COVID-19: A NEW NORMAL FOR HEALTHCARE

DIVERSITY & INCLUSION: HIGHLIGHTED INTERVIEWS & THE GLOBAL PANDEMIC

WELLNESS DURING COVID-19 | CONNECTING CORONAVIRUS PATIENTS WITH LOVED ONES

JOIN THEF
BECOME AN ACTIVE MEMBER OF THE TRIANGLE HEALTHCARE EXECUTIVES FORUM
About Us
Triangle Healthcare Executives Forum of North Carolina (THEF) is a nonprofit membership association and an independent chapter of the American College of Healthcare Executives (ACHE), a professional society representing over 48,000 members worldwide. THEF serves over 600 ACHE members who live and work in the 41 North Carolina counties from the Raleigh-Durham area north to the Virginia border, east to the Outer Banks, and southeast to Jacksonville.

Our Vision
Triangle Healthcare Executives’ Forum will be the preeminent professional membership association for advancing healthcare leaders in the region.

Our Mission
The mission is to facilitate professional development for healthcare leaders in the region and prepare them to shape local, regional and national healthcare management practices.

Goals
- Deliver programs that bring local value to ACHE members assigned to our Chapter service region
- Increase communication among healthcare management professionals
- Advance members toward Fellow, ACHE certification
- Foster the development and implementation of best practices in healthcare management
- Practice good financial stewardship

Strategy
THEF updated the Chapter Multi-Year Plan in Summer 2018. The plan has been approved by the 2019 Chapter Board, and may be viewed here in its entirety with supporting details THEF Multi-Year Plan, 2018 – 2020

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THEF THRIVE

Message from THEF President

"In everyday practice, simple acts of grace, empathy, positivity and solidarity with our family, friends, work colleagues and patients will go a long way in helping us heal and recover."

While we hope modern medicine will eventually vanquish Covid-19 through effective vaccines or therapies, a solution for the persistent racial injustices, social inequities and disparities in health outcomes that minorities face will require a lot more work on our part. Open, honest and empathetic conversations amongst us would be an excellent place to begin acknowledging, assessing and addressing the healthcare disparities faced by our minority and disadvantaged populations.

Over the past few weeks, such conversations have begun to take place across the nation, some behind closed doors, some more openly, all conducted with deep empathy and honesty. One of our THEF Board members shared how she is actively convening meetings where open, honest and respectful conversations are encouraged between colleagues, dialogues where they can voice their concerns, fears, opinions and hopes in a positive, supportive environment. Similar initiatives are underway at workplaces across our community, and THEF is fully committed to engaging with our members in support of this endeavor.

After months of a worldwide human lockdown, with media images of patients dying in isolation, unattended funerals and fleeting interactions with loved ones through nursing home windows, the fact that humans are first and foremost social creatures has been unequivocally reinforced. Unfortunately, in addition to the disruption caused by lockdowns and economic contraction, the pandemic has unleashed a tidal wave of psychological stress, anxiety, anguish and fear across the communities that we serve. Many of our THEF teammates have experienced firsthand the challenges this has placed on our healthcare systems as they strain to provide adequate counseling, mental wellbeing and emergency services to their patient populations.

While we have all been affected by this crisis, it is critical that we recognize that our collective support for each other, our institutions and community will provide the resilience needed to triumph over this pandemic. In everyday practice, simple acts of grace, empathy, positivity and solidarity with our family, friends, work colleagues and patients will go a long way in helping us heal and recover. Here in the THEF community, our disappointment at missing out on the activities canceled by Covid-19 is vastly exceeded by our determination to emerge from this challenge much stronger both individually, and as leaders of healthcare systems.

Through all this, our THEF Board and Committee members have been hard at work. With face to face events cancelled, we adapted and switched to virtual platforms. Partnerships with like-minded organizations offered THEF members several opportunities to earn qualified credits. We celebrated a few “firsts” - the very first virtual orientation for participants of our Mentorship program, a virtual Career Workshop for experienced professionals, and our first ever virtual Happy Hour for new members. Collaborating with the Greater Charlotte Chapter (GCHEG), the Board of Governor’s prep progressed along. In tune with the nation’s pulse, our DBN committee hosted a very timely and thought-provoking discussion on Racial Disparities and Social Inequity. The THEF Board continues to meet virtually and we hope to be back on track very soon, with in-person events, under prescribed safety guidelines.

In conclusion, I cannot be more grateful for such dedicated, enthusiastic, passionate and committed board and committee members. I am equally thankful for a membership that continues to stay engaged and appreciates the value that THEF brings. I invite you to share your thoughts with us. Please don’t hesitate to reach out to me or other Board members anytime. THEF is your organization and we are here to serve you.

We hope to see you again, soon.

Swati Bhardwaj, MHA, FACHE, CPPS, CPHQ
THEF 2020 President
Greetings to our ACHE members across North Carolina. A heartfelt thank you for your dedication, energy, and effort to serve our patients, staff, and communities during this unprecedented time of the coronavirus pandemic. Caring for and service to others, especially during these times is a privilege, honor, and a tribute to the healthcare heroes in our communities.

I am honored to serve as your ACHE Regent for North Carolina and look forward to the next three years. The opportunity to serve ACHE members, healthcare executives, educators, and other healthcare professionals in the state is humbling and a responsibility I take very seriously. I will work with you to provide opportunities to assist healthcare executives in their professional growth and development and to increase the awareness of ACHE.

Get involved in your local ACHE Chapter. Chapters help the members to develop new leadership skills, hone current skill sets, and provide opportunities to give back to the profession. Volunteer to serve on a committee, become a mentor in the mentorship program, use your leadership skills and influence on the Chapter boards, and network at the next social or educational program. The local chapters provide education programs that qualify for ACHE face-to-face and Qualified education credits.

We are implementing a Regent Advisory Council (RAC) this year with membership from each of the four chapters. The purpose of the RAC is to provide advice to the Regent, promote the interests of all ACHE members, and coordinate the activities of local ACHE chapters, Higher Education Network participants, and other healthcare organizations to promote the mission of ACHE. Based on your location in the state, you can find a Chapter near you:

**ACHE of the Triad:**
http://triad.ache.org/

**Greater Charlotte Healthcare Executives:**
https://gche.org/

**Sandhills Healthcare Executives Forum:**
http://sandhillsache.com

**Triangle Healthcare Executives Forum:**
https://thefnc.org/

We will work to visit each Higher Education Network (HEN) school across the state to promote ACHE membership and local chapter involvement to their students. The HEN is a collaborative between ACHE and healthcare management programs, which provides a valuable on-campus experience for students. Thanks to those who helped visit the schools this past year and provided an information session for the students. All HEN visits must be completed during the convocation year (March 2021). It is a rewarding opportunity to network with future healthcare leaders and to promote ACHE. Let me know if you are interested in helping with these visits.

North Carolina schools in the HEN are:
- Appalachian State University
- East Carolina University
- Fayetteville State University
- Gardner-Webb University
- Pfeiffer University
- Methodist University
- Mount Olive College
- Queens University Charlotte
- University of North Carolina, Chapel Hill
- University of North Carolina, Wilmington
- University of North Carolina, Charlotte
- Winston-Salem State University

Thank you to Brian Canfield, FACHE, for his service as past Regent for North Carolina and his time to assist me with the transition as your new Regent.

I would like to recognize the four chapters for their accomplishments this past year. Each of our chapters provided high-quality services to the ACHE members and other healthcare executives at the local level. These awards are based on established criteria and objectively measured results.

**ACHE of the Triad:**
2020 ACHE Award for Chapter Excellence

**Greater Charlotte Healthcare Executives:**
2020 ACHE Award for Sustained Performance

**Sandhills Healthcare Executives Forum:**
2020 ACHE Award for Chapter Excellence

**Triangle Healthcare Executives Forum:**
2020 ACHE Award for Chapter Excellence

I welcome your suggestions on how we can collaborate to grow our ACHE members, provide educational opportunities locally, develop our healthcare leaders, increase the number of ACHE Fellows, and to bring an awareness of ACHE to those who are not currently an ACHE member.

Again, I am honored to serve alongside each of you and as your Regent. Thank you for your individual contributions and the collaborative work to continuously improve and advance the health of all in our communities.

"Get involved in your local ACHE Chapter. Chapters help the members to develop new leadership skills, hone current skill sets, and provide opportunities to give back to the profession."
THEF Chapter Performance Metrics

In a typical year, ACHE measures chapter performance annually based on 4 performance criteria. ACHE has suspended performance requirements for 2020 due to COVID-19 and will recognize chapters for bringing local value to your ACHE membership through an alternative mechanism (TBD). In the mean time, THEF continues to offer professional development, educational and networking opportunities in a virtual environment, and conduct outreach to retain and grow chapter membership.

Member Satisfaction: No Chapter Satisfaction Survey for 2020

Education & Networking Performance: 17 programs, 91 programming hours, 891 attendees

Net Membership Growth: (-)124

Advancement of Eligible Members: 1 member has advanced to FACHE in 2020

Here’s how you can contribute to chapter success while investing in your own professional development:

- If you are not an ACHE member, now is a great time to join.
- If you were a member and your membership has lapsed due to nonpayment of 2020 dues, reinstate your membership.
- If you are a current ACHE member, encourage your colleagues to join and consider taking the next step in your ACHE affiliation by earning the Fellow, ACHE credential signifying your commitment to healthcare leadership excellence.

Welcome New THEF Members!

The following individuals joined ACHE or transitioned into the THEF Chapter this quarter. We are happy to have you, and look forward to connecting at an upcoming Chapter event!

- Kelly Fletcher, DPT
- Andrew A. Muse
- Brendan Malay, MBA
- Sarah Best Larson
- Natalie K. Williamson, BS, MHA
- Angela Atkins, MBA, BSN, RN
- Anna Isaacs
- Victoria Saucedo, MHA
- Calenthia Y. Miller
- Askia Dennon, MD
- SSGt Jessica Slatt
- Meghan E. Pleasants
- CAPT John E. Bissell, DDS
- Wenhuan Jiang, PhD
- Eliseu Chuang
- Chris Wood, MBA
- Kyle Marek
- Lauren E. Miller
- Nolan R. Miller
- Kirk Sears
- Taryn V. Cooley
- Pamela Hudspeth
- Natasha S. DePalma
- Kayelene L. Horne
- Jeff Ryan
- Randy B. Perry
- Anne P. Njapa, PharmD, MBA
- Kim Munto, MHA, BSN, RN
- Joan L. White-Wagoner, FACHE
- Douglas R. Villard, MD
- Zachary L. Welch, MBA
- Carson D. Gilbert
- Shaneka Barnette, MSW
- Briana Chasmar
THEF HEALTHCARE HEROES:  
PATRICK K. CASH, MED, MPH

TELL ME ABOUT YOUR BACKGROUND. WHAT ARE YOU DOING NOW?

I am a Medical Practice Manager at the James D. Bernstein Community Health Center, part of the larger Greenville Community Health Center in North Carolina. I joined this community health center nine months ago after working for years as a hospice director and licensed nursing home administrator. I have Masters Degrees in Rehabilitation Counseling (M.Ed) and Public Health / Health Planning and Administration (MPH).

WHY IS ACHE IMPORTANT TO YOU & HOW HAS IT HELPED YOUR CAREER?

I have been a member for over a year, but more recently have gotten more involved. In light of recent events, I would like to highlight several webinars on diversity provided over the past few months that have been particularly beneficial. As I recently transitioned from work in hospice and long-term care to more acute work, I am looking forward to supporting this transition through more networking and opportunities to get further involved with ACHE.

WHAT IS THE MOST IMPORTANT ISSUE FACING HEALTHCARE NOW?

Access! Access to services and reasonable cost. Many of us have heard the stories of those that could have survived if given access to the care they needed. Access is such an important part of our healthcare today.

ANY ADVICE FOR EARLY CAREERISTS & NEW MEMBERS?

Get involved earlier! There are so many things I wish I had done earlier with ACHE. Get involved earlier! There are so many things I wish I had done earlier with ACHE. Start with the networking pieces. Continue to take classes. Continue to develop. Get involved!

WHAT ARE SOME ASPECTS TO THE RESPONSE TO COVID-19 THAT YOU THINK HAVE BEEN EXECUTED WELL, AND SOME THAT COULD HAVE BEEN IMPLEMENTED BETTER?

The state of North Carolina did a really great job at promoting isolation and putting limitations on businesses early. They were probably one of the more conservative, for lack of a better word, in being quick to shut down businesses. However, since they’ve lightened up, North Carolina and South Carolina, where I’m originally from, may be two of the fastest states to see increase in cases. That’s concerning, as North Carolina had done such a good job keeping cases low initially.

HOW HAS COVID-19 IMPACTED YOU, AND HOW ARE YOU STAYING HEALTHY PHYSICALLY AND MENTALLY?

There’s added stress for everybody, including patients, and that gets transferred to healthcare workers. I stay healthy through exercise and music. I play guitar-- not well, but I play. I have spent over 20 years playing, but have been playing more seriously these last 3 years.
AMY RADZOM, DO, MPH &
MATT RADZOM, RCEP, MS, MBA, MGM, FACHE

WHY IS ACHE IMPORTANT TO YOU & HOW HAS IT HELPED YOUR CAREER?

Matt: If it wasn’t for ACHE, I wouldn’t be where I am now. I found ACHE in business school, and after a few years as a nursing home administrator, decided it would be a good idea to join. I had done a post-MBA in Global Management, but wanted more. Amy and I had just moved to Pennsylvania for her residency, so I reached out to the local chapter president, introduced myself, and got connected to the health system. ACHE helped me find my job at the same health system as my wife. In 2016, Amy landed a job with Wake Emergency Physicians in North Carolina, and so I connected with Triangle Healthcare Executives' Forum (THEF) and ultimately joined the board as Education Chair for two years. Through ACHE, I was introduced to many impressive people. One person I really admired was Christa Johnston (Current THEF Treasurer), so I asked if she would mentor me. She agreed, and we participated in the formal THEF Mentorship program. I was having difficulty re-tooling my skills for cardiology and Christa was able to connect me with the Duke Heart Center. I shadowed 100+ hours there, passed my Registered Clinical Exercise Physiologist certification, and was offered a job in their department.

WHAT HAS CHANGED FOR YOU AT WORK GIVEN COVID-19?

Amy: The biggest change is in the way I interact with patients, everything from getting used to wearing PPE all the time to just the way I deal with patient families. Guidelines recommend against allowing family members at the bedside for COVID-19 patients and sometimes I wonder how much I’m missing with no family members in the room. This is especially true with difficult conversations, like end-of-life and goals-of-life care. That’s been a big adjustment. I look forward to when families can be back at the bedside.

WHAT SILVER LININGS DO YOU SEE WITH COVID-19?

Matt: There are two silver linings that I hope for once the pandemic is over: First, that support continues at the level it currently is, which would help resiliency across the board. We have a major issue with burnout and resiliency needs to be worked on. Secondly, I hope the new sanitary practices will help healthcare’s initiative in their commitment to zero harm.

ANY ADVICE FOR EARLY CAREERISTS & NEW MEMBERS?

Matt: ACHE allows you to meet others at your own organization 10 rungs above you. If you’re a young professional, sometimes you need that lifeline where you can just pick up the phone and call those above you that you’ve met through ACHE. Become a fellow- because in the process of doing so, you’ll learn things about your organization that you would not otherwise know, and those things will return to help you in major ways later on.

HOW HAS COVID-19 IMPACTED YOU, AND HOW ARE YOU STAYING HEALTHY PHYSICALLY AND MENTALLY?

Amy: It was pretty stressful at first. The way I dealt with this was to get as much education as I could, arm myself with knowledge, and talk with colleagues about what they were seeing all over the country. I connected with friends from residency and medical school in Seattle and NYC who could tell me what to look for. Education helped me feel less stressed. There was an outstanding ACHE webinar recently in which they talked about resiliency— how do you keep your staff from being stressed out? How do you create the opportunity for them to thrive? Connecting in an unintimidating environment— that really helps.
CONGRATS ARE IN ORDER!

THEF Graduating Students
ACHE Student Associate Members of THEF who graduated in May!

Briana D. Brantley
East Carolina University
Bachelor’s

Meagan Casey
Duke University
Doctoral

Pamela Hudspeth
University of Houston - Clear Lake
Master’s

Rachel Kaye
University of North Carolina at Chapel Hill
Master’s

Aliane Kubwimana
University of North Carolina at Chapel Hill
Master’s

Kwasi A. Kusi
University of Texas at Tyler
Master’s

Shan McBurney-Lin
Duke University
Master’s

Larry K. McMillan
George Washington University
Master’s

Shefali Patel
George Washington University
Master’s

HM2 Alejandro Pinzas
Regent University
Bachelor’s

Roger Powell
University of North Carolina at Chapel Hill
Master’s

Nikhil J. Singh
North Carolina State University
Master’s

Ryan H. Williamson
University of North Carolina at Charlotte
Bachelor’s

Let THEF recognize your achievement!

Have you or a THEF member colleague been recently recognized for healthcare leadership?

Let us know!

We’d love to highlight your accomplishment as inspiration for all of us to go above and beyond in making a difference in healthcare.

Send photos and short summaries to communications@thefnc.org.
FELLOWSHIP ADVANCEMENT

THEF congratulates the following FACHE on successfully earning or recertifying the Fellow credential with ACHE this quarter.

新京Q2 2020 Fellows

Ronald E. Gaskins, DHA, FACHE
President, Vidant Integrated Care / President, Coastal Plains Network / VP, Population Health Mgmt.

Recertified Fellows

BG Keith W. Gallagher, FACHE
Timothy J. Clontz, FACHE

The FACHE process begins with meeting eligibility requirements and submitting your advancement application. Upon approval, you will have two (2) years in which you must take and pass the Board of Governors (BOG) Exam.

Don’t delay the final step in your advancement - the BOG Exam. PearsonVUE testing centers are reopened with limited capacity!

If you submit your advancement application before July 31st and are approved, ACHE will waive the $225 Board of Governors Exam fee.

Better Late Than Never: My Journey to Advancement
By Carol Dorn Sanders, MA, FACHE

I will never forget the first time I saw FACHE on a business card. Shortly after I started my employment at HCA Highsmith-Rainey Memorial Hospital in Fayetteville, N.C., I noticed the acronym on our chief executive officer’s card and asked a few questions. Bill Adams told me more about the American College of Healthcare Executives and shared how proud he was to be a Fellow, as well as how the designation had helped him in his career.

And so in 1991, I made note and added becoming a Fellow to my life’s goal list. I was a new working mother at the time, so I did not begin to take note of the criteria for advancement until a few years later. I must admit that there were times when the requirements seemed overwhelming and insurmountable.

I thought that going back to school for my masters would be my biggest hurdle, but I pushed forward and graduated in 2005. And then I honestly do not know what happened. I let life get in the way and found every excuse not to move forward. Every year I set advancement as a personal and professional goal, and every year I let myself down.

I was active on the Triangle Healthcare Executives Forum Board for several years and watched as multiple fellow board members were successful in their journey. It even became the running joke year after year with a couple of fellow older and aging chapter members that we had to “check it off the list” before we retired!

And then in 2016, I decided to make it happen—to not let the criteria or preparation or fear of failure paralyze me any longer. So I began the heart of my journey by: talking to those who recently advanced to get tips, taking some of the online courses offered, reading the suggested textbooks and taking practice tests. Then I scheduled a one-day advancement preparation class with a fellow Board member followed by the Board of Governors’ exam the next week.

I actually am getting chills as I write this, thinking about that moment when I received notice on the computer monitor that I had passed the exam!

So to those of you considering the idea of advancing, I share with you a few nuggets of advice. Don’t let the idea hang over you; it only becomes more daunting the longer you ponder it. Develop a reasonable plan for meeting the requirements. Find someone to go through the journey with you—study together, encourage each other and hold each other accountable. And remember, you are never TOO OLD to become a FELLOW!
Be a part of your local ACHE chapter!

Join or reinstate to foster your commitment to professional development and advancing healthcare excellence in your community

JOIN
Have you or a colleague been on the fence about joining the American College of Healthcare Executives (ACHE) and becoming a THEF chapter member? We have an exciting year of programming underway. Join now to become eligible for members-only programs and discounted pricing at both the local and national level. Click here to join.

REINSTATE
Perhaps your membership has lapsed and you’ve been meaning to reinstate. Now is the perfect time. Don’t miss out on another year! Click here to access your pre-populated reinstatement application.
An Interview with Healthcare Leaders

Emily Greene, MSN, FACHE
Emily is a Health Center Administrator at Duke Health and has oversight for operations and outpatient care in the Private Diagnostic Clinics. She has led diverse teams across the country in critical care, perioperative services, and ambulatory care.

Alvin J. D’Angelo, MS, MHA
Alvin is the Administrative Director of Ambulatory Surgery at Duke University Hospital, where he provides operational leadership and oversight for multiple surgical clinics. He also serves as a D&I instructor, educating new employees on its value.

Dolapo Busuyi, MPH
Dolapo is a Second Year Administrative Fellow at Vidant Medical Center in Greenville, NC.

Peter Tillman
Peter Tillman has been the Interim Associate Director/COO of the Durham VA Health Care System since January 2020. The team leads the delivery of healthcare to nearly 70,000 Veteran patients at 10 sites of care across N.C.

How do you see Diversity and Inclusion impacting the healthcare environment in your role?

As a Caribbean-American woman in healthcare leadership, diversity, equity, and inclusion is essential in leading multicultural and multidisciplinary teams that encompass many or all the elements in the kaleidoscope of diversity. Diversity is a core value at Duke Health, and celebrating the diversity of the community we serve and our workforce is stressed to each new employee on Day 1. The message of embracing our differences, creating an inclusive environment, and ensuring each individual feels a sense of belonging builds the foundation on which everything in healthcare care stands. The analogy of being invited to the party of the year always comes to mind. Imagine finally being able to attend that big dance – the prom. You’ve waited for that moment for years. However, you arrive to find out that only the cheerleaders, jocks, and athletes get invited to dance. Everyone else gets to watch from the sidelines. Diversity is not only about being invited to the party, it’s about being asked to dance as well.

In my specific role, Diversity and Inclusion plays an integral part in the way that healthcare is delivered. As a leader within a large academic medical center, we care for patients from across the United States, as well as patients who travel internationally to receive care. As the population becomes increasingly diverse, the organizational need for a diverse workforce also increases in parallel. Ultimately, the aim is to safely and effectively provide care for our rapidly changing and complex patient population, while employing a high degree of cultural competency to meet the needs of patients and staff with various ethnic, religious, gender and sexual identities.

As an administrative fellow, my role brings light to how we mentor and train the next healthcare leaders of our generation. Mentoring is an integral part of our culture and diversity and inclusion plays a crucial role in creating an equal opportunity for every person within an organization to grow and succeed. Separating these vital elements from our culture is inevitable. Diverse and inclusive teams are more productive, engaged, and innovative. Having a diverse set of leaders creates inclusiveness. Imagine young generations mentoring older generations or even diverse ethnic individuals mentoring individuals with a different ethnic background, this creates more engagement and a greater level of understanding.

I have been fortunate to have mentors and colleagues along my journey that have demonstrated inclusive leadership strategies to foster diversity. Success in D&I comes when leaders become aware of their choices, and as a result, act with purpose. By actively investing in D&I, health care leaders can realize the value of diversity in various settings. Witnessing and understanding the important linkage between D&I and the delivery of health care, we are better equipped to build engaged, collaborative teams in all areas that support patient care. When all individuals are valued members of the team, we gain the ability to build a trusted partnership aimed at continually improving the health care environment. By setting the stage, encouraging individuals to provide input on decisions and processes, a lot of great things can happen in the health care environment. We become an employer of choice, increase employee satisfaction, and decrease turnover, which directly translates to better patient care.
How do you leverage diversity and inclusion to implement solutions for the unique challenges encountered in COVID-19 mitigation at your organization?

The sheer complexity and magnitude of the work required in managing a pandemic cannot be accomplished without thought and skill diversity. No one in healthcare leadership had experience in pandemic management before COVID. We had to become each other’s teachers and the whole could not be greater than the sum of its parts. Each discipline and department became more interdependent than it was before. Infectious disease experts were needed to educate the workforce about epidemiology and preventive measures, supply chain specialists sourced new pipelines for PPE when we faced shortages, IT representatives launched telehealth platforms almost overnight, nurses and medical assistants volunteered for deployment to areas of critical need and front line staff mobilized to create patient screening hubs to keep our hospitals safe. COVID 19, while devastating so many lives, fortuitously, brought healthcare workers together and unified teams and specialties more than ever.

The diversity of our teams ushered in a healthcare renaissance and completely innovated the way we provide patient care and conduct our work. Inclusivity is now requisite, whereas it was optional before. Everyone’s voice is critical to safety for all and essential in ensuring information is disseminated, resources reach those in need, and service delivery gaps are filled.

One of the most valuable benefits that diversity brings to any organization is the diversity of thought, i.e., perspective. COVID-19 has produced conditions in which leaders are unable to provide any definitive strategies about the future state of affairs. Uncertainty produces skepticism, but more notably, it produces opportunity. If you have the responsibility of managing and leading a team(s), then you now more than ever have a real opportunity to leverage the diversity of each person’s input. Tap into the diversity of your team by encouraging the “out of box thinking” that healthcare so desperately needs, but is often hesitant to accept. Diversity encompasses many dimensions including age, gender, race, ethnicity, sexual orientation, and many other ideologies. By meaningfully engaging these dimensions from your diverse team, you create a variety of ideas, perspectives, strategies, and approaches. Being receptive of each person’s thought contribution, you inherently create a climate of inclusiveness. The wrath of COVID-19 shook the foundation in which we fundamentally deliver care. My immediate team (Ambulatory Care Operations) has done an amazing job by using collaboration to foster inclusiveness, particularly with the utilization of ad hoc think tanks, which helps by tapping each team member and their respective areas of expertise. This model allows rapid solutions to be implemented in areas where pressing clinical and operational needs require an immediate resolution, while also making each member feel valued.

With all the uncertainty of COVID-19, my organization understood it was very important to communicate with our team members. We created a special inbox for any related COVID-19 questions and I assisted with replying to emails and sending team members’ questions and concerns to leaders. This line of communication created a fair and equitable way for our team members to communicate with leaders. It is important to try to understand the perspective of team members and respond in uncertain times, communication is vital.

The entire health care industry has new responsibilities for their organization and the public that are expected to have long-lasting impacts. Implementing effective solutions starts with inclusion. If we are open to unique perspectives, create space to get honest feedback, and allow stakeholders to have input on processes, we will have better options and quicker solutions to the challenges we are facing. We have been tuned into diversity now more than ever because it leads to better patient advocacy, satisfaction, and outcomes. Alternatively, taking a homogenous approach to these unprecedented challenges will stifle innovation and foster stagnation or even group thinking. If we learned anything over the last couple of months, it’s that health care will be focused on safety for both patients and staff. The best ideas need to be timely and are found by listening to front line staff, our patients, and each other more attentively. In doing so we can ensure the safety of everyone and adapt strategies from others, inside and outside of our industry.
Describe the path forward in leading diverse teams as health care organizations embark upon the “new normal” with COVID-19.

As we move forward with establishing what the “new normal” will actually entail within the healthcare arena, it will be vital for healthcare leaders to really understand several approaches in successfully leading diverse teams. One crucial approach will be to develop a framework for sustaining teams that feel both empowered and energized to tackle the numerous challenges that healthcare workers are faced with daily. Undoubtedly, COVID-19 has produced global repercussions that will require leaders to function with a marathon mindset, as opposed to the sprinter’s dash to the finish line. Healthcare professionals have traditionally struggled to maintain their own wellbeing. The COVID-19 crisis has certainly placed a huge strain on our teams from a physical, mental, and emotional standpoint, making it even more imperative for leaders to be in tune with each team member’s wellbeing. Each person has a different way in which they recharge and refuel. Similarly, each person has different methods in which they cope, which are largely dependent on personality, culture, past experiences, as well as religious orientation. One method that has been useful for me has been the implementation or more frequent engagement with my team, both formally and informally. This engagement has been helpful in maintaining a better sense of each person’s resilience. Resilience is a term that is frequently tossed around in healthcare, largely associated with physician burnout. However, given the current crisis, the term has so much more meaning. I encourage each healthcare leader to be intentional with setting aside dedicated time to further understand the personal and professional complexities that each person is battling internally. Lastly, be sure to encourage open dialogue amongst your teams about how they are feeling, and what concerns they have. These conversations can occur in person or through the more popular video conferencing platforms, such as Zoom. Often, we as leaders underestimate the benefits of simplicity, in addition to the value of being transparent about our fears. It brings a certain comfort to know that others may be feeling anxiety about no one is alone in this crisis. Remember: an intentional leader is better equipped to support in uncertain times.
On June 11th, 2020, THEF’s Diversity and Inclusion Committee hosted a virtual meetup with over 100 participants registering in the first 24 hours. Our takeaway – there is a huge appetite for information surrounding the recent racial injustices that have been highlighted in the media.

The #blacklivesmatter movement has seen its levies break in healthcare and leaders around the nation are indignant and resolute for change in the current racial climate. Racism against blacks is now a public health crisis, with negative outcomes in its social determinant of health.

Quite telling is its impact on the double pandemic attack, where black lives are disproportionately affected by the novel coronavirus. The racial injustice discussion was moderated by THEF’s Alvin (Joe) D’Angelo, MS, MHA, Administrative Director of Ambulatory Surgery - Ambulatory Care Operations, Duke University Health System, and Kevin Greats, MS, MHA, Planning Analyst, Private Diagnostic Clinic, PLLC, Duke Health.

The objective of the meetup was to create a safe space for health care leaders to debrief, share their own feelings and explore solutions to heal our teams and communities. Candid conversations and a rich dialog unfolded among administrators, law enforcement and health care providers to arrive at a place where we all agreed that change was necessary; we can no longer be comfortable with the uncomfortable, we must sustain the momentum, we have to speak up against injustices and commit to learning about the lived experiences of our black/brown brothers and sisters.

Moreover, we agreed that we need to keep the conversation going. THEF plans to host regular discussions related social reform, racial injustices and healthcare inequities, as part our anti-racism efforts. Be sure to keep an eye out for these.
The THEF chapter of ACHE invited all new 2020 chapter members on June 3rd, 2020 to a virtual happy hour!

The THEF board met each new member over a beverage, shared objectives for the chapter, and answered insightful questions brought by the new members. It was wonderful to meet such a diverse group of early careerists and to learn about their own goals this year. Welcome!

THEF offered a 12-week webinar from April 2, 2020 through June 18, 2020 to help you prepare to pass the Board of Governors Exam.

In addition to receiving up to 24 ACHE Qualified Education Credits, participants also received a comprehensive review of all 10 sections of the Exam, example questions and content from ACHE, suggested readings, and access to current content area subject matter experts!

If you missed the review and want to support your own preparation for the Board of Governors Exam, don't worry-- we're having another review in the fall! Remember to join us then; we'll look forward to seeing you!
We Must Stay Informed

We have long known that when it comes to health outcomes in America, inequalities have persisted along racial lines.

The recent coronavirus pandemic has shined an ugly light on these disparities as severe cases of COVID 19, the illness caused by the virus, are disproportionately affecting African American and Hispanic/Latino communities at a higher rate.

While much is still unknown about the virus, it has become increasingly clear that it is impacting many vulnerable segments of our society. However, in America, that vulnerability is highly intersected with race and poverty.

What steps should we take to stay safe and avoid further spread of the virus? The Centers for Disease Control and Prevention recommends the following steps:

Know How It Spreads

The best way to prevent illness is to avoid being exposed to this virus. The virus is thought to spread mainly from person-to-person between people who are in close contact with one another (within six feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks.

Clean Your Hands Often

Wash often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing. Avoid touching your eyes, nose and mouth with unwashed hands.

Avoid Close Contact

Avoid close contact with people who are sick, stay home as much as possible and avoid large groups, and put distance between yourself and other people.

Cover Your Mouth and Nose

Cover your mouth and nose with a cloth face cover when around others. Everyone should wear a face cover when they have to go out in public, such as to the grocery store or to pick up other necessities.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Continue to keep about six feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover Coughs and Sneezes

Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash.

Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

—Adapted from “We Must Stay Informed,” Black News Portal, by Kenny McMorris, FACHE, CEO, Charles Drew Health Center, Inc., Omaha, Neb. April 2020

COVID-19 Resources

Thank you for the work you are doing in your healthcare organizations and communities to manage the impact of COVID-19 and take care of patients. We are well-aware these are extraordinary times for you as leaders.

Now more than ever, it is important to remain connected to your professional society and fellow healthcare leaders.

Our COVID-19 Resource Center is updated regularly with perspectives from front-line leaders, documents, and downloadable webinars and podcasts. We are here to support you.

ACHE Job Center

Recognizing that employment and hiring needs continue to evolve amidst the landscape of COVID-19, we encourage all ACHE members, associates, registered employers, and recruiters to leverage the ACHE Job Center in support of recruitment efforts and job search needs during these unprecedented and uncertain times.
AdventHealth is connecting hospitalized patients and families with virtual visits, including coronavirus patients.

To curb the spread of COVID-19, hospitals across the country have placed strict limits on visits to hospitalized patients. Visitation restrictions have been troublesome for COVID-19 patients, with families unable to see their loved ones for many days or weeks, and seriously ill patients dying without contact with their families.

For COVID-19 patients, virtual visits at AdventHealth have generated significant benefits, says Pam Guler, MHA, vice president and chief experience officer at the Altamonte Springs, Florida-based health system. "This has been meaningful for our patients, their families, and our caregivers. Many caregivers have told stories of creating a moment that has deep meaning not only for families and patients but also has touched their hearts."

AdventHealth features nearly 50 hospitals in nine states. During the COVID-19 pandemic, physical visits to hospitalized patients have been limited to a single loved one in the case of an end-of-life situation, childbirth, and a child in the hospital.

VIRTUAL VISIT BASICS

AdventHealth recently launched virtual visits for hospitalized patients with the distribution of 1,000 Chromebooks and some iPads throughout the health system’s hospital campuses, Guler says. The cost of the initiative was minimal because the Chromebooks were already in hand for another project, which has been delayed, she says. "The investment has been more about helping our team members to understand what they need to do."

With help from the health system’s information technology staff, Guler has a team of 65 experience leaders who facilitate the virtual visits. In one recent week, the health system conducted 1,350 virtual visits. "Our information technology staff loaded the Chromebooks in a way to make it as easy as possible to use Google Hangouts, Facebook Messenger, and Facetime. We are using Google Hangouts quite a bit for video chats."

CORONAVIRUS PATIENT VIRTUAL VISITS

AdventHealth has put protocols in place for hospitalized COVID-19 patients to have virtual visits with loved ones, including for end-of-life situations, Guler says.

There are three primary considerations for virtual visits with all COVID-19 patients:

- To limit the number of people in a patient’s room for infection control, a bedside caregiver in full personal protective equipment brings a Chromebook or other device into the room.
- The device can be held by the bedside caregiver or placed on a bedside table if the family requests privacy for the virtual visit.
- After the virtual visit, a disinfectant is used to sterilize the Chromebook or other devices.

The protocols for end-of-life situations are more involved, she says. "We have to facilitate calls more when there is an end-of-life scenario and the patient is not able to be an active participant."

The first step is for an experience leader to contact the family and to see whether they want to have a virtual visit. Then the family is asked whether they want to have a hospital chaplain included in the virtual visit.

Once a virtual visit has been arranged, an experience leader initiates the call to the family and hands off the device to a bedside caregiver outside the patient’s room. In most cases, the bedside caregiver holds the device, so the family gets a full view of the patient.

Although ICU bedside caregivers are experienced in working with the families of dying patients, they have received training to help them facilitate virtual visits, Guler says.

"This is a very deep and meaningful situation and interaction, and we have shared some words the caregivers might say. They may ask the family whether there is anything they can do to be the family’s hands as the family is talking with their loved one, such as, ‘Can I touch your loved one’s hand?’ They have protective equipment on, but they can be the hands of the family. The caregivers try to do anything they can to bring a human touch to this virtual experience."

Many family members can participate in an end-of-life virtual visit, she says.

"In one end-of-life situation, we had 15 family members on the virtual chat, along with their family pastor. The patient could not respond, but the family was able to say some last words. They said how much they loved the patient. Their pastor prayed with them. It was deeply meaningful and facilitated by a caregiver who held the device. In that situation, the caregiver did not need to say anything."

THE NEW NORMAL

AdventHealth plans to continue providing virtual visits for hospitalized patients after the COVID-19 crisis is over, Guler says.

"We want to continue virtual visits in the future. Even in a non-COVID-19 scenario, we often have patients who have family across the country. With this platform now in place, contact does not just have to be through telephone. We are already exploring ways that we can have virtual visits in the future in a non-COVID-19 world."

—Adapted from “How to Use Virtual Visits to Connect Coronavirus Patients With Loved Ones,” HealthLeaders, by Christopher Cheney, May 1, 2020.
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For more information contact sponsorship@thefnc.org

2020 Sponsorship Chairs:
Andrea Dabal & Jim Lezzer
THEF is adapting to a new educational environment to foster your professional development and keep you engaged. Stay tuned for more next quarter!
Q3 2020 CALENDAR

Check out all of our upcoming events & programs!

1. THEF CARE TRANSFORMATION SUMMIT
   September 2, 2020
   7:30 AM - 4:30 PM
   WakeMed Raleigh – The Andrews Conference Center
   Raleigh, NC 27610

2. INTERVIEWING, RESUME & NETWORKING WORKSHOP FOR STUDENTS
   September 10, 2020
   6:30 PM - 9:00 PM
   Ernst & Young Offices
   Raleigh, NC 27612

Though we hope to be able to provide our scheduled in-person events, these events are subject to change due to the ongoing global health situation.
We all are aware of recent events leading to the crisis that has become our new reality. Everyone is in this together trying to adjust to the new normal that we have been subjected to from COVID 19. Our country seemed blind sighted by this disease, despite seeing what was happening in China. This will be a time period for the history books, and hopefully we learn some much needed lessons from this new reality. Healthcare workers have become the frontline heroes risking their lives to help fight against this pandemic.

Over the years I have worked in several different healthcare environments. Each role taught me different lessons that I have incorporated into my career. I remember working in Broward Health during the Swine Flu, and getting the vaccine for it at the time. It was very scary to receive a vaccine not knowing how I would react to it. That type of fear would be welcomed now, as the challenge for creating a vaccine for a coronavirus is one we have never been able to do even for the common cold. We are coming far with treatments, but social distancing seems to be our best defense. The unknown of whether this virus can come back seasonally, or when we will overcome these challenges provides healthcare with a completely new battle to win. Now with certain sectors of the US opening up, we will have a new set of trials ahead with the unknown.

"Our frontline workers are... dealing with situations we cannot even fathom."

My position at Duke is to support the Critical Care faculty in Anesthesia. I am honored to work for such an outstanding team. Everyone is coming together to help conquer the challenges our healthcare system is facing all over the country. Most of Duke is working from home, and we are blessed to have an employer that cares about the safety and wellbeing of its staff. Not everyone is able to do this, as only about 30% of the US is currently able to work from home. Our frontline workers are facing the virus on a daily basis and dealing with situations we cannot even fathom. Anxiety runs high in these crisis situations, and transparency has been helpful at Duke to combat the fear.

Worrying about faculty and our healthcare workers is now a new normal that one cannot get accustomed to. My position as most have changed to center around COVID 19 tasks to assist healthcare institutions prepare for an influx of ICU patients.

I spoke with Kevin Greats at Ernst & Young about how COVID 19 has changed his position. Mr. Greats just joined Ernst & Young but could relate his past position at Duke to how this pandemic evolved his role there. He spoke of working from home, being connected through video chat, and how business directions have changed from planning to providing care for patients during this crisis. He explained how telehealth was more experimental before and now it is a way of business. Telehealth he continued to explain also includes more administrative type roles over clinics, increased technology in place while getting providers enrolled, and getting patients acclimated to all of this change as well.

When we spoke of any advice he has for other healthcare executives dealing with this crisis, he mentioned that this too will pass as this is a waiting game. He believes that businesses will now emphasize the importance of contingency plans and scenario planning. On an individual level he describes ways to focus on wellbeing, taking walks to get out of a closed in space, and making sure to take care of your physical and mental health with a positive mindset.

"...telehealth will change in the industry."

In our conversation he and I both agreed that telehealth will change in the industry. There will be a move from clinical visits to more virtual meetings. He discussed their daily huddles when he worked for Duke. These huddles provide an excellent forum for new guidance, news updates, protocols, and operational changes. Mr. Greats believes this will be a method used more frequently to communicate effectively across healthcare platforms. He also agreed that working from home will be more of an accepted practice than before. Certain technologies will be increased such as WebEx, Zoom, and Microsoft technologies that allow individuals to collaborate. He also discussed the importance of Emergency Preparedness, since this pandemic surprised us all. A few months ago we did not know what this coronavirus was, and now many of us have been on complete lock-down. Mr. Greats believes we must learn to quickly adapt as healthcare leaders, take care of our healthcare professionals, and perform more business planning.

"...we will come out of this crisis stronger than before."

As we all take this time to help the community and take care of ourselves, I believe we will come out of this crisis stronger than before. As healthcare leaders we are the backbone of helping our frontline workers throughout this crisis. Together we can overcome the toughest situations, and continue to be the support our healthcare heroes need as they fight this battle. Please stay safe and be well.

By Niccola Piscitelli
Engage with THEF on Social Media!

Follow THEF on social media platforms and tag us in your ACHE/THEF related posts. Be sure to visit us frequently on the THEF website for event details and program updates!

Stay Connected!

Are you planning on attending an upcoming THEF event?
Have you attended another industry related event that your THEF colleagues should know about?
If you’ve answered yes to either, we want to hear from you!
Feel free to send short write-ups and/or photos to communications@thefnc.org