



Arkansas Health Executives Forum December 2019

AHEF NEWS

Is It Time For You To Recertify?

Every three years Fellows are required to recertify. ACHE will notify you when you are eligible to recertify and you will do so online by logging in to [My ACHE](#).

Some things to remember:

- It is always good for members to log into their “My ACHE” and check their continuing education hours. *The earlier you find an error the easier is it to get it fixed!*
- Recertification requires 36 hours of healthcare management continuing education credits
 - *12 hours must be ACHE Face-to-Face Education credits*
 - *The remaining 24 hours can be either ACHE Face-to-Face or ACHE Qualified Education credits*
- Participate in two healthcare activities (ex: state hospital association meetings, ACHE volunteer activities, etc.)
- Participate in two community/civic activities (ex: participation in charitable organizations, religious organizations, school boards, etc.)

Did You Know?

AHEF and AHA provided **9.0 Face-to-Face ACHE Credit Hours** [THIS](#) year!

The Difference Between Face-to-Face Hours and Qualified Education

ACHE Face-to-Face Education programming is defined as any face-to-face continuing education program offered by the national organization or an ACHE-approved chapter panel discussion. If events are not panel discussions, the faculty is contracted through ACHE and the event and the cost to attend will be slightly higher.

Following the event, AHA/AHEF provides the registration list to ACHE so that face-to-face hours are applied to each individual who signs-in and attends the session. Attendees need to allow up to 6-weeks for hours to be applied to their record.

Examples of Face-to-Face Education in Arkansas:

- AHEF Spring Conference Panel

- AHA's Annual Meeting 3-Hour Workshop
- AHA/AHEF Leadership Conference Panel (held on the 2nd day)

Qualified Education Credit is defined as credit that is earned through ACHE, state chapters or other educational organizations whether the program is administered in-person or via distance offerings (webinars, online seminars, etc.). This education must be directly applicable to the practice of healthcare management. Content that focuses on inspirational, clinical or technical aspects does not qualify. Further, any promotion and/or endorsement of a specific organization's programs, products or services must not be included.

With Qualified Education Credit, all **attendees must self-report** their attendance in order for this credit to be applied toward their advancement or recertification as Fellows of ACHE.

Example of Qualified Education Credit in Arkansas:

- Keynote Session at the AHA Annual Meeting

Why isn't this considered a face-to-face hour event?

1. They are not panel discussions that have been developed around an ACHE Template.
2. The faculty was not contracted through ACHE.

Membership Update

Welcome to our **New Members** and congratulations to our **Recertified Fellows** from October through November 2019!

New Members

Paul Bradley
Director of Marketing
Conway Regional Health System

Brandi Keith
Business Development Specialist
Conway Regional Health System

2Lt Eric Coffie
US Air Force
North Little Rock

Leslie Mann
Physician Liaison Manager
Conway Regional Health System

William Greene, III
CEO, Premier Gastroenterology Assoc
Little Rock

Felicia Pierce, MSN, RN
Great River Medical Center, Blytheville

Ashlie Hilbun
Senior VP & CSO
Arkansas Children's, Inc., Little Rock

Brian Miller
Assoc VP of Hospital Operations
Baptist Health, Little Rock

TSgt Laquilla Jones
USAF 327th AS
White Hall

Recertified Fellows

Harrison Dean, FACHE
Region President, Western AR/Eastern
OK
Baptist Health, Fort Smith

Steven Webb, FACHE
President & CEO
Unity Health, Searcy

LeAnn Morrow, FACHE
VP of Ancillary Services
St. Bernards Healthcare, Jonesboro

EDUCATION

2020 ACHE Congress on Healthcare Leadership March 23–26, 2020

ACHE Congress will be held at the Hyatt Regency Chicago. Attendees can register and book hotel rooms now – <https://congress.ache.org/>.

ACHE NEWS

Call For Proposals: Management Innovations Poster Session

ACHE invites authors to submit narratives of their posters for consideration during the 36th annual Management Innovations Poster Session to be held at ACHE's 2020 Congress on Healthcare Leadership. This is a unique opportunity for authors to share the innovative work their organizations are doing with other healthcare leaders.

We are interested in innovations addressing issues affecting your organization that might be helpful to others, including improving quality or efficiency, improving patient or physician satisfaction, implementation of EHRs, uses of new technology and similar topics. All accepted applicants are expected to be available to discuss their posters on Monday, March 23, between 7–8 a.m. Posters will remain on display March 23–25 at Congress.

Please go to [ache.org/CongressPosterSession](https://www.ache.org/CongressPosterSession) for the full selection criteria. Submit narratives as an email attachment to PosterSessions@ache.org by **January 21, 2020**.

Access Complimentary Resources for the BOG Exam

ACHE offers complimentary resources for Members beginning the journey toward board certification and the FACHE® credential. [These](#) resources are designed to help them succeed so they can be formally recognized for their competency, professionalism, ethical decision making and commitment to lifelong learning.

The [Board of Governors Exam Outline](#) is the blueprint for the BOG Exam. Every question on the Exam is associated with one of the knowledge or skill statements found in this outline. The [Reference Manual](#) includes a list of recommended readings, test-taker comments and study tips. Additional resources include a 230-question [practice exam](#) and [answer key](#).

[FACHE overview webinars](#) provide a general look at the advancement process. Participants will learn how the FACHE credential can earn them the distinction of being the best of the best in healthcare management. The webinars cover the requirements, application process, BOG Exam, study resources and maintenance requirements. Plus, participants have the opportunity to ask questions about the advancement process. An upcoming session is scheduled for **Dec. 12**. Register online [here](#).

Additional resources designed to supplement other available study resources are available as well. These include the [Board of Governors Review Course](#), [Online Tutorial](#) and [Exam Study Bundle](#).

OTHER NEWS

Learn the Art of Dialogue and Have Open, Productive Conversations

Open and productive conversation is absolutely critical in today's high-velocity business environment. If our conversations go nowhere, failure will quickly follow.

The problem is that most of us *think* we are having conversations when we really are not. We often participate in one-way conversations—essentially **monologues**: I tell you what I want to tell you. You tell me what you want to tell me (or you tell me what you think I want to hear so I'll leave you alone). We excel at taking turns talking, but neither side is exploring and discovering and building on what is being said. When this happens, the promise of a new discovery or breakthrough is lost. So we aren't solving problems and are often creating them.

There is a difference between what typically passes for conversation and true **dialogue**. If two people are engaged in a dialogue, at least one of them can dependably benefit from the other's experiences. That is why it is important to learn the art of dialogue and practice it daily in all communications. To help promote the art of dialogue, you must be curious about another's point of view and willing to:

- State your own view and ask others for their reactions
- Be wrong
- Accept that you may be unaware of certain facts
- Remain open to new information
- Change your mind
- Interpret how others are thinking and reacting and seek to understand their underlying feelings

Dialogue lets us discover more of our own intelligence and blend it with the knowledge and wisdom of others. Clear and powerful agreements can result from dialogue, whereas little worthwhile insight is likely to come from simultaneous monologues. These types of ineffective conversations can lead to a **reactive cycle**, in which people react instead of participate. If left unchecked, the reactive cycle can do more than kill the productivity of a conversation and even damage relationships.

A reactive cycle starts when someone says something with which you don't agree, or may even strongly dislike. In a split second, your emotions are triggered and you may

feel threatened or defensive. You react by attempting to control the situation, the person or retaliating. Doing so may trigger the other person's emotions, causing that person to now attempt to gain control, which, in turn, causes you to react again. This back-and-forth emotional interplay—this reactive cycle—results in another unproductive conversation or meeting.

There are three steps that can be taken to break a reactive cycle:

1. Identify it; where one of the parties notices the reactive cycle and literally “calls it out.”
2. One or both of the parties claim their responsibility for being reactive.
3. Both parties try to understand their own—and the other’s—viewpoints and emotions, and attempt to enter into a true dialogue by reframing their perspectives.

After we have named, claimed and re-framed a reactive cycle, we can engage in the type of open, honest and productive discussion needed to accomplish mutual objectives. By learning the art of dialogue we help ensure that everyone is on the same page and moving forward in the same direction.

—Adapted from "[Learn the Art of Dialogue and Have Open, Productive Conversations](#)," O'Brien Group.

Shifting Perceptions of Change From Episodic Solution to Always-on Strategy

Healthcare leaders are grappling with unprecedented disruption, resulting in a greater need for agile, change-ready cultures. A change-ready culture accepts that change is constant and understands that success will not come from point-in-time solutions, but rather from meaningful, perpetual improvement. To create a change-ready culture, leaders must shift the organization’s perceptions of change management from an episodic solution to an ongoing strategy that becomes part of the organization’s DNA.

As traditional approaches to change shift, [leadership practices must evolve](#) to align with the organization’s aspirations. By actively modeling desired behaviors, leaders reinforce the mentality required for changes to be successful. To cultivate an organization that is able to evolve continuously, its leaders should do the following:

- See change as a transformative competency. Recognize that change is continuous, and multiple changes must occur simultaneously. This requires a culture that accepts change as the norm and becomes so good at changing that it thrives during disruption.
- Focus on your mission. This is your “why” for transformation and needs to be clearly, compellingly and continuously articulated in order to engage key stakeholders.
- Hold employees accountable. Make it clear that adapting is not optional and reinforce this mentality through validation, coaching, rewards and recognition.

If the transformation employees are asked to take on are interpreted as overwhelming and complicated, it will make it harder for the changes to be adopted and sustained.

Change should not feel impossible to achieve, and it does not have to require a significant amount of effort. Here are several essential steps:

- Establish a shared vision of transformation within your organization. This will help curb change-related stress and confusion regarding the way forward.
- Leverage data to create a high-level view of the organization. Rather than focusing on a broad problem, conduct an objective assessment and diagnose the challenges at hand with quantifiable data. Share these insights broadly to promote buy-in.
- Demonstrate why. After you build your strategy, share data with stakeholders to explain why changes are critical for reaching organizational goals.
- Identify advocates. Seek out individuals who will display model behaviors and encourage others to contribute to growth and sustainable performance. They can help determine who will be affected by change and how certain team dynamics may impede or accelerate progress.

Change within healthcare is no longer an option; it's a necessity for long-term viability. Make sure leaders make the essential mind shift, then build momentum for transformational capability.

—Adapted from "[Elevating Change Management: From Point Solution to Continuous Transformation](#)," by Tonia Breckenridge, Michelle Bright and Ryan McPherson, HealthLeaders, Oct. 14, 2019.

Update Your Member Profile

Have you changed jobs recently? Been promoted? Moved? In order to allow us to best serve your needs, please take a moment to log in to ACHE at <https://www.ache.org/> and make sure we have your most recent information.



We will see you in 2020!!