

# CAHL NOW



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

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## 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.

I am honored to offer this message written to complement this issue of 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.

*"Leadership is having a compelling vision, a comprehensive plan, relentless implementation, and talented people working together."* –Alan Mulally, Retired CEO of Ford Motor Company

Strong leadership is vital in healthcare, as organizations face constant change and newfound challenges daily. With rapid change in the healthcare delivery system comes an opportunity for progress and transformation. Changes in technology, payment systems, health policies, and consumer behaviors may be challenging to some, but effective leaders capitalize on and embrace these changes to help their community and organization thrive.

Leaders should be inspiring those in their organization towards making healthcare more accessible, affordable, and safe. To do so requires an ability to communicate vision, manage change, and mentor high-potential talent within their organization and industry. ACHE provides numerous leadership-development resources and opportunities for these skills, including educational seminars and a Leadership Mentoring Network.

The cornerstone of leadership is well-cultivated self-awareness, as it is

necessary to understand your strengths and weaknesses and see how you fit and engage with the environment. ACHE provides a variety of self-assessments to help members develop a better understanding of themselves and create a development plan to be a more effective and influential leader.

Learn more about ACHE's leadership enhancement resources, mentorship program, and self-assessments here:

- [› Enhance Your Leadership](#)
- [› Mentor Network](#)

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

Regards,

**Erick Berry, FACHE**  
ACHE Regent, Northern & Central California

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.

# CHECK OUT OUR NEW WEBSITE



# A MESSAGE FROM OUR CHAPTER PRESIDENT

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Welcome to the final CAHL newsletter for 2018. The holiday season is always a time for celebration and giving thanks. This past year has been tremendously rewarding and, at the same time, challenging for many in the communities we serve.

Our thoughts go out to our colleagues who have been impacted by the devastating wildfires in Paradise, CA, and helped their communities receive the critical care they need in the most unimaginable of circumstances.

Thank you to our members who provided us feedback through the recent Chapter Member Needs Survey. You reaffirmed our priorities of continuing to offer the best in Face-to-Face Education, Qualified Education, and Networking events. Every year we see an increase in the number of members taking time out of their busy schedules to attend chapter events. This past year we had more than 3,000 chapter members attend our programs from the Bay Area, Sacramento region, and the Central Valley.

Our discussion this quarter within CAHL is on leadership. We have each experienced and read countless articles and books about different leaders. Many of us recently have been inspired by General Stanley McChrystal's book on leadership, titled *Team of Teams*. I've recently been inspired by the work of Mary Koloroutis, RN, and David Abelson, MD. They received the 2018 ACHE James A Hamilton Book of the

Year Award for *Advancing Relationship-Based Cultures*, where they introduce the concept of loving leadership. Here is brief excerpt I often reflect on:

*We have long held that successful organizations thrive when their leaders know and believe that there is a leader in every chair. We now also assert that the presence of love at all levels of the organization is a driving force in achieving quality, safety, and exemplary patient-centered experiences.*

*Loving leadership is marked by deep affection and caring for those with whom we work and lead. It is a deep devotion with feelings of caring and respect. It involves nurturing, supporting growth and development, wanting the best for each person, and desiring to help people identify their gifts, talents, and strengths. Love in leadership means truly caring about each person, celebrating successes, as well as having empathy in times of struggle. It includes releasing judgement and forgiving past difficulties. It means being fully present in our interactions.*

*We have been told that "love and work do not go together". Love is understood as soft and intangible – something that cannot be measured – and yet it is the glue which holds relationships together and inspires commitment to a shared mission. Love in leadership is about changing*

*the lens through which we see  
our workplace world. It is about  
empowerment of self and others,  
and it is about a willingness to be  
vulnerable, which allows us to connect  
at a deeper level.*

Every day in healthcare we work towards providing care that is more patient centered or relationship based with our patients. I am a believer that loving leadership is the path to get us there. I'm curious of your thoughts on the topic. I hope to connect and discuss more with you at an upcoming CAHL event.

I'd like to thank my fellow board members for their service this year. I am biased, but I believe we have the best board in all of ACHE. Next year, Andrew Pete, FACHE, will be leading the chapter as president. Andrew has been an active board member for many years, and I know he will lead the chapter to even greater successes.

As always, I encourage you to find ways to participate, get involved, and make the most of your membership. It has been a privilege and honor to serve as you, chapter president this year.

With gratitude,

A handwritten signature in black ink, appearing to read 'T. Marsh', with a stylized flourish at the end.

**Toby Marsh, RN, FACHE**  
Chapter President

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# THE FOUR KEY TRAITS OF LEADERSHIP

*By Maj John DeCataldo, USAF, MSC, FACHE*

Being a leader is more than a job: it is something you have to work at, and you have to want to be one. In addition, being a leader is not something you can do by completing a checklist. There is no specific set of attributes that can make anyone a good or great leader. If you read a book or article and asked around, you could come up with a list of leadership attributes that could easily fill a page. Several key attributes do stand out and have been repeated by multiple sources. To better understand the attributes that constitute a good leader, I have narrowed down dozens of opinions and lists to four key elements: **vision, integrity, communication skills, and charisma**. Each of these four attributes is collaboratively important to leading people.

Having a **vision** will not make you a good leader, although it is fairly important if you want to be one or want others to achieve a goal. Ever see a simple “widget” for the first time and say to yourself, “That was my idea! I’ve always knew we needed an easier way to do that.”? This is an example of an idea that you have always known but lacked the vision to share with the masses. Or maybe you lacked the



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**communication skills** necessary for convincing someone to invest in your idea.

The ability to communicate well will not make you a good leader. If this were the case, every member on a debate team and every high school English teacher would be a good leader. Such people are merely good at communicating. Moreover,

*“Integrity alone will not make you a good leader; however, it will help you earn respect and trust, as well as help motivate the people you are trying to lead.”*

having charisma will not make you a good leader. By combining **charisma** with good communication skills, you can begin to start putting together the pieces of what makes a good leader. Charisma alone will only make you a likeable person. Think of Frank Abagnale, who was made famous by the movie *Catch Me If You Can*. He impersonated a Pan Am pilot and flew for an estimated 1 million miles—

for free. He falsely worked as a teaching assistant at a university as well as a physician and an attorney. This gentleman certainly had charisma and the ability to communicate effectively, but he lacked integrity. He could achieve what he wanted but was not trying to lead anyone except himself.

**Integrity** alone will not make you a good leader; however, it will help you earn respect and trust, as well as help motivate the people you are trying to lead. Integrity is often defined as doing the right thing when nobody is looking. One of my mentors, Curtis Miller, an Air Force health care leader, recently reversed this and indicated that integrity involves doing the right thing when everyone is looking. Making the difficult and correct decision when everyone is watching is what a good leader does. The easy way out is rarely the best long-term solution, and being a good leader is certainly never easy.

None of these attributes will singularly make anyone a good leader, and these four are certainly not the only attributes that define a good leader. Good leadership is a collaborative effort involving many things, and a person needs to mend them correctly to create effective leadership. If you are uncertain of where to start to improve your leadership, I challenge you to Google “top traits of a terrible leader.” You will have many articles to choose from, and if you find yourself saying, “I do that,” you now have ideas on what to improve.



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# LEADERSHIP MAY FIND YOU WHEN YOU LEAST EXPECT IT

By: Christina Slee  
& Ankoor Tailor

*In this article on the characteristics of leadership, Christina Slee, director of Quality and Safety at UC Davis Medical Center, relays her personal leadership journey. Ankoor Tailor, Senior Consultant at ECG Management Consultants, defines these characteristics, which are reflected in Ms. Slee's story*

**I**t was a normal day at the end of July 2014 when I was called into the Chief Medical Officer's office. That in itself didn't strike me as unusual; I managed a large pay-for-performance program that involved significant financial incentives for the hospital, so I would frequently be invited to informal meetings to provide updates on our project portfolio. As we situated ourselves around a small table, the conversation took an unexpected turn: Would I be interested in a leadership opportunity in Quality and Safety?



I had managed teams for most of my career at UC Davis starting in the late 1990s, so the idea of leading a team did not give me pause. The idea presented in this meeting, however, was leading a group of nurses, whom

***“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.”  
– Jack Welch***

over the last two years I had only known informally as colleagues in the Clinical Affairs Division. I knew this would be a significant challenge since my

background at UC Davis was as a non-clinical professional with a master’s in public health policy and administration. I had many years of experience in health services research, project management, and grant writing but was still learning how clinical processes affect an organization’s metrics, reputation, and performance in quality programs. Regardless, I knew I would say “yes” to the opportunity, and so did the Chief Medical Officer. I am as ambitious as the day is long, and it is my philosophy to say “yes” first and then interrogate the reasons to say “no”.

What ensued after that meeting challenged many of my assumptions about what it is to lead, how to build a team, and how to support that team to perform to the best of its abilities. As I suspected, I was viewed with a fair amount of skepticism by the team I inherited. They questioned my ability

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to lead clinical professionals and were doubtful that my quantitative skills would translate to a position with strong foundations in the clinical side of care delivery. In those early days of uncertainty, I went to what I knew: classic research methods. I conducted key informant interviews with all of the staff, analyzed the themes from our discussions, and identified the performance gaps to move to a better future state. That future state involved redefining the scope of our department and our accountability for a certain level of daily work that was part of the quality improvement nurse analyst role (e.g., core measures abstraction, committee support, incident report reviews, etc.), in addition to refocusing our efforts on strategic improvements, such as sepsis mortality and safety culture.

Establishing these accountabilities was one of the hardest things I did in that first year. Some of the nurses left the department for other positions and some resisted the change. Additionally, a slew of new folks were brought on with varying levels of fit that required the entire team to undergo the basic stages of team building: forming and storming, specifically. We were evolving in big ways that were uncomfortable at times, and I had to remind myself that this was considered normal.

As we cycled through the storming and norming, I became clearer on what the department needed, and I developed an optimistic voice regarding our future state that attracted a number of very seasoned quality professionals to my vacant positions. I gave up my fear of being a quality interloper and hiring people smarter than I. Instead, I portrayed the positive attitude people associate with a leader who develops a clear strategic vision for a department. Over time, our department cultivated subject matter experts in the areas of root cause analyses, failure mode effects analyses, safety culture,

medical informatics, and the regulatory side of quality. Although it took time for this team to hit the norming stage, it did come by the end of my second year in this role. By then, the number of vacancies left to fill had declined, the staff were contributing in their positions, and they were connecting with me by having honest conversations about how I could offer them the support they needed to succeed. Over the last year, we have reaped the rewards of collectively learning the key competencies of quality with four nurses earning their Professional in Healthcare Quality certifications and others certifying in patient safety and risk management.

I would like to say something about the role of mentorship in how I achieved the esprit de corps that my department now enjoys. To be completely transparent, I had a number of concerning personnel issues to address in my early days as director that threatened the small gains in confidence I was working to achieve with my staff. At her own discretion – meaning no one asked her to do this – one senior director in the Clinical Affairs Division set aside time to meet with me whenever I needed it. Despite her own heavy workload, she met with me almost daily to check in, process decisions, and consider the unintended consequences that might result from those decisions. She was leading by example, and from her I learned more about how I might work on connecting with staff, colleagues, and peers, both on demand and on regular schedules. I cannot overstate the significance of that support. Those daily meetings are long past, but from them I have developed an awareness to be available and present in all my interactions even when I am stressed, busy, or otherwise preoccupied.

Now my team is well entrenched in the performing stage of team building. It is pretty fantastic to see our work have greater visibility

in the organization by empowering the staff to bring their unique perspective to bear on the classic functions of quality and the projects that are allowing us to explore new solutions to old problems. I apply my influence lightly, guiding us in the direction set by our executive leadership and being receptive to uncertainty and the possibility that some of the innovations we try may not yield the results we expect. I also try to demonstrate integrity in all I do. Integrity requires constant practice but when nurtured over time creates a foundation of trust and respect that motivates people to apply the discretionary effort that gets organizations from good to great.

To recap, the following characteristics, which are adapted from Sonya Shelton's book *You're an Executive, But are you a Leader?*, were key in helping me grow in my first leadership position:

› **VISION.** Have a clear vision of where the organization is going. With a clear vision, others will follow to make the vision a reality.

› **AWARENESS.** Be here now. The only moment where an action is taken is the present moment. Awareness of what is happening at the current moment is critical to be a successful leader.

› **INTEGRITY.** Understand that having integrity leads to trust, respect, reliability, and credibility. People want to follow a leader they can count on and believe in.

› **LEADING BY EXAMPLE.** Put the time and effort in yourself to be a successful leader. The quality of a successful leader is reflected in the standards they set for themselves. The key is that you must follow the principles you espouse. If you don't follow your own advice, who will?

› **INFLUENCE.** Find ways to positively influence others. We all influence each other, every day, one way or another.





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› **ATTITUDE.** Focus on establishing good morale in the organization. If a leader is negative, he/she will bring others down. If the leader is positive, he/she will lift others' spirits.

› **EVOLVING.** Create positive change with intentionality. A leader does not always have to be the innovator of ideas, but it is important to recognize and support good ideas. Supporting good ideas will not only lead the organization forward but will empower others as well.

› **ACCOUNTABILITY.** Remember that accountability means being responsible for one's decisions and actions. A good leader takes a little more than his/her share of the blame, and a little less than his/her share of the credit.

› **EMPOWERING OTHERS.** Explore ways to help others to succeed. Great leaders unleash the leadership qualities within each person and liberate them to use their own power.

*“It is pretty fantastic to see our work have greater visibility in the organization by empowering the staff”*

› **LEARNING.** Do not worry about having all the answers. Successful leaders never stop learning, especially if they make a mistake. Learning requires keeping an open mind, listening, and exploring.

› **CONNECTING.** Be true to yourself by expressing empathy and emotional intelligence. When a leader encourages others and shows they are cared for, he/she empowers them to face challenges and obstacles.

› **VISIBILITY.** Be visible to the organization. A leader should make a point to meet with most, if not all, of the members of the organization regardless of where they are in the organizational hierarchy.

In August 2019, I will meet the leadership requirement for attaining fellow status in ACHE. I feel both humbled and proud of the lessons I have learned along the way and how they have made me a stronger leader and a better person. One of my favorite expressions is: “Leap and the net will appear.” This is a message we should all take to heart as we think about the characteristics of leadership and whether we are up to the challenge when it presents itself – because the odds are good it will present itself when it is least expected.



Like our page



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# WELCOME AND CONGRATULATIONS

## New Members

### MAY

Name	City
David Abella	Oakland
Michael Alonso	San Leandro
Jason Chan, RN	Hayward
Jose E. Cobar	
Arthur Douville, MD	San Jose
Traci A. Duncan, DNP, RN	
Raquel Gonzalez, DHA	Mountain View
Sarah S. Goodson	
David Kim	Oakland
LCDR Sonja Manson, PharmD	Lemoore
Trudy N. Thomas, MBA	
Craig Wagoner	Fresno

### JUNE

Name	City
Samantha Delehant	San Francisco
Patricia Flanigan, RN	Redwood City
Shelley O. Johnson, DNP, RN	Fairfield
Leonard Jones	American Canyon
Tamra L. Kelly	Penryn
Theo Koury, MD	Emeryville
Dawn Kuwahara, RN	Sonoma
Alexandria Loyha	Chico
Laura McAndrews	
Brendan Meara	San Francisco
Gabriella Mujal	Cupertino
Kellie E. Naples	
Brett Olsen	
Alka Patel	
Andreu J. Reall	San Francisco
David Roth, PhD	
Vanessa Sam	
Andrea Swann	Oakland
Ethan Van Leuven	
Hollie M. Wehrle	Valley Springs

### JULY

Name	City
La Rae R. Banks, MBA-HM	Fairfield
Edith J. Conner, MS, CPCS, CPMSM	
Pete G. Duarte	
PO3 Rob Eastwood	
Adam Frange	
Michael Helton, RN, MHA	Sacramento
Capt Shellie Helton, MS, RN	
Jeffrey T. Hurt	
Andrew S. James	
Sehrish Khan	
Sabra V. Matovsky	San Francisco
Jason R. Peterson	Berkeley
Susan Safford, MHA	
Pranil K. Shankar, MBA	Sacramento
Chris A. Thomas, MBA	Sacramento
Karen Yee	San Francisco

### AUGUST

Name	City
Julie Abbott	
Haydee Acosta	
James M. Andersen	Fairfield
Iyda Antony, MBA	
Robert L. Armijo	Fairfield
William Bryant	
Roxanne T. Bullock	Redding
Kinisha M. Campbell	Patterson
Mary Dugbartey	Fairfield
Tina R. Jackson	Fairfield
Brian J. LaMacchia	
Robert E. Lieberman, MD	Pleasanton
Ricardo E. Llewelyn	Fairfield
Betty C. Lopez, DNP, RN	Patterson
Yelena Nechay	



WINTER 2018

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# WELCOME AND CONGRATULATIONS

## Fellows

### JULY

Name	City
Michael Dacoco, DHA, FACHE	Pleasantona

### AUGUST

Name	City
Jita P. Buno, FACHE	Sacramento
Thomas A. Utecht, MD, FACHE	Clovis

### SEPTEMBER

Name	City
LT Akakpossa B. Ananou, FACHE	San Jose
Gwendolyn M. Ocampo Alva, RN, FACHE	Ukiah
Carol A. Starks, FACHE	Oakland

### NOVEMBER

Name	City
Enitan Adesanya, MBA, FACHE	Castro Valley
Gregory Eberhart, MD, FACHE	Carmichael
Richard C. Seefeldt, FACHE	San Francisco

### AUGUST

Name	City
Jita P. Buno, FACHE	Sacramento
Thomas A. Utecht, MD, FACHE	Clovis

## Members who passed the Board of Governors Exam

### JULY

Name	City
Hoda A. Asmar, MD, FACHE	Roseville

### NOVEMBER

Name	City
Lynn E. Mullikin, FACHE	Burbank

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## Recertified Fellows

### MAY

Name	City
Debra A. Flores, RN, FACHE	Madera

### JUNE

Name	City
Michael R. Burroughs, FACHE	Point Richmond
David M. Christensen, MD, FACHE	Madera
Omar B. Chughtai, FACHE	San Jose
Michael L. Coston, DHA, FACHE	Folsom
Randal H. Dodd, FACHE	Hanford
Carmelo J. Mocerri, FACHE	Santa Rosa
David Overton, RN, FACHE	Newark
Jillian R. Springer, FACHE	Fairfield

### JULY

Name	City
Debra Green Oliphant, FACHE	Stanford
Jordan W. Wright, FACHE	Red Bluff

### AUGUST

Name	City
Ruth Cieri, FACHE	Cameron Park
Kevin Clougherty, FACHE	Eureka
Rachael L. McKinney, FACHE	Davis
Benita A. McLarin, FACHE	San Jose

### OCTOBER

Name	City
Linda Allington, RN, FACHE	South San Francisco
John W. Boyd, PsyD, FACHE	Sacramento
Wanda R. Holderman, FACHE	Fresno
Karen Kellar, FACHE	Roseville
Robert T. Marchuk, FACHE	Roseville
Brandon May, FACHE	Manteca
John C. Osborne, FACHE	Oakland
Padmaben B. Patel, FACHE	
Scott J. Rose, MD, FACHE	Orangevale
William R. Vandervennet, Jr., FACHE	San Carlos
David E. Womack, FACHE	Bakersfield

### NOVEMBER

Name	City
Daniel C. Bucsko, FACHE	
David Cheney, FACHE	Sacramento
Betsy P. Gornet, FACHE	Fairfield
Ben Hilmes, FACHE	Roseville
Sam Itani, FACHE	Bakersfield
Charlene E. Kell, RN, FACHE	Palo Alto
Malia Weinberg, FACHE	San Francisco
Corey G. Wilson, FACHE	Oakland

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# ARTICLES OF INTEREST | Q4

## STUDY CONNECTS WORK-LIFE BALANCE, BURNOUT AND SAFETY CULTURE

Healthcare is approaching a tipping point as burnout and dissatisfaction with work-life integration in healthcare workers continue to increase. Addressing work-life integration issues is crucial, as poor work-life integration has been linked to higher levels of burnout and patient safety risk, according to original research published in *BMJ Quality & Safety*.

A cross-sectional survey study was completed in 2016 and included more than 10,600 healthcare workers across 440 work settings within seven entities of a large academic healthcare system. Researchers created a work-life climate scale to assess the frequency of behaviors such as skipping meals, taking breaks and changing personal plans for work among healthcare professionals.

The study found that work-life climate was strongly associated with personal burnout and burnout climate, which describes how often professionals see signs of emotional exhaustion in their colleagues.

“Burnout has implications for patients, the individual healthcare worker and their families,

and is linked to lower perceptions of safety culture, increased medical errors and lower quality care,” according to the study. “Targeting [work-life integration] behaviors may provide tangible interventions at the work setting level that reduce burnout.”

In addition to lower burnout, quartile analyses of the results revealed higher work-life climate scores were associated with better teamwork and patient safety norms, better leadership and increased readiness for quality improvement.

“Improving this climate should be a strategic priority for leaders interested in building capacity and resilience in their workforce,” wrote the study authors. “Improving [work-life integration] is likely to improve healthcare worker’s quality of life, organizational outcomes and, ultimately, quality of care for patients.”

—Adapted from “[Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-sectional survey analysis](#),” by Stephanie P. Schwartz, Kathryn C. Adair, Jonathan Bae, et al., *BMJ Quality & Safety*, Oct. 11, 2018.

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## HOSPITALS PRIORITIZE CLINICAL DOCUMENTATION IMPROVEMENT

Clinical documentation improvement was identified as a top priority by hospital technology, financial and physician leaders in a recent Black Book Market Research report.

“Because of increased patient engagement, the need for proper clinical documentation improvement driving quality outcome scores has never been more essential,” says Doug Brown, managing partner of Black Book.

Highlighted below are four additional findings from the survey.

- › Nearly 25 percent of all U.S. hospitals now outsource some or all coding functions.
- › Ninety-one percent of hospitals with more than 150 beds that outsource their CDI processes reported significant increases in appropriate revenue and proper reimbursements in the third quarter of 2018.
- › Eighty-eight percent of hospitals confirm

documented quality improvements and increases in case mix index within six months of CDI implementation.

- › Eighty-nine percent of hospital financial officers say that the above factors do influence their motivation to adopt CDI practices.

—Adapted from “[Black Book Survey: New Generation CDI Enhances Patient Care and Reduces Financial Risk](#),” Black Book Market Research, Oct. 19, 2018.

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# CAHL EVENTS

## MEET THE BOARD NETWORKING EVENT, NOVEMBER 3, 2018





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**LEARNING FROM LEADERS WITH GRANT DAVIES, NOVEMBER 30, 2018**



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## NATIONAL NEWS | Q4

### SAVE THE DATE FOR THE 2019 CONGRESS ON HEALTHCARE LEADERSHIP

The American College of Healthcare Executives' Congress on Healthcare Leadership brings you the best in professional development and opportunities to network with and learn from peers. At the [2019 Congress](#), to be held **March 4–7** at the **Hilton Chicago/ Palmer House Hilton**, you will have access to expert faculty and the latest information to enhance your career and address your organization's challenges in innovative ways.

Join us in 2019 for countless opportunities to innovate, collaborate, grow and transform. The opening date for Congress 2019 registration and to reserve hotel accommodations was Nov. 13. Save your spot today!

### SHOWCASE YOUR INNOVATIONS AT CONGRESS

ACHE's Congress on Healthcare Leadership gives you two exciting opportunities to share your innovations, network with other innovators and discuss pressing issues in healthcare with other leaders seeking similar solutions. You can apply to participate in the Management Innovations Poster Session and/or the Technology Innovations Session.

The 35th Annual Management Innovations Poster Session is a unique opportunity for you to share the innovative work being done at your organization that might be helpful to others, including innovations to improve quality or efficiency, enhance

patient or physician satisfaction, implement EHRs, use new technology and similar topics.

Innovations that apply technological or digital solutions (e.g., apps, software, automated texts, etc.) to meaningfully improve the efficiency of an organization or the effectiveness and/or access of care delivered can also be submitted for ACHE's **first ever** Technology Innovations Session.

Applications for both the Management Innovations Poster Session and the new Technology Innovations Session are due Jan 10. To learn more about application requirements and selection criteria, [visit congress](#).

### LEADING FOR SAFETY: MASTERING VISION AND BOARD ENGAGEMENT

On Dec. 4, explore two of the six domains—Vision and Board Engagement—outlined in [Leading a Culture of Safety: A Blueprint for Success](#) during the complimentary ACHE webinar, "[Leading for Safety: Top Down, Bottom Up and Across the Organization](#)."

The presentation will provide strategies and techniques required for the Vision and Board Engagement domains and how to scale this initiative across an organization. This webinar is Part III of a three-part series. We encourage participants to attend all three webinars in the series to gain the maximum educational benefit. Access Part I and Part II of the series in ACHE's On-Demand Webinar Recordings.

Learn more about the webinar and **register today**. [Click here](#) to download the blueprint and take the We Lead for Safety pledge.

### ENCOURAGE YOUR MEMBERS TO APPLY FOR FELLOW STATUS

The importance of earning the distinction of board certification as a Fellow of the American College of Healthcare Executives cannot be overstated. Earning the FACHE® credential demonstrates a healthcare leader's competence, leadership skills and commitment to excellence in the field. Encourage your chapter members to take the next step in advancing their career. When they achieve Fellow status, this accomplishment benefits their professional goals and the healthcare management profession.

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

### ACCESS COMPLIMENTARY RESOURCES FOR THE BOARD OF GOVERNORS EXAM

For Members starting on the journey to attain board certification and the FACHE® credential, ACHE offers complimentary resources to help them succeed. Two resources available to get you started are the [Board of Governors Examination in Healthcare Management](#)



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[Reference Manual](#) and [quarterly Advancement Information webinars](#).

› The Reference Manual, found at [ache.org/FACHE](#), includes a practice 230-question exam and answer key, a list of recommended readings, test-taker comments and study tips.

› Fellow Advancement Information webinars provide a general overview of the Fellow advancement process, including information about the Board of Governors Exam, and allow participants to ask questions about the advancement process. An upcoming session is scheduled for Dec. 14. Register online at [ache.org/FACHE](#).

Both offerings supplement other Exam resources such as the [Board of Governors Review Course](#) and [Online Tutorial](#).

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## LIST YOUR POSTGRADUATE FELLOWSHIP WITH ACHE

ACHE would like to know if your organization is offering a postgraduate fellowship for the upcoming year. If so, we encourage you to add it to our complimentary Directory of Postgraduate Administrative Fellowships at [ache.org/Postgrad](#).

As a healthcare leader, you know how crucial it is to attract and develop highly qualified professionals in your organization. Gain exposure and attract top-notch applicants by posting your organization's program on ACHE's Directory. You may add a new listing or update a previous one at any time by completing the Online Listing Form.

## QUESTIONS?

Please contact [Audrey Meyer](#), membership coordinator, at (312) 424-9308 or [email](#), Monday through Friday, 8 a.m. to 5 p.m. Central time.

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## SHARE YOUR PROFESSIONAL ANNOUNCEMENTS

Improve your visibility in the healthcare field and build your professional brand by sharing career updates with ACHE. Have you started a new job or been promoted recently? Are you planning to retire? Let ACHE know for a chance to be listed in the "On the Move" section of Healthcare Executive magazine. All you have to do is [email](#) the job title, organization and location of both your former and your new job, as well as a high-resolution headshot, [to the editor](#).

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## FIND OPEN POSITIONS WITH ACHE'S JOB CENTER

Did you know you can apply for healthcare management positions quickly and easily with [ACHE's Job Center](#)? This member-exclusive resource allows you to search through nearly 1,500 open positions across the nation based on your preferences such as location and desired salary. We've recently added an Internship Tab to help students and recent graduates navigate opportunities. To gain more exposure to potential employers, all members have the option of posting a resume for review. To provide additional value, the Job Center is complete with a [Career Learning Center](#) to help you enhance your resume and leave a lasting impact during your next interview. To take advantage of these resources and more, visit [ache.org/JobCenter](#).

## ACHE ANNOUNCES NOMINATING COMMITTEE 2019 SLATE

The ACHE Nominating Committee has agreed on a slate to be presented 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.

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## 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.

Additional nominations for members of the Nominating Committee may be made from the floor at the annual Council of Regents meeting. Additional nominations for the offices of Chairman-Elect and Governor may be made in the following manner: Any Fellow may be nominated by written petition of at least 15 members of the Council of Regents. Petitions must be received in the ACHE headquarters office (American College of Healthcare Executives, 300 S. Riverside Plaza, Ste. 1900, Chicago, IL 60606-6698) at least 60 days prior to the annual meeting of the Council of Regents. Regents shall be notified in writing of nominations at least 30 days prior to the annual meeting of the Council of Regents.

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

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## 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 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 only 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 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

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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](http://ache.org/CandidateGuidelines). If you have any questions, please contact Julie Nolan at (312) 424-9367 or [jnolan@ache.org](mailto:jnolan@ache.org).