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President's Letter

As fall has gone by too quickly and winter is upon us, glimpses of snow storm preparedness plans come to mind, SEC championship contenders become a hotly debated weekend topic and our Georgia Association of Healthcare Executives Board is wrapping up another successful year and planning for a great 2020.



In what will be my last newsletter as your GAHE President, I wanted to offer my sincere gratitude for the opportunity to serve our membership and also reflect on a few of the great accomplishments from this past year. When our Board met in December of 2018, we developed a plan for 2019 that included: extending our reach through programming and technology, placing an increased emphasis on outreaching and engaging with our HEN partners and student chapters, and improving overall value to and satisfaction of our members. In pursuit of those goals, your Georgia Chapter:

- Earned the "Award for Chapter Excellence" designation from the American College of Healthcare Executives
- Hosted more than 25 Educational, Partner and Networking Programs, 5 Lunch with a CEO Programs and 4 Senior Executive Events;
- Completed our second Mentorship Program, reaching over 120 mentors and mentees;
- Began remote broadcasting our monthly luncheons to our Higher Education Network Partners to extend our reach to health administration students;
- Launched our Student Membership Rebate Program, allowing students to more easily access ACHE and the Georgia Association;
- Sponsored 8 Community Service Days with our Community Service Partners: MedShare and the Atlanta Community Food Bank;
- Offered a Fellow Advancement Course and celebrated many of members advance as Fellows with the American College;

- Presented at the ACHE Chapter Leader Conference as a Featured Chapter for our many successes;
- And Improved our Membership Satisfaction Ratings year over year!

I could elaborate for several pages on the work that your GAHE Board and many committees have accomplished this past year, but for the sake of newsletter word count standards, I won't. I'll simply close with, a thank you. Thank you for the opportunity to serve this wonderful chapter this past year. Thank you to the countless volunteer Board Members, Committee Chairs, Committee Members and all of those individuals who supported the Chapter and our more than 1,500 members this past year. Thank you to our membership for the many ways you lead and continue to improve healthcare in Georgia. I look forward to seeing you at our annual meeting in November as we elect and welcome our new Georgia Association of Healthcare Executives Board.

Wishing you a safe and wonderful winter and year-end.

Sincerely,

Callie Andrews, FACHE
 2019 President, Georgia Association of Healthcare Executives

MEMBER NEWS

ACHE 2019 Chapter Leaders Conference

GAHE board members attended the annual ACHE Chapter Leaders Conference in September for inspiring exchanges with leaders of other ACHE chapters. Our President, Callie Andrews, FACHE, presented on our chapter achievements and how membership needs remain our key focus. All who attended returned with excitement for the rest of 2019 and much more for 2020.

Photo (l-r) Callie Andrews, FACHE; Trent Lind, FACHE; Mary Germann, FACHE



Notice of Slate and Annual Meeting – 2020 Board of Directors

The GAHE Nominating Committee has met and offers the following slate of Officers and Directors for consideration for the 2020 chapter year. Voting will take place at the Annual Meeting to be held Thursday, November 21, 2019, 11:30 am – 2:00 pm at Maggiano's Atlanta/Buckhead, 3368 Peachtree Rd., Atlanta, Georgia 30326. To attend the meeting, please register on the [Events page](#) of our website. We look forward to seeing you there.

CANDIDATES:

President – Trent Lind, MSHA, MBA, FACHE (automatic succession)

Vice President – John Kueven, MHA, RN, FACHE

Secretary – Jon-Paul Croom, MSHA, MBA

Treasurer – Taylan Bozkurt, MBA, FACHE

Immediate Past President – Callie Andrews, MBA, MSHA, FACHE (automatic succession)

At-large Members – Rahul Ghotge, MD, MBA, FACHE Bobby Ryan, MBA, FACHE

 Douglas Gregory, RN, FACHE Boykin Robinson, MD, MBA, FACHE

 Angela Henry, MBA, FACHE

ACHE Regent Director – Mary Germann, RN, MN, SFHM, FACHE (ex officio)

With the exception of the Regent Director, President, and Immediate Past President, officers shall be elected by a majority of the voting membership present at the annual meeting of the membership. The Vice President automatically succeeds to the office of President and the President automatically succeeds to the office of Immediate Past President. The President and Vice President must be ACHE Fellows or Fellow Designates at the time of election and nominees for other positions must be active GAHE members. Additional nominations: any active member may be nominated by written petition of at least 15 members of GAHE. Nominations must be received at least 15 days prior to the annual meeting to be held on November 21, 2019, send to: GAHE Nominating Committee, 736 Willow Ridge Ct., Marietta, GA 30068.

GAHE recognized as Medshare Southeast Civic Volunteers of the Year

GAHE holds monthly opportunities for our members to gather for community volunteering and networking. Many of those events have been to work with Medshare at their location in Decatur, Georgia. Medshare is a nonprofit organization which collects surplus medical supplies and equipment from hospitals, distributors and manufacturers, and redistributes them to qualified healthcare facilities in developing nations, as well as outfitting medical missions and safety net clinics in the U.S. and abroad. GAHE is proud that through our members' work with this outstanding organization we were recognized as Medshare's 2019 Southeast Civic Volunteers of the Year. Many thanks to all who have attended our monthly community service events, and to the members of our Fellow Advancement Committee, particularly Brock Beisel, for organizing these opportunities for GAHE. Our next volunteering date at Medshare will be Saturday, November 16, see information on the [Events page](#) of our website.

Photo – Volunteers on a Saturday at Medshare displaying their GAHE “Be The Change” tshirts.



Committee spotlight: Physician Executive Group (PEG)

The Physician Executive Group is back in action with new leadership and is in the process of surveying members to reset the days and times for calls and meetings. Boykin Robinson, MD, FACHE has taken over as PEG Committee Chair and would love to hear from GAHE physicians to learn more about what PEG can do to add value for them. Dr. Robinson is an emergency physician who runs Core Clinical Partners, an Atlanta-based physician management company. Committee calls will ramp back up in November with a meeting being planned for early Q1. For information contact him at brobinson@coreclinicalpartners.com.

ACHE CEUs: Face to Face or Qualified Education?

Continuing education is vital for growth throughout your career, and keeping track of your continuing education units (CEUs) is a necessary step. Your record of CEUs earned is one of the requirements when you apply for or recertify as Fellow of ACHE (FACHE). It's important, then, to understand the two types of CEUs that ACHE distinguishes on a Fellow application.

ACHE classifies the continuing education programs which may be used for Fellow certification as either “Face To Face Education” or “Qualified Education” credit. You’ll find information as to whether a particular GAHE event counts toward Face To Face Education or Qualified Education type of credit in the communications and promotions of the program as well as on our website.

- Face To Face Education is hours earned through programs offered by the ACHE national organization, and programs presented by ACHE Chapters which are expressly listed as approved for Face To Face Education credit. Note that simply attending an event in person does not necessarily mean it will earn ACHE’s Face To Face Education credit. GAHE follows ACHE’s exacting requirements in certifying the Face To Face Education programs we offer to our members each year, including the topics and the qualifications of the panel of presenters.
- Qualified Education is hours earned from in-person continuing education programs conducted by ACHE Chapters and by organizations (other than ACHE) qualified to provide education in healthcare management. Qualified Education credit may also come from distance education provided by ACHE (webinars, self-study courses, etc.). Qualified Education credit is available from executive/management-level courses or seminars by organizations such as hospital association programs, leadership training, and healthcare executive group presentations with an outside speaker. Academic credits do not count as Face-to-Face or Qualified Education credits.

How to track and report your CEUs

Credit hours for events you have attended are tracked in your ACHE member record. To view your information at any time log in at my.ache.org. You’ll find separate sections for your Face To Face or Qualified Education credits.

- Face To Face Education credits are recorded for you automatically. Your attendance at any Face To Face certified program is determined from your signature on the sign-in sheet at the program — so always be sure to sign the attendance sheet at all events. Please allow 4 to 6 weeks for your credits for a particular program to be posted in your ACHE record.
- Qualified Education credits must be self-reported in your ACHE education record. It’s a good idea to enter your hours each time you attend a program so you’ll have the information organized and accessible when needed. Take some time soon to begin entering your attendance at GAHE Qualified Education events and other organizations’ programs.

For more information about these types of credits please see ACHE’s [Credentialing FAQ page](#).

CNE Credits

GAHE’s Programs Committee is working in conjunction with Emory Nursing Professional Development Center (ENPDC) to have our Face To Face Education approved meetings this year also certified for continuing nursing education credits (CNE). RNs may receive these credits by signing the extra sign-in sheet at such events. Please be sure to check the announcements of each monthly program to learn if CNE credits are available for the date you attend.

Invite your colleagues to ACHE

When you help grow ACHE, you make a strong statement about your professionalism and leadership in the healthcare field and also strengthen the organization. Now is the perfect time to recruit new members to ACHE: when your non-member colleague applies in September through December, ACHE dues are only \$160 for the remainder of 2019 and all of 2020. Information and application is online at ache.org/Join . Remember that when you share the value of ACHE membership with your colleagues, you can earn points in the ACHE Leader To Leader program for rewards such as gift certificates toward ACHE education programs, shirts, backpacks and other items, and even a chance to be entered into a raffle for a free Congress registration when three or more are sponsored. For more information on Leader To Leader, go to ache.org/L2L .

Advance to Fellow of ACHE (FACHE) – complete by December 31

Considering advancement to FACHE? If you are working on the steps for your Fellow credential, remember that finishing all requirements by December 31, including passing the Board of Governors Exam, means you will be eligible to participate in the March 2020 Convocation Ceremony at the Congress on Healthcare Leadership in Chicago, where you will receive formal recognition by ACHE leadership and your colleagues. Members who have participated in Convocation have reported how meaningful they found it to be part of this ceremony. Learn more about the steps to advance and apply online at ache.org/FACHE.



MEMBERSHIP REPORT

(August/September/October 2019)

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

Angela Henry, FACHE
Timothy R. Trottier, FACHE
Victoria V. Dune-Chari, FACHE
Tom Morris, FACHE
Samuel B. Seifert, FACHE

We recognize the following **members who recently recertified their Fellow status**:

Lisette D. Branscomb, FACHE	Blakely D. Watts, FACHE	Gregory A. Caples, FACHE
Charles R. Evans, FACHE	Jennifer R. Bonds, FACHE	R. J. Faustlin, FACMPE, FACHE
Alan Horton, FACHE	Cary H. Burcham, RN, FACHE	Jonathan C. Knight, FACHE
Matt Jernigan, FACHE	Michelle L. Wallace, DNP, RN, FACHE	Sonja F. McLendon, FACHE
Jeffrey S. Loomis, FACHE	Kevin F. Weeks, FACHE	Monica G. Richey, FACHE
Nishith Patel, DHS, FACHE		

We welcome the following new members of ACHE in the Georgia chapter and hope to meet you soon at one of our events:

Bryan D. Adams	Ashley R. Bryan, MSN, RN	Sarah C. Callaway
Vancci Celestin	Christine T. Charaf, MD, FACP	William R. Collins, MBA, BSN, RN
Jessica M. Finch, MHA	Laura Findeiss, MD	Elise Gomez-Batts, MBA, MHA
Cathy Hardin, MS	Kristy L. Headrick, MBA	Ashantae S. Heyward
Ashley King	Edward Lai	Penny Lancaster
Jacqueline Lovelock, RN, MHA	Robert D. Luke	Nicole T. Mosley
Shalisa Payne	Benson R. Ray, Jr.	Kelley B. Sealey
Timothy J. Sisco, MBA, HCM	Robert T. Snipes, MHA	Carman J. Thomas, MPH
Robert D. Turner	Stephanie H. Watson, PharmD	Meridith Watts, RN
Crystal Y. Willoughby	Melissa C. Wright	Senait G. Asier
Tyler Avera	Andiran Ayanambakkam Nambi	Vaughn Burton, MBA
Taunya R. Faulkner	Kent Gray	Andrew C. Hodges
Monica Holmes	Corey D. Jones	Hannah N. Lampron, MSHA
Hannah R. Lawrence, MPH	Po Lin, MBA	Bruce A. Lloyd
Cecilia Mortorano	Marvin E. Nix, MD	William Pratt
Mark Reiboldt	Danielle Scott	Ashok D. Shah, MD
Sue Shock	Angela Tompkins, RN, JD, MHSA	Jessica Trowell
Mercedes D. Vieira	Aaron Wesselman, MHA	Shalini A. Wittstruck

Anna Adams
William R. Chiles
Snehal Doshi
Allison C. Haldeman, MBA, MHA
Taimayah R. Imam
Adrienne Johnson Ross
Bobby Norris
Linda D. Smith
Amanda Ver Steeg

Renee A. Alli, MD
Ellie Coop
Nicole Dunn
Kimberly Harrison
Jodi L. Ingram
Kelly Lindsay
Gabriel Orthous
Ashley Tagtachian, MBA, CPA
Joseph S. Williams

Dana Carter, MSN, RN
Radhakrishna R. DATLA, MBA
Shannon Gross, BS, MHA
Matthew Huggins
Tanisha Y. Johnson
Mikail Nettles
Erin Phillips
Russell G. Toms
Haley Wright

UPCOMING EVENTS

Get the most current details and register for all GAHE events on the [Events page at www.gahe.org](http://www.gahe.org) (information below accurate as of 10/31/2019):



Friday, November 1 - ACHE North Florida Chapter - Jacksonville Panel Discussion
Baptist MD Anderson Cancer Center | Jacksonville, Florida
CEUs: 3 hours ACHE Face To Face Education



November 6-8 – Partner Event: UAB National Symposium for Healthcare Executives
Sheraton Birmingham Hotel | Birmingham, Alabama
CEUs: Up to 9 hours ACHE Face To Face Education



November 6-8 – Partner Event: Georgia HFMA Fall Institute
Hyatt Regency Savannah | Savannah
CEUs: ACHE Qualified Education Credit



Saturday, November 16 – GAHE Community service volunteering
Medshare @ 1-4 PM | Atlanta




Thursday, November 21 - GAHE Annual Meeting and November Luncheon
“Leading a Culture of Safety: A Blueprint for Success,” and 2020 Board of Directors election
Maggiano’s Little Italy @ 11:30 AM - 2:00 PM | Atlanta/Buckhead
CEUs: 1.5 hours ACHE Face To Face Education

Special sponsor for this event: **Meadows & Ohly**



Wednesday, December 4 – GAHE Senior Executive Dinner
featuring Jonathan Lewin - CEO, Emory Healthcare, by invitation only
The Carter Center | Atlanta
CEUs: 1 hour ACHE Qualified Education

Special sponsor for this event:  **Hillrom™**

Monday, December 9 – GAHE Annual Minicluster

Mercer University | Macon



Three educational presentations: “The Courage to Lead: Critical Skills for Healthcare Leaders” presented by ACHE Instructor Jody Rogers, PhD, FACHE

Plus 2 panel discussions: “Information Safety: Cybersecurity” and “Lead a Just Culture and Establish Organizational Behavior Expectations”

CEUs: 6 hours ACHE Face To Face Education



Tuesday, December 10 – GAHE / GAHIMSS / GAHFMA Networking Evening

Atlanta (location TBA)

RECENT EVENTS RECAP

Photos courtesy Communications Committee chair Sepi Browning, Administrator Karen Manno

A lively discussion on "Innovations in Population Health" at the August 15 meeting. (l-r) Stephen Kardon, FACHE - TC2; Emily Tyson - Radix Health; Dr. Chirag Patel - WellStar; and moderator Sohum Mehta – Slalom.



Senior Executive Dinner on August 20 featured Ninfa Saunders, FACHE - Navicent and Gene Woods, FACHE - Atrium, who spoke on "The Evolving Landscape of Healthcare".

Thank you again to our sponsor for this event



Below – The September 25 Senior Executive Dinner featured Carl Armato – Novant.

Thank you again to our sponsor for this event:



Giving back to our community – Community Service/Civic Engagement with GAHE

GAHE holds monthly community opportunities to gather for volunteering and networking. September's project was at the facilities of MedShare in Decatur, Georgia. We had 13 GAHE volunteers in attendance representing the organizations Advent Health, Piedmont Healthcare, Symphony RM, Tanner Health System and Walgreens. Our group packed 110 boxes, preventing 1,114 pounds of medical supplies from going to a landfill, that will ultimately serve about 929 patients in one or more of the following countries: Nigeria, Cameroon, Haiti and Sierra-Leone. GAHE members who attend our volunteering days receive a free GAHE "Be The Change" t-shirt!

HEALTHCARE TRENDS

October: Breast Cancer Awareness Month

What's to know about male breast cancer?

By Sy Kraft B.A.

Extract: Male breast cancer is a relatively rare cancer but one that doctors often diagnose in the later stages. Knowing how to recognize the signs can help a person get early treatment.

READ MORE at www.medicalnewstoday.com/articles/179457.php

Five Best Practices To Drive Financial Return from Artificial Intelligence

This article is an extract of a seminar offered at an ACHE cluster event and ACHE webinar of the same title presented by Jason Williams, VP Analytics and Growth Strategy and Vindali Vartak, Senior Director, Advanced Analytics of Change Healthcare.

There is a lot to comprehend when it comes to the possibilities of Artificial Intelligence (AI). AI is expected to drive some paradigm shifts across all industries and like any other major technological innovation, it will also rewire how healthcare functions. Based on a recent power panel survey of nations top healthcare CEOs, conducted by *Modern Healthcare*, almost 80% of surveyed CEOs indicated that AI was likely to drive innovation during the next year, with most saying they

are already seeing AI innovation in clinical practice and consumerism¹. From Robotic assisted surgeries to automated administrative workflows, AI promises new prospects every passing minute. Such key clinical health AI applications, one study notes, can potentially create \$150 billion in combined annual savings for the United States healthcare economy by 2026², a full point reduction in healthcare's GDP burden. However, the use of predictive analytics and AI impacting administrative workflows has been a closer reality than directly in care/service provision.

So as leaders making investment decisions around implementing AI, how do you separate the hype from reality? What are some key considerations to ensuring financial success with your AI implementations and investments? While there is a lot of consulting and advisory out there to assist with this, leaders can consider a simple framework to help them think through this. [READ MORE...](#)

U.S. medical students choosing primary care specialties in an eight-year decline

Despite hospital systems and health officials citing the need for more primary care doctors, graduates of U.S. medical schools are becoming less likely to choose a specialization in this field. According to the 2019 National Resident Matching Program—the nonprofit group that determines where medical students will study in their chosen specialties after graduation—the percentage of primary care positions filled by fourth-year medical students was the lowest on record. The 2019 report shows that of the 8,116 internal medicine positions offered, only 41.5% were filled. Family medicine and pediatrics reflected a similar trend. In fact, according to an analysis of historical Match data, the percentage of U.S.-trained physicians matched into primary care positions has declined since 2011.

Meanwhile, recent data from the American Association of Colleges of Osteopathic Medicine shows that medical colleges granting MD degrees graduate nearly [three-quarters of U.S. students](#) moving on to become doctors. The rest graduate from osteopathic schools that grant DO degrees. The five medical schools with the highest percentage of graduates choosing primary care are all osteopathic institutions, according to a 2019 [U.S. News & World Report survey](#).

Physicians trained at foreign institutions, including both U.S. and non-U.S. citizens, accept unfilled primary care residency positions as well. In the 2019 match, 68.9% of foreign-trained physicians went into internal medicine, family medicine and pediatrics.

Despite osteopathic graduates and foreign-trained doctors taking up primary care spots, a primary care physician shortage is still expected. In April 2019, the Association of American Medical Colleges [predicted](#) a shortage of between 21,100 and 55,200 primary care physicians by 2032.

Why the decline? One reason may be as simple as higher income. According to a recently published [Medscape survey of physicians](#), the annual salaries of internal medicine practitioners average \$243,000—a little over half of what orthopedic physicians bring home. Family medicine and pediatrics reportedly earn even less.

Another deterrent to choosing within the primary care field may be the time primary care physicians spend on paperwork and completing electronic medical records. According to the Medscape data, in 2012, 53 percent of physicians completed approximately 1 to 4 hours of administrative tasks per week. The 2019 report shows that the numbers have risen to 74 percent and about 10 hours per week.

Tellingly, only 62% of internal medicine doctors in the survey said they would choose to go into their specialty again; the lowest percentage on record for all physician specialties surveyed.

—Adapted from "[American Medical Students Less Likely To Choose To Become Primary Care Doctors](#)," by Victoria Knight, *Kaiser Health News*, July 3, 2019.

Improved communication leads to higher patient outcomes, lower readmission rates

¹ ceo-power-panel-patient-access-next-frontier-health-systems (Modern Healthcare)

²Source: Accenture's ARTIFICIAL INTELLIGENCE: Healthcare's New Nervous System

Aside from top-quality providers and the latest technology, what do the most successful hospitals have that others do not? The answer is clear and effective communication across all levels and areas of care. Effective communication is central to the patient experience and important for both short- and long-term episodes of care, but it is particularly critical at key transition points in care, most notably at discharge.

Collaborative communication across the care team is just as vital as direct communication with patients. In leading patient experience surveys the question “How well did hospital staff work together as a team?” is highly correlated with overall patient satisfaction. That correlation makes perfect sense. When patients receive clear, consistent information from every caregiver, they are more confident about what to both during a hospital stay and after discharge.

Communication in a hospital or other care setting is more challenging than in virtually any other industry. This complexity traces to a number of industry-specific issues, including a high number of unique transactions during and across care episodes; traditionally siloed work processes related to diagnosis and treatment; and longstanding hierarchical barriers among care teams. Clear, open communication builds trust, reduces confusion and increases patients’ confidence, which contributes directly to better outcomes and reduced readmission rates.

Following are three overarching strategies to help organizations change the way frontline staff think about communication:

1. Create a culture of communication first. To improve interactions, staff members have to understand what effective communication looks and feels like at all levels of the organization. Leaders must demonstrate best practices and reinforce communication as a priority every time they interact with staff and patients, through strategies such as organization-wide town hall meetings, attendance at individual departmental meetings and regular rounds at the front line.
2. Make it easier to communicate internally. If an organization’s culture is one that encourages open, transparent communication, then providers will feel free to question and investigate discrepancies and gaps in information. While the latest comprehensive electronic health records facilitate information exchange, they don’t replace effective interpersonal communication, either among the care team or with patients and families.
3. Fully embrace a customer-centric mindset. With focused training and mentoring from managers, healthcare professionals can develop the communication skills that improve interactions with one another and with patients. An investment in improved communication practices and competencies is an essential part of improving not only patient experience, but also patient outcomes.

Ample research establishes that effective communication is essential to attaining better health outcomes. To be sure, changing both the culture of communication and the specific practices and tools used on the ground entails a significant organization-wide commitment, but the results will be well worth the effort.

—Adapted from "[How Better Communication can Improve Patient Outcomes and Lower Readmission Rates](#)," by Burl Stamp, *Healthcare Business & Technology*, Feb. 26, 2019.

MESSAGE FROM YOUR ACHE REGENT

Summer 2019

Committing to a Culture of Safety

It’s been 20 years since the Institute of Medicine(IOM) published “To Err is Human” reporting that as many as 98,000 people die in our healthcare systems secondary to medical errors. This report served as a great wake up call for the healthcare industry, bringing out into the open a great need to dramatically reduce preventable adverse events and improve patient outcomes. In 2001, the IOM published a follow up report, *Crossing the Quality Chasm*, which advocates for a redesign of the US Healthcare system.

As healthcare professionals, we are entrusted to serve, our patients, communities and staff, and to promote an organizational environment of zero harm. Although we are all responsible for ensuring safety, the accountability of the journey begins with and requires the ongoing attention of executive leadership.

Leaders face many challenges today, financial, regulatory, and patients and employee engagement. Prioritizing and focusing on creating a culture of safety is an equally compelling mandate. Creating a highly reliable, safe organization is our responsibility. There are a few key strategies required to continue to move forward, some of them include but are not limited to:

- The organization needs a clear vision that includes documented expectations and observable actions of the leadership team. A simple but effective vision statement helps all understand where the organization is headed. Leaders must constantly engage and align the staff toward the organization's priorities related to safety and preventable adverse events.
- Implement clear processes and measure outcomes which enhance the organization's ability to provide high quality care, patient safety and workforce safety. Policies, procedures and guidelines must be in place and accessible. It is equally important that errors are reported, data analyzed and aggregated and improvements or lack thereof shared.
- Inspire and sustain a culture of safety by engaging staff at all levels. Collaboration and constant dialogue among all other clinical and non-clinical staff is important for improvement and performance alignment.

We often hear the safety journey is not a sprint, it's a marathon. A marathon that fortunately is not one we must complete on our own. There are numerous organizations that monitor the ongoing state of healthcare in the U.S. and many who continually evaluate data and recommend processes and strategies to help us continually improve. We belong to a professional organization, ACHE, committed to supporting healthcare leaders in fulfilling the responsibility of ensuring patient safety. In collaboration with the Institute for Healthcare Improvement and The National Patient Safety Foundation (IHI/NPSF), ACHE launched "Leading a Culture of Safety: A Blueprint for Success." The blueprint provides tools to assess the current culture, a roadmap to breakdown the priorities in six domains and can be found on the ACHE website.

Your work in this space may already be underway. Whether you are or not, I ask that you continue to commit or reaffirm your commitment to preventing adverse events and saving lives. Show your commitment to leading for safety by signing ACHE's "We Lead for Safety Pledge" and receive a Leading for Safety certificate. Regardless of where you are in your healthcare career, know that safety begins with YOU!

It is my privilege to serve as your Georgia Regent. Please feel to reach out to me.

Mary Germann, MN, FACHE, SFHM
Interim ACHE Regent for Georgia
magermann@aol.com

ACHE NATIONAL NEWS

FACHE® Recertification: It's never too late to begin planning

Earning the distinction of board certification in healthcare management as an ACHE Fellow is a great career accomplishment. Whether you are one of the many members set to recertify this year or within the next three years, you can get a head start now to maintain this prestigious credential. To ensure that all Fellows maintain the integrity of the ACHE credentialing program, Fellows are required to recertify every three years. To continue demonstrating your professionalism, ethical decision making, competence, leadership and commitment to lifelong learning, please be sure to [recertify your FACHE](#) credential by Dec. 31. Visit [My ACHE](#) to check your recertification status, including the current number of continuing education credit hours you have earned so far.

Postgraduate Fellowships: Creating future leaders

Postgraduate fellowships contribute to the development of future leaders and provide tangible benefits to sponsoring

organizations and the profession. The [Directory of Postgraduate Administrative Fellowships](#) gives sponsoring organizations the tools needed to develop a fellowship, including detailed resources on logistics, compensation and benefits, recruiting, onboarding and assessing candidates. Organizations that post opportunities in the directory increase their visibility for students seeking postgraduate administrative fellowships on a national level. Whether you are an organization creating a fellowship, a student seeking a postgraduate administrative fellowship, or an organization ready to post or update a current listing, you'll find a variety of resources available at ache.org/PostGrad.

Community forums enhance members' experience

ACHE members with affiliated interests can communicate, collaborate and advance through participation in one of four community groups. These groups include the [Asian Healthcare Leaders Forum](#), the [LGBT Forum](#), the [Healthcare Consultants Forum](#) and the [Physician Executives Forum](#). Members can explore one forum or more for missions and benefits that align with their professional backgrounds and commitment to diversity and inclusion. Inform members in your area of these communities, and encourage them to join the ones that best meet their professional needs and goals. Join for an annual fee of \$100 each, in addition to your ACHE membership dues. All benefits are accessible online and include a quarterly newsletter, an exclusive LinkedIn Group and special designation in ACHE's online [Member Directory](#).

Healthcare Consultants Forum Member Directory: Connecting executives to consultants

The [Healthcare Consultants Forum Member Directory](#) offers a robust search functionality to help you identify a consultant who meets your needs. And if you are a consultant looking to gain visibility with decision makers, consider joining the [Healthcare Consultants Forum](#). The forum also offers resources tailored to a healthcare consultant's specific career development needs.

ACHE joins a partnership focused on improving diagnostic quality and safety

Did you know that inaccurate or delayed diagnoses are responsible for roughly 80,000 deaths per year in the U.S.? ACHE recognizes the importance of supporting improvements in diagnostic quality and safety in medicine, which is why we have joined the Coalition to Improve Diagnosis. The coalition is a collaboration of more than 50 leading healthcare organizations convened and led by the Society to Improve Diagnosis in Medicine. For more information about the Coalition to Improve Diagnosis, visit improvediagnosis.org/cid/. For more information about ACHE's leading for safety efforts, visit ache.org/Safety.

Planning for the continuation of your career

Whether you're starting a new position or planning for retirement, building a comprehensive approach is critical to achieving your goals. To help you drive long-term success in a new role, ACHE's [Onboarding Resources is a great place to begin](#). If you are nearing the end of your career, our [Encore Career Resources will help you](#) make sound intellectual, psychological and financial considerations. No matter where you are in your career, we remain devoted to your success. For more on these and additional tools, visit ache.org/CareerResources.

CONNECT WITH GAHE

GAHE is on social media – so remember to connect with us for the most up to date news and photos...

- Linked In: www.linkedin.com/groups/1121747
- Twitter: @GAHEConnect -- twitter.com/GAHEConnect
- Facebook: www.facebook.com/GAHEConnect



CALL FOR CONTENT

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@gahe.org, no later than close of business by the 20th 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.

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.

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