earn ACHE credits by attending educational programs, volunteer and so much more.

Below are three examples of how your peers engaged with their chapter, and it's likely yours has similar opportunities.

Mentoring Program at the National Capital Healthcare Executives

The evening of July 11 was a night to remember for 16 participants who celebrated the completion of their seven-month mentorship program that fostered growth, development and invaluable connections. National Capital Healthcare Executives serves Washington, D.C., and parts of Virginia.

The diversity of this year's cohort, which included eight mentors and eight mentees, underscores the chapter's inclusive spirit, with participants bringing varied experiences from different sectors of healthcare.

Reflecting on their mentorship experience, several mentees shared their insights:

"I was thankful to have the space to talk through my confusion and challenges in my career path options."

"Leaders in my organization have recognized my shift and have commented on my growth."

"I am more confident, speak up a lot more and share my opinions in meetings."

"I volunteered as a panel speaker at a Women in Business Conference at George Washington University. I could not have imagined doing something like that in the past."

"We discussed my goals with networking and preparing for my military retirement."

These testimonials highlight the program's impact on these mentees' professional and personal development, demonstrating the true value of mentorship. Mentees expressed gratitude for the opportunity to gain clarity in their career paths, increase their visibility within their organizations, and build confidence in their abilities. "The program has empowered them to step out of their comfort zones and take on new challenges," said Aparna Gupta, DNP, FACHE, mentorship director, National Capital Healthcare Executives.

Following the evening's mentorship graduation ceremony, chapter attendees took part in an education offering that covered three areas:

- Finding and fostering relationships with mentors and mentees.
- Discovering the benefits and distinctions between mentorship and sponsorship.
- Learning the critical role of diversity, equity and inclusion in mentorship.

A dynamic panel discussion covered themes such as the intersectionality of sponsorship and mentorship, imposter syndrome and self-empowerment. The panelists addressed the challenges of feeling like an outsider in professional settings and offered strategies for overcoming self-doubt. They also stressed the importance of seeking out supportive networks and mentors who can provide guidance and encouragement.

ACHE of Indiana Shares the Value of ACHE Resources

To engage with and give back to its members, ACHE of Indiana started 2024 off strong by providing members with an ACHE Member Appreciation Drawing during the year's in-person education events. It created engagement with program

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attendees and highlighted available ACHE resources.

The membership committee believes these drawings remind members of the several resources that ACHE can provide to a leader. The drawing takes place at the end of the program, providing members with a memento of their time together and a small token of gratitude for attendance. Drawing prizes have included one book from Health Administration Press, access to the Interview Prep Tool—Self-Directed, Board of Governors Examination Flashcards with digital access, one registration fee covered for the member and a guest at an ACHE of Indiana event in 2024, and an ACHE career assessment.

Volunteering, Collaborating, Networking in East Texas

East Texas ACHE Forum is a small but active chapter, where members have plenty of opportunities to network. A community service volunteer event at the East Texas Food Bank in June fulfilled the chapter's aim to have an annual volunteer event for giving back to the community.

The food bank has plenty of volunteers around Thanksgiving and Christmas, so the chapter decided to hold a June event. Twelve East Texas ACHE Forum members packed boxes for needy families then helped in the store assisting recipients with their shopping. Overall, the experience was regarded as an excellent way for the chapter to give back, and participants recommended doing it again next year.

East Texas ACHE Forum collaborated with ACHE of North Texas and Texas Midwest Healthcare Executives in May to host a two-day ACHE Multi-Chapter Healthcare Forum: Celebrating Excellence, Inspiring Innovation. These chapters have a history of collaboration, but this was their largest and longest collaborative event.

Additionally, East Texas ACHE Forum had a successful networking event for the second year in a row in Texarkana, hosted by CHRISTUS St. Michael. The location is more remote from the usual gathering places in Tyler, Texas, but still an important location for many participating members. Finally, the chapter met its goal of advancing new Fellows, and it hopes to have even more by 2025. ▲

*To find your chapter, go to **ache.org/Chapters** and 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.*

East Texas ACHE Forum members volunteer at the East Texas Food Bank to fulfill the chapter's aim to have an annual volunteer event for giving back to the community.

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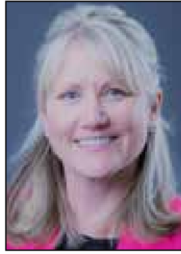
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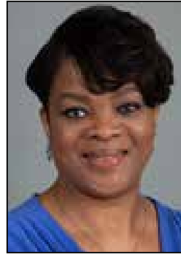
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Sparks

Shasta Addessi to senior vice president/area manager, Kaiser Permanente San Mateo Service Area, leading the South San Francisco and Redwood City (Calif.) medical centers, from interim senior vice president.

Sunny Bhatia, MD, FACHE, FACC, to president, Prime Healthcare, Ontario, Calif., from CEO, Region I (West Coast).

Kyle Brostrom, FACHE, to CEO, CommonSpirit Holy Cross Hospital–Davis, Layton, Utah, from division vice president, Strategy and Business Development, HCA Healthcare's Mountain Division, Cottonwood Heights, Utah.

Michelle Buck, DNP, FACHE, to CNO, Northwestern Medical Center, St. Albans, Vt., from vice president, Inpatient Nursing, Dartmouth Hitchcock Medical Center, Lebanon, N.H.

Emily Chase, PhD, RN, FACHE, to executive vice president/COO, University of Chicago Medical Center, from CNO/senior vice president, Patient Care Services.

Alesia Coe, DNP, RN, FACHE, to vice president, Patient Care Services/CNO, University of Chicago Medical Center, from vice president, Adult Inpatient/Emergency Services, and associate CNO.

Scott Davis, FACHE, to president/CEO, Swedish Medical Center, Denver, from CEO, HCA Houston Healthcare Northwest.

Kris Doan, FACHE, to president, Augusta Medical Group, Augusta Health, Fishersville, Va., from COO, Health First, Melbourne, Fla.

Cole Edmonson, DNP, FACHE, to CEO, The Nurses on Boards Coalition, Washington, D.C., from chief clinical officer, AMN Healthcare, Dallas.

Wayne Fraleigh, FACHE, to CEO, Orthopaedic & Spine Center of the Rockies, Fort Collins, Colo., from COO, Bon Secours Mercy Health, Greenville, S.C.

Brad Goacher, FACHE, to president, Touchette Regional Hospital, Cahokia Heights, Ill., from COO, BJC-Alton (Ill.) Memorial Hospital.

Michael Hann, MD, FACHE, FAPA, to the medical staff leadership team at Sheppard Pratt, Baltimore, from CMO, Brook Lane Health Services, Hagerstown, Md.

Stacy Harberson, FACHE, to CEO, Howard Memorial Hospital, Nashville, Ark., from COO.

Randolph "Randy" Howard Jr., FACHE, to senior vice president/COO, Lahey Hospital & Medical Center, Burlington, Mass., from COO, St. Catherine of Siena Medical Center, Manhasset, N.Y.

William Huffner, MD, FACEP, FACHE, to retirement from CMO/senior vice president, Medical Affairs, UM Shore Regional Health, Easton, Md. ACHE would like to thank Dr. Huffner for his years of service to the healthcare field.

This column is made possible in part by Core Clinical Partners.

Want to submit?

Send your "On the Move" submission to he-editor@ache.org. Due to production lead times, entries must be received by Dec. 2 to be considered for the Jan/Feb issue.

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Jennifer Jones to CEO, Cincinnati Rehabilitation Hospital, Blue Ash, Ohio, from director of Therapy Services, Gateway Rehabilitation Hospital, Florence, Ky.

Brian Marger, FACHE, to CEO, TriStar Skyline Medical Center, Nashville, Tenn., from regional vice president, cancer services, Sarah Cannon Cancer Network, HCA Healthcare TriStar Division.

Laura Mattavi to CFO, Berks Community Health Center, Reading, Pa., from CFO, OAA Orthopaedic Specialists, Allentown, Pa.

David McFadyen, FACHE, to president/CEO, Trinity Health, West Region, Boise, Idaho, from president, Saint Alphonsus Regional Medical Center, also in Boise.

Charlotte "DeSha" McLeod, FACHE, to director, Hospice and Palliative Care, Baystate Health, Springfield, Mass.

Joel K. North III to CEO, HCA Houston Healthcare Northwest, from COO, HCA Houston Healthcare Kingwood.

Thomas M. Priselac to retirement, from president/CEO, Cedars-Sinai Medical Center and Cedars-Sinai Health System, Los Angeles. We thank Tom for his many years of service to the healthcare profession. He will assume a new role as president and CEO emeritus, serving as an adviser.

Jay Quebedeaux, FACHE, to president of regional hospitals, Baptist Health, Little Rock, Ark. He will continue to serve as president, Baptist Health Medical Center–Hot Spring County, Malvern, Ark., and Baptist Health Medical Center–Arkadelphia (Ark.).

Kimberly Reddish, RN, to vice president/CNO, Forrest Health, Hattiesburg, Miss., from CNO, Tennova Healthcare, Cleveland, Tenn.

Aaron "Zack" Royston, FACHE, to vice president, Rural Health Care Transformation/executive director, UM Shore Medical Center at Chestertown, University of Maryland Shore Regional Health, Easton, Md., from senior vice president, Provider Services, Affinity Health Alliance Inc., Elkton, Md.

Maryann Ruehrmund, CFRE, to retirement from executive director/chief development officer, the University of Maryland Chester River Health Foundation. We thank Maryann for her many years of service to the healthcare profession.

Jared Shelton, FACHE, to president, Texas Health Harris Methodist Hospital, Fort Worth, from president, Texas Health Harris Methodist Hospital Hurst-Euless-Bedford.

Ryan Solomon, JD, to senior vice president, Hospital Operations, Arkansas Children's Hospital, Little Rock, Ark., from interim senior vice president/chief administrator, Arkansas Children's Northwest.

Jordan A. Solop, FACHE, to COO, Clara Maass Medical Center, Belleville, N.J., from vice president, Hospital Operations, Clinical Services, NYU Langone Hospital–Brooklyn.

Carolyn Sparks to CEO, Lake Cumberland Regional Hospital, Somerset, Ky., from interim CEO.

Beth Steele, RN, FACHE, to COO, Owensboro (Ky.) Health. She will retain her roles as CNO and COO for Owensboro Health Regional Hospital.

Brandy Stegall, RN, NEA-BC, to CNO, Medical City Fort Worth (Texas), from CNO, Medical City Denton (Texas).

Cheryl Thieschafer to director, St. Cloud (Minn.) VA Health Care System, from associate director.

Kevin Tuttle, FACHE, to associate dean, Finance and Administration, Stony Brook (N.Y.) School of Dental Medicine, from vice president, Physical Medicine and Rehabilitation Service Line, Northwell Health, New Hyde Park, N.Y.

Karin D. Whitehead, CPCS, to executive director, Credentialing, OnPoint Medical Group, Highlands Ranch, Colo., from credentialing specialist.

(Cont. from Page 6)

again that caring is the cornerstone of our work. Through your strength, teamwork and dedication, communities can not only survive but thrive.

During this season of gratitude, I am grateful for you. Your hard work and determination make a difference. As we approach a new year, I look forward to fulfilling our shared commitment to advance health. You are part of a special network of leaders who lead with heart and mind. As you continue to navigate the challenges in front of you, always remember that we are in this together. We look forward to supporting you wherever you are, whatever you need. ▲

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

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American College of Healthcare Executives
300 S. Riverside Plaza, Suite 1900
Chicago, IL 60606-6689

Editor *(Name and complete mailing address)*
Randy Liss
American College of Healthcare Executives
300 S. Riverside Plaza, Suite 1900
Chicago, IL 60606-6689

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John M. Buell
American College of Healthcare Executives
300 S. Riverside Plaza, Suite 1900
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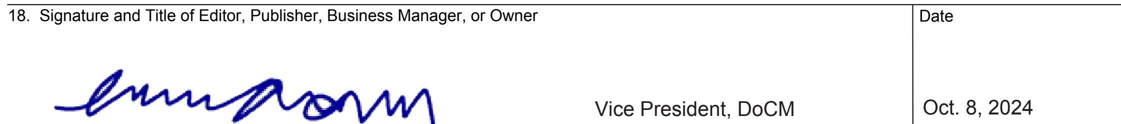

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