

## A Message from the President

Dear Colleagues,

In the past year (2007), all of us experienced a great deal of change and success. Many of you have taken on new roles and responsibilities in your professional life. Others have seen changes in their personal life, including graduations and weddings. I can personally attest to the changes in the personal life arena. In early December, my wife and I experienced the birth of our son, Evan. As a first time parent, the experience is overwhelming, and certainly beyond words. Needless to say, I now have a new appreciation for family, family time, and of course, SLEEP!!!!

In the past year, EPAHEN had a very successful year for multiple reasons. First, we provided another set of comprehensive, diverse events where education and networking could be realized. Secondly, our membership remained as strong and diverse as ever. Finally, by virtue of cost management, and "sponsorships" from local hospital and healthcare organizations, our finances are very strong.

Therefore, as we enter the new year, I expect 2008 to be very successful. Per our last event of 2007 at DeSales University, Mike Bonner communicated our plans for the coming year. In short, our hope is to provide our membership with a greater number of events on topics that embody your interests. This goal kicks off on February 20 at St. Luke's Hospital. Michael Heard from the Strategy Group of QHR will be presenting, "Are You Ready For Consumer

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## EPAHEN Presents Annual Hal Dolenga Emerging Leader Award

EPAHEN and DeSales University share a long history, through the many members who have received education at DeSales, as well as individuals who serve (or have served) as program instructors. These associations provided insight into the MBA program, and more specifically into the health systems management concentration.

As a result of this association, EPAHEN and DeSales University annually present the "DoLenga Emerging Leader Award," named in honor of Hal Dolenga, who was instrumental in the establishment of the MBA program at DeSales.

For the first time since the inception of the award, the Dolenga Award committee announced a tie. Recipients of this year's award were **Dr. Paul Mosca** of Lehigh Valley Hospital and Health Network, and **Dr. Larry Glazerman** of the St. Luke's Hospital and Health Network. The two additional candidates recognized during the awards process



DOLENGA AWARD CANDIDATES INCLUDED DR. PAUL MOSCA, DR. LARRY GLASERMAN, DIANA HURTZIG AND ALLISON LONG, PICTURED WITH EPAHEN'S DEBORAH CORCORAN (L) AND DESALES' FR. PETER LEONARD, DEAN OF GRADUATE STUDIES (R).

were **Diana Hurtzig** of the St. Luke's Hospital and Health Network, and **Allison Long** of the Blue Mountain Health System.

*EPAHEN congratulates all four Hal Dolenga Emerging Leader nominees on their outstanding academic achievements, and wishes them continued success in their professional endeavors!*

## Calendar of Events

### Eastern Pennsylvania Healthcare Executive Network (EPAHEN)

**February 20, 2008 \* 6:00pm**

**EPAHEN Membership Meeting**

St. Luke's Hospital, Bethlehem

**Speaker:** Michael Heard, QHR Strategy Group

**Topic:** "Are You Ready For Consumer-Driven Healthcare?"

**Final Day to RSVP: Thursday, Feb. 7**

**June 5, 2008 \* 6:00pm**

**EPAHEN Membership Meeting**

Brookside Country Club

**Speaker:** Brian Eury, Hospital & Health

System Association of Pennsylvania

"Legislative Update"

### Healthcare Leadership Network of the Delaware Valley (HLNDV)

**February 7, 2008**

Medical Sciences Building, Lankenau Hospital

**Program:** Breakfast with the Regents

**April 18, 2007**

Lankenau Hospital, Philadelphia

**Program:** Betting on the Winners in

Healthcare: Making Strategic

Decisions for Growth

### American College of Healthcare Executives (ACHE)

**February 18-21, 2008**

Las Vegas, NV Cluster

**Congress on Healthcare Leadership**

**March 10-13, 2008**

Chicago, IL

**March 31-April 3, 2008**

New Orleans, LA

**April 7-10, 2008**

Kiawah, SC Cluster

Information on these, and other upcoming local, regional and national events is also available at the EPAHEN web site:

<http://epahen.ache.org>

(note: no "www" !)

## Notes From ACHE

**Most ERs Not Fully Prepared for Pediatric Patients.** *U.S. News & World Report (12/03/07)* According to research from the University of California at Los Angeles, only 6 percent of emergency rooms (ERs) nationwide are equipped for treating children. Researchers sent more than 5,000 surveys to hospital ERs with the intention of determining their compliance with recommendations from the American Academy of Pediatrics and the American College of Emergency Physicians, but fewer than 1,500 hospitals returned the surveys. The study revealed only 11 percent of ERs had specific equipment for children, a fact physicians say could affect considerably the quality of pediatric treatment. Due to the low response rate, researchers are concerned ERs are less compliant with pediatric treatment recommendations than other facilities. Only 50 percent of respondents had laryngeal mask airways, which allow children to breathe through tubes when their airways are obstructed. Critics warn some hospitals may see fewer children in ERs than others and allocate resources accordingly. All so facilities are often bombarded with the latest guidelines on a yearly basis, making it difficult to comply all of the time. Yet the American College of Emergency Physicians released a statement noting 95 percent of pediatric patients visiting the ER are "treated successfully and released."

**Small and Rural Hospitals: Staying Competitive Demands Technology Investments.** *HHN Most Wired (Quarter 4, 2007)* Information technology is a necessity for small, rural and independent healthcare facilities. Though smaller hospitals have less capital and negotiating power, these facilities continue to invest in IT to remain competitive and meet consumer expectations. Coffey Health System CEO Dennis George says, "Patients expect safety, efficiency, timely information-sharing and other things that technology brings wherever they are--in rural America or at the Mayo Clinic. Having technology is critical in a consumer-driven environment." For instance, the electronic medical records database at Sarah Bush Lincoln Medical Center in Mattoon, Ill., allows physicians to access medical information without searching for paper-based records. Facility officials also indicate the new system helped recruit tech-savvy physicians and specialists, as well as IT personnel to improve patient safety and care quality. Meanwhile, Canton-Potsdam Hospital in Potsdam, N.Y., took a different approach; it garnered the input of physicians among seven rural hospitals within a 60-mile radius to create a central EMR system for each facility. While the system does not connect the data from all the hospitals, the capability is there should future needs to do so arise. Canton-Potsdam Chief Information Officer Corey M. Zeigler says the database covers a large enough geographical area that patient sharing is not an issue, and it gives Canton-Potsdam more leveraging power. The electronic records system also speeds up information sharing among physicians and other healthcare workers, which in turn fosters quality care improvements.

**Extending the P4P Agenda, Part 1: How Medicare Can Improve patient Decision Making and Reduce Unnecessary Care.** *Health Affairs (Quarter 4, 2007)* The U.S. Centers for Medicare and Medicaid Services' (CMS) pay-for-performance (P4P) agenda should take into account informed patient choice, particularly when several discretionary treatments with similar outcomes are available and patients exhibit a strong preference for one treatment or another, according to some experts. However, shared patient choice faces several obstacles in the current healthcare system, including the notion that physicians are the sole judges of what treatments are "medically necessary." Rewarding physicians for the use of various treatments and care practices often does not reflect patient demand for those services because patients are not active participants in their own care--a practice that needs to change to meet the P4P agenda's goals. In addition, patients in shared decision-making groups in research trials were better educated as to treatment options and made decisions more in sync with their values, according to a recent Cochrane review. Shifting to a mode of shared decision-making can improve patient autonomy in terms of discretionary procedures and reduce Medicare costs, since studies indicate that informed patients were less likely to choose costly procedures. Through patient decision aids and educated healthcare professional consultations, patients can take care into their own hands; and aided by the latest records technology, healthcare costs could be lowered for the payor.

### ACHE EXECUTIVE PROGRAMS

In 2008, ACHE will offer two distinctive executive level programs. The Senior Executive Program was developed for the upper level executive who is poised to move to the Chief Operating Officer or Chief Executive Officer's role. It consists of three, two and one-half day sessions. The new Executive Program, consisting of three, two-day sessions was developed for the mid-level manager with aspirations of a position with broader management responsibilities and authority. Both programs are designed to help healthcare leaders refine their knowledge, management competencies and leadership skills. Participants will have the opportunity to learn, share and grow together over the three sessions. Topics for both programs (with different emphases) include Appraisal of Personal Leadership, Patient Safety, Talent Development, Board Relationships, Measuring Financial Success, Physician Integration and Conflict Management. The programs will be held in Chicago, San Diego and Orlando. For more information, contact Graham Phelps in the Division of Education at (312) 424-9300.

### CHANGES TO THE BOARD OF GOVERNOR'S EXAM

Beginning with Congress 2008, the Board of Governors will consist of 250 multiple choice questions-200 scored and 50 pretest-and run for six hours. This particular Exam will be taken by pencil and paper. The computerized version of the Exam will begin August 2008. The current Exam consists of 170 questions. The increase in examination questions is the result of a job analysis survey conducted in 2007, which is distributed to a large sample of ACHE affiliates every 5 years. A candidate's score is based on the number of scored questions on the Examination. The pretest questions do not affect a candidate's score. The purpose for the pretest questions is to evaluate each for potential use as scored questions on future examinations. These questions are placed throughout the Exam and cannot be identified. If you have any questions, please contact the Division of Membership at (312) 424-9400.

## PRESIDENTS MESSAGE *continued*

Driven Healthcare?" Michael will presenting on a topic that is applicable to all of us; now and in the future.

In ACHE based news, our friend Dennis Kain, FACHE will be completing his term as Regent in the next few months. Dennis is presently the Executive Vice President & COO of Tyler & Company. Over the past few years, Dennis has shown great leadership during great change at the local and national level. I greatly appreciate him spending time at many of our events, and will miss working with him on ACHE based initiatives. In March, our new Regent will be Jim Burke, FACHE. Jim is presently the Chief Operating Officer at Hahneman University Hospital in Philadelphia. Please join me in thanking Dennis, and welcoming Jim in the important role as Regent.

In closing, I want to again encourage all of you to reach out to fellow colleagues in the area to join EPAHEN and ACHE. As always, the greatest recruiters for our Chapter is you!!!! If you know of anyone interested in potentially joining, please call one of us on the Board so that we may have them attend a future event.

Regards,

Andrew B. Starr, FACHE  
President-EPAHEN

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## Have you submitted your 2008 EPAHEN Membership Form/Dues?

In November 2007, current and potential EPAHEN members/affiliates were sent information for this year's Membership Drive.

Please remember that if you are an ACHE member, you are no longer required to pay dues at the local level - your ACHE dues also cover your membership dues in your local chapter. **However, we would like you to submit an updated membership form.**

If you are not an ACHE member, you may continue to affiliate with the local chapter for an annual rate of \$70 (students \$25). Or you may simply choose to pay the non-member rate of \$25 per each event you attend.

For more information, contact Terri Martis, Vice President, Membership, at [td.martis@rcn.com](mailto:td.martis@rcn.com)

### *Please Remember:*

- *Non-members are permitted to attend one event free-of-charge as the guest of a member. After that time, they will be required to pay the non-member fee to attend any subsequent meetings. This policy will be strictly enforced.*
- *Please remember that our programs/meals are provided to members at no charge. However, if a member registers and does not attend, or does not call to cancel within a minimum of 48-hours prior to event, they will be charged for the cost of the dinner. In addition, our programs/meals are provided to non-members at a cost of \$25 per event. If a colleague registers and does not attend, or does not call to cancel within a minimum of 48-hours prior to event, they will not be refunded. This policy will be strictly enforced.*

## Welcome New Members/Affiliates!

### Keith Boroch

Visiting Nurses Association of St. Luke's

*The full EPAHEN membership directory  
can be found on our web site ([epaben.ache.org](http://epaben.ache.org)).*

#### Eastern Pennsylvania Healthcare Executive Network

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