CAHL NOW

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CAHL
California Association of Healthcare Leaders

An Independent Chapter of

AmericanCollege *of* HealthcareExecutives
for leaders who care®

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A MESSAGE FROM OUR CHAPTER REGENT

On behalf of our roles as Regent for Northern and Central California and Regent-At-Large for District 5, we are humbled by the opportunity to present this joint message:

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.

Over the past several months, we have all been fully consumed by a deadly coronavirus that has rampaged the entire globe. Furthermore, we have yet again been reminded of the ugly truth that systemic racism still exists in our country. This racism has resulted in lost lives, destruction of property, and pervasive fear and trauma among minority populations while perpetuating inequity, dehumanization, and depersonalization. It has tested our resolve as people, family members, caregivers, and leaders. But through it all, we have seen tremendous resilience, compassion, and support for one another. These situations have emphasized the importance of social distancing and social solidarity and made one thing very clear over the past few weeks: We are united in our fight against the coronavirus and will stand together against the unconscionable racial discrimination that continues to exist in our society. The coronavirus pandemic and racial prejudice have shown us how profoundly the social determinants of health affect our welfare as a society through access to healthcare, job security, and health status.

Although COVID-19 has affected far too many, it has especially impacted communities of color. Many recent articles have described rising rates of infection among Latinos and Blacks. According to a recent article from the San Francisco Chronicle, in Alameda County alone, "Latinos have the highest rate of illness: 321 per 100,000 residents. African Americans have the highest fatality rates – 11 deaths per 100,000 residents – which is double the county average." This is not new to us in healthcare. An endless number of studies have shown that people of color have higher rates of chronic illness like diabetes, obesity, and heart disease. To further complicate matters, all of these chronic conditions worsen the outcomes of COVID-19. The fact that these statistics may not be surprising makes it that much more disappointing! When we talk about "bending the curve", our focus cannot be simply on the status quo but instead on a future state where we address the socioeconomic factors that directly influence our ability to survive – and thrive!

As we contemplate what many are calling our "new normal", it might be tempting to down-shift our efforts on diversity and inclusion and coast through the tough months ahead. The reality is that ensuring diversity and inclusion are firmly at the top of our agenda is more important than ever – for the here and now as well as for the medium and long term. Keeping Diversity, Inclusion, Equality, and Equity at the center of every decision we make will be key to our overall success within our communities.

Diversity, Inclusion, Equality, and Equity ground public health science, which is anchored in quantitative and qualitative methods, biostatistics, and epidemiology. Embracing this science will allow us to target interventions in communities that are affected more than others and bend the curve towards equity and elimination of disparities. The beauty of our diverse communities is worthy of acknowledgment but also requires us to understand how we interact at work, home, and play amongst people who are like us and those who are different. Thus, we ask you to consider the tools and skills that serve as the foundation of our profession and apply them to the here and now: Go to the "gembas" of our communities, ask "why" 5 times, and apply Plan-Do-Study-Act cycles to ensure we are responding to new – and existing – challenges with the vigor, passion, and perseverance that distinguishes our illustrious ACHE and CAHL members.

> *"The reality is that ensuring diversity and inclusion are firmly at the top of our agenda is more important than ever."*

ACHE continues to support our members with resources during this unprecedented time, as we continue to modify and adapt our responses to our health systems and communities. One such resource is the Executive Diversity Career Navigator (EDCN) series of COVID-related webinars for diverse

healthcare management professionals, particularly focusing on career management through this crisis and beyond. Each 45-minute free webinar is an interactive session designed to start a conversation and build community engagement for diverse leaders. After each webinar, participants will be able to continue the dialogue and connect with other diverse healthcare leaders on the Executive Diversity Career Navigator. Additionally, please visit the ACHE COVID-19 Resource Center.

Finally, we would like to officially announce the opening of the nomination period for the 2020 Regent's Awards. All CAHL members are invited to submit nominations for the ACHE Early Careerist Level Healthcare Executive Award and the ACHE Senior Careerist Level Healthcare Executive Award. The nomination deadline is 11:59 PM on August 31, 2020. All nominations are required to be submitted directly to bsangha@alamedahealthsystem.org. Award recipients will be determined by the 2020 Regent's Advisory Council. A nomination will be considered complete only if it includes two documents:

1. A recent resume or CV and
2. A completed nomination form found here with all sections completed to articulate how the nominee meets and exceeds the criteria set forth.

Baljeet S. Sangha, MPH, FACHE
Vice President, Support Services
Administration, Alameda Health System

Luis Fonseca, MHA, FACHE
Chief Operating Officer, Alameda Health System

CALIFORNIA ASSOCIATION OF HEALTHCARE LEADERS CALL FOR NOMINATIONS

The CAHL Board of Directors is calling for nominations to serve as Board Members beginning January 2021.

Please email achecahl@gmail.com your nominations by September 9, 2020.

CAHL
California Association
of Healthcare Leaders

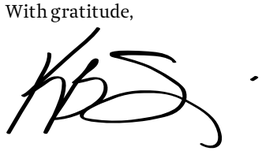
A MESSAGE FROM OUR CHAPTER PRESIDENT

On behalf of the California Association of Healthcare Leaders Board of Directors, we express our deepest sorrow and heartfelt sympathy to those impacted by the civic unrest experienced within our great nation. The loss of life represents continuing inequity, dehumanization, and a depersonalization of Americans. We are saddened to think that the war we are fighting is not solely against the viral pandemic that has taken over 160,000 lives in the U.S., but rather against one another for the color of our skin, gender, religious affiliation or sexual orientation. This is a much broader issue that has plagued our nation for far too long and needs immediate and deliberate action to drive positive change.

In these times of uncertainty, coming together as one voice to eliminate the atrocities of disparity is required. Expressing our condemnation of these behaviors in a professional and organized way will result in all parties becoming more willing to listen, more inclined to speak honestly, and more accommodating of each other's perspectives. We as leaders and professionals must renew our focus and unyielding commitment to Justice, Equity Diversity and Inclusion throughout the United States and globally. Deborah Bowen, CEO of the American College of Healthcare Executives, in her recent statement addressed the work that we as healthcare leaders must do to address discrimination, health disparities, and support the eradication of racial injustice and violence. We stand in solidarity with ACHE, NAHSE, WHCE, WIH, LGBTQ Forum, AHLF, and all other affinity groups working together to increase awareness and move toward equality.

Justice, Equity, Diversity and Inclusion are deeply engrained in the values of our chapter. Our Diversity makes us stronger – it enhances our creativity, productivity, and overall performance. It encourages the search for innovation, information, and perspectives, leading to better decision making and problem solving. Let us come together and capitalize on our Diversity to drive this critically needed change. Only together through innovation and unity can we achieve the results we need. Thank you all for the support, engagement, and commitment to each other and those we are humbled to serve.

With gratitude,



Kim Brown-Sims, MBA, RN, FACHE
Chief Executive Officer, KBS Leadership Consulting
Chapter President

THE MULTIPLE WORLDS OF BLACK HEALTHCARE WORKERS

By Tosan Boyo, MPH, FACHE

In February 2020, I was asked to step beyond my role as Chief Operating Officer at Zuckerberg San Francisco General Hospital to lead the COVID-19 Operations Center for San Francisco's Department of Public Health. From the discovery of the Bay Area's first local transmission case, to the arrival of the cruise ship with 21 confirmed cases, to implementing shelter-in-place, our team metamorphosed with each stage of the pandemic. Though change was constant and rapid, and our focus on protecting the most vulnerable was absolute.

I've seen the best of humanity in our health workers, disaster service workers, and first responders. The resolve to serve all has burned bright during the darkest periods of the pandemic. In May 2020, of the most densely populated cities in the United States, San Francisco had the lowest COVID-19 death rates (4.2/100,000), lowest new case rates (2.5/1,000) and highest testing rates (1.6/1,000). It's been the most humbling experience of my career.

Yet, another world I inhabit was on fire. In a time we all needed to be united against COVID-19, each month since I was called to lead, a black person was

murdered for simply existing. Ahmaud Arbery, Breonna Taylor, and George Floyd. Never forget there are many more that don't make the news. When relocating to the Bay Area for a new job, my family chose to live in Oakland. We love its diversity. We are never the only. We are never the other. Years ago, I commuted 70 miles round trip to San Mateo. Public transportation was not a feasible option. I had a formula to defeat traffic: Get in the car by 5:00 am, get in the car before 5:00 pm. I'd never been on the road this long; it was dark when I left and dark when I returned. I also had a routine to be safe. Each day, I recorded myself going to work and returning home… just in case. I made sure my hospital ID was clipped to my collar and visible (eliminating the need for sudden moves)… just in case. Getting home and deleting three hours footage of me driving was my quality and safety indicator. I never shared this routine with my family, friends, or colleagues. Why share that every day I factored in the possibility of not coming home? The journey between my home and hospital was a perilous world. The letters following my name did not protect me from death by racism. The burden was mine alone.

The compartmentalization of my multiple worlds shattered when Philando Castile was killed. While in the car with his girlfriend and daughter, seven shots were fired at point blank range. Moments after the shooting, his daughter repeatedly begged her mother to stop screaming, terrified she'd be shot too. She was only four years old. The video of him dying hit me hard. I was unwise watching it before my commute. Unable to contain my grief, I pulled over on Bridge 92 and wept. It could've been me. That day at my hospital, I opened up our executive team meeting by reflecting on Philando's death, what it meant to me, and the impact health care leaders can have. Our operations revolve around healing, life, and death. I believe we have a duty to advance equity.

Currently, the murder of George Floyd has struck a deafening chord, and America is horrified. However, for Black people, it was validation that our nightmares are memories. Our fears are facts. Our safety is fiction. Although it's been heartening reading solidarity statements from many that are usually silent, I can't help wondering why my life suddenly matters more now.

At the height of the pandemic, while sheltering-in-place, did America get a minuscule glimpse into the perpetual state of vulnerability Black people live in? You had your guard up because every time you left the house was risky. You went for walks, then your neighbor crossed the street for his own safety when he saw you coming. Your kids wanted to play outside in their own neighborhood and you explained why they should be vigilant and protect themselves from a concept they didn't fully understand. Death saturated the news; you knew someone that knew someone dying. You realized it could be you or your loved one in the statistics. Your privileges were taken away. You were uncertain how you'd survive the future. Did it really take a pandemic for you to see us?

"For Black healthcare workers, the desolation is exponential. Our lives are dedicated to a world we are the least likely to have access to, the least likely to heal in, and the least likely to thrive by most indisputable metrics."

During these harrowing times, I've appreciated the emotional support of white friends and colleagues. However, I've struggled to answer the "How are you doing?" conundrum. How do you convey the feeling of desolation when you're reminded regularly that your life doesn't matter?

For Black healthcare workers, the desolation is exponential. Our lives are dedicated to a world we are the least likely to have access to, the least likely to heal in, and the least likely to thrive by most indisputable metrics. In America, Black women are 3.3 times more likely than whites to die from pregnancy complications. Despite much uncertainty with SARS-COV-2, Black people are 2.4 times more likely than whites to die from COVID-19. Black health workers behold the aftermath of injustices upon Black lives. We lift the pain. We cradle the trauma. We embody their stories. We comfort and prepare them for the battles we know they'll face when they leave the hospital or exam room. They are us. Every day, Black health workers wake up and choose to go into a world where disparities are pervasive and lethal. We stay in that world to re-write the narrative.

In health care, we know history impacts outcomes, and we can't have healthy communities without social Justice. Accepting racism as a public health issue is no longer enough. We must become anti-racist organizations. I'm inspired by how health workers rallied at the height of the pandemic. Health organizations were sharing data, resources, practices, and constantly iterating with a unified commitment to testing, tracing, and treating. Imagine a world where we harnessed that resilience then channeled it towards eliminating disparities. We'd prioritize and invest in equity the same way we do quality and safety. Our impact could shape generations and drive legislation to end the death-by-racism pandemic. We did it for smoking. Why not this?

As we mourn George, Breonna, Ahmaud, and many others, I hope we remain committed to call out and counter inequities and injustices when this stops trending. I hope leaders walk the talk and assess whether their teams reflect their clients. I hope America finally understands why Colin Kaepernick took a knee. On June 2, 2020, at San Francisco General Hospital, hundreds of us gathered in vigil by taking a knee in memory of murdered black men and women. Since then, I've seen images of thousands of healthcare workers do the same across America. I believe the healthcare industry can and should lead by example. We have much to do and a long way to go. All lives can't matter until Black Lives Matter.

Tosan O. Boyo, MPH, FACHE, is the Chief Operating Officer at Zuckerberg San Francisco General Hospital and the Deputy Commander of the San Francisco COVID-19 Operations Center.

A CASE FOR EXPANSIVE INCLUSIVENESS

By Priscilla Knolle, MD

Since the late eighteenth century, when revitalized energy in the church and the gold rush led to Western expansion and evangelism, the West has created a unique norm of inclusion of diversity with Mormon, Hispanic, and Native American cultural influence and pluralism brought via the port cities by Chinese, Japanese, and Jewish immigrants in the 1800s.[1] Living in the West's open culture and pioneering spirit, I felt challenged to discover the depths and richness of diversity as perceived by a global audience.

Diversity is defined as the intercultural realities of the worlds around us, a phrase introduced by leadership and intercultural studies scholar Dr. Douglas McConnell to describe the lived reality of a group of people, which to the individual is the convergence of all aspects of life creating a "way of inhabiting a world."[2] This parallels the idea of worldview, where a group acts in accordance with a common set of beliefs, values, and feelings, which alongside dimensions of time, place, and relationships constitute a "world" where a society or community is formed.[2] In what manner does understanding diverse thoughts or worlds help us, and why is this important in healthcare?

To understand the presuppositions, values, and emotions that we carry within us while being unaware of implicit attitudes and social norms, I sent the same painting to several friends, family, and colleagues with the ask to share with me their spontaneous feelings and thoughts. The feedback offered a wide and rich landscape of what this lived reality was for each person. The diverse group transected multiple generations, ethnicities (Asian, European, Latin American, African American), geographical locations (US, India, France), religious beliefs, and gender.

Themes of resilience, strength, connections, fun, longevity, and difficulties emerged from these reflections.

A Gen X Asian immigrant to the United States saw the Golden Gate as a symbol of the "golden opportunity" and the "golden dream" of coming to America. She felt that the bridge marked the beginning of new life, while also highlighting the enormity of possibilities.

An interracial millennial who worked in the US Senate was impressed with how the bridge represents both the past and the future and offers a balance of nature and city.

Several participants across generations remembered summer getaways, ice creams, and walking the bridge.

An American-born Asian sophomore in college felt that the bridge connected different ideas and people. The bridge was also brightly colored in contrast to its surroundings, and the student concluded that differences were necessary and essential for the proper functioning of a group. The sailboats and ships were complications and represented difficulties in connecting everything through a bridge, such as prejudices, discrimination, and bias.

An occupational health nursing director saw strength and a gentle flow in the clouds and the skies, ensuring God's presence and conveying trust.

"This painting is deeply personal," said a Baby Boomer engineer who shared insight on how the painting captured the rough northern coast and the cold wet winds. Nonetheless, the bridge stood tall, reflecting her family, which had weathered through tough times and was always there for each other, just as the "Golden Gate Bridge is always there."

"Traveling through the area for my 50th birthday in 1987," said 83-year-old homemaker and Southerner, "I thought about my span of life, and just as the bridge lives on, it has been true of my own life span now."

A Millennial journalist from India saw in the painting a new land "with its own struggles and challenges, yet a land of new possibilities, new resolutions, new beginnings, new stories, and providence." He felt that the Great earthquake of 1906 enhanced this perspective of resilience and courage.

The Plein Air painter of the painting, a German immigrant and my mother-in-law, relayed that painting the bridge was a difficult endeavor, and one could never fully capture its fullness in a painting: the clouds move in and out, the fog can just roll in, and the view is ever changing. However, the overall sentiment conveyed was that of "I am not giving up."

A 90-year-old former public health nurse recalled a sense of restlessness and said that when she looked up at the bridge tower, she felt the struggle of the clouds and the burden of the troubled skies. "I want to move on," she said.

An educator and sociologist reflected on how small and minuscule she was compared to the grandeur of the vastness before her: "I am lost and might as well be just a floating feather in this contrast." Additional insights centered on how the bridge connected but did not demand that you cross it – "It is your choice to do so."

A California college-junior did not overthink this. "The picture reminds me that it is summer and time to enjoy the beach," he said.

A Gen X health leadership coach who often traveled back home to San Francisco noted: "The city is a melting pot of people and cultures. The diversity breathes vitality into us and connection with what is bigger."

A family who moved to California from the South a generation ago found in this painting strength and beauty.

"It can be really warm or become really cold," said an oil industry Alaskan operations leader.

For some, the bridge was a "hometown" symbol, a place where they came with cherished visitors over the years.

Spiritually minded responses included reflections on faith, the grandeur of nature, and the comfort in God's constancy amid turbulent waters.

Observation from a college student revealed that there was little land in the painting: "We can see the possibilities as well as the difficulties of what is in front of us, and we can do nothing through inaction or create a way to bring inclusion and connection."

As a first-generation immigrant from India, I see the promise of welcome and freedom set amid the frontier land flourishing with hope and courage. Every time I cross the Golden Gate, my heart rate picks up in wonder and gratitude.

"Diversity is defined as the intercultural realities of the worlds around us..."

These spontaneous reflections highlight places where individuals gather inner motivations, navigate difficulties, and experience joy. The silent generation (birth years 1925-1945) related to the difficulties in life, including oppression, which it stoically overcame while maintaining hope, gratitude, and expectation of positive outcomes. Baby boomers expressed love, personal drive, and gratitude for family. Gen Xers made a variety of comparisons and described a spirit of resilience, freedom to choose, and pioneering. Millennials saw strength, felt freedom and fun, and took comfort in the stability their families provided them. Gen Z participants brought great thoughtfulness to the feedback, with holistic and comprehensive perspectives. First-generation immigrants used words such as "newness" and "vastness." Americans with Asian and Latin American ethnicity identified the painting with new life. Both masculine and feminine descriptions of the bridge – such as strength or beauty – were used to describe their heritage. African Americans called out the natural beauty of the scene while European American saw the constancy and stability of the bridge in their families. Connection is a theme that was named by various generations and transcended race and geography. Both Gen X and Gen Z participants spoke about the ability and choice to connect, in the context of a harsh and limitless landscape. Contrasts of the bridge with the landscape were observed by several people and cut across generations, ethnicity, and industry.

Just as the bridge represents courageous innovation and open-mindedness to connecting people and lands, the underbelly of the rough waves introduces a troubling past of Spanish colonization, Japanese internment camps, the Chinese Exclusion Act of 1882, and the 1848 Mexican-American War. These reflections highlight that unless there is a perception of safety and trust to traverse these pasts and undercurrents of divisiveness, people may experience limited participation and expression in their communities.

Diversity and inclusion must come together to ensure diverse communities have representation in

governance and policymaking. Without equitable representation in governmental, non-profit, and private organizations, diverse communities will fail to flourish, thereby forcing subcultures to remain marginalized. This becomes more apparent in healthcare, which has a social obligation to the sick and vulnerable. Different generations bring unique hopes and expectations to their healthcare interactions, which are made meaningful through authentic connections and inclusiveness.

Despite caring for a community as diverse as the respondents in this survey, healthcare leadership can appear very homogenous. We see limited diversity in healthcare leadership. According to the AHA Institute for Diversity and Health Equity's 2015 study, while minorities make up 32% of patients, they hold only 11% of executive leadership positions at hospitals, down from 12% in 2013.[3] Women account for an average of 16% of the members of executive teams in the United States.[4] Diverse workforces and leadership in healthcare contribute to enhanced communication, health care access, patient satisfaction, reductions in health disparities, improved problem-solving, and innovation.[5] These strengths are reflected in just culture, patient safety, and healthcare quality. Organizations that commit themselves to diverse leadership are more successful; they are 35% more likely to have financial returns above their national industry medians.[4] It behooves us in healthcare leadership to create pathways and programs such as mentoring and internships, succession planning, recruitment strategies, and leadership development. Additionally, diversity and inclusion as core values exemplify a belief system in the organizations enabling a workplace that welcomes everyone. Leaders must also provide patient care that is tailored to a variety of contexts and lived experience. Healthcare leaders must advocate and enable the right representation of the community in their decision-making. We must also lead with an ethos of light, example, and trust in the spirit of collaboration to a greater good and purpose.

If a painting can evoke feelings of both possibility and connection, imagine what we can achieve by boldly confronting sickness, burnout, depression, and loneliness. Promise-keeping builds trust in the community, which holds its own vision and aspirations. Trust-building is a continual process of giving and receiving, of serving, of expressing gratitude in being served, of giving up our comfort for someone else's comfort, of truth-telling, and of keeping the promise of reliability, availability, inclusion, and friendship. This journey of inclusiveness and connectedness requires us to be present through awareness and knowledge, listen deeply, and express empathy. Our Declaration of Independence urges all of us to honor our freedom from oppression when it states, "...all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." Inclusiveness in healthcare leadership is vital to our collective success and advances the work started with the birth of our nation.

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2. Douglas McConnell. Cultural Insights for Christian Leaders: New Directions for Organizations Serving God's Mission. Mission in Global Community. Grand Rapids: Baker Academic, 2018, page 115,116.

3. Shelby Livingston. "Fostering diversity for the next generation of healthcare leaders," Modern Healthcare, 1996-2020. Crain Communications, Inc, October 13, 2018.

4. Vivian Hunt, Dennis Layton, and Sara Prince, "Why Diversity Matters," 1996-2020 McKinsey & Company, January 1, 2015.

5. Crystal Loucel. "In Health Care, Diversity Matters," 2020 The Regents of the University of California, September 2012.

Priscilla Knolle, MD, CPHQ, CHDA, CCS

A strategic and compassionate physician executive and positive change catalyst who influences organizational and people transformation, Priscilla is committed to organizational health and our human journey toward stability and sustainability. Equipped with 15+ years of progressive leadership experience, she has consistently defined strategy, established governance, and executed programs that benefit the institution, care providers and patients with top-tier healthcare organizations, including 3M Healthcare, Daughters of Charity Health System, and Stanford Hospital & Clinics. Through this service, she envisions an environment of trust, safety, and excellence in healthcare delivery settings.

She spends her spare time in book clubs, singing soprano in choirs, and traveling. Active in community outreach, she sponsors education/medical care for children in Africa, and advocates for both at-risk and the flourishing of women and children. Priscilla currently serves on the CAHL Mentoring and Clinical Leadership Committees.

MENTOR PROGRAM SPOTLIGHT

DEBORAH MUNHOZ
Mentor Chair, a Subcommittee of the Career Development and Transition Committee

About the Mentor:
Deborah began working with David Bettencourt to assume leadership of the Mentor Subcommittee in January of 2020. David had developed the Mentor program to include both formal and informal mentor options. The formal Mentor program matches mentors and mentees to work together through a three-month program. CAHL members can alternatively request a mentor for a short duration to prepare for an interview or other career decisions.

Deborah previously served as the Director of Diversity and Inclusion for the Central Texas Chapter of ACHE.

Describe the nominee's recent outstanding accomplishments and how they've positively impacted our chapter
Deborah served as a mentor for the Winter 2020 Mentor Program. Concurrently, she enrolled volunteers for the Mentor Subcommittee. The Subcommittee is committed to expanding the program and initiated a survey to get feedback and recommendations from mentors and mentees.

Deborah and the Subcommittee are collaborating with other CAHL committees to improve communication and access to the program and are making plans for the CAHL Congress in August 2020.

Comments from the Mentor:
Over the past 12 years I have been an ACHE member in three states. I am delighted with how committed CAHL is supporting the membership and honored to be a part of that effort. As a volunteer with ACHE, I have developed many long-term relationships with healthcare leaders that I now consider friends as well as colleagues.

Volunteering with ACHE is important to my career as a healthcare leadership development coach. I make connections and gain perspective that makes a difference to my clients and their organizations nationally.

Why do you continue to volunteer with CAHL?
Both mentors and mentees benefit from their involvement in the Mentor program. Mentees acquire new skills, perspective, and broaden their networks. Mentors, many of whom are past mentees, are eager to support the development of other leaders. Mentors routinely report that they learn and grow from their experience as a mentor. CAHL has demonstrated commitment to developing healthcare leaders and to diversity and inclusion. As a professional leadership coach, I am committed to helping women move up in healthcare leadership. My volunteer service with CAHL supports that mission.

Why did you choose a career in healthcare administration?
Prior to launching my coaching career, I was co-owner of a successful start-up home infusion pharmacy and healthcare company. I learned first-hand the importance of effective leadership to quality patient outcomes. Helping leaders reach their potential is my way of having a positive impact in the world.

A motto or quote that influences your leadership style?
My personal leadership brand: I want to be known for bringing forth inspiration, synergy and resilience so that everyone is reaching their highest potential.

For more information on how a CAHL member apply to become either a mentee or a mentor, go to https://ache-cahl.org/california-association-of-healthcare-leaders-cahl-career-coaches-and-mentors

VOLUNTEER SPOTLIGHT

About the Volunteer:
- Shalisha Maddela, MPH, CPH
- Senior Consultant, UCSF Benioff Children's Hospital, Oakland, CA
- Shalisha started volunteering with CAHL a year ago and is a volunteer for the Communications Committee, Diversity & Inclusion Committee, and CAHL Congress Planning Committee.

Describe the nominee's commitment to volunteerism with CAHL/ACHE:
Shalisha joined our Communications Committee near the end of last year and has been doing a phenomenal job at handling our social media campaigns and requests. She is pro-active in creating helpful and eye-catching info-graphics that she posts to our social media outlets. She is very responsive and always goes above and beyond! We are very fortunate to have her!

Describe the nominee's recent outstanding accomplishments and how they've positively impacted our chapter:
Shalisha is very responsive and accountable in helping meet the chapter's social media needs. Especially as we tackle our first CAHL CON, she is lending a hand with some of those needs. She always produces excellent, stunning, and eye-catching work that delivers important professional development content and engages our members.

Comments from the Volunteer:
Several of my mentors and colleagues have been fellows of ACHE/CAHL and have been critical influences in my professional and personal development. Special thanks to Tosan Boyo, Jesse Tamplen, and Baljeet Sangha, who encouraged me to get involved in CAHL and were pivotal during my transition from early career to mid-careerist. Each has taken the time to provide invaluable advice, growth opportunities, and have role-modeled operational excellence.

CAHL has allowed me to connect with like-minded professionals who are passionate about catalyzing positive change in the healthcare industry. I've been fortunate to have been a part of three committees this year: Diversity & Inclusion, Communication, and the CAHL Congress planning committee, as well as leading our social media management.

Why do you continue to volunteer with CAHL?
I have made many connections with incredible people, and I want to obtain my FACHE eventually. Having a community of supportive individuals encourages me to push towards my personal and professional goals.

Why did you choose a career in healthcare administration?
Many members of my family are in healthcare, including my mother, who is a nurse. I chose healthcare administration because I wanted to make a positive impact on healthcare and serve my community. I got my master's in public health because I am passionate about reducing healthcare disparities and promoting social justice. My years in the performance improvement and hospital operations world has allowed me to utilize my skillset to advance these values.

Provide a motto or quote that influences your leadership style
"Fail early, fail fast, fail often." I consider myself a healthpreneur and a changemaker.

Creating sustainable change starts with taking the first step and then quickly building on what you learned from that step. Before you know it, you've not only fixed the problem but created habits that become the culture.

VOLUNTEER SPOTLIGHT

About the Volunteer:
- Michael Angelillo, CPA, MHA
- Internal Audit Project Manager (Consultant Lead), Blue Shield of California
- Audit Committee and Finance Committee
- Michael has been volunteering with CAHL for nearly 2 years and has recently taken on the role of Audit Committee Chair.

Describe the nominee's commitment to volunteerism with CAHL/ACHE:
Michael began volunteering for the Audit committee 2 years ago, and this year took on the role of Audit Committee Chair and as a member of the Finance Committee. Michael brings such great experience and expertise to the group and has helped to update CAHL's financial policies and practices over this past year to better align with accounting standards. Additionally, Michael volunteered to help CAHL with our 2020 Innovation Grant submission. We truly appreciate the work he put into performing the financial audit this year and his willingness to step up and volunteer for tasks and projects.

Describe the nominee's recent outstanding accomplishments and how they have positively impacted our chapter:
Michael just completed the financial audit for CAHL and offered several suggestions for updating our financial policies. He also helped with our 2020 grant proposal.

Comments from the Volunteer:
Volunteering with CAHL has been an enrichment to my professional and personal life. I get to use my skills in finance/accounting to help the chapter stay solvent and in line with bylaws. I also get to brainstorm and participate in strategy sessions with the board to help the chapter operate more smoothly. Lastly, I like being part of a group that is full of leaders in healthcare that also pursued higher education in the field.

Why do you continue to volunteer with CAHL?
To maintain the connections I have made. I also plan to become a fellow one day and want to be involved with the organization throughout my journey.

Why did you choose a career in healthcare administration?
To be honest, it kind of chose me. I started working in public accounting and there was a need for healthcare auditors, so I jumped in. Once I was in, I realized the opportunities were endless as the healthcare field is always evolving. I eventually decided to go for an MHA and look for leadership positions in finance/accounting/analytics/strategy because I wanted to continue to grow and be valuable.

What is a motto or quote that influences your leadership style?
"In chaotic, dynamic, and rapidly changing environments, leaders at all levels must be empowered to make decisions. Decentralized Command is a key component to victory." - Jocko Willink.

Jocko is a navy seal who wrote probably one of the best books on leadership, *Extreme Ownership*, using his military experience as an example. One of his core tenets is creating an environment where your team members are empowered to make decisions and mistakes and then learn from those mistakes rather than punish them. I think if this type of leadership and environment for improvement can be created in the most chaotic and stressful environment that humans have, war, then we can implement it with great success in the office.

PREPARING FOR THE INTERVIEW

By Robyn Hodge, MBA

Congratulations! You've applied to your dream job (or maybe just any job in the interim, while you pursue your dream job longer term), and you've been invited in for an interview. Or maybe, given the current climate, you've been called for a Zoom interview. The nerves begin to set in. What if they ask tough questions? What if I can't think of a good example at the time? Take a deep breath and relax. You've been invited for an interview because the hiring panel has noticed something in your experience that intrigues them. This is the perfect opportunity for you to confirm this is a job you want and a team you can support.

PREPARE

And I mean prepare. Whether you are launching a full-blown job search or are applying to one specific role that you recently noticed, reviewing your resume should be your first step. When doing so, creating a bullet point list of various examples from each of your roles can be helpful in recalling all of your relevant experience and skills. Briefly jot down these examples using the STAR technique: What was the Situation, the Task you were trying to achieve, what Action did you take, and what was the Result. To help you, think of the following:

- A time when you had to work with a difficult stakeholder.
- You made a mistake at work (hint: they are looking for a truthful and genuine response).
- You led or implemented a change to a process, program or policy.
- You had responsibility overseeing a team, program or operation.
- You had to give negative feedback to a direct report or colleague.

This is a great habit to get into before any formal interview. If you want to be thoroughly prepared, keep a document that you can add to on an ongoing basis whether you are gainfully employed and not job searching, or in an active job search phase. This will provide you with examples when they are fresh in your mind that you may otherwise forget.

Preparing by reviewing your experience and having examples handy will be very helpful as you deploy the next tip.

KNOW THE COMPANY

In this day in age, it is imperative to understand the organization that you've applied to and are being considered for. Nothing shows enthusiasm quite like a candidate who has done their research and knows the company's mission, what their facilities are like, and some of the challenges they may be facing. Most information can be found online on a company's website. If you've had a pre-screening phone interview with a Recruiter or a panel member, try to find out information about the department you'll be leading, and identify some of their challenges. Tie the information you learn about the company to your personal values, your experience, or your area of passion. There is nothing quite like a candidate who shows a genuine interest to engage a leader.

There are platforms that provide an inside look at the company you are considering. GlassDoor is a confidential source where employees can review the salaries, culture and leadership. While it may not be 100% accurate, it will give you good insight into the organization you consider joining.

Asking questions during the interview or any prescreening process is another way to show your interest in the company. At the end of nearly every interview, you will be asked if you have any questions for the interviewers. Always ask at least one or two questions. Even if you feel you don't have any remaining questions, asking will reiterate your interest. Here are some sample questions for panel members:

- What do you like about working here?
- What are some challenges you see needing to be addressed immediately?
- What is the culture like on this team?

USE EXAMPLES

Far too often, candidates will respond to interview questions with generic answers, such as "That always happens. When it does, I always do x, y, z.". Many interviewers will accept this type of response and move on however this type of response is not beneficial for you, the candidate, or the hiring panel. For any level of position, it is ideal to provide a detailed example as opposed to a blanket response like the one above. Be brief but specific and think back to the STAR technique – what was the situation, what was your role in it, what did you do and what was the outcome. By preparing ahead of time as described above, you will be prepared with fully thought out examples to situations that come up.

- Here's a little secret. Not all interviewers are skilled at interviewing. Some interviewers won't ask you follow up questions to your responses; the answer you give is what they will write, and then they'll move on. When encountering an interview panel like this, it's even more important for you to be prepared to share specific examples. Since they may not be asking you for specific examples or following up for more detail through their questions, you need to provide them that information up front. On the flip side, truly skilled interviewers will ask lots of follow up questions – they may even interject while you're responding to ask questions about a specific example. It becomes a dialogue, which is an extremely valuable tool in an interview, and will be much more fruitful for you as the candidate.

REMOTE INTERVIEWS

Given our current climate, video interviews are becoming increasingly common. These interviews are challenging for candidates and interview panels alike. Not only can it be technically challenging for some, it can be impersonal and difficult to get a sense of facilities and team dynamics by video. It is a valuable tool that requires just a few considerations. In addition to the tips above, be sure to:

- Set your video camera at eye-level. Prop your laptop or camera up high enough so you are looking straight ahead and not facing down.
- Choose your background wisely. Choose a clean and plain background for your call – a bare wall or home office type of set up is recommended. Many platforms now have the option to select a background should you not have an ideal space for the interview.
- Plan ahead to prevent distractions. Try to keep any pets out of view, cell phones should be turned off, family is aware so as not to interrupt.
- Do a test run with a family member or colleague. Work out any technical difficulties or lighting issues ahead of time.

YOU'VE GOT THIS!

Interviews are incredibly intimidating, even for some seasoned executives. Think of any nervousness you have as excitement about the opportunity you are considering. And remember, sometimes panel members are nervous too! It is a unique opportunity for you to select your next role and learn about another team or organization. Prepare ahead of time by reviewing your experience and come up with examples you can share. Understand the company you're considering joining. Share your examples using the STAR technique, and be prepared for any electronic interviews. Interviewing is a nuanced skill for both candidates and interviewers that can be developed at any time, and is improved with planning and practice. Be confident and be prepared. You've got this!

VISIT US ONLINE

NATIONAL NEWS | Q2

COVID-19 RESOURCES

Thank you for the work you are doing in your healthcare organizations and communities to manage the impact of COVID-19 and take care of patients. We are well-aware these are extraordinary times for you as leaders.

Now more than ever, it is important to remain connected to your professional society and fellow healthcare leaders. Our COVID-19 Resource Center is updated regularly with perspectives from front-line leaders, documents, and downloadable webinars and podcasts. We are here to support you.

ACHE JOB CENTER

Recognizing that employment and hiring needs continue to evolve amidst the landscape of COVID-19, we encourage all ACHE members, associates, registered employers, and recruiters to leverage the ACHE Job Center in support of recruitment efforts and job search needs during these unprecedented and uncertain times.

COMING SOON: NEW AND IMPROVED ACHE LEADERSHIP MENTORING NETWORK

Mentoring is one of ACHE's highest priorities. We believe no matter where you are in your career, mentoring is an integral part of professional growth and leadership development. We are currently working on launching a new digital mentoring platform designed to enhance the mentoring experience and broaden the reach for mentoring experiences and support. Watch for more information coming later this summer.

RUN FOR ACHE REGENT

The Council of Regents is the legislative body representing ACHE's more than 48,000 members. Serving as an elected official is a unique opportunity that allows you to exercise your leadership ability, share innovative ideas and act on behalf of ACHE members.

Any Fellow who wishes to run for election to serve on the Council of Regents must submit a letter of intent to elections@ache.org by Aug. 21.

The Council of Regents elections will be held in the following jurisdictions:
Alabama
Alaska
Colorado
Delaware
Hawaii/Pacific
Idaho
Kansas
Louisiana
Maine
Massachusetts
Mississippi
New Hampshire
Oklahoma
Oregon
Rhode Island
Texas—Northern
Utah
Wisconsin

Visit the Official Notice for the 2020–2021 Council of Regents Elections for more information, or contact Caitlin E. Stine, content marketing specialist, Department of Marketing, at cstine@ache.org.

ARTICLES OF INTEREST | Q2

HOW TO USE VIRTUAL VISITS TO CONNECT CORONAVIRUS PATIENTS WITH LOVED ONES

AdventHealth is connecting hospitalized patients and families with virtual visits, including coronavirus patients.

To curb the spread of COVID-19, hospitals across the country have placed strict limits on visits to hospitalized patients. Visitation restrictions have been troublesome for COVID-19 patients, with families unable to see their loved ones for many days or weeks, and seriously ill patients dying without contact with their families.

For COVID-19 patients, virtual visits at AdventHealth have generated significant benefits, says Pam Guler, MHA, vice president and chief experience officer at the Altamonte Springs, Florida-based health system. "This has been meaningful for our patients, their families, and our caregivers. Many caregivers have told stories of creating a moment that has deep meaning not only for families and patients but also has touched their hearts".

AdventHealth features nearly 50 hospitals in nine states. During the COVID-19 pandemic, physical visits to hospitalized patients have been limited to a single loved one in the case of an end-of-life situation, childbirth, and a child in the hospital.

VIRTUAL VISIT BASICS

AdventHealth recently launched virtual visits for hospitalized patients with the distribution of 1,000 Chromebooks and some iPads throughout the health system's hospital campuses, Guler says. The cost of the initiative was minimal because the Chromebooks were already in hand for another project, which has been delayed, she says. "The investment has been more about helping our team members to understand what they need to do".

With help from the health system's information technology staff, Guler has a team of 65 experienced leaders who facilitate virtual visits. In one recent week, the health system conducted 1,350 virtual visits. "Our information technology staff loaded the Chromebooks in a way to make it as easy as possible to use Google Hangouts, Facebook Messenger, and Facetime. We are using Google Hangouts quite a bit for video chats".

CORONAVIRUS PATIENT VIRTUAL VISITS

AdventHealth has put protocols in place for hospitalized COVID-19 patients to have virtual visits with loved ones, including for end-of-life situations, Guler says.

There are three primary considerations for virtual visits with all COVID-19 patients:

- To limit the number of people in a patient's room for infection control, a bedside caregiver in full personal protective equipment brings a Chromebook or other device into the room.

- The device can be held by the bedside caregiver or placed on a bedside table if the family requests privacy for the virtual visit.

- After the virtual visit, a disinfectant is used to sterilize the Chromebook or other devices.

The protocols for end-of-life situations are more involved, she says. "We have to facilitate calls more when there is an end-of-life scenario and the patient is not able to be an active participant".

The first step is for an experienced leader to contact the family and to see whether they want to have a virtual visit. Then the family is asked whether they want to have a hospital chaplain included in the virtual visit.

Once a virtual visit has been arranged, an experienced leader initiates the call to the family and hands off the device to a bedside caregiver outside the patient's room. In most cases, the bedside caregiver holds the device, so the family gets a full view of the patient.

Although ICU bedside caregivers are experienced in working with the families of dying patients, they have received training to help them facilitate virtual visits, Guler says.

"This is a very deep and meaningful situation and interaction, and we have shared some words the caregivers might say. They may ask the family whether there is anything they can do to be the family's hands as the family is talking with their loved one, such as, 'Can I touch your loved one's hand?' They have protective equipment on, but they can be the hands of the family. The caregivers try to do anything they can to bring a human touch to this virtual experience".

Many family members can participate in an end-of-life virtual visit, she says.

"In one end-of-life situation, we had 15 family members on the virtual chat, along with their family pastor. The patient could not respond, but the family was able to say some last words. They said how much they loved the patient. Their pastor prayed with them. It was deeply meaningful and facilitated by a caregiver who held the device. In that situation, the caregiver did not need to say anything".

THE NEW NORMAL

AdventHealth plans to continue providing virtual visits for hospitalized patients after the COVID-19 crisis is over, Guler says.

"We want to continue virtual visits in the future. Even in a non-COVID-19 scenario, we often have patients who have family across the country. With this platform now in place, contact does not just

have to be through the telephone. We are already exploring ways that we can have virtual visits in the future in a non-COVID-19 world".
—Adapted from, "How to Use Virtual Visits to Connect Coronavirus Patients With Loved Ones", HealthLeaders, by Christopher Cheney, May 1, 2020.

WE MUST STAY INFORMED

We have long known that when it comes to health outcomes in America, inequalities have persisted along racial lines. The recent coronavirus pandemic has shined an ugly light on these disparities as severe cases of COVID 19, the illness caused by the virus, are disproportionately affecting African American and Hispanic/Latino communities at a higher rate. While much is still unknown about the virus, it has become increasingly clear that it is impacting many vulnerable segments of our society. However, in America, that vulnerability is highly intersected with race and poverty.
What steps should we take to stay safe and avoid further spread of the virus? The Centers for Disease Control and Prevention recommends the following steps:

KNOW HOW IT SPREADS

The best way to prevent illness is to avoid being exposed to this virus. The virus is thought to spread mainly from person-to-person between people who are in close contact with one another (within six feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks.

Clean Your Hands Often
Wash often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid Close Contact
Avoid close contact with people who are sick, stay home as much as possible and avoid large groups, and put distance between yourself and other people.

Cover Your Mouth and Nose
Cover your mouth and nose with a cloth face cover when around others. Everyone should wear a face cover when they have to go out in public, such as to the grocery store or to pick up other necessities. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Continue to keep about six feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover Coughs and Sneezes
Always cover your mouth and nose with a tissue when you cough or sneeze; or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

—Adapted from, "We Must Stay Informed", Black News Portal, by Kenny McMorris, FACHE, CEO, Charles Drew Health Center, Inc., Omaha, Neb. April 2020

WELCOME AND CONGRATULATIONS

New Members

APRIL

Name	City
Sola Adesida	San Francisco
Luis A. Avila, MBA	Modesto
Lorena Cerda	Porterville
George Glover, III	American Canyon
Derek Henss, MS, RN	Walnut Creek
Nenette Hoffman	El Granada
Scott Jaggar, MBA, BSN, RN	Elk Grove
Carla S. Martin, MSN, RN	Sacramento
Lisa Massarweh	Oakland
Winta S. Mogos	Alameda
HM2 Jessica H. Norris	Fairfield
Angelina Olweny, MBA	Citrus Heights
Leanne A. Ramirez	Auburn
Layana Smith	Fairfield
John Westlake	Tulsa
Kyle A. Wolff	San Francisco

MAY

Name	City
Lorraine Armijos	West Sacramento
Jeanette Black, DNP, MSN, RN	San Ramon
Harmeet S. Deol, PharmD, MBA	Bakersfield
Christopher J. Ewing, PhD	Cameron Park
Erika L. Frye, RN	El Dorado Hills
Jesus Garcia	Campbell
Dariel Gilder	San Francisco
Iesha Hinton	Elk Grove
Nawazish Khan, MD	Eureka
Rebecca Maxwell, LCSW	Greenbrae
Michael McMahon	Mammoth Lakes
Daniel Modlin	Tiburon
Luke D. Peterson	Orangevale
Tamara F. Powers	Davis
MAJ Ryan A. Schiel, MHA	Chico
Angela Stephenson, RN	Red Bluff
Kristal Thompson, MSN, RN, NE-BC	San Carlos
James Traynor	Novato
Toby V. Underwood, DM	Mare Island

JUNE

Name	City
Marina V. Bowlin	San Andreas
Nicholas A. Chmielewski, DNP, RN	Emeryville
Eduardo Delgadillo Alfaro, MPH	Sacramento
Tabitha L. Foraker	Oakland
Garrett T. Grayson	Lodi
Chauncey Jackson	Alameda
Todd Newsham, MS	San Francisco
Nicholas A. Orosco	Benicia
Charles Pamatmat	Hayward
Ranjeet Rajan	Oakland

Recertified Fellows

MAY

Name	City
Philip Chuang, PhD, FACHE	Oakland
Richard M. Hill, FACHE	San Luis Obispo

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