

# HEALTHCARE EXECUTIVE

The Magazine for  
Healthcare Leaders

MAY/JUNE 2022  
V37 | N3

16

Ready for What's Next:  
Future-Proofing the  
Healthcare Workforce

28

Welcome Back to Congress

54

Preventing Healthcare  
Workforce Suicide



**The Path  
of Most  
Resilience  
Building a  
Strong and  
Fulfilled  
Healthcare  
Workforce**



American College of  
Healthcare Executives®

# CHANGE HEALTHCARE

Insight. Innovation. Transformation.



## The Change Healthcare Platform

Accelerating  
healthcare  
transformation

Our powerful platform is the epicenter of data and analytics solutions that connect doctors, hospitals, and insurers. This enables operational, financial, and healthcare efficiencies for everyone.

Payers and providers use our vast data network to gain decades of industry insights that help them navigate the evolving and complex healthcare landscape.

[changehealthcare.com](https://changehealthcare.com)

A Premier Corporate Partner of

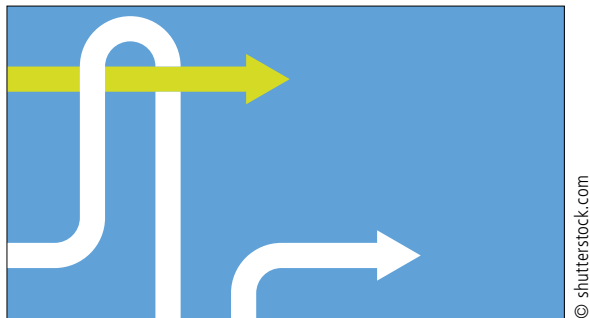


American College of  
Healthcare Executives  
*for leaders who care®*

### Cover Story

---

#### 8 **The Path of Most Resilience: Building a Strong and Fulfilled Healthcare Workforce**

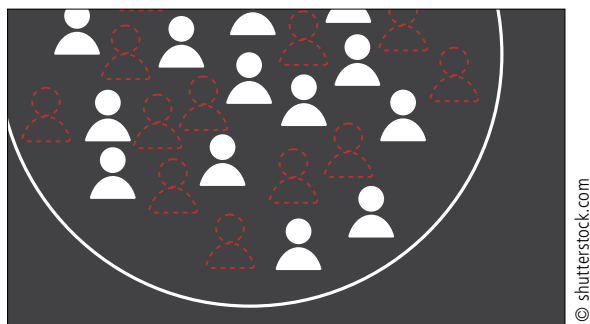


*Many healthcare organizations sailed into the COVID-19 pandemic in a weak vessel, beleaguered by workforce challenges. To build a resilient workforce, leaders need to redesign their cultures to be people-first.*

### Features

---

#### 16 **Ready for What's Next: Future-Proofing the Healthcare Workforce**



*The healthcare field was already beset with personnel shortages and burnout before the pandemic. Despite these challenges, there are strategies leaders can implement to future-proof their organizations.*

#### 28 **Welcome Back to Congress**

*This year's Congress on Healthcare Leadership marked a return to an in-person event for the first time in three years. The 2022 Congress program and experiences were designed around the theme of advancement.*

### Departments

---

#### 2 **Web Extras**

#### 4 **Take Note**

#### 6 **Perspectives**

Growing Stronger Through Trust

#### 38 **Healthcare Management Ethics**

Time for an Ethical Check-In

#### 40 **Satisfying Your Customers**

The Importance of Building Trust

#### 44 **Operational Advancements**

A Focus on 'Never Happen Events'

#### 46 **Public Policy Update**

Medicaid: Three Big Challenges Remain

#### 50 **Careers**

Should I Stay or Should I Go?

#### 52 **Governance Insights**

The 'Hidden' Challenge

#### 54 **Improving Patient Care**

Preventing Healthcare Workforce Suicide

#### 58 **CEO Focus**

Mission-Focused Leadership

### Inside ACHE

---

#### 60 **Executive News**

#### 68 **On the Move**

#### 70 **Member Accolades**

#### 72 **Policy Statements**

### Fresh, Exclusive Content

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

#### How Coaching Can Improve Retention

Cleveland Clinic's coaching programs are unlocking the potential within others, focusing on promoting wellness and professional development, and helping leaders and staff resolve workplace challenges.

#### Inside a Rural Health Model

Learn how joining a rural health model helped the leaders of Endless Mountains Health System in northwest Pennsylvania improve their financial footing and stabilize their business.



#### Recent *Healthcare Executive* Podcasts

You can find the following interviews at **HealthcareExecutive.org/Podcast** or search for "Healthcare Executive" in Apple Podcasts or iTunes:

**Nicole Thomas, FACHE**, president, Baptist Medical Center, Jacksonville, Fla., talks about safety culture and how senior leaders can help patients, communities and their workforces realize a healthier future in "Leading for Safety: A President's Perspective."

Hear **Odette Bolano, FACHE**, president/CEO of St. Alphonsus Health System in Boise, Idaho, discuss how the C-suite and board executives can drive better, more equitable health outcomes in "From the C-Suite: An Executive's Role in Health Equity."

# HEALTHCARE EXECUTIVE

*Healthcare Executive* (ISSN 0883-5381) is published bimonthly by the American College of Healthcare Executives, 300 S. Riverside Plaza, Suite 1900, Chicago, IL 60606-6698. The subscription cost is \$125 per year (add \$15 for postage outside the United States). *Healthcare Executive* is paid for by members of the American College of Healthcare Executives as part of their membership dues. Periodicals postage paid at Chicago, IL, and additional mailing offices. Printed in the USA. POSTMASTER: Send address changes to *Healthcare Executive*, 300 S. Riverside Plaza, Suite 1900, Chicago, IL 60606-6698.

To subscribe, make checks payable to the American College of Healthcare Executives and send to: Subscription Services, Health Administration Press/Foundation of the American College of Healthcare Executives, 300 S. Riverside Plaza, Suite 1900, Chicago, IL 60606-6698. Single copy is \$30.00 plus shipping and handling.

#### REPRINT REQUESTS

For information regarding reprints of articles, please email [cnessa@ache.org](mailto:cnessa@ache.org).

#### ALL OTHER REQUESTS

Contact the Customer Service Center:  
Phone: (312) 424-9400 Fax: (312) 424-9405  
Email: [contact@ache.org](mailto:contact@ache.org)

All material in *Healthcare Executive* magazine is provided solely for the information and education of its readers. The statements and opinions expressed by authors do not necessarily reflect the policy of the American College of Healthcare Executives. Authors are exclusively responsible for the accuracy of their published materials. Advertisements appearing in *Healthcare Executive* do not constitute endorsement, support or approval of ACHE.

#### ADVERTISING SALES

AdBoom Advertising  
Phone: (404) 347-4170  
Fax: (404) 347-9771  
Email: [ache@adboomadvertising.com](mailto:ache@adboomadvertising.com)

#### TOPIC SUBMISSIONS

*Healthcare Executive* does not accept unsolicited manuscripts. Topic suggestions may be directed to the Managing Editor:  
Email: [he-editor@ache.org](mailto:he-editor@ache.org)  
Mail: ACHE, Attn: Managing Editor  
300 S. Riverside Plaza, Suite 1900  
Chicago, IL 60606-6698

#### SUBMISSIONS OF ACHE MEMBER ANNOUNCEMENTS

Please submit announcements for "Member Accolades" or "On the Move" to the Managing Editor:  
Email: [he-editor@ache.org](mailto:he-editor@ache.org)  
Mail: ACHE, Attn: Managing Editor  
300 S. Riverside Plaza, Suite 1900  
Chicago, IL 60606-6698





## Trusted expertise to help advance your mission

We're proud to renew our premier corporate partnership with the American College of Healthcare Executives in 2022 and help advance its mission. With more than 50 years of experience, Cardinal Health seizes the opportunity to address healthcare's most complicated challenges — now, and in the future.

Learn more about our expertise across the continuum of care at [cardinalhealth.com](https://www.cardinalhealth.com)



A Premier Corporate Partner of



© 2022 Cardinal Health. All Rights Reserved. CARDINAL HEALTH and the Cardinal Health LOGO are trademarks of Cardinal Health and may be registered in the US and/or in other countries. All other trademarks are the property of their respective owners. Patent [cardinalhealth.com/patents](https://www.cardinalhealth.com/patents). Lit. No. 2CM22-1806758 (01/2022)



Emma O'Riley

## Workforce Strategies Begin With People

This year's Congress on Healthcare Leadership is in the books, and I am amazed and gratified by the turnout and the experience. Held March 28–31 in Chicago, our annual learning and networking event had nearly 4,000 registrants and took place in person for the first time in three years. The energy those in attendance generated throughout the week was palpable.

A summary of Congress is on Page 28, where you can read about the accomplishments of our colleagues, such as Gold Medal Award recipient Michael J. Fosina, FACHE, ACHE's 2020–2021 Chair, and Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year winner Callie C. Andrews, FACHE. And for the first time in ACHE's history, the entire healthcare workforce was recognized with the Honorary Fellowship for workers' selflessness while facing the overwhelming challenges of the COVID-19 pandemic.

A big topic during Congress was workforce, and that is also the subject of this issue's two feature articles. In our cover story, "The Path of Most Resilience: Building a Strong and Fulfilled Healthcare Workforce" (Page 8), we explore how leaders are addressing staffing shortages and retaining talent. Several explain how they are fostering a people-first culture and building a resilient staff through strategic planning, more flexible work arrangements, and recognizing and supporting their employees in meaningful ways.

Our second feature, "Ready for What's Next: Future-Proofing the Healthcare Workforce" (Page 16), delves into strategies that hospitals and medical centers are implementing to prepare for tomorrow's challenges. Efforts around performance, rewards and training are just a few initiatives healthcare leaders can incorporate.

I hope you enjoy this issue of *Healthcare Executive*. Please share your feedback with me at [he-editor@ache.org](mailto:he-editor@ache.org). ▲

# HEALTHCARE EXECUTIVE

## BOARD OF GOVERNORS

### CHAIR

Anthony A. Armada, FACHE

### CHAIR-ELECT

Delvecchio S. Finley, FACHE

### IMMEDIATE PAST CHAIR

Carrie Owen Plietz, FACHE

### PRESIDENT/CHIEF EXECUTIVE OFFICER

Deborah J. Bowen, FACHE, CAE

## GOVERNORS

Carolyn P. Caldwell, FACHE	Dodie McElmurray, FACHE
Noel J. Cardenas, FACHE	William P. Santulli, FACHE
Joanne Carrocino, FACHE	Michele K. Sutton, FACHE
Karen F. Clements, RN, FACHE	Michael O. Ugwuoke, DHA, FACHE
Michael K. Givens, FACHE	COL Brett H. Venable, FACHE
Michele R. Martz, CPA, FACHE	Nizar K. Wehbi, MD, FACHE

## PUBLISHER

Emma O'Riley

### EDITOR-IN-CHIEF

Randy F. Liss

### ART DIRECTOR

Carla M. Nessa

### MANAGING EDITOR

John M. Buell

### WRITER

Lea E. Radick

## EDITORIAL BOARD

L. Hillary Basden, Chair	Jeffrey A. Flaks, FACHE
Rafael S. Alvarado	John H. Goodnow, FACHE
Josue Arvayza	Shelley Harris, DNP, FACHE
LTC Jeffery K. Blackwell, FACHE	Col Vivian T. Hutson, FACHE
Abimbola Farinde, PharmD, PhD	Bren T. Lowe, FACHE
Alfred D. Faulk III, FACHE	Melissa Mooney, RN
Josh Wymer, FACHE	

Authorization to photocopy items for internal or personal use, or the internal or personal use for specific clients, is granted by the American College of Healthcare Executives for libraries and other users registered with the Copyright Clearance Center (CCC), provided that the appropriate fee is paid directly to CCC. Visit [copyright.com](http://copyright.com) for detailed pricing. ISSN 0883-5381. No unsolicited manuscripts are accepted. Please query first. *Healthcare Executive* is indexed in PubMed by the National Library of Medicine.

© 2022 by the American College of Healthcare Executives. All rights reserved.



AmericanCollege of  
HealthcareExecutives®

**VISION** To be the preeminent professional society for leaders dedicated to advancing health.

**MISSION** To advance our members and healthcare leadership excellence.

**VALUES** Integrity; Lifelong Learning; Leadership; Diversity and Inclusion.

# Healthcare Board Management Software

Designed to work the way you do, so boards and leadership teams can work **smarter**, move **faster**, and **achieve more**.



Task Management



Minutes Builder



Engagement Analytics



Skills Tracking



eSignatures



Voting & Approvals



Notes & Annotations



Zoom Integration



Messenger



Security



LEARN MORE



(765) 535-1882



more@onboardmeetings.com



onboardmeetings.com



Deborah J. Bowen,  
FACHE, CAE

## Growing Stronger Through Trust

*How lessons from the pandemic can help us build stronger organizations.*

Counterintuitive as it may seem, hard times amplify trust. For many healthcare organizations, COVID-19 has been the crucible that revealed its presence, or lack thereof, in the fabric of our culture. If employees and leaders didn't trust one another during the early days of the pandemic, things probably got worse as cases surged, patients and coworkers died, and the bleakness of the situation became apparent. If your trust quotient was already high, it probably got even higher.

It is hard to imagine a more unifying experience than the one we have navigated the past two years. The outbreak of the pandemic required us to work together in a different way. There was an unprecedented level of urgency and immediacy. We all understood the mission and were aligned in our goals. The actions we had to take were clear. We all showed up and did what we had to do, day after day.

Healthcare leaders were very present, working shoulder to shoulder with employees in an intense environment. Front-line workers saw leaders in ways they perhaps never had before. As leaders we had to say "I don't know" more often, simply because we didn't. We were

forced to be vulnerable, which is itself a trust builder. We relied on each other to survive and experienced emotional bonding on a whole new level.

There was no time to talk about trust as some abstract idea. We didn't ask people to trust us or roll out a trust-building initiative. We didn't force it. Trust simply grew, naturally and organically, out of our alignment, our shared experience and our commitment to fight for patients and each other.

Interestingly, that trust was multidirectional. When we talk about trust in organizations, what we usually mean is persuading employees to trust leaders. During the pandemic, we as leaders learned to trust our employees more, too. There was no time for micromanagement. We saw people doing things we had no idea they knew how to do. We flattened the hierarchy a bit and became more like partners solving problems together.

It was a time of people helping people. Leaders helped leaders. Employees helped employees. Communities rallied in support. The trust that was created flowed in all directions—up, down and crossways.

As the pandemic shifts to a seemingly less deadly phase, many of us are finding that we have very different organizations than what we had at the start of 2020. We have lost so much and so many, and those wounds will never fully heal. But we must continue to build on the trust we gained during those difficult times.

As leaders, we can keep the momentum going in various ways. We can loosen up on the controls a little but keep doing things as we did them at the height of the pandemic. This means showing and telling employees how much we care, connecting with them more deeply and intentionally building the strong relationships that engender trust.

It also means giving people more autonomy, input and respect. We have seen what they can do under pressure, so we should let them continue doing it. We can look to them to innovate, solve problems and share their best ideas. This approach can help them develop, grow and contribute on an even higher level.

We can and must do these things. Employees hold more power today than they ever have before, and they expect and demand a fulfilling work experience, strong relationships and a genuine sense of belonging. By leveraging the trust that was born during some of our darkest days, we can set up our respective organizations to thrive in a brighter future. ▲

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





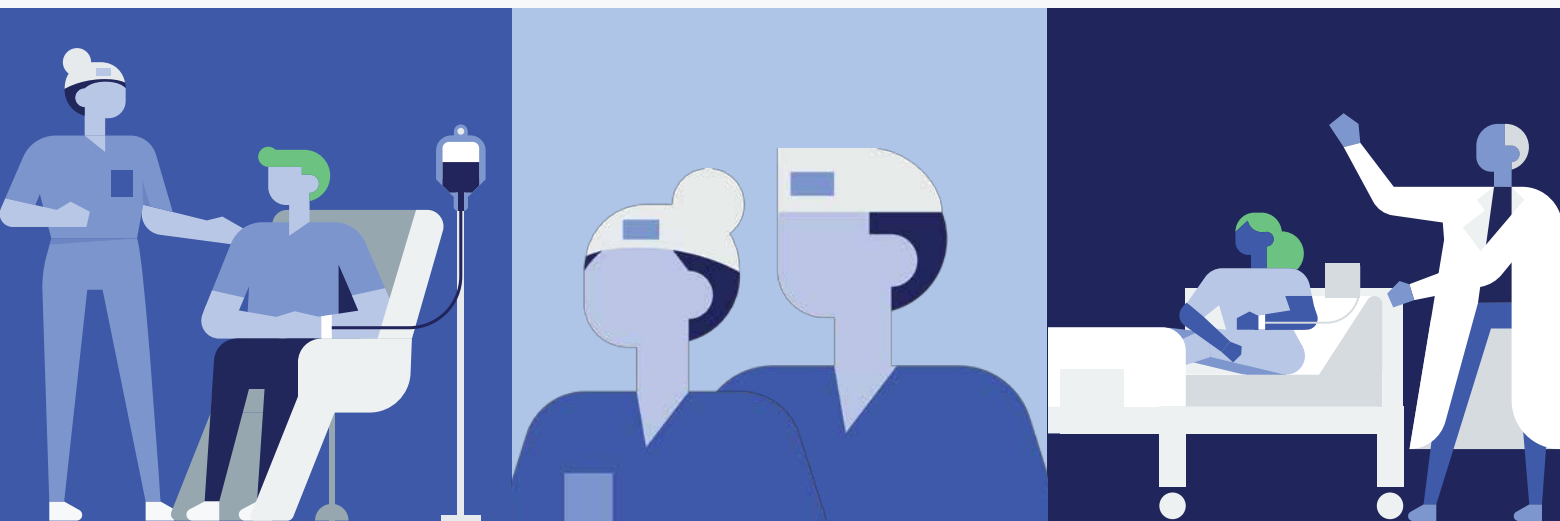
# Healthcare is full of underutilized operating rooms, long wait times, burned out staff and inefficient capacity management

**485+ hospitals** are finding a better way by using AI and predictive analytics to *optimize capacity across their systems.*

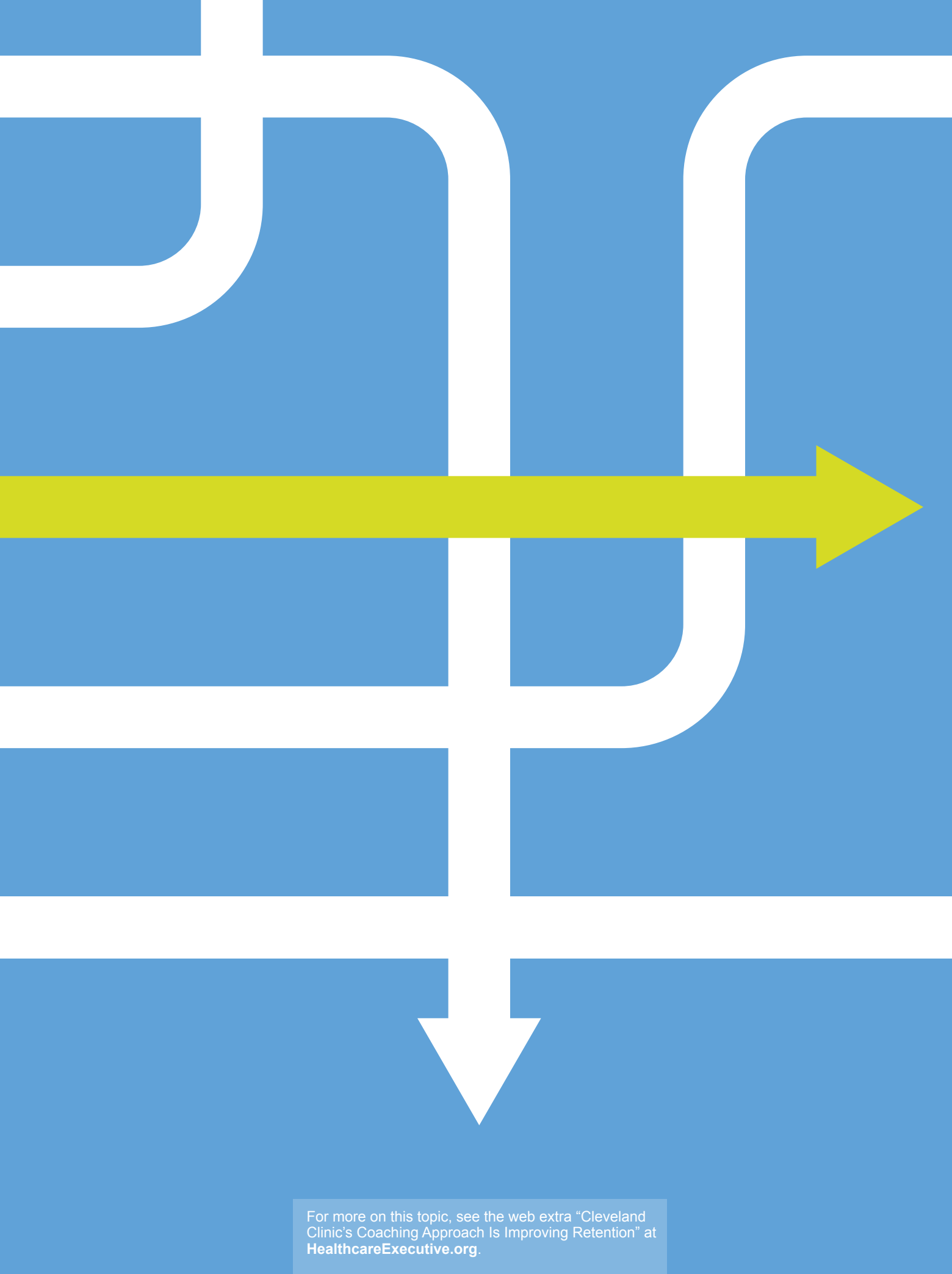


Learn how you can improve healthcare by applying better math. Get your complimentary copy of the book, *Better Healthcare Through Math*


[leantaas.com/ache](http://leantaas.com/ache)







For more on this topic, see the web extra “Cleveland Clinic’s Coaching Approach Is Improving Retention” at [HealthcareExecutive.org](https://www.healthcareexecutive.org).



# The Path of Most Resilience Building a Strong and Fulfilled Healthcare Workforce

**By Maggie Van Dyke**



Using a boat analogy, Tresha Moreland, FACHE, illustrates that many healthcare organizations sailed into the COVID-19 pandemic in a weak vessel, beleaguered by workforce challenges.

“Think of being on a sailboat at sea,” says Moreland, human resources executive consultant, HR C-Suite LLC, Rapid City, S.D. “Suddenly, gale-force winds are testing your boat. The sails on your boat may bend and stretch, but if they don’t break, that’s what



## The Path of Most Resilience

### Building a Strong and Fulfilled Healthcare Workforce

resiliency looks like. But if something breaks that's stopping you from proceeding on your course, then there's work to be done on organizational resilience."

Moreland points to the wide-scale resignations occurring across healthcare as evidence that many ships are officially broken. A September 2021 poll of 1,000 healthcare workers found that one in five respondents had quit a job since the beginning of the pandemic, according to decision intelligence firm Morning Consult. Of those still employed, 19% had considered leaving their jobs as well as the healthcare field.

Further evidence of instability can be found in the results of ACHE's *Top Issues* survey, in which personnel

shortages ranked No. 1 on the list of hospital CEOs' top concerns in 2021, replacing financial concerns—the top issue since 2004 (see "CEO Survey" in the March/April 2022 issue).

While COVID-19 has put a severe strain on healthcare leaders and staff, the virus is not entirely to blame. "The pandemic highlighted and accelerated existing issues, making them more intense," Moreland says. "Staff shortages, burnout and other problems were already issues before the pandemic."

To repair their organizations, healthcare leaders need to reevaluate and redesign their cultures, Moreland says. "Sometimes you have to take a step back and say, 'We've got to start over. We've got to talk about how we

can build a stronger more resilient boat.'"

What's needed is a people-first mindset, which recognizes and prioritizes the needs of our patients, staff and leaders, says Patrick L. Green, FACHE, executive vice president, Yale New Haven Health, and president and CEO, Lawrence + Memorial Hospital, New London, Conn.

"Building a strong, resilient organization starts with the foundation of our teams," Green says. "Just as we make investments in our capital infrastructures and our growth, we have to make investments in our people."

Interviews with healthcare leaders provided a number of considerations and ideas for bolstering a people-first culture and building a resilient workforce.

#### A Workforce Strategic Plan

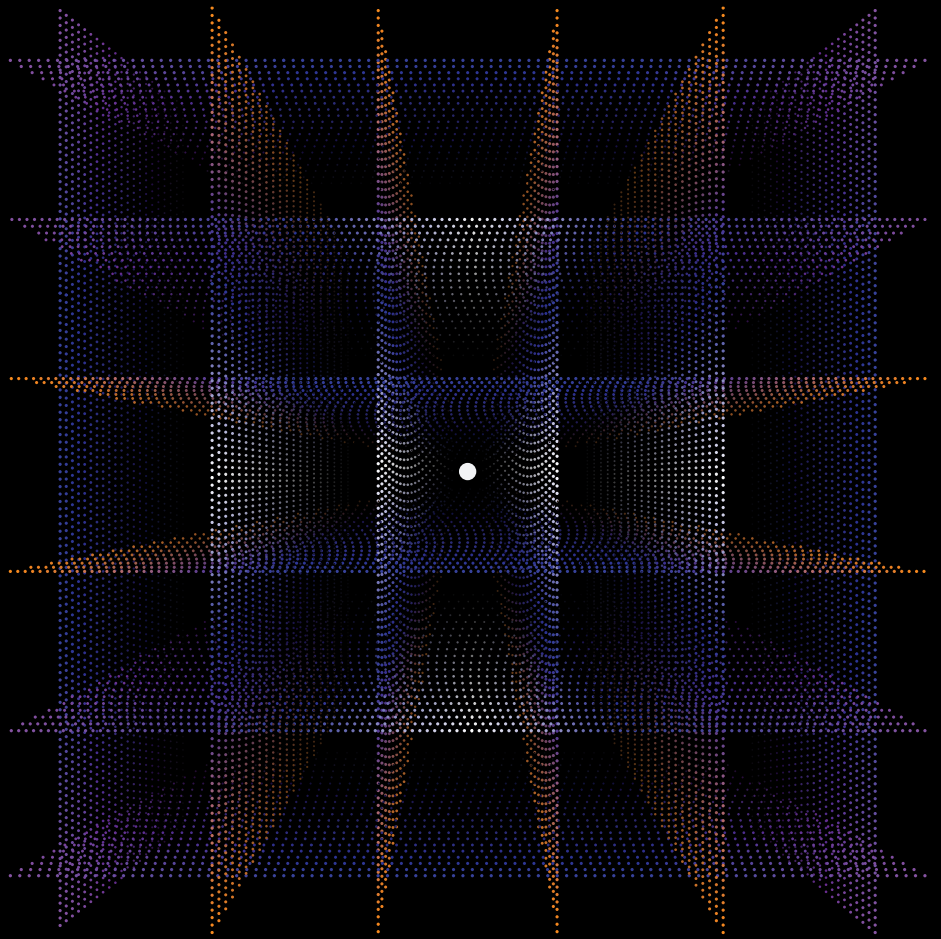
It can be tempting for leaders to jump right into problem-solving when faced with workforce issues. But Moreland cautions against a finger-in-the-dam approach. "If you try to solve for one reason, you may plug a leak in the dam but you're not solving the underlying issues, and the dam will start sprouting leaks all over."

A more comprehensive and calculated approach is needed. With a

“  
**One of our core values is integrity. When we say we're going to do something, it's our role as leaders to ensure that it happens.**

**Patrick L. Green, FACHE**  
Yale New Haven Health and Lawrence + Memorial Hospital

INTUITIVE



# Insight meets action at the point of possibility.

Getting the most out of your robotics  
program—that's Intuitive

Learn more at [intuitive.com](https://intuitive.com)

Proud Supporter of



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

#### Important safety information

For Important Safety Information, indications for use, risks, full cautions and warnings,  
please refer to [www.intuitive.com/safety](https://www.intuitive.com/safety)

© 2022 Intuitive Surgical Operations, Inc. All Rights Reserved. PN1097904-US RevA 03/2002



## The Path of Most Resilience

### Building a Strong and Fulfilled Healthcare Workforce

view to the future, Cleveland Clinic launched a strategic workforce planning initiative last year focused on identifying workforce needs two to three years in the future.

“Historically, this is not something the healthcare industry has done well,” says Chad Minor, FACHE, chief of workforce strategies and associate chief caregiver officer. “We aim to get ahead of the needs that will arise in a few years, while also addressing today’s challenges.”

The team is working on analyzing staffing and growth forecasts (e.g., current openings, projected retirements, labor market dynamics) for every clinical and nonclinical area, as well as projecting the type of skills and knowledge that these

positions will soon require. “We also know that we will need roles in the future that don’t exist today,” Minor says.

The team is also looking at the potential for certain technologies, such as artificial intelligence, to improve productivity by reducing the amount of time employees spend on routine tasks that can easily be automated or augmented.

At CommonSpirit Health, Kathleen Sanford, DBA, RN, FACHE, executive vice president and CNO, uses a basic formula for strategy-setting. “You come up with a vision for where you want to be five years from now, then you assess where you are and develop a year-by-year plan to get to the vision,” she says.

A few months before the pandemic struck, Sanford gathered together the system’s nursing leaders to forge a five-year nursing strategic plan, which builds off the health system’s strategic journey. Focus groups were pulled together to get input from front-line nurses, representing all the various units and hospitals in CommonSpirit Health. “I’m extremely biased that you don’t implement anything without the people who will be affected,” she says.

Nurses voted for one of two possible visions. The winning vision that was selected cites human kindness as a guiding force when interacting with everyone, as well as the importance of advancing the science and art of nursing.

The first-year plan of the vision began this spring. Two key components will provide for increased staffing coverage and flexibility via virtual care and an in-house staffing agency.

#### **Flexibility and Coverage**

One year into the pandemic, with administrative staff working from home, Cleveland Clinic leaders decided to make remote work a long-term strategy. “We realized that there is work that doesn’t need to occur within the walls of an organization,” Minor says.

**Remote/hybrid work.** All staff are now assigned to one of three work

“  
**We aim to get ahead of the needs that will arise in a few years, while also addressing today’s challenges.**

**Chad Minor, FACHE**  
Cleveland Clinic



arrangements: on-site, remote or hybrid. For instance, patient care staff work on-site, while many administrative staff work remotely or hybrid. Staff in hybrid positions divide their time between on-site and remote, with most coming to the office two days a week. When hybrid staff are in the office, the goal is to make it purposeful so staff leave the day feeling like they couldn't have had that experience in a remote setting. Most in-office time is spent ideating, collaborating and team building.

Quantitative metrics are used to track productivity and other outcomes to ensure staff meet goals and targets set by department leaders. "The goal has been to promote and create flexibility for employees," Minor says. "In this labor market, job seekers are prioritizing and expect flexibility."

An employee engagement survey conducted in 2021 suggests the remote/hybrid strategy is well liked. When asked "Would you recommend Cleveland Clinic as a place to work," 90% of remote employees and 89% of hybrid employees responded "yes."

**Self-scheduling.** Addressing flexibility demands from nurses and other patient care staff is considerably more challenging, especially on inpatient units that need 24/7 coverage.

To start addressing this problem, Cleveland Clinic instituted self-scheduling for nurses several years ago. "Allowing nurses to have some autonomy and flexibility in their scheduling has been critical," Minor says.

Nurse managers create schedules for their units/departments based on projected patient census and patient-nurse ratios. Individual nurses can sign up for the shifts that best fit their schedules. The health system is looking at expanding self-scheduling to other clinical areas as a way to promote greater flexibility for employees who work on-site.

**In-house staffing agency.** To help ensure adequate patient coverage, CommonSpirit Health will soon be launching an internal staffing agency with 500 nurses available to travel as needed to the system's 1,000 care sites and 140 hospitals in 21 states. Eventually, the agency will employ other clinicians as well such as respiratory therapists.

"It makes sense to have our own travel staff who understand our mission, vision and policies and procedures," Sanford says.

For the nurses who work for the in-house agency, it also offers the flexibility to travel and see different parts of the country.

**Virtual care.** Another way CommonSpirit Health is ensuring coverage is by integrating virtual care with face-to-face care. "If the prognosticians are correct, there aren't going to be enough nurses in the future," Sanford says. "We have to figure out new models that help our nurses and other team members work at the top of their licenses."

Sanford has been testing virtual nursing care models for more than 10 years. As a result, when COVID-19 struck, CommonSpirit Health was ready to rapidly roll out some of these models. For instance, at several system hospitals, virtual nurses are helping complete time-consuming, admission-discharge-transfer arrangements for inpatients, freeing up on-site nurses for direct patient care.

The exact way virtual care can be successfully deployed will vary from hospital to hospital and market to market, Sanford stresses. "The people on the front lines can tell you what will work best," she says.





## The Path of Most Resilience

### Building a Strong and Fulfilled Healthcare Workforce

For example, Iowa's MercyOne, which is co-owned by CommonSpirit Health and Trinity Health, is using virtual care to help rural hospitals. During pandemic surges, large referral hospitals were full to capacity and unable to accept transfer patients. To help rural clinicians manage complex patients, MercyOne expanded a telemedicine service that allows rural clinicians to consult with specialty physicians and nurses. Currently, four virtual teams of hospitalists, nurses and pharmacy technicians are managing 72 beds virtually from a command center in Des Moines with plans to expand.

For virtual nursing support, patient rooms are equipped with digital screens so on-site and virtual staff can interact with each other and

the patient, beginning with the patient assessment. "The telemedicine team's role is to augment and support the caregiving team that is on the ground in-person and provide a better patient experience," says Bob Ritz, FACHE, president and CEO.

In addition to helping ensure skilled coverage to patients, virtual care opens up an alternative work option for the nurses and other clinicians. "This remote role is very attractive to some nurses such as those who find the strenuous part of bedside nursing difficult," Ritz says.

#### Recruitment and Development

Another key workforce strategy is securing and retaining a steady

pipeline of new talent. To do so, healthcare organizations are providing education and development to potential and current staff. For example, applicants to MercyOne's Patient Care Technicians Training Program receive free training at Mercy College of Health Sciences in exchange for agreeing to work at MercyOne for one year. The health system trains 15 techs every six weeks. The retention rate has exceeded 90% since last summer.

In another example, Yale New Haven Health has partnered with local nursing colleges to give students in their final semesters an opportunity to get preceptor-guided bedside experience on various specialty units. The goal of the program, called Bridge to Professional Practice, is to recruit these student nurses for paid positions after graduation.

"It's an accelerated program that helps us improve our staffing situation while helping nursing students gain confidence in their roles as new nurses," says Green.

Nursing turnover rates are highest among new graduates. Almost one-fourth (23.9%) of all first-year RNs left their jobs in 2020, according to an NSI Nursing Solutions survey. "New grads tell me that they are overwhelmed," says Sanford. "What nurses learn in school is not enough to prepare them for what they

**I'm extremely biased that you don't implement anything without the people who will be affected.**

**Kathleen Sanford, DBA, RN, FACHE**  
CommonSpirit Health

actually have to do when caring for a group of patients.”

CommonSpirit Health’s new one-year nurse residency program, which launches this spring with its first cohort, aims to better prepare new graduates. In addition to on-the-job learning, the residency will include didactic courses on topics that are not typically taught in college such as critical thinking skills and how to deal with workplace bullies. In addition, residents will have ready access to coaching and mentoring from both in-person and virtual staff nurses when they have questions on how to handle specific situations with patients and fellow staff.

Peer-based coaching and mentoring is being used by numerous organizations as a way to help staff and leaders effectively solve problems and deal with various situations, while also combatting burnout. Cleveland Clinic has trained close to 2,000 people inside and outside the health system on their coaching approach, which encompasses active listening and empathy. Outcomes show increased engagement, resilience, academic productivity and retention of program participants.

### **Recognition and Support**

When the chief nursing executive at Yale New Haven Health was rounding on units during the first

surge of the pandemic, she asked nurses what they needed and how leadership could help. One of the front-line nurses said, “Just don’t forget about us.”

That struck a chord with system leaders. In response, a Week of Gratitude for all front-line staff was launched, where leaders spend the week rounding on departments across the system to commend and show gratitude to managers and staff. In addition, during the first wave in spring of 2020, all staff were given a monetary award to demonstrate appreciation for their dedication and sacrifice while battling through the pandemic. “We wanted to go beyond words of gratitude and show them that we recognize their efforts,” Green says.

Organizations are also strengthening their wellness programs and strategies to help ensure leaders and staff get the help they need. Yale New Haven Health started a buddy program, encouraging all staff and leaders to find a colleague who they can talk to openly and honestly through ups and downs. If staff can’t find a buddy, then leaders will help assign them one.

At CommonSpirit Health, nurses are being trained to help spot fellow team members who seem burned out or are suffering from a mental health problem. The program, called Mental

Health First Aid, will launch soon with the first cohort of trainees. The nurses are learning how to approach fellow employees and connect them to helpful resources.

### **A High Say-Do Ratio**

When asked how to engage staff in building a more resilient organization, Moreland suggests being honest and vulnerable. “Instead of throwing up some new branding statements or those same old slide presentations on mission and values, be honest with them,” Moreland says. “If the last two years were really rough, and tough decisions had to be made, then admit that you were learning as you went through this pandemic. Then stress that you want to work with them on building a stronger, more resilient boat.”

Moreland also stresses the need to back up intentions with actions. “We hire smart people. When you give them what I call leadership by lip service, they see right through that,” she says.

Green sets a high say-do ratio for himself and his fellow leaders at Yale New Haven Health. “One of our core values is integrity,” he says. “When we say we’re going to do something, it’s our role as leaders to ensure that it happens.”

*Maggie Van Dyke is a freelance writer based in the Chicago area.*

# Ready for What's Next

## Future-Proofing the Healthcare Workforce

By Lea E. Radick

Though

the COVID-19 pandemic forced every

industry to take a step back to reevaluate its workforce and work models, the healthcare field in particular was clobbered by the public health crisis. With a workforce already beset with shortages and burnout before the pandemic, these issues have only amplified since 2020. Despite these challenges, there are strategies leaders can implement to future-proof their organizations against the reduced staffing levels and burnout experienced during the pandemic.

By now, we have seen the stark employment numbers the field has suffered. Between February 2020 and February 2021, the healthcare workforce declined 3.5%, from

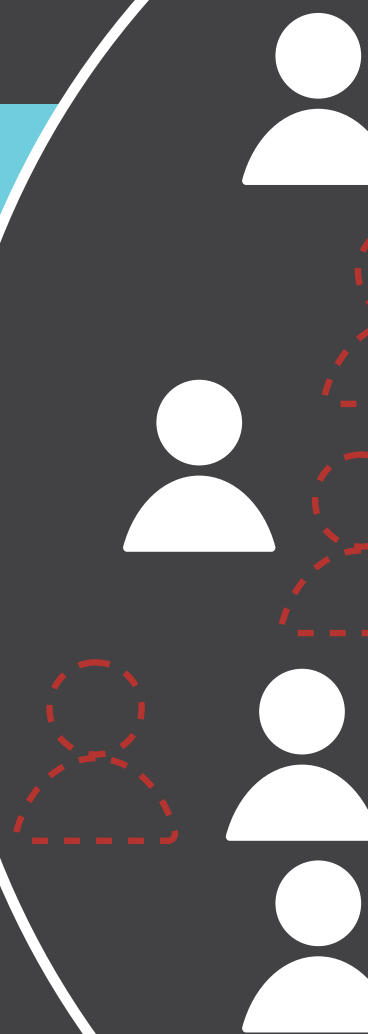
16.49 million jobs to 15.92 million, according to the American Hospital Association's *2022 Health Care Talent Scan*.

Additionally, a 2021 McKinsey & Company survey of front-line workers found that 32% of registered nurses indicated they may leave their current position within the next year, citing insufficient staffing levels as the top factor influencing their decision to leave.

The prediction that demand for healthcare talent will grow to be 30% higher during the next decade places additional pressure on the field as it grapples with these unprecedented workforce shortages, according to Shubham Singhal, senior partner at McKinsey & Company, Detroit.

There are three dimensions shaping the future of the healthcare industry that have implications for its workforce, according to Singhal, who leads the firm's thinking and research on the future of healthcare.

First, the provision of care is moving beyond hospital walls and into other sites of care, such as within patients' homes. This change is being driven in part by the need to consider how chronic diseases affect everyday life, like what someone eats and whether they exercise. As such, care delivery is





becoming more distributed, and will eventually leave acute care facilities to occupy a smaller proportion of the overall provision of care.

Second, government payers like Medicare and Medicaid are increasingly footing the bill as employer-sponsored

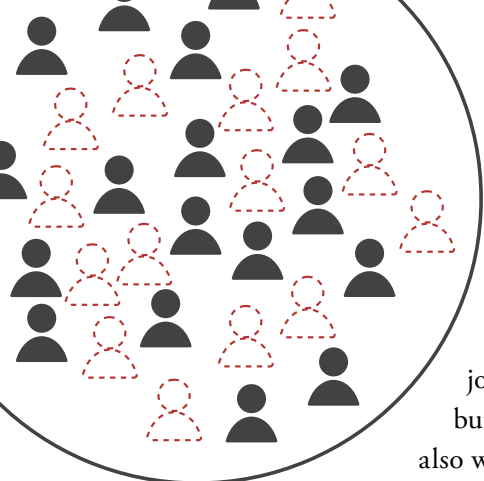
healthcare begins to stagnate, owing to an aging population and a workforce that isn't growing significantly.

Finally, the shift from volume to value and paying for outcomes instead of the number of procedures performed or services provided is helping to fuel change.

In light of these shifts, McKinsey & Company data predicts the healthcare field can expect to see an increased demand for caregiver roles such as home health aides, surgeons, mental health providers, social workers, pharmacists, nurses, technicians and paramedics. And with the transition from volume to value, Singhal predicts the need for individuals with statistical and quantitative skills, like software developers, will rise.

At the same time, automation will reduce the demand for talent in roles that require basic data input and processing, such as billing clerks, medical secretaries and transcriptionists. "Technology will create





# Ready for What's Next

## Future-Proofing the Healthcare Workforce

jobs, but it also will make certain jobs less relevant and obsolete,” Singhal says. (See chart on Page 21.)

What do these changes mean for the healthcare workforce of the future? And what can healthcare leaders do now to begin future-proofing their workforces while also improving patient outcomes and the employee experience?

### Future-Proofing Strategies

The first and most important step for healthcare leaders to consider as they future-proof their organizations is establishing “cultural clarity,” according to Johnny C. Taylor Jr., SHRM-SCP, president and CEO of the Society for Human Resource Management, Alexandria, Va., and author of *Reset: A Leader's Guide to*

organization around what is our culture—our own unique culture. Not what our competitors' cultures are, but what's ours,” he says.

Another important area of focus is the need for ongoing learning and development to help the workforce adapt to rapid technological change that may ultimately replace or significantly alter certain jobs. The idea of lifelong learning should not be just the employee's obligation, but rather a co-obligation of the employer and the employee, he says.

A third critical component to future-proofing the workforce is empathetic leadership. This means ensuring leaders understand the needs of employees outside of the office, such as caretaking responsibilities for children or elderly parents. “When people have worked 12, 13, 14 hours under stress, having nice things to make them feel valued and loved is so important,” Taylor says. Such efforts can

childcare. “Especially in the healthcare industry, you've got to rethink what we have been historically unwilling to offer,” he adds.

Some experts are emphasizing the need to train the workforce—current and future—for the new in-demand skills that will be needed post-pandemic.

### Upskilling and Reskilling the Healthcare Workforce

“As companies across sectors prepare for the future, employers are increasingly homing in on human skills such as collaboration, presentation, communication and problem-solving,” says Michelle R. Weise, PhD, vice chancellor of Strategy and Innovation, National University System, a nonprofit network of educational institutions.

The challenge, she says, is that those kinds of skills are difficult to measure, and they are domain-specific. Problem-solving skills in behavioral health are going to look different from problem-solving skills in marketing and advertising, for example.

Another challenge for employers is assessing for and building skills like emotional intelligence, which is something that people practice and deepen over time, explains Weise, who is also the author of the book *Long-Life Learning: Preparing for Jobs That Don't Even Exist Yet*. “This is the area that we need to really start thinking through more deliberately

# “Technology will create jobs, but it also will make certain jobs less relevant and obsolete.”

Shubham Singhal  
McKinsey & Company

*Work in an Age of Upheaval*. “We've got to have our leaders be very intentional at the senior-most levels of the

include providing employees with free food or beverages while they're working or providing on-site

# TARGETED TECH. MAGNIFIED EFFECT.

Optimize your EHR to identify and engage patients and improve colorectal cancer screening adherence.<sup>1</sup>

Discover how at [screencrc.com](https://screencrc.com)

**Reference:** 1. Green BB, Wang CY, Anderson ML, et al. An automated intervention with stepped increases in support to increase uptake of colorectal cancer screening: a randomized trial. *Ann Intern Med.* 2013;158(5, pt 1):301-311.

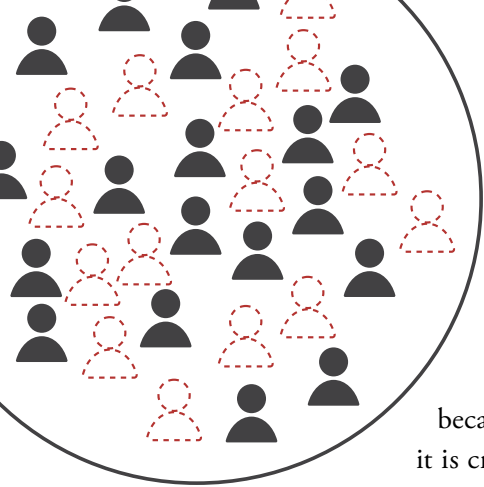
Exact Sciences is a registered trademark of Exact Sciences Corporation.  
©2022 Exact Sciences Corporation. All rights reserved.  
M-US-ES-00463

## EXACT SCIENCES

A Premier Corporate Partner of



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



# Ready for What's Next

## Future-Proofing the Healthcare Workforce

because it is critical to our future success, but we haven't actually developed really easily replicable ways of building out these skills."

Different tools and resources are emerging such as simulations through virtual reality, augmented reality and extended reality that offer promising ways to help employees practice human skills, like giving and receiving feedback, for example.

Although many organizations are just beginning to think about how

principles around new performance, reward and training initiatives that other healthcare leaders can incorporate.

### Saint Luke's: Strategic Planning for the Future

When the pandemic hit, Saint Luke's Health System, Kansas City, Mo., was in the middle of redefining its strategic plan to ensure the health system has the workforce it will need to move the organization forward into the next five or 10 years, says Julie L. Quirin, FACHE, COO and senior vice president.

Like so many other healthcare organizations, Saint Luke's faced workforce challenges before the pandemic, and those issues have only amplified, becoming the sys-

Some of the short-term solutions involve compensation and benefits, such as raising the minimum wage twice—once in November 2020 to \$15 an hour, and again in October 2021 to \$17.50 an hour. The system also gave out thank-you bonuses of \$1,000 in early 2020 and \$2,000 to all full-time employees in late 2021. "All of those things were in an effort to help us retain our staff, and I think we've been very successful in doing that," Quirin says.

Although the compensation approaches have helped Saint Luke's navigate its workforce shortages, Quirin says money only goes so far in helping a workforce that's stressed and fatigued. To that end, Saint Luke's has been offering enhanced employee assistance program services including expanded wellness and behavioral health support and resources, as well as providing its employees with free coffee, access to food trucks and a place where they can take breaks.

One longer-term initiative the system is exploring is how it can reimagine and deliver care across the continuum. Quirin sees this moment as an opportunity to take a deep dive into how employees work together, what types of resources the system has and how it can deliver care in different ways.

"We don't have all the answers yet, but there will be very specific and short-term quick wins that we can

"We don't have all the answers yet, but there will be very specific and short-term quick wins that we can implement to help our caregivers and the front-line staff."

Julie L. Quirin, FACHE  
Saint Luke's Health System

to future-proof their organizations, some hospitals and medical centers have successfully implemented future-proofing models for their workforce and offer strategies and

tem's No. 1 challenge. Quirin characterizes the organization's efforts to support and retain its workforce into near-term, mid-term and long-term initiatives.

implement to help our caregivers and the front-line staff have a better environment and support system so they can deliver the care that we've all come to expect," she says.

### Penn Medicine's Future-Ready Pavilion

When planning its newest building, the Pavilion, Penn Medicine, Philadelphia, wanted to create a care facility that would last decades, if not centuries, says J. Larry Jameson, MD, PhD, executive vice president, University of Pennsylvania for the Health System, and dean of the

Raymond and Ruth Perelman School of Medicine.

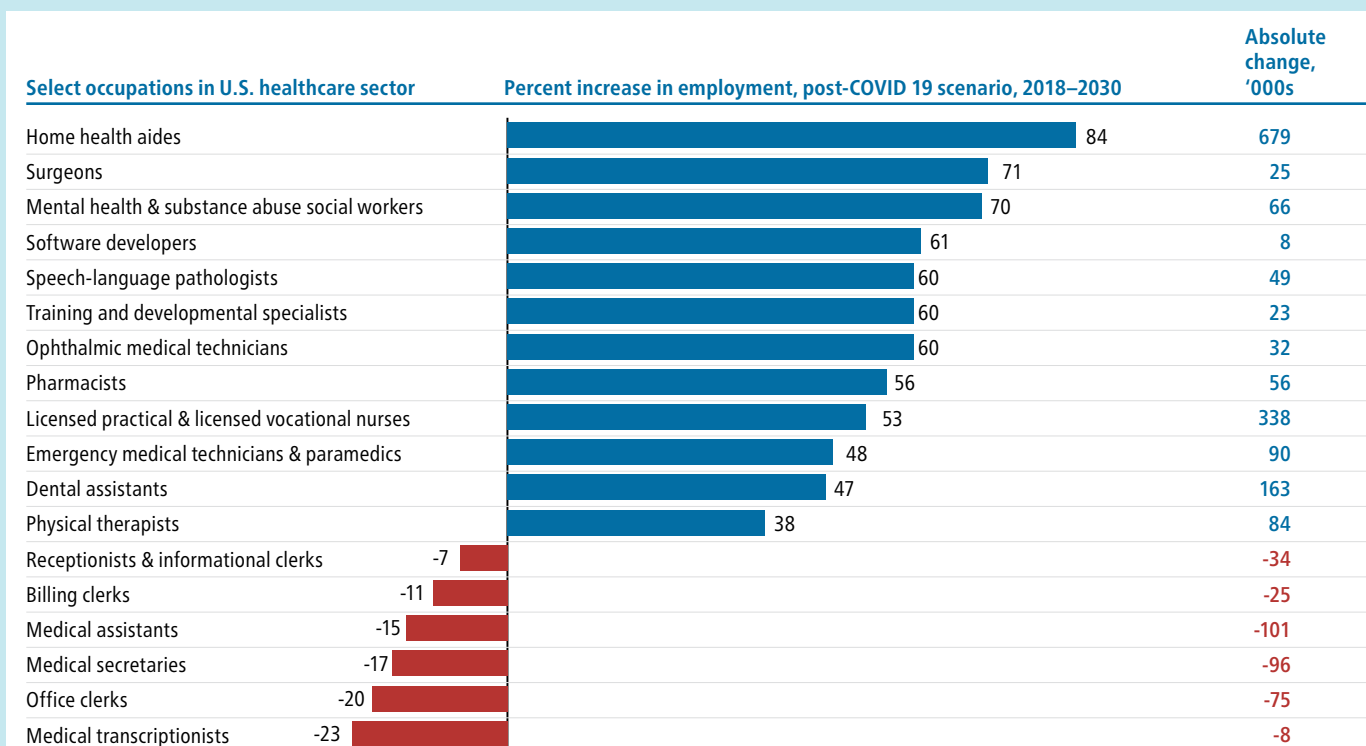
"Designed with the future in mind, the 17-story building was constructed to evolve along with advances in medicine and to improve the patient and workforce experiences," Jameson says. To accomplish this, Penn Medicine took an integrated design approach that involved gathering extensive input from employees and patient focus groups.

The input resulted in important changes to the design of the hospital,

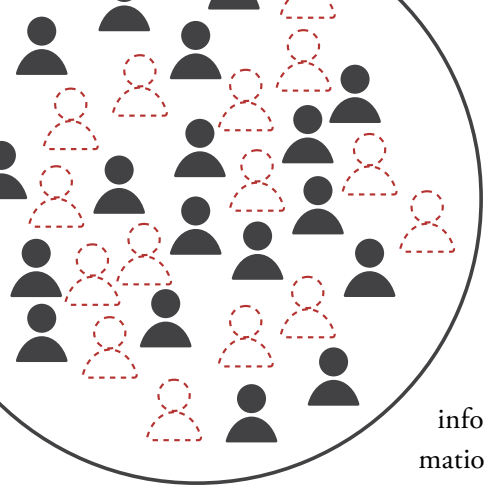
Jameson says. For example, Penn Medicine took care to create spaces for staff to take breaks in areas that aren't visible to patients and families.

Other workforce- and patient-focused features of the 1.5 million-square-foot, future-ready facility that opened in October 2021 include an ED designed to decrease wait times, speed diagnosis and improve the care experience. And each of the 504 private patient rooms have IRIS—a 75-inch smart TV and interactive care system on the wall that allows patients to review imaging and key

## Increase in Employment Post-COVID-19 by Select Occupations in U.S. Healthcare



Source: McKinsey Global Institute analysis.



# Ready for What's Next

## Future-Proofing the Healthcare Workforce

information about their care with their physicians, nurses and other providers, while also giving them control over lighting, temperature and more.

Unrelated to the Pavilion, Penn Medicine is also future-proofing its workforce by providing wellness and behavioral health support through a remote resource center called Cobalt. “We saw really enormous uptake of this resource during the pandemic throughout our whole system,” Jameson says.

“Especially in the healthcare industry, you’ve got to rethink what we have been historically unwilling to offer.”

what would be the most meaningful to them.

### North Memorial Health: A Focus on Culture

For Becky Rauén, SHRM-SCP, vice president, Human Resources, North Memorial Health, Minneapolis-St. Paul, the pandemic brought challenges and heartbreak, but it also helped the health system shape its strategies. In the year ahead, North Memorial Health plans to focus on four areas: growing people and careers; resilience and well-being; focusing on diversity, equity and inclusion initiatives; and growing the talent pipeline for its future workforce.

leaders into talent champions for team members who want to grow into a role or simply learn something new. “We want to make sure that each leader is comfortable navigating those conversations and helping each team member have a visible path forward,” Rauén says.

**Resilience and well-being.** Like so many other healthcare workers, North Memorial Health’s team members are exhausted. To alleviate the high levels of staff burnout, the organization employs a “resilience coach” whose role is to meet the dynamic individual well-being needs of the organization’s employees through flexible, evidence-based, peer-focused support options. Plans are also underway to launch a peer resilience support program to help expand the services the coach has been providing. The program will train team members to be purveyors of information about resilience support and practices with the hope of engaging more employees in resilience.

Though the resilience coach is a new position, more than one-third of North Memorial Health’s 6,400 team members sought her assistance during her first six months on the job.

**Diversity, equity and inclusion initiatives.** This part of the plan involves addressing policies and processes to reduce racial bias and increase community trust. The

Johnny C. Taylor Jr., SHRM-SCP  
Society for Human Resource Management

Additionally, the system’s HR department is conducting an extensive analysis entirely focused on employee fulfillment in their role that takes into account recruitment, retention and compensation. Like the design of the Pavilion, this project involves employee input about

**Growing people and careers.** Lack of career advancement and progression is a significant driver of voluntary resignations, according to Rauén. To help retain team members, North Memorial Health is taking career development to the next level. The goal is to develop health system





# Creating a seamless and connected world where everyone thrives

Connecting people, information and systems is essential to providing the best possible experience for clinicians and patients. Together with our clients, we're committed to improving the health of individuals and communities.



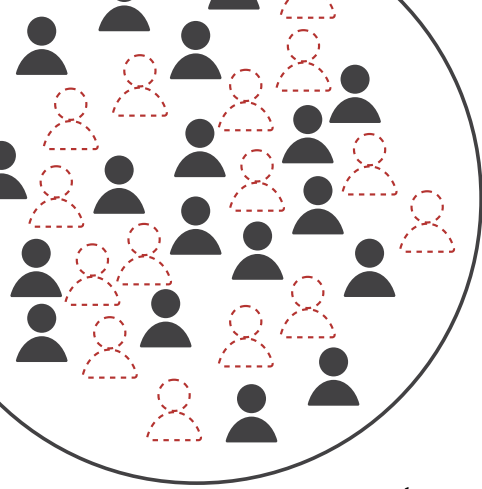
© 2022 Cerner Corporation

A Premier Corporate Partner of



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

Healthcare is too important to stay the same.™



# Ready for What's Next

## Future-Proofing the Healthcare Workforce

resilience program has also been intertwined with North Memorial's DE&I efforts to provide team members with resilience skill-building. The system also provided listening sessions and healing circles to support employees in the wake of George Floyd's murder.

### ***Growing the talent pipeline.***

Efforts in this area have focused on taking a deep dive into the system's existing programs and connections to assess what the next best steps are. As it takes a closer look at its recruitment efforts, the system is doing so with a DE&I lens that's

Rauen believes that organizational culture must be front and center as hospitals and health systems take steps to future-proof their workforces. "If we have an unmatched experience for our team members, that's going to translate to an unmatched experience for our customers," she says.

### **Cross Country Healthcare: Providing Workforce Solutions**

As a provider of workforce solutions and healthcare staffing services, Cross Country Healthcare, Boca Raton, Fla., is creating a tech-enabled talent platform that connects clinicians and organizations in a seamless manner, according to John A. Martins, president and CEO. The goal is to alleviate personnel shortages; the company is also hoping to

workforce and upskill clinicians already working in the field.

Martins suggests reimagining the current workforce model to make it easier to properly staff organizations. One way to achieve this would be through streamlining the licensing and credentialing process by way of a national program created through legislation.

National licensure would help alleviate personnel supply crunches by standardizing the compliance and onboarding process, allowing nurses to quickly go from a hospital where they are no longer needed to another facility. The current time frame for the orientation and credentialing process is seven to 10 days, according to Martins.

Although he says there's support for such a program, greater advocacy and alignment is needed among stakeholders, such as nursing boards.

Another approach that could help alleviate burnout is more effective use of technology, such as telehealth, to source on-demand clinicians.

"As healthcare leaders, we need to lead with humanity at the forefront, and, at the end of the day, figure out how we can come together to solve this issue while never forgetting we're a people business," Martins says.

*Lea E. Radick is a writer with Healthcare Executive.*

"If we have an unmatched experience for our team members, that's going to translate to an unmatched experience for our customers."

**Becky Rauen, SHRM-SCP**  
North Memorial Health

reflective of the communities North Memorial Health serves and a focus on its culture.

partner with health systems and nursing schools to help increase the supply of new clinicians entering the

A Premier Corporate Partner of



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



**We are driven to provide healthcare executives with the bold, new diagnostic services and healthcare solutions they need to meet today's challenges.**

Our shared mission is to make healthcare safer, more accessible, and affordable through unsurpassed insights, clinical excellence, easier and faster access to lab tests and results data, and convenient locations.

Learn more at  
**[QuestDiagnostics.com/Hospitals](https://QuestDiagnostics.com/Hospitals)**



# Are You Getting the Most From Your Laboratory Partnership?

An optimized lab program can provide a wealth of benefits.

**“When a health system and laboratory organization work together cohesively, the ability to deliver high-quality care is enhanced.”**

**—Damian P. Alagia III, MD**

Chief of Hospital and Health Systems and Senior Medical  
Director of Women’s Health  
Quest Diagnostics  
Secaucus, N.J.

Laboratory test results guide 70% of medical decisions today, according to the Centers for Disease Control and Prevention. But it’s not just statistics like these that underscore a laboratory’s important role in the healthcare continuum: The right laboratory partnership can improve patient care and experience, contribute to operational efficiency and reduce costs.

Following are examples of how optimized laboratory partnerships can bring value to health systems.

***They’re a pathway to efficiency.*** These days, healthcare organizations are squeezing as much productivity as they can from wherever they can. An effective laboratory stewardship program can increase efficiencies while reducing costs.

“In the lab industry, there is both underutilization and overutilization of tests,” says Enrique Terrazas, MD, senior medical director of medical quality, Quest Diagnostics, West Hills, Calif. “Underutilization of tests can lead to incorrect diagnostic pathways, and we want to make sure that doesn’t happen. We partner with physicians to reduce underutilization and create optimal treatment and therapy plans for patients.” Oncology, with multiple clinicians often contributing to a patient’s care, is a good example of a service line that can benefit from more efficient use of lab tests to help improve care pathways, according to Terrazas.

Reducing overutilization of blood draws is another way health systems can become more efficient. Working with a laboratory partner that can communicate clinical information across the continuum means fewer blood draws needed when a patient has different entryways into the care system. This not only reduces costs but also improves the patient experience.

“When a health system and laboratory organization work cohesively, the ability to deliver high-quality care is enhanced,” says Damian P. Alagia III, MD, chief of hospital and health systems and senior medical director of women’s health, Quest Diagnostics, Secaucus, N.J. “Now, the patient only has labs drawn once, and they are available across the care continuum, not just in one facility.”

By working with a single laboratory partner that has a wide breadth of testing options, including advanced diagnostics, health system leaders can be assured that tests are no longer submitted to multiple laboratories, further enhancing efficiency—and reducing complexity. “The more laboratories that a health system has to send tests out to, the more processes the organization has to have in place for each of those laboratories,” Terrazas says. “We have the infrastructure in place so we can offer that ‘one-stop shopping’ for our partners.”

In addition to improved patient care and patient experience, more efficient use of laboratory medicine has a positive financial ripple effect. “Once you can optimize healthcare delivery, then you go a long way toward reducing costs and keeping costs down,” Terrazas says.

***They’re a strategic partner in population health.*** Data from the laboratory can offer valuable insights into healthcare provider organizations’ patient populations. By reviewing anonymous, aggregated testing data from the lab, a health system can





better understand the clinical characteristics of its patient population, which can help leaders plan more strategically.

“Every day, a laboratory collects massive amounts of data,” Alagia says. “Quest can anonymize those data and generate insights, highlighting trends that might not be apparent in a small data set.”

Insight into health trends can help leaders better understand which service lines the health system might need to create or strengthen and what types of clinicians it might need to recruit, according to Alagia. “This wealth of data helps the health system best meet the needs of its population to provide them the highest quality of healthcare going forward,” he says.

***They provide invaluable intellectual capital.*** An optimized laboratory partnership holds another key benefit for health systems: expertise. When health systems partner with Quest, they have at their fingertips a “universe of over 600 MDs and PhDs” who are available to support clinicians, Alagia says.

“If anyone has questions about laboratory testing or results, we have subject matter experts readily available to address

their questions, help them provide better care for their patients and elevate the care they deliver,” Terrazas adds.

***They help keep patients at the center.*** Most clinical interactions include lab testing. But laboratory medicine is about more than just test results, say Alagia and Terrazas.

“It’s about patients’ well-being,” Alagia says. “Patient care is the North Star of what we do.”

Adds Terrazas, “In laboratory medicine, we are constantly asking, ‘What can we do to improve that patient-care experience? What can we do to improve the quality of the tests we deliver? What can we do to improve our turnaround time so physicians have the information they need to make the appropriate patient care decision?’ And always—always—the patient is at the center.”

*For more information, please contact Damian P. Alagia III, MD, chief of hospital and health systems and senior medical director of women’s health, Quest Diagnostics, at [Damian.P.Alagia@questdiagnostics.com](mailto:Damian.P.Alagia@questdiagnostics.com).*



# Welcome Back to Congress



Each year, the May/June issue features a wrap-up of the Congress on Healthcare Leadership. This year's event was the first in-person Congress in three years. All of us have changed and the field has accomplished so much since we last learned, networked and formed new friendships with one another.

Congress remains the premier event dedicated to advancing healthcare leadership excellence. In addition to the networking, career advising, and insights and best practices from more than 240 faculty, ACHE installed its new Chair, Anthony A. “Tony” Armada, FACHE, and Chair-Elect, Delvecchio S. Finley, FACHE. Carrie Owen Plietz, FACHE, now Immediate Past Chair, spoke of her “serendipitous journey” as Chair and the importance, fortitude and perseverance

of all front-line caregivers and everyone who supports them.

Over the jam-packed four days, we also thanked our outgoing Board of Governors members for their tremendous service; welcomed new Governors and Regents into office; and honored our Fellows, friends and colleagues for their service to the healthcare profession and commitment to leadership excellence.





The Congress program and experiences were designed around the theme of advancement. Jon Meacham, presidential historian and Pulitzer Prize-winning author, offered lessons for leaders at the Opening Session on how to endure and prevail when everything appears hopeless; Ben Sherwood, former co-chairman of Disney Media Networks, shared personal tales from his own experience in the creative process, inspiring attendees of the Arthur C. Bachmeyer Memorial Address to turn their dreams into reality; and Nancy Snyderman, MD, a physician and former chief medical editor at *NBC News*, explored a variety of workforce solutions to address challenges in this new, complex world during the Malcolm T. MacEachern Memorial Address. Melinda L. Estes, MD, president and CEO, Saint Luke's Health System, and Odette C. Bolano, FACHE, president and CEO, Saint Alphonsus Health System, both shared insights and experiences on the healthcare

workforce of the future and leading through the lens of health equity at the Women Healthcare Executives Address and the Thomas C. Dolan Diversity Address and Breakfast, respectively.

As a field, we have made amazing strides over the last two years, despite the unthinkable obstacles we have faced. Keynote speaker Hakeem M. Oluseyi, PhD, astrophysicist and former space science education lead for NASA, inspired attendees of the Leon I. Gintzig Commemorative Address to face obstacles head-on—chasing impossible dreams and refusing to listen to naysayers.

The following is a rundown of the major award winners and others who were recognized throughout the week of Congress for their contributions to the healthcare field and to ACHE.

# ADVANCE

## 2022 Congress on Healthcare Leadership

### Fosina Receives Gold Medal Award



**Michael J. Fosina, FACHE**, ACHE's 2020–2021 Chair, was the recipient of the Gold Medal Award, which is ACHE's highest honor, bestowed on outstanding leaders who have made significant contributions to the healthcare field throughout their service career.

When Fosina was preparing to lead ACHE as its new Chair in 2020, he was also following an epidemic that would metastasize into a pandemic. The hospital he led, NewYork-Presbyterian Lawrence, would soon provide initial treatment of the first known hospitalized COVID-19 patient on the East Coast.

As Chair, he stepped into a very different and unprecedented role. During this turbulent period, Fosina's leadership abilities were needed not only for his hospital but also for ACHE, as it adapted to a constantly changing environment, including canceling the Congress on Healthcare Leadership for the first time in its more than 60-year history. Fosina worked to ensure ACHE remained a source of leadership and a conduit

for vital information. Instead of meeting in person with executives, he adapted his methods of connection, calling colleagues to check in and working with the ACHE management team to adjust time frames for educational credits and credentials and develop virtual courses as test runs for the very first virtual Congress in 2021.

During this time, he hosted an early episode of ACHE's COVID-19 webinar series with front-line leaders, during which he and fellow presenter Steve Corwin, MD, CEO of NewYork-Presbyterian, discussed what they had learned so far about COVID-19 and shared their experience as one of the areas hit the earliest.

His healthcare peers recognize Fosina for his ability to communicate "clearly and unequivocally," which allows people to trust him and rely on his perspective. They say he is "a wealth of knowledge," and that "many rely on him for his historic viewpoint and counsel."

In addition to his service as Chair from 2020 to 2021, he has served as Chair-Elect and Immediate Past Chair, as well as on dozens of councils and committees, including the Nominating Committee, the Finance Committee and the Voluntary Giving Committee.

He has received the ACHE Senior-Level Regent Award, the Service Award, the Distinguished Service Award and the Exemplary Service Award. He has been a Congressional Fellow, is a Fellow of the New York Academy of Medicine and has given back to his community with service on a variety of boards and organizations, among them the Business Council of Westchester, the Westchester County Association, the Stellaris Health Network Board of Trustees and the Silvercrest Center for Nursing and Rehabilitation Board of Trustees.

## Higher Education Network Award Winners

ACHE established the Higher Education Network Awards to recognize participants whose programs have demonstrated a commitment to engagement with ACHE. Please join us in celebrating these programs' accomplishments.

### Undergraduate Program



### Graduate Program



# **U. S. BRAILLE**

**U.S. is your ASO  
for all your accessibility needs  
as a direct result of Federal laws.**

**BRAILLE**

**AUDIO**

**LARGE PRINT**

**ACCESSIBLE PDF**

**DAISY**

**READ OVER THE PHONE**

**and In-person/VRI Sign Language Interpretation**

**Limited English Proficiency (LEP) written translations**

**LET U.S. HANDLE YOUR  
LEP/ADA/ Cultural Competency PLANS  
and  
Compliance Filings**

**Very Competitive Pricing (can do PMPM),  
Super fast turn around and Easy to do business with**

**Dr. Michelle M. Griffin-Conroy, PhD (FACHE)  
is the leading expert in ADA/LEP compliance in Healthcare**

**Link in with me:**

**<https://www.linkedin.com/in/michellegriffin>**

**1-602-369-7656**

**U.S. Braille**

**7613 E Ray Road**

**Suite 101**

**Mesa, AZ 85212**

**[www.usbraille.com](http://www.usbraille.com)**



# ADVANCE

## 2022 Congress on Healthcare Leadership

### Andrews Named Young Healthcare Executive of the Year



**Callie C. Andrews, FACHE**, senior vice president, Wellstar Health System, and COO of Wellstar's flagship facility, Wellstar Kennestone Hospital, received the Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year.

Andrews stands out because of her progressive career track and her commitment to the development of other aspiring healthcare executives, "paying it forward" like many of the leaders she considers mentors. She works to study and implement effective diversity, equity and inclusion initiatives, and is acutely aware of the important role that positive female leaders have in shaping the career paths of other young women.

Andrews joined Wellstar Health System in 2016 as vice president and COO for Wellstar Cobb Hospital, Austell, Ga., and was promoted to senior vice president and hospital president before assuming her current role. Although she has been COO only a short time, Andrews has developed and presented a revamped three-year strategic plan, launched an interventional neurorobotics program, opened a cardiovascular hybrid OR and programmed completion for a new 150-bed, \$268 million tower.

Andrews' management of data to improve patient experience during the COVID-19 pandemic is the reason for countless testimonies of outstanding patient experiences at Wellstar Cobb Hospital. She was incident commander for

a majority of the pandemic, leading daily operations and response to ensure team members were safe and could provide high-quality care for some of Georgia's sickest patients. During her tenure at Wellstar Cobb, the hospital achieved a 38% reduction in central line-associated bloodstream infections, a 56% reduction in catheter-associated urinary tract infections and a 14% improvement in all-cause mortality.

Andrews has been a member of ACHE since 2005. She was elected to the board of the Georgia Association of Healthcare Executives in 2015 and served as sponsorship chair from 2017 to 2018, a time during which the chapter significantly restructured its sponsorship program and increased giving by more than 400%. After leading the Sponsorship Committee, Andrews subsequently served as president-elect, president and immediate past president of GAHE. She now serves as the ACHE Regent for Georgia.

Colleagues say she is a "bright light," both in her commitment to ACHE and the profession, and her achievements are a result of her outstanding leadership skills, personal competency, the trust she builds within her organization, and her commitment to staff, providers and patients.

### Ross and Saxe Receive Lifetime Service Awards



**Zeff Ross, LFACHE** (right), and **Steven M. Saxe** (left), **LFACHE**, were honored with ACHE's Lifetime Service and Achievement Award.

Ross has had a genuine and lasting impact on the healthcare community. During his 40-plus years of service, he revolutionized the delivery of healthcare in South Florida, encouraging his team at Memorial Regional Hospital to

deliver the highest quality of care and achieving high patient, employee and physician satisfaction. His many contributions have added immeasurable value to the healthcare landscape in South Broward.

Ross has consistently played an active role as a mentor and supportive advocate to many in the industry. Throughout his tenure at MHS, he served as an adjunct professor at Florida International University and St. Thomas University, teaching graduate courses in healthcare. He also has served as a preceptor for the Florida International University School of Health Administration, as well as the Tufts University School of Medicine MD/MBA program in health management.

He first was introduced to ACHE as a student and has been an ACHE member for more than 40 years. He has been honored with the ACHE Senior-Level Regent Award twice and has received a Service Award. He served as the ACHE Regent for Southern Florida from 2003 to 2006.

Ross was a champion of ethics for ACHE, assisting with a review of the *Ethics Self-Assessment*, suggesting needed revisions. In addition, he has been a member and officer of a wide range of professional associations and community organizations, including the American Heart Association, Florida International University HCMBA Advisory Council, Greater Hollywood Chamber of Commerce, and the Broward Regional EMS Council. He was appointed by the governor to serve on the Florida Trauma State Advisory Council and continued to do so for over two years while in retirement. He has been recognized with more than 50 awards and honors, most recently the 2019 Excellence in Service Award from the Greater Hollywood Chamber of Commerce, the 2017 Press Ganey Guardian of Excellence Award of IP Behavioral Health, and the 2017 President's Award for Excellence in Healthcare by Professional Research Consultants Inc.

Saxe has embodied the ACHE values of lifelong learning and service to the profession throughout his healthcare career. A pharmacist by training, he worked in both inpatient and outpatient healthcare settings, where he rapidly rose to leadership positions.

He joined ACHE while in the Duke University MHA program in 1986 and has been a continuous member ever since, achieving Life Fellow status upon his retirement. He was instrumental in the establishment of his local ACHE chapter, the Puget Sound Healthcare Executive Forum, and then its transition to the Washington State Healthcare Executives Forum as part of the ACHE Chapter Demonstration Project in Washington that led to the formation of the ACHE chapter system.

One of the activities he is most proud of helping to implement is the chapter's "Meet-and-Mingle"

## 2022 Richard J. Stull Student Essay Competition Winners Named

### Undergraduate Division



First Place

**Warren A. Poquiz**  
Texas State University—  
San Marcos  
*"Blockchain Technology in Healthcare: An Analysis of Strengths, Weaknesses, Opportunities, and Threats."*



Second Place

**Jonna E. Strasser**  
Grand Canyon University  
*"COVID-19 Vaccine-Induced Labor Shortage: How Health Care Management Can Respond."*



Third Place

**Danielle O. Shapero**  
James Madison University  
*"Resource Utilization Deficiencies Remain at the Epicenter of the United States' Healthcare Crisis Fueled by the Spanish Flu and COVID-19."*

### Graduate Division



First Place

**Allison J. Weidman**  
University of Minnesota  
*"Establishing a Sustainable Healthcare Delivery Workforce in the Wake of COVID-19."*



Second Place

**Kellie M. Resnick**  
University of Wisconsin—  
Milwaukee  
*"A Whole Person Approach to Behavioral Health: Improving Outcomes and Lowering Treatment Costs."*



Third Place

**David Porter Black**  
Xavier University  
*"The Implementation of Retention Checklist to Improve Nurse Retention."*

# ADVANCE

## 2022 Congress on Healthcare Leadership

networking events. These events began with a short promo for WSHEF and ACHE activities and sometimes included short education pieces. Over the years, subsequent chapter members have continued to expand on this concept—even during the COVID-19 pandemic, where the “Meet-and-Mingle” events and educational discussions continued via videoconference.

At the national level, Saxe served as the ACHE Regent for Washington from 2004 to 2007 and has participated in ACHE’s mentor program and contributed as a

reviewer and judge for the Richard J. Stull Student Essay Competition.

Saxe’s career has taken him from the front lines of USPHS Indian Health Center to hospital operations and numerous roles at the Washington State Department of Health, culminating in an executive director position at the Washington State Pharmacy Commission from 2016 to 2019.

Contributions over the duration of Saxe’s distinguished tenure include sharing hospital emergency operations center experience from two earthquakes, participating on the opioid overdose response team for Washington, developing the Prescription Drug Monitoring Program in Washington, leading the Department of Health Statewide Rural Health Office and working to address health professional shortages. He also led the development of the State Suicide Prevention Plan, overseeing grant work for stroke prevention and participating in the National Violent Death Reporting System, and working on the medication safe-disposal legislation for Washington.

Throughout his career, Saxe has supported and promoted the values of ACHE and the state chapter for networking, lifelong learning, ethical decision-making and credentialing. Colleagues recognize him for his incredible work ethic and his “humble leadership by example.”

## Regents Recognized for Their Contributions



**Mark Bittle, DrPH, FACHE**, Regent for Maryland, won the award for best message from the Regent (Geographic Regents) published during the 2021-2022 Convocation year.



**Col R. Craig Lambert, FACHE**, Regent for Air Force, won the award for best message from the Regent (Federal Sector) published during the 2021-2022 Convocation year.



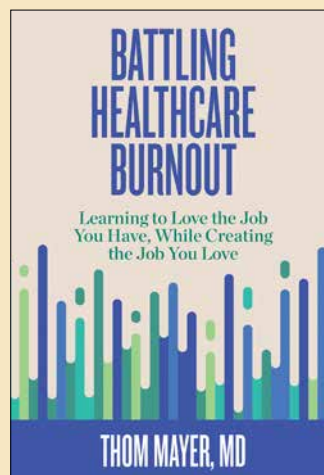
**LCDR Eugene Smith Jr., FACHE**, Regent for Navy, won the award for recruiting the greatest percentage of the designated goal for new Members and Fellows in the federal sector.



**LTC Jarrod McGee, FACHE**, Regent for Army, won the award for the greatest percentage of the designated goal of Members advancing to Fellow.

## Publication Awards

### James A. Hamilton Book of the Year Award



Thom Mayer, MD, FACHE  
*Battling Healthcare Burnout: Learning to Love the Job You Have While Creating the Job You Love*  
(Berrett-Koehler, 2021)



## Bluford Honored With President's Award



**John W. Bluford III, LFACHE**, received ACHE's President's Award. This award is given to individuals who have made outstanding contributions to the field and recognizes exemplary service outside the bounds of other recognitions indicative of ACHE's formal awards program.

Bluford is currently the president/founder of the Bluford Healthcare Leadership Institute and president emeritus for Truman Medical Centers in Kansas City, Mo.

Throughout his accomplished career, Bluford has worked to ensure underserved populations have a voice and to eliminate healthcare disparities. Affectionately known as "Mr. B" by many, he has played a key role in developing leaders through personal support, engagement and career appointments, taking time out of his

busy day to meet with, listen to and push early careerists to be the best version of themselves.

Bluford served as the president and CEO of Truman Medical Centers for 15 years, and prior to that, held various leadership positions at Hennepin County Medical Center, Minneapolis. During his 22 years at Hennepin, he spent six years as its CEO, and in 1983, he started the first public sector HMO in the country, the Metropolitan Health Plan.

Bluford has been a supporter of ACHE and its mission, vision and values for 40 years, joining in 1982. A consistent attendee of the annual Congress on Healthcare Leadership for the past 37 years, he also served as a speaker for the Masters Series at the 2014 Congress, and he has served as a faculty member for the Thomas C. Dolan Executive Diversity Program. Bluford has worked with the American Hospital Association, America's Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems) and the National Association of Health Services Executives on collaborative programming arrangements and the advancement of healthcare management excellence. He has participated in several local ACHE chapter programs, encouraging content focused on leadership principles, high performance and improving the health of urban communities through outreach.

## Dean Conley Award

FEATURE ARTICLE

### How One Healthcare Organization Is Creating a True System

Aimee Daily, FACHE

**SUMMARY**

Founded in 1897 as a 12-bed hospital and training school in Springfield, Illinois, Memorial Health System (MHS) today serves communities throughout central Illinois with five affiliated hospitals, ambulatory care services, and behavioral health programs. The system includes Memorial Medical Center in Springfield, Abraham Lincoln Memorial Hospital in Lincoln, Taylorville Memorial Hospital in Taylorville, Pleasant Area Hospital in Jacksonville, Decatur Memorial Hospital in Decatur, and the Memorial Physician Services, Memorial Home Services, and Memorial Behavioral Health network across central Illinois. The evolution of MHS from a system in name only—lacking full integration of organizational functions—to its current status as an optimized health system has been marked by challenges. From the initial doubts of employees and the community to the upheaval caused by the COVID-19 pandemic, Systemwide requires visionary and sure-handed leadership to identify and realize economies of scale, share best practices for operational improvements, and reduce unwanted variation to improve quality of care. As the MHS story illustrates, that all starts, grows, and endures with strategic planning.

**CONLEY AWARD**

For more information regarding the concepts in this article, contact Dr. Pitocco at [CPitocco@trumanmedical.org](mailto:CPitocco@trumanmedical.org). The author declares no conflict of interest.

DOI: 10.1007/s10923-020-00000-14

4 | *Frontiers of Health Services Management* | Volume 27 Number 4

Aimee J. Daily, PhD, FACHE  
**"How One Healthcare Organization Is Creating a True System"**  
 Published in the summer 2021 *Frontiers of Health Services Management*

## Edgar C. Hayhow Award

Using Data Analytics to Improve Hospital Quality Performance

Christine Pitocco, PhD, research professor; Thomas R. Sexton, PhD, professor; and Kelly Stickler, College of Business, Stony Brook University, Stony Brook, New York

**EXECUTIVE SUMMARY**

The objective of this study was to build a unified quality performance model for hospitals using publicly available data. We obtained data from the New York State Department of Health's Healthcare Planning and Research Cooperative System database for our model, which had three outcome measures that we wished to make smaller: deaths, readmissions, and average length of stay. Because this was a performance model rather than an economic efficiency model, we excluded costs, which are affected significantly by local economic conditions. We included four other characteristics. With our data development and model structure, we used logistic regression to analyze the output. We extracted data for 2,233,214 discharges in 2014 from 103 hospitals in the state. We found that 20.9% of the facilities were on the quality performance frontier—20.4% of the not-for-profit facilities and 21.4% of the other facilities. Hospitals with more discharges performed better with respect to mortality, readmissions, and average length of stay. We found no difference in performance between not-for-profit hospitals and others. We concluded that 79% of hospitals could improve their quality of care. As an upper bound, if all hospitals increased each quality factor performance to 100%, there would have been 11,722 (24.8%) fewer deaths, 17,440 (23.8%) fewer readmissions, and the statewide average length of stay would have been 6.71 days (13.1%) less.

For more information regarding the concepts in this article, contact Dr. Pitocco at [CPitocco@trumanmedical.org](mailto:CPitocco@trumanmedical.org). The author declares no conflict of interest.

© 2021 Frontiers of the American College of Healthcare Executives  
 DOI: 10.1007/s10923-021-00118-8

www.ache.org/journals 285

Christine Pitocco, PhD  
 Thomas R. Sexton, PhD  
 Kelly Stickler  
**"Using Data Analytics to Improve Hospital Quality Performance"**  
 Published in the July/August 2020 *Journal of Healthcare Management*

# ADVANCE

## 2022 Congress on Healthcare Leadership

### Entire Healthcare Workforce Recognized With Honorary Fellowship

For the first time in ACHE's history, the entire healthcare workforce was recognized with Honorary Fellowship. Healthcare workers were recognized for

their selflessness in caring for all while facing the overwhelming challenges—including battling exhaustion, fear and anxiety—of the COVID-19 pandemic.

They were celebrated for the endless hours they have spent at the intersection of life and death, grappling with decisions that tested even the most experienced professionals. The fortitude those on the front lines have demonstrated and the sacrifices they have made exemplify what it truly means to care deeply for others.



The Northwell Health Nurse Choir performs during the Opening Session to recognize and celebrate all healthcare workers as Honorary Fellows.

## Dauner, Schlichting, Berwick Inducted Into Hall of Fame

**C. Duane Dauner, FACHE; Nancy F. Schlichting, FACHE; and Don Berwick, MD,** were honored as inductees in the *Modern Healthcare* Health Care Hall of Fame.

Dauner was posthumously inducted in honor of his five decades of hospital association leadership and health policy influence. He died in a car accident in July 2020 at the age of 80.

Dauner served as president and CEO of the California Hospital Association for 32 years, where he helped improve access to care for millions by working to secure funding for the state's Medi-Cal program. In 2013, he established

the Hospital Quality Institute, a collaboration of state hospital organizations that advanced California as a leader in quality improvement efforts.

Schlichting was inducted in recognition of her success in improving hospitals, entire health systems and the industry.

Her long career spans various roles, from nurse's aide and hospital switchboard operator to executive vice president and COO, Summa Health System, Akron, Ohio. She retired in 2017 as president and CEO of Henry Ford Health System, where she worked for nearly two decades. During her tenure, the system earned the Malcolm Baldrige Quality Award

and a John M. Eisenberg Patient Safety and Quality Award.

Berwick, president emeritus of the Institute for Healthcare Improvement and former administrator of the Centers for Medicare & Medicaid Services, has been at the forefront of some of healthcare's most pivotal moments of the past three decades.

He served on the landmark Institute of Medicine committee that issued *To Err Is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health System for the 21st Century*, literature that reframed the healthcare field's approach to patient safety.



# Power your digital front door with symlr Directory

One platform for all provider data. Integrates with your EHR to:



**Increase appointment volume**  
with enhanced provider search results



**Lower call center volume**  
through direct appointment scheduling



**Improve patient-provider matching**  
with accurate, continuously curated data



**Eliminate provider data silos**  
with integrated, real-time updates



**Deliver a consumer-friendly experience**  
for online search and scheduling



Better operations.  
Better outcomes.

[symlr.com/directory](https://symlr.com/directory)



David L. Schreiner, PhD,  
FACHE

## Time for an Ethical Check-In

*Reengaging with constituents is a good place to start.*

In early 2020 I was at lunch with a friend who worked in the international investment market, and he described how his industry was digesting the news of a mysterious illness discovered in China. My mind raced to the potential impact on our small, independent rural hospital.

To help us better understand what we would be up against as a team with this emerging situation, Chuck Stokes, FACHE, executive-in-residence, University of Alabama at Birmingham, and ACHE Past Chair, was invited to Katherine Shaw Bethea Hospital's virtual executive team meeting. He warned us of the pending animosity that might be placed between front-line workers and hospital leadership. A lack of personal protective equipment, a shortage of healthcare professionals and the fear of taking the disease home to family and friends were the highlights of Stokes' cautionary tale.

The pandemic would also create an ethical dilemma, Stokes counseled. And it did. After hearing his comments, our leadership team committed to a high degree of transparency and a new level of engagement with our constituents.

### **Ethical Struggles at the Pandemic's Beginning**

Healthcare leaders are, by definition, servant leaders. Many of us do not provide direct care to patients. So, our responsibility is to make sure those professionals who do have the necessary resources to be successful and increase the chance of improving the patient experience, improving the health of our population and reducing costs.

Especially early on, the pandemic created supply chain challenges that forced administrators to struggle with the choice of paying costs that were often as much as 10 times the normal procurement rate for supplies.

Contracted hospital personnel, if available, were only attainable at a hugely inflated price. Our staff members grew weary from long hours, multiple days in a row of physically and emotionally demanding work, and the impact of the conflicting political views surrounding the pandemic.

*The way we engage helps communicate the reasons behind tough decisions and brings stakeholders together to refocus on why we are here: to serve those entrusted in our care.*

Healthcare leaders were faced with the struggle to serve our patients, protect our staff and maintain the financial stability of our organizations. Any one of these three challenges could, independently, be daunting. And we were experiencing all three.

The way we responded to those we led would be remembered for decades. Authenticity, transparency and visibility are always important factors in engaging with our key constituents: board members, physicians, employees and community members. Leadership's ability to make split-second decisions with less than perfect information was tested, and our personal ethics emerged, visible for all to see.

As we reflect on the past two years to help us move forward, how can leaders "grade" their ethical conduct during the COVID-19 pandemic?

### **Bottom Line**

#### **Three Areas of Ethical Impactful Focus**

1. **Connect on a personal level.** Be authentic in how you speak and listen.
2. **Engage with intent through various mediums.** Communicate regularly using multiple channels.
3. **Be mission focused and demonstrate united leadership.** Know your audience, be prepared and publicly support your teams.

When considering your behavior in the three areas mentioned—staffing considerations, supply procurement and fiscal challenges—ask yourself: In what areas did my organization and I excel? Are there areas where additional attention might result in an ethical recovery?

### **Focus on Reengagement**

After reflecting on their ethical conduct since the beginning of the pandemic, many leaders might realize a desire to refocus their attention on reengaging with constituents in one or more areas. Through studying five health systems around the country to understand how CEOs engaged with key constituents, three areas of impactful focus emerged that provide a good starting point for leaders.

#### **1. Connect on a personal level.**

Great questions from executives generate positivity within the organization. An appreciative inquiry is an effective approach because it tells your constituents you recognize them as subject matter experts. For instance, make a point to ask team members—particularly front-line workers—questions that are genuine and helpful to you and them. For example, asking team members if they have the tools to do their work at the highest level or asking what frequency they like to see executives rounding in their unit are questions that can spur engagement. An added competency is authentic listening skills on the part of the executive, which hasten the feeling of respect from associates.

Beyond being an inquisitive and attentive leader, another way to

connect on a personal level is to heighten your accessibility in times of crisis and be intentional in showing how much you care. This can include finding ways to express gratitude and increase the frequency of rounding throughout all areas of the organization.

#### **2. Engage with intent through various mediums.**

- Find a rhythm of regular communication with key constituents and be transparent.
- Use multiple channels (for example, email, face-to-face discussions, small group meetings, community presentations, text messages and videos) to communicate your message.
- Look for ways to overcome engagement challenges and be intentional about communicating differently in times of crisis.

#### **3. Be mission focused and demonstrate united leadership.**

- Keep the focus on the mission and know your audience.
- Be prepared to address what your constituents want to know. Your local Rotary Club presentation won't be effective at an ICU staff meeting.
- Vocally support your team members and seek out healthy debate.
- Work hard to make team members feel informed and included and build effective structures to support key leaders.

- Get involved at an even higher level than ever in the community.

### **Be Leaders Who Care**

Ethical issues require high engagement from leadership. When executives can explain not just *what* happened but *why* decisions were made, bonds can be strengthened. And those bonds need to be supported now more than ever.

A January 2022 study by healthcare communications firm Jarrard titled *Dark Suits & White Coats: Healthcare's Acute Divide* told us people love their clinicians and appreciate their chosen hospital. Still, the business of healthcare creates a “growing concern over how hospitals prioritize between money and patients,” according to the study. The three concerns mentioned earlier—staffing considerations, supply procurement and fiscal challenges—may contribute toward a declining perception of healthcare executives.

As leaders who care, our ethical DNA drives our decisions. The way we engage helps communicate the reasons behind tough decisions and brings stakeholders together to refocus on why we are here: to serve those entrusted in our care. ▲

*David L. Schreiner, PhD, FACHE, is president/CEO of Katherine Shaw Bethel Hospital, Dixon, Ill., (DSchreiner@ksbhospital.com).*

**Editor's note:** ACHE's Board of Governors recently approved changes to four Ethical Policy Statements, including “Ethical Decision-Making for Healthcare Executives.” To access them, visit [ache.org/PolicyStatements](https://www.ache.org/PolicyStatements).





Wesley Burks, MD



Lisa Schiller

## The Importance of Building Trust

*It's crucial now more than ever.*

Last year, UNC Health was rated the nation's second most trusted healthcare brand, a distinction made even more special by the fact that the rating was based on a large survey of patients and healthcare decision-makers. The ranking was determined by research conducted in late 2020 by the American Hospital Association, the Society for Health Care Strategy and Market Development and brand strategy agency Monigle.

Across the societal landscape, trust appears to be at an all-time low. The pandemic also proved that healthcare is not insulated from the skepticism

that once felt more focused on politics and the news media. In today's world, trust is difficult to earn and easy to lose.

The mission of UNC Health is to promote the health and well-being of the people of North Carolina. Fulfilling that mission means becoming established as a trusted partner. Earning the most trusted rating is an incredible validation of a strategy that began before COVID-19 but that certainly ramped up during the pandemic. Success in this area can be attributed to numerous complementary strategies and tactics, some of which are detailed in this column.

### Listen

The first step to building trust is to listen. The outstanding teammates within UNC Health's Consumer Insights team have been a secret weapon throughout the pandemic, conducting surveys, holding focus groups and monitoring social media to better understand what information patients and the public were looking for. The insights gathered from this work served as the foundation for a wide-ranging communications strategy. This effort is also ongoing and constantly being updated so that organizational decisions are always guided by the most up-to-date research.



Known internally as One Great Team, these UNC Health messengers communicate with patients and the community. Photo credit: UNC Health





# Improving efficiencies. Overcoming obstacles.

Our hospital management team is here to help your hospital reach your goals.  
Start the path toward success with an operational assessment.



**Take a quiz to check in  
on your hospital's  
performance.**

972.943.6400 | [CommunityHospitalCorp.com](http://CommunityHospitalCorp.com)



**CHC**<sup>®</sup>

Community Hospital Corporation

**25**  
YEARS  
1996-2021

**25 YEARS SUPPORTING COMMUNITY HOSPITALS**

Community Hospital Corporation owns, manages and consults with hospitals through CHC Hospitals, CHC Consulting and CHC ContinueCARE, with the common purpose to guide, support and enhance the mission of community hospitals and healthcare providers. Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit [www.communityhospitalcorp.com](http://www.communityhospitalcorp.com).

### Communicate

Communication with patients and the community occurs in a range of spaces and through a range of messengers from among our UNC Health teammates known internally as “One Great Team.” Trust is earned one interaction at a time. These interactions happen in many different venues, including conversations with a provider, a call to a scheduler, a message through the patient portal or a direct message to the organization on social media. Part of building trust is making sure everyone is working from the same playbook. This is where internal and external communications efforts overlap.

Throughout the pandemic, communications teams have worked day after day to communicate with staff across our statewide system, ensuring that they have the latest information on the organization’s response to COVID-19 and related policies. Operators who answer scheduling and nurse help lines have been provided scripts and FAQs to help answer questions consistently.

In addition, UNC Health’s patient portal has been a vital pathway for direct communications with patients. And a chatbot feature on the UNC Health website was programmed to answer common questions. Most importantly, all communications start with the philosophy that transparency and empathy are paramount.

### Be a Reliable Source of Truth

Throughout the pandemic, there has been no shortage of information available. In communications with patients and the public, UNC Health has attempted to remain

above the fray and to serve as a source for information that is backed by science and research—and easily understood.

During the early months of the pandemic, weekly media briefings featuring UNC Health experts were key to sharing information and putting a human face to the physicians and researchers leading the organization’s response to COVID-19. These sessions were open to local and national media and organized each week around a timely topic such as vaccines, mental health challenges or the risks of COVID-19 in children.

*In today’s world, trust is difficult to earn and easy to lose.*

The briefings, held at the same time each week, were streamed on the website of Raleigh, N.C.-based WRAL-TV, the most watched TV news station in North Carolina’s Triangle region. Making these experts available for questions each week also led to many other media opportunities.

UNC Health Talk (healthtalk.unchealthcare.org), a consumer-focused website, has been another place to share content relevant to patients. The site publishes new content multiple times per week, with more than 30 articles published in November and December 2021 alone. As with the organization’s other communications efforts, insights and research guide the content. The team monitors trends across healthcare and uses internet search data to understand the content

people in our community are looking for and then delivers content in a voice that is trustworthy and approachable.

Content from the UNC Health Talk website is repurposed on social media and has generated a great response, with several hundred thousand page views per month. The vision for the site has been to be a reliable source that patients can trust—a place for anxious parents searching for information in the middle of the night for answers related to their child’s health, or a space for anyone looking to improve their well-being. The site features practical articles, health tips and inspirational patient stories. On several occasions, local media webpages have reposted this content.

The public mission of UNC Health is much more than a tagline. Throughout the pandemic, there was an imperative to provide reliable, trusted information to the people of the state and beyond. The circumstances also demanded that information reflect the reality of the moment. People are exhausted, balancing the demands of work and personal life. They want information that is easy to digest, quick and actionable. To hear from patients that the teammates of UNC Health delivered on that has been so rewarding and a testament to the hard work of thousands of teammates. ▲

*Wesley Burks, MD, is CEO, UNC Health, and dean, UNC School of Medicine (wburks@email.unc.edu). Lisa Schiller is chief communications and marketing officer, UNC Health and the UNC School of Medicine, Chapel Hill, N.C. (lisa.schiller@unchealth.unc.edu).*

# Board of Governors Examination Study Resources

Earning the distinction of board certification as a Fellow of the American College of Healthcare Executives (FACHE®) is a great accomplishment. ACHE has the study resources you need to begin your preparation to take the Board of Governors Exam—the final step on the path to becoming a Fellow of ACHE.



**Board of Governors Exam Review Course**—Virtual review course of the 10 key knowledge areas covered on the Exam.



**Online Tutorial**—online self-study course complete with slides, group message board and audio lectures.



**Board of Governors Exam Study Set**—a collection of four books from Health Administration Press covering finance, healthcare management and human resources.



**Board of Governors Flashcards**—a set of 415 cards that highlight and define key terms that will reinforce your understanding of important concepts in healthcare management.



**Study Groups**—contact your local chapter leader (go to [ache.org/Chapters](https://www.ache.org/Chapters)) to sign up for or start your own study group.

Join a recognized group of healthcare leaders—[ache.org/FACHE](https://www.ache.org/FACHE)

## SPECIAL OFFER—SAVE \$225

Submit a completed Fellow application along with the \$250 application fee **by June 30, 2022**, and we'll waive the \$225 examination fee pending approval of the application. For more information, contact our Customer Service Center at (312) 424-9400 or [contact@ache.org](mailto:contact@ache.org). You also may visit [ache.org/FACHE](https://www.ache.org/FACHE).



American College of  
Healthcare Executives®





J. Brian Nimmo, FACHE



Mary-Ellen Piche, CPHQ,  
LFACHE

## A Focus on 'Never Happen Events'

*Organizationwide effort paves a pathway to high reliability.*

The Hershel “Woody” Williams Veterans Administration Medical Center is on a mission to achieve high reliability in all the processes that support the provision of top-quality care. The medical center began a journey in March 2020 to focus on what it calls “never happen events”—incidents that could occur in its clinical and administrative processes and cause patient harm—as a strategy to get to zero instances of preventable harm.

*One of the most important results of the never happen events effort is the overall increase in attention to detail.*

### What Is a Never Happen Event?

Hershel “Woody” Williams VA Medical Center took the traditional “never event” phrase, which is ubiquitous in direct care settings, and expanded it to never happen events, which includes all services (departments) and all activities connected to the care of its veteran patients. The goal was to increase overall safety and high reliability by reducing the chances of human error that most often lead to a never happen event.

All departments were asked to identify critical, preventable events associated with their processes. It was important to help staff distinguish between never happen events—which are single events—and continuous process improvement, which is ongoing.

The work being done on never happen events is not something that is new in healthcare. Those in the field have been working on patient safety alerts, patient safety goals and other initiatives aimed at eliminating those events that all would agree can never happen. Having deliberate work under the premise of preventing never happen events raises the level of awareness, potentially changes how the medical center approaches these incidents and elevates the organization’s thought process from that of just a goal or other initiative. Overtly stating these are “never happen events” sends a clear message.

### Identifying the Critical 7

After each department identified its own never happen events, the medical center’s established High Reliability Organization Workgroup provided education and support to help departments refine those ideas. Seven priority never happen events were selected:

1. Patient injury, harm or death resulting from failure to act on critical results (e.g., vital signs, lab, and/or diagnostic study results).
2. Patient, visitor, employee or volunteer injury, harm or death resulting from procedural errors linked to insufficient and/or documented competency on the part of any employee.
3. Abuse or assault of any veteran under the medical center’s care.
4. Adverse patient event due to unrecognized hypoglycemia.
5. Patient harm or death from a failure to obtain immediate assistance for a patient expressing suicidal thoughts or behaviors.
6. An employee does not get paid.
7. Adverse event or near miss due to moderate sedation administration.

This column is made possible in part by Cerner Corporation.



For the seven issues identified, workgroups were established, and preventive actions were initiated. Steps for preventing the priority never events and improving processes to assist with prevention are guided by one or more (or a combination of two or more) of the following frameworks: Lean, change management, root cause analysis, and Healthcare Failure Mode and Effects Analysis.

### Early Results, Recognition and Spread

Monitoring the medical center's never happen events work is ongoing. Staff employ high reliability organization principles in the course of this work. For example, one HRO principle, sensitivity to operations, is demonstrated by getting front-line staff involved in determining current processes, including strengths and weaknesses. In eliminating events involving employees not being paid, for example, front-line payroll and human resources staff were involved in defining the process.

A highlight of this never happen event work has been the significant safety enhancements that have occurred to reduce the likelihood of an adverse event related to moderate sedation administration. These include having certified registered nurse anesthetists in the gastrointestinal suite, reduction in the use of benzodiazepines and opioids, and improved documentation related to medications given. As a result of these efforts, a more positive patient experience has been achieved with faster recovery times and a more comfortable procedure. This undertaking has been recognized with the Veterans Health Administration's

HeRO Award, the highest level of high reliability organization recognition available within the administration.

The sharing of this type of strong high reliability organization practice throughout the VA system is facilitated by leader coaches, who support medical center HRO implementation. They work closely with their assigned VAs to set priorities, develop action plans and monitor effectiveness. The hallmarks of the leader coach engagement are the sharing of resources and strong practices while facilitating change within the medical centers.

.....  
*Attitude is contagious, and an attitude that there are some events that are unacceptable and just cannot happen will spread.*  
.....

### Lessons Learned

The medical center is still in the beginning stages of its never happen events effort; however, there have already been lessons learned. The following two key lessons are also helpful considerations for other healthcare organizations that are on their own never happen events journeys.

***The identification of a never happen event versus the work done under the umbrella of continuous process improvement needs clarification.*** The difference can be a little confusing at times, and some issues may fall squarely in a gray area.

For example, is a patient suicide considered a never happen event or continuous process improvement? All

who are working in healthcare, and especially in veterans' healthcare, agree that any suicide is unacceptable and should be considered a never happen event. Suicide prevention strategies have been in place for some time (e.g., depression screening, suicide screening, intensive case management, crisis lines) and could certainly be considered continuous process improvement. The point in using this example is to suggest there could be parallel efforts between continuous process improvement and never happen events, as it is the desired result that should drive the effort.

***Work on dissemination throughout the organization needs improvement.*** Front-line staff should be able to identify both their departments' and the organization's never happen events efforts. This can be accomplished during routine staff meetings or team huddles.

One of the most important results of the never happen events effort is the overall increase in attention to detail that has resulted from staff doing all the work to provide safe and reliable care for veterans. Attitude is contagious, and an attitude that there are some events that are unacceptable and just cannot happen will spread. An intense organizational focus not only prevents events that shouldn't happen but also helps improve overall performance expectations and the standard of care. ▲

*J. Brian Nimmo, FACHE, is director, Hershel "Woody" Williams VA Medical Center, Huntington, W.Va. (Brian.Nimmo1@va.gov). Mary-Ellen Piche, CPHQ, LFACHE, is a consultant based in Albany, N.Y. (picheme@gmail.com).*



Paul H. Keckley, PhD

## Medicaid: Three Big Challenges Remain

*Medicaid is the nation's biggest insurer and its most complicated.*

The Medicaid program has existed for 56 years, positioned as the health system's safety net for low-income populations. The most recent data available indicates that Medicaid provides coverage for approximately 77.9 million people for everything from physician visits and inpatient and outpatient hospital services to nursing facility and home health services.

During the pandemic, 15 million people who lost jobs enrolled in Medicaid under the Families First Coronavirus Response Act, which was signed into law in 2020 in response to the economic downturn. At some point last year, as many as 93 million were enrolled in Medicaid because of "churn," a persistent feature of enrollment that happens when employment status and household income changes prompt temporary enrollment.

*Voter support toward Medicaid is critical to its sustainability.*

On the financial side, Medicaid accounts for 16.7% of national health spending (\$688 billion), with funding responsibility shared between states (32.4%) and the federal government (67.6%). On average, states spend 28.7% of their budgets on

Medicaid, but it ranges widely based on coverage determinations for special populations (e.g., those with dual eligibility or people with an addiction) and economic circumstances in individual states.

Research shows that Medicaid coverage facilitates access to primary care services equivalent to privately insured populations, though the overall health status of Medicaid enrollees is slightly lower. The program is not without its critics: 12 states did not expand their Medicaid programs vis-à-vis the Affordable Care Act's inducements, and many state legislators believe the fiscal viability of the program is fatal unless eligibility criteria are tightened and enrollees are required to make copayments or gain employment.

Looking ahead, there are three immediate challenges facing Medicaid for the remainder of the year: eligibility and state oversight, loss of temporary coverage due to the pandemic and lack of public support.

### 1. Eligibility and State Oversight

According to the Centers for Medicare & Medicaid Services, individuals may qualify for free or low-cost care through Medicaid based on income and family size. In all states, Medicaid provides health coverage

for *some* low-income people, families and children, pregnant women, the elderly, and people with disabilities. In *some* states, the program covers all low-income adults below a certain income level.

### The Issue

Each state sets its own standards for eligibility and how it addresses population health needs in women's and children's health, mental health, long-term care support for seniors and people with a disability, dental care and more. Complicating matters, in 37 states care coordination is delegated to private managed care organizations that are reluctant to share data, limiting the availability of timely clinical, financial and administrative data for overseers. And real-time data is necessary to monitor enrollment: the CMS Performance Indicator Project Data is based on preliminary reports from states that change significantly as more data is obtained.

### The Challenge

State Medicaid directors need access to and analysis of clinical, administrative and operational data about the performance of their programs, but often find their private managed plans reluctant to share information and state budget leaders unwilling to fund efforts to address population health needs.



## 2. Loss of Temporary Coverage Due to the Pandemic

During the pandemic, enrollment in Medicaid increased by 8.9% (July 2020 to May 2021) and by 6.1% (July 2019 to July 2020) when 15 million people became unemployed. Congress authorized temporary coverage of these individuals through state Medicaid programs until April 15, 2022. The long-term impact of the pandemic on employment is unknown; some estimate as many as 4 million people will not return to the workforce.

*The reality is that 60% of adult Medicaid enrollees work full-time and/or part-time, and access to affordable employer-sponsored coverage for them is negligible.*

### **The Issue**

Since coverage ended April 15, the immediate future for these individuals' coverage is unknown. The potential that many who were covered under the temporary program might go without insurance is a major concern to policymakers.

### **The Challenge**

Loss of temporary coverage is an imminent danger to enrollees at a delicate time when their financial insecurity is heightened due to inflation. Food and energy price increases hit low-income households hardest, rendering copays and out-of-pocket requirements in some state Medicaid programs problematic.

## 3. Public Support

Polls show many in the population believe Medicaid is an unaffordable/

unnecessary government entitlement program that benefits those not eligible and those who elect to forego purchasing coverage for themselves and their families.

### **The Issue**

The reality is that 60% of adult Medicaid enrollees work full-time and/or part-time, and access to affordable employer-sponsored coverage for them is negligible. Furthermore, Medicaid coverage is associated with lower health costs: Access to regular primary care reduces unnecessary hospital and ED use, and care coordinated through high-value, in-network primary care practices used by managed Medicaid practices using restrictive formularies and optimal

care pathways reduces enrollee health costs by as much as 25%.

### **The Challenge**

Voter support toward Medicaid is critical to its sustainability. Longer term, Medicaid will be front and center in the 36 2022 governor races and significant in Congress' fiscal year 2023 budget deliberations that began in March. Its future is inextricably tied to economic circumstances in individual states and the nation as a whole, and the mood of voters toward the health system. ▲

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



**CEO**

Join the **CEO Circle** to connect with your peers. Receive publications and resources tailored to your needs.

**ache.org/CEOCircle**  
Exclusive Membership for ACHE's CEOs

# FACHE

Fellow of the American College of Healthcare Executives  
*The Distinction of Board Certification*

## Earning the **Distinction of Board Certification** in Healthcare Management Gives You an Edge With Executive Search Firms

Healthcare executives who have become board certified in healthcare management as Fellows of the American College of Healthcare Executives demonstrate to their boards, staff and the public that they have the knowledge, skills and commitment to ongoing professional development to meet the challenges of leading today's healthcare organizations. That is why when we interview candidates for an executive search, those who have earned the distinction of board certification in healthcare management have an advantage. To contact these search firms, go to [ache.org/ExecutiveSearchFirms](http://ache.org/ExecutiveSearchFirms).







Cynthia Kivland

## Should I Stay or Should I Go?

*The great career reassessment.*

During the past year, a frequently used career buzzword has been “The Great Resignation.” Over 20 million people quit their job in the second half of 2021, according to the U.S. Bureau of Labor Statistics, and the healthcare sector was among the top three in quit rates. The reality is that individuals are not just quitting work—they are reassessing their relationship with work. Employees are asking, “What motivates me to stay, and what drives me to look for greener or different pastures?”

OVER  
**20 MILLION**  
people quit their job in the second half of 2021.

Source: U.S. Bureau of Labor Statistics

A Sept. 8, 2021, article in *McKinsey Quarterly* titled “‘Great Attrition’ or ‘Great Attraction’? The choice is yours” explored what drives people to leave, and it is not money (though salary is still a factor). The top three factors employees cited for quitting were that they did not feel valued by their organizations (54%) or their managers (52%) or they did not feel a sense of belonging at work (51%), according to McKinsey.

Another career demotivator that has increased 50% since the pandemic began is lack of career development,

according to psychologist Shawn Bakker (as explored in “The Great Resignation—Leadership Matters,” a Nov. 24, 2021, *Psychometrics* article). It is essential for leaders to know their work-life values. There are two types of values—intrinsic and extrinsic. Intrinsic values drive the passion for one’s work and the benefits to society. Extrinsic values relate to employment conditions, including culture, earning potential, benefits and physical setting. The disruption caused by the pandemic illuminated that intrinsic values were most salient in determining if one stays or goes.

Healthcare executives today might find themselves reflecting on their relationship with work; that is normal and healthy. It is beneficial to acknowledge how the pandemic disrupted one’s lifework and then take a step back and reassess the intrinsic and extrinsic career motivators that inspire leaders to get up each morning, excited to go to work. Undergoing an annual career health checkup is helpful, one that assesses interests, values, skills, healthcare leadership competencies, leadership strengths and blind spots.

### Assessing Career Motivators

One way to assess career motivators is to examine the alignment of one’s career passions with performance

outcomes. A useful tool is the Passion Performance Development Cycle (see graphic on Page 51), composed of four quadrants and a performance and passion axis. The first step in using the development cycle is understanding the definitions of career passion and career performance:

**Passion** is the natural energy and enthusiasm a leader brings to the workplace. Leaders invest in their professional development to build and broaden their natural talents to contribute positively to their workplaces. It is emotional energy that gets everyone around the leader fired up and ready to go. It is an I-love-to-do-this attitude.

**Performance** is converting career passion into performance outcomes. A performance outcome reminds leaders that it is not enough to have passion for their work. They also need knowledge, resources, staff, leadership support and rewards. Employees who feel empowered by their manager and colleagues are steeped in a culture that reinforces, “You got this,” and “We got you.”

To assess their career health motivators, leaders first should answer these two questions on a scale from one to 10:

- How clearly can I describe my natural talents and career passions?
- How well did I achieve the performance outcomes for my current positions?

This column is made possible in part by Cardinal Health.





Next, the leader locates the quadrant representing his or her passion performance career health status. To do so:

- Transfer self-ratings to the corresponding axis on the Passion Performance Matrix.
- Mark a star (\*) where your passion performance ratings intersect on the matrix.
- Then, review the development suggestions, noted below, to increase your passion and performance motivators.

### Performing—Shining Star

Leaders with this score have high passion and high performance, often exceeding performance outcomes. Development suggestions include:

- Seek opportunities to highlight or share performance accomplishments.
- Align career motivators to keep passion vibrant.
- Develop emerging talent through mentorship or sponsorship.
- Clarify and “raise” performance targets, then ask others for support.
- Assess your leadership passion and ask for opportunities to lead others.

### Norming—Rising Star

These leaders are in a new position or assignment with a passion for achieving high performance. Development suggestions include:

- Participate in onboarding and training to increase skills, knowledge and relationships.
- Seek clarification about performance processes and procedures.
- Schedule performance and career discussions with the

manager (the leader can share his or her career motivators with the manager).

- Ask for a mentor.

### Conforming—Dimming Star

Leaders in this category are experiencing declining performance outcomes and decreasing passion behaviors. Development suggestions include:

- Consider if the job lacks challenge or personal meaning.
- Determine if declining performance is related to a change in leadership, one’s manager or a significant life event.
- Assess reward/risk alignment with life-work factors, career interests and unfulfilled dreams.
- Conduct feedback to identify hidden strengths or blind spots.
- Explore new opportunities within, enrich one’s current job or explore external opportunities.

### Storming—Fallen Star

Leaders in this category should assess and realign their natural talents and passions with organizational needs. Development suggestions include:

- Explore perception gaps—hidden strengths and blind spots—with peers and managers.
- Seek new tasks or projects that optimize core talents.
- Assess the impact of the leader’s manager’s style on declining passion and performance.
- Seek coaching to assess motivators, marketable skills and organizational fit with life-work integration.

Finally, give yourself the gift of career health: Schedule a checkup, craft a plan and remain open to pivoting. The goal is for leaders to align their career passion and performance motivators, which can result in higher engagement, better business outcomes and more positive leadership energy. ▲

*Cynthia Kivland is a board-certified coach, career counselor and EQ leadership coach, founder of Smart2Smarter and faculty with ACHE (cmkivland@gmail.com).*

**Editor’s note:** ACHE’s Career Resource Center features numerous resources to assess career motivators, interests, values, personality style and healthcare leadership competencies. Visit [ache.org/Careers](https://www.ache.org/Careers).

## The Passion Performance Development Cycle

Performance	10 high	
	<b>CONFORMING</b> Declining Performance Declining Passion	<b>PERFORMING</b> High Passion High Performance
	<b>STORMING</b> Low Performance Low Passion	<b>NORMING</b> High Passion Inclining Performance
	0 low	
	Passion	
	10 high	



Pamela R. Knecht

## The 'Hidden' Challenge

*Board committee meeting timing a hinderance to informed discussions.*

As boards institute governance best practices, such as increasing time in discussions versus presentations, they often run into a wall. It is difficult to engage board members in meaningful discussions about key issues if they are seeing the information for the first time at the board meeting. This situation occurs all too often, though not because executives are intentionally hiding information. The more common, but somewhat "hidden," challenge is basic. There is not enough time between the committee meeting(s) and the board meeting to develop the materials needed to tee up meaningful board discussions.

### Problematic Scenarios

Here are a few typical, but problematic scenarios:

- Board committee meetings are often scheduled too close to the board meeting (often a challenge for boards that meet monthly).
- Board committees typically meet the day before the board meeting (often used by health systems whose board members are coming from great distances).

In both situations, it is unlikely that the work conducted in committee meetings can be sufficiently summarized and included in board packets with enough lead time for board members to study the information before their meeting. Since the committees' final recommendations are not in the pre-reading material, there is no choice but to present the committees' work and

recommendations during the board meeting.

When this happens, time is allocated in the board meeting agenda for each committee chair to provide a report on the work that was accomplished in their committee meeting. Then, the board often rehashes the work of their committees.

This is a waste of precious board time and can result in significant frustration for all parties. Committee members may wonder why they spent their valuable time in a committee meeting if their work will be re-done by the board. They may also begin to believe that their board colleagues do not trust them to do their jobs well.

Board members may think they are insufficiently prepared to approve committee recommendations. They may also feel they are not fulfilling their fiduciary duty of care if they did not have sufficient time to analyze relevant information. In the worst-case scenarios, the working relationship between board and committee members (and executives) becomes tense, unhealthy and unproductive.

### Key Questions

Here are questions that the governance committee could ask to help determine whether this is an issue that must be addressed for its board:

- Is the timing and sequencing of each committee meeting allowing sufficient time to prepare materials for the board? If not, what needs to be changed?
- Should we decrease the frequency of our board meetings to allow

### Recent Data on Average Board Meeting Frequency

	Health System	Subsidiary	Independent	Governmental
Four times per year	29%	27%	3%	1%
Six times per year	38%	23%	10%	4%
Seven to nine times per year	6%	6%	8%	2%
10–11 times per year	14%	19%	29%	21%
12 times per year	11%	19%	48%	64%
More than 12 times per year	3%	4%	3%	7%

Note: Data in red indicates the most common frequency of meetings per year for each type of organization.

Source: The Governance Institute's 2021 Biennial Survey of Hospitals and Healthcare Systems.

more time for great board materials to be developed? (See chart on Page 52 for recent data on board meeting frequency.)

- Do we have adequate executive and administrative support for each committee?

### Practical Actions

There are relatively simple, practical steps that boards and their committees can take to increase the likelihood that discussions will be well-informed:

1. Create an annual meeting calendar in which all committees meet at least two weeks before each board meeting to ensure sufficient time to develop materials for the board packet.
2. Consider allowing committees to meet virtually instead of in person, assuming that all the members know each other well enough that the group dynamic will be healthy.
3. Request that the CEO assign an executive liaison (e.g., CFO for the finance committee) as well as an administrative support person for each committee.
4. Add to the meeting calendar set dates for the committee chairs and their executive liaisons to approve their committee's materials prior to the posting of the board packet.
5. Ensure the administrative support individual provides committee meeting minutes to the executive liaison and committee chair within a few days of the meeting.
6. Post committee meeting minutes on the secure board portal for reference (not for inclusion in the board packet).

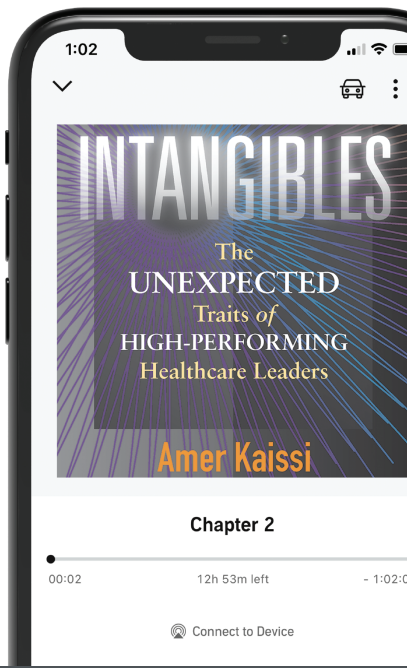
7. Charge the executive liaison with developing a one-page executive summary of the committee's recommendations for the committee chair's approval that includes a clear description of the ask (e.g., input or approval), along with the options considered and framing questions for the board's discussion.
8. Include in the board packet the committees' executive summaries, and ensure the packet is posted to the portal at least one week prior to the board meeting.
9. Change the board meeting agenda so there are no standing committee reports.
10. Add to the board agenda only committees that have a specific

ask of the board (e.g., input on the draft operating budget).

Boards can be much more effective and efficient if they are using their committees well. A key aspect of committee effectiveness is the timing, frequency and sequencing of their meetings vis-à-vis the board's. By addressing this issue and providing sufficient management support for committee work and documentation, all will feel they are valuable and valued contributors to achieving the organization's mission and vision. ▲

*Pamela R. Knecht is president/CEO of ACCORD LIMITED (pknecht@accordlimited.com) and an ACHE member.*

Now you  
can listen  
and draw  
inspiration  
from  
**Intangibles**  
on Audible from **Health  
Administration Press**



Chapter 2

00:02 12h 53m left - 1:02:06

Connect to Device

available at **amazon**



Alex Anderson



Judy E. Davidson,  
DNP, RN



Katherine Gold, MD

## Preventing Healthcare Workforce Suicide

*Three actions leaders can take to support mental health and well-being.*

High-profile instances of physician suicide as well as increasing attention in recent years from the American Foundation for Suicide Prevention, the American Medical Association, the American Nurses Association and other organizations have sharpened the focus on suicide in the healthcare workforce. In 2021, the U.S. Senate passed the Dr. Lorna Breen Health Care Provider Protection Act to fund training for healthcare professionals on how to reduce and prevent suicide, burnout and substance use disorders. Healthcare workers are seeking mental health services at record rates, with requests for treatment exceeding the capacity to treat.

There is limited understanding of the reasons why healthcare workers die by suicide, with gaps in research on evidence-based prevention programs and analyses to identify risks for key groups in the workforce such as women, workers from various racial and ethnic backgrounds, and LGBTQ staff. Though existing research has focused on physician suicide and, more recently, nurse suicide, there is virtually no data on risks for other healthcare workers, such as medical assistants, technicians, clerical staff, pharmacists or EMTs, who encounter many of the same stressors that are unique to healthcare.

In addition, though men overall are far more likely than women to die by suicide, women working in healthcare appear to have higher rates of suicide than women in the general population. In some professions, such as nursing and possibly the overall field of medicine, female healthcare workers may have even higher rates than their male colleagues, according to the article “Physician death by suicide in the United States: 2012–2016,” published in the February 2021 issue of the *Journal of Psychiatric Research*.

The Institute for Healthcare Improvement recently undertook a research effort, with support from the Health Research and Educational Trust and the Centers for Disease Control and Prevention, to understand what improvements are needed to better support our healthcare workforce and prevent suicide. The available literature and consensus among leading suicide prevention experts highlights three key areas of mental health that all organizations need to prioritize.

### 1. Reduce Stigma

Suicide prevention experts hypothesize that healthcare worker suicides are underreported due to poor data

collection systems and widespread stigma, according to an article in the September 2018 issue of *International Review of Psychiatry* that studied doctors in the United Kingdom. This makes it more difficult for healthcare workers to seek care, and it creates impediments to normalizing system-level practices that discourage accurate acknowledgment and treatment of mental health issues.

*There is limited understanding of the reasons why healthcare workers die by suicide, with gaps in research on evidence-based prevention programs and analyses to identify risks for key groups.*

Some stigma associated with mental health issues and treatment is produced through the way licensure and accreditation data are collected and reported, and also through the practice of mandatory reporting of some mental health issues to governing boards. It is common, for example, for medical licensing boards and hospital credentialing agencies to inquire about an applicant’s mental





# Congratulations 2021 Fellows

We are proud to recognize the 608 healthcare leaders who have earned the distinction of board certification in healthcare management.

The FACHE® credential signifies a commitment to excellence, ethical decision-making and lifelong learning.

**FACHE**  
Fellow of the American College of Healthcare Executives  
*The Distinction of Board Certification*

To view the list of the 2021 ACHE Fellows, visit **[ache.org/FACHE](https://ache.org/FACHE)**.



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

health status and to then require sensitive and detailed information regarding their medical history and treatment, even in the absence of behavioral health concerns. The existing stigma around mental health issues is exacerbated by these policies, and the effects (e.g., self-neglect and shame) can lead to suicide.

*Leaders can improve psychological safety by normalizing both distress and health-seeking behaviors and by sharing their own experiences of distress or errors in care delivery and the supports they relied on to manage the mental health burden that followed.*

In too many health systems, clinicians who are not addressing their mental health are valued as more license-worthy than those seeking the appropriate support. Routine anonymous screening helps normalize the need to seek help. Routine emotional process debriefings following significant events also normalize the need to effectively process the impact of these events.

Beginning to address this stigma can start with a focus on increasing psychological safety within a hospital or health system. Numerous experts suggest that psychological safety serves as the foundation for any broader effort to address distress in the workforce. Successful organizational suicide prevention efforts like the program used by the U.S. Air Force start with leadership messaging, which includes the

normalization of distress and encouragement to seek help.

Leaders can improve psychological safety with the following actions:

- Normalize both distress and health-seeking behaviors by sharing their own experiences of distress or errors in care delivery and the supports they relied on to manage the mental health burden that followed.
- Create a culture of learning to address errors and identify systemic problems, rather than a culture of blame and punishment of individuals.
- Increase access to confidential mental health services like peer support groups and professional counseling.
- Update internal policies to reflect current thinking on suicide prevention and mental health support (e.g., remove questions about mental health history or treatment from health system privileging documents).

### 2. Increase Access

Key needs for more access to mental health services include proactive support, crisis management and an increased pool of providers to help those seeking mental health treatment.

All health systems interviewed by IHI that actively prioritize healthcare workforce suicide prevention strive to make appropriate care more accessible for those in distress. Both nurses and physicians voiced concerns regarding professional repercussions for seeking help.

Leaders can take several steps to build support systems with credible confidentiality and anonymity when preferred:

- Deploy anonymous screening for healthcare workers using tools like the American Foundation for Suicide Prevention's Interactive Screening Program and connect workers to appropriate professional services.
- Increase training for leaders to identify distress in real time and improve their capability to respond with compassion and knowledge.
- Dedicate staff time and other resources for peer support interventions (e.g., second victim prevention and support programs).
- Provide on-site, contextually sensitive professional services for mental health needs that align with a robust referral network of mental health providers.

### 3. Address Job-Related Challenges

Top priorities in addressing job-related challenges that increase workforce burden and psychological harm include providing support during risk-prone times of malpractice and event investigations and helping address premature retirement from the profession due to physical or mental health issues, including substance use disorder.

The culture and everyday realities of working in healthcare continue to challenge the workforce's well-being. Common job-related practices like 12-hour shifts, mandatory overtime, heavy administrative burdens and reliance on inefficient EHR systems continue to plague the workforce. Additionally, several studies suggest that

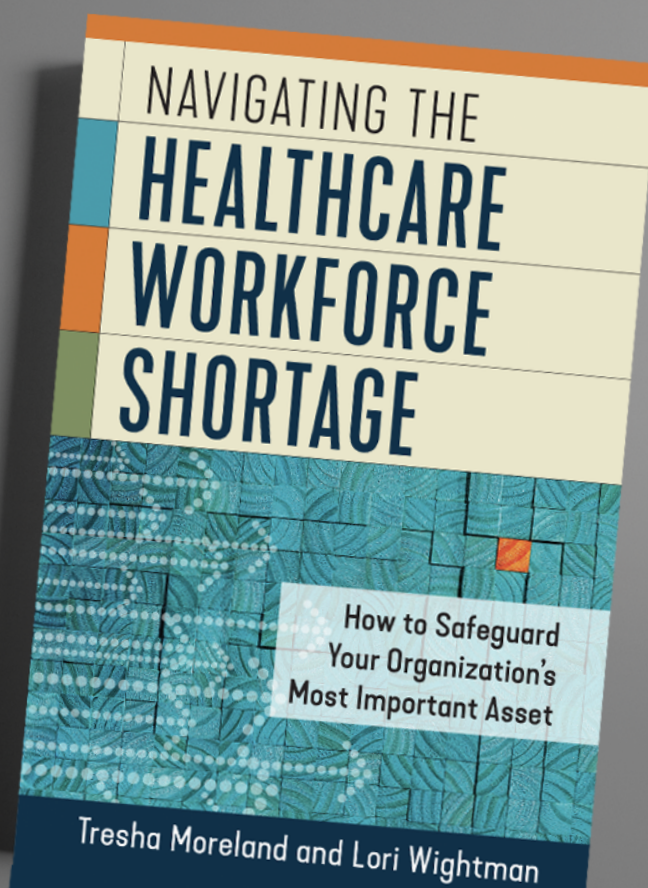
job identity is particularly important for healthcare professionals, and threats to that identity through job problems, licensing or legal issues are more likely to be reported in the weeks preceding a healthcare worker suicide compared with others, according to a study that appeared in the Jan/Feb 2013 issue of *General Hospital Psychiatry*.

In addition to existing job-related challenges and burnout, multiple COVID-19 variants and surges are creating added burden on the healthcare workforce that is unhealthy and unsustainable. To begin building a foundation for preventing harm to the workforce, start with a focus on addressing inefficiencies in everyday workflows and ensuring support for the most severe job-related challenges (e.g., malpractice investigations) by partnering with risk management and workforce well-being staff.

Leaders of hospitals and health systems must take action and prioritize resources focused on the three main drivers of suicide—stigma, access and job-related challenges—to prevent unnecessary deaths and maintain a healthy workforce. ▲

*Alex Anderson is research associate at the Institute for Healthcare Improvement (aanderson@ihi.org). Judy E. Davidson, DNP, RN, is nurse scientist for the University of California San Diego Health Department of Nursing and School of Medicine, Department of Psychiatry (j davidson@health.ucsd.edu). Katherine Gold, MD, is associate professor of family medicine and obstetrics and gynecology at the University of Michigan (ktgold@med.umich.edu). Jeffrey Rakover, director of innovation, IHI (jrakover@ihi.org), also contributed to this article.*

Discover six key levers for addressing one of the biggest workforce shortages in recent history, with real-life examples of organizations that have successfully overcome their workforce challenges.



Now thru June, save **20% off** the member and nonmember price with **promo code HCEXEC522**.



**HealthAdministrationPress**  
Foundation of the American College of Healthcare Executives

To learn more and purchase this book online, visit **ache.org/HAP**.  
To order by phone, call the ACHE/HAP Order Fulfillment Center at (800) 888-4741 or (312) 337-0747.





Jyrice E. Sims, FACHE

## Mission-Focused Leadership

*How CEOs can lead with their mission, even in difficult times.*

*Above all else, we are committed to the care and improvement of human life.*

Medical City Plano shares that mission statement with its parent system, Medical City Healthcare, and parent company, HCA Healthcare. It's a mission that guides the leadership team in every aspect of operations, along with some additional messages, such as this one:

"Together we create healthier tomorrows, we raise the bar in healthcare, we unlock possibilities for colleagues, and we care like family."

*CEOs need to be authentic and consistent with colleague communications, from regular written communications to presentations and in-person "meet and greets."*

These are not just aspirational phrases on paper. They represent the organization's culture. The leadership team must reflect and inspire this culture daily, finding concrete ways to promote it among more than 2,700 employees and almost 3,000 affiliated physicians.

Medical City Plano and its affiliate, Medical City Frisco, comprise one of the largest hospital complexes in the HCA Healthcare system, and our leaders strive to keep those mission priorities on track, even during challenging times. The hospitals are fortunate to be part of HCA Healthcare, where the local leadership team can draw on a nationwide network of executives and mentors with whom they can collaborate, problem-solve, and build inspiration and ideas for implementation.

### The Four P's

I've found that one of the best ways to stay on track with the hospital's mission is to remember the four P's of leadership—planning, perspective, passion and perseverance. The importance of planning goes almost without explanation. A CEO must always have a plan and the ability to execute that plan with demonstrated data and results.

Perspective comes with the leader's "why." Why did I get into healthcare, or what's my story? Ensure that the story is communicated compellingly, and tell it often. This helps teams connect with their leader's heart and get to know him or her as a person. Healthcare is a people business, so leaders must

have a passion for people. Leaders must also maintain a proper perspective in balancing work and family.

Finally, to persevere, a leader needs grit, resolve and determination to get themselves and their people through whatever situation arises.

### Servant Leadership

Cultural alignment is driven through deliberate and focused communications and activities across all levels and audiences. For example, the executive team builds trust and develops followers through its Walk in My Shoes program. Executive leaders round on hospital departments and leaders weekly, "walking in their shoes" by visiting patient rooms, soliciting honest feedback and discussing solutions, managing up departmental leaders, and rewarding and recognizing successes.

In addition, every departmental leader—from accounting to environmental services to IT—rounds on an assigned block of patient rooms daily for 30 minutes. That's followed by a 30-minute huddle with the entire leadership team to discuss patient feedback and conduct any needed service recovery in real time. This servant leadership helps to connect with stakeholders at all levels, leading to a better understanding of perspectives and driving inspiration.

This column is made possible in part by Quest Diagnostics.





## Two-Way Communication

CEOs need to be authentic and consistent with colleague communications, from regular written communications to presentations and in-person “meet and greets.” This is crucial in challenging times when communication is vital, especially to keep front-line caregivers apprised of new developments. Communication channels should always go both ways, providing plenty of opportunity for colleague feedback and input.

Consistent, two-way communications build trust and can make it easier for colleagues to support initiatives when difficult decisions must be made. For example, in 2021, Medical City Plano expanded capacity by 250% for extracorporeal membrane oxygenation, an advanced heart/lung bypass treatment, to enable additional access to this lifesaving treatment for critically ill COVID-19 patients from areas where the treatment was not available. To accomplish that, the hospital needed to temporarily redirect resources from other service areas that did not require critical care. The move was consistent with the hospital’s mission statement.

Every hospital leader can most likely identify with a time when a resource was limited, and the right thing to do was to make the best and highest use of the resources and intellectual capacity available at that time. Be authentic in communicating those decisions to staff to facilitate the necessary changes.

## Being Crisis-Ready

Leaders also must have the structure in place to manage crises. For example, underneath the overarching pandemic, Medical City Plano faced staffing challenges, social disruption

and an unprecedented Texas ice storm in 2021. Leaders can’t dwell on the mini-crisis they just managed but must move on to anticipating the next crisis around the corner.

.....  
*A CEO must always have a plan and the ability to execute that plan with demonstrated data and results.*  
.....

Successful crisis navigation and mitigation comes with having a great executive team, being visible and authentic in the workplace, having open lines of communication with colleagues and the community, and having a top-notch command center team to filter through incoming information and make plans in real time. Even though Medical City Plano is fortunate to be able to draw on division and corporate resources, it still is essential to have a hospital structure and personnel ready to manage local crises.

## Be Authentic

Leaders must also demonstrate authenticity in their decisions and daily operations. Service is our responsibility, and a leader’s No. 1 priority is to serve others. For example, one of the best ways to show commitment to diversity, equity and inclusion is in the makeup of the executive suite. CEOs should be intentional about selecting talented and exceptional team members who bring diversity in race, ethnicity, gender and generations. Leaders must talk the talk and walk the walk.

As a personal note, when I decided to work on my PhD in public policy and administration, I chose to enroll in a

historically Black university because I believe in the benefits that diversity brings to all areas of life. Actions can speak as profoundly as words.

Ultimately, an organization’s greatest strength is its people and its culture—a system of values, expectations and accountability for everyone. Leaders who stay true to that mission and manage with their authentic selves will find it easier to make the tough decisions when necessary and inspire their colleagues to follow them through to the other side. ▲

*Jyric E. Sims, FACHE, is CEO of Medical City Plano in Plano, Texas, and has oversight of nearby Medical City Frisco (Jyric.Sims@MedicalCityHealth.com).*



## ACHE MEMBER UPDATE

## Armada Installed as 2022–2023 ACHE Chair



Armada

**Anthony A. “Tony” Armada, FACHE**, executive vice president and chief transformation officer, Generations Healthcare Network, Lincolnwood, Ill., assumed the office of

Chair of the American College of Healthcare Executives March 26 at the Council of Regents Meeting preceding ACHE’s 65th Congress on Healthcare Leadership. He received the gavel from outgoing Chair Carrie Owen Plietz, FACHE, regional president, Kaiser Foundation Health Plan Inc. and Kaiser Foundation Hospitals, Oakland, Calif.

As Chair, Armada will serve the second part of a three-year term preceded by serving as Chair-Elect and followed by serving as Immediate Past Chair.

Board certified in healthcare management as an ACHE Fellow, Armada served as an ACHE Governor from 2017 to 2020, as an ACHE Regent-at-Large for District 3 in 2013, and on many ACHE committees.

Before joining Generations Healthcare Network in 2021, he worked for AHMC Health System, Alhambra, Calif., as president/CEO, Seton Medical Center, Daly City, Calif., and Seton Medical Center Coastsides, Moss Beach, Calif., from 2020 to 2021; as well as system COO, Verity Health System, Los Angeles, from 2018 to 2020; and X-CO expert partner, Strategy Advantage, Los Angeles, and managing partner/CEO, AA Armada Associates, Seattle, from

2017 to 2018. Between 2013 and 2017, he held the following leadership positions with Providence Saint Joseph Health, Renton, Wash.: executive vice president/CEO, PSJH—Western Washington Market (2015 to 2017), and senior vice president/system CEO, Swedish Health Services (2013 to 2015).

Previously, he was president, Advocate Lutheran General Hospital and Children’s Hospital, Advocate Health Care, Park Ridge, Ill., from 2009 to 2013; president/CEO, Henry Ford Hospital and Health Network, Henry Ford Health System, Detroit, from 2004 to 2009; senior vice president/area manager, Kaiser Foundation Health Plan and Hospitals, Kaiser Permanente, Los Angeles, from 2000 to 2004; and senior vice president/COO, Northridge (Calif.) Hospital Medical Centers, Catholic Healthcare West, Northridge, Calif., from 1998 to 2000.

Earlier in his career, Armada was president/CEO, Columbia Chino (Calif.) Valley Medical Center, from 1995 to 1998; vice president, Torrance (Calif.) Memorial Medical Center, from 1991 to 1995; COO, Coastal Communities Hospital, Republic Health Care, Santa Ana, Calif., from 1990 to 1991; assistant administrator, Charter Suburban Hospital, Paramount, Calif., and Charter Oak Hospital, West Covina, Calif., from 1988 to 1990; an administrative resident, Saint Joseph Hospital, Elgin, Ill., from 1987 to 1988; and a medical technologist, Saint Lawrence Hospital, Lansing, Mich., from 1982 to 1985.

In addition to his service to ACHE, Armada is a member of the

Healthcare Executive Study Society; the Standards Council for the Commission on Accreditation of Healthcare Management Education; the Beaumont Society at Michigan State University; and the Alumni Association, Xavier University.

He has received numerous awards, including the Technology and Innovation Visionary Leader award from *Asian Weekly Pacific Northwest*; the Business Leaders of Color Award from Chicago United; and the Chicago Filipino-American Hall of Fame Leadership Award from *Via Times* and *CPR-TV*. *Modern Healthcare* recognized him as one of its “Top 25 Minority Executives in Healthcare” three times, and in 2011, he received the Dean Conley Award from ACHE for his article “Diversity in Healthcare: Time to Get REAL!” published in *Frontiers of Health Services Management*. Armada also received the Service Award (2008), the Distinguished Service Award (2010) and the Exemplary Service Award (2012) through ACHE’s Recognition Program.

He received dual master’s degrees in hospital and health administration and business administration from Xavier University, Cincinnati, and a bachelor’s degree in human medicine from Michigan State University, East Lansing, Mich.

.....  
This column is made possible in part by  
Change Healthcare.

**CHANGE**  
HEALTHCARE

Insight. Innovation. Transformation.

## Finley Elected 2022–2023 ACHE Chair-Elect



Finley

**Delvecchio S. Finley, FACHE**, CEO, Atrium Health Navicent, Macon, Ga., has been elected the 2022–2023 ACHE Chair-Elect. Finley took office March 26.

As Chair-Elect, Finley will serve the first part of a three-year term followed by serving as Chair and Immediate Past Chair.

Board certified in healthcare management as an ACHE Fellow, Finley served as an ACHE Governor from 2018 to 2021, as an ACHE Regent for Northern and Central California from 2007 to 2010, and on many ACHE committees. In 2014, he received the Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year.

Before Finley assumed his current role in 2021, he was CEO, Alameda Health System, Oakland, Calif., from 2015 to 2021; CEO, LA County/Harbor–UCLA Medical Center, Torrance, Calif., from 2011 to 2015; vice president, Operations–Support and Professional Services, California Pacific Medical Center, a Sutter Health affiliate, from 2010 to 2011; interim COO, Laguna Honda Hospital and Rehabilitation Center, San Francisco, in 2009; and hospital associate administrator, Diagnostic and Support Services, San Francisco General Hospital and Trauma Center, from 2006 to 2009. From 2003 to 2006, he worked for the University of California, San Francisco,

in various positions: administrative director, HIV/AIDS Division (2005 to 2006); division administrator, Occupational and Environmental Medicine (2004 to 2005); and division administrator, Hematology/Oncology Division (2003 to 2005).

In addition to his service to ACHE, Finley serves as a board member for the Georgia Hospital Association, the Georgia Association of Community Hospitals, and the Council on Healthcare Spending and Value for *Health Affairs*. His prior board experience includes the American Hospital Association, California Hospital Association and the California Association of Public Hospitals.

He has received numerous awards during his career, including being named to *Modern Healthcare's* “Top 25 Diversity Leaders in Healthcare” list in 2021 and the magazine’s “Watch List” and “Top 25 Minorities in Healthcare” list in 2016, and in 2015, he received *Modern Healthcare's* “Up and Comers Award” and was named to *Becker's Hospital Review's* “Top Healthcare Executives Under 40” list. He also received the Service Award (2008), the Distinguished Service Award (2011) and the Exemplary Service Award (2014) through ACHE’s Recognition Program and a Senior-Level Healthcare Executive Regent Award from ACHE in 2007.

Finley earned a Master of Public Policy from Duke University’s Sanford Institute of Public Policy, Durham, N.C., and a bachelor’s degree in chemistry from Emory University, Atlanta. He also received a graduate certificate in Health Policy, Law and Management

from Duke University, and he was a fellow of the National Association of Public Hospitals and Health Systems in 2008 and a fellow of the Change Agent Program for the UCSF Center for Health Professions from 2009 to 2012.

## Cardenas, Givens, Martz and McElmurray Elected ACHE Governors

Four ACHE Fellows were elected to serve three-year terms on ACHE’s Board of Governors. Each took office March 26.



Cardenas

**Noel J. Cardenas, FACHE**, senior vice president/CEO, Memorial Hermann Southeast and Pearland Hospitals, Houston, served as the ACHE Regent for Army from 2013

to 2015, and as president of the ACHE-SouthEast Texas Chapter from 2020 to 2021. He has also served on several ACHE committees.

Before assuming his current role in 2020, he was vice president, operations/COO, Memorial Hermann Northeast Hospital, Humble, Texas, from 2015 to 2020. Prior to that, Cardenas served in the U.S. Army and Texas National Guard in the following roles: CEO/hospital commander, Reynolds Army Community Hospital, Fort Sill, Okla., from 2013 to 2015; COO, Brooke Army Medical Center/Healthcare System, Fort Sam Houston, Texas, from 2010 to 2013; CEO/commander, 421st Multifunctional Medical Battalion, Wiesbaden, Germany, from 2008 to 2010; CEO/commander, Medical Task Force 421st

## ACHE MEMBER UPDATE

Multifunctional Medical Balad, Iraq, from 2008 to 2009; COO, Evans Army Community Hospital, Fort Carson, Colo., from 2006 to 2008; and COO, Raymond W. Bliss Army Health Center, Fort Huachuca, Ariz., from 2004 to 2006.

In addition to his service to ACHE, Cardenas is a board member of the Pearland Chamber of Commerce, the Bay Area Houston Economic Partnership and Texas A&M University School of Public Health External Advisory Council.

He received the Senior-Level Healthcare Executive Regent Award from ACHE in 2008 as well as the Distinguished Service Award (2014) and the Exemplary Service Award (2016) through the ACHE Recognition Program, and an ACHE Governors Award in 2016.

Board certified in healthcare management as an ACHE Fellow, Cardenas earned a Master of Healthcare Administration degree from Baylor University, Waco, Texas, and a bachelor's degree in biology from the University of Texas, Austin. In 2017, he participated in the Memorial Hermann Physician Network and Rice University Executive Education Program.



Givens

**Michael K. Givens, FACHE**, COO/administrator, St. Bernard's Medical Center, Jonesboro, Ark., served as the ACHE Regent for Arkansas from 2019 to 2022 and on

various ACHE committees. He was also president of the Arkansas Health Executives Forum, an ACHE chapter, from 2014 to 2016, in addition to serving as the chair of various chapter committees.

Givens joined St. Bernard's Medical Center in 2001 as director, patient care financial operations, before moving into the role of assistant vice president of patient care services that same year. In 2006, he was promoted to the position of vice president of patient care services—a role he held until 2010 before assuming his current title. Previously, he was a graduate teaching assistant at Harding University, Searcy, Ark., from 1999 to 2001, and an administrator with HealthSouth Rehabilitation Hospitals in Arkansas from 1995 to 1999.

In addition to his service to ACHE, Givens is a member of the Arkansas Health Executives Forum and a Northeast Arkansas district member of the Arkansas Hospital Association. He is also a volunteer with El Centro Hispano, the Hispanic Center of Jonesboro; a member of the Jonesboro Regional Chamber of Commerce; a preceptor for MHA administrative fellows at the University of Alabama, Birmingham; and an International Missions team leader.

He has received various accolades during his career, including the Arkansas Hospital Association C.E. Melville Young Administrator of the Year in 2011 award. *Arkansas Business* recognized Givens as an

“Outstanding Young Executive” in 2007 and named him to its “40 Under 40” list in 2009. Additionally, he received the Service Award (2011), the Distinguished Service Award (2015) and the Exemplary Service Award (2021) through ACHE's Recognition Program, as well as an Early Careerist Healthcare Executive Regent Award from ACHE in 2006.

Board certified in healthcare management as an ACHE Fellow, Givens earned his MBA from Harding University, Searcy, Ark., and his bachelor's degree from the University of Arkansas, Fayetteville.



Martz

**Michele R. Martz, CPA, FACHE**, president, UPMC Western Maryland, Cumberland, has served on various ACHE committees.

Prior to assuming her current role in 2021, Martz was senior vice president/CFO, UPMC Western Maryland and Western Maryland Health System, from 2019 to 2020, and before that, she worked at Western Maryland Health System in various capacities: vice president, Physician Enterprise (2012 to 2019); vice president, Financial Services (2002 to 2012); and director, budget and reimbursement (1992 to 2002). Earlier, she was budget and reimbursement specialist with Western Maryland Health System/Memorial Hospital from 1989 to 1992 and adjunct faculty, Business Administration, Allegany College, both in Cumberland, Md., as well as an



accountant with Deloitte, Haskins & Sells in Pittsburgh from 1987 to 1989.

In addition to her service to ACHE, Martz is a member of the board of directors for Maryland Physician Care, the Allegany College of Maryland and the Cumberland Economic Development Corp. She is also a member of the Maryland Hospital Association Council on Financial Policy and the West Virginia Society of CPAs, and she serves as treasurer for the United Way of the Potomac Highlands.

Board certified in healthcare management as an ACHE Fellow, Martz is also a fellow of the Healthcare Financial Management Association. She earned her master's degree in professional accountancy and her bachelor's degree in business administration, with honors, from West Virginia University, Morgantown. In addition, she completed the Baldrige Executive Fellows Program with the National Institute of Standards and Technology, U.S. Department of Commerce, from 2018 to 2019, and ACHE's Senior Executive Program in 2014.



McElmurray

**Dodie McElmurray, FACHE, CEO,** Community Hospitals, University of Mississippi Medical Center, Jackson, served as the

ACHE Regent for Mississippi from 2014 to 2017, on various ACHE committees and as president-elect for the Mississippi Healthcare

Executives, an ACHE chapter, from 2013 to 2014.

Before joining the University of Mississippi Medical Center in 2020, McElmurray was COO, West Jefferson Medical Center, Marrero, La., from 2017 to 2020, and COO, Greenwood (Miss.) Leflore Hospital, from 2014 to 2017. Between 2003 and 2014, she worked at the University of Mississippi Medical Center, Jackson, in various capacities: administrator, Clinical Support Services (2006 to 2014); assistant administrator (2005 to 2006); clinical director, Neurosciences and Orthopedics (2004 to 2005); and assistant director, Nursing (2003 to 2004). Earlier, she was a professional consultant, Beverly Enterprises, Fort Smith, Ark., from 2002 to 2003; director, Nursing, Beverly Healthcare, Searcy, Ark., from 2001 to 2002; director, Nursing/administrator-in-training, Walter B. Crook Nursing Facility, Ruleville, Miss., from 2000 to 2001; unit manager, Ruleville (Miss.) Healthcare, from 1998 to 2000; staff nurse, North Sunflower County Hospital, Ruleville, Miss., from 1999 to 2001; and staff nurse, Continue Care Home Health, Indianola, Miss., from 1997 to 1998.

In addition to her service to ACHE, McElmurray is a member of the Grenada Rotary Club and the Mississippi Hospital Association Board of Governors. Additionally, she serves as chair of the Mississippi Hospital Association's Delta Council and its Committee on Quality.

She has received several awards during her career. In 2012, the *Mississippi Business Journal* named

McElmurray as a finalist for "Business Woman of the Year," and in 2011, included her on its "Top 50 Business Women" list. She also received the Service Award (2017) through ACHE's Recognition Program and an Early Careerist Healthcare Executive Regent Award from ACHE in 2013.

Board certified in healthcare management as an ACHE Fellow, McElmurray earned her MBA and a master's degree in nursing from the University of Phoenix and a bachelor's degree in nursing from Delta State University, Cleveland, Miss.

### ACHE Welcomes New Regents

Seventeen healthcare executives have been elected to serve three-year terms as Regents, and one has been appointed to serve as a Regent-at-Large for District 3. The Regents took office March 26 at the Council of Regents Meeting preceding ACHE's 65th Congress on Healthcare Leadership. In addition, three Regents were appointed to represent members on an interim basis in Colorado, Mississippi and Wyoming, and two were appointed on an interim basis as Regents-at-Large for Districts 4 and 5.

The elected Regents will represent ACHE members in their respective jurisdictions; Interim Regents and Regents-at-Large will serve until the next election can be held. All individuals are board certified in healthcare management as ACHE Fellows.

Following are the new Regents and Regents-at-Large listed by the jurisdictions they represent:

## ACHE MEMBER UPDATE



Allard



Cadwell



Casciato



Chuang



Crain



Dilley



Drake



LaFontaine



Lieneck



Longacre



Lumia



Mangus



Montoya



Murrell



Panlasigui



Phlegar



Polikandriotis



Radford



Schone



Snyder



Sorrells



Thornton



Vitale

**Air Force:** Lt Col Amanda M. Phlegar, FACHE

**Alaska:** William E. Sorrells, FACHE

**Arkansas:** Greg Crain, FACHE

**California—Northern & Central:** Philip Chuang, PhD, FACHE

**Colorado:** John Polikandriotis, PhD, FACHE (Interim Regent)

**Connecticut:** Kimberly A. Lumia, RN, FACHE

**Florida—Eastern:** Neil A. Mangus, FACHE

**Illinois—Central & Southern:** Nicole Radford, FACHE

**Illinois—Metropolitan Chicago:** Georgia Casciato, FACHE

**Indiana:** Chad Dilley, FACHE

**Iowa:** Samuel T. Schone, FACHE

**Kentucky:** John J. Murrell, FACHE

**Maine:** Tyson J. Thornton, PharmD, FACHE

**Mississippi:** April L. LaFontaine, FACHE (Interim Regent)

**New York—Metropolitan New York:** Paul D. Vitale, FACHE

**South Dakota:** Mark Longacre, FACHE

**Texas—Central & South:** Cristian H. Lieneck, PhD, FACHE

**Veterans Affairs:** Alfred A. Montoya Jr., FACHE

**West Virginia & Western Virginia:** Kristi M. Snyder, FACHE

**Wyoming:** Maureen K. Cadwell, FACHE (Interim Regent)

**Regent-at-Large, District 3:** Kris Drake, FACHE

**Regent-at-Large, District 4:** James R. Allard, DNP, RN, FACHE (Interim Regent-at-Large)

**Regent-at-Large, District 5:** Bonnie J. Panlasigui, FACHE (Interim Regent-at-Large)

For additional information about these representatives, visit [ache.org/Regents](https://www.ache.org/Regents).

### ACHE Call for Nominations for the 2023 Slate

ACHE's 2022–2023 Nominating Committee is calling for applications for service beginning in 2023. ACHE Fellows are eligible for the Chair-Elect and Governor vacancies and are eligible for the Nominating Committee vacancies within their districts. Those interested in pursuing applications should

review the candidate guidelines for the competencies and qualifications required for these important roles. Open positions on the slate include:

- Nominating Committee Member, District 2 (two-year term ending in 2025)
- Nominating Committee Member, District 3 (two-year term ending in 2025)
- Nominating Committee Member, District 6 (two-year term ending in 2025)
- Four Governors (three-year terms ending in 2026)
- Chair-Elect

Please refer to the following district designations for the open positions:

- **District 2:** District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico & Virgin Islands, South Carolina, Virginia, West Virginia
- **District 3:** Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- **District 6:** Air Force, Army, Navy, Veterans Affairs

Candidates for Chair-Elect and Governor should submit an application to serve that includes a copy of their resume and up to 10 letters of support. For details, please review the Candidate Guidelines, including guidance from the Board of Governors to the Nominating Committee regarding the personal competencies of Chair-Elect and Governor candidates and the composition of the Board of Governors.

Candidates for the Nominating Committee should only submit a letter of self-nomination and a copy of their resume.

Applications to serve and self-nominations must be submitted electronically to [jnolan@ache.org](mailto:jnolan@ache.org) and must be received by July 15. All correspondence should be addressed to Michael J. Fosina, FACHE, chair, Nominating Committee, c/o Julie Nolan, American College of Healthcare Executives, 300 S. Riverside Plaza, Ste. 1900, Chicago, IL 60606-6698.

The first meeting of ACHE's 2022–2023 Nominating Committee was held March 29 during the 2022 Congress on Healthcare Leadership in Chicago. During the meeting, the Nominating Committee conducted an orientation session for potential candidates regarding the nominating process. Immediately following the orientation, an open forum was held for ACHE members to present and discuss their views of ACHE leadership needs.

Following the July 15 submission deadline, the committee may meet to determine which candidates for Chair-Elect and Governor will be interviewed. All candidates will be notified of the committee's decision by Sept. 30, and candidates for Chair-Elect and Governor will be interviewed in person Oct. 27.

To review the Candidate Guidelines, visit [ache.org/CandidateGuidelines](https://www.ache.org/CandidateGuidelines). If you have any questions, please contact Julie Nolan at (312) 424-9367 or [jnolan@ache.org](mailto:jnolan@ache.org).

## PEOPLE

### Two ACHE Fellows Receive Baldrige Foundation National Leadership Awards

The Baldrige Foundation presented two Fellows with National Leadership Awards during the 33rd Quest for Excellence Conference in Washington, D.C., April 5, 2022. **John B. Chessare, MD, FACHE**, president/CEO, GBMC HealthCare, Baltimore, received the Harry S. Hertz Leadership Award. This award recognizes role-model leaders from across the United States who challenge, encourage and empower others to achieve performance excellence. **John Kueven, RN, FACHE**, senior vice president/hospital president, Wellstar Paulding Hospital, Hiram, Ga., and interim president, Wellstar Cobb Hospital, Austell, Ga., was one of 11 recipients of the

2022 Foundation Awards for Leadership Excellence. These awards recognize leaders in the business, nonprofit, government, healthcare, education and cybersecurity sectors who provide exceptionally outstanding support to Baldrige and the foundation's mission.

GBMC HealthCare and Wellstar Paulding Hospital were two of five organizations to earn the 2020 Malcolm Baldrige National Quality Award, which is the nation's highest presidential honor for performance excellence through innovation, improvement and visionary leadership.

To learn more about the Baldrige Foundation National Leadership Awards, visit [baldrigefoundation.org](https://baldrigefoundation.org).

### ACHE Member Receives AHA Rural Hospital Leadership Award

**David Cauble**, president/CEO, Sky Lakes Medical Center, Klamath Falls, Ore., was awarded the 2021 American Hospital Association Rural Hospital Leadership Award. The award recognizes small or rural hospital leaders who guide their hospital and community through change and innovation. The award-ees display outstanding leadership, responsiveness to their community's health needs and a collaborative process that has led to measurable outcomes. The award was presented during the AHA's 35th Rural Health Care Leadership Conference held Feb. 6–9, 2022, in Phoenix.

### In Memoriam

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

**Joseph L. McTernan, DHS, FACHE**  
Warsaw, N.Y.

**Diane S. Postler-Slaterry, PhD, FACHE**  
Midland, Mich.

**Robert L. Whidden Jr., FACHE**  
Andover, Mass.

### ACHE STAFF NEWS

#### ACHE Announces New Hires

Following are new hire announcements.

**Randy F. Liss** welcomed as director, communications/editor-in-chief, *Healthcare Executive*, Department of Marketing.

**Jon N. Mau** welcomed as manager, digital marketing, Department of Marketing.

**Sandra R. McGarry** welcomed as learning specialist, Department of Professional Development.

**Nate R. Muckley** welcomed as District Services assistant, Regional Services, Department of Executive Engagement.

**Naomi D. Tolbert** welcomed as Diversity & Inclusion program specialist, Department of Executive Engagement.

**Komari C. Walls** welcomed as coordinator, Department of Executive Engagement.



# Official Notice for the 2022–2023 Council of Regents Elections



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

This official notice serves as the beginning of the election process to select new Regents to serve on the American College of Healthcare Executives' Council of Regents, the legislative body that represents ACHE's more than 48,000 members. Service as an elected official is a unique opportunity to exercise your leadership ability, share innovative ideas and act on behalf of fellow members.

**All Fellows who wish to run for election must submit an electronic letter of intent to [elections@ache.org](mailto:elections@ache.org) by Aug. 26, 2022.** If you submit your letter of intent and you haven't received confirmation by Sept. 2, 2022, contact Caitlin E. Stine at (312) 424-9324 or [cstine@ache.org](mailto:cstine@ache.org).

**Please note:**

- New Regents will each serve a three-year term on the Council of Regents, beginning at the close of the March 2023 Council of Regents meeting during ACHE's Congress on Healthcare Leadership.
- Members are assigned to a Regent jurisdiction based on their business address.
- This official notice is the only notification for the 2022–2023 Council of Regents elections.

**If you would like additional information about the responsibilities of a Regent and what to include in your letter of intent,** please contact Caitlin E. Stine at (312) 424-9324 or [cstine@ache.org](mailto:cstine@ache.org).



## ELECTIONS WILL BE HELD IN THE FOLLOWING JURISDICTIONS:

Arizona  
Army  
California—Southern  
Canada  
Colorado  
District of Columbia & Northern Virginia  
Florida—Northern and Western  
Georgia  
Maryland  
Michigan & Northwest Ohio  
Minnesota

Mississippi  
Missouri  
Montana  
Navy  
Nebraska & Western Iowa  
Nevada  
New Jersey—Northern  
New Mexico & Southwest Texas  
New York—Northern and Western  
North Carolina  
North Dakota  
Ohio

Pennsylvania  
Pennsylvania—Southeast & Southern New Jersey  
Puerto Rico  
Rhode Island  
South Carolina  
Tennessee  
Texas—Southeast  
Vermont  
Virginia—Central  
Washington  
Wyoming



Felder



Hawkins



Loomis



Sheehan



Starmann-Harrison



Swearingen

**Joe Ciavarro** to director, PA Services, New York-Presbyterian Brooklyn (N.Y.) Methodist Hospital, from site director, PAs, Mount Sinai West/Morningside, New York, N.Y.

**Stephanie Curtin** to vice president, operations, New York Cancer & Blood Specialists, Port Jefferson Station, N.Y., from regional director.

**Derek L. Felder, FACHE**, to market CEO, Select Specialty Hospital, Atlanta, from executive vice president/COO, Dwight David Eisenhower Army Medical Center, Augusta, Ga.

**Kidada Hawkins, FACHE**, to COO, Princeton Baptist Medical Center, Birmingham, Ala., from CEO, Shoals Hospital, Muscle Shoals, Ala.

**Sam Hessami, MD, FACHE**, to CMO, Dignity Health—St. Bernardine Medical Center, San Bernardino, Calif., from CMO, Arrowhead Regional Medical Center, Colton, Calif.

**Raymond T. Hino, FACHE**, to CEO, Southern Coos Hospital & Health Center, Bandon, Ore., from vice president, operations, PE GI Solutions LLC, Jamison, Pa.

**Curt M. Junkins, FACHE**, to CEO, Lake Granbury (Texas) Medical Center, from CEO, Navarro Regional Hospital, Corsicana, Texas.

**Thomas B. Lanni Jr., FACHE**, to president, Grosse Pointe (Mich.) and Troy (Mich.) Hospitals, from COO, Beaumont Hospital Dearborn (Mich.).

**Jeff S. Loomis, FACHE**, to director, clinical operations, Southeast Primary Care Partners, Alpharetta, Ga., from chief clinical business operations, Lowcountry Market, Ft. Stewart, Ga.

**Michael C. Moore, PhD, FACHE**, to executive deputy medical center director, Little Rock (Ark.) VA Medical Center, from deputy network director, VA Heartland Network, Kansas City, Mo.

**Kelly L. Pearce, FACHE**, to CEO, St. Mary's Medical Center, Blue Springs, Mo., from vice president, hospital operations, SSM Health DePaul Hospital, St. Louis.

**Rhee Perry** to COO, Lake Cumberland Regional Hospital, Somerset, Ky., from administrative director, nursing services, North Alabama Medical Center, Florence, Ala.

**John C. Sheehan, FACHE**, to COO, UnityPoint Health System, West Des Moines, Iowa, from chief administrative officer.

**Mary C. Starmann-Harrison, LFACHE**, to retirement from president/CEO, Hospital Sisters Health System, Springfield, Ill. We would like to thank Mary for her many years of service to the healthcare field and to ACHE.

**Angie D. Swearingen** to COO, St. Mary's Medical Center, Huntington, W.Va., a member of Mountain Health Network, from vice president/CFO.

**Ed P. Syron, PhD, LFACHE**, to retirement from chief, Primary Care Services, Dayton (Ohio) VA Medical Center. We would like to thank Ed for his many years of service to the healthcare field and to ACHE.

**Davin G. Turner, DO, FACHE**, to CEO, Maury Regional Health, Columbia, Tenn., from president/CMO, Mosaic Life Care Medical Center St. Joseph (Mo.).

This column is made possible in part by  
Exact Sciences.

**EXACT  
SCIENCES**

# Seeking qualified leaders?

Enjoy a simplified job-posting process, resume alerts and access to a steady stream of qualified candidates with ACHE's Job Center.

Gain more exposure with Featured Job and Featured Employer options.

## Find Your Next Position

With ACHE's Job Center you benefit from improved resume posting options, enhanced search functionality, new job notification alerts, mobile access and more.

Get started for free at [ache.org/JobCenter](http://ache.org/JobCenter)



American College of  
Healthcare Executives®

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

**Jennifer J. Alexander, FACHE**, operations manager, Imaging Systems and Services, UT Southwestern Medical Center, Dallas, received the Chapter Connector Award from the Regent for Texas–Northern.

**Sarah E. Beinkampen**, department manager, Cleveland Clinic, received the Outstanding Service Award from the Regent for Ohio.

**Dylan D. Blackburn**, business operations specialist, MultiCare Medical Associates, Tacoma, Wash., received the Early Career Healthcare Executive Award from the Regent for Washington.

**Sally T. Buck, FACHE**, CEO, National Rural Health Resource Center, Duluth, Minn., received the Senior-Level Healthcare Executive Award from the Regent for Minnesota.

**Parke A. Corbin, FACHE**, director, budget and planning, Shared Services, UW Medicine, Seattle, received the Senior-Level Healthcare Executive Award from the Regent for Washington.

**Kris M. Drake, FACHE**, executive director/CEO, Ingham Community Health Centers, Lansing, Mich., received the Senior-Level Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

**Zoë A. Fry**, Medicare/Medicaid revenue analyst, Care Resources PACE, Grand Rapids, Mich., received the Student Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

**Arthur A. Gianelli, FACHE**, chief transformation officer, Mount Sinai Health System/president, Mount Sinai Morningside Hospital, both in New York, received the 2021 Award of Distinction from the Healthcare Leaders of New York.

**Alexander S. Gill, FACHE**, department administrator, Children's Mercy Kansas City (Mo.), received the 2021 Missouri Regent Award from the Regent for Missouri.

**Seona Goerndt**, director, patient experience, MetroHealth System,

Cleveland, received the Leadership Award from the Regent for Ohio.

**James C. Houser**, administrator, Cleveland Clinic, received the Outstanding Service Award from the Regent for Ohio.

**Johnathan Landor, FACHE**, senior director, Children's Mercy Kansas City (Mo.), received the 2021 Missouri Regent Award from the Regent for Missouri.

**Heidi Murdock**, donor relations account manager, LifeNet Health, Virginia Beach, Va., received the Regent Award from the Regent for Washington.

**Richard K. Ogden, PharmD, FACHE**, assistant director, pharmacy, Children's Mercy Kansas City (Mo.), received the 2021 Missouri Regent Award from the Regent for Missouri.

**Heather J. Rohan, FACHE**, past division president, TriStar Health, Brentwood, Tenn., and an ACHE Past Chair, received the *Nashville Business Journal's* Lifetime Achievement Award.

**Dale L. Sanders, DO, DHA**, director, Health Care Administration, Alma (Mich.) College, received the Faculty Healthcare Executive Award

### Want to submit?

Send your "Member Accolades" submission to [he-editor@ache.org](mailto:he-editor@ache.org). Due to production lead times, entries must be received by June 1 to be considered for the Sept/Oct issue.



from the Regent for Michigan & Northwest Ohio.

**Jeffrey Skinner**, nurse manager, Spectrum Health, Grand Rapids, Mich., received the Early Career Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

**Brock T. Spencer**, customer service manager, WebTPA, Irving, Texas, received the Stepping Up & Stepping Out Award from the Regent for Texas–Northern.

**Allyssa Stevens**, internal management consultant, Mayo Clinic, Rochester, Minn., received the Early Career Healthcare Executive Award from the Regent for Minnesota.

**Craig Thompson, FACHE**, CEO, Golden Valley Memorial Hospital, Clinton, Mo., received the 2021 Missouri Regent Award from the Regent for Missouri.

**Fallon D. Wallace**, outpatient clinic administrator, Parkland Health & Hospital System, Dallas, received the Chapter Catalyst Award from the Regent for Texas–Northern.

**Larry S. Warkoczski, JD**, MHA executive in residence, Grand Valley State University School of Public, Nonprofit and Health Administration, Grand Rapids, Mich., received the Faculty Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

**John Whittemore**, executive director, ACHE of North Texas, received the Leadership Leverage Award from the Regent for Texas–Northern.



## Expand Your Virtual Learning

With ACHE's digital self-study courses, you can enhance your professional development and earn ACHE Qualified Education credits toward FACHE® advancement or recertification.

Courses explore timely topics and healthcare management fundamentals that correspond to a book published by Health Administration Press.

To learn more visit [ache.org/SelfStudy](https://www.ache.org/SelfStudy)

## Ethical Decision-Making for Healthcare Executives

*Approved by the Board of Governors Dec. 6, 2021.*

### Statement of the Issue

Ethical decision-making is required when the healthcare executive must address a conflict or uncertainty regarding competing values, such as personal, organizational, professional and societal values. Those involved in this decision-making process must consider ethical principles including justice, autonomy, beneficence and nonmaleficence, as well as professional and organizational ethical standards and codes. Many factors have contributed to the growing concern in healthcare organizations over clinical, organizational and societal ethical issues, including issues of equitable access and affordability, quality, value-based care, patient safety, disclosure of medical errors, allocation of limited resources, mergers and acquisitions, financial and other resource constraints, and advances in medical treatment that complicate decision-making near the end of life. Healthcare executives have a responsibility to recognize and address the growing number of complex ethical dilemmas they are facing, but they cannot and should not make such decisions alone or without a sound decision-making process that considers diverse viewpoints. The application of a systematic decision-making process can serve as a useful tool for leaders, staff and stakeholders in addressing ethically challenging situations.

Healthcare organizations should have resources that may include ethics committees, ethics consultation services, and written policies, procedures, frameworks and guidelines to assist them with the ethics decision-making process. With these organizational resources and guidelines in place, the best interests of patients, families, caregivers,

the organization, payers and the community can be thoughtfully and appropriately evaluated in a timely manner.

### Policy Position

It is incumbent upon healthcare executives to lead in a manner that promotes an ethical culture, affirms the organization's mission and values, sets expectations and accountabilities, and models ethical behavior for their organizations. The American College of Healthcare Executives believes education in ethics is an important step in a healthcare executive's lifelong commitment to high ethical conduct, both personally and professionally. Further, ACHE supports the development of competent organizational resources that enable healthcare executives to address ethical conflicts appropriately and expeditiously. Whereas physicians, nurses and other caregivers may primarily address clinical ethical issues on a case-by-case basis, healthcare executives also have a responsibility to address those issues at broader organizational, community and societal levels through a systematic process. ACHE encourages its members, as leaders in their organizations, to take an active role in the development and demonstration of ethical decision-making.

To this end, healthcare executives should:

- Create an ethical culture grounded in the organization's mission and values that fosters ethical clinical and administrative practices, policies and decision-making through the application of a systematic ethics decision-making process.

- Communicate the organization's commitment to the ethical alignment of its mission or value statements.
- Model ethical decision-making and demonstrate the importance of ethics to the organization through their expectations of professional behavior.
- Offer educational programs to boards, senior leadership, staff, physicians and others, including the community, regarding their organization's ethical standards of practice and on the more global issues necessitating ethical decision-making in today's healthcare environment. This includes education about cultural sensitivity and avoiding implicit bias when making ethical decisions with patients and their families. Further, healthcare executives should promote learning opportunities, such as those provided through professional societies or academic organizations, that will facilitate informed, thoughtful, respectful and open discussion of ethical issues.
- Ensure that the organizational resources addressing ethics issues are readily available and include individuals who are competent to address ethical concerns. Organizations need mechanisms for addressing both clinical and organizational ethics challenges, which could mean the creation of a separate committee to address the latter. Committees should include members from multiple disciplines including physicians, nurses, managers, administrators, board members, social workers, attorneys, patients and/or the community and clergy. Healthcare executives must act with intentionality to ensure the diverse expertise and experiences of decision-makers appropriately represents populations likely to be impacted by recommendations or policy directives.
- Ensure that ethics resources possess ongoing ethical training and are competent to address a broad range of ethical concerns (e.g., clinical, organizational, business and management).
- Seek assistance from ethics subject matter experts and resources when there is ethical uncertainty. Leaders should consider the benefits of consulting a trained ethicist when needed to address clinical issues. Furthermore, encourage others to use organizational resources to address challenging ethical issues.
- Evaluate and continually refine organizational processes for addressing ethical issues.
- Promote decision-making that results in the appropriate balance of power with individual, organizational and societal issues. Decision-making processes should identify and safeguard against biases and acknowledge privilege to ensure the interests of vulnerable or underrepresented populations are equitably considered.

---

*Policy created: August 1993*  
*Last revised: November 2016*

## Health Information Confidentiality

*Approved by the Board of Governors Dec. 6, 2021.*

---

### Statement of the Issue

Healthcare is among the most personal services rendered in our society; yet to deliver this care, scores of personnel must have access to intimate patient information. To receive appropriate care, patients must feel free to reveal personal information. In return, the healthcare provider must treat patient information confidentially and protect its security.

That being said, healthcare requires immediate access to information required to deliver appropriate, safe and effective patient care. All providers must be ever-vigilant to balance the need for privacy.

Maintaining confidentiality is becoming more difficult. While information technology can improve the quality of care by enabling the instant retrieval and access of information through various means, including mobile devices, and the more rapid exchange of medical information by a greater number of people who can contribute to the care and treatment of a patient, it can also increase the risk of unauthorized use, access and disclosure of confidential patient information. This includes the possibility of data being obtained and held for ransom. Within healthcare organizations, personal information contained in medical records is reviewed not only by physicians and nurses but also by professionals in many clinical and administrative support areas.

The obligation to protect the confidentiality of patient health information is imposed in every state by that state's own law, as well as the minimally established

requirements under the federal Health Insurance Portability and Accountability Act of 1996 as amended under the Health Information Technology for Economic and Clinical Health Act and expanded under the HIPAA Omnibus Rule (2013). It is imperative that all leaders consult their own state patient privacy law to ensure their compliance with their own law, as ACHE does not intend to provide specific legal guidance involving any state legislation. When consulting their own state law it is also important that all providers confirm state licensing laws, The Joint Commission Rules, accreditation standards, and other authority attaching to patient records. All of these will be referred to collectively as "state law" for the remainder of this Policy Statement.

Protected health information can be used or disclosed by covered entities and their business associates (subject to required business associate agreements in place) for treatment, payment or healthcare operations activities and other limited purposes, and as a "permissive disclosure" as long as the patient has received a copy of the provider's notice of privacy practices, has signed acknowledgement of that notice, the release does not involve mental health records, and the disclosure is not otherwise prohibited under state law. All providers should be sure their notice of privacy practices meets the multiple standards under HIPAA, as well as any pertinent state law.

Mental health records are included under releases that require a patient's (or legally appointed representative's) specific consent (their "authorization") for disclosure,



as well as any disclosures that are not related to treatment, payment or operations, such as marketing materials. All providers should be sure their authorization form meets the multiple standards under HIPAA, as well as any pertinent state law.

While media representatives also seek access to health information, particularly when a patient is a public figure or when treatment involves legal or public health issues, healthcare providers must protect the rights of individual patients and may only disclose limited directory information to the media after obtaining the patient's consent. Society's need for information does not outweigh the right of patients to confidentiality.

To disclose patient information, healthcare executives must determine that patients or their legal representatives have authorized the release of information or that the use, access or disclosure sought falls within the permitted purposes that do not require the patient's prior authorization. Healthcare executives must implement procedures and keep records to enable them to "account" for disclosures that require authorization as well as most disclosures that are for a purpose other than treatment, payment or healthcare operations activities. Patients have the right to request and receive an accounting of these accountable disclosures under HIPAA or relevant state law.

### **Policy Position**

The American College of Healthcare Executives believes that in addition to following all applicable state laws and HIPAA, healthcare executives have a moral and professional obligation to respect confidentiality and protect the security of patients' medical records while also protecting the flow of information as required to provide safe, timely and effective medical care to that patient. As patient advocates, executives must ensure their organizations obtain proper patient acknowledgement of the notice of privacy practices to assist in the free flow of information between providers involved in a patient's care, while also being confident they are meeting the requirements for a

higher level of protection under an "authorized" release as defined by HIPAA and any relevant state law.

While the healthcare organization possesses the health record, outside access to the information in that record must be in keeping with HIPAA and state law, acknowledging which disclosures fall out from permissive disclosures as defined above, and may require further patient involvement and decision-making in the disclosure. Organizations therefore must determine the appropriateness of all requests for patient information under applicable federal and state law and act accordingly.

In fulfilling their responsibilities, healthcare executives should seek to:

- Limit access to patient information to providers involved in the patient's care and ensure all such providers have access to this information as necessary to provide safe and efficient patient care.
- Determine disclosures beyond the treatment team on a case-by-case basis, as determined by their inclusion under the notice of privacy practices or as an authorized disclosure under the law.
- Ensure that institutional policies and practices with respect to confidentiality, security and release of information are consistent with regulations and laws.
- Educate healthcare personnel on confidentiality and data security requirements, take steps to ensure all healthcare personnel are aware of and understand their responsibilities to keep patient information confidential and secure, and impose sanctions for violations.
- Implement technical (which in most cases will include the use of encryption under the supervision of appropriately trained information and communications personnel), administrative and physical safeguards to protect electronic medical records and other computerized data against

# Health Information Confidentiality

(Cont.)

unauthorized use, access and disclosure and reasonably anticipated threats or hazards to the confidentiality, integrity and availability of such data.

- Conduct periodic data security audits and risk assessments of the potential risks and vulnerabilities to the confidentiality, integrity and availability of electronic data, at a frequency as required under HIPAA and related federal legislation, state law and health information technology “best practices.”
- Develop systems that enable organizations to track (and, if required, report) the use, access and disclosure of health records that are subject to accounting.
- Provide for appropriate disaster recovery, business continuity and data backup.
- Establish guidelines for “sanitizing records” (masking multiple patient identifiers as defined under HIPAA so the patient may not be identified) in committee minutes and other working documents in which the identity is not a permissible disclosure.
- Establish policies and procedures to provide to the patient an accounting of uses and disclosures of the patient’s health information for those disclosures falling under the category of “accountable.”
- Create guidelines for securing necessary permissions for the release of medical information for research, education, utilization review and other purposes.
- Adopt a specialized process to further protect sensitive information such as psychiatric records, HIV status, genetic testing information, sexually transmitted disease information or substance abuse treatment records under “authorization” as defined by HIPAA and state law.
- Identify special situations that require consultation with the designated privacy or security officer and/or senior management prior to use or release of information.
- Obtain business associate agreements with any third party that must have access to patient information to do their job, that are not employees or already covered under the law, and further detail the obligations of confidentiality and security for individuals, third parties and agencies that receive medical records information, unless the circumstances warrant an exception.
- Appropriately complete business associate agreements, including due diligence on third parties who will receive medical records information and other personal information, including a review of policies and procedures appropriate to the type of information they will possess. Ensure where applicable that such third parties adhere to the same terms and restrictions regarding PHI and other personal information as are applicable to the organization. Update all business associate agreements annually.
- Follow all applicable policies and procedures regarding privacy of patient information even if information is in the public domain.
- Adopt procedures to address patient rights to request amendment of medical records and other rights under the HIPAA Privacy Rule.
- Adopt a notice of privacy practices as required by the HIPAA Privacy Rule and have it prominently posted as required under the law; provide all patients with a copy as they desire; include a digital copy in any electronic communication and on the provider’s website (if any); and regardless of how the distribution occurred, obtain sufficient documentation from the patient or their legal representative that the required notice procedure took place.

- Review applicable state and federal law related to the specific requirements for breaches involving PHI or other types of personal information.
- Establish adequate policies and procedures to properly address these events, including notice to affected patients, the Department of Health and Human Services if the breach involves 500 patients or more, and state authorities as required under state law.
- In the event of a security breach, conduct a timely and thorough investigation and notify patients promptly (and within the time frames required under applicable state or federal law) if appropriate to mitigate harm, in accordance with applicable law.
- Establish adequate policies and procedures to mitigate the harm caused by the unauthorized use, access or disclosure of health information to the extent required by state or federal law.
- Foster the patient's understanding of confidentiality policies.
- Participate in public dialogue on confidentiality issues such as employer use of healthcare information, public health reporting, and appropriate uses and disclosures of information in health information exchanges.
- Mandate, perform and document ongoing employee education on all policies and procedures specific to their area of practice regarding legal issues pertaining to patient records from employment orientation and at least annually throughout the length of their employment/affiliation with the hospital.

ACHE urges all healthcare executives to maintain an appropriate balance between the patient's right to privacy and the need to access data to improve public health, reduce costs and discover new therapy and treatment protocols through research and data analytics.

---

*Policy created: February 1994*  
*Last revised: November 2016*

## Promise Making, Keeping and Rescinding

*Approved by the Board of Governors Dec. 6, 2021.*

---

### Statement of the Issue

In today's environment, healthcare executives are faced with making challenging and complex decisions that require balancing the current and future needs of the organization with various constituencies that serve and have been served by the organization. These include decisions regarding benefits, income protection or similar considerations for current and former employees. Sometimes these decisions relating to current or former employees happen when healthcare executives are faced with making "promises" or revisiting past promises, made by them, previous executives or others. When this happens, challenges can come about from the difficult task of weighing the needs of varied constituencies and the use of resources, as well as the moral significance of a promise.

Promises are verbal or written commitments made to another person or a group of people. Promises can be formal written agreements, such as contracts, or informal agreements, such as stating to someone (or a group of people) a commitment to do something. When the executive does the latter and recognizes that such a statement of commitment will lead the person(s) to whom it is given to count on the executive's follow through, the statement of commitment is a promise. Once made, adhering to a promise is a moral responsibility of the healthcare executive, even if made by one's predecessor.

Despite the moral responsibility to respect a promise, organizational circumstances related to the promise may change sufficiently to warrant its review, even

though the promise may have become a long-standing tradition or expectation. This situation could occur regardless of whether the promise was made by the current healthcare executive or a predecessor.

However, because trust and honoring moral commitments are hallmarks of successful healthcare organizations, making, revising or rescinding a promise requires thoughtful consideration. A healthcare executive needs sufficient reasons both for making a promise as well as altering or breaking a promise. In the latter case, the violation or breaking of a promise without adequate reasons leads to harm, not only to the person(s) to whom the promise was made, but also to the executive and the image and culture of the healthcare organization.

### Policy Position

#### A. Making a Promise

The American College of Healthcare Executives believes that healthcare executives have a moral and an ethical responsibility to use a systematic, deliberate and thoughtful approach to decision-making when considering a promise to a person or a group of people. To ensure such an approach with regard to decisions affecting the welfare of current and former employees, the following questions should be considered:

- What are the circumstances surrounding the promise? Why is the promise being considered? Why now? For how long will the promise be in effect?



- Given the enduring nature of the duty to fulfill the promise, is the promise aligned with the mission, vision and values of the organization?
- What are the facts regarding the promise? Is the promise legally binding? What does legal counsel suggest?
- What are the relevant moral and/or ethical considerations regarding the promise? Is there a moral or ethical basis for justifying the promise?
- What are the options regarding what might be promised, including maintaining the promise, rescinding the promise or altering the promise?
- Will future CEOs be able to uphold this promise? Are there circumstances under which this promise can or should be revisited? If so, what are they and how frequently should this occur?
- What are the implications (benefits and harms) surrounding the above option(s)? How certain are you of those implications? What are the perspectives of the stakeholders affected by the promise?
- Have you carefully reflected on the various options, including conducting a quantitative and qualitative analysis of each option and assessing both the short- and long-term ramifications of each option?
- After selecting a particular option, did you seek the appropriate approval, such as the board's consent or that of the senior leadership team or other key stakeholders?
- How is the promise going to be communicated and documented? Has this document been shared with the relevant stakeholders? Is it clear how future CEOs will know this promise exists?

## **B. Making a Decision Regarding a Previous Promise**

After clearly identifying and acknowledging the need to review whether an existing promise should be maintained, the following questions should be considered:

- What were the circumstances surrounding the promise? Why was the promise made? Why is it being questioned now?
- What are the facts regarding the promise? Is the promise legally binding? Was input from legal counsel considered?
- What are the relevant ethical considerations regarding maintaining, revising or rescinding the promise? Is there an ethical or moral rationale for justifying the rescinding or revising of the promise?
- What are the implications (benefits and harms) surrounding each option? How certain are you of those implications? Can the implications be quantified or anticipated?
- What are the perspectives of the stakeholders affected by the promise?
- Have you carefully reflected on the various options, including conducting a quantitative and qualitative analysis of each option and assessing both the short- and long-term ramifications of each option?
- After selecting a particular option, did you seek the appropriate approval, such as the board's consent, giving the ethical grounding for the decision?

# Promise Making, Keeping and Rescinding

(Cont.)

## C. Implementing a Decision Regarding a Previous Promise

Decisions to rescind or revise an existing promise should be communicated in a timely manner to all key stakeholders, including the rationale for the action. When decisions are made to revise or rescind a promise, a clear communication plan is strongly recommended.

A comprehensive communication plan includes the following:

- Identifying the key audiences and messages.
- Choosing the appropriate spokesperson for the target audience. Consider a joint communication of the revised decision with other affected parties.

- Obtaining the affected stakeholder perspectives and feedback, including being prepared to justify the decision and respond to all questions of concern.
- Considering the response if the decision was reported by the media.

During the communication process, if concerns or ramifications concerning the action arise that were not previously identified, executives should consider reviewing their decision regarding the promise.

Whether an executive is making a promise or reviewing a previous promise, the best outcome will be achieved when thoughtful, timely, systematic reasoning and transparency serve as the primary guidelines for executive behavior and decision-making.

---

*Policy created: March 2006  
Last revised: November 2016*



**We show up**

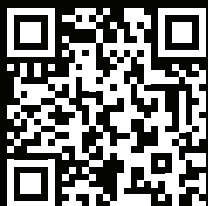
for our patients

for our communities

for each other

## **Thank you for visiting with us at the 2022 ACHE Congress**

Visit [Careers.HCAhealthcare.com](https://careers.hcahealthcare.com) to explore  
leadership careers at HCA Healthcare.



**HCA**   
Healthcare®

# IT'S TIME TO #RETIRE INEQUALITY FOR GOOD.

As we celebrate the 50th anniversary of Title IX, we also acknowledge the work that still needs to be done — even today, women retire with 30% less income for retirement.

TIAA is a mission-based company that believes in the fundamental right of every person to retire with dignity and security.

**Scan the QR code to learn more about how TIAA is helping to retire inequality for good.**



©2022 Teachers Insurance and Annuity Association of America-College Retirement Equities Fund, 730 Third Avenue, New York, NY 10017 2033496c



SCAN FOR MORE