

ACHE Newsletter

First I would like to express my sincere appreciation for the service of the following individuals on the Regent's Advisory Council for the past year:

Jason P. Alexander, CHE	Wynona C. Winfield
Nathaniel D. (Davis) Walton, FACHE	John J. Cleary, FACHE
Fred J. (Jeff) Noblin	Joan L. Exline, Ph.D., FACHE
Edward L. Foster, CHE	Rodger Brown, FACHE
Michael Zieman	Gary M. Heim, CHE
Michael Adcock	Ray Humphreys, FACHE
John C. Hyde, Ph.D., CHE	Andrew Mayo, Ph.D.
Trace Swartzfager, FACHE	Emily Young, CHE
Denise Auttonberry, Ph.D., FACHE	Hallie K. Duckworth

I would like to remind each of us the Role of the Regent's Advisory Council:

- Expand the opportunities for affiliates to participate in ACHE activities that are limited due to the small number of available committee appointments.
- Assist the Regent in the promotion of ACHE programs and the recruitment/advancement of affiliates.
- Broaden the commitment for professional growth, ethical conduct, and ACHE advancement within the jurisdiction.
- Increase the grassroots input and feedback for policy and program planning.

For this convocation year, I have decided to try an experiment. Because the Mississippi Healthcare Executives' chapter is in its formative stages and as the Regent's role is changing to support chapter activities more completely, I have asked the current Board of Directors, including officers, of the Mississippi Healthcare Executives to serve as Regent's Advisory Council for this year. It seems to me that both our goals and objectives are synonymous and by working together we can help this chapter grow and develop in service to affiliates and chapter members of ACHE in Mississippi. Consequently, the new RAC members for this year will be as follows:

Michael Zieman	Trace Swartzfager, FACHE
William McInnis	William Peaks
Fred Hood, FACHE	Marcella McKay, Ph.D.
Emily Young	Edward Foster, CHE, Regent

The Board of Mississippi Healthcare Executives (MHE) recently met on June 28 in advance of the Annual Business Session on June 30. Mike Zieman serves as president of MHE and does an outstanding job of keeping everyone on track. Part of the agenda for the meeting was Regent's

Report and adoption of Convocation Year 2006-07, Regent and RAC Goals. The goals for this convocation year are:

1. Actively support the Mississippi Chapter in the deployment of programs and services.
2. Achieve the following membership goals:
 - 44 new members
 - 5 new Diplomates
 - 2 new Fellows
3. Select and present the Early Careerist and Senior Healthcare Executive Awards.
4. Produce quarterly newsletter on schedule.
5. Explore and implement ways to provide mentorship support for MS affiliates.
6. Work with the Chapter leaders to conduct Diplomate and Fellowship advancement information session for affiliates.

Part of the discussion at the MHE Board Meeting and Annual Business Session was the results of the 2005 Chapter Needs Survey. Because of the importance of this material, I have decided to enclose the summary in its entirety: (complete report attached)

Summary of Key Findings

Over one quarter of chapter members responded to the survey conducted in the fall of 2005. Exactly half of the respondents had attended some event sponsored by the chapter during the past year. Functions determined to be very important to members were ACHE education and networking opportunities. In addition, members look to our local chapter for support in helping them attain credentials. With this knowledge, chapter leaders can now proceed to enhance our offerings with the ultimate outcome of increasing the value of membership in our local ACHE chapter.

You will notice that several of the above goals are directly related to the identified suggestions from the member survey. The overall umbrella and emphasis for the year will be career development. To that end, the RAC, along with chapter leaders, will conduct Diplomate and Fellowship informational series for affiliates, hopefully in all three regions of the state. Any ACHE Diplomate or Fellow wishing to conduct these informational series, please contact me. ACHE National has Power Point presentations already prepared for these series. I encourage every affiliate to join our state chapter (MHE). You can find information about MHE on our website which is MS.ACHE.org.

During the Annual Business Session on Friday morning, I had the pleasure of presenting two Regent's awards. The Senior Level Healthcare Executive of the Year Award was presented to James G. (Bo) Chastain, CHE, Director of Mississippi State Hospital in Whitfield, MS. This hospital serves approximately 1600 individuals on a daily basis through the inpatient services, Jaquith Nursing Home (JNH), and Whitfield Medical Surgical Hospital (WMSH) all on the Whitfield campus. He joined the MSH staff in 1990 and progressed through the ranks before taking on his role as Director. Bo holds a bachelor's degree in business administration from Mississippi State University and his master's degree from the Else School of Management at Millsaps College. Bo has demonstrated a solid commitment to the healthcare field having led MSH to achieving full accreditation for all mental health, long-term care and community

services programs from the Joint Commission. Bo has been instrumental in developing a comprehensive master facility plan for the Whitfield campus which has led to two new male, 50-bed receiving units and numerous upgrades to the aesthetics of the campus at Whitfield. Bo is on the Board of Mississippi Hospital Association (MHA), currently serving as president of the MHA Society of Behavioral Health Services, and as Alternate Delegate to the American Hospital Association Regional Policy Board 4. We congratulate Bo Chastain on his receiving the Senior Level Healthcare Executive of the Year Award for 2006.

The Early Career Healthcare Award was presented to Michael P. Adcock, RN. Michael currently serves as assistant hospital administrator at the University of Mississippi Medical Center in Jackson, MS. Michael received his Masters of Science in Nursing, Nurse Executive Track, in May 2003, from UMC and graduated Magna Cum Laude. He received his Bachelor of Science in Nursing in August 2000 and graduated Summa Cum Laude. Michael has combined his clinical skills with solid executive management skills to become an effective member of the administrative staff at UMC. Michael is currently responsible for approximately 350 FTEs in departments such as Pharmacy, Ambassador Services, Hospital Housekeeping, Laundry, etc., with an annualized budget of \$49 million. Michael was instrumental in developing a Clinic for Bleeding Disorders, and Pediatric Craniofacial Center. Congratulations to Michael as the recipient of the Early Career Healthcare Award for 2006.

Also, at the Annual Business Session, we were privileged to hear William C. Schoenhard, FACHE, current chairman of ACHE, present an inspiring talk reminding each of us that we all serve in a noble profession of healthcare. A navy veteran, Mr. Schoenhard reminded us of the sacrifices that men and women have made and are making each day to preserve our freedom and when times get tough, as they are currently, that we need to remind ourselves of our noble calling and keep our job in perspective.

I received an interesting report from Peter Weil called *Ph.D., FACHE*, recently regarding 2005 hospital CEO turnover by state. Interestingly, Mississippi was listed in the high turnover states, ranked #14 with the CEO turnover percentage of 15%. This is a humbling statistic and reminds us the only thing constant is change.

To: All former Gulf Coasters, current Gulf Coasters, future Gulf Coasters, and/or anyone who knows a Gulf Coaster. We're about to enter the peak of the hurricane season. Any day now, you're going to turn on the TV and see a weather person pointing to some radar blob out in the Gulf of Mexico and making two basic meteorological points:

- (1) There is no need to panic.**
- (2) We could all be killed.**

Yes, hurricane season is an exciting time to be in Gulf Coast. If you're new to the area, you're probably wondering what you need to do to prepare for the possibility that we'll get hit by "the big one." Based on our experiences, we recommend you follow this simple three-step hurricane preparedness plan:

- STEP 1.** Buy enough food and bottled water to last your family for several days.
- STEP 2.** Put these supplies into your car.
- STEP 3.** Drive to Nebraska and remain there until Thanksgiving.

Unfortunately, statistics show that most people will not follow this sensible plan. Most people will foolishly stay here in the Gulf Coast.

So we'll start with one of the most important hurricane preparedness items:

HOMEOWNERS' INSURANCE: If you own a home, you must have hurricane insurance. Fortunately, this insurance is cheap and easy to get, as long as your home meets two basic requirements:

- (1) It is reasonably well-built, and**
- (2) It is located in Nebraska.**

Unfortunately, if your home is located in the Gulf Coast, or any other area that might actually be hit by a hurricane, most insurance companies would prefer not to sell you hurricane insurance, because then they might be required to pay YOU money, and that is certainly not why they got into the insurance business in the first place.

So you'll have to scrounge around for an insurance company, which will charge you an annual premium roughly equal to the replacement value of your house. And, at any moment, this company can drop you like used dental floss.

SHUTTERS: Your house should have hurricane shutters on all the windows, all the doors, and -- if it's a major hurricane -- all the toilets. There are several types of shutters, with advantages and disadvantages.

- (1) Plywood shutters:** The advantage is that, because you make them yourself, they're cheap. The disadvantage is that, because you make them yourself, they will fall off.
- (2) Sheet-metal shutters:** The advantage is that these work well, once you get them all up. The disadvantage is that once you get them all up, your hands will be useless bleeding stumps, and it will be December.
- (3) Roll-down shutters:** The advantages are that they're very easy to use, and will definitely protect your house. The disadvantage is you will have to sell your house to pay for them.

HURRICANE PROOFING Your Property: As the hurricane approaches, check your yard for movable objects like barbecue grills, planters, patio furniture, visiting relatives, etc. You

should, as a precaution, throw these items into your swimming pool (if you don't have a swimming pool, you should have one built immediately). Otherwise, the hurricane winds will turn these objects into deadly missiles.

EVACUATION ROUTE: If you live in a low-lying area, you should have an evacuation route planned out. (To determine whether you live in a low-lying area, look at your driver's license -- if it is a Gulf Coast state, you live in a low-lying area.) The purpose of having an evacuation route is to avoid being trapped in your home when a major storm hits. Instead, you will be trapped in a gigantic traffic jam several miles from your home, along with hundreds of thousands other evacuees. So, as a bonus, you will not be lonely.

HURRICANE SUPPLIES: If you don't evacuate, you will need a mess of supplies. But don't buy them now! Gulf Coast tradition requires that you wait until the last possible minute, and only then do you go to the supermarket so you can join in vicious fights with strangers over who gets the last can of Spam.

In addition to food and water, you will need the following supplies:

- (1) 23 flashlights.**
- (2) At least \$167 worth of batteries (which will turn out, when the power goes out, to be the wrong size for the flashlights).**
- (3) Bleach. (No, I don't know what the bleach is for. NOBODY knows what the bleach is for. But it's traditional, so GET some!)**
- (4) A 55-gallon drum of underarm deodorant.**
- (5) A big knife that you can strap to your leg. (This will be useless in a hurricane, but it looks cool.)**
- (6) A large quantity of raw chicken, to placate the alligators. (Ask anybody who went through Andrew; after the hurricane, there WILL be cranky alligators.)**
- (7) \$35,000 in cash or diamonds so that, after the hurricane passes, you can buy a generator from a man with no discernible teeth.**

Of course these are just basic precautions. As the hurricane draws near, it is vitally important that you keep abreast of the situation by turning on your television and watching TV reporters in rain slickers standing right next to the ocean who will tell you, over and over, how vitally important it is for everybody to stay away from the ocean. Good luck and remember: its great living in paradise!

MISSISSIPPI HEALTHCARE EXECUTIVES
An Independent Chapter of the American College of Healthcare Executives (ACHE)

2005 Chapter Member Needs Survey

Introduction

For the first time in 2005, a study was conducted of the Mississippi ACHE chapter to learn about our members' satisfaction with the chapters. The study was undertaken to learn about what programs and services were most highly regarded and to determine what new programs and services would be most useful in the future. These results will be used by your Mississippi ACHE chapter to guide the development of services and to serve as a benchmark for future performance goals.

Summary of Key Findings

Over one quarter of chapter members responded to the survey conducted in the fall of 2005. Exactly half of the respondents had attended some event sponsored by the chapter during the past year. Functions determined to be very important to members were ACHE education and networking opportunities. In addition, members look to our local chapter for support in helping them attain credentials. With this knowledge, chapter leaders can now proceed to enhance our offerings with the ultimate outcome of increasing the value of membership in our local ACHE chapter.

Methods

To accomplish the research, two e-surveys were distributed to chapter members who had provided e-mail addresses. A third survey was sent via snail mail for those members who had not responded to the first two e-mails. Of our 271 MS ACHE chapter members, 77, or 28.4 percent, responded to the survey.

Findings

Number of years as chapter member. Chapter members were asked how long they had been a member of the chapter and its predecessor. Overall, the mean number of years was 7.5 and the median (50th percentile) was 5 years. This compares to a national mean of 4.4 years and a median of 2 years which reflects well on the commitment our executive leaders have shown to the chapter.

Overall satisfaction with chapter. Respondents were asked to rate their overall satisfaction with the chapter. Scores could range from "1" very dissatisfied to "10" very satisfied. The median score given was 7.0 (which was also the median score nationally).

Past year's attendance. Next, respondents indicated whether or not they were able to attend any of the chapter's meetings or events during the past year. Exactly half, 50 percent, of the respondents indicated they were able to attend a meeting or event in the past year. For those who did not attend any chapter events, respondents indicated what factors contributed to that decision. The most cited response from our chapter was that the member did not recall receiving a notice of the event. Location and time of day were the second and third most cited factor.

Approximately 19 percent stated that they received notice of the event too late. This is in contrast to ACHE members of other chapters surveyed nationally, who cited location, time of day, topic not relevant and day of week as reasons for not attending (in that order). Our members overwhelmingly feel that our topics are relevant, but we obviously have work to do in getting notices to our members (and getting them out in time for members to mark their calendars).

Preferences for chapter events' time and travel distance. Respondents were asked to consider a two-hour networking and educational event and indicate their preferences regarding time of day, day of week and time required to travel to the event. The most popular time of day was lunch (from 12-2 p.m.) for 43 percent of respondents. The next most popular time preferred was mid-morning (9-11 a.m.). The most preferred day of week for chapter events was Thursday (by 41%). Thirty-three percent of respondents had no preference on day of the week. When asked what is the most amount of time they would be willing to travel to chapter events, 29 percent said 1 hour.

Where to locate chapter events. When asked whether they would like to have chapter events located at the same location or have them rotated around the chapter's area, 37 percent (a clear majority) said they had no preference.

Position and work setting. Knowing what level in the organizational hierarchy and type of work setting that chapter members occupy can help chapter leaders tailor programs that best meet the members' needs. Chief executive officers comprise the largest single group of chapter members—claiming 38 percent of the population; another 19 percent are department heads/directors. Twelve percent are chief operating officers. These numbers, again, show the seasoned leadership in our chapter. Nationally, only 16 percent of members are chief executive officers, and the largest group (at 20 percent) is department heads/directors. Overall 78 percent of our chapter members are in hospitals or their corporate headquarters. Other work settings are ambulatory care facilities or group practices (3 percent), chronic care organization (3 percent), consulting firm (5 percent), association (3 percent) and education institutions or research institutes (6 percent).

Programs of interest. Respondents were asked to indicate their level of interest in five broad areas of possible chapter programming that would be of sufficient interest that they would attend a chapter event on the topic. From most popular to least, respondents prefer: (1) trends in healthcare; (2) leadership; (3) networking; (4) career development and (5) mentoring. Next, respondents were asked to rate their interest in six specific programs that might be presented by the chapter. Three of the six garnered the most interest: (1) ACHE seminars that are normally offered at Clusters, (2) talks by local policymakers on healthcare issues and (3) presentations by expert consultants or academics. Fourth in level of interest overall were social functions honoring outstanding local health care executives. This was followed by panel discussions by local practitioners and finally, opportunities for respondents themselves to inform chapter members of successes at their organization.

Ratings of chapter functions. Respondents provided feedback about the functions they considered most important for the chapter to perform. Members indicated ACHE (Category I) education, advancing to Diplomate or Fellow and networking opportunities were the most important functions the chapter could provide.

Then, respondents rated their satisfaction with these functions. Scores could range from 1.0 (very dissatisfied) to 5.0 (very satisfied). An average score is 3.0. Members gave a majority of functions average or better ratings overall. However, four functions' means fell below 3.0: career services, becoming a mentor, becoming a protégé and community service. Ideally, satisfaction scores should mirror importance scores, i.e., what is more important to members should also obtain higher satisfaction scores. A chapter goal in the coming year will be to address problems and improve satisfaction in these areas to increase chapter value for our members.

Suggestions for chapters. The last question of the survey invited respondents to write in their ideas on how the chapter could better meet their needs in the next year or two. In order of number of mentions, the following were suggested: career development and mentorship support, preferred meeting locations, preferred topics, better communication about chapter events/activities and preferences for specific dates, times and frequency of events.