CAHL NOW

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CAHL
California Association of Healthcare Leaders

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American College of Healthcare Executives
for leaders who care®

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CAHL NOW

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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.

Greeting Colleagues,

I reach out today with a profound and deep sense of thanks and appreciation, as I share my final Regent's message with you. My three year tenure as your Regent concludes at this year's Congress on Healthcare Leadership in March 2022, and it has been one of the most gratifying, incredible and memorable professional experiences of my career. I have valued your insights, reflections, and reactions and have not taken for granted your willingness and hospitality the past three years, as you have welcomed me into your conversations, inboxes, voicemails, and in person (and virtual!) meetings these past years. We've collectively weathered some dark days of chaos, calamity, and crisis taking many forms, including but not limited to a reckoning with historical and present date racial injustices and hate crimes, and the global covid 19 pandemic. But we also collectively experienced the dawn of brighter days brought on by our humility, vulnerability, fortitude, and resilience as we have leaned in to address all the issues head on. I have learned so much from all of you, and look forward to continuing to partake of these lessons on life and leadership, as your colleague.

My transition ushers in an exciting change: effective March 26, 2022 at the Council of Regents Meeting in Chicago during this year's Annual ACHE Congress on Healthcare Leadership, Philip D. Chuang, PhD, FACHE will be formally assuming the role as the next Regent of Northern and Central California. Philip is an extremely accomplished and seasoned healthcare executive who is the epitome of ACHE values. He is an ardent proponent of justice, equity, diversity and inclusion, career development and advancement, and I have no doubt he will exceed your expectations as an advocate. Please join me in welcoming Philip to his role!

Additionally, please join me in congratulating Michael G. Brokloff, MBA, LFACHE for being the recipient of the ACHE Regent's Perseverance Award. In April 2020, Mike suffered a motorcycle accident resulting in broken ribs, a broken clavicle, and collapsed left lung. During his hospital stay, he was diagnosed with an ascending aortic aneurysm which was large enough to burst and required surgery to replace. While these types of aneurysms have no signs and are usually fatal, this was diagnosed in time, but Mike's left ribs had to heal long enough to be re-broken for surgery later that August. During the surgery, Mike suffered a stroke on

the operating table. Since then, it has been a long road for Mike as he has worked through 2 rounds of cardiac rehabilitation, is still in speech therapy, and working on a plan with a neurologist to overcome some cognitive issues. Through all of this, Mike worked to become a Lifetime fellow, and continues

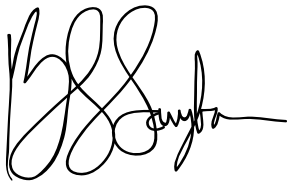
"I have learned so much from all of you, and look forward to continuing to partake of these lessons on life and leadership, as your colleague."

to be actively involved in ACHE and the CAHL Board to continue to invest in our colleagues and the profession. I thank Mike for his continued drive to serve, his openness with sharing his story, and the inspiration and courage he provides for all of us.

Finally, I hope to see many of you in person at the ACHE Congress on Healthcare Leadership in Chicago. Registration is now open!

In closing, I wish you all a prosperous and positive Lunar New Year and Black History Month. This year is the Year of the Tiger, with the tiger commonly associated with bravery, courage and strength, but also recovery and growth – important now more than ever, especially as we continue to navigate the COVID-19 pandemic.

Our field of healthcare is only as strong as our colleagues - you all - that inhabit it. Were it not for the way you all represent yourselves, your organizations, and your communities, our field would not be nearly as dynamic, well respected, and poised to tackle the challenges that come our way. Thank you for continuing to raise each other up. We are in great hands with Philip as Regent, and great hands with each other, as we approach 2022.



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A MESSAGE FROM OUR CHAPTER PRESIDENT

CAHL Leading the Way

The American College of Healthcare Executives (ACHE) is "devoted to moving the ACHE mission of improving health forward in an ever-changing healthcare environment." And the California Association of Healthcare Leaders (CAHL), as one of ACHE's chapters, is committed to advancing ACHE's mission and called to a journey of excellence as defined by core values of integrity, lifelong learning, leadership, and promoting diversity and inclusion.

Deborah J. Bowen, FACHE, CAE, ACHE's President states that "caring is at the core of what we do. Ensuring the delivery of safe, high quality care. Expanding opportunities for diverse executives in healthcare. Developing physician leaders. Enhancing the value of the FACHE credential. And increasing collaboration and strategic alliances."

As CAHL's incoming President, I am committed to work with our 1,500 ACHE members located in 50 of California's counties to support lifelong learning through numerous opportunities including:

- Attending 2022 virtual or in-person educational programs
- Networking with other ACHE members, non-members, corporate sponsors, and stakeholders
- Pursuing ACHE fellowship
- Volunteering on an ACHE committee
- Serving as either a mentor or a mentee

It is through CAHL that you can further develop your leadership competencies in building relationships, developing and coaching others, helping to solve problems, planning and organizing projects, and effective communications.

CAHL is a volunteer association and our Board of Directors are all volunteers donating their time to help advance CAHL's mission. Through our efforts, we are able to bring forth a positive attitude, accountability, empathy, responsibility, focus, and innovation. The varied experiences possessed by our Board of Directors is what allows CAHL to achieve its mission and allows us to be agile in our planning and

execution. Our Board committees work cross-functionally with stakeholders to create and deliver valuable offerings and services. In collaboration with ACHE, we are committed to delivering

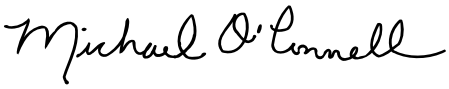
"Through our efforts, we are able to bring forth a positive attitude, accountability, empathy, responsibility, focus, and innovation."

tools, thought-leadership, and services to help our 1,500 members develop and advance their careers and the healthcare management profession.

It is through this phenomenal Board team - and the way in which they truly personify the spirit of collaboration - that we are able to move our mission forward, and support our members in what they need to improve health for communities in which they serve. If you are interested in getting more involved in CAHL's initiatives, I invite you to let me know of your interest and we will get you connected with one of our Board committees.

I look forward to an incredible 2022 as we lead ourselves out of a pandemic and explore new ways to connect, discover, and lead.

Best Regards,



Michael O'Connell, MHA, FACHE
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A MESSAGE FROM OUR CHAPTER PRESIDENT ELECT

I am honored to have been selected as this year's President-Elect for the California Association of Healthcare Leaders (CAHL). For those of you who do not already know me, I am the Chief Planning Officer for the VA Sierra Pacific Network, a region of the U.S. Department of Veterans Affairs serving veterans in central and northern California, the State of Nevada, the State of Hawaii, and the U.S. Territories in the western Pacific. My VA career spans over 22 years and began as an anesthesia technician, followed by managerial positions in health administration, rural health, and both facility and strategic planning. I earned my Master of Healthcare Administration degree from Walden University and my Bachelor of Arts degree in Theology and Religious Studies from the University of San Francisco.

I have been a member of the American College of Healthcare Executives (ACHE) and CAHL since 2009 and I began actively volunteering for our chapter in 2019. My interest in volunteerism initially focused on the contributions, needs, and visibility of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community and healthcare professionals; I joined the CAHL Diversity and Inclusion Committee in 2019 and last year served as the group's co-chair. The committee has officially rebranded itself as the Justice, Equity, Diversity, and Inclusion (JEDI) Committee and I am continuing my participation with JEDI this year while serving as CAHL President-Elect.

The JEDI Team is a multidimensional group of volunteers whose goal is to ensure the diversity of race, ethnicity, national origin, culture, gender, religion, age, marital status, sexual orientation, gender identity, socioeconomic status and/or disabilities that exists within our membership, our healthcare organizations, and our communities is reflected in CAHL's daily activities and programmed events. As was highlighted in the Fall 2021 CAHL Newsletter, JEDI awareness is vital today because "healthcare professionals must possess the knowledge and skills necessary to effectively lead staff and organizations that are increasingly diverse and in need of inclusive, culturally competent, and psychologically safe settings for patients and staff alike."

In addition to hosting a gender equity and intersectionality virtual event last year, the JEDI Team developed a diversity and inclusion toolkit to assist committees and board members navigate different JEDI topics and

situations. Along with our fellow CAHL committees, the JEDI Team is currently identifying events to host that will increase educational and networking opportunities for our membership

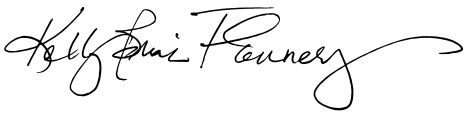
"I am excited to share with everyone that the JEDI Committee will host a diversity, equity, and inclusion themed virtual, face-to-face credit event in June aligned with Pride Month."

throughout the year. I am excited to share with everyone that the JEDI Committee will host a diversity, equity, and inclusion themed virtual, face-to-face credit event in June aligned with Pride Month. Be sure to watch for the save the date message and registration information over the next few months!

Our CAHL President, Michael O'Connell, has set a goal to have every member of our chapter engage in at least one CAHL event this year, and I too share this vision. CAHL's membership roster exceeds 1,500 and is fast approaching 1,600 members – this is very impressive! Our catchment area is vast, spanning from the Oregon border down to the southern end of the San Joaquin Valley, and from the Cascade and Sierra Mountain Ranges to the Pacific Coastline. Our members reside in urban cities, farming communities, and remote coastal and mountain regions within our great state. CAHL is here to serve every member regardless of where you live or your role in the healthcare field. As we continue navigating the way forward out of the Omicron variant, CAHL stands committed to leveraging all media and event platforms for education and information sharing, including virtual Zoom opportunities for those who are not able to travel when we can safely return to in-person events. Be sure to keep an eye open for notifications on upcoming events that are being planning by CAHL's committees!

I would like to close this message by thanking the members of CAHL for giving me the honor and opportunity to serve all of you as your President-Elect. I will do my very best to meet the challenge and surpass expectations by listening to feedback and responding promptly and professionally. Please do not hesitate to contact me and share your thoughts as we move through 2022 with renewed optimism and purpose. I hope to meet as many of you as possible in Chicago for the 2022 ACHE Congress on Healthcare Leadership!

Best regards,



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FIVE CREATIVE WAYS TO FUND YOUR PHYSICIAN WELLNESS PROGRAM

Dr. Fayola Edwards-Ojeba, Founder & CEO, RechargedMD

Ask many chief wellness officers (CWOs) within healthcare organizations in the US, and they will identify funding as a major reason for why physician wellness programs have not been rolled-out among healthcare organizations throughout the country in greater proportion. Don't be disguised by professional decorum. Physician burnout is a growing concern in the industry.

"these five ideas may provide a creative jumping ground to create and grow your physician wellness programs."

Unfortunately, organizational-level funding to combat widespread physician resignations from hospital and independent practices due to burnout issues remains an ongoing concern and has only been elevated by financial pressures from COVID-19.

In this article, we hope to spark some creative ideas for financing your organizations' MD Wellness Programs.

1. Make Your Wellness Program CME Accredited

Prior to the COVID-19 pandemic, the American Board of Medical Specialties (ABMS) encouraged expanding Continuing Medical Education (CME) activities beyond the usual programs for enhancing clinical care. These latest CME programs highlight a shift to include learning centered around organizational and individual physician wellness initiatives.

As CME is an established practice, CME credits typically fit into hospital and departmental CME-related budgets. With these resulting financial and behavioral considerations, CWOs are pursuing CME accreditation for their physician wellbeing programs that will enable docs to tap into already allocated funds, making it easier to get their physician wellness programs off the ground and fully operational.

2. Apply For Grants To Fund Your Wellness Program

Explore other sources outside of hospital or department budgets to provide funding for wellness programs. This past summer, the US Department of Health and Human Services (HHS) established $103 million in federal grant money dedicated to addressing work-related burnout

by clinicians. The announcement resulted from the increasingly vocal efforts from the medical community and the national attention given to the physician burnout crisis, especially in light of the COVID-19 pandemic. The grant funding will support organizational efforts to provide wellness programs for healthcare professionals and tools to prevent burnout for those early into their healthcare careers.

There are additional governmental grants available for funding of hospital MD wellness programs. A Google-search on "federal funding and grant money for healthcare wellness programs" identifies listed agencies and organizations that are offering funding for eligible providers.

3. Create Strategic Partnerships

Medical societies, medical alumni organizations, and professional organizations are other sources of funding for wellness programs. Medical societies often have mission statements focused on physician satisfaction and can provide grants for physician wellbeing programs. CWOs can also expand their reach through collaboration with other organizations that prioritize health and wellness. These partnerships may provide financial donations but may also deliver essential resources such as physical spaces for peer support groups, sharing best practices and lessons learned during the pandemic, and opportunities to collaborate with other healthcare professionals dedicated to promoting physician wellness.

4. Create A Pilot Program To Demonstrate The Need For Your Wellness Initiative

Sometimes the vision for physician wellbeing programs must be pursued before the CWO has secured guaranteed funding for wellness programs. Rather than initiating a multi-year, hospital-wide program, a number of CWOs have been able to spark innovation with a short-term pilot program that serves as a proof of concept for a successful hospital wellness program. By measuring objective changes in physician well-being before and after the initiative, the data can speak volumes to hospital and health system senior leadership regarding the benefit of future funding for physician wellness programs.

5. Philanthropic Office or Office of Innovation

Health and wellness providers reach across sectors and institutions to include non-profits or private companies with philanthropic missions or well-resourced individuals that have a personal commitment to supporting the physician community. These funds may benefit unique or innovative physician wellness programs that may not initially be supported by their health system. In addition, CWOs can reach out to community groups that they have some familiarity with or seek out organizations that have funds set aside for altruistic initiatives and are looking for worthwhile projects to support.

Conclusion

While successful hospital wellness programs will ultimately need buy-in from the large multi-hospital, multi healthcare provider systems to impact effective change in the industry, these five ideas may provide a creative jumping ground to create and grow your physician wellness programs.

RechargedMD is the brainchild of CEO and Founder, Dr. Fayola Edwards-Ojeba. She completed her undergraduate studies earning a BA with Honors from Harvard and furthering her professional studies obtained her medical degree from Yale Medical School followed by an Internal Medicine Residency at UCSF. During her time as a practicing physician, she has been able to relate to the deep gratification and frustration of clinical practice. She overcame the struggles of burnout using tools and services she's since turned into RechargedMD. Her mission is to address physician burnout through peer group coaching and systems-based solutions by helping medical systems create and grow internal wellness programs.

WHAT THE "GREAT RESIGNATION" MEANS FOR HEALTHCARE

Jason Lee, Director of Growth & Market Strategy, Stellar Health

Nationally, we are experiencing what many have dubbed the "Great Resignation," as people challenge long-held beliefs about work and career. Healthcare is no different. Some of the latest statistics gathered by studies from the Harvard Business Review indicate that almost 4% more healthcare workers quit their job in 2021 compared to the previous year. In addition, the most recent September 2021 Census Report from the US Bureau of Labor Statistics has reported that healthcare employment dropped by 524,000 since the beginning of the COVID-19 pandemic in February 2020. Clearly, these are challenging times.

Multiple factors are driving workforce departure movements behind the Great Resignation, particularly in the healthcare industry where an unease of returning to the hospital/office/clinic after so many months apart, low wages, a feeling of burnout from difficult and lengthy hours on the front lines, and simply added introspection due to safety and exposure issues are causing healthcare employees to re-evaluate work-life-balance circumstances that currently exist. Fear, fatigue, financials, and the overall reduction in face-to-face interactions are all contributing factors to the labor burnout, coupled with a realistic desire for relief, a return to normalcy, and the inevitable new normal collectively has moved the pendulum to a position where people are opting to get out rather than stay the course.

In fact, healthcare's uniquely challenging environment places clinicians and support service workers in direct exposure to COVID-19 patients (as well as staffers who refuse to get vaccinated and where mandatory workplace vaccinations are not required) thereby putting their own careers at risk. At a time when our industry should be leading the way in promoting medical science, protection, and beneficial vaccination outcomes, instead, we're having to dismiss COVID misinformation and counter-arguments that advocate for a child's health and welfare being best served in the hands of parents rather than pediatricians.

Collectively, our healthcare industry is in a conundrum, but we're moving in the right direction. While many current CAHL members or student members approaching college graduation are likely looking at peers across the industry wondering about the implications of the Great Resignation as they develop or start their healthcare careers, perhaps the best guide for deciding if our industry can continue to align itself with individual's career goals and objectives, and more importantly, deliver job satisfaction lies in the Post-COVID direction and actions that C-Suite Executives move towards. We know that the pandemic has created financial and workforce instability in

healthcare, as it has in many industries. Although the instability could raise questions about the long-term viability of healthcare careers, these challenges more poignantly demonstrate the need and opportunity for our leadership to re-assess, re-evaluate and strategize on how to move forward in alignment with evolving goals and objectives.

While our healthcare industrial ship is precariously leaning, bold and decisive actions are taking shape. The leadership demonstrated by those inside and outside of ACHE/CAHL is driving the shift from volume to value, adopting technological innovations borne out of the pandemic, and acting as a steadying influence in many organizations. These actions are the manifestation of lessons learned through the values of ACHE (integrity, life-long learning, leadership, diversity, and inclusion).

Our peers have stepped up to weather the storm and provide examples of leadership, both large and small, throughout the region during the pandemic and throughout this period of personnel change. Of course, every market across the country had similar examples, but the fast thinking and adaptability that exemplify our CAHL members included the following:

- Changing clinical inpatient and outpatient processes during the rapid onset of the pandemic
- Setting up field hospitals and sites to accommodate a surge of patients that needed care
- Shifting to telehealth services when in-person visits would have put more people at risk
- Building locations and protocols to rapidly deploy life-saving COVID-19 vaccines
- Increasing wages and providing bonuses to staff who are directly servicing COVID patients
- Developing business plans to maintain financial viability in parallel to fighting the pandemic as appropriate for each respective market

These examples teach us to be nimble, to set goals along the way, and to be present while setting an example for your team. The lessons learned from these situations indicate that healthcare can bring out the best in the leaders of today and prepare the leaders of tomorrow.

So, while the Great Resignation may have dampened the prospects for some industries, healthcare will continue to be a dynamic field for personal growth and development for several reasons. First, the industry provides a breadth of areas within operations, clinical services, technology, and finance, to which you can apply and learn new skills. Second, the level of innovation in healthcare is multiplying, and that is the type of industry you should seek out to build your career. Third, in our uncertain environment, healthcare offers career pathways that fit remote lifestyles and a level of geographic flexibility for in-person roles as every municipality requires healthcare services.

Much like the pandemic that preceded it, the Great Resignation is opening up opportunities for unique solutions to old and new problems. Looking for a way to ensure that your place of work is not subject to the outflow of team members? Create a better training program for the new team members, build morale through engagement and genuine empathy for the challenges of the different personnel, or lighten the burden by making the mundane more efficient. Each of you can add to the legacy of leadership in our industry and among our great CAHL members and peers.

During these times of uncertainty and murky outlooks, find a component of healthcare that draws out your creativity and desire to do your best work. Stay steadfast in your belief that you can make a difference and that through your passion, you will find your calling among the many career pathways offered by healthcare. Continue to do the great work to deliver on the promise of our industry and find where you can lend your leadership in a time of instability.

THE NEXT WATCHSTANDER, PASSING IT DOWN

By: Randy J. Ramirez, Lieutenant,
United States Navy Medical Service Corps, Health Care Administration

The phrase: "Captain's log, Stardate 9529.1" may resonate with some of you Sci-Fi fans as a means of recording the events of adventures across the galaxy. The process of logging and passing on information is adapted from actual Naval procedures. A watchstander is always on duty, whether on a ship or shore command. They are responsible for personnel and property while also empowered with the positional authority of a commander in the event of emergencies to take command and make decisions. When a Sailor's watch has ended, they are officially relieved from

"A great mentor does not pick winners, they make them."

their duties by an oncoming Sailor. A thorough pass down of all events and duties is then passed onto the next Sailor, who then assumes the watch and all responsibilities for the next block of the designated time. This procedure of "passing down" information onto the next Sailor has become a staple embedded in our Navy culture.

I remember attending an awards ceremony for a retiring Navy Chief of 20 years; in keeping with our tradition of passing down knowledge, our commanding officer gave the Sailor the floor, and he shared some career and professional wisdom with the group with one statement that really resonated with me, "A great mentor does not pick winners, they make them." Looking at my career thus far, there have been so many of these moments where I have received a "pass down" of valuable information from leadership, peers, and even subordinates. Our culture of mentorship and "passing down" information creates resilient and agile teams year over year.

As healthcare leaders, we benefit from a culture of mentorship, passing down lessons learned. When you are one-on-one with a mentee or mentor, we give or receive a pass down of information. We pass it down through various other platforms such as written, video, podcast, or CAHL newsletter. The culture of "passing down" your experiences and wisdom both up and down the hierarchy will keep our healthcare ship running full speed ahead!

MAXIMIZE YOUR MEMBERSHIP

CAHL is one of the largest volunteer-run and volunteer-managed chapters of ACHE with nearly 1600 members across Northern and Central California and growing.

If you are in this geography and an active ACHE member, then you are a part of CAHL!

We offer networking, education, and professional development to the healthcare community thanks to the commitment of our volunteers who serve on the Board of Directors, Executive team, and our function-specific committees.

No matter what your stage of career, we invite you to learn more about CAHL as a volunteer.

Volunteering with CAHL will help you:

- Grow, strengthen, stay connected with & activate your professional network
- Build your knowledge base with industry insights, trends, and movements before they happen
- Accelerate your professional development and growth
- Meet the service requirements for ACHE Fellow status
- Giveback to the community in a manner that is commensurate with your experience, knowledge, and availability

If you are interested in getting the most out of your membership as a CAHL volunteer, please reach out to Laura Palmer or Peter Chu at cahlmembership@gmail.com.

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Advancing excellence in healthcare leadership in Northern and Central California

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About

The California Association of Healthcare Leaders (CAHL) is an independent chapter for the Northern and Central California Region, chartered by the American College of Healthcare Executives (ACHE). The chapter represents a merger of three previous chapters; Bay Area Healthcare Executives (BAHE), Healthcare Executives of Greater...

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HEALTHCARE NEEDS AN INVESTMENT IN FORMAL MENTORSHIP PROGRAMS

By: Matthew Fry, MHA, MBA, FACHE

"they assert that mentorship within an organization (formal structure) is the most important element of psychosocial development and an effective way to develop organizational commitment and promote a positive self-image."

What is Mentorship?

Mentorship is often defined as a more knowledgeable, influential, or experienced individual (mentor) providing guidance and direction to a less knowledgeable, influential, or experienced individual (protégé) with the intent of developing that individual's ability and perspective (Early, 2020). McLaughlin (2010) explains that mentorship can be formal or informal, professional or personal, and can consist of a brief interaction or a sustained relationship. According to Holmes et al. (2017), an effective mentor will possess the following five competencies: knowledge, credibility, communication, altruism, and commitment. The mentor's primary role is to identify career

goals of the protégé, provide career guidance and advice, identify areas for protégé growth, and recommend strategies to address those growth opportunities (Inzer & Crawford, 2005). The mentee or protégé must be receptive to feedback, have the willingness to take responsibility for his or her own career growth, ability to prioritize, and an ability to be reflective and identify areas for growth (Haines, 2003).

The concept of mentorship first appeared in Homer's epic Greek poem The Odyssey, but the practical function of mentorship has evolved several times since its inception (Colley, 2002). In its current form, mentorship is focused on personal and professional development, sharing of best practices, instilling values, and assisting in career development (Holmes et al., 2018). Eby et al. (2008) argue that although formal mentoring (organizational sponsored mentoring programs with structure, defined start and end points, and well-articulated goals) are rare, informal mentoring occurs across many intersections of personal and professional life. Although both formal and informal mentoring have potential benefits, research suggests that investment in formal mentor programs in healthcare is important for the development of future leaders in the industry (Montgomery, 2017).

Formal Mentorship Programs

In formal mentor programs, the organization sanctions the mentorship program, the program has structure, and the program is well defined (Chao et al., 1999; Eby et al., 2008; Montgomery, 2017). Allen (2004) explains that participating mentors are often chosen for their advanced experience, knowledge, and desire to grow the talent of emerging leaders in the organization. Not surprisingly, these mentors are also generally motivated by a psychosocial desire to help others and they tend to have well developed "other-oriented" empathy (Allen, 2004). This is a key characteristic of formal mentor programs because these mentors and organizational leaders have a defined mechanism to coordinate mentoring emerging leaders. The importance of mentor commitment and engagement cannot be understated. Understanding this, Noe et al. (2002) emphasize that human resource professionals and organizational leaders must evaluate the organization to ensure the culture and the structure of the organization will be conducive for an effective mentoring program. They argue that formal mentor programs are critical for the advancement of emerging leaders, but they caution against a non-disciplined approach.

Hunt and Michael (1983) articulate that formal mentoring programs are highly effective tools for growing talent within an organization. Furthermore, they assert that mentorship within an organization (formal structure) is the most important element of psychosocial development and an effective way to develop organizational commitment and promote a positive self-image. Kammeyer-Mueller and Judge (2008) determined that when holding correlates, such as race, gender, and organizational position constant, formal mentor programs provided substantial benefit to protégés. This impact is more significant for women, people of color, and other marginalized communities because it provides access and visibility that are otherwise difficult to achieve (Montgomery, 2017; and Shuler et al., 2021).

Montgomery (2017) suggests that any formal mentor relationship should begin with a well-defined program road map. This road map should consist of four main components that allow for a clear beginning and transition to completion: self-reflection, establishment, maintenance, and moving ahead. This road map should serve as a basic structure for the mentor program, but each component within the structure would need to be specific to the individual mentor-protégé relationship (Hieker & Rushby, 2020).

Montgomery (2017) explains that the details should be determined through discussion between the mentor and protégé and should have enough detail to easily understand if the objective would be met or not. Additionally, each objective, and the program as a whole, should be linked to job growth, employee satisfaction, and employee retention (Minton-Eversole, 2010). Giancola et al. (2020) found that the most effective formal mentor programs integrate the intended outcomes into the organizational culture and openly recognize participants to encourage participation.

Mentorship in Healthcare

The American College of Healthcare Executive (ACHE) has composed a formal mentorship program that is accessible to all members of the professional organization (ACHE, n.d.). To help prepare mentors and protégés, ACHE has created guides to assist in the structure, design, key deliverables, and successful culmination of the mentor relationship (ACHE, 2013a; ACHE, 2013b). Burgess et al. (2018) and Hawkins and Fontenot (2010) explain that mentoring for healthcare clinical practitioners in healthcare is a well-established practice and is generally understood to enhance performance, strengthen relationships, and encourage multidisciplinary thinking. It is also understood to be mutually beneficial for the mentor, protégé, and the organization (Haines, 2003; Wanberg, 2006; Gentry et al., 2008; Ghosh & Reio, 2013; Burgess et al., 2018; and Blake-Beard et al., 2021). However, research is lacking on the mentor-protégé relationship and associated benefits for non-clinical healthcare administrators. Finley et al. (2007) found that the relative scarcity of formal mentorship programs in healthcare organizations might be due to the lack of perceived value of formal mentoring programs from current healthcare leaders. Through a survey of 127 hospitals, they found that the majority of health care administrator respondents had participated in informal mentorship relationships but not formal mentorship relationships. Furthermore, they discovered that those administrators with no experience of formal mentorship programs were less inclined to support that type of program in their organization.

Formal mentoring programs must be iterative to ensure the mentor is providing effective guidance and the protégé is experiencing positive outcomes (Eller et al, 2014). This is important because formal mentor programs can have marginal impact on outcomes unless they are designed to meet the needs of the mentor and the protégé (Eby et al., 2008). As Eller et al. (2014) explain, effective formal mentor programs should have the following eight attributes: "open communication and accessibility; goals and challenges; passion and inspiration; caring personal relationships; mutual respect and trust; exchange of knowledge; independence and collaboration; and role modeling" (p. 815). These key attributes are notably heavily weighted toward psychosocial characteristics. Eller et al. (2014) explain that this structure allows for a strong connection between the mentor and the protégé. To this end, Eby and Robertson (2020) provide an interesting recommendation to better understand the impact of mentorship on organizations, protégés, and mentors. They argue that researchers should strive to better understand the psychology related to mentoring to determine how to maximize results for protégés, mentors, and the organization.

Another interesting idea was proposed

by Walker et al. (2002). They determined that mentoring needed to evolve to continue to generate value in healthcare. They proposed that shifting from a dyad mentor relationship (mentor and protégé) to a triad mentoring relationship (mentor, protégé, and organization) was critical. Furthermore, they argued that healthcare mentoring must shift from informal structure to a formal structure to retain consistency and value. Similarly, Hargett et al. (2017) found that current leadership development models did a poor job of preparing medical practitioners for administrative leadership roles or career advancement. They proposed a new leadership development model that prompted the creation of a detailed curriculum with the intention of providing more rigor and structure to mentoring in healthcare. Although these examples are specific to clinical practitioner mentoring, Shuler et al. (2021) have similar recommendations for non-clinical healthcare workers and leaders. They stipulate that comprehensive, formal mentoring programs can provide fulfillment, satisfaction and career advancement opportunities to employees at all stages of their career. Furthermore, they describe formal mentoring programs as particularly beneficial to minority or marginalized groups.

Koopman et al. (2021) explain that mentorship has been in evolution since its inception, but its perceived importance has dramatically increased in the last several decades. The researchers looked at the number of "mentorship" citations in academic journal housed in the PsycINFO database from 1935 through 2019. From 1935 through 1979, there were only 4 "mentorship" citations. However, after 1979, there was exponential growth culminating in over 1,000 citations from 2005 through 2019. Hieker and Rushby (2020) explain that the increase in interest and perceived value of mentoring is driven by an understanding that effective mentorship improves organizational performance, increases job retention, job satisfaction, productivity, and strengthens leadership development.

Conclusion

The field of study on mentorship is extensive with journal publications dating back several decades but the recent focus on mentorship in healthcare is relatively new (Hieker & Rushby, 2020; McAlearney, 2006; and Finley et al., 2007). There is overwhelming evidence supporting the efficacy of mentorship on career development and advancement (Montgomery, 2017; and Eby et al., 2008) but it must be done correctly and with purpose. Straus et al. (2013) remind us that ineffective mentorship relationships can lead to frustration, poor performance, and attrition. Although ineffective mentorship can be damaging, toxic or dysfunctional mentoring can be even worse (Feldman, 1999). To mitigate the risk associated with poor mentorship, the literature suggests that healthcare organizations should pursue the development of structured, formal mentor programs to help facilitate positive, goal-oriented mentoring (Griffeth et al., 2021; Eby & Robertson, 2020; Shuler et al., 2021; and Hargett et al., 2017). Although evidence suggests that formal mentorship in healthcare organizations is beneficial, they are still relatively sparse (Giancola et al., 2020; and Glassman, 2020). For the betterment of healthcare and the continued march toward diverse and inclusive leadership compositions, we have an obligation to invest more heavily in formal mentorship programs in healthcare. Sir Isaac Newton is credited with the following saying, "If I have seen further it is by standing upon the shoulders of giants." This reflection encapsulates the power of mentoring quite nicely. If healthcare organizations make a concerted effort to invest in formal mentoring programs for emerging administrative leaders, the entire industry will benefit. This will result in more diversity in leadership, more efficient operations, and ultimately, better patient care.

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CHECK US OUT ON

SERVANT LEADERSHIP AND MISSION-DRIVEN VOLUNTEERISM

Laura M Hill Temmerman, FACHE

It is not lost on any of us working in healthcare that much of the inspiration in our professional careers in this industry comes from a sense of purpose within a mission-driven work setting. No patient outcome is precisely the same, and in fact, the relationship built with each patient and their family should be personalized to their specific needs. The care setting is one of building trust and a healing environment. And most of us have sought out this mission-driven work environment to best care for the communities we serve.

In addition to serving our communities for whom we provide health services, we also have come to feel a broader sense of well-being for not only ourselves, but for our teams and employees in the context of servant leadership. The pandemic conditions the last two years have certainly brought this into the spotlight. In essence, we want to know our work is making a difference in other people's well-being.

In our recent engagement survey for our CAHL volunteers, we found this to be true in looking at the top selections for why our volunteers would opt to continue to volunteer. For the last two years, the most common response for why a volunteer would most likely continue to volunteer was "knowing the volunteer opportunity would make a difference in peoples' lives." Responses regarding whether the opportunity "would make a difference to my profession or my work" scored high as well, but definitively after the first option around making a difference in other people's well-being. The response frequencies for these two dimensions were well over double that of most other dimensions explored in the survey. Additionally, CAHL's mean score regarding whether volunteers felt their work made a valuable contribution toward CAHL realizing its mission performed well with a mean score of 4.55, on a scale of 1-5, with 5 being the highest. Finally, our mean score for whether volunteers would recommend volunteering with us to their colleagues was again strong, with a mean score of 4.53.

Servant leadership has become more pervasive not only in our healthcare work environment but also in our volunteerism in our professional organizations as well. And as our chapter vision statement shares, CAHL is proud to be the premier professional society for healthcare leaders in Northern and Central California, advancing excellence in healthcare leadership and improving the lives of the communities we serve.

THANK YOU TO OUR PLATINUM LEVEL SPONSORS

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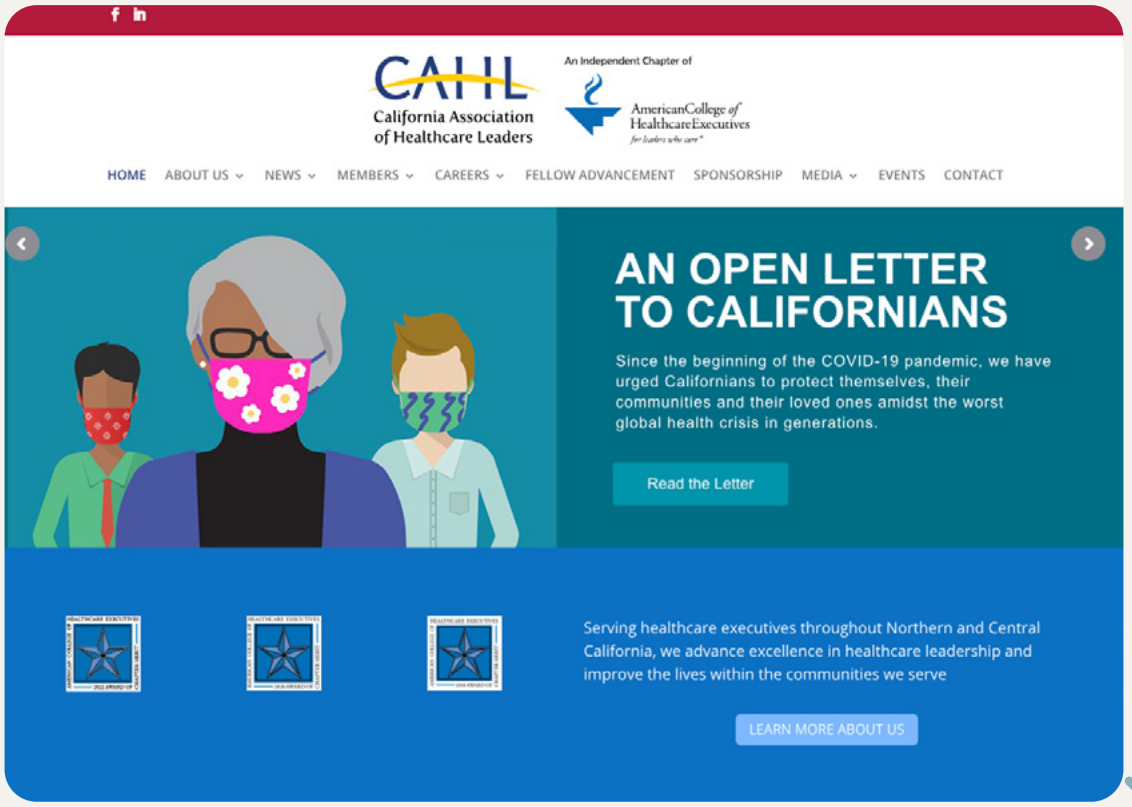

5 KEYS TO IMPLEMENTING YOUR STRATEGIC INITIATIVES

By: Greg Kain, Managing Director, Healthcare, Integrated Project Management Company, Inc.
and Harry Georgiades, Managing Director, Western Region, Integrated Project Management Company, Inc.

We are all trying to execute our transformational strategies while confronted with significant staff shortage challenges. We cannot waste the time of the team members we do have with ineffective execution. To execute effectively, efficiently, and rapidly, hospitals and health systems must conduct their critical initiatives like an orchestra.

Follow these five keys to command performance at your healthcare organization and implement your strategic initiatives more quickly:

1. Choose the Right Conductor
A department head leading critical initiatives is like a violinist conducting the orchestra. Each role demands focus, and the required skills can be different. Dedicate a leader who can motivate, organize, and adapt, and protect them from distractions.

2. Establish the Tempo
Effective project leaders tap into motivational forces to create a sense of urgency. Motivators that speak to the team's minds and hearts will propel action. Communicate the "why" clearly and reinforce it often.

3. Develop the Sheet Music Before Starting to Play
An orchestra does not arrive at rehearsal to write a symphony. Planning is foundational. Define the target and the work to get there, plan the work, and then use the plan as the sheet music to guide the players.

4. Conduct the Orchestra
Musicians need the conductor to guide their efforts with discipline. A disciplined leader sets clear expectations, tracks actions, monitors risks, and informs decision-making, all to enable each player to focus on their contributions.

5. Involve the Right Players
A strong change management plan includes stakeholders throughout the process to sustain results. Those impacted should be part of planning, to gain buy-in and engagement through implementation and beyond.

Download a pdf of the infographic.

WELCOME AND CONGRATULATIONS

New Members

OCTOBER 2021

Calene Roseman
Carlton E. Mills, MSN, RN
Darrel Schmucker
Jacob Thomas
Jennifer Bravo
Karen Davey-Winter
Kristine A. deGuzman, RN, BSN
Leslie Cerpa
Linda Gajowniczek
Lindsey Hailston, PsyD
Maj Sam Ustrzynski, DNP, MBA, RN, CENP
Melinda Hamon, MBA
Michele Smith
Nicole A. Silva
Rafael M. Escobar, MBA, MSN, RN
Rene Mendez, MBA, MSOL, MSHRM
Samima Amani
Sanam Nejad, PA-C
Schola Kabeya, DBA
Sheila Henriques
Tara A. Good-Young
Thaao de Ornelas, DPT
Timothy Haydock

NOVEMBER 2021

Ashley E. Juhl-Darlington
Edgar A. Martinez, BS
Emma Donckels
Gautam Shah
Humera Khan, MD
Jeffrey L. Rose
Jonna-Lynn K. Taylor, MS, RN, NE-BC
Kei-Tung Liu, BS, MHA
Kelli Patin, RD, CDCES
Lt Col Randy Claxton, MSN, APRN
Nathan Claydon, MD, MBA
Robert Erich, MBA
Susan Thorn, RN
Valeria Erdogan

DECEMBER 2021

Anu Rai, MSN, RN
Carolyn Ford-Hemann
Clarence J. Lucas
CPT Jose M. Ramirez, MSN
Erik D. Wick
Galen Squyres
Grace C. Cooper, MSN, RN
HM1 Rashida Clayborne
Ifeoma I. Nnaji
Janet L. Johnson
Jared Hill
Jessica L. Rojas
Josh Schreckengost
Joyce Nuesca, MD
Latoya Clark, BS
Melinda Hrynewycz
Ruby Skinner, MD
Wayne T. Bullard, MSCJ

JANUARY 2022

Alexandra Bennett
Amanda Eickholt, MBA, RT
Angelina Cayabyab
Asa M. Satariano
Brett Thomazin
Clementina O. Ogundimu
CMSgt Sheldon Curl, MBA, HCM
Dawn Cimmarusti-LeRoy
Emily Hutt
Gena R. Bravo, MSN
Jasper Pujanes, MPA
Jessica Walker
Jina A. Canson
Lisa Paulo, MSN
Lyndsey McLain
Maisha Moore, DNP, RN, NEA-BC
Marcus M. Christian
Michael Pham
Nicholas M. Watkins
Parnika S. Kodali
Rebecca Miller Teutle
Richard Leal, MBA
Robyn D. Ply
Shane M. Mantes, MBA, RT
Zeynep Tulu

FEBRUARY 2022

1Lt (MSC) Elizabeth Maraj
Alina M. Okamoto
Antrae Garvin
Barbara A. Vogelsang, MBA, MSN, RN
Brenda J. Captain
Brian Dean
Carolin M. Delker, FNP-BC
Chunichi L. Campbell
Collier D. Long
Colin L. McNerney
Dalton F. Williams
David J. Wood
David L. Rodrigues, MBA
Heather Buie
Helen Iese, EdD, MBA
Jacqui Verwayen
Jason Dixon
Jennifer L. Carlson
Jennifer Hansen, MSN, RN
Jodi Henderson
John P. Glauner
Jonna Hernandez
Katherine A. Ochakovsky
Maj Michael A. Estacion
Nicholas Drews
Priti P. Pawar
Robin Miller
CAPT Romeo Tizon, Jr.
Sabrina Okimura
Stacy L. Ferreira, MBA
Tiffany N. Inness
Vernon D. D'Mello
Ira Singh, MPH, FACHE
Kecia M. Kelly, DNP, RN, FACHE
Lt Col Amanda Davis, DHSc, MBA, FACHE

Fellows

SEPTEMBER 2021
Edmund D. Chan, FACHE
Glen A. Jett, FACHE

OCTOBER 2021
Br. Phillip A. Mallory, MBA, FNP-BC, FACHE
Jeffery L. Hudson-Covolo, DNP, RN, NEA-BC, FACHE

NOVERMBER 2021
Reed Kalna, PharmD, FACHE
Sola Adesida, FACHE

DECEMBER 2021
Aemal Aminy, MHA, FACHE
Aldijana Avdic, RN, FACHE
Sachindra Gangupantula, MBA, MS, FACHE

JANUARY 2022
Christianna R. Kearns, FACHE
Paymon Bagheri, MHSA, FACHE
Taylor Bentley, JD, FACHE

FEBRUARY 2022
Rakhal M. Reddy, MD, FACHE

Recertified Fellows

OCTOBER 2021
Charlene E. Kell, DNP, RN, NEA-BC, FACHE
Debra A. Flores, RN, FACHE
Larry M. Coomes, FACHE
Martin M. Kirch, FACHE
Michelle Oxford, FACHE
Payam Mohadjeri, FACHE
Thomas A. Gangi, FACHE

NOVERMBER 2021
Benita A. McLarin, FACHE
Betsy P. Gornet, FACHE
J. Brandon Thornock, FACHE
Kenneth M. West, II, FACHE
Kevin A. Klockenga, FACHE
Malia Weinberg, FACHE
Robert T. Marchuk, FACHE
Roland T. Pickens, FACHE
Russ Sato, FACHE
Troy McGilvra, FACHE
William R. Vandervennet, Jr., LFACHE

DECEMBER 2021
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Connie S. Rowe, RN, FACHE(R)
David C. Grandy, FACHE
David Overton, RN, FACHE
Enitan Adesanya, FACHE
Frank T. Beirne, FACHE
Jason T. Wells, FACHE
Jesse D. Tamplen, FACHE
Laura M. Hill Temmerman, FACHE
Margaret L. Mette, LFACHE
Michael D. Crandell, FACHE
Randal H. Dodd, FACHE
Susan E. Funk, FACHE
Zach Harris, FACHE

JANUARY 2022
Baljeet S. Sangha, FACHE
Col Robert Paz, FACHE
Grant C. Davies, FACHE
Hassnain Malik, FACHE
Jacalyn A. Liebowitz, RN, FACHE
Katie M. Abbott, FACHE
Kristine S. Cannon, FACHE
Steven D. Chinn, DPM, FACHE
Thomas A. Utecht, MD, FACHE

FEBRUARY 2022
Ira Singh, MPH, FACHE
Kecia M. Kelly, DNP, RN, FACHE
Lt Col Amanda Davis, DHSc, MBA, FACHE

2021 VOLUNTEER OF THE YEAR AWARD WINNERS

Shalisha G. Maddela, MPH, CPH
Performance Improvement Consultant, Stanford Healthcare

"Shalisha has been responsive to requests to take on additional responsibilities. For example, she took on Social Media responsibilities and Newsletter/ Co-Chair for Communications committee this year. She has been a proponent of JEDI and a member of that committee, in addition to ensuring CAHL is engaged in social justice current events."

Deborah Munhoz, MS
Healthcare Leadership Development Facilitator and Coach for Women Leaders

"Deborah has been a key driver for our Mentorship Program over the past year. She is instrumental in streamlining a well-planned list of diverse mentors who are committed to partnering with early, mid, and executive level careerists to offer professional insight, and guidance. Additionally, Deborah ensured the success of the program and its services were consistent during the pandemic. We have seen more than stellar feedback and appreciation for our CAHL members."

Rick Narad, JD, PhD, FACHE
Professor, Health Services Administration and Attorney-at-Law,
California State University, Chico

"Rick Narad has made a tremendous impact on the Advancement Committee this past year. Through Rick's contributions of pre-recorded Knowledge Area presentations, the committee was able to offer a virtual BOG exam prep series for the first time in CAHL history. He has given generously of his time and expertise providing high quality teaching strategies."