

GLACHE

Great Lakes Chapter of the American College of Healthcare Executives

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An Independent Chapter of



American College of
Healthcare Executives
for leaders who care[®]

President's Report

The Great Lakes Chapter Board and Committees have been working diligently the last few months in preparation to provide our chapter members with valued learning and networking opportunities for 2012. The 2012 Annual Meeting scheduled on November 9, 2012, we will feature our ACHE President Elect, Diana Smalley, FACHE. We are excited to have our future ACHE leader present at our annual chapter meeting.

New to our chapter this year, will be our CEO Luncheon series. We are pleased to have Barton Buxton & Steve Serra from McLaren; Rick Breon from Spectrum; and Dennis Swan from Sparrow headlining our CEO Luncheon events. This networking event will provide interactive dialogue and personal discussions with executive leaders. I encourage you to find the time to attend an upcoming session and network with fellow chapter members. More details will be provided at a later date.

For the last year, the GLACHE Board has provided one board seat for a healthcare administration student representative from University of Michigan-Flint (UofM Flint), Central Michigan University (CMU), and Grand Valley State University (GVSU). The intent was to align chapter activities with our student programs. I would like to welcome Michael Breon, Student President, GVSU, Heather James, Student President, CMU, and Matthew Steward, Student President, UofM Flint. We look forward to their involvement with GLACHE board as we strive to connect with our future leaders of healthcare.

Lastly, I would like to recognize and commend the following chapter members for the recent accomplishments as well as welcome our new members to the Great Lakes Chapter.

New Fellows (FACHE)

February Kevin A. Price, FACHE, Canton

April Timothy J. Keener, FACHE, Jackson

May Charles H. Sherwin, FACHE, Alpena

Marlon D. Wardlow, FACHE, Byron Center

Recertified Fellows (FACHE)

January Paul A. Bonis, FACHE, Grand Rapids
Linda M. Rubin, RN, FACHE, Reed City
Brian M. Van Hall, FACHE, Grand Rapids

A. Gary Muller, FACHE, Marquette
Evonne G. Ulmer, JD, RN, FACHE, Ionia
Ginger Williams, MD, FACHE, Marshall

February Lori A. Gibson, FACHE, Grand Rapids

March David L. Corteville, FACHE, East Lansing
Rick Ohle, FACHE, Saginaw

Linda L. Lawton, FACHE, Kalamazoo
John M. Ritch, FACHE, Grand Rapids

May Katherine L. Coffield, FACHE, Grand Rapids

Mark A. Cwiek, JD, FACHE, Mount Pleasant

Members who recently passed Board of Governors Exam

January Bradley J. Eshbaugh, Traverse City

New Members

January	Brad Ladd, Kalamazoo Stacy Pokrywka, Spring Lake Andrew M. Reames, Kalamazoo Christina Thueme, Grand Rapids	Joseph Looby, DO, Caledonia Mike Pratt, Grand Rapids Joshua D. Simons, St. Joseph
February	Zachary M. Hyzer, Dearborn Heights Joan Sweet, Carson City Kimberly C. Williams, Kalamazoo	Mary Marks, Ada Nancy H. Tuohy, Grand Rapids
March	Derrick Brown, Kalamazoo Ricco Earl, Kalamazoo Mary Nader, Grand Rapids	Tracy L. Brown, Saint Joseph Lea Morgan, Kingsford Lloyd Williams, Grand Rapids
April	Ernest J. Buck, MD, Eau Claire Tracey A. Harris, Lansing Julie Lowman, East Lansing	Keith W. Crowell, Marshall Matthew D. Kaufman, Haslett Meleah Mariani, Chelsea
May	Martha D. Anderson-LeFlore, Grand Blanc Eric C. Deters, Tecumseh Ronald Lamb, Saginaw James M. Roberge, Muskegon	Christina A. Corson, Tecumseh Linda Hotchkiss, MD, Lainsburg Daniel M. McGregor, DC, Prudenville

If you are interested in joining a committee or learning more about our Great Lakes Chapter, please contact me at patrick.brillantes@sparrow.org.

Patrick J. Brillantes, FACHE
GLACHE President
Sparrow Health System



Regent's Report Spring 2012

As leaders within our organizations we generally have a closer team of direct reports and a broader staff in our scope of responsibility, whether that be a department, a division, or an entire organization. What is important to recognize is that the effectiveness and interpersonal/professional relationships of the immediate team you lead sets the tone for the entire organization. I have been a member and/or leader of teams that have driven exceptional performance and were confident of their abilities, and also a member/leader of teams where decisions and implementing initiatives seem to require much more effort than it should, and relationships frequently were strained. I have taken away a few key lessons from these experiences and my own professional development to improve these situations.

Effective well functioning teams don't just happen spontaneously: if a group of highly motivated, intelligent, and value oriented professionals (the kind of people you want) assemble as a layer of management (i.e., executive team, managers in a division) and are designated "a team" without any real team facilitation, the result is not a team, but rather a group of driven individuals pulling in different directions. In order to be a team, the leader needs to facilitate not only what objectives need to be accomplished, but how the group will function and relate to each other in the process of getting things done.

If "relate to each other" sounds too 'touchy-feely', it's not. In addition to setting organizational objectives, you as a leader need to establish the working guidelines of the group. The type and source of the framework is not as important as every member of the team understanding that the one chosen needs to be followed.

One step in getting teams to more effectively work together is to have all agree to read the same leadership book and attempt to identify concepts from the book that are relevant to the team, and then apply them. Going through this exercise together gets everybody to read another management book (which is good) and come away with a common language. Teams may also have facilitators assist them through such exercises.

One recommended book for this approach is Patrick Lencioni's *"5 Dysfunctions of a Team."* There is also a facilitator's guide for this book if the group chooses to engage a deeper analysis of their working dynamic. Lencioni outlines five levels of a pyramid that build on one another to make teams more effective:

- Absence of trust — team members must be willing to be vulnerable within the group, admit what concerns them, and what they need help with. (Easier said than done.)

- Fear of conflict — members can't be "terminally polite" if controversial topics are on the table, you as leader need to encourage "constructive passionate debate". Above all, don't have a 'meeting after the meeting' with a subset of the team and express concerns there, do it in the room. (As a leader, if I observe the 'meeting after the meeting' I call out the behavior.)
- Lack of commitment — don't go through the motions of agreeing to a group decision and not really support it. Express your dissenting opinion, though support the final decision, enthusiastically, regardless.
- Avoidance of accountability — in addition to completing your part, call out your peers when their behavior/results deviate from expectations
- Inattention to results—the results of the team are critical, not the results of the individual. If you hit a home run and the team still loses, you lose too. Stay focused on the 'first team'.

Lencioni presents the concept of "first team", which is the highest level team in the organization you sit on. At this table, the needs of your division/department are subordinate to the broader needs of the organization; this gets lost at times, particularly when resources are tight.

Developing and maintaining effective teams is like diet and exercise, the concepts are incredibly simple, doing them day in/out incredibly difficult. Keep in mind, if there is dysfunction and conflict at the top, the entire organization will pick up on it, lose faith in the team of leaders, and potentially spread the problem.



Peter J. Karadjoff, FACHE
GLACHE Regent
Providence Park Hospital

Education Report

2012 Schedule of Events

July 23 & 24, 2012

Aggressively Improve Cost, Quality and Throughput: Put Lean Six Sigma and the Toyota Production System to Work for You

Inn on Lake Superior, Deluth, MN

12 Category 1 credits

September 7, 2012

CEO Luncheon - Barton Buxton and Steve Serra, McLaren
McLaren Home Care Group Building, Davison, MI
Networking event

October 3, 2012

Career Development
Borgess Health Navigation Center, Kalamazoo, MI
1.5 Face to Face Education Credits

October 24, 2012

CEO Luncheon - Rick Breon, Spectrum Health
TBD, Grand Rapids, MI
Networking event

November 9, 2012

2012 GLACHE Annual Meeting
Diane Smalley - ACHE Chairman Elect
Back to Back Sessions (Lunch)
Eagle Eye Conference Room, Bath, MI
In planning process

November 16, 2012

CEO Luncheon - Dennis Swan, Sparrow
Sparrow Health System, Lansing, MI
Networking Event

Articles of Interest

Hot to Detect a Silent Cry for Help

Ideally, workers who need help in understanding an assignment or carrying it out will come to you and openly ask for what they need. Unfortunately, that's not always what happens. Workers who are reluctant to expose their weaknesses often use some form of a cry for help—a strategy to obtain information or assistance. Learn to recognize and respond to the most common types of this behavior.

- **Asking anybody but you.** Rather than let their manager know they're having problems, employees often turn to their workplace friends or co-workers for help. Tip-offs are often subtle and hard to detect, such as whispered conversations and phone calls that stop abruptly when you show up. Because you can't barge in on every conversation, be alert for another sign: employees' falling behind in their work because they're helping the worker who is reluctant to approach you.
- **Asking casual questions.** These are attempts to get help without letting you know it's needed. For example, an employee might ask, "I'm making good progress on the X assignment, but I just wanted to refresh my memory about Y." Listen closely, and if Y is something the worker would have to know to

make any progress on X, follow up and look into what the employee has actually accomplished.

- **Toughing it out.** Employees often try to go it entirely alone when they have a problem, hoping they'll stumble upon a solution. Self-reliance, of course, isn't all bad—if it includes steady, intelligent effort. However, if the worker dodges your questions about progress or misses the deadline, follow up right away.

—Adapted from *Communication Solutions*, February 2011; (800) 878-5331; www.comsol.biz

Implement Tactics to Foster Engagement

There are ways beyond stock options and profit-sharing to instill in workers a sense of ownership in the organization. To make workers feel they are helping to run the company, follow these steps:

Share information. Financial information is crucial; workers will question whether they're really participating if finances are kept secret. But operational information is vital, too. Employees should understand how one person's work affects others in the organization—the domino effect. Other information to share: strategies, successes (especially employee success stories), setbacks and internal and external pressures.

Teach. Employees may not be aware of what they need to know in order to understand company operations and ask intelligent questions. Explain what the numbers on your financial reports mean, and show how workers' efforts affect the budgets and revenue in different areas.

Ask. Ask for and encourage participation. If trust is high between management and workers, your organization probably has high levels of participation already. If not, start with small, formal steps—for instance, create a committee to offer suggestions on how to improve operations.

Listen. To foster a sense of ownership, you must commit yourself to being open to new ideas from unexpected sources. Encourage employees to come to you with their ideas, and reward them for putting out the effort to do so.

Learn. Talk to your staff and learn who the influential employees are, who the "squeaky wheels" are and what kind of "grease" you'll need to bring them on board.
—Adapted from www.fed.org

National News

Fund for Innovation Offerings

ACHE is offering a new special session funded in part by the Foundation of ACHE's Fund for Innovation in Healthcare Leadership.

On **Tuesday, Sept. 11**, in conjunction with the Atlanta Cluster, ACHE and the Fund will present “**Palliative Care: Impact on Quality and Cost**,” led by Diane E. Meier, MD, FACP, director, Center to Advance Palliative Care, and vice chair for public policy, Lilian and Benjamin Hertzberg Palliative Care Institute. During this valuable, half-day session, you will gain a clear understanding of the opportunities palliative care programs can provide to your department and organization. See how a palliative care program can help address many of the medical, psychological, financial and ethical challenges that occur in the continuum of care. Equip yourself with specific strategies to develop a new palliative care program or set priorities for an existing program. Ensure your organization has adequate staff and resources to fulfill its potential in terms of both quality and cost of care.

As a result of this program, you will be able to:

- Align palliative care with organizational mission and goals
- Identify specific ways palliative care impacts quality and cost in hospitals
- Pinpoint conditions that maximize impact of palliative care service
- Introduce new tools well designed for rapid implementation of expanded palliative care services
- Identify patient characteristics that can be used to trigger earlier identification of needs

In addition, a selected panel of healthcare leaders will share perspectives on palliative care services. Participation in this workshop qualifies for 4 hours of ACHE Face-to-Face Education credit.

For those already participating in the [Atlanta Cluster](#), continue your professional growth with this special offering. Or, participate solely in this program and discover tremendous opportunities for improving patient care and the overall health of the communities you serve. Visit [ache.org/Atlanta](#) for details.

This program is just one way the Fund brings innovation to the forefront of healthcare leadership. For more information about this special session and the Fund for Innovation in Healthcare Leadership, visit [ache.org/Innovation](#) or call ACHE’s Customer Service Center at (312) 424-9400.

ACHE Regent Elections

The 2012–2013 Council of Regents election process is under way, with the following 19 jurisdictions open for election:

- Air Force
- Army
- California—Northern & Central

- Colorado
- Connecticut
- District of Columbia & Northern Virginia
- Indiana
- Iowa
- Kentucky
- Maine
- Nevada
- New Mexico & Southwest Texas
- New York—Metropolitan New York
- South Dakota
- Veterans Affairs
- Washington
- West Virginia
- Wisconsin
- Wyoming

Chapter officials whose territory is located in one of these jurisdictions should encourage their members to run for Regent. Serving as a Regent is a unique opportunity to exercise leadership abilities, share innovative ideas and act on behalf of ACHE members.

All Fellows who wish to run for election must submit either a letter of intent to ACHE via certified mail postmarked by **August 31, 2012**, or an electronic letter of intent to elections@ache.org. Please use [this form](#) to submit the letter of intent.

Jennifer Connelly
Regent Elections Coordinator
Division of Regional Services
American College of Healthcare Executives
One North Franklin Street, Suite 1700
Chicago, IL 60606-3529

If you have submitted your letter of intent electronically and you haven’t received confirmation that it was acknowledged by **September 4, 2012**, please contact Jennifer Connelly at (312) 424-9328 or jconnelly@ache.org.

Please note: New Regents will each serve a three-year term on the Council of Regents beginning at the close of the 2013 Council of Regents meeting during ACHE’s annual Congress on Healthcare Leadership.

Go to the [Affiliates Only area](#) of [ache.org](#) to learn more about these upcoming elections.

Tuition Waiver Assistance Program

To reduce the barriers to ACHE educational programming for ACHE members experiencing economic hardship, ACHE has established the Tuition Waiver Assistance Program.

ACHE makes available a limited number of tuition waivers to ACHE Members and Fellows whose organizations lack the resources to fund their tuition for education programs. Members and Fellows in career transition are also encouraged to apply. Tuition waivers are based on financial need and are available for the following ACHE education programs:

- Congress on Healthcare Leadership
- Cluster Seminars
- Self-Study Programs
- Online Education Programs
- Online Tutorial (Board of Governors Exam preparation)
- ACHE Board of Governors Exam Review Course

All requests are due no less than **eight weeks** before the program date, except for ACHE self-study courses; [see quarterly application deadlines](#). Incomplete applications and applications received after the deadline will not be considered. Recipients will be notified of the waiver review panel's decision **not less than six weeks** before the program date. For ACHE self-study courses, applicants will be notified three weeks after the quarterly application deadline.

If you have questions about the program, please contact Teri Somrak, associate director, Division of Professional Development, at (312) 424-9354 or tsomrak@ache.org. For more information, visit [ache.org/Tuitionwaiver](#).

Exam Online Community Offers a Complimentary Interactive Learning Platform

Members preparing for the Board of Governors Examination can access the Exam Online Community as a complimentary and supplementary resource that can boost their confidence and help them succeed. The Online Community is an interactive platform to learn and glean study tips from other members taking the Exam. Also, participants have the opportunity to discuss Exam topics with experts for better understanding and can participate in study groups. Interested members can join the Exam Online Community at <http://bogcommunity.ache.org>.

Online Postgraduate Fellowships Area Provides a Vital Resource to Organizations and Individuals

Postgraduate fellowships are essential to attracting highly qualified healthcare management professionals and developing future leaders. ACHE offers robust online resources on postgraduate fellowships at [ache.org/Postgrad](#) for organizations seeking to develop a postgraduate fellowship or find the best candidate for their fellowship offerings. The site includes the Directory of Fellowships in Health Services

Administration for organizations to post their fellowship opportunities and for students to find opportunities they want to pursue. Resources for organizations looking to start a Fellowship include sample manuals, templates and checklists. Visit [ache.org/Postgrad](#) for more information.

Help Eliminate Disparities in Care

Addressing disparities is no longer just about morality, ethics and social justice: It is essential for performance excellence and improved community health. Last year ACHE, the American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States, and National Association of Public Hospitals and Health Systems collectively made a call to action to eliminate healthcare disparities. The goals of the initiative are to increase the collection of race, ethnicity and language preference data; increase cultural competency training for clinicians and support staff; and increase diversity in governance and management. To learn more about the tools and resources available to help eliminate disparities in care, visit [equityofcare.org](#).

ACHE's 2012 Premier Corporate & Valued Sponsors

ACHE's 2012 Premier Corporate Partners

ACHE would like to recognize our 2012 Premier Corporate Partners, whose year-round support helps ACHE further its mission and adds value to our membership. Our Premier Corporate Partners demonstrate commitment to ACHE and its affiliates in various ways, including providing financial resources, hosting networking events and offering educational opportunities. We are proud to recognize the following 2012 ACHE Premier Corporate Partners:

- 3M Health Information Systems
- Allscripts Healthcare Solutions, Inc.
- ARAMARK Healthcare
- Cardinal Health
- CareFusion
- Conifer Health Solutions
- Johnson Controls, Inc.
- Objective Health
- Philips Healthcare
- Siemens Healthcare
- Trane

Become a Valued Sponsor

Your organization can support GLACHE by becoming a sponsor, giving you exposure to 100's of healthcare professionals. Your contribution helps to offset meeting

costs and enables GLACHE to provide programs that enhance the professional development of healthcare executives. Several sponsorship categories are available and all donations are tax-deductible. For more details, please contact Mary Kay VanDriel, FACHE, at marykay.vandriel@valuehp.org or call 616.391.1592. We would like to thank our sponsors for their continued support!

- H & S Companies – Comprehensive Business Solutions
- Elio, a Division of ITC Incorporated



Join our GLACHE LinkedIn Group!

We will be using this group to communicate on upcoming educational seminars and other networking opportunities.



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ACHE Vision Statement: Be the premier professional society for healthcare executive dedicated to improving healthcare delivery.

ACHE Mission Statement: To advance our members and healthcare management excellence.

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