



# HEALTHCARE EXECUTIVE FORUM, INC. (HEF)

The Western New York Chapter of the American College of Healthcare Executives (ACHE)

## 2020 Q2 NEWSLETTER

### A MESSAGE FROM OUR LEADER



My thoughts are with all of you and your families as we deal with this unprecedented, life changing event. While it is remarkable to see all of our devoted healthcare workers in action, please remember you are all heroes too! The tasks our healthcare executives are able to complete on an hour-by-hour basis allow our front-line workers to treat patients safely and more effectively. Your organizational skill and ability to adapt to an ever-changing situation make you the unsung hero to our heroes. "Hats off" to both our essential front-line workers and their administrators!

#### Meet our New Regent!

Our region's newest regent, Kurt Calman, has now taken office. Kurt is located (locally, yay!) in Rochester, with his current role being the VP of Operations for Rochester Regional Health. Kurt has an extensive IT and leadership background and can be reached at [Kurt.calman@rochesterregional.org](mailto:Kurt.calman@rochesterregional.org)

#### Updates from ACHE

ACHE has extended the deadline to renew memberships to June 1<sup>st</sup>. Financial hardship waivers are available. For more information or to pay your dues, please visit [ache.org/dues](https://www.ache.org/dues). Automatic renewal options are available. ACHE is providing members with a COVID-19 Resource Center that includes podcasts, webinars, and articles related to navigating these harsh times. Tools and resources can be found on the ACHE website; <https://www.ache.org/about-ache/resources-and-links/covid-19-resource-center>

#### Upcoming Events

Our previously scheduled Diversity & Inclusion event for June will be postponed until September 2020. The HEF Board will be closely monitoring the COVID-19 situation and will make program changes as necessary. The HEF Summer Networking Event details will be finalized late summer, as we will be looking to our government leaders for guidance on safe social-interaction practices.

HEF's objective is to always ensure that critical and up-to-date information is being made available to our members. While we may not be holding physical events in the near future, we are working on the possibility of holding virtual educational and networking events. ACHE is still monitoring and evaluating the effects we are experiencing today to provide members with a longer-term solution. More communication and details to follow!

#### Want to get involved?

Come Join! The HEF board is always looking for board volunteers to assist with the planning and execution of chapter events. For more information, contact Brittney Carothers at [bcarothers@chsbuffalo.org](mailto:bcarothers@chsbuffalo.org)

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### Chapter Officers

#### President:

Brittney Carothers, MHA

#### Immediate Past President:

Momba Chia, MHA

#### Treasurer:

Rachael Nees, MBA, FACHE

#### Secretary:

Kathleen Curtin

#### Regent:

Kurt Calman, VP of Operations Rochester Regional Health

#### Healthcare Executive Forum, Inc. (HEF)

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## The HEF Blog

# Not 'Where Does Healthcare Go From Here', But rather 'Where does Healthcare Want to Be?'

Alan Kahn

Western New York, we are making it through! Only those of us that live here know just how special our good neighbors really are. Now we know even better. Only those of us in healthcare know what it means to wake up each morning and say, 'this is why I made the choice to go into healthcare—to care for others no matter what.' Now we comprehend our purpose down to our core. Only those leading at the front, or from above, can really understand the non-Hollywood version of the constant fear we face every day. Now we recognize all the small things involved in what it really takes to be a hero. Now everything has become so much clearer. To boil it down, it is all about bravery and gratitude. We have all been through a psychological tsunami that is rarely experienced in a given lifetime.

Just as we were getting comfortable thinking we could hold steadfast to our daily norms as everything professionally and personally is thrown at us by a higher power, each of us on the planet has been facing the mother of all torrential challenges. Make no mistake, we are still in an ongoing fight with an invisible force that uniquely put the world's focus on the words 'health, care, and community.' This demon, or some version of it, which may never really go away in our lifetimes, challenges the very essence of what it means to be human...families, closeness, expressing, connecting, and a yearning to do everything we can to repair the world by helping those around us. Yet, isn't that challenge why we as healthcare leaders get up in the morning?



Alan Kahn is a member of our HEF Board of Directors with over 25 years of marketing, communications, and training experience.

So where do we go from here? What's the new normal? These are the questions passing from the lips, through the facemasks, of just about everyone left with a job in Western New York. CEOs and hospital presidents seem to be repeating the same sorts of mantras. "Our hospitals will be changed forever...we can work remotely in ways we never thought about before, even in emergency rooms...the whole nature of care is changing...we can't and won't go back to the way it was before."

## The HEF Blog

If you are like me, in the past week you have received dozens of ‘Zoominar’ talks with industry leaders and academic luminaries espousing their thoughts on topics like: “Navigating the complexity of decision making in the current healthcare environment; Working with a distressed patient population; Leading your healthcare organization with significant financial impact.” The experienced know that real opportunity is born of crisis, but are choosing to seize hard and fast rewards based on the fear of the here and now. If the real goldmine of care lies in the future, how do we best carpé that diem and propel ourselves and our companies to the calmer forefront while others are just hanging on in the muddy backwash?

What is becoming clear is that healthcare leaders seem to be facing a reality they knew was coming all along, but maybe just didn’t think it would be coming so soon. Bricks and mortar are no longer so important! The doctor/patient connection is still important, but it is morphing into something that doesn’t necessarily need to take place in person any longer. Everything before and after that encounter needs to surpass the user experience felt on Uber, Amazon, and other fully digitized AI-infused platforms...and needs to be in place yesterday. In areas like South Korea and China today, the whole patient experience—from initial contact to testing to diagnosis to doctor communication to pharmaceutical delivery to payment—takes place in the palm of a hand with just a few thumb movements. In many cases, maybe only one person even comes closer than 6 feet to the patient through the whole cycle.

The answer to where we are going is becoming abundantly clear. We are heading, on the wings of technology, to whatever new heights we dare to reach if we are crafty enough to harness that power, brave enough to dream big about what healthcare could really look like in just a couple years, and sober enough to focus on our patients by realizing that every single human on the planet now has a profound appreciation for just how fleeting good health and life can be. We all likely know someone that is suffering. The whole planet does.

Western New York is suffering the 3rd worst job loss in the US, and arguably will ultimately be one of the economically hardest hit metropolitan areas in the world for some time, apart from a few cities in Brazil or Italy. We must not only be there to merely support our community, but it is time we bravely take the lead. Whomever can ask the right questions, come up with the best dreams, have deep gratitude for those that make dreams come true, and bring the future closer faster, will lead us all in Western New York healthcare. That leadership is needed now more than ever.

## Upcoming Events



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## SAVE THE DATE!

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### **HealthCare Executive Forum (HEF) Fall 2020 Symposium: Equity, Diversity, and Inclusion: Linking Quality and Social Justice**

**Date:** Wednesday September 16th, 12:30PM-5:00PM

**Location:** Zebro Conference Room at Roswell Park Cancer Institute.

**ACHE Face to Face Credits:** TBD

Panel discussions to include:

- Exploring practical methods to increase equity in access to health care for those experiencing disadvantages based on racial, ethnicity, and other socio-economic disparities.
- How we can develop culturally sensitive approaches to engage populations who perceive themselves as disenfranchised
- Discuss ways health care professional schools strive to be more effective in attracting minority students
- Examine the intrinsic institutional factors that sustain disadvantage, and explore current efforts to deconstruct existing social barriers to ultimately eliminate these disparities

## Articles of Interest

*Articles about leadership/management from ACHÉ.*

### Four Safety Trends for 2020

Patient safety has been a pressing issue in healthcare, spurred by the publication of the landmark [report](#) *To Err Is Human: Building a Safer Health System* in 1999. Anne Marie Benedicto, a vice president at healthcare accreditor [The Joint Commission](#), recently shared her thoughts regarding the patient safety outlook for this year. She detailed four ongoing trends she feels will dominate the safety landscape in 2020.

**1. Patient advocacy.** In 2020, there will be two primary forces at play in patient advocacy, Benedicto says.

"Healthcare providers have become more commercial in how they track patients as 'customers,' and patients are becoming more like consumers and using those skills to help navigate the healthcare system. This means more and more patients feel they have a say in what diagnoses mean for them, how they are treated and how they engage with their care teams," she explains.

Health systems and hospitals are increasingly embracing patient advocacy. For example, Benedicto's division at The Joint Commission is working with a Texas-based health system to boost quality improvement skills in neonatal intensive care units. The effort initially focused on clinicians, but the health system wanted to achieve quality and safety gains through empowering patients' families as well.

"Our biggest surprise has been that the organization not only wanted clinicians trained in improvement skills, but also the patient advisory council. We also provided training to parents of babies who were in the NICU for long periods of time. We found that the training gave parents permission to talk about quality issues with clinicians in a way that we had not seen before," Benedicto says.

**2. Improving the work environment.** Ensuring adequate staffing at healthcare organizations is a key element of patient safety, and health systems, hospitals and physician practices need to step up efforts to care for caregivers, Benedicto says. "This is an ongoing trend because we are already seeing clinician shortages. We are not recruiting and retaining enough medical staff members to meet the demand."

She also stressed how healthcare organization leaders must shape work environments in ways that ease stress on staff members. For example, clinicians often struggle to find equipment or supplies such as medication pumps. It may be a small inconvenience, but repeated occurrences can add frustration and danger to an already stressful day. "The solution to this challenge is to put the proper systems in place, such as supply chain management, that make it easier for staff members to do their work."

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**3. High reliability.** Falls with injury represent an example of a persistent patient safety problem that is actually a missed high-reliability opportunity, Benedicto says. "Often, an organization will target falls every couple of years, saying that their fall rates are unacceptable. They come up with a solution, put it in place, it lasts for a few months, then the old practices creep back."

There needs to be an understanding that persistent problems in healthcare persist because they are complex, and they require structured and sustained solutions, she says. "The use of highly reliable process tools is necessary to get to zero harm. It's not just a matter of picking the easiest solution and putting it in place. It's a matter of stepping back and figuring out why the problem is happening, finding out why it is persisting, looking at the contributing factors, then developing solutions."

### 4. Surgery center safety

Surgery centers need to adopt patient safety protocols that have become common at hospitals. With increasing numbers of procedures shifting from the hospital setting to ambulatory surgery centers, improving safety at these centers will be a top concern in 2020, Benedicto predicts.

"If patients can get care in less complicated settings, then those options should be pursued. However, this opportunity comes with a risk. Many surgical centers do not have the same levels of protection that hospitals have. For example, more and more spine surgeries are happening in surgical centers, and those centers may not know what to do when there is a serious complication."

"Over the past decade, hospitals have been investing in process improvement and improvement methodologies, so they could make their care as safe as possible. That same type of trend needs to happen in other settings of care such as surgery centers, Benedicto says. "Achieving zero harm not only requires embracing high reliability as a goal, it means making sure that resources are in place to get to that goal—stronger improvement skills, stronger safety culture, and leadership commitment to zero harm."

—Adapted from "[Four Patient Safety Trends for 2020](#)," HealthLeaders, by Christopher Cheney, Jan. 8, 2020.



## Articles of Interest

*Articles about leadership/management from ACHÉ.*

### **Quality Patient Outcomes Begin With Trust**

The forces shaping the future of healthcare are putting increasing pressure on all players in the medical community to forge more effective partnerships and collaborations if they are to achieve quality patient outcomes at reduced cost. The foundation of these successful partnerships and collaborations is trust.

Trust can be simply defined as an outcome based on repeated interactions, characterized by specific behaviors that drive high performance. Research has shown that trust isn't a given, but has to be earned. Further, once compromised, it is not easily restored. So, what does it take to trust and be trusted? Here's a look at some trust-building practices.

#### **Straightforwardness**

This is saying what you mean and meaning what you say. We tend to admire people like this because they bring decisiveness and direction to situations where it's needed. Straightforwardness is essential when, for example, clinicians are giving a diagnosis, prescribing a treatment plan or offering a team member feedback. It is a key trait whenever critical business decisions need to be made, standards upheld or policies enforced. It is essential for the governance of healthcare systems, which relies on the strength of the relationship between physicians and administrators.

Trust grows when your actions are aligned with your thoughts, values and beliefs. In other words, when you're straightforward with people, their trust increases because they never have to guess what your intentions are.

#### **Openness**

Transitioning to a leadership role in any organization is fraught with pitfalls. This is especially true for physicians ascending to leadership in the governance of a hospital or healthcare system. The independent, authoritative approach that often works well for physician practitioners falls flat when it comes to leading organizations at a high-level. To succeed in this more complex kind of leadership, physicians need to cultivate the quality of openness.

## Articles of Interest

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Leaders who internalize the concept of openness have the psychological hardiness to interact with others in ways that make them want to open up too. So when problems arise in the trenches, when timelines slip or mistakes are made, the probability that their colleagues will share relevant information before it becomes a crisis is raised. Time and money are saved, objectives are met, trusting relationships are solidified and everybody wins.

### Acceptance

Mistakes happen. People forget, drop the ball and break agreements. Leaders encounter any or all of these situations in the space of a day, sometimes within themselves. How they respond reflects their level of acceptance: the ability to attack the problem and not the person; to consciously work to uphold the dignity of others even when justifiably unhappy with them.

People who make mistakes, voice resentments, dig in their heels and otherwise make a leader's job difficult are just that—people. Bias can be subtle and insidious, but its counterpart, acceptance, is a skill that can be learned. The payoff is psychological safety and the absence of fear, which makes it possible for people to engage in all of the other trust-building practices.

### Reliability

Making and keeping promises is the foundation of reliability and it is essential to good leadership and good business. The absence of reliability leads to breakdowns in the form of conflict and loss of credibility. Reliability is a practice that distinguishes the “go-to” people—those who are always busy, yet always have the energy to take on the next thing. They are counted on because they inspire confidence that they will come through again and again on the promises they make. Trust grows when you make and keep your promises.

—Adapted from "[The Four Keys to Better-Performing Collaborations](#)," O'Brien Group.



# Board Member Spotlight



## **Michael Omoniyi Ayanbadejo, MBBS, MPH**

- Coordinator Neuroscience Research, Catholic Health Systems
- Diversity & Inclusion Committee Chair
- Program Committee Member

### **Why did you choose to get involved with ACHE/HEF?**

ACHE/HEF is made up of a galaxy of talented healthcare leaders and executives. So I figured joining such group will provide a platform to learn first-hand from these leaders about the past, present and future of healthcare in this region, and nationally. I also wanted to use the same platform to share with the group my healthcare experience and the healthcare challenges of developing nations (specifically Africa nations). For these nations, my main focus is on vaccines/preventable infectious diseases, and how poverty and cultural belief systems can interfere with other social determinants of health in these countries. The world is becoming a global village and we can all learn a thing or two from one another (both developed and developing nations) especially in the area of infectious diseases.

### **What is one piece of advice for early careerists or those looking to get into the healthcare management field?**

The role of a mentor in regards to career growth and development as a healthcare leader can't be over-emphasized! Seek or reach out to seasoned leaders in the industry for mentoring sessions. Share your goals and visions with them. They will help you navigate uncharted waters and make your journey to leadership positions much bearable/less challenging. I also recommend picking up books...books on leadership, business of healthcare etc.

### **How has HEF and ACHE helped in your professional development?**

The group has helped and supported my growth as a healthcare leader through networking, association, and learning the journey of leadership. This knowledge comes from the best of the best in the healthcare leadership field locally, regionally and nationally. And primarily involves a better understanding of healthcare as a business, how to create high-performing teams and the essence of leadership in the healthcare industry.

### **What do you like to do in your spare time?**

Catching up with friends, cooking/grilling or going for a run.

### **Where would you go on your dream vacation?**

Greece/Turkey (I want to visit where the battle of Troy took place in Turkey!).



Fellow of the American College of Healthcare Executives

*The Distinction of Board Certification*

### **Frequently Asked Questions**

***Q: What are the advantages of becoming board certified in healthcare management and earning the FACHE credential?***

**A:** Earning the distinction of board certification in healthcare management as a Fellow of the American College of Healthcare Executives (FACHE) signifies your expertise, experience and commitment to continuing education and professional development. Just as members of the medical staff are board certified, having the FACHE credential by your name indicates a level of achievement in the profession.

***Q: What are the major requirements that I must meet to earn the FACHE credential?***

**A:** Fellow candidates must meet all of the following requirements prior to applying and sitting for the Board of Governors Exam.

1. 1 Current Member with three (3) years tenure as an ACHE Member, Faculty Associate, or International Associate. Student membership does not count toward tenure.
2. 2 Master's degree (or other post-baccalaureate degree). A copy of your diploma or final conferred transcript is required.
3. 3 Currently hold an executive healthcare management position with a minimum of five (5) years of executive healthcare management experience. A copy of your job description, organizational chart and resume is required.
4. 4 Demonstrate 36 hours of healthcare-related continuing education within the last three (3) years of submitting an application (12 hours must be ACHE Face-to-Face education).
5. 5 Two (2) examples of community/civic activities AND two (2) examples of healthcare-related activities within the last three (3) years of submitting an application.
6. 6 Two (2) references: One (1) Fellow reference (must be a structured interview), the second reference may be from a senior-level executive (VP or higher) in your organization, OR it may be from a second Fellow.
7. 7 \$250 Application Fee (non-refundable)



### **Frequently Asked Questions Cont.**

***Q: How does ACHE define an executive healthcare management position?***

***A:*** An executive healthcare management position is one in which the applicant is employed by a healthcare organization or by an organization whose purpose is to influence the growth, development or operations of a healthcare organization. To be eligible for advancement an applicant's position must be at a department director/department head level which includes control of departmental budgeting, planning and staffing and accountability to senior management for department performance. Eligible positions include C-suite executives, Vice Presidents and Directors/Department Heads. Additional titles may be accepted if job responsibilities reflect departmental control as described above.

Applicants whose management authority is at a project and/or program level do not qualify. Examples of this level of authority might include: Analyst, Coordinator, Program Manager, Project Manager and Specialist. Administrative Fellowships, Residencies and Internships do not qualify.

***Q: How should I prepare for the Board of Governors Examination?***

***A:*** There are a wide range of resources available on the Board of Governors Examination area on the ACHE website: <https://www.ache.org/fache/the-board-of-governors-exam>. ACHE also provides a Board of Governors Examination Review Course: <https://www.ache.org/learning-center/education-and-events>. Also check with your local and area chapters.

***Q: Can I take the Board of Governors Examination before I submit a Fellow application?***

***A:*** No. You must first submit your FACHE application. Your Fellow application remains valid for two (2) years in which you must take and pass the Board of Governors Exam.

***Q: What are the Fellow recertification requirements?***

***A:*** To maintain your fellow status, you must demonstrate 36 continuing education hours of Healthcare Management Continuing Education credit is needed, of which 12 hours must be ACHE Face-to-Face Education hours, AND involvement in two (2) healthcare-related activities and two (2) healthcare and community/civic activities since your last Advancement or Recertification.

## Contact Us

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