

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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Advertising/Sponsorship	achecahl@gmail.com	Treasurer Kimberly Bleichner-Jones, FACHE
Questions and Comments	cahlcommunications@gmail.com	Secretary Shaunna Taylor, FACHE
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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 (HENs) and ACHE. As the elected representatives of ACHE members, Regents serve as advisors within the ACHE governance structure to the Board of Governors.

It is my privilege to write to you as part of my Summer 2021 Regent's Message. First and foremost, welcome to all of our newest members, hello again to our continuing members, and congratulations to those who have recently advanced to, or recertified, their Fellow status!

With this message, I would like to formally kick off the 2021 nomination cycle for the 2021-2022 Regent's Awards. I invite all members to [submit nominations for the ACHE Early Career Healthcare Executive Award and the ACHE Senior-Level Healthcare Executive Award](#). The nomination window will be open until the deadline of August 13th, 2021. All nominations are required to be submitted directly to me at Baljeet.Sangha@sfdph.org. A nomination will be considered complete only if it includes two documents: (1) a recent resume or CV and (2) this completed nomination form with all sections completed to articulate how the nominee meets and exceeds the criteria set forth. Please attach additional pages as necessary.

Award recipients will be determined by the [2021-2022 Regent's Advisory Council](#) and will be recognized at the CAHL Annual Meeting on August 26, 2021.

With a focused goal of assembling a diverse slate of nominees, I thank you in advance for your partnership and

engagement in this award process.

The Regent's Advisory Council is dedicated to enabling an inclusive, supportive, and diverse environment that recognizes the contributions of all our members, ensures member experiences are objective, fair, and consistent, and supports equity and the advancement of all, regardless of race, ethnicity, national origin, religion, age, marital status, sexual orientation, gender identity, socioeconomic status or disability. We believe Diversity and Inclusion are not limited to culture and ethnicity, but one's diversity of thought, geographic region (e.g., urban vs. rural), armed services level (e.g., active duty vs. veteran), careerist level (e.g., early vs. senior careerist), professional discipline (operations vs. quality), and area of oversight (e.g., administrative vs. clinical). We believe an inclusive environment can enhance equity, the quality of healthcare, improve hospital/ community relations, and positively affect the health status of society.

Through it all, the one factor that inherently influences the way we as healthcare professionals approach these diverse facets, is one's own personal experience. Since birth and for every day since then, every one of us personally experiences a day that will always be truly unique to us. No one will experience the same day in the exact same way, and it is an appreciation

of this that must tie us all together. Over the past two years, while all of us have witnessed the same series of events unfolding around us – including the murder of George Floyd and the

subsequently bring these experiences and framings to the work we do everyday to bring balance, stability, health, wellness, and compassion to the communities we serve.

“The Regent's Advisory Council is dedicated to enabling an inclusive, supportive, and diverse environment that recognizes the contributions of all our members, ensures member experiences are objective, fair, and consistent, and supports equity and the advancement of all, regardless of race, ethnicity, national origin, religion, age, marital status, sexual orientation, gender identity, socioeconomic status or disability”

subsequent calls for justice and reform, the horrific rise in violence against Asian American and Pacific Islanders, and the non-stop response engineered in response to COVID-19 – we have certainly interpreted and internalized these events in unique and incredibly personal ways.

All these interpretations and internalizing of experiences have influenced my growth as an individual and my evolution as a healthcare leader, just the same as I know varying degrees of exposure to these events have evolved your evolution as leaders and how you

It is here that ACHE also aspires to bring us all together. ACHE “works to foster an inclusive environment that recognizes the contributions and supports the advancement of all, regardless of race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity or disability because an inclusive environment can enhance the quality of healthcare, improve hospital/ community relations, and positively affect the health status of society.” This priority is reflected in ACHE's various activities and initiatives:

- The [Institute for Diversity and Health Equity](#), co-founded by ACHE, which collaborates with educators and health service organizations to expand leadership opportunities for ethnic minorities in health services management.
- [Race/Ethnic Comparisons of Career Attainments in Healthcare Management](#), which are periodic surveys of healthcare executives in various race/ethnic groups to compare their career attainments.
- [Comparisons of the Career Attainments of Men and Women Healthcare Executives](#), which are periodic surveys of the career attainments of men and women healthcare executives, by gender.
- The development of resources, such as the Diversity and Cultural Proficiency Assessment Tool for Leaders, created by ACHE, the American Hospital Association, the Institute for Diversity in Health Management, and the National Center for Healthcare Leadership, which contained assessment worksheets and case studies that healthcare leaders used to evaluate the diversity and cultural proficiency of their organization and identify what activities and practices need to be implemented.
- A minority internship, a three-month assignment intended to attract racially/ethnically diverse students

into the fields of healthcare and professional society management and to further their post-graduate education.

- Albert W. Dent Student Scholarships, awarded annually to racially/ethnically diverse students in healthcare management graduate programs.
- Educational programs and publications addressing the issues of diversity
- The Thomas C. Dolan Executive Diversity Program is designed to prepare mid-and senior-level careerists from underrepresented groups to ascend to C-suite roles. This once-in-a-career experience will help scholars formulate a strategy for their future in healthcare management and provide them with an invaluable network of colleagues to support them at every stage of their leadership career
- The Dolan Career Accelerator Program was launched in spring 2021 and will empower mid-level careerists for advancement to higher leadership roles with a specialized career development curriculum tailored to diverse healthcare executives. This flexible 6-month program allows Scholars to personalize their participation while maintaining the Dolan program's high-quality education and professional development experience.

Locally, the CAHL Chapter has fully embraced Diversity and Inclusion. The CAHL Board's Justice, Equity, Diversity & Inclusion (JEDI) Committee has established specific goals as part of

CAHL's 2021 Strategic plan:

- Strengthen relationships between CAHL and other Forums and Associations by updating affiliation agreements with the:
 - › Women Health Care Executives of Northern California
 - › National Association for Latino Healthcare Executives
 - › National Association of Health Services Executives
 - › Asian Healthcare Leaders Community
 - › LGBTQ Healthcare Leaders Community
- Collaborate with Local Programming Councils to support JEDI-specific events and use of JEDI principles in other event questions and panel makeup. One such event, Embracing a Dialogue About Gender Equity and Intersectionality, was held virtually on May 25, 2021. [Moderated by Kim Brown Sims, FACHE, CEO & Founders of KBS Leadership Consulting, the panel included Gayle Capozzalo, FACHE, Executive Director, The Equity Collaborative/The Carol Emmott Foundation; Anna Dapelo-Garcia, MPA/HSA, Inclusion, Diversity & Health Equity Leader, Stanford University; Denise K. Lew, FACHE, Specialist Leader, Deloitte Consulting; and Dr. Quanna Batiste-Brown, Chief Nursing Officer – Ambulatory Care Nursing, UCLA Health. A recording of the event, and other CAHL events, can be found \[here\]\(#\).](#)
- Develop and create a toolkit for the education of CAHL board committees.
- Collaborate in incorporating JEDI

key values into existing awards and assessment of future JEDI-specific award.

Thank you for the opportunity to offer this note on diversity to you this quarter and to kick off the [2021-2022 Regent's Awards](#). Whether related to diversity or any other topic, 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 Baljeet.Sangha@sfdph.org with thoughts, suggestions, challenges, and insights.

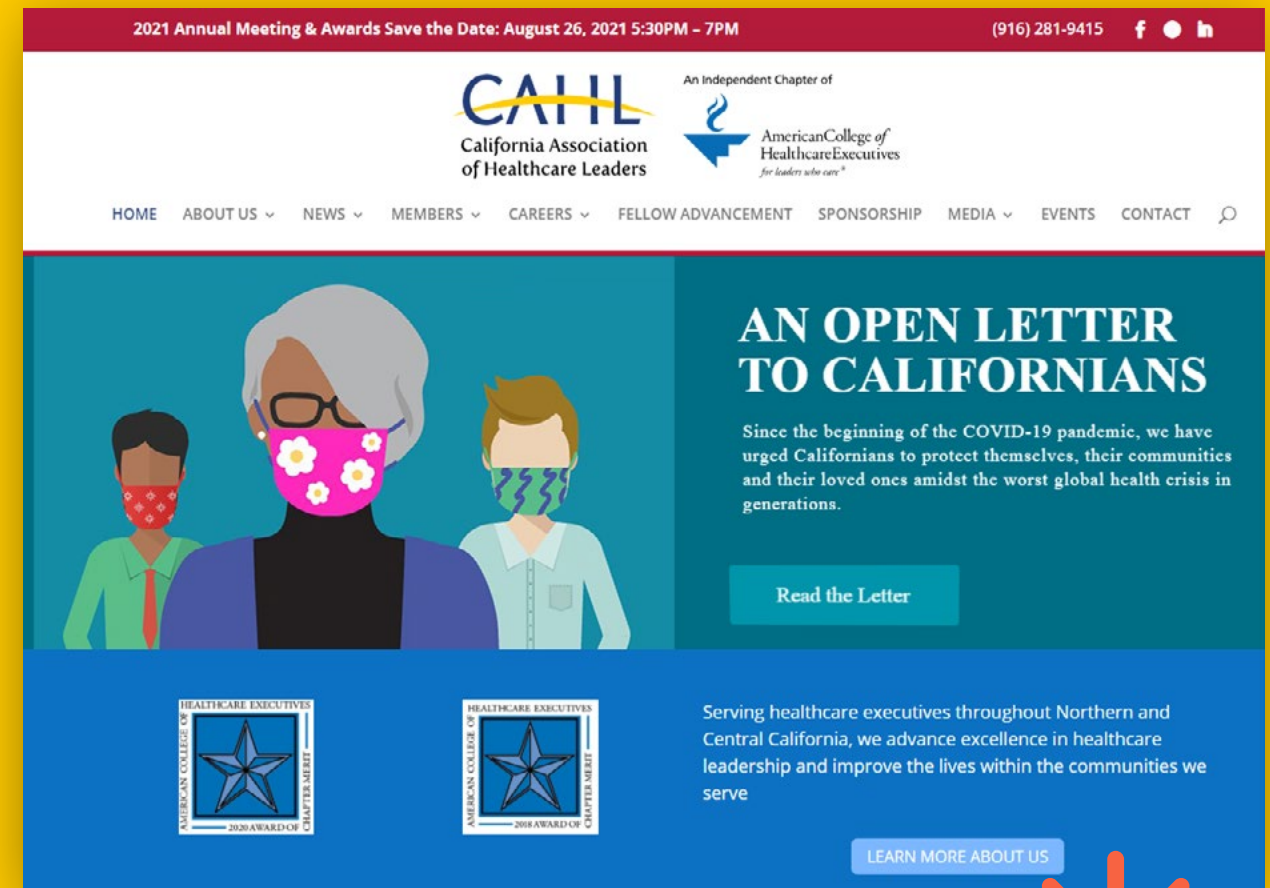
I'm looking forward to seeing you all at the Virtual CAHL Annual Meeting on August 26, 2021. Please refer to the CAHL website [here](#) to register for this event as well as the next event!



Baljeet S. Sangha, FACHE
Regent for California - Northern & Central
Chief Operating Officer
Deputy Director
San Francisco Health Network
San Francisco Department of Public Health

Baljeet.Sangha@sfdph.org

VISIT US ONLINE



A MESSAGE FROM OUR CHAPTER PRESIDENT



2021 - The Year of HOPE

In 1960, Eleanor Roosevelt was asked to provide one word of encouragement for the viewers of a “Frank Sinatra ABC Special.”

“That one word would be ‘hope,’” she responded.

“Just ‘hope?’” she was asked.

“Yes, it’s the most neglected word in our language,” she responded.

In 2019, no one imagined that the year 2020 would be defined by school closures, a shift in how work gets done, a rise in the use of technology, and the worst pandemic we have seen in over a century. As a result, we have endured a year of “stay in place” orders, job losses, business closures, financial obstacles, racial inequality, social injustice and upheaval, elections, voter suppression, economic devastation, personal losses, and the physical/emotional isolation we’ve all had to endure; it seems only fitting that about now, we need a dose of hope in our lives.

2020 was a challenging year, and with the unrelenting challenges and upheaval we’ve faced in the healthcare field, it’s time we take a minute to catch our breath and regroup now that we’ve passed the one-year mark of this COVID-19 pandemic. Additionally, we should take this time to reassess what’s important in our lives and identify what

has gone well this last year to capitalize on and encourage ourselves and those we come into contact with as we move forward into 2021.

Hope is defined as a feeling of trust or expectation for something specific to happen. Thinking about the definition of hope demonstrates how vital it is to a person’s life. As a leader on a healthcare executive stage, it’s my responsibility to embody this belief that goals will be attained and our future will be better; to provide clarity and direction. Further, this embodiment of hope enables us to face tough challenges, build our self-confidence, be resilient and separate feelings of deflation from feeling defeated.

And while working in healthcare is very rewarding, it can also be exceptionally challenging. However, no matter how dimmed our circumstances may have seemed over the past year, there were also glimpses of innovation, opportunity, and improvement in how our work gets done and how healthcare services are delivered. Think digital health, care delivery methods (remote patient monitoring and mobile apps), at-home care, predictive analytics, supply chain, remote work, and our ability to adapt quickly to our changing environment (more so than previously thought).

During this past year, we saw the vital

role of Leadership in responding to the crisis, exercising our ability to pivot between leadership approaches and use styles that previously weren’t used or weren’t used often. Balancing between the need to work with our teams and the need to stay above the fray to be effective is a constant tug-of-war. Yet, in challenging moments like this, the choices we make are more impactful than during “normal” times, and our ability to grow out of our weaknesses is more pronounced. So how can we be effective during a crisis? Transparent communication, engaging others through soliciting feedback, to be present with an action-focused, flexible mindset, and demonstrating empathy and compassion.

Remember, leadership isn’t a title or a position. It’s your ability to influence others. And while life will be different in the coming years, we need to understand how to capitalize on all we’ve learned to keep moving forward from a healthcare perspective. For example, we should embrace preparedness for those adverse events that may take place in your region, like a pandemic which was an emergency event we hadn’t planned for previously. We should continue to engage and integrate with other departments and organizations to remove those ever-pesky silos that tend to plague us over time. We need to take care of those around us and remember that others’ well-being should be all of our priorities. And above all, don’t lose sight of the good that happens each day; have and express hope!

Hope can restore faith and provide clarity. It has the power to recalibrate

your mindset and make you believe that things will get better. It’s an emotion that can alleviate those tensions as we move through our journeys and positively impact others.

So, while we look to the future, let’s reflect on what’s possible and visualize new opportunities. It’s about innovation, courage, and inspiring others. It’s about embracing our responsibility to care for ourselves and those around us. It’s about humility, compassion, and courage. It’s about creating a space to heal, connecting with what’s important, appreciating those around us, and enjoying what makes us happy. Let’s reconnect with hope as there is still so much work to be done now that vaccine production, distribution, and administration have arrived.

While we aren’t out of the woods yet—there are still challenges ahead of us, known and unknown. It’s time to stop neglecting the feeling of hope, embrace the good, embody the positive, inspire others, be courageous, challenge the status quo and “Fight for the things you care about, but do it in a way that will lead others to join you.” ~Ruth Bader Ginsburg.

A handwritten signature in black ink that reads "Darrielle Ehrheart".

Darrielle Ehrheart
CAHL President

DON'T BE THAT GUY

By Timothy R. Colwell, MBA

The only graduation speech that has ever stuck with me was not one that had some sappy inspirational message of: “shoot for the stars,” “chart your own destiny,” or “make a difference in the world.” It was a speech that emphasized what NOT to do.

The speech was given by Col. Eric D. Hutchings who was a Special Operations Officer and Commandant from Virginia Military Institute and it marked the end of my graduation from Officer Basic Course. Despite the course only being a few months long, the message of that speech has stayed with me nearly 20 years later because it was about integrity.

“Don’t be that guy,” said Col. Hutchings, who happened to be the father of one of my classmates.

Everyone in that room was a recently commissioned 2nd Lieutenant or, as the rank is often referred to in the Army, butter bars. We were fresh out of college. The majority of us were 21-22

years old and we were about to step into leadership roles and oversee teams of 20-30 people, many of whom were slotted to deploy to war zones in either Iraq or Afghanistan. We were often told we were, “still wet behind the ears,” and for all intent and purposes, we didn’t know what the hell we were doing.

Col. Hutchings talked about the importance of our actions as leaders, and how those who would serve under us were watching and paying attention more than we realized. He gave a hypothetical scenario of an officer who was having an affair. He helped us see the meaning of infidelity through the eyes of a solider.

“A soldier is likely to think, ‘Here is someone you supposedly love so much that you’ve committed to spending the rest of your life with them, and here you are cheating on them?! How, then, can I trust you with my life? How can I be confident in your ability to lead me into war?’” Col. Hutchings said.



“Don’t be that guy.”

Col. Hutchings words resonated because integrity was something that was drilled into me growing up, especially through my involvement in Boy Scouts. I learned that integrity is one of the most valuable things in a person’s life. Integrity cannot be bought; it must be earned. It is the one thing that no one can take from you; you have to give it away. If you do give your integrity away, it is difficult to nearly impossible to get it back.

“So in many ways, integrity in healthcare is a two-way street.”

It is a message that I reiterate often to my kids, probably more often than they’d like, and something I am ever mindful of in my role as the Program Manager for Customer Relations and Outreach for the San Francisco VHA, Office of Community Care.

As many of you who are reading this article know, the health care industry is extremely complex. We, as healthcare leaders, need to make countless decisions in complicated environments. If a leader has integrity then it all but eliminates people’s ability to question your intentions or judgement when it comes to decision-making. Integrity removes doubt. It is, therefore, essential that healthcare leaders have integrity and that staff, clinicians and patients all have a strong level of trust in their leadership if we are to operate at the pace that the current healthcare system demands.

Another reason integrity is essential is because of the type of work we do. Our customers—patients—are, in many ways, putting their lives in our hands. They are trusting us with their physical health and

well-being. We have access to personal information that, if put in the wrong hands or used in the wrong way, could be extremely detrimental to someone’s short-term and long-term financial health. Our patients trust us to only use their information in a way that will improve their overall health, but also to keep it secure and use the medical history to render decisions that provide the most effective treatment plans with healthy outcomes as the driving force.

You can’t garner this level of trust without integrity.

Conversely, we in the healthcare profession need our patients to have integrity, and to be forthcoming and honest with us regarding their health, habits and well-being. If a patient is dishonest, then there is no way we can provide optimal care for them. So in many ways, integrity in healthcare is a two-way street.

Integrity is about doing what’s right, even when you think no one is looking. It’s about demonstrating these actions consistently and especially in the face of adversity. It serves as a foundation for both who you are as a person, and what your organization stands for. As a manager, I am a representative of my organization. My level of integrity is a direct reflection of the organization for which I work. In many ways, my integrity is a reflection of the integrity of the VA. It’s something I’m very mindful of every day I go to work.

As a health care leader I’m faced with challenges where my integrity is the guiding principle that empowers my decision making and problem solving in complicated scenarios. I often tell my staff, “You need to get comfortable operating in the grey.” In health care, rarely are things black and white; frequently, there is a lot of grey. As leaders, we need to see integrity as a tool. It can be our moral compass (our North Star) to guide us,

Connect with us.



EVALUATING AN ORGANIZATION'S INCLUSION AND DIVERSITY PRACTICES WHEN SEEKING JOB OPPORTUNITIES

By Basil Hernandez, MBA SCPM



Inclusion is defined as the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of other minority groups. At the same time, Diversity is the practice or quality of including or involving people from various social and ethnic backgrounds, different genders, and sexual orientations ([Lexico.com](https://www.lexico.com/define/inclusion)).

Based on these definitive actions, an organization must learn to be inclusive for it to be diverse. Most importantly, Inclusion and Diversity (I&D) should be at the forefront of any professionals when seeking employment. Professionals should learn if the prospective organization adopts these crucial practices. Additionally, it is necessary to do some due diligence in gathering organizational insights from research or during job interviews.

Here are a few essential questions to determine if the organization practices I&D in the workplace:

“The need for I&D is growing more substantial, and job seekers need to be sure that organizations that tout their I&D culture are genuinely practicing it.”

- **Is I&D part of the organization's key message, mission statement, and practice?**
Check their website and see if the

I&D message is clear and prominent
An organization that prioritizes I&D will have this message visible and part of its mission. Learn the organization's policies that promote I&D. See if they provide training on the legal implications of diversity, sensitivity, and unconscious bias, including discrimination and harassment in the workplace.

- **Does the organization have the right balance of employee population, including various ethnicities, gender, and ages?**
Look at the organization's demographic data, if available, or scope out the mix of employees on professional websites such as LinkedIn. Review the organization's executive team and determine if its leadership has a fair distribution of diversity. A diverse pool of employees signifies that the

organization values different perspectives, backgrounds and fosters innovation.

- **How does the organization empower and recognize its employees?**

Review the organization's press clippings, blogs, or publication. Discover how the organization communicates growth and support to its workforce. Ask questions during interviews on employee advocacy or how it honors religious and cultural practices. An inclusive culture ensures everyone is involved, respected, and valued.

- **What is the organization's stance on the nation's current landscape of disparity and discrimination?**

Learn the organization's stand on current issues such as LGBTQIA+ rights, the Black Lives Matter Movement, or the Gender Wage Gap. Research press released on the organization for specific issues, and discern the state of their position. Knowing their belief on these matters allows potential employees to gauge if their beliefs align with the organization.

The need for I&D is growing more substantial, and job seekers need to be sure that organizations that tout their I&D culture are genuinely practicing it. After all, organizations must be able to walk the talk. Having these questions answered when seeking career opportunities provides the job seeker an insight into the organization and how they fit in it (*Pepitone*). Studies also suggest that a positive workplace leads to happier employees. The workforce's happiness has become imperative in the business culture because growing evidence shows that happy employees allow organizations to thrive. They become engaged and more productive. An organization with an I&D culture promotes collaboration and creativity within the organization, resulting in better employee performance and higher organizational productivity (*Preston*).

An inclusive and diverse environment in the workplace institutes a sense of belonging among employees (*Wong*). Belonging is a critical component of I&D; when employees are truly included, they perceive that the organization cares

for them as individuals and their authentic selves. Employees tend to work better because they trust and believe the organization. Additionally, having a prominent I&D culture supports the employee's well-being by positively affecting self-esteem, career progression, work-life balance, and better physical and mental health (*Menzies*).

Overall, belonging to an organization where we are valued for who we are and where our core values are aligned motivates us to bring more to the table. The days where we leave our unique identities and individuality at the door in favor of fitting in at work are long gone. I&D in the workplace has been given merit in today's multilingual and multicultural organizations in achieving tremendous success.

Basil Hernandez is a Healthcare Consulting and Regulatory Compliance Manager for Mazars in the US. He is also selected to be part of the organization's I&D Council in fostering an inclusive environment that attracts the best talent, values diversity of life experiences and perspectives, and encourages innovation to pursue the mission.

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A MESSAGE FROM OUR CHAPTER PRESIDENT ELECT



It is with great excitement that I have been nominated to serve as the President-Elect for the California Association of Healthcare Leaders. As an active member of the American College of Healthcare Executives for many years, I see great value in what ACHE and CAHL have to offer to our membership. When I achieved my graduate degree in health administration, ACHE was the gold standard for healthcare leaders and the equivalent of a board certification. Just as the physicians we work with are board-certified, we, as healthcare leaders need to be board certified and ACHE provides us with the opportunity to achieve that status. And today, ACHE continues to be the gold standard and is a highly respected and valued membership organization. We are a collegial and collaborative association and have so many opportunities to be involved and network.

As part of the CAHL Board of Directors, we are here to listen and learn from our members and govern appropriately the most effective ways to meet your needs. Over the next several months, I will be reaching out to members to understand why you joined CAHL, why

you continue to be involved, and how we can further support and engage you in the organization. If you'd like to share with me your perspective and insights, please contact me so we can have a good conversation about our future initiatives and new opportunities to consider.

Please be safe, smart, and kind to one another as we continue to work through this pandemic.


Best Regards,

Michael O'Connell, MHA, FACHE
President-Elect, California Association of Healthcare Leaders
moconnell@stanfordhealthcare.org
650-421-3463

PARTNERING FOR SUCCESS: PREPARING FOR ACHE BOARD OF GOVERNORS EXAM

By Sherie Ambrose FACHE, Nora Powers FACHE and Sachin Gangupantula MBA



Updates and FAQs

- Fellow Advancement Information Sessions during ACHE Congress –
 - 3/22/21 11:10am - 12:10pm PT
 - 3/23/21 12:30pm – 1:30pm PT
 - 3/24/21 11:10am – 12:10pm PT
- This will be you soon!
 Congratulations to Jennifer Paoli!




Please send us yours!!

ACHE Helpful Resources & Links

- Virtual Board of Governors Exam Review Course
 - [ache.org/education](https://www.ache.org/education)
 - Earn 12 ACHE Face-to-Face Education credits
- Online Tutorial [ache.org/ExamOnlineTutorial](https://www.ache.org/ExamOnlineTutorial)
 - 12-week self-study course
 - The Well-Managed Healthcare Organization, Eighth Edition (required reading)
 - Earn 10 ACHE Qualified Education credits



BOG Exam Preparation - Updates and FAQs



California Association of Healthcare Leaders (CAHL) and its Advancement Committee has been helping members become recognized leaders among executives in healthcare management by becoming a Fellow of the American College of Healthcare Executives (FACHE). It has been offering ACHE Board of Governors (BOG) Exam preparation sessions since 2013. Presently, CAHL has over 230 healthcare executives who have been credentialed as Fellows.

Prior to the COVID pandemic, the Fall and Spring sessions were held in-person, led by our very own credentialed committee members. On the heels of the successful transition of our inaugural CAHL Congress (CAHLCon) into a virtual series in 2020, the Advancement Committee leveraged the best practices in planning and executing the BOG preparation sessions virtually in October 2020. The 5-week sessions covering the 10 knowledge areas had an average attendance of 40 members learning from the credentialed Fellows and practicing together.

This series consisted of 5 - sessions that covered the exam's 10 Knowledge areas utilizing pre-recorded voice-over Powerpoint and sample question presentations, with an emphasis on test-taking techniques for success. The team effectively used the ACHE BOG Examination Flashcard's digital access through Quizlet to customize sample exam questions during each session. The practice-while-you-learn sessions were engaging and much appreciated by the participants.

The successful virtual event spurred us into action in planning the Spring 2021 event.

For the Spring 2021 event, our Advancement Committee partnered with the San Diego Organization of Healthcare Leaders (SOHL) chapter to launch the first collaborative virtual BOG Exam Review & Preparation Webinar Series from March 6, 2021 through April 3, 2021. Our Member Advancement Committee thoroughly enjoyed working and planning the event with the SOHL team, as the two chapters brought the best of the minds together in creating and presenting engaging study materials and sample exam question practices. The SOHL team included:

- Nora Bota, MPH - SOHL President
- Carol Cannizzo, RN, MA, FACHE - SOHL Co-Chair, BOG Series 2021
- Nicholas Hance US Navy; MBA Candidate- SOHL Co-Chair, BOG Series 2021

The collaborative team was proud to host an average attendance of 39 participants each week for the series, which raised \$695.48 towards the FACHE scholarship fund to help members cover the exam fee. Our amazing leader instructor line-up included:

- General Overview; Healthcare and Human Resources - Nora Powers MHA, FACHE (CAHL)
- IT and Information Management - Angela Rivera, MBA, FHIMSS (SOHL)
- Management & Leadership; Business - Michael Dacoco, CLS, CLSSBB, DHA, FACHE (CAHL)
- Professionalism & Ethics; Laws & Regulations; Governance & Organizational Structure - Richard (Rick) Narad, DPA, JD, FACHE Committee Member (CAHL)
- Finance - Lisa Thakur, CPA, MBA, FACHE, FHFMA
- General Overview; Healthcare, Quality & Performance Improvement - Sherie Ambrose, RN, MBA, FACHE, (CAHL)

The group concluded the session with a Tropical Island theme and a Guess-That-Beach back-ground contest.

As of this writing, we have three new Fellows who have achieved the FACHE distinction after participating in the Spring 2021 program.

Here is a testimonial from one of our recent Fellows, Jennifer Paoli, that brings out the best the program has to offer:

The material presented in the class was so helpful in providing a guideline of what to focus on, and the tips provided by the course organizers and guests were so reassuring. When studying in the weeks leading up to my exam, I reviewed the course materials and found that the presentations that were given in each class, in addition to the flashcards that I purchased online were the best study materials for me.

Are you getting ready to prepare for the BOG exam? Lean on CAHL and check out our upcoming Fall 2021 session at <https://ache-cahl.org/fellow-advancement/>

TRAUMA THE TYRANNICAL TIME TRAVELER

By Tosan Boyo, MPH, FACHE



Tosan O. Boyo, Senior Vice President of Hospital Operations at John Muir Health, reflects on health workers owning their trauma through the pandemic and the anniversary of George Floyd's murder.

I was raised by three parents. First, my mother the Clinical Laboratory Scientist in New Jersey; second my father the Family Medicine Physician in Lagos; and third, health care the practice of which has cradled me from childhood to adulthood. One of the few places humans dread with every fiber of their being is hospitals. For me, it's always been a sacred place, a thread connecting every tapestry of my life. Some of my earliest memories are doing homework at our hospital in Lagos – bouncing from the waiting room, to the Lab to the ED annoying my parents to finish work so we could head home.

In June 1993, Nigeria was engaged in the first democratic election in an era. The leading candidate MKO Abiola was a civilian whose smile lit up rooms and swagger shook concrete. He was a man of the people. The polls and votes foreshadowed an inevitable change of power and he was the presumed winner. The Western world considered the elections the freest and fairest of its time. However, the election was voided and the military held on to power. MKO Abiola was arrested, never seen again and died in prison. I still have vivid memories of rushing from school to my parent's hospital as riots engulfed streets, red machetes glistened in sunlight, and screams crackled the air

as cars met fiery blockades. By the time we reached the hospital, I felt safe because we all knew that violence would never come here. No matter whose side the rioters were on, they respected the place of healing. They or their loved ones would need the hospital today or tomorrow. It was a sacred space.

In January 2021, as I watched the U.S. Capitol insurrection take place, trauma made me a time traveler. How could this be happening in the U.S., my adopted home? I'd known democracy was fragile but didn't believe it was here. Visions of both my

“Trauma tore into health workers this past year. We’ve had our feet on the gas and never let up. We’ve become accustomed to death being inches away.”

homelands, 28 years apart, imploded within me. Trauma lives in the crevices of fears and memories. It knows your fragility. It knows your truest self. It embraces and transports you across eons before you know you left. Trauma is a tyrant unbound by time and space.

As I traveled back and forth through time, I led the COVID-19 Command Center at John Muir Health. Our teams were performing heroic feats: We were steeped in Surge 3.0, carrying the largest census of COVID-19 patients in the county. Three

weeks into vaccines going live, we'd administered over 50 percent of our workforce with first doses. The entire system rallied to fight a battle on two fronts: one of ambulatory prevention and one of acute treatment. As the Capitol was being stormed, health workers never stopped placing their lives on the line for others. This new Surge was ruthless and relentless. Yet I couldn't help watching the insurrection unfold. Trauma wrenched me back in time to the protests following George Floyd's murder and contrasted the agonizingly disparate responses. It was the epitome of inequity. I wondered what would have happened if the insurrectionists looked like me. There would be blood. So much blood. Trauma tore into health workers this past year. We've had our feet on the gas and never let up. We've become accustomed to death being inches away. We've been driving with fumes for so long. We're only just coming up for air. Spring 2021 has been a period of grace and release. I just got to see my mother for the first time in over a year. As a Clinical Lab Scientist, she belongs among the many unsung heroes in health care. Without CLSs there's no diagnosis. Without CLSs blood won't flow. I took my mother out to dinner. The last time we did this was March 2020 exploring the foods and sights of San Francisco. Little did we know the city would shut down a week later and I would be among those weighing that fateful decision. By the time my mother returned to her hospital in New Jersey, she was immediately deployed to support the devastating Surge 1.0 that hit the East Coast. Back in the present, we caught up over fish and chips exchanging stories about our battles with COVID-19. At a certain point, my mother held a long pause staring into the San Francisco Bay. She talked about the scores of death witnessed, the hours that never seemed to end, the fear of getting infected,

the fear of infected co-workers not surviving, the fear of not having enough tests to keep up, the fear for her safety, the fear for mine 3,000 miles away. Her eyes teared up as trauma took her back through time. As I held my mother, I thought about how health workers waded through these moments. We were bombarded with trauma at work and still suffered

“Health workers need to heal. Heroes need not be invincible and it’s okay to not be okay. We spent the past year fighting excruciating battles and the mental cost is high.”

the fallout of the pandemic at home. Some drilled into the cracked foundations of their marriages, some wrestled with virtual learning for their kids and some suffered isolation from communities they held dear. Most of us never worked from home. Day in, day out, we went into the storm everyone else feared. We lived, mourned and navigated the sea of despair everyone else read about. In the Bay Area, thousands upon thousands will never know how many of their lives were saved by Health Officers. Through countless and sleepless hours, they harnessed intersectional knowledge of Epidemiology, Medicine and Policy to protect our present and future. In turn, many received persistent abuse and death threats from people

that didn't understand success of public health can also be measured by tragedies we avoid. Those blows landed with trauma, yet they never ever faltered in their duty to protect us. They persisted through it all with science and hope. I worked next to one of them 12 hours a day, every day through the pandemic. Their resilience will never stop inspiring me. From February to October 2020, I led the Operations for San Francisco's COVID-19 Command Center. We were over a thousand strong. A phalanx of epidemiologists, nurses, physicians, police, librarians, firefighters, analysts, scientists, educators and operators. We were a highly-efficient engine driven to protect the most vulnerable and mitigate transmission. Acquiring and allocating PPE became the Odyssey. Bringing hospitals, government agencies and community-based organizations together became Westeros. Implementing protocols to contact trace, isolate and quarantine through three surges in the second most densely populated city in the nation became Shakespearean. However, the data points that drove our hourly decisions never stopped being human. The numbers were lives on the brink of loss, families separated, jobs impacted and dreams diminished. At San Francisco's COVID-19 Command Center, we even had a space to cry. We used it when we got overwhelmed, when fear and fatigue hollowed our minds, and when we needed to pick up shards of ourselves after watching George Floyd being murdered. His death cloaked Black people in trauma's embrace taking us to times too raw and freshly buried. My closest friend, like me, is a Black man and Chief Operating Officer. Getting out of his car despite wearing hospital-branded scrubs and having his ID badge visible, he had guns pulled on him by police – for walking in their direction.

I shudder at what would have happened if his white co-worker wasn't close by. This experience occurred at the same time he was serving as the hospital's incident commander responding to Hurricane Harvey. He had to tuck this trauma away, head back to the hospital and prioritize the needs of thousands as storms ravaged Houston. He still time travels to this moment. Trauma is a tyrant nonchalant to roles, goals and hopes. As we approach the anniversary of George Floyd's murder, and the beginning of the end of the pandemic, many of us will time travel. Not just to the 9 minutes and 29 seconds, or to the dozens of other deaths caught on film, but to our own individual near-death-experiences-by-racism. I want to believe things are better now than then. I don't know, but I hope so. This past year, health systems and health plans embraced Equity as a strategic priority. This is progress, yet there's still much we can and should do. I hope health care doesn't lose the fires of innovation we were compelled to discover. I hope health start-ups conceived through the pandemic remember that Black, Hispanic and Native Americans died at exponentially higher rates and incorporate them into the solutions. I hope we all come to realize that equity work is fundamentally quality work. The more we separate these pillars, the more likely we lose sight of why the work matters in the first place. Health workers need to heal. Heroes need not be invincible and it's okay to not be okay. We spent the past year fighting excruciating battles and the mental cost is high. Many of us don't know it. Many of us won't talk about it. Many of us aren't ready to face it. We must create spaces to be human. I believe we start this healing journey by accepting our trauma is as real as time itself. As for me, I'm just learning how to stop time traveling.

VOLUNTEER SPOTLIGHT



THU NGUYEN

- Director of Strategic Projects; Stanford Health Care, Stanford Blood Center
- Sponsorship and Volunteer Recognition Member Outreach Committee

How has volunteering with CAHL contributed to your personal/professional life in a meaningful way?

Volunteering with CAHL has given me the opportunity to collaborate and learn from a lot of inspiring healthcare leaders

from various organizations. I find it meaningful to support non-profit organizations with a great mission while building strong relationships with my fellow healthcare colleagues and community.

Why do you continue to volunteer with CAHL?

I continue to volunteer with CAHL because I think it is a great non-profit healthcare organization that is composed of great healthcare leaders that promote others to become better leaders and helps to further advance healthcare.

Why did you choose a career in healthcare administration?

I chose a career in healthcare administration, as I feel it is the closest way I can make a difference towards saving lives. I do hope to make a bigger difference as I continue on in my career.

What is a motto or quote that influences your leadership style?

I don't have an exact motto or quote that influences my leadership style, but I do believe in the saying, "Never say never, anything is possible". I like to drive change and push the boundaries to challenge my team and bring more innovation, strategy, and efficiency in healthcare.



BRENDA CAPTAIN

- Care Coordinator/Administrator, UCSF Medical Center
- Higher Education Network (HEN) Committee

How has volunteering with CAHL contributed to your personal/professional life in a meaningful way?

CAHL has significantly impacted my growth and development among my professional and personal life. Over the last three years, I have gained a greater and deeper appreciation for healthcare

executives and their profound leadership style and role. As a volunteer for the Higher Education Network (HEN), I have set the margin high for my children and community, particularly, our youth and those that are experiencing socio-economic challenges, and yet have a desire to accomplish their career goals. I've learned effective communication, collaboration, problem solving, and influence change through my trajectory of volunteering for an extraordinary organization, CAHL. Despite these unprecedented times, my efficacy as an individual contributor develops competencies essential for effective leadership.

Why do you continue to volunteer with CAHL?

It is important as a new careerist to tap into the many resources available for the opportunity of career growth and development and to pass new knowledge on to others. I enjoy helping others and being a team player. CAHL consistently provides windows of opportunity for their members and communities through a variety of networking events, scholarships, panel discussion from healthcare executives, career workshops, and mentorship. Volunteering for CAHL has improved my skill set in leadership, teambuilding,

and problem solving, which has allowed me to receive invitations of internships, special projects, and job leads among healthcare organizations. "We are not a team because we work together. We are a team because we respect, trust, and care for each other". One of my favorite quotes that defines my continued effort of volunteering with CAHL. As a program student liaison for CAHL, I have been able to connect with directors and students from various colleges and universities, which has provided a window of leadership experience and dedication.

Why did you choose a career in healthcare administration?

During my tenure journey in patient care, I have always wanted to serve the needs of people and influence change. My ultimate goal is to help ameliorate some silos in health equity, healthcare performance, and enhance the patient experience, especially those communities that experience health disparities, not by choice. My reflection in healthcare has provided me a platform to serve my communities and eventually to more closely align my interests and involvement in population health.

What is a motto or quote that influences your leadership style?

I am influenced by "no is the never the final answer, and faith unlocks the door to all possibilities. I am influenced by my mistakes, because a Leader is someone that recognizes their failure by growing and developing from those shortcomings. Leaders are individuals that inspire others to become visionaries through engagement and moralization. "Placing myself in the shoes of others" is another favorite saying, which provides acknowledgement, understanding, and compassion toward others that have common goals.

VOLUNTEER SPOTLIGHT



NORA POWERS

- Director, Network Management at Aetna
- Committee: Advancement Committee

How has volunteering with CAHL contributed to your personal/professional life in a meaningful way?

This Chapter is amazing and brings together professionals from so many different sectors of our industry. I’ve been able to participate in so many activities beyond just my work with the

Member Advancement Committee. These activities include being a judge for an ACHE College Bowl, and a guest speaker at several healthcare administration graduate & undergraduate programs through our Higher Education Network. I appreciate the opportunity to be a part of such a dynamic organization.

Why do you continue to volunteer with CAHL?

Participating in this Chapter is just one small way of giving back to my chosen profession. I consider it an honor and a privilege to be a part of such a fabulous Member Advancement Team that

successfully advances CAHL’s Vision, Mission & Values through helping ACHE members achieve their Fellow Credential.

Why did you choose a career in healthcare administration?

I began my healthcare career as a microbiologist in the public health sector and gradually moved into leadership roles with a broader focus on healthcare policies and initiatives. I get the best of both worlds by combining my clinical skills with my management experience to positively impact healthcare quality and delivery.

What is a motto or quote that influences your leadership style?

“Leadership is not about you; it’s about investing in the growth of others” – Ken Blanchard. I firmly believe in the value of investing time and energy in the people around us, both in our professional & private lives, to achieve the best results.

NATIONAL NEWS | Q3

CONNECT WITH FELLOW MEMBERS

We are pleased to offer members three new, free online communities for physician executives, Asian healthcare leaders and LGBTQ healthcare leaders. The communities’ platform makes it easier than ever for peers to connect in real time, tackle issues together and ask important career-related questions. Members can participate in discussion threads, share resources and best practices, and crowdsource innovative ideas and solutions.

To join, follow these steps:

1. Log in to my.ache.org.
2. Under “Helpful Links” on the right-hand side, click the last option, “My Communities.”
3. Click the “Add” button to choose the online communities you wish to join. An MD or DO degree is required to join the Physician Executive Community.
4. Watch your inbox for your welcome email and instructions to access your new community! The email will arrive within 24 hours.

We hope you will join these communities and enjoy the privileges of membership collaboration under a more focused midnset. If you have any questions, please email communitymanager@ache.org.

FUND FOR HEALTHCARE LEADERSHIP

Please consider making a contribution to the Fund for Healthcare Leadership in 2021. By contributing to The Fund for Healthcare Leadership, you are

directly impacting the healthcare leaders of tomorrow. The Fund for Healthcare Leadership wholly supports the Thomas C. Dolan Executive Diversity Program and provides scholarships to talented individuals who lack the resources to acquire the skills and training needed to effectively lead through today’s challenges and into the future. [Learn more](#) about the Fund.

2021 PREMIER CORPORATE PARTNERS

We would like to recognize ACHE’s 2021 Premier Corporate Partners:

- BRG
- Cerner
- Change Healthcare
- Roche Diagnostics

These organizations are clearly demonstrating their commitment in supporting our mission to advance healthcare leadership excellence and fostering innovative solutions to the new challenges facing healthcare leaders in the wake of the pandemic. In 2021, they will be active participants at Congress, support complimentary webinars and providing additional educational content during the year. To learn more and access additional complimentary resources provided by the partners please click here.

ARTICLES OF INTEREST | Q3

RESOURCEFULNESS: A KEY LEADERSHIP SKILL

As leaders, we are called on to pivot quickly in a crisis—often more rapidly than we are comfortable with—finding new ways to meet goals and encouraging adaptability among team members. Now more than ever, it is the skill of resourcefulness that can provide value to organizations and drive leaders and their teams to a higher level of success.

Resourcefulness in Action

In times of crisis, resourcefulness is even more essential. In November 2019, Great Plains Health experienced a cyberattack that shook the organization at every level. The 116-bed, independent health system was fortunate to have good leadership and expertise in its information systems department, on its medical staff, and among the senior leadership team to guide the organization through the incident. Successful handling of this crisis also came from the resourcefulness of its leaders.

The Great Plains Health team showed resourcefulness largely by leaning on the relationships and trust it had previously built with regional and national experts on its EHR, security and software suppliers, insurance carriers, media, physicians, leaders of other health systems who had experienced similar cyberattacks, and a great many others. Without strong relationships and the ability to weave those relationships together in a meaningful and effective way, the health system's cybersecurity incident could have been

catastrophic. Intentional or not, the work that went into critical relationship-building before the crisis even occurred in strengthening leaders' resourcefulness skills and became invaluable in a time of need. Relationships are an essential component of resourcefulness, and leaders are advised to spend time developing them.

Just three short months later, the COVID-19 crisis began to emerge. The healthcare organizations managing this crisis well are those that have strong, resourceful leaders in place. They own their roles and the outcomes that they can directly affect are impactful through effective accountability. They plan ahead using good time management practices and develop game plans for varying situations by effectively pulling together stakeholders and facilitating discussion and quick resolution on key decisions that impact the organization.

In the early days of the COVID-19 surge, the Great Plains Health team quickly realized it would need to rely on a different way to deliver patient care. Telehealth was the answer, but it took a team willing to be open-minded to a new and different way of delivering care to pull it off. It also took a team that had strong, existing relationships with physicians, outreach clinics, hospitals, patients, and telehealth vendors.

Throughout the COVID-19 crisis, it has been resourcefulness that has allowed the health system's leaders and team members to stay nimble and find workable solutions to many challenges. When the organization was short on masks, it figured out how to set up a reprocessing center.

When it struggled to secure face shield shipments, it collaborated with local schools and libraries to use 3D printers to make its own. When hand sanitizer ran low, the health system worked with local liquor distilleries to find an alternative.

Fine-Tuning Resourcefulness

Leaders at every level can also enhance their resourcefulness skills by taking on projects or assignments that require them to stretch outside their comfort zones, working specifically in the areas of relationship-building and problem-solving. Leaders can also strengthen their resourcefulness by scanning industries outside healthcare for creative solutions and new ideas. Surrounding oneself with intelligent people at all levels and from many different disciplines to create contacts who can be called upon in crisis can help a leader become more resourceful. Finally, senior leaders can identify resourcefulness in emerging leaders and help them grow this skill so it can be naturally drawn upon during a crisis.

What Does Resourcefulness Look Like?

Resourcefulness in leaders emerges when they do the following eight things:

1. Help their organizations look beyond how they've always done things and become focused on doing things differently in the interest of doing things better.
2. Are unapologetic for needing help finding solutions to challenges. The best ideas often emerge when multiple disciplines and varying levels of leadership come together.
3. Are willing to get in the weeds and learn how things work. When leaders can truly understand problematic processes, they are better able to find more effective solutions. Leadership in healthcare does not come from sitting behind a

desk; it requires walking around and finding out how and why the work on the front line is done, and whether there are ways of improving the processes, procedures, and policies.

4. Dare to ask questions instead of settling for "oh, they'll never go for that." Supporting research and good presentation goes a long way in persuasion.
5. Are open-minded to new possibilities and understand that not every problem is solved by adding full-time employees. Resourcefulness is about optimizing the organization's existing resources and working with them in more effective ways.
6. Relentlessly build a network of professionals whom they genuinely care about, learn from, and trust. Through this network, they can develop an inner circle of problem-solvers in varied professions, organizations, and industries that they can call upon for counsel.
7. Practice good time management and get things done. They rise above the state of busyness and fiercely protect designated time to think through challenges facing the organization.
8. Humble themselves and remain steadfastly focused on organizational improvement, not on their egos and turf.

When healthcare executives cultivate the skill of resourcefulness, they become better leaders and ultimately create better outcomes, especially in a crisis. When healthcare leaders get better at being resourceful, the field as a whole improves.

--Adapted from "[Resourcefulness: A Key Leadership Skill](#)," *Healthcare Executive*, Fiona Libsack, FACHE, chief development officer, Great Plains Health, North Platte, Neb.

Articles of Interest | Q3 Continued

ACCOMPLISHMENTS BUILD CAREERS

If building their careers is a priority and not just wishful thinking, executives can consider starting every year knowing what they want to put on their resumes at the end of the year. When I share this advice with my staff, it is often met with a perplexed look, like those on the receiving end wonder if the CEO just told them they will need to be looking for a new job. The truth is quite the contrary. I offer this coaching advice to my most promising, up-and-coming, or seasoned executives.

Careers are built on a series of accomplishments. The most powerful resumes are not a list of jobs held but, rather, a series of accomplishments achieved while in those positions -metrics progressed, programs built, market share gained and margins improved. Hiring managers want to see those accomplishments become progressively greater in scale and scope as well as complexity. Here is the twist: The same is true for performance reviews, raises, and internal promotions.

I will take a risk on promoting a promising individual who has demonstrated a consistent drive and capability to get things done. I will likely not promote executives who have simply managed their areas of responsibility but have not taken it to the next level. This holds true even if they met their numbers, managed through crisis, successfully handled complex human resource issues, and kept the lights on. That is all good. We need a lot of people who can do that; however, it is not my goal to prove the merits of the “Peter principle.”

One of the most impactful check-ins is a periodic progress report at a regularly scheduled meeting of key members of the leadership team.

Individuals may believe they deserve a promotion (e.g., “I have been a director for 10 years, and I deserve to be a VP!”). Unless they can demonstrate

the ability to deliver tangible results and benefits for an organization beyond their current position, however, individuals should not be promoted.

Setting and Tracking Goals

There are numerous factors to consider when crafting annual goals. Making the goal a derivative of an organizational strategy, an interest of the executive’s direct supervisor, one that is shared with other executives or one that requires resources wholly contained within the executive’s area of responsibility are excellent options. Garnering required resources and support is more easily achieved when the goal incorporates these considerations.

Executives should know the metrics or impactful qualitative outcomes they want to achieve upfront. It’s also helpful to visualize the accomplishments derived from goals on their resumes. Then, individuals can ask themselves whether those achievements will be impressive on their annual performance reviews or to a hiring manager, regardless of whether a job search is in their career plans.

Executing Goals

First, executives are encouraged to communicate goals to stakeholders who will hold them publicly accountable. Second, delegate responsibilities to stakeholders with clear expectations, specific milestones and regular check-ins. One of the most impactful check-ins is a periodic progress report at a regularly scheduled meeting of key members of the leadership team.

Third, engage a peer who also has an interest in this goal. Share the journey. And fourth, make sure no significant resources beyond what is built into the annual budget are needed. Promises for additional resources evaporate quickly when

finances get strained.

It has been all hands on deck as healthcare organizations absorb shifting government recommendations, institute policies and procedures for safety, procure adequate personal protective equipment, build testing capabilities, and care for COVID-19 patients, all while managing steep financial losses. A key for leaders is managing these day-to-day issues while keeping their goals top-of-mind and steadily progressing throughout the year.

Whether a job search is on the horizon or not, driving toward accomplishments that merit inclusion on their resumes will keep leaders focused on their careers and perhaps even optimistic as they head into a performance review. --Adapted from “[Accomplishments Build Careers](#),” *Healthcare Executive*, Alan S. Kaplan, MD, FACHE, CEO, UW Health, Madison, Wis.

SHARING PROFESSIONAL EXPERIENCE: CAL-MAT DEPLOYMENT

The California Emergency Medical Services Authority’s (EMSA) California Medical Assistant Team (CAL-MAT) is the state’s disaster medical services response team. It includes physicians, nurses, paramedics, and other clinical personnel, as well as administrative personnel. Administrative functions include operations management, logistics, finance/administration, and planning (the functions found on a HICS organization chart). During the COVID-19 response, CAL-MAT has operated alternative care sites (ACS), skilled nursing facility strike teams, ventilator stockpiles, and oxygen depots.

Rick Narad, a former CAHL board member and Navi Atwal, a current board member, both serve with CAL-MAT. They describe why they joined, what they got out of the experience, and how their organizations benefited from their individual experiences.

Why We Joined CAL-MAT

Rick: My early career was in emergency medical services and I never completely got away from it. I started as a firefighter/EMT and, after college, became an EMS administrator. As EMS Director for Sonoma County, I was responsible for the county’s disaster medical services program and for the medical response to several incidents. As various disasters hit Butte County (including the 2017 Oroville Dam evacuation and the 2019 Camp Fire), I felt frustrated as an observer. I joined CAL-MAT to feel like I was helping.

Navi: As COVID-19 took over the world in early spring of 2020, I watched as my colleagues and friends bore the heavy burden of combating the virus. Much like anyone else, I supported the efforts in combating the virus by following shelter-in-place orders, masking, and adhering to a strict safety regimen to protect my family and others. However, as the year came to end and the COVID-19 forecasts continued to look grim, I felt compelled to help. Motivated to do more, I researched opportunities to help and landed on posting by Rick about CAL-MAT.

What We Did During Deployment

Navi: My two-week deployment with CAL-MAT not only gave me an opportunity to help, but also allowed me to apply my skills in an unfamiliar setting and to gain expertise in a new area. As the Planning Section Chief, I supported EMSA’s

Articles of Interest | Q3 Continued

operations center by performing data analysis and reporting, enhancing forecast reports, and providing support to other sections in advance of a response. I experienced the close coordination required between EMSA/CAL-MAT and other federal, state, local, and private agencies that is needed to effectively respond to an emergency mission. I was able to learn about disaster medical management while working in the incident command system structure utilized by hospitals and health systems.

Rick: Last March, my two-week deployment stretched into three months. I served as the Chief of the Planning Section at an alternative care site. Since this was one of the first ACS to open in response to COVID-19, I was involved in decisions about organizational structure, staffing, and logistics as we created a new health facility from scratch.

Later in the year, I served for four weeks as the Chief of the Planning Section at the EMSA's operations center in Sacramento, CA. When my deployment ended, Navi took my place in the Planning Section. My quick description of the Planning Section is that we don't worry about what is happening today; we're focusing on next week. The job is primarily data analysis and reporting. Among other things, I redesigned a weekly report that uses current statistics and trends to identify future needs. This report allows state officials to see potential problem areas around the state that could require a response by EMSA/CAL-MAT. Potential problem areas include direct COVID-19 concerns as well as other factors such as influenza levels that could have a direct impact on the COVID-19 response. I also developed a staffing model that predicted the resource needs based on expected patient levels.

How Our Experiences Benefit Our Organizations

Rick: As a full-time faculty member at CSU, Chico, I want to be able to bring real-world experience back to my students. My CAL-MAT deployments gave me a chance to practice what I teach and to bring new examples to the classroom. This is particularly important now when COVID-19 is a constant topic of class discussions.

Navi: The experience with CAL-MAT/EMSA was an excellent way to strengthen my existing skills while expanding my knowledge bank. The deployment gave me an opportunity to teach others how to perform data analysis and how best to present findings to a wide audience. From this experience, I learned to place a greater emphasis on story-telling during presentations to ensure that my story can present the data not just in a palatable manner, but also how it can have a resounding impact on my audience. In my current role, I have begun to consider how to infuse creativity and innovation while continuing to deliver value for the organization.

As at any healthcare facility, the clinical staff are on the frontline, providing care directly to patients but right behind them are administrators who help to organize and coordinate their work. While some healthcare executives cannot leave their organizations during the pandemic, others are able to do so. CAL-MAT offers an opportunity for them to serve.

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VALLEY DIABETES & OBESITY



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