CAHL NOW

spring 2019

The Quarterly Publication of:
CAHL
California Association of Healthcare Leaders
An Independent Chapter of
American College of Healthcare Executives
for leaders who care®

CONTENTS

Regent's Message 4

President's Message 6

Welcome and Congratulations 22

Articles of Interest Q1 24

National News 26

CAHL Events 29

Integrity

"Integrity sounds so simple: Just be honest." 8

CAHL Membership Satisfaction

"The survey represents a key opportunity for us to objectively hear from each of you about how we are doing and what is of importance to each of you." 10

Operationalizing Culturally Competent Care

"... we wring our collective hearts at the disparate outcomes driven by health inequities and promise to do better..." 14

Starting with "Why": 12 Reasons Why to Select a Job During a Career Transition

"Most people get into health care for the sole purpose of making a difference." 18

CAHL NOW

spring 2019

Editors-in-Chief	**Melissa Fiel** **Cherese Paloni** **Christina Slee**
Section Editors	**Todd Bartlett** (Sponsorship) **Maj John De Cataldo**, FACHE (Military) **Darrielle Ehrheart**, FACHE (Career Development) **Rachel Faber** (Higher Education Network) **Ankoor Tailor** (Career Development)
Communication Committee Chairs	**Eric Johnson** **Christina Slee**
Creative Direction	**Caleb Wills** calebsemibold.com
Advertising/Sponsorship	achecahl@gmail.com
Questions and Comments	cahlnewsletter@gmail.com (530) 281-9415

A MESSAGE FROM OUR CHAPTER REGENT

ACHE Regent's Role
Regents are the elected representatives of ACHE members residing in a set geographic territory and are the primary liaison between ACHE, state and local ACHE Chapters, and healthcare associations in their jurisdiction. Regents are also the primary conduit for communications between ACHE higher education network student chapters (HENs) and ACHE. As the elected representatives of ACHE members, Regents serve as advisors within the ACHE governance structure to the Board of Governors.

As I now begin my term as your ACHE Regent, I am humbled with this immediate opportunity to contribute this message to the quarterly newsletter of our local ACHE Chapter of the California Association of Healthcare Leaders. First, on behalf of CAHL and ACHE, I offer a heartfelt thanks to Erick Berry who has served as Regent for the past three years to CAHL, its members, and our healthcare profession as a whole. Picking up where he left off, and inspired by meeting many of our CAHL members at this year's ACHE Congress in March, my spirits and energies are galvanized to jump right in to serve our Northern and Central California region.

One of the most stimulating events at this year's Congress was the annual tradition of the convocation ceremony recognizing all members across ACHE who have achieved the distinction of Fellow status this past year. Congratulations to all who have accomplished this – not only to the new Fellows but also to the continuing Fellows who proudly embody the values and mission of ACHE. You Fellows are the ones who make this a distinction one our members can aspire to and collectively are the ones that model the ACHE values that even non-ACHE members emulate.

One of these ACHE values is integrity, and while an immediate connotation to this value resonates with honesty and a strong moral compass, I would like to highlight an equally critical facet of this value that was on display front and center at ACHE Congress and is continuously the centerpiece of CAHL's activities for its membership: the state of being whole and undivided. When the integrity of anything is compromised in our sphere of influence – whether it be a physical structure in which we provide care, an Electronic Health Record, or the overall health and wellness of our patients and community – it ushers in a series of efforts to not only fix the integrity issues but also to further strengthen and support them. It is this ongoing strengthening and support of the integrity of our health profession that allows us to stand undivided and whole in the face of evolving healthcare challenges that will drive us, our organizations, and communities toward our goal of improving health. I encourage you all to continue to engage and participate in ACHE and CAHL events so you can experience the solidarity and strength that is brought to bear when our peers come together.

In my role as Regent, I am committed to providing the support needed to the CAHL chapter and to each individual member in our region so that we can continue to grow the integrity of CAHL, ACHE, our healthcare profession, and the careers of each individual that makes up the membership of these groups. CAHL and ACHE continue to evolve and provide this career integrity via ongoing education and networking opportunities to our membership. One

example of this evolution is the honor CAHL received at this year's Congress of being only one of nine chapters across ACHE to receive a Chapter Innovation Grant. The grant program fosters chapter innovation in the development and delivery of new programs, products and services, or methods of delivery that add value for ACHE members. This year, CAHL will work with ACHE to develop the appropriate technology to support a video resource library and enhance live streaming technology that can help engage all CAHL members across career levels, disciplines, and geographic areas of Northern and Central California. The collaboration will focus on making sure the chapter understands the needs of our diverse membership body and then meets those needs as CAHL develops video and event content. Thus, the goal is to connect members with educational programing and events that previously may have been difficult to engage in because of distance, schedules, or other impediments. Please contact me if you would like to learn how this innovation grant can be applied or accessed.

As I now embark on this three-year privilege as your Regent, I want to hear from you so I can better serve as an advocate for the membership and CAHL Chapter. Please do not hesitate to reach out to me at bsangha@alamedahealthsystem.org with thoughts, suggestions, challenges, and insights. One venue to engage in this dialogue will be the Regent's Advisory Council (RAC) for Northern and Central California. To learn more about how to get involved in this effort, please contact me. Thank you for the opportunity to offer this note to you this quarter. I'm looking forward to seeing you all at the next CAHL and ACHE event! Please refer to the CAHL website and ACHE website for our next event!

With Gratitude,
Baljeet Singh Sangha, MPH, FACHE

A MESSAGE FROM OUR CHAPTER PRESIDENT

President Ronald Reagan kept on the desk of the Oval Office while serving as president a small sign that read "It CAN Be Done" as a reminder that in America anything is possible. I too have this simple yet inspiring phrase on my desk as a reminder that there is a solution for any challenge that comes my way.

I am humbled by the great privilege it is to lead the California Association of Healthcare Leaders in 2019 as chapter president. As I begin my 1-year term serving more than 1,400 fellow healthcare leaders, I am proud to report that the current affairs of the CAHL chapter is strong.

Last year was an exceptional year for the chapter. Thanks to the many hours of dedicated service from Immediate Past President Toby Marsh, board directors, and committee members, CAHL received the Award of Chapter Merit, revamped its website www.ache-cahl.org, launched the inaugural graduate and undergraduate scholarship program, hosted numerous live stream video events, and published the chapter's first annual report. You can learn more about the accomplishments of CAHL over the past couple of years by viewing the 2017 Annual Report here: Click Here to View Annual Report. The 2018 Annual Report will be released in April of this year.

In 2019 the CAHL Board accepted the challenge to work toward earning the Award of Chapter Distinction, a step-up from the Award of Chapter Merit we received in 2017. The Award of Chapter Distinction is awarded to chapters that meet two of the four ACHE performance standards. We feel strongly that with your help we can obtain the Net Membership Growth standard of 7.7 percent and Level of Member Satisfaction standard of 4.1 on the annual chapter survey for overall satisfaction of the chapter. Last year Net Membership Growth was 2.5 percent and Member Satisfaction was 3.8. It CAN Be Done!

Laura Hill Temmerman has an excellent article in this newsletter on CAHL Membership Satisfaction that goes into further detail on the satisfaction question. The best thing you can do to help the chapter achieve this standard is to complete the chapter survey and answer the overall chapter satisfaction question. Hopefully our efforts this past year have earned your vote of confidence in us by selecting a "5" for overall chapter satisfaction on this year's survey.

Each Director on this year's Board are trying to find innovative ways in which the chapter can better serve you. You can meet the 2019 Board of Directors here. One such innovative effort is the ability to connect remote areas of the chapter to our education events via live stream technology. I'm pleased to report that CAHL was selected as an Innovation Grant recipient in 2019. Only a handful of chapters receive this grant each year. The success of our live streaming

program led ACHE to award CAHL $5,000 to expand our program while establishing a national best practice protocol. You can view past CAHL events that were live streamed by visiting the chapter's YouTube site here: CAHL YouTube Channel.

The Board is also working hard to strengthen our partnership with the ACHE affinity groups in our chapter. Please keep a look out for more combined events in 2019 and I encourage you to learn more about their mission by visiting their websites.

- Asian Healthcare Leaders Forum
- LGBT Forum
- National Association of Health Services Executives
- National Association of Latino Healthcare Executives
- Women Health Care Executives

We thank you for your membership! By working together the Award for Chapter Distinction CAN Be Done in 2019.

With gratitude,

Andrew Pete, MHSA, FACHE
Chapter President

INTEGRITY

By Maj John DeCataldo, USAF, MSC, FACHE

Having integrity in the workplace is the most important value of any organization. In the military, you will not find a branch of the Armed Forces that does not address integrity as part of its core beliefs. The Navy even addresses integrity as courage; they recognize that you have to be courageous to have integrity all the time. Colonel Nathan Jessep famously exclaimed in the 1992 movie A Few Good Men, "You can't handle the truth!" While military movies can be entertaining, the reality is you must handle the truth even when the truth is not what you want to hear.

In the US Air Force, our medical logisticians and our biomedical equipment maintenance technicians not only manage the day-to-day operations of this hospital but are also entrusted with the management of Medical War Reserve Material. War Reserve Material consists of medical capabilities designed to be air-transportable and self-sustaining in austere environments. These can be portable field hospitals consisting of everything—tents, electrical generators, oxygen generators, and lighting—required to build out the facility. They have clinical capabilities to operate a pharmacy, sterile processing department, and operating room and lab – to name a few – all the way down to patient beds, vital signs monitors, infusion pumps, and an extremely long list of other life-sustaining

items required to conduct safe patient care. With that perspective, we can describe how integrity is vital to ensuring the safety of our Armed Forces when they become patients in the most remote and inhospitable locations in the world.

Imagine being sent with a 30 to 40 person team to the middle of Africa to set up a hospital and become operational within 24 hours of landing. You then find out someone failed to conduct the preventive maintenance on the ventilators or the anesthesia units in the War Reserve package you were sent with. You are left without a capability you were expected to have and thought you had. Imagine

"Integrity sounds so simple: Just be honest."

opening up all your pharmaceuticals only to find that they are expired, and you are left without supplies you should have had. The paperwork all checks out and states that all inventories, inspections, and maintenance were completed. For months, senior leaders relied on maintenance and inspection reports of thousands of War Reserve packages to make decisions. Now you are a team of doctors and nurses who have been left handicapped because someone or a group of people you have never met (but had no choice but to trust) lacked integrity.

It seems simple enough – a person you have never met who works in a warehouse you have never been to decided going home on time was more important than the mission you have been assigned. Perhaps they knew their boss would ask the difficult question "Why?" when the items they manage were rated as not being mission-capable. This skipped inspection or minor error on a spreadsheet has left you unable to accomplish your mission, and your operational commander, who is relying on medical care to be a short helicopter ride away, must redo his/her risk assessment based on the medical unit's limited mission capability. Your unit's lack of capability is jeopardizing the larger goals of the operations and the United States as a whole.

Integrity sounds so simple: Just be honest. However, in practice, it is easy to see how small infractions demonstrating a lack of integrity can have a cascading impact on other people's lives. In the above example, a lack of integrity ultimately leaves an American – someone's mother, father, son, daughter, or spouse – to pay the price. They singlehandedly decided that doing a job halfway and lying about it was more important than the patient who would ultimately rely on their product and bear the burden of their lack of integrity.

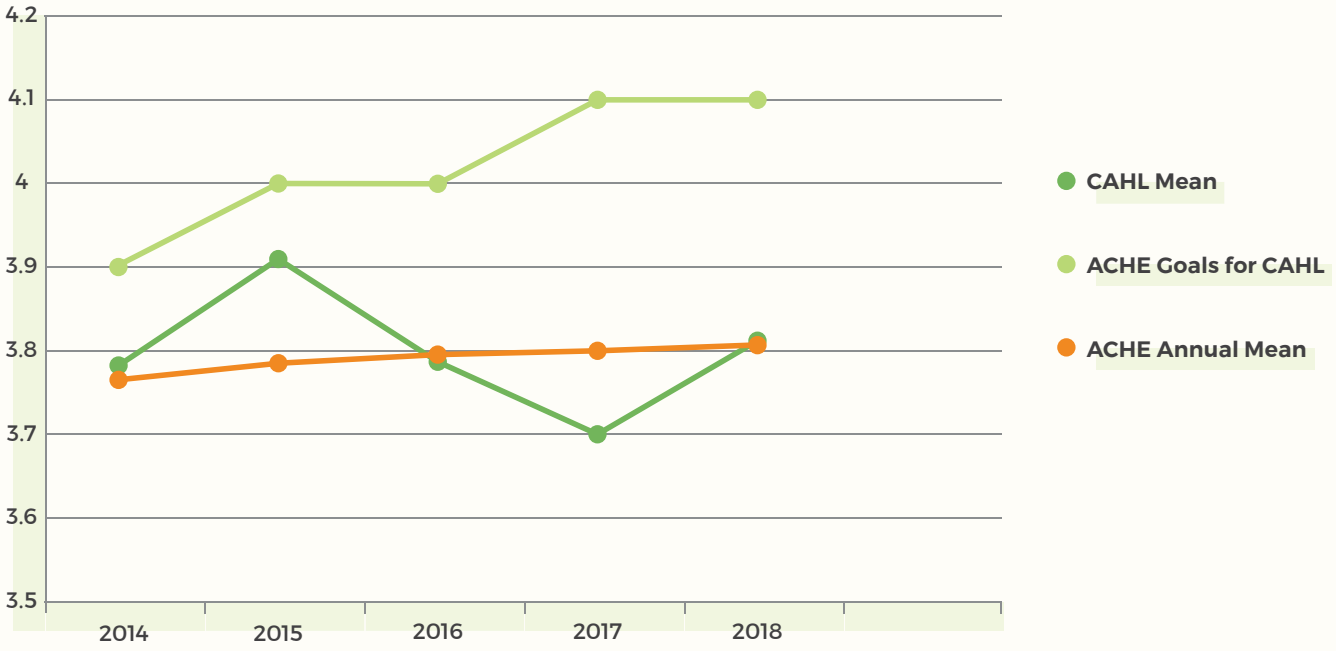
CAHL MEMBERSHIP SATISFACTION

By Laura Hill Temmerman, MPH, MBA, FACHE

With each spring season comes renewal and growth. Just as our surroundings benefit from Mother Nature's regrowth each year, the American College of Healthcare Executives (ACHE) and California Association of Healthcare Leaders (CAHL) also advocate for our own growth and change. Many of you have likely received one of the chapter member needs surveys that ACHE administers for all of the chapters each year, with distribution of the surveys going out to a large sampling of our members each spring, generally in May. ACHE values our input and voice via these surveys and summarizes the results at an individual chapter level, sharing the chapter's anonymized results with each chapter's leadership team the following fall. Our CAHL Board of Directors has come to rely heavily on these surveys to better understand the needs and preferences of our approximately 1,400 CAHL members as we prepare to determine appropriate updates or any recalibrations to our educational programs, networking events, professional development presentations and other programming activity for the following year.

While there are a number of chapter programming aspects addressed in the survey, and like many of the patient experience surveys most of us are familiar with, ACHE also uses one of the questions as a primary indicator when looking

OVERALL CHAPTER SATISFACTION



at overall performance of the chapters across ACHE. This particular question is the overall satisfaction question:

"On a scale of 1 to 5 where "1" is "Poor" and "5" is "Excellent," please rate your overall satisfaction with your chapter."

"The survey represents a key opportunity for us to objectively hear from each of you about how we are doing and what is of importance to each of you."

This question is used by ACHE to measure and compare chapters' performance levels and determine which chapters are meeting the overall mean and which chapters also deserve recognition for their endeavors. Given the importance of this question in ACHE's metrics, it is vital that we have as many survey respondents as possible. If you do receive a survey, we hope you'll find a few minutes in your busy schedule to fill it out, especially to answer the overall satisfaction question.

Chapters not only receive the comparative scores but national-level metrics and goals are also set based upon results and progress in performance assumed via the survey results. Additionally, the chapter member needs survey also assesses members familiarity with their chapter's activities and services, frequency of attendance at events, determining factors for what elements are important for increasing one's involvement with the chapter programming, as well as satisfaction with and importance of key chapter activities. In addition to monitoring our performance from year to year on the overall satisfaction question, CAHL analyzes our annual results of the other more detailed questions to understand what programming elements we should adjust to better meet our members' professional needs and provide the most value to our membership as a

professional organization. The survey represents a key opportunity for us to objectively hear from each of you about how we are doing and what is of importance to each of you. Alongside seeking opportunities for conversation and discussion at our various events, our board members welcome all feedback you may want to share with us privately as well. Don't hesitate to reach out to any one of us via our website or email.

Many of you may be interested in some of the details gathered from the results. I've provided a high-level summary below for ease of reference. Please don't hesitate to let us know if you have questions or if you have recommendations and ideas for us. While ACHE manages and administers the surveys, we as CAHL have the great opportunity to be the premier professional society for healthcare leaders in Northern and Central California advancing excellence in healthcare leadership and improving the lives of the communities we serve. In this opportunity, it is our responsibility to best respond to our members' and Fellows' professional needs and recommendations. Which of the following would make it more likely that you would increase your attendance at chapter education and networking events? (Select all that apply)

- 73% indicated if locations were more convenient
- 39% indicated if you could receive ACHE face-to-face credit hours
- 24% indicated if you could receive more education credit hours

Top three ACHE chapter services with greatest satisfaction:

- Chapter provided ACHE face-to-face education events
- Chapter provide ACHE Qualified education events
- Chapter Networking opportunities

In light of the consistency in ratings year to year regarding convenience of event location and need for additional credit hours for those spread out across our broad region, CAHL continues to advocate together with other similarly large and geographically spread-out chapters for the need for ACHE to further facilitate virtual presence and use of technology to make events more accessible to others in more remote areas. We are one of the early adopters with ACHE to begin exploring live streaming technology options and have also begun recording some of our educational events.

"We are one of the early adopters with ACHE to begin exploring live streaming technology options and have also begun recording some of our educational events."

I would be remiss if I did not also discuss the importance of the engagement of our chapter volunteers. As a volunteer-run professional organization, we are entirely reliant upon the passion and vigor of our many volunteers. In turn, we believe the engagement and positive experience for our volunteers is vital to our chapter's continued success. ACHE has previously addressed some volunteer questions on their annual survey but recently has opted to remove those specific questions. CAHL has previously been monitoring those results and is now working locally to develop our own options to continue to reach out to our volunteers and monitor these important metrics as well.

For those of you newer to ACHE, you will likely receive your first survey from ACHE in the spring of your second year of sustained membership. Many thanks to all of you in advance for your time and dedication in filling out the survey this spring should you receive it from ACHE. We value your time and voice.

OPERATIONALIZING CULTURALLY COMPETENT CARE

By Luis Fonseca, MHA, FACHE

As a chief operations officer at a major public health system, I have the privilege of overseeing major system transformation efforts across the enterprise. For every operational problem we take a methodical approach, such as LEAN or PDSA (Plan, Do, Study, Act), in an effort to hardwire best practices and deliver consistent high-quality outcomes.

This is typical for most health care organizations, except when it comes to delivering culturally competent care. If this were an operational issue, leaders throughout the organization would immediately convene a working group and conduct a step-by-step assessment to determine where the process was failing and move quickly to corrective action.

But when it comes to culturally competent care, we wring our collective hearts at the disparate outcomes driven by health inequities and promise to do better, try harder, be more aware, increase our sensitivity, and so on. For many groups, this failure to develop a broad structured approach to improving the health outcomes for non-white populations is tantamount to neglect.

For example, the rate of diabetes-related deaths is rising among Latino Americans – the fastest growing ethnic group in the United States. Of an estimated two million Latinos with diabetes, only half are even aware of their condition. Diabetic nephropathy, as well as kidney and liver failure, is three to

seven times higher among Mexican Americans.

One of the principles of process improvement states that to permanently resolve problems or defects, we must understand and fix the processes that generate them.

We've been doing this for more than 50 years beginning in the 1960s when research revealed the disparity in health status and access to care between Anglo-Americans and minority populations.

"...we wring our collective hearts at the disparate outcomes driven by health inequities and promise to do better..."

In a 2004 landmark publication, the Institute of Medicine recommended increasing workforce diversity within health care as a strategy to address health disparities. Despite the attention to increase the number of racial and ethnic minorities in health care careers in the last decade, progress has been slow.

One key problem is diversity among executive and physician leaders.

Health care executive leadership does not reflect the patients the industry serves or the groups that are realizing the worst outcomes. It is estimated that by 2050, Hispanic Americans will represent 24.4 percent of the population. Conversely, they make up only 3.6 percent of dentists, 3.3 percent of nurses, and 5.1 percent of medical doctors. The presence of minorities in the C-suite is equally dismal; here, minorities make up only 14 percent and Hispanics make up 3 percent of executive leaders,

according to data from the Institute for Diversity in Health Management, an affiliate of the American Hospital Association.

Executive leaders develop health policies that influence regulation, financing, and delivery of health care. Executives set the mission and vision and harden institutional resolve to address important issues. Physician leaders set research agendas, influence medical education, and serve as role models for the recruitment and retention of both minority and majority students. These executive and physician leaders do more to address disparities than individually care for patients or oversee organizations; they are in positions to address disparities by influencing healthcare training and health systems as a whole.

By generating a more diverse talent pool, the health care sector will be better prepared for the country's shifting demographics and for the emerging team-based models for treating patients. A report by the Agency for Healthcare Research and Quality showed that culturally competent care interventions lead to improved mental health outcomes for conditions such as depression and substance use and improved medical health outcomes in the areas of obesity, kidney disease, heart disease, breast cancer, and sickle cell disease. Increasing the number of caregivers skilled in culturally competent care and generating a more diverse workforce is critical to improving and sustaining health outcomes.

Training a diverse workforce is a long-term process, beginning with students in the K-12 system and continuing through college, health professions training, advanced degrees, and into community practice.

To ensure an adequate workforce, health care organizations must be involved and collaborate with educational systems to improve graduation rates and academic readiness among underrepresented young students – to prepare them not just for health professions but also for other careers that can serve as a foundation for being a health care leader.

We must invest in reducing the financial barriers to educational attainment and support broad career aspirations. And we must be bold and follow the lead of others like the state of New York, which has established a loan forgiveness program for all physicians who agree to practice primary care in areas experiencing a physician shortage.

Most of all, our commitment to culturally competent care must be attacked with the same focus we place on improving quality, safety, and patient satisfaction. When we do, more people will benefit from a health care system that works for everyone.

Like our page

STARTING WITH "WHY": 12 REASONS WHY TO SELECT A JOB DURING A CAREER TRANSITION

By David Bettencourt, MSCHA

What was your New Year's Resolution? For many people, commitment to resolutions starts strong in January but fades after a couple months. The problem with resolutions, like many things, is that many people start with "What" and not with "Why". According to Simon Sinek, in his Ted Talk "Start with Why – How Great Leaders Inspire Action", if you want to achieve something, start with "Why"; then think about "How" to get there and

"Most people get into health care for the sole purpose of making a difference."

"What" you will achieve. If you do it the opposite way, by thinking about what you want to do and how you will do it, then you may give up before you even realize why you wanted the change in the first place. You just might not get there because you haven't started with "Why".

Spring evokes the possibility of new beginnings, new experiences, and new opportunities. If you or someone you know is thinking about a career transition this year, start with your "Why". While a fancy title or an expensive car might sound nice, most people don't remember these things. As Denzel Washington said in his address to college students at a graduation ceremony, "You never saw a U-haul behind a hearse." The only thing worth value as you age is your health, your connections, and your memories. Instead of focusing too much on a title or salary, think more about experiences, opportunities, areas of growth, or lifestyle design that might enhance your happiness.

If you're looking for a career transition in or within health care this year, here are 12 reasons "Why" you might want to consider that next job:

1) You can make a difference
This is one that almost all health care workers connect with as it is easy to see the value in making a difference for the patients we serve. Most people get into health care for the sole purpose of making a difference.

2) Develop strong connections
In health care, we spend long days and

long weeks together. We tend to spend more waking hours with our colleagues than our families. It is worth taking the time to find a place where you will enjoy the people you will spend so much time with.

3) Your value is seen and you feel appreciated
If a health care organization spends its whole mission caring for people, then you can definitely find a health care organization that truly values and appreciates its employees as well. Valued employees will always provide the highest quality care to their patients.

4) You have a great boss
Look for a boss who will be in your corner. You don't need someone who will be your best friend but someone who will stand up for you and say, "I know just the person for the job" when they know the opportunity will call on your expertise or push you a bit to grow.

5) Opportunities to grow
Health care is a tornado of change. Find a career that will allow you to practice skills that you want to develop for yourself and for your future.

6) You are trusted
Currently many health care organizations are going through fair and just culture training. This training is based on the foundation that people have good intentions and that we need to

create a culture where mistakes are seen as opportunities to learn and people's weaknesses are seen as areas for growth.

7) It's something you love to do
You have to enjoy the work. If you don't like managing people, manage projects; if you don't like managing projects, manage people. Find your sweet spot.

"You never saw a U-haul behind a hearse."

8) A results-oriented culture
This is a place where people care more about the quality of the work than the number of hours you spend doing it. Look for the health care organization whose leaders walk through the lobby and greet patients and employees rather than organization that requires its leaders to spend hours in their offices reviewing dashboards and reports about finances and patient satisfaction scores.

9) A place where you have a mentor
Find a health care organization that values mentorship. Leaders who mentor others in their organization will promote leaders from within and will invest in their team. They will develop and prepare you to grow stronger and faster than you can on your own.

10) Valuing family
In health care we spend our whole day taking care of people and their families. Our employers should also care about letting us take care of ourselves and our families.

11) Work life balance
While it's important to grow in our health care careers, it's important also to grow as individuals. The things that we develop and do outside of work through hobbies, cultural practices, and other creative pursuits allow us to think differently and invent better ways of doing things.

12) It brings you satisfaction
Day to day or week to week, we may not always feel like we accomplished very much. Reflecting back each year, it's nice to recall what we've achieved in our teams and celebrate and enjoy the satisfaction we bring as health care leaders to our patients, our communities, and ourselves.

If you're interested in more Career Development and Transition advice, please see the CAHL Careers page or submit an inquiry for the Mentor Program on the Career Coaches and Mentors page.

Sources:
1. Sinek, Simon. "Start with Why – How Great Leaders inspire action." TED – Ideas Worth Spreading

2. Washington, Denzel. "Don't Be Afraid to Fail Big."

WELCOME AND CONGRATULATIONS

New Members

JANUARY

Alistair Aaronson, MD, MHA	Los Gatos
Aemal Aminy, MHA	Oakland
Rufus Arther, Jr., RN	San Francisco
Adrianna Campbell	Fresno
Amber S. Campbell, MBA	Sacramento
David Faust	
Heather Fell	
Lizi Feng	
Therese Frank, MS, RN	Sacramento
Brooke Frederick	
Matt Gal, MBA	
Melissa Jost	
Sarah T. Khan	
Stephanie Lettieri, MBA	Palo Alto
Cynthia Liu, MD, MBA	
Bhakta Magar	
Kimberly J. Menzel, RN, MHA	Roseville
Aileen Naungayan	
Shanelle Peterson	
Jennifer Powell	Redding
Alan Pravel	Santa Rosa
Isidro Ramirez, MPH	
Amy Semple, RN	
Paulina Song	Oakland
Rachel Steele Crosby, BS, MHA	

FEBRUARY

Adrienne Addicott	Daly City
Jana Avila, MPA	Sacramento
Cecilia Aviles, MBA, BSN, RN	
Richard Banagale	Sacramento
Brian R. Benthal	
Inna Budovsky	
Elan Burton	San Jose
Leslie Cerpa	
Matt Glassman	San Jose
Jenny Hastings	Sacramento
Kelli Huntsinger Davis, MBA	Bishop
Lesley Iura	Oakland
Janelle Jonas	Carmichael
Rakan A. Khaki	San Francisco
Jared W. Leavitt	Bakersfield
Jia F. Li, MBA	San Francisco
Carolyn Light	San Francisco
Milena Ocon	Fresno
Pepe C. Olano, Jr.	Garberville
Vincent Paradiso	
Capt Seng H. Patton	Sacramento
Nilda Perez	
Endia Porter	
Joshua Sharp	Bakersfield
Joshua Tamayo-Sarver, MD, PhD	Emeryville
Jimmy Webster	Clovis
Thelma M. Zuniga Raby	Pacific Grove

MARCH

Allen Fasnacht, MSN, RN	
Kristofer R. Green, MD	Susanville
Ranjit S. Hundal, MD, MBA	Burlingame
Gerard Mario M. Lachica	Belmont
Wilson Lau, PharmD	
Kwamane D. Liddell	Sacramento
Brian Marsh	Sacramento
TSgt Mavis P. Masuecos	
Kerry Nau	Arroyo Grande
Debra M. Tortora, JD, RN	

Fellows

JANUARY

Katie M. Abbott, FACHE	Oakland

FEBRUARY

Kristine S. Cannon, FACHE	San Francisco
Mark Mitchelson, FACHE	Sacramento
Justine Zilliken, MBA, MHA, FACHE	Fairfield

MARCH

Sarbesh Chaudhary, FACHE	Marysville

Recertified Fellows

JANUARY

Amandeep K. Chawla, FACHE	Palo Alto
David C. Grandy, FACHE	Oakland
Alesia Jackson, FACHE	
Linda J. Knodel, FACHE	Oakland
Hassnain Malik, FACHE	Santa Clara
Linda S. Wagner, FACHE	Chester

FEBRUARY

Susan C. Coffey, FACHE	Oakland
Richard A. Narad, DPA, FACHE	Chico
Jamie C. Phillips, FACHE	San Francisco
J. Brandon Thornock, FACHE	Redding

ARTICLES OF INTEREST | Q1

THREE STEPS FOR ENGAGING HEALTHCARE PROVIDERS IN ORGANIZATIONAL CHANGE

As healthcare organizations feel pressure to cut costs, reduce medical errors and adopt standardized processes and innovations, providers must give up some established and comfortable ways of working. Many view changes as clashing with patient care values. The following are three key ways managers can engage providers and connect innovation efforts to core motivations, passions and values.

Learn why staff think changes do not align with the existing culture and mission.
One medical practice CEO listened as managers explained employees' concerns regarding quality care versus financial pressures, and the replacement of familiar processes and techniques. The CEO first recommended that the managers listen to doctors and staff to understand the perceived misalignment between the changes and organizational values of the practice. The CEO then took steps, to reframe and strengthen the connection between innovations and the practice's core values to eliminate the perception of misalignment.

Use data to engage and explain how to address the problem.
Data and metrics can create an awareness of problems, a means to explore them, and a goal post to measure progress. One hospital leader ordered the collection of observational data regarding staff hand hygiene to change existing norms and routines and drive more hand washing. The collated data became an agenda item during the weekly staff dialogue. This not only kept the problem in the forefront, but also engaged employees in diagnosing the barriers and factors outside their control that made change difficult to implement. This combination of data, staff engagement and appealing to the mission of good patient care increased the hand-washing rate from 45 percent to 82 percent in one year.

Pay attention to the behaviors you reward and tolerate.
As part of the same hand-washing initiative, the hospital system introduced a campaign empowering staff members, including clinicians, to remind each other—on the spot and regardless of level or status—to wash their hands. The change would not stick if it were exempt from this feedback. An administrator reminded physicians reacting negatively to feedback that the mandate was everyone's responsibility for patient health. During weekly huddle meetings, the CMO distributed gift cards as positive reinforcement to those who had reminded others of hand washing.

The status quo persists when unwanted behaviors at any level of the organization are tolerated. When leadership understands that ignoring one act of poor behavior can decimate the adoption of innovation, they may be more willing to hold difficult conversations with the highest-status employees in their organizations.

Seeking to understand staff perspectives, using data and holding all employees accountable will help providers understand how change can support, rather than contradict, the values they hold dear.

—Adapted from "3 Steps for Engaging Health Care Providers in Organizational Change," by Joan F. Brett and Margaret M. Luciano, Harvard Business Review, Oct. 18, 2018.

CHECK OUT OUR NEW WEBSITE

NATIONAL NEWS | Q1

FELLOW STATUS: YOUR MEMBERS' NEXT STEP IN CAREER ADVANCEMENT

The importance of earning the distinction of board certification as a Fellow of the American College of Healthcare Executives cannot be overstated. Encouraging your chapter members to take the next step in advancing their careers by achieving Fellow status benefits their professional goals and the healthcare management profession as it demonstrates a healthcare leader's competence, leadership skills and commitment to excellence in the field.

Fellow applicants who successfully meet all requirements by Dec. 31, 2019, including passing the Board of Governors Examination, will be eligible to participate in the 2020 Convocation Ceremony at the 2020 Congress on Healthcare Leadership.

COMPLIMENTARY RESOURCES FOR THE BOG EXAM AVAILABLE

AFor Members starting on the FACHE® journey to board certification and the FACHE credential, several resources are available. These complimentary resources include quarterly Advancement Information webinars, designed to supplement other Board of Governors Exam study resources, such as the Board of Governors Review Course or Online Tutorial.

OPPORTUNITY TO LIST YOUR POSTGRADUATE FELLOWSHIP

As a healthcare leader, you know how crucial it is to attract and develop highly qualified professionals in your organization. If your organization is offering a postgraduate fellowship, we encourage you to add it to ACHE's complimentary Directory of Postgraduate Administrative Fellowships at ache.org/Postgrad. You may add a new listing or update a previous one at any time by completing the online listing form. The directory can help you gain exposure and start attracting top-notch applicants to your program.

Questions? Please contact Audrey Meyer, membership coordinator, at (312) 424-9308, or via email at ameyer@ache.org, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central time.

ACHE ANNOUNCES NOMINATING COMMITTEE 2019 SLATE

The ACHE Nominating Committee has agreed on a slate for presentation to the Council of Regents on March 2 at the Council of Regents meeting in Chicago. All nominees have been notified and have agreed to serve if elected. All terms begin at the close of the Council meeting on March 2. The 2019 slate is as follows:

Nominating Committee Member, District 2 (two-year term ending in 2021)
Donald G. Henderson, FACHE
President/CEO
Central Florida Health
Leesburg, Fla.

Nominating Committee Member, District 3 (two-year term ending in 2021)
David A. Stark, FACHE
President/CEO
UnityPoint Health
Des Moines, Iowa

Nominating Committee Member, District 6 (two-year term ending in 2021)
COL Mark D. Swofford, PhD, FACHE
U.S. Army

Governor (three-year term ending in 2022)
Kurt A. Barwis, FACHE
President/CEO
Bristol (Conn.) Hospital & Health Care Group Inc.

Governor (three-year term ending in 2022)
Brian C. Doheny, FACHE
Associate Vice President
Humana Inc.
Louisville, Ky.

Governor (three-year term ending in 2022)
Michael A. Mayo, FACHE
Hospital President
Baptist Medical Center Jacksonville (Fla.)

Governor (three-year term ending in 2022)
Mary C. Starmann-Harrison, RN, FACHE
President/CEO
Hospital Sisters Health System
Springfield, Ill.

Chairman-Elect
Michael J. Fosina, FACHE
President
NewYork-Presbyterian/Lawrence Hospital
Bronxville, N.Y.

Thanks to the members of the Nominating Committee for their contributions in this important assignment:

Edward H. Lamb, FACHE
Charles D. Stokes, FACHE
Chisun S. Chun, FACHE
Dolores G. Clement, DrPH, FACHE
Carle-Marie P. Memnon, FACHE
Stephen J. Pribyl, LFACHE
Michael O. Ugwueke, DHA, FACHE
Adam C. Walmus, FACHE

ACHE CALL FOR NOMINATIONS FOR THE 2020 SLATE

ACHE's 2019–2020 Nominating Committee is calling for applications for service beginning in 2020. ACHE Fellows are eligible for any of the Governor and Chairman-Elect vacancies and are eligible for the Nominating Committee vacancies within their district. 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 1 (two-year term ending in 2022)

› Nominating Committee Member, District 4 (two-year term ending in 2022)

› Nominating Committee Member, District 5 (two-year term ending in 2022)

› Four Governors (three-year terms ending in 2023)

› Chairman-Elect

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

› **District 1:** Canada, Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

› **District 4:** Alabama, Arkansas, Kansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma, Tennessee, Texas

› **District 5:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming

Candidates for Chairman-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 qualifications for open positions that are listed in the Candidate Guidelines, including guidance from the Board of Governors to the Nominating Committee regarding the personal competencies of Chairman-Elect and Governor candidates and the composition of the Board of Governors.

Candidates for the Nominating Committee should 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 and must be received by July 15. All correspondence should be addressed to Charles D. Stokes, FACHE, chairman, 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 2019–2020 Nominating Committee will be held on March 5, during the 2019 Congress on Healthcare Leadership in Chicago. The committee will be in open session at 2:45 p.m. During the meeting, an orientation session will be conducted for potential candidates, giving them the opportunity to ask questions regarding the nominating process. Immediately following the orientation, an open forum will be provided for ACHE members to present and discuss their views of ACHE leadership needs.

Following the July 15 submission deadline, the committee will meet to determine which candidates for Chairman-Elect and Governor will be interviewed. All candidates will be notified in writing of the committee's decision by Sept. 30, and candidates for Chairman-Elect and Governor will be interviewed in person on Oct. 24.

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

CAHL EVENTS

HFMA SPRING CONFERENCE, SACRAMENTO, CA – FEBRUARY 2019

CONGRESS 2019, CHICAGO, IL – MARCH 2019

CAHL EVENTS

BERKELEY HAAS HEALTHCARE CONFERENCE, BERKELEY, CA – MARCH 2019