

CAHL NOW

SUMMER 2018

The Quarterly Publication of
CAHL
California Association
of Healthcare Leaders

An Independent Chapter of
 American College of
Healthcare Executives
for leaders who care™

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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 (HEN) and ACHE. As the elected representatives of ACHE members, Regents serve as advisors within the ACHE governance structure to the Board of Governors.

I am honored to offer this message written to complement the newsletter of our local ACHE chapter, California Association of Healthcare Leaders (CAHL). But first, welcome to all of our new members, and congratulations to those who have recently advanced to Fellow.

For more than a decade, diversity has been addressed by medical experts to observe the importance in both health and leadership. Diversity refers to the combination of certain dimensions of difference such as patient's biology, gender, age, culture, and education. These differences in the demand of healthcare require careful observation due to disparities and disadvantages in access, diagnosis, and treatment between patient populations. Diversity has long been omitted as a relevant issue on policy agendas in healthcare research and practices.

ACHE offers multiple opportunities for members to break the barriers of diversity in healthcare, including the Thomas C. Dolan Executive Diversity Program.

There is a well-documented gap in healthcare organizations today between the diversity of the C-suite and the diversity of the communities being served. This program addresses that leadership gap by preparing successful mid- and senior-level careerists for advancement to the highest ranks of hospitals, health systems, and other healthcare organizations. Research suggests that closing this leadership gap results in improved healthcare

outcomes for all communities.

The Foundation of the American College of Healthcare Executives established the Executive Diversity Program to honor Thomas C. Dolan, PhD, FACHE, FASAE, President and CEO of ACHE from 1991–2013, in recognition of his strong commitment to achieving greater diversity among senior healthcare leaders. This year-long leadership development program prepares diverse mid- and senior-level careerists to ascend to C-suite roles.

The Executive Diversity Program is supported entirely by contributions to the Fund for Healthcare Leadership. Learn more about the [Executive Diversity Program](#) and the [Fund for Healthcare Leadership](#).

Thank you for the opportunity to serve as your Regent and allowing me to comment on the importance of diversity in this message to you. I look forward to seeing you at the next CAHL event. Please refer to the CAHL website for our upcoming events!

Regards,

A handwritten signature in black ink that reads "Erick Berry". The signature is fluid and cursive, written over a white background.

Erick Berry is the Support Services Administrator at Kaiser Permanente Sacramento Medical Center and a member of the Board of Directors for the Hospital Council of Northern and Central California. He has been with Kaiser Permanente for over 20 years and has served as the President of CAHL in the past. Erick will serve as the ACHE Regent until 2019.

A MESSAGE FROM OUR CHAPTER PRESIDENT



Greetings CAHL:

It was an exciting time for CAHL this year at the 2018 Congress, where our chapter was the recipient of the Award of Chapter Merit. CAHL is honored to have this recognition, which was conferred on our chapter for exceeding ACE's targeted metrics for face-to-face credit hours to our CAHL chapter members. Congratulations to the 2017 Board of Directors for achieving this accomplishment!

Our joint Congress reception with Healthcare Executives of Southern California (HCE) and San Diego Healthcare Leaders (SOHL) was a success, and I look forward to an ongoing collaboration and partnership with them. This joint reception was made possible with the generous support of Aramark. Thank you to Ruth Ayenew, Director of Business Development of Healthcare Technologies at Aramark, for joining the fun with us.

Our mission as a chapter is to advance our members by providing world-class lifelong professional growth through local educational programming, networking, and mentoring. At this past Congress in

Chicago, the work of the chapter was evident, as I had the pleasure of seeing a number of our chapter members receive recognition as new Fellows. During the convocation ceremony, I sat among their families and friends who came across the country to celebrate their accomplishments. It was a proud moment. There were cameras flashing, little girls in the audience celebrating their mothers and fathers, and mothers and fathers celebrating their daughters and sons. The convocation was a nice moment to pause and reflect on our members' commitment to their profession – to the multitude of communities they serve as healthcare leaders. To our CAHL members who recently became Fellows, we congratulate you.

I hope you have had the opportunity to connect with colleagues over the past few months at one of CAHL's events. In April, we once again partnered with HCE and SOHL to host the Western Region College Bowl, a graduate case study and undergraduate Jeopardy-style competition. Congratulations to the winning team from UCLA as well as USC and Cal State Los Angeles for earning second and third place, respectively, in

the graduate competition! CSU Chico defended its first-place title in the undergrad competition, with UNLV coming in a very close second. In March, we held a number of events across the region for networking and face-to-face education, including our CAHL-HFMA Spring Conference.

This quarter the conversation we are having is on the value of diversity in healthcare. We already know fostering the values of diversity and inclusion in our organizations results in improved decision making, increased productivity, and competitive advantage. More importantly, fostering these values better prepares us to meet our patients where they are and to improve their lives. ACHE has dedicated resources on the value of diversity and inclusion that can be found on [their website](#).

I want to continue to recognize our dedicated board and committee members. If you've recently been to the

[chapter's website](#), you will have noticed a new look and feel. We believe this will improve our members' experience in finding upcoming events and current chapter information. In May, we released the [2017 CAHL Board Annual Report](#), a first for our chapter! I know you will be impressed by the board's service to our members as you peruse this important document.

I look forward to connecting with you at an upcoming CAHL event.



Toby Marsh, RN, FACHE
Chapter President

DIVERSITY IN THE US MILITARY

By: Maj. John DeCataldo, FACHE

Contrary to popular belief, diversity is extremely important and prevalent in the United States military. From recruitment to career development and retention, the military and its healthcare system are more diverse than many parts of this country. I believe diversity is measured not only by ethnicity and other predetermined demographic classifications but also by experiences. Military healthcare is a melting pot of diversity that benefits from recruiting its members from a variety of places and cultures.

The military pipeline of new “recruits” ensures global diversity from the beginning. By finding new leaders of different ranks from across the United States, US territories, and foreign countries big and small, military demographics tend to be more diverse than the United States itself. The military is 3% higher in its representation of African Americans and people of Hispanic origin when compared to US census data. This is an important measure for military leaders as building diversity is important to building highly productive and creative teams.

Here at David Grant Medical Center we have the opportunity to be a high reliability organization where everyone has the responsibility to speak up for safety. Being exposed to diversity early in a military career brings different people together in different situations while using a well-established hierarchical leadership structure to support



everyone. In essence, this phenomenon takes everyone out of his/her comfort zone to create diverse and constantly changing teams starting from day one. Although intimidating, this gives members the confidence to speak up

“military demographics tend to be more diverse than the United States itself.”

and ensures authority does not override expertise. We need this confidence, as a traditional military structure does not always allow for a questioning attitude.

Diversity can also be measured by experiences. For me, this is the fifth

location I have been assigned to in my 10 years in healthcare. That is five places, five organizational cultures, thousands of experiences, and an unimaginable number of co-workers from more backgrounds than I can count. All of this equals diversity; multiply this by all the different places and experiences each of those military members has had and you have a melting pot of diversity in both demographics and experience.

Diversity is interesting even when you don't measure it by the typical categories assigned to people. Unless you are actively trying to curtail diversity, you and your organization are probably already diverse based on the experiences people share every day in the workplace. The key is to create a culture and environment where those experiences are openly accepted and respected to advance our organizational goals.

DIVERSITY: A STUDENT'S PERSPECTIVE

By: Rachel Simpson

“For students, knowledge, perspective, and understanding can be used to express diversity.”

This semester, I am taking an African-American English course – it is mandatory for my degree and covers my ethnic studies and English requirements. (I figured I could kill two birds with one stone.) I chose this class thinking it would be an easy “A”. I, myself, am African American and feel I have an innate understanding of the economic disadvantages and historic struggle of my own people because we share the same race.

The student body for this course is diverse. Most of the students are either non-white or English majors, so I absolutely thought I had an advantage. Now the semester is almost over, and I have a B-. I struggle to understand the different paths to self-identity described in our readings and the authors’ perspectives on poverty and discrimination. The other students seem to decipher the literary works better than I do. As a health science major, I understand the significance of African Americans’ experience through healthcare disparities and structural racism. I can see how some groups struggle to receive quality care and how that impacts health disparities. However, I personally have never faced these challenges. I have access to higher education, healthy foods, and excellent healthcare. My parents are still married, and I know where my family lineage begins and ends. I may not represent the majority of my minority. My class is diverse not because of the variety of skin tones represented in the student body but in the variety of perspectives that are used to understand and

interpret the culture of others. This is the student's viewpoint of diversity.

According to the United States Census, by the time the 2020 Census is conducted, more than half of the nation's children will be part of a minority race or ethnic group. This proportion is expected to continue to grow so that by 2060, just 36 percent of all people under age 18 will be single-race non-Hispanic white compared with 52 percent today.¹ To prepare for this shift, healthcare organizations are addressing the importance of intercultural competency and diversity within their leadership groups and medical staff. These efforts are aimed at increasing quality of care and ultimately eliminating health disparities within minority and underserved populations. Healthcare leaders are studying how minority patients experience their care, including the interpersonal relationships they develop with doctors and nurses.³ Studies have shown that patients who can select a healthcare professional of their own racial or ethnic background are generally more satisfied and more likely to report receiving higher-quality care.³ This improved satisfaction with care drives healthcare organizations to hire and promote more minority leaders to foster racial and ethnic diversity.

For students, knowledge, perspective, and understanding can be used to express diversity. When the professor asks for the answer to a question in my classroom, a variety of different perspectives and interpretations is expected. I would argue that this should be our expectation in healthcare as well. To improve, our healthcare systems must embrace the patient experience and equity in health. To succeed, our institutions must reflect the communities they serve and design care to meet the preferences of multiple cultures. Diverse perspectives yield better decisions, and

better decisions yield better outcomes; those who celebrate a diverse workforce will align their organizations with the needs of the community. Communities will always change – just like I will with exposure to different novels, authors, literary themes, and experiences. It is our job to continue reading, studying, and analyzing the chapters in our patients' lives to fully understand their stories.

Rachel Simpson is a student at California State University, Sacramento. She plans to graduate this fall with a B.S. in health science and a healthcare administration concentration. Rachel is the president of the Healthcare Administration Club and an active student member of the California chapter of the ACHE. She is passionate about finding solutions to better her community and the underserved.

References

1. [US Census Bureau. \(2015, March 03\). New Census Bureau Report Analyzes U.S. Population Projections](#)
2. [Measuring Healthcare Quality: An Overview of Quality Measures. \(2014\). Families USA.](#)
3. [Scherman, J. M. \(2017, April\). Is the lack of diversity in healthcare harming our patients?](#)

THE MENTORSHIP EFFECT

By: *Rahul Padmanabhan*

The path to achieving long-term professional success is often difficult – and trying to achieve it on your own can be particularly challenging. This is the reason that many prominent leaders, when describing their own career trajectories, credit their success to the mentor(s) who have guided them throughout their career choices to make them who they are today. As Denzel Washington perfectly stated, “Show me a successful individual and I’ll show you someone who had real positive influences in his or her life. I don’t care what you do for a living – if you do it well I’m sure there was someone cheering you on or showing the way. A mentor.”

It is assumed that most mentor-mentee relationships involve the mentor meeting with the mentee on a regular basis and encouraging the protégé to reach his/her individual goals. But to be truly effective for both individuals, mentorship has to go beyond that. The core of every mentor-mentee relationship should be based on the following principles (in no particular order):

- 1. Short- and long-term goals**
- 2. Defined roles and responsibilities**
- 3. Open communication**
- 4. Trust**

Any mentorship relationship built on these key principles creates a durable bond that allows mentors to enhance their own leadership skills and mentees to grow and come into

their own, which sets them up to pay it forward by becoming mentors to a new generation.

Sometimes finding the right mentor is difficult and time consuming. The demand for quality mentors often

“Show me a successful individual and I will show you someone who had real positive influences on his or her life.”

exceeds the supply. The process of finding the right mentor is more of an art than an exact science. There aren't many rules or formulas, but there are best practices. When seeking a mentor, one should identify a person he/

she admires both professionally and personally. It is helpful to connect with someone who has commonalities related to upbringing, hobbies, interests, and academic or professional backgrounds. Once a potential mentor is identified, it is important to:

- **Identify what you respect about them:** Research the mentor's career achievements and understand the potential of the relationship.
- **Describe the type of mentor relationship you are seeking:** Share your career ambitions and what you hope to gain out of their mentorship. Set expectations on how often you should interact.
- **Proactively follow up:** If someone agrees to be your mentor, it's your responsibility to set up meeting times and lead the conversation to build the relationship over time. Additionally, don't stop at seeking



just one mentor. Research has shown that career development is maximized with multiple mentors. Having multiple mentors allows mentees to have a personalized board of advisors. Some will be more experienced and can provide big-picture advice while peer-level mentors may share similar experiences in their respective career paths.

Keep in mind mentoring can be difficult. Organizing a regular schedule to meet, spending time to lay out goals and objectives, and being fully engaged are all reasons why many people fail to commit to mentoring. However, mentoring has proven to have many benefits if done with intentionality. This can be achieved through:

- **Being an active listener:** Sometimes this is all it takes to be a strong mentor. Many mentees just want the opportunity to share their dreams and goals and get insight on potential pitfalls from experiences you might have faced.
- **Supporting the relationship:** Establish open communication by incorporating things you found beneficial when you were mentored. If mentoring is new to you, offer to provide feedback on various issues the mentee is facing. Many mentoring relationships just turn into a question and answer session. One study showed that unless mentees have a basic relationship with their mentors, there is no discernable difference between those

mentored vs. not mentored, so take the time to build rapport with mentees.

- **Developing character over competency:** Many times, too much focus is placed on development of skills that are pertinent on a particular job. However, the key to developing strong leaders in addition to strong workers is to focus on shaping character. This involves developing soft skills like self-awareness, empathy, and respect for others.

In sum, mentoring has the capability to enhance leadership, listening, and coaching skills. It allows one to gain insights and different perspectives on various issues. Most importantly, it contributes to someone's professional and personal development.

I highly recommend that everyone seek great mentors and serves as mentors as well. There is always plenty to learn and share – and multiple capacities in which one can mentor. Whether onboarding a new employee at your organization or meeting a student from your alma mater, mentoring has opportunities for everyone. As I have read in many different articles, mentorship is, above all, a state of mind that facilitates greatness.

[Get more involved with the mentorship program with CAHL.](#)

WELCOME AND CONGRATULATIONS

New Members

MARCH

Name	City
Glenda Cascalla	
Nicholas Ferlatte	Richmond
Brandy Gleason	Oakdale
Melissa A. Goss	
Eric Hadhazy	
Mohan Katragadda	
Samuel Lee, PharmD	
Brian McElfresh	Oakland
Shannon M. Minor	
Beth Montemayor, RN	Roseville
Jennifer Nguyen	Fresno
Jana Relf-Taylor	
Nancy Stoeckel	
Elizabeth Tapia	McCordsville
Karen Tejcka	Fremont

APRIL

Name	City
Rebecca Avila, MBA	
Ryan J. Gates, PharmD	Visalia
Julie Gist, RN	
Premdeep Kaur	
Karen Lewis, RN	
Simon Mawer	Palo Alto
Pamela A. McAfee	
Kathleen Music, JD, RN	Oakland
Ana-Cristina Navarro, DrPH, JD	
Arlene Noodleman, MD, MPH	
Yevgeny Ostrovskiy	
Michael Santora	
Sarah Soto-Taylor	
Bret Stover, MBA	
LT M. Jelissa Walker, RN	Modesto
Tyler S. Whitezell, CPA	Bakersfield
Sharon L. Young, RN	Modesto
Sylvia Zhou, CPA	San Francisco

Fellows

MARCH

Name	City
John A. Fannin, Jr., FACHE	Santa Rosa

APRIL

Name	City
Patrick J. Carew, FACHE	Walnut Creek

Recertified Fellows

MARCH

Name	City
Mikele B. Epperly, PhD, FACHE	San Francisco
Kevin L. Shrake, FACHE	Fresno

APRIL

Name	City
Joseph M. DeLuca, FACHE	Lafayette

ARTICLES OF INTEREST | Q2

4 STEPS TO ESTABLISHING YOUR LEADERSHIP PHILOSOPHY

Many leaders have a list of aspirational adjectives—inspiring, benevolent, collaborative—to guide them but little idea of how to exemplify those traits in practice consistently. Thinking about leadership in vague terms can lead to confusion not only for you, but for your employees as well.

The best way to prevent this confusion is to write a personal statement or “leadership philosophy” that includes how you think, act, react and work with others, according to Ed Ruggero, business writer and leadership teacher. These statements frequently include the following four parts:

1. Personal beliefs about leadership.

Start by writing your beliefs about the role of leadership and general leadership principles, such as “leaders serve others” or “discipline is the bridge between goals and accomplishment”.

2. What your team can expect from you.

Acknowledging that leadership is a two-way street will surprise and impress many employees. In the second section of your personal statement, outline your personal credos and aspects of your leadership that you are working to continuously improve.

3. What you expect of your team.

Consider how you would answer questions from employees such as “Is it OK to present you with a problem for which I have no proposed solution?” and “How long should I wrestle with a challenge before seeking help?” Most importantly, create an expectation around how employees should communicate their disagreements with you.

4. What attracts negative attention.

Listing your pet peeves may not dramatically improve organizational performance, but it can help reduce day-to-day stress.

Creating and disseminating your leadership philosophy “engages people in an ongoing conversation about how we can be a better team,” Ruggero explains. If you start to deviate from your commitments, the personal statement also enables peers or employees to help you correct your course.

—Adapted from “[4 Questions Every Great Leader Should Be Able to Answer](#),” by Leigh Buchanan, Inc., April 12, 2018.

ENHANCE YOUR DECISION- MAKING SKILLS: 3 TIPS

Good decision making requires a sense of prediction—how different choices change the likelihood of different outcomes—and a sense of judgment—how desirable each of those outcomes is—according to a Harvard Business Review article by Walter Frick.

Highlighted below are three ways to improve your ability to predict the effects of your choices and assess their desirability.

1. Avoid overconfidence.

Consider the fact that you may be more confident about each step of your decision-making process than you ought to be, and that's OK. If you embrace being less certain, however you may be more likely to revisit the logic of your decision and prepare for dramatically different outcomes than your expected one.

2. Analyze how frequently predicted outcomes occur.

Numerous studies demonstrate that the best starting point for predictions is to ask “How often

does that typically happen?” Get away from the specifics of your particular decision or individual case, and look at the base rate and outcomes of similar cases first.

3. Learn about probability.

Research suggests basic training in probability makes people more effective forecasters and helps them avoid certain cognitive biases. Brushing up on probability theory may help you better express uncertainty and think numerically about the question “How often does this usually happen?”

“Great decision makers don't follow these rules only when facing a particularly difficult choice; they return to them all the time,” Frick writes. “They recognize that even seemingly easy decisions can be hard—and that they probably know less than they think.”

—Adapted from “[3 Ways to Improve Your Decision Making](#),” by Walter Frick, Harvard Business Review, Jan. 22, 2018.

NATIONAL NEWS | Q2

SHARE THE VALUE OF THE FACHE® CREDENTIAL WITH THIS NEW VIDEO

Share ACE's new [FACHE video](#) and help inform and raise awareness about the value of the credential to their healthcare management career advancement. Members can apply for Fellow status conveniently online and learn more about the steps and requirements needed to advance by visiting [ache.org/FACHE](#).

THE THOMAS C. DOLAN EXECUTIVE DIVERSITY PROGRAM—NOW ACCEPTING APPLICATIONS

Please help spread the word to your members about the open application period (May 7–July 9) for the 2019 Thomas C. Dolan Executive Diversity Program by pointing them to [ache.org/ExecutiveDiversity](#).

During this year-long program, scholars benefit from specialized curriculum opportunities to develop strategies for successful navigation of potential career challenges and enhance executive presence, one-on-one interaction with a specially selected mentor, and participation in formal leadership education and career assessments. Enhanced self-awareness, critical leadership skills and an expanded network of leaders will help prepare scholars to ascend to C-suite roles in hospitals, health systems and other healthcare organizations.

Visit [ache.org/ExecutiveDiversity](#) for more information or to apply. If you have questions about the program, please contact Cie Armstead, director,

Diversity and Inclusion, at carmstead@ache.org or (312) 424-9306.

The Foundation of ACE's Fund for Healthcare Leadership accepts donations to the Thomas C. Dolan Executive Diversity Program. Gifts—no matter the amount—help shape the future of healthcare leadership. Visit [ache.org/ExecutiveDiversity](#) to make your donation.

RUN FOR ACE REGENT

ACE is beginning the election process for new Regents to serve a three-year term on its Council of Regents, the legislative body that represents ACE's more than 48,000 members. The Regent is the ACE leader within a specified geographic jurisdiction elected by the voting members to represent the interests of members in the governance of ACE and its chapters.

Recommended knowledge, skills and experience include knowledge of the programs, products and services of ACE and the local chapter(s); knowledge of the local healthcare community including senior-level healthcare executives, state and regional healthcare associations; negotiation, influencing and policy decision/analysis skills; and personal organizational and planning skills. Go to the Member Center for full position descriptions for [geographic Regents](#) and [federal sector Regents](#). The descriptions include a summary, scope of responsibility, meeting requirements and other commitments.

All Fellows who wish to run for election must submit a letter of intent to elections@ache.org by Aug. 24. The letter of intent must include a current business title, business address, email

address and telephone number. If you submit your letter of intent and haven't received confirmation of its receipt by Aug. 31, contact Caitlin E. Stine, communications specialist, Division of Regional Services, ACE, at (312) 424-9324 or cstine@ache.org.

Elections will be held in the following jurisdictions:

Air Force
Arkansas
Army
California—Northern & Central
Connecticut
Florida—Eastern
Illinois—Central & Southern
Indiana
Iowa
Kentucky
Maine
Mississippi
New Mexico & Southwest Texas
New York—Metropolitan New York
Puerto Rico
South Dakota
Texas—Central & South
Veterans Affairs
West Virginia & Western Virginia
Wisconsin

FORUM MEMBER DIRECTORY CONNECTS EXECUTIVES WITH HEALTHCARE CONSULTANTS

ACE's [Healthcare Consultants Forum Member Directory](#) serves as a resource for healthcare executives and organizations seeking the services of a healthcare consultant with a specific area of expertise.

Are you a healthcare executive searching for a consultant? The

Directory's robust search functionality can help identify ACHE Consultant Forum Members who may meet your needs.

Are you a Consultant looking to gain visibility with decision makers? Join the [Healthcare Consultants Forum](#), and select your primary area of expertise.

Questions? Please contact Liz Catalano, marketing specialist, Division of Member Services, at ecatalano@ache.org or (312) 424-9374 or Erika Joyce, assistant director, Division of Member Services, at erjoyce@ache.org or 312-424-9373.

DEADLINE APPROACHING TO SAVE \$200 ON BOARD OF GOVERNORS EXAMINATION FEE

ACHE is pleased to offer the Board of Governors Exam fee waiver promotion to eligible ACHE Members seeking to take the next important step for their healthcare management careers. Healthcare leaders who hold the prestigious FACHE credential are recognized for their commitment to lifelong learning, competence and ethical decision making. In fact, more than 75 percent of Fellows feel better prepared to handle the challenges of the evolving healthcare management landscape.

Qualifying for the \$200 Exam fee waiver is easier than you think! Just follow these simple steps:

1. Go to ache.org/FACHE and click "Apply for Board Certification."
2. Submit the application and \$250 application fee. Depending on your

ACHE profile, many of the required fields may already be completed for you.

All required documents, including your application, fee and references, are due June 30, 2018 in order to qualify for the waiver.

FORUM ON ADVANCES IN HEALTHCARE MANAGEMENT RESEARCH 2019 PROPOSALS OPEN

The American College of Healthcare Executives is inviting authors to submit proposals to present their research at the 11th annual Forum on Advances in Healthcare Management Research. This session will take place during ACHE's 2019 Congress on Healthcare Leadership, March 4–7. The lead presenter of each selected proposal will receive a complimentary registration to Congress. [Visit the selection criteria and submission instructions](#). Submit your up-to-400-word abstract by July 2.

ACHE'S LEADER-TO-LEADER PROGRAM

When you share the value of ACHE membership with your colleagues through encouraging them to join or advance to Fellow status, you can earn points to obtain rewards such as gift certificates toward ACHE education programs, a polo shirt, backpack tote, water bottle, umbrella and even a chance to be entered into a raffle for a free Congress registration when three or more are sponsored.

Each time a person joins ACHE or advances to Fellow status and lists your name as a sponsor on the application, you earn a point. The more points you earn, the more rewards you can receive. Points expire on Dec. 31 of the year after they were earned (e.g., a point earned on Jan. 1, 2018, will expire on Dec. 31, 2019). You can check your available points and discount program coupon codes in the My ACHE area of ache.org. To ensure colleagues reference you, [referral cards are available](#) that you can pass out so you receive the credit you deserve.

When you help grow ACHE, you make a strong statement about your professionalism and leadership in the healthcare field and also strengthen the organization. For more information on the program, go to ache.org/L2L.

CAHL EVENTS

3RD ANNUAL ACHE WESTERN REGION COLLEGE BOWL



CAHL-HFMA SPRING 2018 CONFERENCE



CAHL EVENTS

STATEWIDE NETWORKING EVENT IN CHICAGO AT ACHE CONGRESS



LEADING AND MANAGING IN CHANGING TIMES WITH THOMAS A. ATCHISON AT UC DAVIS



CAHL EVENTS

BERKELEY HASS CONFERENCE



SACRAMENTO NETWORKING EVENT AT ESQUIRE GRILL

