

CAHL NOW

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An Independent Chapter of



American College of
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for leaders who care®

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A MESSAGE FROM OUR CHAPTER REGENT



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

Thank you for this opportunity to share this message as part of the California Association of Healthcare Leaders (CAHL) Fall 2019 newsletter. 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, and recertified, their Fellow status!

With the 2019 CAHL Annual Meeting and Awards Ceremony as the backdrop, I was privileged to see more than 100 of our members at multiple events hosted at the Walnut Creek Boundary Oaks Golf Course on August 14. The day included two Face-to-Face Education events as well as the Awards Ceremony, which featured current ACHE Chair Heather J. Rohan, FACHE, as the keynote speaker. Many inspiring and admirable characteristics of CAHL, ACHE, and our members were on display that day: dedication to Diversity and Inclusion, commitment to professional development in one's self and others, mutual admiration and respect for our peers, and service to our communities. Of all these, one particular trait truly stood out as a driver for all the other - that of lifelong learning.

Chairwoman Rohan highlighted the importance of this during her thoughtful and impassioned keynote speech (which can be found [here](#)) and relayed how an intentional focus to

continue to learn can be the catalyst to effect the changes we wish to see in ourselves, others, our organizations, and the communities we serve. This focus was also a key quality highlighted as a distinguishing factor in selecting the 2019 Regent's Award Winners. In addition to modeling exceptional leadership, innovative and creative management, participating in civic and community leadership activities, and contributing to the development of others, all of the award recipients have demonstrated an unwavering commitment for continuous learning and truly embodying the commitment we wish to see in others. Please join me in congratulating:

- Early Careerist Healthcare Executive Award Recipients
 - › Ida Bezabeh, Kaiser Permanente
 - › Andrew Pete, FACHE, Sutter Medical Center Sacramento
- Senior Careerist Healthcare Executive Award Recipients
 - › Darrielle Ehrheart, FACHE, Lucile Packard Children's Hospital Stanford
 - › Kim Brown Sims, FACHE, KBS Interim Executive & Leadership Consulting Inc.

The CAHL Chapter also has the distinction of having two leaders selected by ACHE into the 2019 Executive

and Senior Executive Program. The Fund for Healthcare Leadership was established in 2006 to bring innovation to the forefront of healthcare leadership. Since then, the Fund has worked to strengthen the field of healthcare leadership through educational programs and scholarships, such as the Executive and Senior Executive Programs. Please join me in also recognizing the following scholars:

- ACHE's 2019 Executive Program Scholarship Recipient
Jorge Abaunza, PharmD
Inpatient Pharmacy Director
Kaiser Permanente
South San Francisco, CA
- ACHE's 2019 Senior Executive Program Scholarship Recipient
Judith Newland
Chief Operating Officer
Tahoe Forest Hospital District
Truckee, CA

Without the generous support of our members to invest in the lifelong learning and development of our peers, the Fund would not be able to provide these resources. This Fund, as well as the variety of other educational programming across ACHE and locally within CAHL, assists members with meeting the educational requirements for achieving the FACHE credential. I encourage our members to continue to work toward achieving this credential – and for those who already have achieved it to retain it via ongoing education and learning. Please include your FACHE credential in all your communications to colleagues, media mentions, and your organization's website as another method to demonstrate your commitment to the healthcare profession. Please visit the <https://ache-cahl.org/events/> to stay up to date on CAHL educational and networking events near you. If there are session topics you would like to propose,

suggestions on locations to hold events, or events you would like to host – please contact me.

Finally, I encourage all our members to catch up on all the *Healthcare Executive* podcast episodes, which are [available here](#) online. Ranging from 18 to 25 minutes, these episodes offer incredibly deep and thoughtful insights, tips, and learnings from healthcare leaders across the country. Profound, passionate, and pertinent, these conversations will leave you inspired and provide an even greater appreciation for the work we all perform. Examples of some of the variety of episodes are:

“an intentional focus to continue to learn can be the catalyst to affect the changes we wish to see in ourselves, others, our organizations, and the communities we serve”

- An interview with Charles D. “Chuck” Stokes, FACHE, immediate past chairman of ACHE and president and CEO of Memorial Hermann Health System in Houston, that discusses high reliability and good governance in healthcare management. Chuck, whose stellar leadership skills led to two Malcolm Baldrige National Quality Awards for the organization, shares the benefits of embracing the award criteria in daily operations to run an engaged and fiscally sound healthcare facility.
- An interview with Alan Keese, FACHE, recipient of the 2019

Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year, that addresses his experience as the administrator on call at Sunrise Hospital and Medical Center in Las Vegas the night the country experienced the largest mass shooting in US history. Keese, currently the CEO of Capital Regional Medical Center in Tallahassee, Fla., also offers advice to young leaders on soliciting performance feedback regularly as they aspire to the C-suite.

- An interview that explores agility and resiliency in healthcare leadership with Amer Kaissi, PhD, professor of healthcare administration at Trinity University, San Antonio, and the 2019 recipient of ACHE's James A. Hamilton Award for his book *Intangibles: The Unexpected Traits of High-Performing Healthcare Leaders*. The discussion includes Amer's research, which revealed that the best leaders are not only ambitious, strong, and accountable, but also humble, compassionate, and kind.
- An interview that describes engagement in healthcare with ACHE faculty Craig Deao, member of the senior executive team at the Studer Group. Based on his experiences helping healthcare leaders design their own journey to excellence, Deao discusses the difference between satisfaction and engagement. He also explores how to cultivate an engaged culture that is a better place to work, practice medicine, and receive care.
- An interview with ACHE faculty

Kevin O'Connor that discusses best practices to influence innovative thinking in healthcare. O'Connor, who is a noted educator, coaching professional, and author of *Fearless Facilitation: The Ultimate Guide to Engaging (and Involving) Your Audience*, addresses the misconception that innovation must emanate from leadership. He highlights the important distinction between creativity and innovation and explains how to get your team actively involved in the formation of new ideas and solutions.

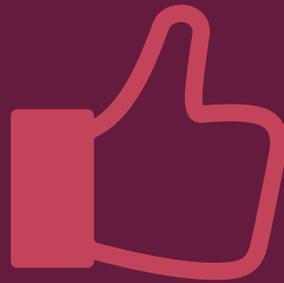
- A discussion with Jake Poore, president of Integrated Loyalty Systems Inc., that describes how to create a blueprint for a world-class experience for patients and employees. Jake shares his expertise on elevating the patient experience in the age of social media, building a workforce committed to the brand promise, and the close link between patient and employee satisfaction.
- A conversation with Anita Halvorsen, FACHE, ACHE's vice president of professional development, that discusses key phases of a healthcare leader's career journey, including the impact of attaining the Fellow credential and the role of peer networking. Anita shares insight into her own career path and talks about educational

opportunities offered by ACHE, including the Congress on Healthcare Leadership and Choice, ACHE's new series of customized seminars offered directly to organizations and delivered onsite.

Thank you for the opportunity to offer this note on lifelong learning to you this quarter. To further provide opportunities to continue your learnings, please contact me if you are interested in serving on an ACHE Committee. There are many other volunteer opportunities in addition to national committees, such as serving on chapter committees, helping out at chapter events, and serving as a panelist at a chapter's education program. Whether related to lifelong learning 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 bsangha@alamedahealthsystem.org with thoughts, suggestions, challenges, and insights. I'm looking forward to seeing you at the next CAHL event. Please refer to the CAHL website [here](#) to register for this event as well as the next event!

With Gratitude,
Baljeet Singh Sangha, FACHE





Like our page

The screenshot shows the Facebook profile page for the California Association of Healthcare Leaders (CAHLACHE). The page features a cover photo of a city skyline with the Transamerica Pyramid. The profile picture is the CAHLACHE logo. The page includes a navigation menu on the left with options like Home, About, Photos, Events, Videos, Notes, Posts, Community, and Info and Ads. The main content area shows a 'Create Post' section with a 'Write a post...' prompt and options for adding photos, videos, tagging friends, and checking in. Below this is a 'Photos' section with a photo of a group of people at a social event. On the right side, there are sections for 'Community' (450 likes, 452 followers), 'About' (website: cahl.ache.org), and 'Related Pages' including 'Prodigy Nights' (Event Planner), 'DJ Arvin' (Musician/Band), and 'Residential Assisted Living' (Community Organization).

A MESSAGE FROM OUR CHAPTER PRESIDENT



This past August I hiked to the top of one of the most scenic and recognizable spots in the world. At an elevation of 8,839 feet, the journey up to the top of Half Dome was worth every challenging step. The hike to the top took about four hours with an elevation gain of about 5,000 feet. This was truly a memorable experience that's been on my bucket list for some time. The joy and satisfaction I felt by completing this particular bucket list item is difficult to put into words. The beauty of Yosemite and the views from the top of the mountain are inspiring. I definitely left the mountain a more grateful and humble person.

The most challenging section of the hike was the infamous cable section. For about 400 feet you are climbing up the side of the mountain at a 45° angle. This is definitely a section where a focus on the small things such as hand grip and foot placement is crucial. I saw many people not completing the seven mile journey to the top due to this 400 foot section. The experience of making it through this section made me a better

human being as I conquered my fatigue and fear. Scaling to the top of mountains tends to have that effect. Doesn't it feel great to draw a line across a bucket list item once completed?

It seems we all have bucket lists that we try and scratch off during our lifetimes. Some lists may contain visiting an exotic part of the world, or skydiving, or visiting every national park. Other bucket list items might include writing a book, paying off your debt, or creating a non-profit organization. Why are we so infatuated with having and completing bucket lists? Is it the unknown, the adventure, the excitement, or just the realization that time is limited that motivates us to have bucket lists? Yes, to all of the above. I also think people just like to experience new things. All bucket lists seem to have one thing in common, though, and that is variety.

In a way a bucket list is synonymous with lifelong learning. As we experience new things we learn and therefore become better individuals. This is one of the reasons why I start each CAHL Board

monthly meeting with a board member sharing what he or she read or listened to that inspired the commitment to be a better leader. The recommendations that have been shared are a treasure trove of best practice insights gained from the experience of our local leaders.

The chapter had the privilege to welcome ACHE Chair Heather Rohan at our annual awards event in August where we learned how her lifelong learning experiences have shaped her to be the leader that she is today. Heather reinforced the importance of lifelong learning and how the numerous resources that ACHE has can make us better leaders. The event was live streamed, and members who were not able to attend in person can watch the event here: [ACHE Annual Awards Video](#).

In my [first newsletter article](#) I described the chapter's goal of achieving a 4.1 overall member satisfaction score on the chapter survey. We recently received the chapter survey results, and I want to thank the 175 members who took time to complete survey. Scratch this one off your bucket list. The response rate was 24% with an overall chapter satisfaction score of 3.98. This is an increase from the 3.83 score received in 2018. Although we did not hit the 4.1 goal, the results from **every single question** on the survey increased from

the previous year. This improvement is worth celebrating! We are on the right glide path, and I'm confident we will hit the 4.1 goal next year and obtain a chapter recognition award.

As we approach the last "400 feet" of the year, I hope that each of us puts as much vigor into creating and completing professional development bucket lists as we do our recreational ones. Continue to move forward. Focus and take one step in front of the other so you can finish the year on top. Take time to map out your professional development journey. What items do you need to include on your bucket list that will help you get there? Be aggressive with your lifelong learning as you are the one responsible for your development.

Strive to do small things well. Win the moment.

I hope that each of you takes a moment to review your bucket list and add items on the list that will professionally make you a better healthcare leader.

With gratitude,
Andrew Pete, MHSA, FACHE
Chapter President



MY EXPERIENCE WITH LIFE-LONG LEARNING IN THE MILITARY

By: Bin Ma, 1st Lt, USAF, MSC

My name is Bin Ma, and I am a First Lieutenant in the United States Air Force (USAF). I have been an USAF Medical Service Corps Officer for more than three years and am currently stationed at Travis AFB. The USAF has given me fantastic memories due to the great people I have met and the wonderful life experiences it has provided me. I want to share a little bit of my lifelong learning experience both before and after joining the USAF.

Unlike most Airmen, I was not born in the United States. I grew up in Wuhan, China – a city along the Yangtze River. My grandparents were very well-to-do before the Communist Revolution, owning large areas of land and many shops. After China became a Communist country, my family was forced to give

“After China became a Communist country, my family was forced to give up everything to the Communist government.”

up everything to the Communist government. This occurred over a number of years, before the Cultural Revolution started in 1966. My parents had to restart our family with nothing. However, they instilled important ideals in me. As a child, I was told, “If you have a goal in my life – even if has only a 1% chance to succeed – you should give it 100% effort and let God decide if it is going to work or not.” I never forgot this. I have set goals for every stage of my life.



When I first arrived in the United States in 2008, I was full of excitement and anxiety. I had come to the United States on a scholarship, attending Freed-Hardeman University in Henderson, TN. I was scared, as English was not my first language; I had no friends nor family, and I was not familiar with the culture. I thought about quitting often, but I always heard my dad's voice in my head: "You have tried so hard to get this opportunity; you should not quit easily. Surely you have more than a 1% chance to succeed; therefore, you should try 100%." With this motivation, I started working even harder. I wanted to prove to the school and to everyone that although I was not born in this country and English was not my native language, I deserved to be as successful as any American.

When I arrived in the United States, I could not imagine becoming a USAF Medical Service Corps

Officer. I started first as an enlisted Airman. I will never forget my military training instructor in basic training. She was a Master Sergeant at the time. I had one conversation with her that had a big impact in my life. It was at the end of the training. She called me into her office. I was extremely nervous. I thought I had done something wrong. But to my relief, it was a nice conversation. She noticed that I was the only Chinese descendant trainee in her flight. She asked me, "Trainee Ma, do you feel there is anyone in this flight who treated you unfairly because of who you are?" I said, "No, Ma'am." She looked at me and said, "If there is someone who treated you unfairly – it doesn't matter if it is a trainee or instructor – you need to let me know." I said, "Yes, Ma'am." Then she said, "It is not easy to be in the military. I am a woman, but I made it this far to become a Master Sergeant. Do

you know why?" I said, "Because you are awesome?" She said, "No, because I fight for myself. You have the potential to be a leader, but you need to learn that when you see things that are wrong towards you, you need to stand up and fight for yourself. Then you will also find the confidence and ability to fight for your wingmen when they are in tough situations." I have remembered this and carried it with me ever since.

“If you have a goal in my life – even if has only a 1% chance to succeed – you should give it 100% effort and let God decide if it is going to work or not.”

Before I came to the United States, people said, “America is a country of gold, and if you come here, you will become rich.” After 11 years of living here, I don’t think America is a country of gold. It is a country of opportunity. If you work hard, become well educated, and have strong drive and motivation, you can succeed. America will give you the opportunity.

I worked extra hard, kept my scholarship, completed a master’s degree in ministry and a master’s of business administration, and gained my US citizenship. My ten years of hard work led to many achievements that I am proud of, including advanced degrees, US citizenship, and a great job in the USAF.

Life is a good teacher, and it has taught me valuable lessons. My early learning experiences

and time in the United States taught me not to give up on opportunity, even when challenges may seem daunting. This country may not be a perfect country, but it is the best nation I know. It gave me a fair opportunity to succeed with my own hands. My time at university taught me to never quit, be strong, and always fight for winning. My time in the military taught me not only to fight for myself but to fight for others and to fight for what is right. It helped me to be a better airman, better officer, and better Medical Service Corp member.

Eleven years of life in the United States has taught me that life is a process of learning, and one lesson I learned was to never settle in my comfort zone. There are two kinds of birds in the sky: the eagle and the dove. The reason the eagle is the king of the sky is because the eagle pushes its children out of the nest to survive by themselves. The dove, however, always keeps its children close, and they grow up as a family. There is nothing wrong with that, but if you want to succeed, the best way to gain experience is going through a tough situation. During the learning process, there will be happiness and enjoyment as well as obstacles and pain. The obstacles and pain provide the good lessons that help you mature.

Life is not always easy, but when we meet obstacles, instead of complaining about them, we can learn from them and prevent the same difficulties from happening again in the future. If you can do that, you can succeed anywhere.

A man can’t choose where he is born, but he can definitely choose what he wants to be. My early life experiences were not pleasant, but I would not trade them for anything else. Without them, I wouldn’t be who I am today.

RISING ABOVE VICTIM MENTALITY

By: Iesha Hinton

As a graduate student in healthcare administration, I felt that I was mentally prepared to handle various situations because I was thoughtful, kind, and understanding of others feelings. During the middle of my first year as a graduate student, I quickly learned that I was not ready to take on certain work environments. I moved to Northern California to pursue my passion for healthcare administration, but I experienced great difficulty finding a career position. I found a role in a hospital where I felt welcomed and part of a greater mission to serve underserved populations, but it was solely a volunteer position. After searching for two years, I finally obtained a job as a patient service representative in a call center. Although it was not my first job choice, I was ecstatic about the organization and growing into a different position over time. The environment, however, was full of challenges. After the first week of training, I was accused of having an inappropriate relationship with my potential supervisor, questioned about my ethnic and racial background, mocked for having an accent, and singled out for wearing professional attire every day in an environment that was more casual. I was frustrated by my attempts to build connections with my co-workers on the level of family and shared interests. They responded by intimidating me, threatening to hurt me, following me home from work, and spreading false rumors to others. Even after reporting some of these issues to my

supervisor, the tension escalated with specific employees working hard to demonstrate that I was a person who could not be trusted. With this negativity, I began to struggle and lost my focus in graduate school.

“I was ecstatic about the organization and growing into a different position over time.”

My grades suffered, and I was too embarrassed to tell my mentor and my family about my experiences at work. I did end up reaching out to my professors at school who allowed me to retake some courses so that I could graduate on time. I indirectly expressed my struggles to others in the ACHE as well as my mentor, who encouraged me to re-engage in the organization. This support helped me rethink my approach of dwelling on insignificant issues. Instead, I tried

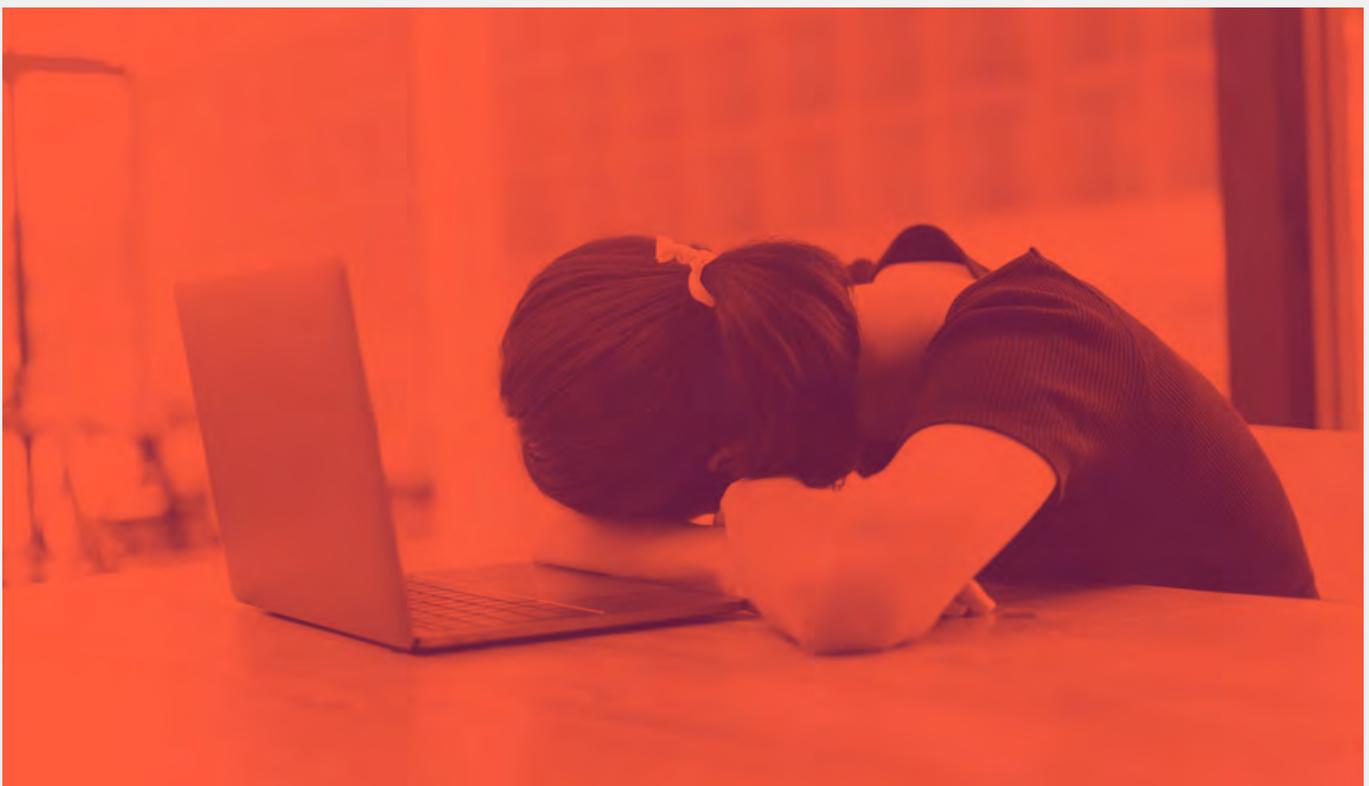
to focus on presenting my management skills to leaders in the organization.

Although this experience was difficult, I was grateful to be exposed to this environment. It forced me to develop stronger emotional intelligence and resilience. I look back and wonder if this is why my mentor pushed me to stay in my position. Through it all, I kept my focus on my work and let my actions speak for themselves. I also kept a journal about my experiences at work and started talking to my family about the problems that I was facing. To change people's impression of me, I started volunteering to plan the organization's social activities; over time, a number of people got to know the “real me” instead of the person they heard about through the office rumor mill.

My story does not end there. I was later moved to a team where the supervisor and team lead did not like me and made it clear through their actions that they didn't want me to advance in the organization. Although my supervisor was not present most of the time, the manager saw how team morale was declining. I took the liberty of asking leadership if I could create an incentive

program to increase morale and inspire staff to improve their metrics. This slowly improved the team's productivity and inter-personal skills.

Hostile workplace environments can erode self-confidence – but they can also teach lessons. In my case, I embraced my first job in healthcare to gain experience in the industry, and indeed, my experiences helped me understand that emotional intelligence, time management, team building, and interpersonal skills do not come from academic practice but from real-life exposure to different people and cultures. Additionally, I understand how employee satisfaction can affect how services are delivered to patients. As I continue to walk through the secured door every day, I am showing myself and everyone else who watches my actions that I am here and quitting is not an option. Lifelong learning comes in many shapes and sizes, and I hope the “lessons learned” I've shared here will benefit anyone entering a new workplace environment where it's all too easy to be blindsided by office politics.



LEARN ABOUT LIFELONG LEARNING

By: Jose Cobar, MSc, CLS,
MLS (ASPC)cm

*“Once you stop learning, you start dying.”
– Albert Einstein*

We hold petabytes of human knowledge one click away from our hands every day—unheard of just a generation ago. In a knowledge-based society with an information economy nowhere near peaking, there is really no industry that is not data driven or managed through data analysis. Jobs constantly evolve, especially in technology-based sectors. The term “upskilling” is no longer a Silicon Valley buzzword but rather a new reality in the workplace. Nearly half of adults say that they must develop new skills to keep up with an evolving workplace (Pew Research Center, 2016). An emphasis on learning is thus a result, and the term “lifelong learning” is often invoked these days in boardrooms, leadership summits, and performance evaluations. Lifelong learning is not a new term, however, and though intuitive in name, it is harder to define in practice because the act of learning itself is hard to define and takes on diffuse meaning in our lives.

The term has been around for decades, first surfacing in the 1960s at institutes promoting college-level education and social enhancement through learning for those age 50 and older and reentry students. For example, the Osher Lifelong Learning Institute (one of 123 such centers across the nation),

part of the UC Davis Continuing and Professional Education Department, offers courses ranging from California agricultural issues to how to choose a new cell phone. Such endeavors stimulate the mind and

“We are by nature curious creatures...”

help reinvigorate passions delayed earlier in life. But lifelong learning is so much more than finding intellectual passion in the twilight of our years.

It can take a familiar form through formal learning—pedagogical methodology with which we are all familiar—organized and structured as a learning and geared for a formal outcome (i.e., diploma, degree, etc.). Informal learning is experiential and near accidental at times, and it occurs in our daily lives through family, work, and leisure activities. The other day I was building a small safety fence on a raised concrete slab

and had to learn about how to anchor wood onto concrete and all the little accoutrements needed to do just that. This was after attending a business analytics class offered by my employer in order to monitor and improve overtime utilization in my department. All of it is learning, and all of it is good for us. There are many benefits to continuously learning.

The world (and its markets) are not static. Moore’s Law applies to both computing power as well as what we are expected to do with it. Keeping up with technology is an active learning process. Laws are not static either. Continuous learning helps to keep us in compliance with our respective regulatory bodies. Continuous learning helps ensure we understand (and at a minimum, know of) emerging technologies and laws in our markets today.

Professionally, most of us probably have to do some kind of continuous learning activities to maintain employment or licensure. That darn annual HIPPA training counts, folks, and keeping up with how many chest compressions to breaths delivered is

a must for those who have to perform CPR. Let’s not forget that reaching for our phones and Googling the meaning of “straight-line depreciation method” during a finance meeting, because the term is unfamiliar, is active learning, too.

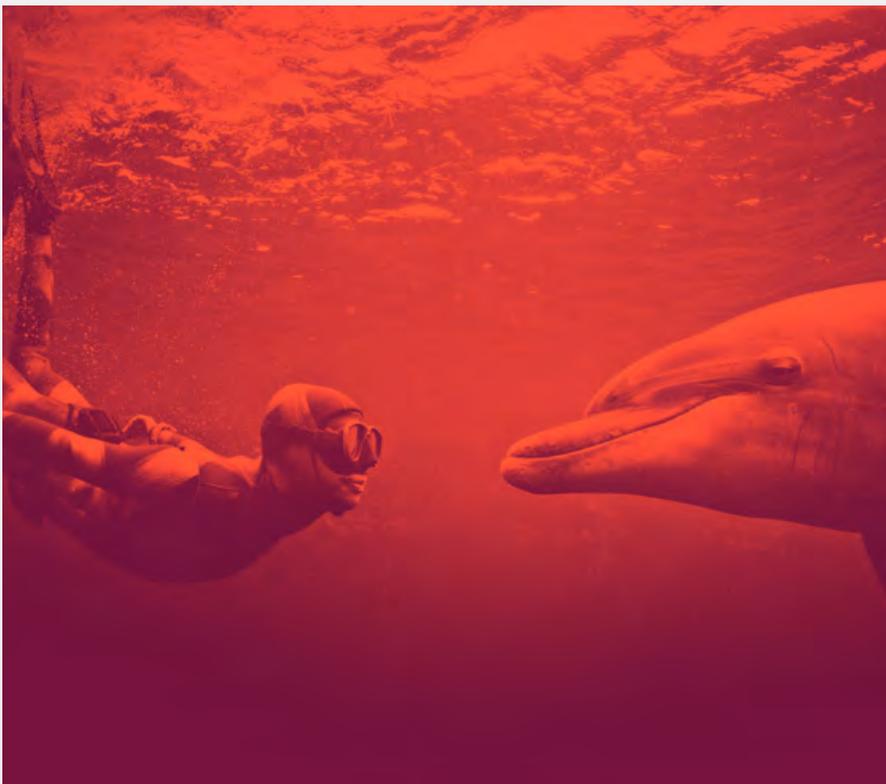
A commitment to lifelong learning is what keeps us sharp, productive, and competitive. As leaders, we can promote the same in our teams through various strategies. For example, taking a performance evaluation and building learning goals as part of a professional growth strategy or connecting budding employees with inspirational mentors are but a few ways to stimulate learning. Yet above all, prizing learning as an achievement and creating an appetite for lifelong learning are probably the two most important roles we can play in encouraging our teams to embrace lifelong learning.

We are by nature curious creatures, and it should be no wonder that we name our planet exploring rovers names like “Curiosity”. It takes very little effort to embrace lifelong learning in our teams and in ourselves.

References:

Andriotis, N. (2018). 7 Ways to Encourage Lifelong Learning in Your Business. eFront Learning. Retrieved from <https://www.efrontlearning.com/blog/2018/07/ways-encourage-lifelong-learning-for-employees.html>

Pew Research Center. (2016). State of American Jobs. Retrieved from <https://www.pewsocialtrends.org/2016/10/06/the-state-of-american-jobs/>



VOLUNTEER SPOTLIGHT



Name of volunteer nominee and CAHL Committee:

Nora Powers, FACHE, Advancement

Describe the nominee's commitment to volunteerism with CAHL/ACHE:

Nora is the work-engine behind the BOG advancement workshops. She was instrumental in updating and expanding our advancement materials library this past year. Because of her, our materials are organized, updated, and mostly digitized and easily accessible. She organizes all the logistics,

curriculum, and study materials for participants and faculty. Our workshops would not be the same without Nora's leadership, tenacity, and creativity. Nora is always willing and competently able to fill any need for our BOG workshops and almost always facilitates a few sections of the event.

Describe the nominee's recent outstanding accomplishments and how they've positively impacted our chapter:

Nora is tenacious and patient. She is willing to do whatever it takes to provide our members with a quality experience and meaningful curriculum and collateral to help them on their journeys to Fellow. Updating and digitizing our study materials is crucial to meet the needs of our geographically diverse group. She has evaluated and thoughtfully added items, including flash cards, to help our participants have more effective study after the workshop.

Interview with Nora Powers

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

Getting involved with the chapter has given me the opportunity to meet and interact with CAHL and ACHE members that I never would have met otherwise. These are people I consider friends as well as colleagues. And I always learn something new that I can apply directly to my work at each and every BOG Exam Prep Workshop – I am continuously surrounded by the smartest people in the room!

Why do you continue to volunteer with CAHL?

I get such a rush each time we host a BOG Exam Prep Workshop and each time one of our attendees passes the exam and earns their Fellow credential. Their success is also my success. The work is certainly challenging and time-consuming, but the results are worth every minute of it!

Why did you choose a career in healthcare administration?

By accident really – I was looking for a way to use my public health clinical background in a way that would have a direct impact in as wide an arena as possible. My first healthcare administration job was with a Medi-Cal managed care organization that worked with populations at risk, and I've been hooked ever since!

A motto or quote that influences your leadership style:

I very much believe in a collaborative leadership style, and one of my favorite quotes is attributed to Martin Luther King, Jr.: "The strength of the team is each individual member. The strength of each member is the team."



Name of volunteer nominee and CAHL Committee:

David Bettencourt, Career Development Committee and Transition

Describe the nominee's commitment to volunteerism with CAHL/ACHE:

David has led the development of a formal mentor program with two cohorts in 2019. The program teams up mentors and mentees to formally work together over a three-month period. He also has kicked off a formal subcommittee of the CDTC

to lead efforts around the coach/mentor program. David is beyond motivated, effective, and engaged. He is a truly model volunteer and has taken ownership over a very meaningful program. David takes ownership of the coach/mentor program by ensuring the resourcing of mentors for all mentees that ask for assistance. He also spends extra time researching the best ways to improve upon our informal program, which led to the development of the formal mentor program. We have had one cohort in 2019 thus far with a second beginning in the fall. He also collaborated well with other volunteers to improve communication and access to our program. Plus he is putting on his second event dedicated to mentorship this coming Fall.

Describe the nominee's recent outstanding accomplishments and how they've positively impacted our chapter:

David is engaged, thoughtful, resourceful, and collaborative. He takes the initiative, is passionate, and demonstrates real commitment to supporting the mission and membership of CAHL.

Interview with David Bettencourt

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

I've been fortunate to be a part of the Career Development and Transition Committee as well as be very active in developing the Mentor Program. Through attending different events, participating in committees, and collaborating with other members, I've been able to build extremely meaningful relationships and develop a strong professional network. The connections I've made have contributed to a high level of professional development and ensured I learn from mentors who are active leaders in the industry.

Why do you continue to volunteer with CAHL?

I continue to volunteer with CAHL because of wonderful people I interact with and the people whose careers I've been able to positively impact through mentorship.

Why did you choose a career in healthcare administration?

Growing up I always thought I was going to become a pediatrician. During college I had really meaningful experiences in leadership roles where I learned about team communication and managing others, which ultimately drove me toward the administrative side of healthcare.

A motto or quote that influences your leadership style:

I had a high school teacher once tell me, "Take your professors or mentors to lunch. They might tell you something that changes your life, and it may be the best lesson you ever learn, just for the cost of a sandwich." This quote has guided me to develop relationships mentors that have shaped my career to put me where I am today.

NATIONAL NEWS | Q3

FACHE® RECERTIFICATION: IT'S NEVER TOO LATE TO BEGIN PLANNING

Earning the distinction of board certification in healthcare management as an ACHE Fellow is a great career accomplishment. Whether you are one of the many members set to recertify this year or within the next three years, you can get a head start now to maintain this prestigious credential. To ensure that all Fellows maintain the integrity of the ACHE credentialing program, Fellows are required to recertify every three years. To continue demonstrating your professionalism, ethical decision making, competence, leadership and commitment to lifelong learning, please be sure to [recertify your FACHE](#) credential by **Dec. 31**.

Visit [My ACHE](#) to check your recertification status, including the current number of continuing education credit hours you have earned so far.

POSTGRADUATE FELLOWSHIPS: CREATING FUTURE LEADERS

Postgraduate fellowships contribute to the development of future leaders and provide tangible benefits to sponsoring organizations and the profession. The [Directory of Postgraduate Administrative Fellowships](#) gives sponsoring organizations the tools needed to develop a fellowship, including detailed resources on logistics, compensation and benefits,

recruiting, onboarding and assessing candidates. Organizations that post opportunities in the directory increase their visibility for students seeking postgraduate administrative fellowships on a national level.

Whether you are an organization creating a fellowship, a student seeking a postgraduate administrative fellowship, or an organization ready to post or update a current listing, you'll find a variety of resources available at [ache.org/PostGrad](#).

COMMUNITY FORUMS ENHANCE MEMBERS' EXPERIENCE

ACHE members with affiliated interests can communicate, collaborate and advance through participation in one of four community groups. These groups include the [Asian Healthcare Leaders Forum](#), the [LGBT Forum](#), the [Healthcare Consultants Forum](#) and the [Physician Executives Forum](#). Members can explore one forum or more for missions and benefits that align with their professional backgrounds and commitment to diversity and inclusion. Inform members in your area of these communities, and encourage them to join the ones that best meet their professional needs and goals.

Join for an annual fee of \$100 each, in addition to your ACHE membership dues. All benefits are accessible online and include a quarterly newsletter, an exclusive LinkedIn Group and special designation in ACHE's online [Member Directory](#).

HEALTHCARE CONSULTANTS FORUM MEMBER DIRECTORY: CONNECTING EXECUTIVES TO CONSULTANTS

The [Healthcare Consultants Forum Member Directory](#) offers a robust search functionality to help you identify a consultant who meets your needs. And if you are a consultant looking to gain visibility with decision makers, consider joining the [Healthcare Consultants Forum](#). The forum also offers resources tailored to a healthcare consultant's specific career development needs.

LOCAL PREP COURSE OFFERED FOR THE BOG EXAM

A new chapter-led review course is available to help ACHE Members prepare for the Board of Governors Examination. The course, titled "BOG Exam Prep: Brought to You by ACHE and Your Local Chapter," includes a thorough content review of the 10 knowledge areas addressed in the Exam, practice test questions and test-taking strategies. Participants may earn up to 12 hours of ACHE Face-to-Face Education credit when they complete the course. Members can contact their local chapter regarding an offering of the course in their area.

The course is also available as an ACHE [Choice](#) program. Contact Katherine M. Stack, FACHE, manager, program development, Department of Professional Development, at (312) 424-9304 or kstack@ache.org for more information.

ACHE JOINS A PARTNERSHIP FOCUSED ON IMPROVING DIAGNOSTIC QUALITY AND SAFETY

Did you know that inaccurate or delayed diagnoses are responsible for roughly 80,000 deaths per year in the U.S.? ACHE recognizes the importance of supporting improvements in diagnostic quality and safety in medicine, which is why we have joined the Coalition to Improve Diagnosis. The coalition is a collaboration of more than 50 leading healthcare organizations convened and led by the Society to Improve Diagnosis in Medicine.

For more information about the Coalition to Improve Diagnosis, visit improvediagnosis.org/cid/. For more information about ACHE's leading for safety efforts, visit ache.org/Safety.

PLANNING FOR THE CONTINUATION OF YOUR CAREER

Whether you're starting a new position or planning for retirement, building a comprehensive approach is critical to achieving your goals. To help you drive long-term success in a new role, ACHE's [Onboarding Resources is a great place to begin](#). If you are nearing the end of your career, our [Encore Career Resources](#) will help you make sound intellectual, psychological and financial considerations. No matter where you are in your career, we remain devoted to your success. For more on these and additional tools, visit ache.org/CareerResources.

ARTICLES OF INTEREST | Q3

U.S. MEDICAL STUDENTS CHOOSING PRIMARY CARE SPECIALTIES IN AN EIGHT-YEAR DECLINE

Despite hospital systems and health officials citing the need for more primary care doctors, graduates of U.S. medical schools are becoming less likely to choose a specialization in this field.

According to the 2019 National Resident Matching Program—the nonprofit group that determines where medical students will study in their chosen specialties after graduation—the percentage of primary care positions filled by fourth-year medical students was the lowest on record. The 2019 report shows that of the 8,116 internal medicine positions offered, only 41.5% were filled. Family medicine and pediatrics reflected a similar trend. In fact, according to an analysis of historical Match data, the percentage of U.S.-trained physicians matched into primary care positions has declined since 2011.

Meanwhile, recent data from the American Association of Colleges of Osteopathic Medicine shows that medical colleges granting MD degrees graduate nearly [three-quarters of U.S. students](#) moving on to become doctors. The rest graduate from osteopathic schools that grant DO degrees. The five medical schools with the highest percentage of graduates choosing primary care are all osteopathic institutions, according to a 2019 [U.S. News & World Report survey](#).

Physicians trained at foreign institutions, including both U.S. and non-U.S. citizens, accept unfilled primary care residency positions as well. In the 2019 match, 68.9% of foreign-trained physicians went into internal medicine, family medicine and pediatrics.

Despite osteopathic graduates and foreign-trained doctors taking up primary care spots, a primary care physician shortage is still expected. In April 2019, the Association of American Medical Colleges [predicted](#) a shortage of between 21,100 and 55,200 primary care physicians by 2032.

Why the decline? One reason may be as simple as higher income. According to a recently published [Medscape survey of physicians](#), the annual salaries of internal medicine practitioners average \$243,000—a little over half of what orthopedic physicians bring home. Family medicine and pediatrics reportedly earn even less.

Another deterrent to choosing within the primary care field may be the time primary care physicians spend on paperwork and completing electronic medical records. According to the Medscape data, in 2012, 53 percent of physicians completed approximately 1 to 4 hours of administrative tasks per week. The 2019 report shows that the numbers have risen to 74 percent and about 10 hours per week.

Tellingly, only 62% of internal medicine doctors in the survey said they would choose to go into their specialty again; the lowest percentage on record for all physician specialties surveyed.

— Adapted from "[American Medical Students Less Likely To Choose To Become Primary Care Doctors](#)," by Victoria Knight, Kaiser Health News, July 3, 2019.

IMPROVED COMMUNICATION LEADS TO HIGHER PATIENT OUTCOMES, LOWER READMISSION RATES

Aside from top-quality providers and the latest technology, what do the most successful hospitals have that others do not? The answer is clear and effective communication across all levels and areas of care. Effective communication is central to the patient experience and important for both short- and long-term episodes of care, but it is particularly critical at key transition points in care, most notably at discharge.

Collaborative communication across the care team is just as vital as direct communication with patients. In leading patient experience surveys the question “How well did hospital staff work together as a team?” is highly correlated with overall patient satisfaction. That correlation makes perfect sense. When patients receive clear, consistent information from every caregiver, they are more confident about what to both during a hospital stay and after discharge.

Communication in a hospital or other care setting is more challenging than in virtually any other industry. This complexity traces to a number of industry-specific issues, including a high number of unique transactions during and across care episodes; traditionally siloed work processes related to diagnosis and treatment; and longstanding hierarchical barriers among care teams. Clear, open communication builds trust, reduces confusion and increases patients’ confidence, which contributes directly to better outcomes and reduced readmission rates.

Following are three overarching strategies to help organizations change the way frontline staff think about communication:

1. Create a culture of communication first.

To improve interactions, staff members have to understand what effective communication looks and feels like at all levels of the organization.

Leaders must demonstrate best practices and reinforce communication as a priority every time they interact with staff and patients, through strategies such as organization-wide town hall meetings, attendance at individual departmental meetings and regular rounds at the frontline.

2. Make it easier to communicate internally.

If an organization’s culture is one that encourages open, transparent communication, then providers will feel free to question and investigate discrepancies and gaps in information. While the latest comprehensive electronic health records facilitate information exchange, they don’t replace effective interpersonal communication, either among the care team or with patients and families.

3. Fully embrace a customer-centric mindset.

With focused training and mentoring from managers, healthcare professionals can develop the communication skills that improve interactions with one another and with patients. An investment in improved communication practices and competencies is an essential part of improving not only patient experience, but also patient outcomes.

Ample research establishes that effective communication is essential to attaining better health outcomes. To be sure, changing both the culture of communication and the specific practices and tools used on the ground entails a significant organization-wide commitment, but the results will be well worth the effort.

—Adapted from “How Better Communication can Improve Patient Outcomes and Lower Readmission Rates,” by Burl Stamp, *Healthcare Business & Technology*, Feb. 26, 2019.

WELCOME AND CONGRATULATIONS

New Members

JULY

Name	City	Name	City
Pamela Addy	Galt	Tracy Stone	Antioch
Stefan Arnold	Alameda	Jacqui Verwayen	Folsom
Ami Bhow	Atherton	Samuel H. Wald, MD, MBA	Los Altos
Stella Cao	San Francisco	Reuben H. Williams, MHA	Sacramento
Camilla Castaldo, MPH	Sacramento	Robert W. Wright, III	Fresno
Amy Castelluccio	Chico		
Kevin J. Chandler, MBA, MHA	Loomis	AUGUST	
Anupam K. Dattamajumdar, PhD	Sunnyvale	Name	City
Sheila M. Davis	Roseville	Emma P. Castaneda	Elk Grove
Michelle A. DeNatale, MS	Palo Alto	Ken R. Coelho, DHSc	Oakland
Maria Everett	Sacramento	Paula J. Crespin, MSN, RN	Modesto
Sara I. Farhat, BS, MHA	Bakersfield	Kerry W. Ewen	Tracy
Christy Foster Bollman	Sacramento	Patricia T. Forsberg,	
Melissa Fuentes	Porterville	DNP, MBA, RN, NE-BC	Auburn
E. Lyndon Gallimore	Sonora	Timothy H. Graham, JD	Emeryville
Harold Glenn, Jr.	Sacramento	Julia Lorenz	Carmel
Jordan L. Graham	Mountain View	Bernadette Medeiros	Lathrop
Rodney O. Grainger	Laytonville	Ashley C. Mrva	Oakland
Gary R. Gray, DO	Salinas	Harprit S. Pannu	Modesto
Azia M. Harris-Martin	Oakland	Andrea R. Parrish, MPH	San Francisco
Pamela A. Heising	Fair Oaks	Gita S. Patel	San Francisco
Eric Hodes, MD, MBA	Healdsburg	Elizabeth Rosebrock	Concord
Laura L. Holmes, MD	Menlo Park	Michael B. Scates, DPT, MBA, HCM	Oakland
Ryan D. Houston, MBA	Vallejo	Antonette Shockey	Sacramento
Sabrina J. McRae	Castro Valley	Ethan M. Sullivan	Oakland
Quinton P. Meyer, BS, MHA	Petaluma	Aaron Thorne, RN	San Luis Obispo
Maegan Molo	Antioch	Lee Thorpe-Critten, RN	San Jose
Imo Momoh	Bay Point	Gabriel Wong	Castro Valley
Meagan F. Moyer, MPH	Stanford	Lt Col Tanya R. Yelverton	Travis AFB
Shyam Narnapur	Fremont		
Ednann Naz, MD, MPH	Fresno	SEPTEMBER	
SGM Timothy Qualls	Roseville	Name	City
Keiko L. Sargent	Concord	Sharon A. Mather, RN	Prather
Sam Shapiro	San Francisco	Rene Mendez,	
Justin Shatz	Sacramento	MBA/MSOL/MSHRM	Rancho Cordova
Karen Steach	San Jose	Javier Reyes	Oakley
		Ranjana Singhal	Folsom

Fellows

JULY

Name	City
Quoc A. Nguyen, FACHE	San Francisco
Ishwari Venkataraman, FACHE	Lafayette

AUGUST

Name	City
Lt Col Marc A. Rittberg, FACHE	Vacaville
Christina A. Slee, FACHE	Sacramento

Recertified Fellows

JUNE

Name	City
Luis Fonseca, FACHE	Oakland
Stephen W. Forney, CPA, FACHE	Redwood City
Jordan R. Herget, FACHE	Roseville

JULY

Name	City
Ryan Darke, FACHE	Roseville
Darrielle Ehrheart, FACHE	Palo Alto

AUGUST

Name	City
Toritsesan Boyo, FACHE	Oakland
Lisa D. Cowan, DNP, RN, FACHE	Oakland
Maj John DeCataldo, Jr., FACHE	Travis AFB
Delvecchio S. Finley, FACHE	Oakland
Kelly Brian Flannery, FACHE	Vallejo
Tim A. Joslin, FACHE	Clovis
Thomas J. Rayner, FACHE	Visalia

CAHL EVENTS

CAHL NETWORKING EVENT JULY 18, 2019, AT IL FORNAIO IN ROSEVILLE

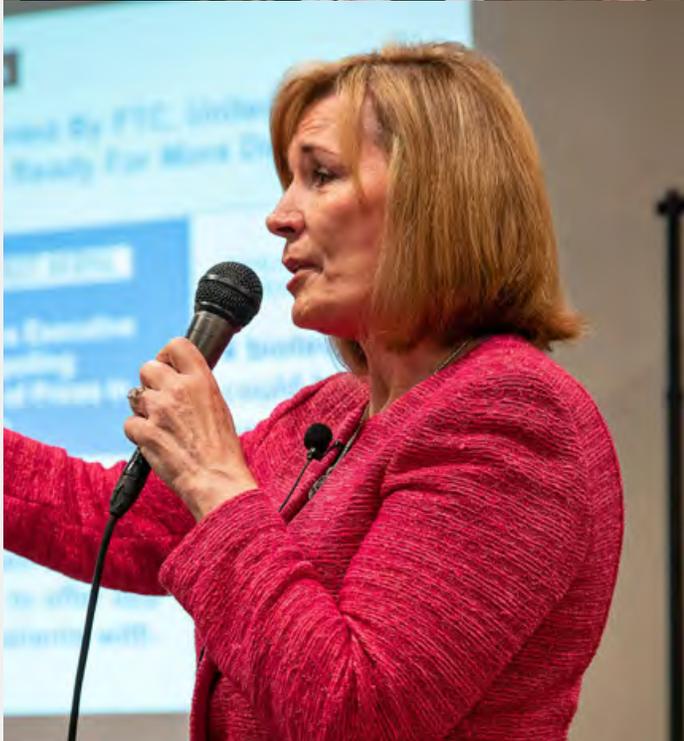




CAHL EVENTS

ANNUAL AWARDS ON AUGUST 14, 2019, AT BOUNDARY OAKS IN WALNUT CREEK





CAHL EVENTS

ANNUAL AWARDS ON AUGUST 14, 2019, AT BOUNDARY OAKS IN WALNUT CREEK





CAHL EVENTS

ANNUAL AWARDS ON AUGUST 14, 2019, AT BOUNDARY OAKS IN WALNUT CREEK



CAHL EVENTS

ACHE CHAPTER LEADERS' CONFERENCE ON SEPTEMBER 22, 2019, IN CHICAGO

