

Newsletter - Spring 2015

Georgia Association of Healthcare Executives (GAHE)

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PRESIDENT'S LETTER

Dear Fellow GAHE Members!

It is indeed an honor and a privilege to serve as the President of the Georgia Association of Healthcare Executives (GAHE) for 2015! I look forward to working alongside a talented group of committed healthcare professionals as we continue our journey of attaining our mission of advancing our members in healthcare leadership excellence by providing relevant educational programs, a forum for professional exchange, and a network for career development.

Key activities this year:

- Preparing and executing a new Strategic Plan
- Developing enhanced sponsorship opportunities
- Providing educational programs that will provide insight on the changing dynamics of our industry and programs of best practices from our colleagues across the State
- Expanding our reach with other professional associations and groups to hold joint events

Please join me in thanking those who have volunteered to represent you as Officers, Board Members, and Committee Chairs for 2015:

- Immediate Past President: Jerry Tillery, FACHE
- Vice-President: Tripp Penn, FACHE
- Treasurer: Mary Germann, RN, FACHE
- Secretary: Nancy Greene
- At-Large Board Member: Johnny P. Ball, III, FACHE
- At-Large Board Member: Chris Beck
- At-Large Board Member: Matt Jernigan
- At-Large Board Member: Marlene Sidon, FACHE
- At-Large Board Member: Asbury Stembridge, FACHE
- Regent Director - Georgia Region: Larry Tyler, FACHE
- Advisors: Callie Andrews, FACHE; Allyson Keller, FACHE; and Craig Honaman, FACHE
- Committee Chairs: Kirsten Jones; Bryant Cornett; David Henderson, FACHE; Barry Herrin, FACHE; Frank Jordan, FACHE; and Asbury Stembridge, FACHE

As an all-volunteer organization, acknowledging everyone's busy schedule, I am appreciative of the sacrifice of personal and professional time given to driving value to GAHE and for each of its members.

Specifically, I wish to thank **Glenn Pearson, FACHE** who ended his term as Regent for Georgia on March 14th. Glenn has represented all of us with professionalism and dignity as our Regent. As Glenn transitions the role and responsibility to **Larry Tyler, FACHE**, Larry and all of us know that Glenn leaves a solid legacy. On behalf of all of us, thank you, Glenn, for your service.

In today's dynamic environment, there is no doubt that the only constant in healthcare is change. Change often brings nervousness and anxiety. However, I believe it is an exciting time to be a healthcare professional. Being a member of an organization such as GAHE which develops and encourages community and education creates an environment where change brings opportunity. I am excited about tackling the many changes faced by our healthcare community. What better time than now to continue to get involved in our GAHE community and embrace these changes together? Some things to consider for 2015:

- Please visit the ["Events" page of our website](#) to review the **exciting educational programs** that will be held this year in various locations around Georgia. Our goal is to ensure that educational offerings are provided throughout the State to maximize your time and ability to participate. In addition, mark your calendars for an ACHE educational program cluster in Atlanta on October 19 – 22, 2015.
- **Encourage your colleagues to join GAHE!** What better way to advance, network, and have the opportunity to learn from one another than to be a part of a strong organization that GAHE represents.
- For those of you who have not attained Fellow Status, **make a goal to attain the FACHE credential in 2015!** There is no better evidence of your commitment to our profession and your personal development.

And finally, thank you again for the opportunity to serve as GAHE President this year. I look forward to seeing you at the various events this year. Should you have any thoughts, ideas, suggestions, please feel free to reach out to me.

Leading together!

Sincerely,
Jay Dennard, FACHE



“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” – John Quincy Adams

MEMBER NEWS

GAHE wins ACHE 2015 Award of Chapter Merit

GAHE is proud to be a 2015 winner of the ACHE Award of Chapter Merit. Each year ACHE recognizes local chapters with awards for meeting or exceeding performance measures. This program helps ensure the delivery of high-quality services to ACHE members at the local level by acknowledging outstanding chapter accomplishments.

The award recognizes the work of our chapter in 2014 and was presented to our current president, Jay Dennard, FACHE, at the Chapter Leaders Reception during ACHE’s 2015 Congress held in Chicago on March 16-19.



Photo below (courtesy ACHE) - Chapter Award Winners group picture with ACHE Chairman Cordova during Congress.



Board of Governors Exam Fee Waiver Promotion – Apply by June 30

ACHE offers the Board of Governors Exam fee waiver promotion to Members who apply for the FACHE credential between March 1 and June 30, 2015. Eligible 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, 2015, to receive the waiver. The waiver will be valid for six months after your application has been approved. For more information on the promotion, go to ache.org/FACHE.

GAHE BOG Exam study aids

Did you know... GAHE offers two low-cost opportunities to help you prepare for the Board of Governors Exam:

- **Annual in-person two day intensive workshop** featuring content expert presenters in each of the ten knowledge areas of the exam. This year's event is planned for Friday and Saturday, July 17-18, in the Atlanta area. Details and registration will be coming soon.
- **Self-study online tutorial** consisting of audio recordings and accompanying slides from a prior year's workshop. A one-time charge of \$75.00 entitles you to unlimited, no expiration access to this tool. For details and registration see the Advancement Tutorial page of our website <http://gahe.ache.org/x56.xml>.

GAHE Corporate Sponsorship Program - New levels for 2015

Thank you to 2015 Silver Annual Sponsor - Ackerman Medical



Our generous sponsors' support of GAHE enables us to provide an educational and networking forum for healthcare leaders in Georgia. GAHE invites companies and organizations to support its mission while maximizing the return on sponsorship investment. These special contributors enable our award-winning chapter to provide outstanding educational and networking programs to our members, and such financial support is a vital part of our organization's future success.

Through the annual sponsorship program, corporations reach healthcare professionals and prime decision makers in a multi-million dollar industry. Sponsorships are limited in number to ensure maximum visibility for these much appreciated partners.

The specific benefits of 2015 sponsorship are listed below. For more information on becoming a supporter of GAHE, please contact the chair of our sponsorship committee, Barry Herrin, FACHE, barry.herrin@smithmoorelaw.com.

<i>Sponsorship Level</i>	<i>Special Considerations Provided</i>
<u>MEETING SPONSOR - BRONZE</u> \$1,000 per event	<ul style="list-style-type: none">• Maximum of 5 per year (currently enrolled Silver Sponsors apply toward this limit)• Introduces the speaker or panel moderator for the selected meeting• 2 complimentary registrations for meeting. Additional registrations may be paid at the Member rate.• 1 seat at the Reserved/VIP table• Sponsor ribbon recognition on name badge for the meeting• Verbal recognition from the podium as Meeting Sponsor• Recognition on website, newsletter, and visual displays at the meeting
<u>MEETING SPONSOR - SILVER</u> \$2,500 per event	<ul style="list-style-type: none">• Maximum of 3 per year• All benefits of Bronze Meeting Sponsor• Co-Chair for planning the selected meeting with GAHE Programs Committee members

	<ul style="list-style-type: none"> • Selects a panel member for the meeting program. Panelist must have qualification in a clinical field (rather than a sales person), and must satisfy ACHE/GAHE requirements for position and subject expertise. • May be panel moderator (person must satisfy ACHE/GAHE requirements for position and subject expertise).
<p><u>ANNUAL SPONSOR - SILVER</u></p> <p><i>\$2,500</i></p>	<ul style="list-style-type: none"> • Maximum of 5 per year • 20 complimentary registrations to programs for the year, NOT including December Mini-Cluster or small-group Lunch With The CEO. (ACHE Chairman Event and Senior Executive Breakfast will require 2 registrations per seat) • Sponsor ribbon on name badge for entire year • Verbal and visual display recognition at each meeting, on website and in newsletter
<p><u>ANNUAL SPONSOR - GOLD</u></p> <p><i>\$5,000</i></p>	<ul style="list-style-type: none"> • Maximum of 2 per year • All benefits of Silver Annual Sponsor • Choice of introduction of ACHE Chair at ACHE Chairman Event or introduction of speaker at Senior Executive Breakfast (first come first served) • Choice to deliver brief (approximately 1 minute) thank you speech at GAHE Annual Meeting • 1 seat at VIP/Reserved table for each meeting
<p><u>CLINICAL/EDUCATION SCHOLARSHIP SPONSOR</u></p> <p><i>\$6,000</i></p>	<ul style="list-style-type: none"> • Maximum of 1 hospital or healthcare system per year • Provides three (3) ACHE membership sponsorships to clinical professionals who compete by application (to be selected by GAHE board members). Awardees receive ACHE Member dues for 1 year, and 1 complimentary registration for GAHE Annual Meeting. • Provides three (3) student membership sponsorships – Awardees receive ACHE Student Affiliate member dues for 1 year, 1 complimentary registration for GAHE “student day” event, and 1 complimentary registration for GAHE Board of Governors Exam Tutorial. Student awardees to be selected by heads of Georgia university MHA programs at Georgia Regents University, Georgia State University, Clayton State University and Georgia Southern University. • 50 complimentary registration vouchers for students to attend monthly GAHE meetings, to be distributed by heads of Georgia university MHA programs at Georgia Regents University, Georgia State University, Clayton State University and Georgia Southern University. • Sponsor ribbon on name badge for entire year • Verbal and visual display recognition at each meeting, on website and in newsletter • 1 seat at VIP/Reserved table for ACHE Chairman Event – attendee to be selected by sponsor organization

MEMBERSHIP REPORT *(First quarter 2015, as of publication date 3/31/15)*

Congratulations to the following GAHE members who have achieved their Fellow of ACHE (FACHE) credential. Please take a moment to congratulate your colleagues for their commitment to advancing their healthcare careers:

Charisse A. Braxton, RN, FACHE

Brian Evans, FACHE

LTC Jennifer Staples, FACHE

Sondra Smith, FACHE

And we congratulate the following **members who recently recertified their Fellow status:**

Ellen K. Hamilton, DNP, RN, FACHE, William E. Lindsey Jr., FACHE, Marjorie A. Mathieu, FACHE, Jeanne McCarthy, FACHE, Dorothy H. Mitchell, RN, FACHE, J. Perry Mustian, FACHE, Bobby Ryan, FACHE, Joyce T. Siegele, FACHE, Richard F. Smith, DNP, RN, FACHE, Neal E. Stockmyer, FACHE, Mark S. Weinstein, FACHE, Nancy E. White, FACHE, Patricia M. D'Errico, RN, FACHE, Gerald R. Ledlow, PhD, FACHE, Barry L. Mousa, FACHE, Rhett C. Partin, FACHE, Jason A. Studley, FACHE, Thomas S. Wagner, FACHE, Allan L. Kennedy, FACHE, Craig A. Owens, FACHE, Kevin C. Sass, FACHE, Jane Snecinski, FACHE

We welcome the following **new members of GAHE** and hope to meet you soon at one of our events:

Lindsay Abbott, Doug Allen, Wykeila N. Askew, Jeffrey Box, Martha Carr, Britni Combs, Bushra Farooq, George W. Garriss III, MD, Lindsey C. Harber, Brandon Hargrett, Susan W. Harris, RN, Tara S. Holliday, John Ryan Hood, Lynne Hosier, Gregory S. Klimaszewski, William C. Lavelly, Connie Lee, Yu Liu, Aruna Mardhekar, RN, Sharon E. Mawby, Alan R. Muster, MD, Jonathan C. Neff, Sharon Oyekan, Arlita Powell, Damon Redding, PharmD, Jennifer Reid, Jason Smith, MD, Dion Walden, Christopher Walzer, Antionette Warde, Aaron Wesselman, Christine Beam, Alison Belgrave, Zalmon Blackmon, Jason Crosby, William Hamilton, Terrence W. Hight Jr., Nichelle Jones, T Clay Jones, Kristin G. Martin, Chelsea Mayes, Latasha McGowan, Mindy M. Oberg, Keith Palmer, Charles A. Peck, MD, Terri Pirkle, RN, Christopher Schmitz, Arthur Steedman, Callie Stewart, Jeff C. Stone, MD, Lindsey M. Strickland, Lynda S. Talley, Reagan L. Taylor, Paul Trumbull, Ed Walters, Thad Wilkins, MD, Bridgett Young, Jackie Bauer, Alexander M. Bomkamp, Ryan J. Burnside, Amy Covell, Larry Ebert, COL Kirk W. Eggleston, Lori Folsom, Glenda N. Francis, RN, Andrew Gardner, David M. Gates, MD, PhD, Jyl Gryder, Jeremy Harmon, Gregory Jones, EdD, Rony Jose, Areaka Luke, Christina M. Martin, Primo T. Murillo, Paivi H. Parssinen, Frederick K. Quarles, Mallory E. Scott, Brenston Sharperson, Soundarya Somasundaram, Mark Stevens, Tamara Stovall, Joseph Turner, Jason T. VanGalder, Mark K. Weaver

MEMBERS ON THE MOVE

Ryan N. Schmidt, FACHE, PhD, Assistant Professor of Healthcare Administration at Langdale College of Business Administration, Valdosta State University, has been selected to complete training in the Post-Doctorate (AACSB) Finance & International Business/Entrepreneurship (focus in Strategic Management), University of Florida, Warrington School of Business. The program allows graduates to teach Finance, International Business, Entrepreneurship, Strategic Management at AACSB business schools (top 5% of all business schools).

GAHE member Kim Gilman named Southwest Georgia Regional Medical Center CEO

By: Jennifer Parks

www.albanyherald.com/news/2015/jan/14/kim-gilman-named-southwest-georgia-regional/

Kim Gilman, who has been serving as CEO and chief nursing officer of Phoebe Worth Medical Center, has been given the added responsibility for a Phoebe-managed hospital in Cuthbert, officials with Phoebe Putney Health System say. Phoebe Putney Health System CEO Joel Wernick announced Wednesday that Gilman has been appointed CEO and chief nursing officer (CNO) for Southwest Georgia Regional Medical Center (SGRMC), a 25-bed critical access hospital managed by Phoebe in Cuthbert.

This appointment comes in addition to Gilman's current role as CEO/CNO of Phoebe Worth, a 25-bed critical access hospital in Sylvester. With over 20 years of healthcare experience, Kim has demonstrated her ability to improve and maintain employee and patient satisfaction, clinical excellence, patient safety, team building and operational efficiencies," said Wernick. "With this enhanced oversight, Kim will now have the opportunity to focus on further collaboration and efficiencies between the two facilities."

In 1999, SGRMC was the first Georgia hospital to receive critical access designation, officials said. It is a non-profit, county-owned facility managed by Phoebe Putney Memorial Hospital with oversight from the Hospital Authority of Randolph County. "We are delighted that Kim has accepted this position," said Steve Whatley, chairman of the Hospital Authority of Randolph County. "Her successful leadership in Worth County has proven her understanding of and ability to meet the healthcare needs of a rural community."

Gilman began her career at Phoebe in 1992 as a registered nurse. In 2002, she accepted the role of CNO, with the CEO title being added in 2010. She earned a bachelor's and master's degree in organizational leadership from LaGrange College and an associate degree in nursing from Abraham Baldwin Agricultural College in Tifton. She serves on the advisory board of Albany Community Hospice and was recently appointed to the Moultrie Technical College Board of Directors. Gilman is also a member of the Sylvester Kiwanis Club, the Worth County High School Health Occupations Education Program and is the 2015 vice chair of the Sylvester-Worth County Chamber of Commerce Board of Directors. She and her husband, Donald, have one daughter.

Your news wanted!

GAHE members who have moved to a new position, received a promotion or other professional accomplishment, we would like to hear from you! Notices may be submitted to GAHE Administrator Karen Manno, kmanno AT gahe.org, or any member of our Communications Committee. A notice should not exceed 40 words and should tell the member's name and credentials, accomplishment /new position/ new location, former position and location, and effective date. The suggested form is "John Doe, FACHE, to Vice President Medical Center of Central Georgia, Macon, from Department Director, Houston Healthcare, Warner Robins, effective June 1, 2015." Photos are encouraged but not required.

FROM YOUR ACHE REGENT

Winter 2015



Well, this is it – my final column as your Regent. As I reflect on my communications over the last three years I recognize that my "unusual" brain often sees connections that others may think are spurious. I hope at least some of you have seen value in my musings about leadership gleaned from discussions of:

- The pageantry of college football – serving as an example of how amazing things can happen through teamwork
- How the sweetness of a slice of watermelon gradually diminishes as you approach the rind – illustrating how small behavioral compromises can bring us to places we don't want to go
- The folly of binge dieting – reminding us that lasting change is most effectively brought about by deliberate and small improvements
- A chance encounter with a young man at the gym – illustrating the fact that no one is beyond hope and that spectacular personal changes are possible
- The Aesop's Fable about the wind and the sun trying to get a traveler remove his coat – reminding us that kindness and gentleness is more likely to achieve desired change than is harshness
- Multiple lessons derived from cycling – discussing (among other things) perseverance, carrying my own weight, supporting others, focusing on what really matters, not being too proud to align with people more talented than I am, and being kind to others perhaps less advanced in their careers.

I hope these reflections have brought at least some insights into leadership. You can probably guess I got a kick out of writing them.

I can't tell you what an honor it has been to have been elected to represent you to ACHE. It is almost obligatory for anyone leaving a leadership role to say kind things about the organizations they have served and the people with whom they have worked. Please be assured that my praise for ACHE and GAHE are genuine and heartfelt. What a privilege to work shoulder to shoulder with the outstanding staff in Chicago and with the string of fine elected GAHE officers and board members. And I would like to especially publically acknowledge Karen Manno as she has faithfully kept GAHE on track administratively for many years. She is a true professional.

Finally, I am delighted that J. Larry Tyler, FACHE is my successor. Larry's career as a healthcare leader is storied. He has served ACHE in countless ways, and when he told me he was considering running for the Regent position, I couldn't believe he had never done that before. He will serve you well and will do a great job representing Georgia's 1,500 members. I know you will offer him your full support.

Glenn E. Pearson, FACHE
2012-2015 Regent for Georgia

Meet our new Regent for Georgia



J. Larry Tyler, FACHE

Larry is chairman of Tyler & Company in Atlanta. He previously served ACHE as a member of the ache.org Editorial Board, the Career Development Committee and the Regents Advisory Council. He began his three-year term on March 14 prior to the Congress on Healthcare Leadership in Chicago. Larry can be reached at (770) 396-3939 or ltyler@tylerandco.com.

Please extend your thanks to outgoing Regent for Georgia, Glenn E. Pearson, FACHE, for all his hard work. He can be reached at gpearson.hc@gmail.com.

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UPCOMING EVENTS

Get the most current details and registration for all GAHE programs on the ["Events" page](#) (list here accurate as of publication date 3/31/15)

- **Thursday, April 9 - Valdosta / South Georgia Double Program**
Two topic presentations: "Sustaining a Financially Vibrant Healthcare Organization" AND "The Impact of the ACA: How Readmission Penalties Will Affect the Healthcare Executive's Mission"
10:30 am to 2:30 pm at Valdosta State University
CEUs: 1.5 hours ACE Face To Face (formerly "Category I") Education for each program, total of 3 hours
- **Wednesday, April 15 - Spring networking evening - Atlanta**
Topic: "Challenges and Innovations in Healthcare Today " with Chris Kane - Principal, Dixon Hughes Goodman
Time & location: 6:30 to 8:30 pm at Gordon Biersch Restaurant - Buckhead location, 3242 Peachtree Road NE, Atlanta, GA 30305
- **Thursday, April 16 - Savannah / Coastal Georgia Double Program**
Two topic presentations: "Becoming Accountable: Achieving Success in Population Health"
AND "The Impact of the ACA: How Readmission Penalties Will Affect the Healthcare Executive's Mission"
11:30 am to 3:45 pm at Armstrong State University, Savannah
CEUs: 1.5 hours ACE Face To Face (formerly "Category I") Education for each program, total of 3 hours
- **Senior Executive Breakfast** - By invitation only
in Atlanta - Details coming soon
- **Friday, May 8 - Atlanta Double Program**
Two topic presentations: "Technology Innovation Changing the Face of Healthcare Delivery" AND "Leading Information Safety: Planning for Data Privacy and Security"
11:30 am - 3:00 pm at Grady Memorial Hospital, Atlanta
CEUs: 1.5 hours ACE Face To Face (formerly "Category I") Education for each program, total 3 hours
- **Tuesday, July 21 - Topic in Diversity**
11:30 am – 1:30 pm at Maggiano's Atlanta/Buckhead
CEUs: TBA
- **Friday, August 28, 2015 - Lunch with the Chairman of ACE,**
featuring Edward Lamb, FACHE - ACE Chairman-Elect and Western Division President, IASIS Healthcare, South Jordan, Utah
11:30 am – 1:30 pm at Maggiano's Atlanta/Buckhead
CEUs: 1 hour ACE Qualified Education Credit

Fall programs and many more events are planned throughout 2015, be sure to watch for announcements:

- **BOG Exam Tutorial** – a Friday& Saturday two-day workshop, July 17-18
- **Annual Mini-Cluster with 6 Face To Face CEUs** in December
- Programs in **regions throughout Georgia** including Augusta in the fall
- More opportunities for our small-group **Lunch with the CEO** events for early-to-mid careerists

And lots more!

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CAREER CORNER

Take charge of your career – so others don't!

By GAHE Board Advisor J. Craig Honaman, FACHE, CRC - Principal, H & H Consulting Partners, LLC
Healthcare Strategic Career Management Consultant, careerdir1 AT aol.com / www.careerpiloting.com /
770.394.2221

Who is in charge of your career? Are you making the decisions about your career or are you allowing others to make the decisions for you?

Proactively managing your career is essential. The competition for the best jobs will be determined by those who are in the lead to sell themselves to job opportunities. Who is in charge of the position recruitment and the personnel selection? Who is making the decision about your future in the process?

A job search is all based on rejection and / or filtering. Everyone is looking for reasons to filter out resumes and candidates thereby narrowing the pool quickly. You however want to stay in the game and on the playing field. Here are some tips for some of the most common excuses for rejection:

1. "You're over (or under) qualified" for the job". Says who? Benchmarked against what level? Does that mean the organization wants mediocre or under qualified people rather than "well qualified." As a "comeback" to the comment consider communicating that you are excited to hit the ground running as a well-qualified resource. Simply accepting someone else's opinion about you without a challenge allows the other party to be determining your future. Are you taking the lead or letting someone else own your career?
2. "You did not match our criteria on the job board." The anonymous job board submittal is impersonal. Do your best to identify a connection within or outside of your network who is employed by or associated with the company. Make a personal connection. Also, use sources such as LinkedIn to identify people you may know at specific companies. Call the HR department and get a name of the individual with whom you could follow up.
3. "You haven't done much and no results are listed!" What work have you done? This can be volunteer or in paid positions. Work is work! What skills, competencies, results have been achieved in the various work assignments? Anticipate matching experience to job listings.
4. "You don't know anything about our Company." Rather than using anonymous job postings on job boards, seek out the company web site. Often the company has a "career" link and this is the primary path for submitting your candidate information. Making an application electronically to the company demonstrates a high level of interest. Research show that companies prefer this method because it demonstrates initiative – that you have researched the Company and not just posting up-and down the job boards.
5. "Your resume is too long!" Prepare a hard hitting resume which can be interpreted in 10 seconds. The process of opening the letter and having a hard copy document may help get you noticed. Especially if it is an attention grabber
6. A friend says: "You would not like that job." Do not allow others – friends or colleagues – to decide for you whether the job or company is a fit. Everyone has opinions and you will need to decide which to adhere to and which to ignore. Nobody knows yourself like you do. Listen to the advice others offer but make your own decisions – and learn from them for better or worse.

Other factors which may cause rejection:

- **Be prepared.** Prepare solid explanations for obvious questions you know they will ask, such as:

What makes this opportunity an important step in your career?

What experience applies directly to the requirements of this position?

Why are you taking a step back in your career? OR why are you applying for a big jump in a career move?

Why are you willing to take less salary than your previous job? OR why are you asking for a big jump in pay from your previous position?

Why are you applying for a job in which you have little experience

Why are you applying for a position in a substantially different size organization?

Many questions are logical from an outsider's viewpoint. Be thinking of the audience and what they might be interested to learn. Interviewers often focus on specific parts of a resume that represent unusual variations. If there are periods of time that you were not employed, you need to have a clear story or explanation for this period of your life.

- **Value Statement / Personal Branding Matters.** Each interaction you have with the prospective employer represents an opportunity to demonstrate your personal brand. Brand definition and differentiation requires thorough preparation before, during and after interviews. The initial review of communication skills will be 60 to 90 seconds max. You must have easy "grabbers" to get your message across quickly.
- **Online resources growing.** Some search firms are using LinkedIn and other online career services tools to locate and place candidates. Site search engines allow the Consultant to seek people who are in jobs, who may not be looking in the job market, but have the criteria being sought. Keep your information online up-to-date and ensure that it truly speaks to your experience and value.
- **Network.** "I don't know anyone!" People have more contacts than they often give themselves credit for. Develop relationships relentlessly to have contacts throughout the industry. More than 90% of jobs are still found based on "who you know." Develop a system for tracking contacts – including career and personal information. Manage your network regularly and ensure that you maintain contact with individuals over time. Make the system easy to use daily and back up the data regularly. Use LinkedIn, the ACHE Directory, and other sources of people information.
- **They never call back!** Take charge. You call them. Make the first move and then appropriately have periodic follow up contacts. Do not sit back and expect to be called. You may not always have a contact name and phone number. But with relentless research, you will have many of them. If you allow others to reject you without you providing the reasons to keep you in the game, then they are determining your future.

Who is best to be in charge? You! Make your own decisions with as much information as possible and then charge on!

The ACHE Early Careerist Network

If you are a full Member or Fellow of ACHE, and you are under the age of 40, you automatically belong to the Early Careerist Network. The ECN's resources, many of which are available online at www.ache.org/membership/ecn/earlycareernetwork.cfm, are designed to help you face the increasingly complex professional challenges you face. Build career momentum with the Early Careerist Network, with benefits that include the Early Careerist Newsletter, ACHE discounts, educational programs and networking and mentoring opportunities.

ACHE wants you to have access to networking, education and career development at the local level. As an early careerist, your local ACHE chapter is an excellent resource to enhance your work performance.

- To become a member of the local chapter in your area you must first [Join ACHE](#). If you are currently a member of ACHE, you can find out more about your local chapter by signing in to the chapter area of [My.ACHE.org](#).
- What can your chapter do for you? Go to the Chapters area and click on the "Find an ACHE Chapter" link to learn how your chapter can help advance your career.

Participate in your local chapter for these top five reasons:

1. Access chapter resources, including Web sites that offer local job postings and online membership directories.
2. Network with executives who share your community commitment and discuss local healthcare news and challenges.

3. Earn the FACHE credential with your peers! Chapters have the resources to conduct information sessions and study groups.
4. Sharpen your leadership skills by serving on a chapter committee or task force.
5. Attend educational programs that count toward earning or recertifying your ACHE credential without incurring hefty travel expenses.

2015 ACHE Healthcare Executive Competencies Assessment Tool

ACHE members: Access the 2015 ACHE Healthcare Executive Competencies Assessment Tool, a self-assessment instrument designed to help healthcare executives identify strengths as well as areas to include in a professional development plan. The tool also may be used by supervisors to facilitate dialogue with staff on areas of strength and opportunity and by organizations to better define the requirements of specific roles develop targeted training for those roles.

Latest edition of Competencies Assessment Tool now available at www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf

A leadership transition is underway, younger healthcare professionals are now in the C-suite

By: Marty Stempniak, H&HN Staff Writer

http://www.hhnmag.com/display/HHN-news-article.dhtml?dcrPath=/templatedata/HF_Common/NewsArticle/data/HHN/Magazine/2015/Feb/interview-tejeda-youngCEOs

Nicholas Tejeda, 35, is the chief executive officer of Tenet California's 73-bed Doctors Hospital of Manteca and the immediate past president of the National Forum of Latino Healthcare Executives. Tejeda discusses the challenges of becoming a hospital CEO at a relatively young age, advice for seasoned employees who are welcoming a younger leader, and diversity in the C-suite. / Interviewed by Marty Stempniak

Why will every hospital need to consider hiring younger individuals for C-level positions in the coming years?

TEJEDA: A recent survey from B. E. Smith indicates that 75 percent of health care leaders plan to retire in the next 10 years, and even more plan to change jobs within the next five. If you are at a hospital conference with that statistic in mind, go into the hallway and find four CEOs. Three are going to be retired by 2020. You have to have a plan for replacement, and there are simply not enough people who are 55 or 60 ready to step in. You have to look at a younger generation.

Do you think most hospitals are prepared for that?

TEJEDA: Like a lot of things, it depends. Culturally, hospitals are always looking for the best person to help the organization meet its objectives. What they need specifically will depend on the type of hospital. Is it rural? Is it community? Is it academic? Is it a public institution? What was the previous CEO like? What are the gaps they're trying to fill? If a hospital is looking for energy, enthusiasm, creativity, someone with a hunger to prove him- or herself, clearly, a young CEO fits. If they're looking for a leader who can help stem the tide of bankruptcy, clearly, they're not going to go for, nor should they look for, a young, new CEO without experience. So, the question then becomes: What about the middle? What about those hospitals where you could make an argument for the experienced CEO, or the lesser experienced or new, young CEO? That's going to depend on the specific nature of the medical staff, of the governing board and of the other members of the executive leadership team in place.

What was it like for you when you became a CEO?

TEJEDA: After coming here, I became interested in the topic of being a younger leader. I took the opportunity

to talk to people who worked with and for me at previous hospitals where I was a young leader. I've since done the same thing at this hospital, and I've asked about their reactions to having a young leader or a young CEO. Some of the words they used were quite surprising to me. Anger. Cynicism. Frustration. Insulted. That's how they perceived not me, but having a young leader. It's for logical reasons that I probably will think to myself, too, in 20 years, when I see a new young leader come into place, that he or she is eager to use the hospital as a rung on a ladder. I will believe that the young leader is going to have a chip on his or her shoulder with something to prove, and micromanage accordingly. If I'm a member of the medical staff, I'm doubting if this new leader will be able to command the respect of the physicians and the medical staff, and I'm doubting if this person is going to be able to effect change that may improve my practice. That being said, once you meet people and they get to know you, things naturally get better.

Any anecdotes from your early days?

TEJEDA: The first time I became a leader of anything was in 2008. One of my departments was the laboratory at a large hospital. The day before the lab director was going to start reporting to me, I heard through the grapevine that he was planning to refuse. 'I will not. It's a disrespect to me. I'm used to reporting to the COO. I'm not going to report to anybody other than that.' This is an individual with 30 years of experience in leading a laboratory. He would be the first director in that hospital not to report directly to the COO. By the way, he was not given a reason for the reporting change. Given all those facts, I completely understand why he would be upset. He didn't know me at all. It was nothing personal. Nonetheless, the next day, he was going to start reporting to me. That night, I tried to figure out what to do. What will I say to him during our one-on-one meeting? What if I fail in that message and he quits? What does that say about me? What if he stays and resists? Should I advocate for his departure? He came in the next day and I shared with him what I've shared with a lot of people I've worked with: I should have been a little more proactive in communicating why he was going to be reporting to me, who I was and where I came from, so that he would have had some level of justification for reporting to me. But most importantly, communicate to him that I could work all of my life and I would never run a laboratory as well as he could. That's not my job. My job is simply to understand the metrics that indicate we are successful, to understand the resources that he needs to be even more successful, to get him those resources when he needs them, and then measure the success of those new resources. It ended up being one of the best work relationships that I've ever had. He taught me so much, without having to teach me explicitly.

What are some other mistakes made by youthful CEOs?

TEJEDA: Young CEOs can have chips on their shoulders and try to prove they belong, which means being overly aggressive, falsely or truly overconfident in their abilities, and not willing to acknowledge when they make mistakes. By acknowledging a mistake publicly, it has a side benefit of showing humility. Young leaders often don't integrate and build upon the past as much as they should. You have to respect the hard work and effort of those who came before you. By publicly demonstrating respect for what others have tried to do and are still doing, people will see that you're comfortable not necessarily saying 'this is my shop' immediately. There are lots of other mistakes I've made and, hopefully, others can avoid. Sometimes, you enter a scenario in which you're intimidated. You sit at a table and you don't know an answer. The first time I sat down at a table and talked about capitation and risk-adjustment factors as a CEO, I had two choices. I could nod and pretend that I knew what everyone was talking about and make a bad decision, or I could ask, 'Hey, what's a risk-adjustment factor?' What do you do in that scenario? Do you play a game and risk making a bad decision, or do you have the confidence and comfort that you are a leader and you need to have the right answer and you're going to ask a dumb question? The first few times I went through that, I didn't ask the dumb question, and I made bad decisions. I still probably do that today, but I do it less because I acknowledge the fact that there are some things I don't know yet, and that comes with time.

What can older workers do to smooth the transition?

TEJEDA: Fundamentally, treat the leader as they would treat any other new leader. Give them a shot. A survey I read indicates that seven out of 10 more experienced employees are dismissive of younger workers' abilities. That means the three out of the 10 who aren't dismissive can take the ideas they've had for a long time,

leverage the energy and enthusiasm of the young leader, and try to put those plans into place. Everybody will win.

Career Planning: 10 Strategies to Prepare for Future Success

Adapted from- "Career Planning: 10 Strategies to Prepare for Future Success", by Teresa Collins,

www.besmith.com

<https://www.besmith.com/thought-leadership/career-management/career-planning-10-strategies-prepare-future-success>

An estimated 100,000 people occupy leadership positions in healthcare organizations ranging from directors to chief executive officers. Landing a senior level healthcare position is a competitive process that requires years of preparation and planning. The challenge for healthcare executives and directors is to take the appropriate steps now to position themselves for future opportunities. Here are 10 strategies to ensure you are executing a successful career path.

1. Establish a professional development plan - Often people have their career goal in mind, but haven't built a path of preparedness to get there. The first step is establishing a professional development plan to better prepare yourself for the position you want in the future. Start developing your plan well in advance. Organizations seeking senior executives typically require 10-15 years of pertinent experience.

2. Identify areas for professional growth - To know where you are going, you first need to understand where you have been. Self-reflection and discipline are both keys to career advancement. Executives who identify their strengths and areas for improvement can make informed decisions on next steps in their career plan. Input needs to be as objective as possible, so involve others who know you. By taking these necessary and specific steps you can position and prepare yourself for future opportunities.

3. Pinpoint key factors for career advancement - There are several factors organizations consider when searching for their ideal candidate. Work experience is about scope and variety. Hiring executives are seeking candidates with job tenures between five to ten years at a variety of organizations. Additionally, a master's degree is the minimum in today's healthcare executive market.

4. Professional associations/memberships and certifications are important - Rapid changes in the healthcare industry and a continuing climate of consolidation have made the job market more challenging than ever. Memberships and certifications are a mark of excellence that separates you from the crowd. These organizations are also vital networking tools enabling you to make connections throughout the industry.

5. Build your network and utilize mentors - Who you know is just as important as what you know. Expanding your network of healthcare professionals will give you access to valuable resources of experts as well as an information source for possible career opportunities. Additionally, utilize your network to establish mentors who can assist in your professional growth and help identify the experience needed for your ideal position.

6. Align your career path with your goal - Having depth and breadth of experience, especially for C-Suite positions, is extremely important. Proactively develop a career map, working in the trenches to gain insight and knowledge in numerous areas. You need a track record of measureable outcomes along your journey to demonstrate leadership. You have to be a generalist to effectively lead in high level positions and bring value to the organization.

7. Identify the type of organization you want to work for - Hiring organizations and individuals want to know your motivation, so do your homework. Research the organization, leadership team members and community to gather important information. Be prepared to answer questions such as: Why do you want to come here? Why do you want to live in this area? What are your ties to the organization?

8. Align organizational culture with personal values - Recognizing cultural fit determines the success of your career plan. Reflect on your personal values and identify your ideal organizational culture. For example, would you prefer to work for a for-profit or not-for-profit organization? Is it important to work for a critical access hospital, rural hospital or academic medical center? Organizations seek individuals who share their mission and values. Knowing what you represent will help identify cultural fit and ensure a successful partnership.

9. Your success will create future opportunities - Successful leaders reap the rewards of their accomplishments by creating career opportunities. The process begins long before organizations seek out these leaders. They position themselves for success five to eight years in advance by identifying the right combination of experience needed to be successful in their ideal position. By utilizing a career plan and hard work, you can prepare yourself for future opportunities.

10. Perfect your interview skills - All of the planning and hard work culminates with the job interview. Interviewing is a skill many people fail to focus on or perfect. Prepare for the interview by researching the leadership members who will be interviewing you. Try to find out the interview style. Practice and rehearse prior to the interview so you are comfortable and ready to answer questions. Additionally, get feedback from others on your style and effectiveness.

Next Steps:

If you haven't done so already, take time to identify your ideal position and create a plan to obtain it. The right combination of planning, preparation and hard work will enable you to land your dream job.

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INDUSTRY NEWS

Georgia hospitals get financial rewards...or do they?

By: Andy Miller

www.georgiahealthnews.com/2015/01/hospitals-financial-rewards-they/#more-33308

The 59 percent of Georgia hospitals getting the financial reward exceeds the national average of 55 percent, according to a Kaiser Health News article. The bonuses come from measurements that include patient satisfaction, lower death rates and how much patients cost Medicare.

The Georgia Hospital Association has crafted a proposal for Medicaid expansion, according to a Georgia Health News report. The GHA's expansion plan urges the state to use \$6.1 billion in federal funds to expand the state's Medicaid program and provide health coverage to an estimated 500,000 low-income Georgians, according to the report.

The proposal also recommends creating a commission that would "study the financial effects of expansion on the state and local governments, and develop a comprehensive healthcare strategy for Georgia," according to the report. The report cites hospital association documents, which state the new jobs created as a result of Medicaid expansion would bring in "far more in new state tax revenues than is needed to cover the state's costs."

Although the plan has been proposed, the issue is not expected to be a major topic during this year's General Assembly, according to the report.

In Hospitals, Board Rooms Are as Important as Operating Rooms

By: Austin Frakt

http://www.nytimes.com/2015/02/17/upshot/in-hospitals-board-rooms-are-as-important-as-operating-rooms.html?_r=0&abt=0002&abg=1

<http://www.beckershospitalreview.com/finance/georgia-hospital-association-advocates-for-medicaid-expansion.html>

If you or a loved one is having a heart attack, your most pressing concerns probably include how quickly you can get to the hospital and the quality of care you'll receive. You're probably not thinking about the hospital's board room, even though quality of care for heart attacks and many other conditions may be determined in large part by decisions made there.

Several studies show that hospital boards can improve quality and can make decisions associated with reduced mortality rates. But not all boards do so. "Most board members are community leaders, serving on the board to support fund-raising goals," said Ashish Jha, a Harvard physician. "They don't think it's their job to hold management accountable for performance. Board members often feel like clinical quality is physicians' jobs, and they don't want to step on doctors' toes."

The trouble with this perspective is that boards, and other hospital management, can influence care in ways that individual physicians cannot. They can promote protocols that ensure that crucial information is conveyed to the right people at the right time. They can establish systems so that equipment and supplies are available when needed. They can set expectations for a culture of high performance, not just from individuals but from teams of them that must work together. And they can require quality to be monitored against goals with incentives to push it toward those targets.

"I'm a much better doctor in a well-managed hospital where the systems are in place to help me do my best work," Dr. Jha said. "Even a great chef can't produce a good omelet with eggs that are stored in the freezer or the stove doesn't work reliably."

Each hospital is a bit different, but generally board members are recruited for either their fund-raising prowess (if the hospital is nonprofit) or for expertise in a specific field like finance or regulatory compliance (if the hospital is for-profit), Dr. Jha said. Few board members are medical professionals. Most boards perpetuate themselves — in other words, the board itself, or its chairman, invites new members to join, rather than holding an election among a larger group of stakeholders.

In general, hospital boards do not view themselves as institutional champions of quality. According to work by Dr. Jha and his colleague Arnold Epstein, only 20 percent of nonprofit hospital board chairmen reported that the board was one of the top forces for quality at their hospitals. At hospitals with low-quality scores on standards established by Medicare, only 11 percent did so. Only half of boards view clinical quality as one of their top two concerns. In contrast, financial performance was a top priority for about three-quarters of hospital boards. The analysis examined the association of boards' priorities with a wide range of evidence-based measures of quality, including those for heart attack care. Troublingly, most hospitals boards can't accurately assess their institution's quality. There's a Lake Wobegon effect: More than half of hospitals with low quality thought they were actually above average.

Almost all hospital boards have the power to hire and fire the chief executive officer, and the management that the C.E.O. provides reflects the board's priorities. Jonathan Kalodimos, an economist with the Securities and

Exchange Commission, found that when hospital boards exert stronger governance over management, as measured by level of involvement in setting compensation levels, more effective medical treatment is provided, leading to lower heart attack mortality rates. But when the chairmen of only 44 percent of hospital boards choose clinical quality as a top priority for evaluating C.E.O. performance, that may signal that quality is not paramount. Hospitals with higher quality are twice as likely to emphasize it in C.E.O. evaluations by their boards, according to Dr. Jha's work.

Hospital C.E.O.s are highly paid, in general, earning annual salaries of just under \$600,000, on average. But those salaries are not related to clinical quality, according to work by the Harvard physician Karen Joynt and colleagues. Instead, C.E.O. salaries are higher at large teaching hospitals, at institutions with higher patient satisfaction, and at hospitals that use more advanced technology. In turn, C.E.O. leadership and management decisions affect quality. A health economist at Oregon Health & Science University, K. John McConnell, and his colleagues found that hospital management practices adopted from manufacturing and technology sectors — such as “lean” methodologies developed by Toyota — were associated with better care and lower 30-day mortality from heart attacks. These management practices include eliminating inefficiencies and variations, fostering collaboration, setting targets and tracking progress toward them. They can reduce the time it takes between when a heart attack patient arrives at a hospital and when he's treated, improving outcomes. Other work found good management is associated with better quality of care in intensive care units.

If board and management leadership are so important for quality, how can we foster more of it? One way is to promote competition. Work by Mr. McConnell and colleagues found that hospitals facing greater competitive pressure have better management practices, though the relationship is of modest strength. This is consistent with other evidence reviewed by the health economists Martin Gaynor and Robert Town. They found that, in general, when hospitals consolidate, reducing competition, quality suffers.

The market should promote quality another way. Hospitals whose heart attack patients survive longer have a greater market share that grows over time, a study by the Harvard economist Amitabh Chandra and colleagues found. This doesn't mean we should sit back and let the market as it exists today be the sole arbiter of quality. Policy can play a role as well, working with the market, not against it. One way is to base payment to health care providers more on quality and less on volume. In theory, this should align what hospital boards tend to focus on — financial performance — with what we might prefer they focus on — quality. Though many attempts at pay-for-performance have yielded disappointing results, one reason may be that the incentives (and penalties) were not large enough. It might also help if more members of hospital boards were trained in clinical quality, as called for by prominent health care quality organizations. Just 32 percent of boards receive such training.

The American health system is known for its high cost. But what's just as troubling, if not more so, is the mediocre quality it delivers for that cost. It's natural to think that direct caregivers — doctors, nurses, and other technicians and assistants — bear the entire burden of providing better care. But research shows that we should consider the environment and culture in which they work, which is shaped in large part by their institutions' boards and management. If we don't foster a focus on quality at high levels, even the best health care workers may not provide the best care.

Hospital CEOs Can Leverage Accountable Care for Financial Health

By: Jennifer Bresnick

healthitanalytics.com/2015/01/14/hospital-ceos-can-leverage-accountable-care-for-financial-health/

Hospitals CEOs have a lot of problems on their plates as their organizations continue to churn through numerous reforms. Financial sustainability and revenue cycle management are at the top of the heap, says an

unsurprising result from a poll conducted by the American College of Healthcare Executives (ACHE), and population health management, care quality, patient satisfaction, and government mandates such as ICD-10 and meaningful use are not far behind.

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TOPICS IN LEADERSHIP

3 Proven Ways to Save Time

*Adapted from "3 Proven Ways to Save Time" by Paul J. Meyer, www.success.com
<http://www.success.com/article/3-proven-ways-to-save-time>*

When was the last time you complained that you had too much time on your hands? You probably cannot remember that far back. The truth is that most of us cannot squeeze into a 24-hour period all the items in our daily planners. A common mistake most people make is attempting to find time instead of making time. So, how do you make time?

Define your most important goals: A burning desire to reach a specific goal motivates you to make time to take the required actions.

Write down specifically how you will use the extra time. Will you spend it making calls, attending training meetings, making new contacts?

Chart your time: Note how you spend each hour. Most time is wasted, not in hours, but in minutes. A bucket with a small hole in the bottom becomes just as empty as the one that is deliberately kicked over.

Organize your time to plug the time leaks: Assume the attitude that every minute that does not work for you works against you.

To make the most of your time, try these proven time savers:

1. Examine the usual daily interruptions. See how many you can eliminate immediately, screen out or delegate. Set aside a specific time for phoning people on your prospect list, making presentations, keeping up with the detail part of the job, attending training meetings, reading and sending emails, and phone calls. These designated time blocks might not always work—emergencies occur, demanding flexibility in scheduling. But when you have a plan for organizing and investing your time, an extra hour each day will be available.

2. Analyze your energy cycle. Determine when you tend to be at your best physically and mentally. Schedule challenging tasks during those times of peak performance, and you will accomplish more in less time. If you have more energy in the morning hours than the afternoon ones, plan your work around your morning coffee. If you are a night owl, dedicate your evenings to knocking out important tasks.

3. Think about time the way you think about money. The more wisely you invest time—just like money—the greater the yield. Before you invest time in a given activity, ask yourself, “Is there something more profitable that I could be doing?”

And remember, making face-to-face contacts and presentations will always be the most profitable thing you can do.... Add that to your schedule. With these strategies, you can make the most of your life by making the most of every minute, every hour and every day.

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ACHE NEWS

2015–2017 Strategic Plan

At the November Board of Governors meeting, the ACHE Board approved the 2015-2017 Strategic Plan. In drafting the plan, ACHE reached out to members, chapter leaders and Regents, as well as newer segments of ACHE's membership and thought leaders in the field, to learn how ACHE can best serve you in the rapidly evolving healthcare environment.

As changes in healthcare unfold, we will continue to offer top-notch educational programs as well as research, books, magazines and journals with insight from experts on topics that are vital to your success. We also will expand our 45,000-member community to include professionals from across the continuum of care, physician executives and other clinical leaders. In doing so, we will help prepare a new cadre of healthcare leaders. Together, we can provide greater value to our patients and communities.

ACHE will deliver innovative products and meaningful new solutions to keep you on the leading edge. The 2014 professional development task force identified emerging competencies critical to healthcare leaders' current and future success. As a result, ACHE will debut a number of new educational offerings this year on topics such as breakthroughs in value-based care models, population health management and leading in a changing environment.

New challenges and uncertainties test us as we work as a profession toward better health for all. ACHE is keeping a pulse on our environment, expanding resources and growing our community to help you meet those opportunities head on. For detailed information on the plan, go to www.ache.org/abt_ache/planning.cfm.

Call for Nominations for the 2016 Slate

ACHE's 2015–2016 Nominating Committee is calling for applications for service beginning in 2016. All members are encouraged to participate in the nominating process. ACHE Fellows are eligible for any Governor and Chairman-Elect vacancies and are eligible for the Nominating Committee vacancies within their district.

Open positions include:

- Nominating Committee Member, District 1, 4 & 5 (two-year term ending in 2018)
- Four Governors (three-year terms ending in 2019)
- Chairman-Elect

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 must be submitted electronically to jnolan@ache.org by July 15, 2015. All correspondence should be addressed to Diana L. Smalley, FACHE, chairman, Nominating Committee, c/o Julie Nolan, American College of Healthcare Executives, 1 N. Franklin St., Ste. 1700, Chicago,

IL 60606-3529. Following the 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, 2015, and candidates for Chairman-Elect and Governor will be interviewed in person on Oct. 29, 2015. To review the Candidate Guidelines, visit www.ache.org/CandidateGuidelines. If you have any questions, please contact Julie Nolan at (312) 424-9367 or jnolan@ache.org.

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GAHE NEWSLETTER SUBMISSION GUIDELINES and CALL FOR CONTENT

Audience and Focus

The GAHE newsletter is published quarterly, with each issue focusing on topics relevant to both professional development and healthcare administration. The newsletter features messages from the President, Member Spotlights, Regent's Letter, Career Corner, news about GAHE events and recaps, and informative articles relating to strategies in leadership. The newsletter is distributed electronically to all GAHE chapter members. Previous issues of the newsletter can be found on the GAHE website.

Contributions to the newsletter may include: Articles on healthcare laws, regulations, finance, leadership, innovation, professional development, or healthcare administration; Member and GAHE event news; GAHE members who have moved to a new position, received a promotion, or other professional accomplishment ; Photographs from GAHE events.

Content Submission Requirements/ Deadlines

Content submissions to the GAHE newsletter are for reviewed for appropriateness by the Communications Committee. Please send your contributions, including articles, news, member accomplishments and photos to [kmanno AT gahe.org](mailto:kmanno@gahe.org), no later than close of business by the 10th day of the last month of each quarter (March, June, September, December). Approved submissions made after this date will be placed into the next newsletter.

Please note that GAHE reserves the right to reject submissions that are not consistent with the goals and purposes of the organization. Articles that endorse or appear to endorse specific products, businesses, services, and are self-promotional or advertorial will not be accepted. Subjects that are appropriate deal with healthcare industry news (national and local), career management, leadership, mentoring, diversity and other professional topics. If you are not sure, please ask.

Article Submission Instructions

Articles submitted for the newsletter must be relevant to professional development or healthcare administration. Please format content in a Microsoft Word document, left justified, and be 1-2 pages in length. The content of the article must include: Title; Name of the author; The source the article was obtained from; Full URL that links to the article (if applicable). Please submit photographs as email attachments in JPG file format. Please do not embed photographs in your article text. Provide name and affiliation of any person shown in photographs along with a brief caption. When using a reprint article, please provide credit to the author and/or obtain permission to use the article before submission.

Article Editing

GAHE reserves the right to edit, change or omit certain content (including photographs) because of length, style, relevance, or simply due to lack of space as deemed appropriate.

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