



Arkansas Health Executives Forum April 2021

A Message from Your AHEF President



I am so glad to be talking about “normal” things. I believe that the Arkansas Healthcare Executive Forum has not only survived but has thrived through COVID-19. Over the past year, the chapter has provided 7.5 hours of face-to-face education programs. I want to thank the AHEF Board, Regent - Michael Givens, and Lyndsey Dumas from the AHA for working very hard to organize these face-to-face educational opportunities. It is not always easy to put together quality educational programs and they have done a fantastic job over the last year.

Next, I want to draw your attention to an email you received on May 3rd from ACHE titled **Chapter Member Needs Survey**. This is a unique link sent to each individual member and is the tool that provides feedback on the programs and services our chapters provide to AHEF members. Not only are we interested in your feedback but also responses indicate the level of member engagement in the chapter. **So please take the time to respond.**

In addition, I want to encourage you to consider volunteering to engage as a mentor with our MHA program at UAMS. All of us have mentors and role models to thank for guiding us professionally and I want to challenge you to give back to the profession by providing advice and encouragement for these young healthcare professionals.

Also, one bit of housekeeping for your personal records at ACHE. If there are edits that need to be made to your record or qualified education hours that need to be added, the AHEF board is not able to do that for you. You must update your record yourself by logging into your account at <https://www.ache.org/>. Face-to-face hours automatically post to your record two to four weeks following attendance.

As we regain our footing in 2021, I will close with how our CEO and president, Troy Wells, concludes our meetings - Take care of yourself and take care of your team.

Sincerely,

Greg Crain, FACHE
President, Baptist Health Medical Center-Little Rock
AHEF President

AHEF News

Chapter Member Needs Survey – Watch Your Email!

On May 3, the American College of Healthcare Executives (ACHE) emailed the annual Chapter Member Needs Survey, which will provide each state with feedback on the programs and services we provide to members.

The survey was sent to everyone who has been a member of AHEF for at least a year and has opted in to receive ACHE emails.

Please be aware that each survey link is unique to each individual member, so the survey link will not work if forwarded to other members.

The AHEF Board asks you to do the following:

1. Check your email from May 3 and complete the survey ASAP. Check your junk/spam folders, as many company firewalls may block the survey email.
2. If you did not receive the survey and is not in your junk/spam folders, please reach out Lyndsey Dumas (ldumas@arkhospitals.org) so that she may research the problem with ACHE.

Reminder emails will be sent to members on May 10 and May 17, and all data collection will officially close on May 21.

This survey is VERY important... Please make sure you complete it when received.

AHEF Board Members in the News



Gary Paxson, President & CEO of White River Health System in Batesville and Awards Committee Chair for the AHEF Board Member, spoke with students at the Sam M. Walton College of Business Executive MBA program on Saturday April 24th in downtown Little Rock. Gary shared his personal leadership approach as well as his approach to managing the pandemic at White River Health System.

Lyndsey Dumas, VP of Education with the Arkansas Hospital Association and Education Committee Chair for the AHEF Board, has been named to the Journal of Healthcare Management Editorial Board with the American College of Healthcare Executives. Her term began this month and runs through 2024.

If you have news to share, we would love to add it to our newsletter, please contact Lyndsey Dumas (ldumas@arkhospitals.org).

2021 Face-to-Face Virtual Panels

AHEF provided 1.5 ACHE Face-to-Face hours in March for the Epidemiology of COVID-19 panel. The next event is scheduled for June focused on Telehealth. More information coming soon!

AHEF Members and Fellows

Welcome to the new AHEF members from January to April 2021 and congratulations to AHEF's recertified Fellows!

New Members

Daniela Adeola, DDS, MSC
Student
UAMS, Little Rock

SSgt Kara Bader
Medical Technician
Air Force, Jacksonville

Adam Bracks
CHS, Siloam Springs

Lekita Brown
VP of Revenue Cycle
Arkansas Children's Hospital, Little Rock

Sara Coffey
Whole Health Institute, Buffalo, NY

Carter Dodd
Operational Excellence Administrator
Conway Regional health System

Okey Duru, PhD
Fayetteville

Amy Findley
Organizational Development Manager
St. Bernards Medical Center, Jonesboro

Riley Gambill, MHA
Recovery Centers of Arkansas, Little Rock

Shannon Giger, MHA
Admin for Emergency Medicine
UAMS, Little Rock

Kristy Jones, DO, MBA
Mercy, Rogers

Kevin Keen, MHA
Business Manager
UAMS, Little Rock

Candace Kelly, MBA
Practice Administrator
St. Bernards Five Rivers Rural Health
Clinic, Pocahontas

Michael McCawley
Health Systems Specialist
Dept of Veteran Affairs, Fayetteville

Dana Metcalf
Medicaid Manager
UAMS, Little Rock

Madison Owens
MHASA
UAMS, Little Rock

Neal Reeves, DNP
Clinical Assistant Professor
UAMS, Little Rock

Joseph Rose, MD, MBA
SVP and Group Medical Officer
SCP-Health, Benton

Stephanie Whitaker, MSN, RN
VP of Patient Care & CNO
Baptist Health, Fort Smith

Vince Xayasane
CFO
Medical Center of South Arkansas,
El Dorado

Recertified Fellows

Arabinda Choudhary, MD, FACHE
UAMS, Little Rock

Steven Collier, MD, FACHE
CEO
ARcare, Augusta

Amy Fore, FACHE
COO
Mercy Clinic Fort Smith Communities

Phillip Gilmore, PhD, MHA, FACHE
CEO
Ashley County Medical Center, Crossett

Margaret Holm, PhD, RN, FACHE
VP, Chief Quality Officer
CHI St. Vincent Infirmary Medical Affairs,
Little Rock

Ben Jackson, FACHE
Finance Manager
UAMS Medical Center, Little Rock

Michael Staley, FACHE
Bella Vista

Marion "Tony" Thompson, FACHE
Principle
Thompson Healthcare Consulting, LLC,
Batesville

Judith Wooten, FACHE
President/CEO
Arkansas Hospice, North Little Rock

Become a Mentor and Earn ACHE Credit

The Master of Health Administration program at UAMS and AHEF is looking to restart the Mentorship program with AHEF. This program pairs Arkansas executive healthcare leaders with healthcare administration graduate students.

The goal of the mentorship program is to provide professional, educational, and beneficial relationships between our students and current healthcare leadership.

This unique opportunity allows for collaboration for students and executive leaders, while providing community service hours as part of the Fellow requirement with ACHE.

Most communication can be done virtually – via Zoom, GoTo Meeting, Teams – or by phone. The mentor-mentee relationship can be rewarding for both individuals. The mentor, healthcare executive, will be sharing first-hand experience, and valuable advice to your mentee, as they navigate the rigors of healthcare administration. The mentee can offer new ideas and insights from a generation new to the healthcare arena.

If you would like to volunteer as a mentor and/or would like additional information, please contact Todd Hamilton, UAMS' AHEF Student Networking Committee Chair, by email at THamilton2@uams.edu. Information can also be found on the UAMS MHA website: publichealth.uams.edu/academics/masters/msha/mha-mentorship-program/.

Don't miss the opportunity to help shape the next generation of healthcare leaders!

ACHE News

[ACHE Call for Nominations for the 2022 Slate](#)

ACHE's 2021–2022 Nominating Committee is calling for applications for service beginning in 2022. ACHE Fellows are eligible for any of the Governor and Chairman-Elect vacancies and are eligible for the Nominating Committee vacancies within their districts. Those interested in pursuing applications should review the candidate guidelines for the competencies and qualifications required for these important roles. Open positions on the slate include:

- Nominating Committee Member, District 1 (two-year term ending in 2024)
- Nominating Committee Member, District 4 (two-year term ending in 2024)
- Nominating Committee Member, District 5 (two-year term ending in 2024)
- Four Governors (three-year terms ending in 2025)
- Chairman-Elect

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

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

Candidates for Chairman-Elect and Governor should submit an application to serve that includes a copy of their resume and up to 10 letters of support. For details, please review the Candidate Guidelines, including guidance from the Board of Governors to the Nominating Committee regarding the personal competencies of Chairman-Elect and Governor candidates and the composition of the Board of Governors.

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

Applications to serve and self-nominations must be submitted electronically to jnolan@ache.org and must be received by July 15. All correspondence should be addressed to Heather J. Rohan, FACHE, chairman, Nominating Committee, c/o Julie Nolan, American College of Healthcare Executives, 300 S. Riverside Plaza, Ste. 1900, Chicago, IL 60606-6698.

Following the July 15 submission deadline, the committee will meet to determine which candidates for Chairman-Elect and Governor will be interviewed. All candidates will be notified in writing of the committee's decision by Sept. 30, and candidates for Chairman-Elect and Governor will be interviewed in person on Oct. 28.

To review the Candidate Guidelines, visit [ache.org/CandidateGuidelines](https://www.ache.org/CandidateGuidelines). If you have any questions, please contact Julie Nolan at (312) 424-9367 or jnolan@ache.org.

Articles of Interest

Resourcefulness: A Key Leadership Skill

As leaders, we are called on to pivot quickly in a crisis—often more rapidly than we are comfortable with—finding new ways to meet goals and encouraging adaptability among team members. Now more than ever, it is the skill of resourcefulness that can provide value to organizations and drive leaders and their teams to a higher level of success.

Resourcefulness in Action

In times of crisis, resourcefulness is even more essential. In November 2019, Great Plains Health experienced a cyberattack that shook the organization at every level. The 116-bed, independent health system was fortunate to have good leadership and expertise in its information systems department, on its medical staff and among the senior leadership team to guide the organization through the incident. Successful handling of this crisis also came from the resourcefulness of its leaders.

The Great Plains Health team showed resourcefulness largely by leaning on the relationships and trust it had previously built with regional and national experts on its EHR, security and software suppliers, insurance carriers, media, physicians, leaders of other health systems who had experienced similar cyberattacks, and a great many others. Without strong relationships and the ability to weave those relationships together in a meaningful and effective way, the health system's cybersecurity incident could have been catastrophic. Intentional or not, the work that went into critical relationship-building before the crisis even occurred strengthened leaders' resourcefulness skills and became invaluable in a time of need. Relationships are an essential component of resourcefulness, and leaders are advised to spend time developing them.

Just three short months later, the COVID-19 crisis began to emerge. The healthcare organizations managing this crisis well are those who have strong, resourceful leaders in place. They own their roles and the outcomes that they can directly affect through effective accountability. They plan ahead using good time management practices and develop game plans for varying situations by effectively pulling together stakeholders and facilitating discussion and quick resolution.

In the early days of the COVID-19 surge, the Great Plains Health team quickly realized it would need to rely on a different way to deliver patient care. Telehealth was the answer, but it took a team willing to be open-minded to a new and different way of delivering care to pull it off. It also took a team that had strong, existing relationships with physicians, outreach clinics and hospitals, patients, and telehealth vendors.

Throughout the COVID-19 crisis, it has been resourcefulness that has allowed the health system's leaders and team members to stay nimble and find workable solutions to many challenges. When the organization was short on masks, it figured out how to set up a reprocessing center. When it struggled to secure face shield shipments, it collaborated with local schools and libraries to use 3D printers to make its own. When hand sanitizer ran low, the health system worked with local liquor distilleries to find an alternative.

Fine-Tuning Resourcefulness

Leaders at every level can also enhance their resourcefulness skills by taking on projects or assignments that require them to stretch outside their comfort zones, working specifically in the areas of relationship-building and problem-solving. Leaders can also strengthen their resourcefulness by scanning industries outside healthcare for creative solutions and new ideas. Surrounding oneself with intelligent people at all levels and from many different disciplines to create contacts who can be called upon in crisis can help a leader become more resourceful. Finally, senior leaders can identify resourcefulness in emerging leaders and help them grow this skill so it can be naturally drawn upon during a crisis.

What Does Resourcefulness Look Like?

Resourcefulness in leaders emerges when they do the following eight things:

1. Help their organizations look beyond how they've always done things and become focused on doing things differently in the interest of doing better.
2. Are unapologetic for needing help finding solutions to challenges. The best ideas often emerge when multiple disciplines and varying levels of leadership come together.
3. Are willing to get in the weeds and learn how things work. When leaders can truly understand problematic processes, they are better able to find more effective solutions. Leadership in healthcare does not come from sitting behind a desk; it requires walking around and finding out how and why the work on the front line is done.
4. Dare to ask questions instead of settling for "oh, they'll never go for that." Supporting research and good presentation go a long way in persuasion.
5. Are open-minded to new possibilities and understand that not every problem is solved by adding full-time employees. Resourcefulness is about optimizing the organization's existing resources and working with them in more effective ways.
6. Relentlessly build a network of professionals whom they genuinely care about, learn from and trust. Through this network, they can develop an inner circle of problem-solvers in varied professions, organizations and industries that they can call upon for counsel.
7. Practice good time management and get things done. They rise above the state of busyness and fiercely protect designated time to think through challenges facing the organization.
8. Humble themselves and remain steadfastly focused on organizational improvement, not on their egos and turf.

When healthcare executives cultivate the skill of resourcefulness, they become better leaders and ultimately create better outcomes, especially in a crisis. When healthcare leaders get better at being resourceful, the field as a whole improves.

--Adapted from "[Resourcefulness: A Key Leadership Skill](#)," *Healthcare Executive*, Fiona Libsack, FACHE, Chief Development Officer, Great Plains Health, North Platte, NE

Accomplishments Build Careers

If building their careers is a priority and not just wishful thinking, executives can consider starting every year knowing what they want to put on their resumes at the end of the year. When I share this advice with my staff, it is often met with a perplexed look, as those on the receiving end wonder if the CEO just told them they will need to be looking for a new job. The truth is quite the contrary. I offer this coaching advice to my most promising, up-and-coming or seasoned executives.

Careers are built on a series of accomplishments. The most powerful resumes are not a list of jobs held but, rather, a series of accomplishments achieved while in those positions—metrics progressed, programs built, market share gained and margins improved. Hiring managers want to see those accomplishments become progressively greater in scale and scope as well as complexity. Here is the twist: The same is true for performance reviews, raises and internal promotions.

I will take a risk on promoting a promising individual who has demonstrated a consistent drive and capability to get things done. I will likely not promote executives who have simply managed their areas of responsibility but have not taken it to the next level. This holds true even if they met their numbers, managed through crisis, successfully handled complex human resource issues and kept the lights on. That is all good. We need a lot of people who can do that; however, it is not my goal to prove the merits of the “Peter principle.”

One of the most impactful check-ins is a periodic progress report at a regularly scheduled meeting of key members of the leadership team.

Individuals may believe they deserve a promotion (e.g., “I have been a director for 10 years, and I deserve to be a VP!”). Unless they can demonstrate the ability to deliver tangible results and benefits for an organization beyond their current position, however, individuals should not be promoted.

Setting and Tracking Goals

There are numerous factors to consider when crafting annual goals. Making the goal a derivative of an organizational strategy, an interest of the executive’s direct supervisor, one that is shared with other executives or one that requires resources wholly contained within the executive’s area of responsibility are excellent options. Garnering required resources and support is more easily achieved when the goal incorporates these considerations.

Executives should know the metrics or impactful qualitative outcomes they want to achieve upfront. It’s also helpful to visualize the accomplishments derived from goals on their resumes. Then, individuals can ask themselves whether those achievements will be impressive on their annual performance reviews or to a hiring manager, regardless of whether a job search is in their career plans.

Executing Goals

First, executives are encouraged to communicate goals to stakeholders who will hold them publicly accountable. Second, delegate responsibilities to stakeholders with clear expectations, specific milestones and regular check-ins. One of the most

impactful check-ins is a periodic progress report at a regularly scheduled meeting of key members of the leadership team.

Third, engage a peer who also has an interest in this goal. Share the journey. And fourth, make sure no significant resources beyond what is built into the annual budget are needed. Promises for additional resources evaporate quickly when finances get strained.

It has been all hands on deck as healthcare organizations absorb shifting government recommendations, institute policies and procedures for safety, procure adequate personal protective equipment, build testing capabilities, and care for COVID-19 patients, all while managing steep financial losses. A key for leaders is managing these day-to-day issues while keeping their goals top-of-mind and steadily progressing throughout the year.

Whether a job search is on the horizon or not, driving toward accomplishments that merit inclusion on their resumes will keep leaders focused on their career and perhaps even optimistic as they head into a performance review.

--Adapted from "[Accomplishments Build Careers](#)," *Healthcare Executive*,
Alan S. Kaplan, MD, FACHE, CEO, UW Health, Madison, WI