

GLACHE

March 2013 | Volume 6 | Issue 1

President's Report

As we embark on yet another exciting year for the Great Lakes Chapter, I would be remiss if I did not recognize our chapter leaders who are the cornerstones of our organization. From our regent, Peter Karadjoff, to our board officers and board members, to our committee members and our student representatives, the volunteering of your time and commitment to your professional association is commendable.

The leadership of GLACHE has made a commitment to become the chapter of choice for health care professionals. We intend to be national leading chapter that provides high value to our members. In January, we held a strategic planning meeting with several board members where we discussed the direction of the chapter and established the goals for 2013. Our priorities are detailed below.

Membership Engagement

- Enhance networking and career learning opportunities.
- Increase participation of senior level executives.
- Achieve chapter leadership award that is measured by membership satisfaction, education and networking performance, net membership growth, and advancement for eligible members.

Knowledge

- Provide high quality and diverse educational offerings for members. The educational committee has planned several educational offerings throughout the year.

Communication & Networking

- Communicate and network effectively and efficiently to our members. Communications tools include our quarterly newsletter, chapter website, and LinkedIn page.

Service Excellence

- Adhere to our 2013 financial plan.
- Support healthcare administration students to attend Congress.
- Secure sponsorships to promote and support chapter activities.

I encourage you to dedicate time to your local ACHE chapter this year. You can participate in an educational sessions or networking event, join a committee or pursue fellowship status with ACHE (FACHE). There are a variety of opportunities to embrace your professional association. I am confident you will find value in GLACHE.

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, Sparrow Health System
GLACHE President

An Independent Chapter of



AmericanCollege of
HealthcareExecutives
for leaders who care®

Regent's Report

Young Healthcare Executive of the Year

I am very pleased to announce that Christina M. Freese-Decker, FACHE, President of Spectrum Health United Hospital, Greenville, Mich., and Spectrum Health Kelsey Hospital, Lakeview, Mich., won the Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year for outstanding achievement in the field of healthcare management. The award is given to an exceptional healthcare executive who is less than 40 years old, is a Fellow of ACHE and holds a CEO or COO position in a healthcare organization. Freese-Decker will receive her award on Tuesday, March 12, 2013, at the Malcolm T. MacEachern Memorial Lecture and Luncheon during ACHE's 56th Congress on Healthcare Leadership in Chicago.

I have had the opportunity to work with Tina through the GLACHE and very much appreciate her skills at leading and supporting the chapter, as a Past President, and our profession in general. Tina, thanks so much for representing GLACHE and all of Michigan through this distinction.

Change Leadership

All of us in healthcare leadership roles and support functions are well aware of the enormous challenges we face today and the even larger challenges on the horizon. From an acute care perspective, population health management, whether through ACOs, HMOs, or acronyms yet to be created, will drive reductions in volume and revenue. Also, the penalties for anything short of perfect performance on clinical, safety, and patient satisfaction metrics are getting steeper.

As leaders we need to rally our stakeholders to make incredible changes in the way they assess their business models and how to adapt them. While we have become experienced in dealing with challenges, we are moving into some very new territory for most of us. Change over the past 20 years in healthcare has focused on "change management", launching new services, identifying operational efficiency benchmarks and driving performance to top quartile levels. We have also been focused on implementing new IT tools and hopefully haven't crippled our organizations in the process.

What lies ahead is more along the lines of "change leadership" as defined by John Kotter in Forbes: "Change leadership is much more associated with putting an engine on the whole change process, and making it go faster, smarter, more efficiently. It's more associated, therefore, with large scale changes. Change management tends to be more associated—at least, when it works well—with smaller changes."

One simplification of the changes required in healthcare: we need to get the acutely ill patients that come to us *better faster*, discharge them, and keep *them from getting that ill again*. We need to keep the population so healthy they rarely need acute care services. To do this, we need to transform our overall care process so that diagnosing, treating, and moving patients along happens much quicker and without unneeded services. What takes weeks now will have to be accomplished in days (think of a patient going from a PCP, through diagnostic testing, to a specialist, and back to the PCP); what takes days now will have to be done in hours (think of a hospitalization for CHF). We tend to *batch* care for the efficiency and convenience of the hospital departments and physicians. Batching our services creates delays, adds expense, and the added time in the hospital creates risk for patients (ADEs, falls, pressure ulcers, or nosocomial infections). We will not be able to hold patients in the hospital "until Monday" to perform a stress test or wait for 12-24 hours for a doctor to round and make decisions. Entire systems and business models are built around the way we have historically done this work; changing these practices will be resisted and seemingly impractical to those impacted. This is the change you need to lead.

Great Lakes Chapter of the American College of Healthcare Executives

What has been inspiring to those doing this work is the reaction of physicians and clinical staff that are focused on improving disease management processes. They are delighted when a process change results *in expedited improvements for patients*. They are even more fulfilled if the same change lowers cost and achieves an organizational goal. As “change leadership” agents, we need to leverage the aligning force of *improving care faster*, and use it to inspire our stakeholders to make sacrifices, and enormous changes to their businesses, that benefit patients.



Peter Karadjoff, FACHE
Regent for Michigan

Education Report

Leading Multi-Generational Workplaces is a hot topic as more and more Millennials are entering the healthcare environment. GLACHE will be hosting two events this year with this topic, the first event is May 7th in Marquette watch your email for more information. The second opportunity is tentatively scheduled for our Annual meeting in October. In order to understand the younger generation it can be helpful to understand what some of their experiences have or have not been. Check out the Beloit College Mindset list for the class of 2016: <http://www.beloit.edu/mindset/2016/>

Other programs the Education committee is working on include:

The Process and Technique of Negotiation May 16th & 17th in Lansing Health Care Executive Career Management in Web 2.0 Era with a golf outing to follow in Grand Rapids in September date to be determined.

Patrice Hatcher, MSA, FACHE, McLaren Health Care
Education Chair

Board of Governors Exam Fee Waiver Promotion 2013

ACHE is pleased to offer once again the Board of Governors Exam fee waiver promotion to ACHE Members who apply for the FACHE® credential between March 1 and June 30. Members must submit their completed Fellow application and \$250 application fee during the promotion period. Pending application approval, ACHE will waive the \$200 Board of Governors Exam fee. All follow-up materials (i.e., references) must be submitted by Aug. 31 to receive the waiver. For more information on the promotion, go to ache.org/FACHE.



GLACHE Chapter President,
Patrick Brillantes and
Tina Freese-Decker, ACHE
Young Healthcare Executive of
the Year, recognized at 2013
Congress in Chicago.

Great Lakes Chapter of the American College of Healthcare Executives



Drew Jacob Weil, an undergraduate Health Administration student at Central Michigan University, was honored at the ACHE Congress as the third place undergraduate winner of the Richard J. Stull Student Essay Contest. Drew competed with students from universities across the country, which are members of the ACHE Higher Education Network. The contest honors the top three essays at the undergraduate and the graduate level. Drew's essay was titled *Motivating Factors in the Formation of Accountable Care Organizations: Profiles of Success*. He delivered his paper during one of the Wednesday morning sessions and then was honored with a certificate and scholarship at the Leon I. Gintzig Commemorative Lecture and Luncheon the same day.

Welcome New Members to the Great Lakes Chapter

DECEMBER 2012

Keith Hustak, PA-C, Byron Center
Madhura Mansabdar, Midland
Garth G. Miller, Midland
Paul Nickel, Grand Rapids
Dagmar A. Raica, Marquette
Adam Smego, Cassopolis
Brooke E. Wayman, Grand Rapids
Cindy Wicker, Fenton

JANUARY 2013

Kristopher L. Brenner, DO, Grand Rapids
Jeffery D. Burchett, Swartz Creek
Ingrid K. Cheslek, Wyoming
Matthew Davis, Grand Rapids
Jason L. Fleeger, Grand Rapids
Linda A. Iwan, Grand Rapids
Suzanne M. Ogawa, Wyoming
Marie T. Ring, RN, Lansing
Terry L. Thompson, PhD, Flint

FEBRUARY 2013

Helen A. Berghoef, Grand Rapids
Marcie L. Hurlbutt, Allendale
Bradley P. Rivard, Grand Rapids
Amy J. Sells, Grand Rapids
David V. Smuller, Kalamazoo
Elizabeth A. Sorenson Prince, Mount Pleasant
Ashley R. Williams, Big Rapids

Congratulations to the Following Chapter Members for the Recent Accomplishments

New Fellows

JANUARY 2013

James A. Toth, RN, FACHE, Traverse City

Recertified Fellows

DECEMBER 2012

William Beekman, FACHE, East Lansing

Robert D. Betka Jr., FACHE, Grand Rapids

Jacalyn A. Liebowitz, RN, FACHE, Jackson

George H. Montgomery, FACHE, Manistique

Matthew W. Rush, FACHE, Charlotte

JANUARY 2013

Gregg M. Beeg, FACHE, Mount Pleasant

Kira M. Carter-Robertson, FACHE, Grand Ledge

Bradley P. Casemore, FACHE, Fowlerville

James M. Full, FACHE, Lainsburg

Patrice M. Hatcher, FACHE, Flint

Wayne P. Hellerstedt, FACHE, Curtis

Terrance E. Lerash, FACHE, Saginaw

Dennis M. Litos, FACHE, Bath

Scott G. Newell, FACHE, Byron Center

Matthew J. Thompson, FACHE, Perrinton

Joanne Urbanski, FACHE, South Haven

Mary Kay VanDriel, FACHE, Grand Rapids

Randall J. Wagner, FACHE, Ada

FEBRUARY 2013

Margo H. Francisco, FACHE, Waukesha

Christina M. Freese-Decker, FACHE, Grand

Articles of Interest

5 Ways to Foster Innovation

Innovation is a hot topic for businesses. Everyone wants it, but how do you know if you have it? How do you know if you are encouraging innovation in your organization? Here are some ways companies can foster innovation:

1. *Encourage Experimentation.* Companies that make experimentation a priority will see results from those experiments. It's important to give people time to be innovative. One example is allotting every employee to use a percentage of their time to be creative and explore new ideas. If your employees spend all of their time in meetings or on phone calls, they don't have time to actually work on projects and be creative. Encourage experimentation and build time into the day to allow ideas to surface.
2. *Recognize innovation.* Sometimes this is as simple as acknowledging a contribution, while other organizations offer bonuses or prizes for innovative ideas. If your company prizes innovation, then make sure your employees know innovation is valued.
3. *Reward Failure.* One reason employees often don't express their ideas is that they don't want to rock the boat. They don't want to be a failure if something doesn't work out. Tolerate mistakes and expect failure, and reward lessons learned. Ideas don't always work the first time. Thomas Edison, one of American's greatest inventors, once said "I have not failed. I've just found 10,000 ways that it won't work." You'll never find the ways things do work without finding the ways that won't work first.
4. *Create Connections.* How many times have you heard someone say that they had a great idea and presented it to someone higher up in an organization and it went nowhere? Companies need outlets for employees to voice their ideas. Some companies have suggestion boxes and others have formal processes to submit ideas, but what's most important is to create pathways for ideas to become reality within organizations.
5. *Work in Teams.* Create innovation teams to source new ideas. Look for people who are passionate about creating something new and

different and allow them to work together to source ideas and processes

Once you have these new ideas, your organization needs to use them. Put your innovative ideas into practice. If you tell people to be innovative, encourage the process and allow the results to shine. The worst thing you can do is encourage ideas and not implement them.

—Adapted from "5 Ways to Foster Innovation" by Lorie Watson, www.brandon-hall.com

Projecting Confidence and Competence

Cara Hale Alter has spent two decades studying why some smart, capable people project credibility and others don't. She has identified 25 specific visual and auditory cues that affect the perception of credibility. And unlike countless other cues, such as gender, age or physical features, these 25 cues are "within your active control," she says.

Alter describes the 25 behavioral cues—explicit "codes of conduct" for posture, gestures, vocal skills and eye contact—and demonstrates how to embody them in all your business interactions, including interviews, meetings and presentations, whether in-person or virtual. Here are a few of her vocal skills tips to project confidence and competence.

Keep Your Pacing Relaxed

Your speaking pace, or words per minute, affects the tone and credibility of your content. It's similar to how the tempo of music affects the mood of the performance. Any piece of music has a range of tempo that is appropriate for the separate movements, and the same is true for spoken language. Generally, the faster the pace, the more upbeat and positive the message; the slower the pace, the more calm, serene or serious it is. Speak too fast, and it becomes frenetic or comic; speak too slowly, and it becomes tedious or boring. A comfortable listening pace is about 170 words per minute, give or take 10 words or so in either direction, depending on the mood.

Great Lakes Chapter of the American College of Healthcare Executives

Remember that the pace of your speech will affect how the listener perceives you. The more slowly you speak, the more confident and authoritative you come across; your message is important, and you have the authority to take up the listener's time.

Conversely, the more quickly you speak, the less confident you seem. A fast pace often is associated with an infusion of adrenalin, so a person who speaks quickly can appear to be nervous.

The most common pacing problem is people who talk too quickly. It's a rare individual who speaks too slowly, and even then the problem is usually a lack of energy or too many filler words (ah, ya know, like, um).

A fast speaking pace is a common problem in business settings. Time runs over, and you have less time to present your ideas than planned. In this situation, most people will speed up and try to say everything faster. Sadly, this lowers listener retention, and you are likely to look more nervous and less prepared. Imagine you are at a concert that is running long: Would it be effective for the conductor to play the last three songs 50 percent faster? It is best to cut some content than to poorly deliver the information you have.

Slowing down will do many positive things for your image. You will appear more in control, and your audience will have more time to digest the message. Nonetheless, we tend to speed up when we feel less secure with our content. But this is the very time when it would be helpful to slow down to collect and order our thoughts more effectively. Slowing down also makes it easier to eliminate those useless filler sounds.

The Power of the Pause

It's the novice graphic designer who fills every corner of the page with information. The experienced graphic designer understands that white space helps sell the message. Be willing to add a little temporal white space to your conversation. Do not fear the pause. As Mark Twain once said, "The right word may be effective,

but no word was ever as effective as a rightly timed pause."

We think that if we pause we will appear less intelligent or prepared, or even as boring. Research confirms the exact opposite: People who pause more in their conversations come across as more intelligent and better prepared.

From the speaker's point of view, a pause can seem unbearably long. From the listeners' point of view, pauses are quite comfortable. It's good customer service for listeners because they have the chance to lock the information away. And remember to let a well-placed pause be a pause; don't ruin it with darting eyes or filler noise. Allow a moment of silence to work its retentive power.

Pausing also shows you have command of the conversation. Many people fear that if they pause they will be interrupted. And, yes, listeners might well jump in at a pause if the sound of your words is the only clue that you are still speaking. But if all the other positive attributes of your speaking style are present—direct eye contact, strong posture, speaking with expression—listeners will see you're not finished and wait for you to continue.

As a side note, depending on the geographical region and demographic, the speaking pace of the general population may vary. In the United States, urban New Yorkers tend to be on the fast side, while rural Georgians tend to speak more slowly. People in their 20s enjoy a faster listening pace than people in their 50s. Of course, these are generalizations: Individuals vary. But it's important to consider these differences when communicating. If you speak at about 170 words per minute, your pace will be appropriate just about anywhere you go.

—Adapted from *The Credibility Code: How to Project Confidence and Competence When It Matters Most* by Cara Hale Alter, www.thecredibilitycode.com

National News

ACHE Publications App

The ACHE Publications App debuted in January with the first 2013 editions of *Frontiers of Health Services Management*, *Healthcare Executive* magazine and the *Journal of Healthcare Management*. The app is an added benefit for members and does not replace the print editions. It will provide an enhanced experience for readers by delivering interactive digital versions of each ACHE publication. The app can be downloaded at no charge from the App Store and also accessed as a mobile Web app through any browser. Only members and subscribers can access the digital publications. For more information, visit ache.org/DigitalPublications.

2013 Fund for Innovation in Healthcare Leadership Education Programs

The 2013 ethics program, “The Ethics of Access to Care and Care Disparities,” will be led by Joseph R. Betancourt, MD, director, The Disparities Solutions Center, Boston, on Aug. 7, and offered in conjunction with ACHE’s New York Cluster. The half-day session will focus on issues of equity of care and disparities in access, treatment and outcomes. A select panel of healthcare leaders will react to Dr. Betancourt’s remarks and share their experiences with the ethical challenges of increasing access to care and care equity.

For those already attending the New York cluster, continue your professional growth with this important session. Or, just participate in the morning workshop and leave with a renewed sense of commitment. Register online at ache.org/NewYork.

The 2013 innovations program, “Healthcare Innovation: Taking Action, Improving Care and Reducing Costs,” will focus on key initiatives introduced by the Center for Medicare and Medicaid Innovation (the Innovation Center).

The program will highlight three organizations that received Healthcare Innovations Awards and their experiences in implementing projects to develop better healthcare in communities with the highest care needs and will be offered in conjunction with

the San Diego cluster in September. Full details will be available soon at ache.org/Innovation. Both programs qualify for ACHE Face-to-Face Education credits.

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 on the FAQ page of the tuition waiver application. 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.

ACHE Senior Executive Program

The Senior Executive Program prepares senior healthcare leaders for complex environments and

Great Lakes Chapter of the American College of Healthcare Executives

new challenges. Past participants have been senior directors, vice presidents, COOs, CNOs and CFOs—many of whom aspire to be a CEO and

believe the Senior Executive Program has assisted them in that goal. It consists of three sessions, each two-and-a-half days in length. Locations and dates are as follows: Chicago (June 3–5), San Diego (Aug. 12–14) and Orlando, Fla. (Oct. 14–16).

Participants grow professionally in a supportive learning environment over the three sessions. The Senior Executive Program includes such relevant topics as reducing medical error, improving board relationships, increasing personal influence, financial management in the era of payment reform, confronting disruptive behavior and influencing public policy.

Enrollment is limited to 30 healthcare executives. For those individuals whose organization lacks the resources to fully fund their tuition, a limited number of scholarships are available. For more information, contact Darrin Townsend, program specialist, at (312) 424-9362 or visit ache.org/SeniorExecutive.

ACHE Executive Program

The ACHE Executive Program is designed to help healthcare middle managers refine their knowledge, competencies and leadership skills. Participants will have the opportunity to learn, share and grow professionally together over the three multi-day sessions. The program will cover such relevant topics as improving patient safety and clinical quality, physician integration strategies, appraising personal leadership, managing disruptive behavior, talent development, understanding hospital governance, conflict management and measuring financial success.

The Executive Program, a three-part series of sessions, will be held at the following locations and dates: Chicago (June 3–4), San Diego (Aug. 12–14) and Orlando, Fla. (Oct. 14–16). Participants will attend all three sessions.

For more information on the Executive Program or the Toshiba America Medical Systems, Inc. scholarships, please contact Darrin Townsend, program specialist, at (312) 424-9362 or go to ache.org/Executive.

ACHE Launches Physician Executives and Healthcare Consultants Forums

ACHE recently launched its new Physician Executives Forum and Healthcare Consultants Forum to enhance value to physician executive and healthcare consultant members through a package of benefits tailored to their unique professional development needs.

The Physician Executives Forum offers education, networking and relevant information that address the top issues physician executives face such as leading quality initiatives and enhancing interdisciplinary communication skills. Physician executive members are encouraged to visit ache.org/PEForum where they can learn more about the Forum's benefits and join.

The Healthcare Consultants Forum can help healthcare consultants stay ahead of the curve and more effectively meet client needs through targeted resources designed with their needs in mind. Benefits include a special designation on ACHE's online Member Directory, e-newsletter and a LinkedIn Group. More information is available on ache.org/HCForum where interested consultant members can also join.

The cost for joining either the Physician Executives or Healthcare Consultants Forum is \$100 annually in addition to ACHE annual dues.

ACHE Call for Nominations for the 2014 Slate

ACHE's 2013–2014 Nominating Committee is calling for applications for service beginning in 2014. All members are encouraged to participate in the nominating process. ACHE Fellows are eligible for any of the Governor and Chairman-Elect vacancies and are eligible for the Nominating Committee vacancies within their district. Open positions on the slate include:

- Nominating Committee Member, District 1 (two-year term ending in 2016)
- Nominating Committee Member, District 4 (two-year term ending in 2016)
- Nominating Committee Member, District 5 (two-year term ending in 2016)
- 4 Governors (three-year terms ending in 2017)
- Chairman-Elect

Please refer to the following district designations for the open positions:

Great Lakes Chapter of the American College of Healthcare Executives

- District 1: Canada, Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.
- District 4: Alabama, Arkansas, Kansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma, Tennessee and Texas.
- District 5: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming.

Candidates for Chairman-Elect and Governor should submit an application to serve, a copy of their resume and up to 10 letters of support.

Candidates for the Nominating Committee should only submit a letter of self-nomination and a copy of their resume.

Applications to serve and self-nominations must be submitted electronically to jnolan@ache.org and must be received by July 15, 2013. All correspondence should be addressed to Rulon F. Stacey, PhD, FACHE, chairman, Nominating Committee, c/o Julie Nolan, American College of Healthcare Executives, 1 N. Franklin St., Ste. 1700, Chicago, IL 60606-3529.

The first meeting of ACHE's 2013–2014 Nominating Committee was held Tuesday, March 12, 2013, during the Congress on Healthcare Leadership in Chicago. The committee met in open session at 2:45 p.m. During the meeting an orientation session was conducted for potential candidates, giving them the opportunity to ask questions regarding the nominating process. Immediately following the orientation, an open forum was provided for ACHE members to present and discuss their views of ACHE leadership needs.

Following the July 15 submission deadline, the committee will meet to determine which candidates for Chairman-Elect and Governor will be interviewed. All candidates will be notified in writing of the committee's decision by Sept. 30, 2013, and candidates for Chairman-Elect and Governor will be interviewed in person on Oct. 31, 2013.

To review the Candidate Guidelines, visit the Members Only area of ache.org and select the "Candidate Guidelines" link on the left-hand side of the page. If you have any questions, please contact Julie Nolan at (312) 424-9367 or jnolan@ache.org.

ACHE Call for Nominations for Regent-at-Large

The ACHE Board of Governors is calling for applications to serve as Regent-at-Large in District 1 and District 6 beginning in March 2014. ACHE Fellows are eligible for Regent-at-Large vacancies within their district.

District 1 consists of Canada, Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

District 6 consists of Uniformed Services and Veterans Affairs.

The goal of the Board of Governors in appointing Regents-at-Large is for the Council of Regents to mirror the diversity of ACHE Members and Fellows. To that end, the Board seeks applicants who are female or persons of color. The responsibilities of the Regent-at-Large, including suggested knowledge, skills and experience are included in the position description posted in the Members Only area of ache.org. Appointments will be made by the Board of Governors in November 2013.

Fellows from District 1 and District 6 may apply to serve by sending a letter (see specifications below) via U.S. mail postmarked between Jan. 1 and July 15, 2013, to Thom D. Freyer, FACHE, CAE, American College of Healthcare Executives, 1 N. Franklin St., Suite 1700, Chicago, IL 60606-3529. Materials can also be sent via email to tfreyer@ache.org or faxed to (312) 424-2836.

Application specifications: Letters of application must include a statement by the candidate that addresses their qualifications for the position, including the characteristics identified by the Board of Governors that are noted above. Candidates may include up to two letters of support for their candidacy.

ACHE's 2013 Premier Corporate & Valued Sponsors

ACHE would like to recognize our 2013 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 members in various ways, including providing financial resources, hosting networking events and offering educational opportunities. We are proud to recognize the following 2013 ACHE Premier Corporate Partners:

- ARAMARK Healthcare Technologies
- Cardinal Health
- CareFusion
- Conifer Health Solutions
- Philips Healthcare
- Trane Global Healthcare Practice

Join our GLACHE LinkedIn Group!

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



GVSU HPGSA Website & Facebook Connections

Below are links to GVSU's HPGSA website and Facebook pages.

<http://www.gvsu.edu/spnha/student-organizations-77.htm>

<https://www.facebook.com/#!/pages/Healthcare-Professionals-Graduate-Student-Alliance/252539474779235>

Great Lakes Chapter of the American College of Healthcare Executives

2013 Board Members

Patrick Brillantes, FACHE, **President**
Sparrow Health System
patrick.brillantes@sparrow.org

Scott Newell, FACHE, **Vice President**
Spectrum Health
scott.newell@spectrumhealth.org

Katherine Coffield, FACHE, **Secretary**
kcoffield1@aol.com

Steven Berkshire, EdD, FACHE, **Treasurer**
Central Michigan University
berks1sd@cmich.edu

Directors:

Ray Breiding, LFACHE
Walgreens Infusion Services
rayb324@chater.net

Michael Breon
Grand Valley University Student President
michael.breon@spectrumhealth.org

Pam Carlson, MSN, RN
Metro Health Hospital
pamela.carlson@metrogr.org

Kira M. Carter-Robertson, MHA, FACHE
Sparrow Specialty Hospital
kira.carter@sparrowspecialty.org

David J. DeSimone, FACHE
McLaren Health Care
david.desimone@mclaren.org

Richard J. Funnell, MHA, FACHE, CMPE
Spectrum Health
richard.funnell@spectrumhealth.org

Michael Grisdela, FACHE
Karmanos Cancer Institute
grisdelm@karmanos.org

Pat Hatcher, FACHE
McLaren Health Care
patrice.hatcher@mclaren.org

Heather James
CMU Student President
james1ha@cmich.edu

Peter Karadjoff, FACHE, **Regent**
Providence Park Hospital
peter.karadjoff@stjohn.org

Jeff Lemon, FACHE
Spectrum Health
jeffery.lemon@spectrumhealth.org

Tom Lemon, FACHE
Ostego Memorial Hospital
tlemon@myomh.org

Kevin Price, MHSA, FACHE
Sparrow Clinton Hospital
kevin.price@sparrow.org

Donald Simila, FACHE
Marquette General Health System
dsimila@mgd.org

Jan Sternberg, PhD, FACHE
Huron Medical Center
jsternberg@huronmedicalcenter.org

Mary Kay VanDriel, EdD, FACHE
Value Health Partners
marykay.vandriel@valuehp.org

Whitney Yuchasz
UM Flint Student President
wyuchz@flint.edu

An Independent Chapter of



American College of
Healthcare Executives
for leaders who care®

Great Lakes Chapter of the American College of Healthcare Executives

P.O. Box 68013
Grand Rapids MI 49516-8013
Phone 616.456.8013
Fax 616.451.3108
Email: info@greatlakes.ache.org
Web: <http://greatlakes.ache.org>

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.

This newsletter is assembled and published by:

Kristine Waide
kristine@elevenfish.com