HEALTHCARE EXECUTIVE FORUM, INC. (HEF)

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

2020 Q3 NEWSLETTER

A MESSAGE FROM OUR LEADER

As summer comes to a close we are reminded of the ephemeral feeling of that big orange bulb in the sky. As we push forward to fall and eventually that Buffalo winter we all know and love, we are also reminded of how life goes on. Western New York has proven time and time again that your circumstances don't define you, and we are certainly not defined by our 50% capacities and lack of a Bills pre-season (it's still "our year" right?)

We have a unique healthcare system in WNY- a community that continues to work together, rising to the challenge of keeping each other safe, despite greatly differing neighborhoods, districts, and systems. This community continues to strive for greatness in the face of disaster, and for that, WE THANK YOU!

The Healthcare Executive Forum will always try to do our part in promoting those in the community who have helped make a difference. If you know someone, or a group of people, who deserves a little recognition, please send in a recommendation for our WNY Front Line Hero Campaign. This campaign will highlight accomplishments or efforts amidst the COVID-19 pandemic, with shout-outs on our website and e-blasts to our membership. Nominations can be submitted through our website (https://hef.ache.org).

Diversity and Inclusion initiatives are also a large part HEF's mission. Now more than ever we need to first turn inward in order to put forth initiatives that will result in improved service delivery to our community. Please join in our upcoming panel series: The September Symposium on Diversity & Inclusion in Healthcare. We will be holding 2 separate **virtual** panel discussion events: Equity of Care (9/16/2020) and Ethical Challenges in Healthcare Leadership (9/22/2020). Admission is free to both events but limited to 50 spots each, so sign up now on our website!

Lastly, to everyone, stay safe! Go the extra half-mile for someone who needs it, send that text 'just because' and find a way to ENJOY what little bit of summer we have left.

Brittney Carothers, MHA
President, Healthcare Executive Forum, Inc.

In this Issue

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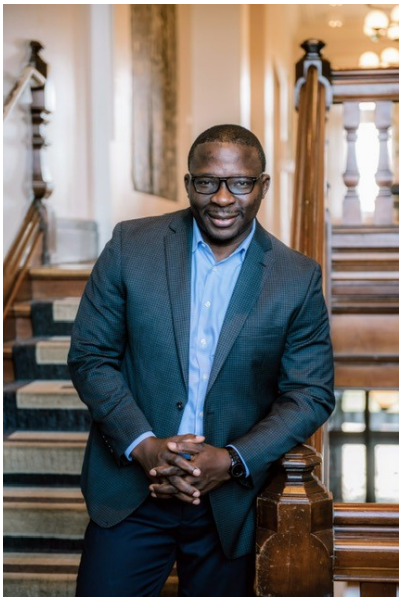
The HEF Blog

Pandemic to Pandemonium

Michael Omoniyi Ayanbadejo MBBS, MPH



Michael currently serves as the Chairperson for the HEF Diversity & Inclusion Committee

The concept of 20/20 stood for perfection long before it became the number representing a year. Coming into this year, we expected to live up to--or at least were hoping to live up to--that long-held reputation for perfection of vision. Many of us entered this year with a fiery purpose burning within our chests; with great expectations and lofty visons to achieve personal as well as professional goals. A few days into the New Year, however, it became evident that the world was somehow turning towards a much darker, completely unforeseen corner, well beyond our original vision. We collectively spent the first half of the year swinging between pandemic and pandemonium, a rock and a hard place.

For most, the emergence of the novel Coronavirus SARS-COV-2, the cause of COVID-19, was sudden and unexpected. For public health experts and infectious disease scientists, however, it really wasn't. They knew. They understood it was just a matter of time; that a global pandemic was possible at any moment. For the rest of us however, our lives and world changed forever without pre-notification.

Canceling special and sacred events such as birthdays, baby showers and weddings soon became routine. For some of us in healthcare, we tragically witnessed patients passing on without so much as a final farewell or kiss from their family members and loved ones, due to safety protocols put in place to protect the uninfected. A lot of us started working from home, with some getting furloughed and others fully let go from work. The economic impact of COVID-19 has been profound. Both private for-profit and not-for-profit organizations began feeling its impacts almost immediately. A census of patients in our healthcare system showed numbers dropping to all-time lows as elective surgery cases were cancelled or postponed.

As we began working together as a community and a nation, practicing social and physical distancing in an attempt at 'flattening the curve,' it became apparent that we were not all in the same boat. We were not all in this together. COVID-19 research, morbidity, mortality data and headlines confirmed the disproportionate impact of the novel virus on Blacks, Latinos, Native Americans and other marginalized groups.

The HEF Blog

Why so? Why the disparities along racial lines?

Disparity and inequality are not new terms in American healthcare. Health inequalities exist for so many reasons, including social and structural factors. It goes well beyond inherited genes and personal behaviors. Healthcare inequality is a complex topic, with many finding it very uncomfortable to talk about even personally, in addition to a host of other broader difficulties.

Yet with all this difficulty, we healthcare professionals cannot be onlookers or simply be passive regarding matters of social injustice, which includes healthcare inequality, as well as unfair labor practices, general racial discrimination, and unfair treatment due to gender, orientation, ethnicity and age, among many other injustices. These are areas that affect health and health outcomes, both directly and indirectly. The World health organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” We all have a unique role to play in addressing these complex problems that impact or determine health status. Our job is a calling and a privilege; to give and to serve. To care for the sick, both rich and poor. In these extraordinary times, we are presented with another opportunity, to begin a dialogue on health equity. We have a chance to have a real conversation like never before.

Why do we need to become better informed about health disparity?

Simply, education will equip us to better understand, better identify problems, and deliver solutions to improve structures that directly or indirectly impact upon health inequalities and social injustice, all for better outcomes.

A clinical diagnosis such as diabetes, hypertension or ischemic stroke represent only the tip of the iceberg. Beneath the surface are other conditions that affect health, such as the environment where a person grew up, lives now, their work environment, and other conditional factors impacting on their health. These are called Social Determinants of Health (SDOH). These conditions are structured in such a way that they influence the sharing of resources, including money and social capital, both locally and nationally.

When clinicians make a treatment plan for each of their patients, understanding the relationships between these determinants, and their impacts on health at individual and community levels, should always be carefully considered. Healthcare leaders and their political representatives should advocate for policies that will assist in bridging the gaps caused by structural inequalities affecting health, making them into strong laws that affect lasting change.

The HEF Blog

These conditions, which are clearly statistically disproportionate in minority communities, determine both how quick an individual 'runs off the tracks' of good health, and how fast they can recover. They are chiefly responsible for the unreasonable differences in health quality observed across ethnic communities throughout the country, as well as globally.

What is the best way forward to improve the health situation for marginalized communities?

Unfortunately, there is no single solution, no single answer, when it comes to the best direction to take to improve the overall health status of minorities. We will need a trans-disciplinary and multi-disciplinary approach to tackle the challenges ahead. Leadership at every level will be key to the progress and successes we make. Healthcare leadership, politicians and community leaders will need to earnestly collaborate, to work as a single unit, carefully identifying all the barriers contributing to health disparities and inequalities. Opportunities to close the inequality gap--through our voices and through our influence, effecting change to bring about true health equity--are already emerging. There will surely be more opportunities in the weeks and months ahead. We must seize these opportunities as they come. Now is the time!

For additional resources please visit the Diversity and Inclusion topic on the ACHE website: https://www.ache.org/about-ache/our-story/diversity-and-inclusion

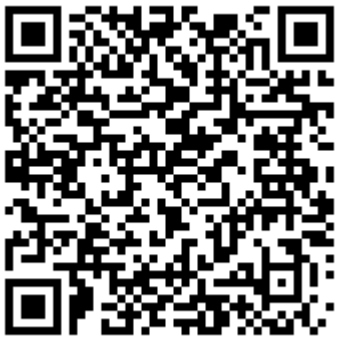
Want to help make a difference? Get involved! If you're interested in topics such as this, contact Michael Omoniyi Ayanbadejo at neyogy1000@gmail.com

Upcoming Events

The September Symposium on Diversity & Inclusion in Healthcare

Two (2) Free Virtual Events: September 16th & September 22nd

Scan the QR Codes to Register



Or visit our website:

https://hef.ache.org

Articles of Interest

Articles about leadership/management from ACHE.

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 experience leaders who facilitate the 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.

Articles of Interest

Articles about leadership/management from ACHE.

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 experience 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 experience 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 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.

Articles of Interest

Articles about leadership/management from ACHE.

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

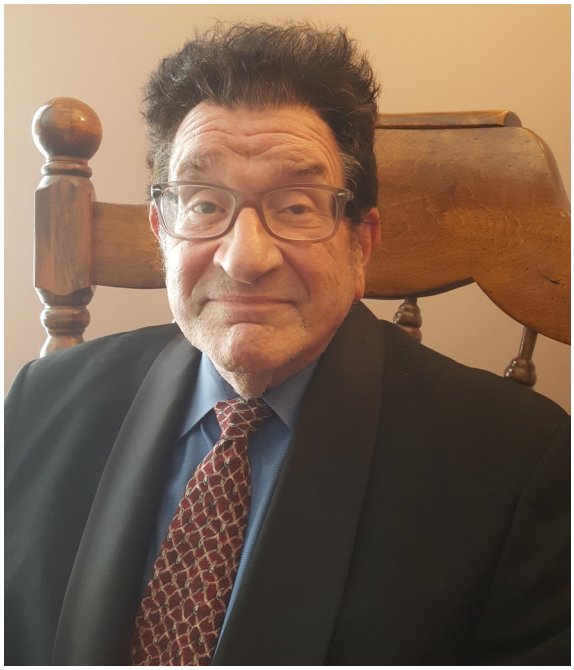
Cover your mouth and nose with a cloth face cover when around others. Everyone should wear a face cover when they have to go out in public, such as to the grocery store or to pick up other necessities. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, 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

Board Member Spotlight



Warren Marcus, PhD, MPH

* Many years of experience working in population health and medical administration
* Healthcare consultant
* Lifelong educator
* Past HEF President
* Currently serves as the Chairperson for the HEF Programming Committee

We asked Warren:

WHY

he got involved with

ACHE and HEF?

I have been involved with the American College of Healthcare Executives (ACHE) since my graduate days at the University of Pittsburgh. ACHE is the "go to" association to learn skills and achieve career advancement. Starting from entry level all the way to the C-suite, there are a bevy of resources that can be used to sustain your current position and prepare for the next step. Based on my experiences, I strongly encourage everyone who takes their career seriously to take advantage of the many career services ACHE offers and to become actively involved with a local affiliate group.

After a brief period following completion of graduate studies, I chose to become actively involved with health care again. Over the last ten years it has been my privilege to partner with some of the most talented people I have ever known. As a community, our local chapter has faced challenges, but we stayed together and came both collectively and individually stronger for the experience.

I look forward to many more years of active involvement in my profession and with ACHE/HEF

Lessons Learned

- It is never too early to start preparing for your career in health care management.
- Even Great experience can come from unpaid internship in health care management-related settings.
- Choose learning settings that are up to date and led by forward-thinking leaders.
- Actively seek out opportunities to be mentored by those who can teach and model the complex and subtle art of change leadership.
- Honestly assess your strengths. Verify your presumptions by seeking out people who you respect and trust to give you knowledgeable and honest feedback. Seek opportunities to further hone these strengths.
- Get involved with your peers early on. Being a part of a professional and personal support group is essential to making better decisions throughout your career.
- Aim for a position that is compatible with where you are in your personal and professional skill set, and be ready to demonstrate your capacity to meet and exceed expectations.
- Focus your search on career appointments that have real potential to position you for further your career development.

FACHE

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)

FACHE

Fellow of the American College of Healthcare Executives

The Distinction of Board Certification

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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