



Part III



Update Your Login Information

To help better serve our members, ACHE is implementing an enhanced system for logging into ache.org. The new process will require you to change your user name to a valid email address and to select a unique password. All ACHE members must update their login information by Nov. 2. We encourage you to **update your record now and select your password.**

As a reminder, one of the best ways to protect your privacy and security online is to craft a strong password, change it frequently (at least once per quarter) and not use the same password on multiple sites. (A strong password should: contain at least eight characters in length; contain both upper and lowercase alphabetic characters; contain at least one numerical character; contain at least one special character, e.g., @, #, \$, etc.).

Update your user name and password [here](#).



Update Your ACHE Member Profile

Have you changed jobs recently? Been promoted? Moved?

In order for us to best serve your needs, please take a moment to log in to my.ache.org and make sure we have your most recent information.

Fellow Advancement Webinars

Fellow advancement webinars provide a general overview of the advancement to Fellow process, including the Board of Governors Examination and allow participants to ask questions about the advancement process.

All sessions will be held from 1:00 p.m. — 2:00 p.m. Central Time.

Upcoming Sessions: To register, please click on the link below and login with your ACHE User Name: **You will need computer speakers or headphones to hear the video.**

[Click here to register!](#)

Help Shape ACHE's Policy Statements



Each year, selected ACHE statements are reviewed to ensure their continued relevance to the field. Many of these statements are derived directly from comments you have provided to us. For that reason, we are asking for your input.

Please take a moment to view the following Policy Statements, which are under review this year:

- **Access to Healthcare**
- **Board Certification in Healthcare Management**
- **The Healthcare Executive's Role in Ensuring Quality and Patient Safety**
- **Ethical Issues Related to a Reduction in Force** (Ethical Policy Statement)
- **Ethical Issues Related to Staff Shortages** (Ethical Policy Statement)
- **Health Information Confidentiality** (Ethical Policy Statement)
- **Impaired Healthcare Executives** (Ethical Policy Statement)

Please submit your comments to PolicyReview@ache.org. **The deadline for comments is Sept. 30, 2012.** The Board of Governors will discuss these statements and any recommended revisions at its November meeting. The revised statements will be posted on ache.org by the end of the year.



An Inside Look at the Board of Governors Exam

Passing the Board of Governors (BOG) Examination in Healthcare Management is a mandatory step in becoming board certified in healthcare management as an ACHE Fellow (FACHE)—but it doesn't have to be overwhelming.

ACHE offers the BOG Exam Review Course **October 3–5, 2012, in Scottsdale, Ariz.** This face-to-face learning environment allows you to:

- Experience an in-depth review of the Exam's 10 core knowledge areas
- Gain a better understanding of the Exam's structure
- Review proven test-taking strategies
- Identify areas to focus your additional Exam preparation

Learn more and register today.

Tuition Waiver Assistance Program

ACHE makes a limited number of education tuition waivers available to ACHE Members and Fellows. Tuition waivers are awarded based on financial need. Applications must be submitted at least eight weeks prior to the program date.

For more information on the ACHE Tuition Waiver Assistance Program, visit ache.org/Tuitionwaiver.

Want Job Alerts Delivered Right to Your Inbox?

Exclusively for members, **ACHE Job Alerts** allow you to specify the position title, organization type and region you're looking for in your job search.

You can also indicate the email address and frequency with which you'd like to receive email alerts.

New positions are posted daily. **Sign up** for job alerts today.

Visit ache.org/HAP for more information.

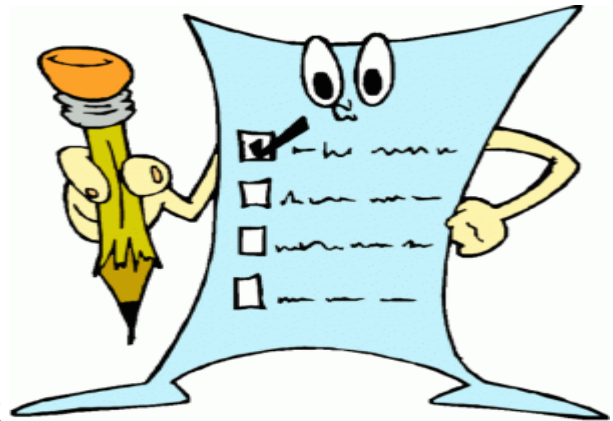


R U --with ache - If yes – Congratulations - IF Not See
Below -

Join ACHE's LinkedIn Group

Join the ACHE Official Group on LinkedIn today to make new business contacts with other ACHE members and enhance your current relationships with a growing online network of leaders in the healthcare field. The ACHE Official Group is *exclusively for ACHE members*.

To join the ACHE Official Group on LinkedIn, you must have a profile. To create a profile, visit LinkedIn.com. Once you have completed your profile, you are ready to join your colleagues around the country. Click [here](#) to learn more about ACHE's social media resources and join today.



It's Not Too Late to Share Your Feedback

There's still time to provide your input on ACHE's strategic plan. ACHE annually examines its strategic plan with a continuing focus on meeting the changing needs of its membership and of the healthcare management field. Each year, proposed plan changes are reviewed and discussed at the June Board of Governors meeting, with final changes presented and approved in November.

If you would like to provide your feedback, please take a moment to review the 2012–2014 **Strategic Plan** and send us your thoughts, comments and ideas for improvement. We value your input.

Direct your email response to: **StrategicPlanFeedback@ache.org**. **The deadline for comments is Sept. 30, 2012.**

Learn the Latest in Correctional Healthcare

Correctional healthcare is evolving rapidly. Plan now to attend the **National Conference on Correctional Health Care**, Oct. 20–24 in Las Vegas, to stay on top of the challenges ahead and discover opportunities for advancing care in your facilities.

The five-day meeting, hosted by the National Commission on Correctional Health Care, will feature more than 100 sessions in the areas of medical care, nursing, cost containment, legal issues, mental healthcare, juvenile services and more.



Interesting Reading

ACHE

Looking for Information about Health Reform?

ACHE has the latest divinations for your perusal.



The **ACHE Healthcare Reform Resources** section on **ache.org** is dedicated to helping you find resources to address reform challenges. Exclusively for ACHE members.

The guide is intended to provide the knowledge and insight necessary to lead your organization through the challenges leaders face today. It is not intended to be all-inclusive, but rather an ever-evolving tool with regularly-updated resources to address your concerns, develop your skills and meet the demands of the changing environment.

To further facilitate browsing, the resources have been organized into 10 topic areas, including delivering accountable care, meeting clinical staffing demands, implementing IT solutions and more.

Access the guide today.

Discover Workforce Strategies in Latest Issue of *Healthcare Executive*

The July/August issue of *Healthcare Executive* features strategies for executives to maximize the performance of their workforce, including:

- Innovative approaches to reshaping clinical roles to improve outcomes and increase productivity and efficiency
- Strategies for recognizing and retaining top-performing workers
- The ethical and business cases for building a diverse workforce that mirrors the community it serves

This issue of the magazine also features ACHE's Ethics Self-Assessment, a helpful tool for self-reflection.

Read the issue now.

Latest Issue of IHF Journal Now Available

The official journal of the International Hospital Federation (IHF), *World Hospitals and Health Services*, Vol. 48, No. 2, is now available on ache.org in the **Ray E. Brown Management Resource Center**. (Login required.)

The new issue features:

- An article on the risks and opportunities of the globalization of healthcare delivery
- An article about the Brazilian experience in modernizing hospitals and the role of private-public partnerships
- An article about quality improvement activity in radiology reading and reporting in a rural hospital in Indonesia

Access the IHF journal here (login required) or **here** (login required—scroll down to the "subscribers can access" link and enter the username: **contact** and the password: **3zIV4Rby**).

Journal Articles

CEO Checklist for High-Value Healthcare

Today's hospital executives must cultivate an environment that supports innovative healthcare delivery, and to this end, the Institute of Medicine has created a CEO Checklist for High-Value Health Care that focuses on proven strategies for improving quality and lowering costs. The checklist is broken down into four categories -- foundational elements, infrastructure fundamentals, care delivery priorities and reliability and feedback. The checklist also encourages executives to demonstrate visible leadership by the board and CEO; commit to ongoing learning; provide automated and reliable information to and from the point of care; and implement effective, efficient and consistent care. Executives also need to leverage all resources; provide the right care in the right setting by the right providers; enable physician-patient collaboration on care

plans; develop tailored community and hospital interventions for resource-intensive patients; provide support and reminders to reduce injury and infection; and share progress in performance, outcomes and cost measures.

From [Innovations in Patient Care Delivery](#)

Hospitals & Health Networks (08/12) Jarousse, Lee Ann

EDs Play Growing Role in Hospital Admissions

Studies indicate that emergency department (ED) visit rates have risen more than 33 percent between 1997 and 2007, as EDs become a safety net for the underserved patients. ED use has contributed to rising healthcare costs, and EDs serve about 25 percent of all acute care outpatient visits in the United States. Using data from the Nationwide Inpatient Sample between 1993 and 2006, researchers tracked 20 clinical conditions for which patients were frequently admitted to the hospital. The number of hospital admissions rose 15 percent between 1993 and 2006 from 34.3 million to 39.5 million, with admissions from the ED rising 50.4 percent from 11.5 million to 17.3 million. The study also indicates that the proportion of all inpatient stays related to admission from the ED rose from 33.5 to 43.8 percent. Researchers conclude that since 1993, EDs have had an increasing influence in admissions for almost all conditions tracked, and additional study must be done to determine the cause. The researchers suggest that changes to healthcare delivery are necessary to ensure greater efficiency in the use of inpatient resources.

From [The Growing Role of Emergency Departments in Hospital Admissions](#)

New England Journal of Medicine (07/11/12) Schuur, Jeremiah D.; Venkatesh, Arjun K.

Hospital Initiative Cuts Readmissions and ED Wait Times

By participating in the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative, nearly 150 hospitals in 16 U.S. communities have experienced fewer readmissions, improved emergency care and better compliance with care standards. Hospitals in the project's Hospital Quality Network convened monthly conference calls to share best practices with one another and learn to implement strategies proven to work in other organizations. Sixty percent of hospitals in the project reduced their 30-day readmission rates for patients with heart failure and prevented nearly 500 readmissions combined, the foundation announced in late July. Meanwhile, nearly 67 percent of the hospitals improved how frequently they provided guideline-based care to patients with heart failure. Additionally, nearly 60 percent of hospitals in the project were able to cut emergency room wait times by an average of 30 minutes.

From [Hospital Initiative Cuts Readmissions and ED Wait Times](#)

American Medical News (08/14/12) O'Reilly, Kevin B.

Hospitals Smooth Out Care Transition

In addition to ensuring appointments with primary care physicians are made prior to discharge and having nurses call patient homes within two days of discharge, hospitals also are creating post-discharge clinics to ensure patients are seen within a week of discharge. Beth Israel Deaconess Medical Center in Boston, is just one location with a post-discharge clinic, which is staffed by four hospitalists, to coordinate post-discharge care for patients. At the post-discharge clinic at the University of California, San Francisco, doctors as part of the urgent care clinic receive up to six referrals per week to fill in gaps when primary care doctors cannot see patients within a week, and the clinic mostly focuses on those with complicated discharge care plans and multiple medications that may need adjustment. Experts agree that hospitals must engage with patients and family about care plans, elevate the participation of caregivers, implement performance measurement, define accountability for the entire care team, build competency into care coordination, explore IT communications and align financial incentives to improve care transitions.

From [The Post-Discharge Dilemma](#)