



### HLNDV is Volunteering with



Volunteers will work together sorting and processing donated children's items. This may include cleaning and testing toys, inspecting clothing for rips and stains, sorting books by age categories, or matching up outfits for clothing packs. It's high-energy, hands-on work that directly benefits vulnerable children in the six-county region.

#### Location

30 Clipper Road, P.O. Box 799  
W. Conshohocken, PA 19428  
Telephone: 215.836.0958

#### Opportunity #1:

Saturday, 6/17/2017  
1:00 PM to 3:00 PM  
20 Adults needed.

Registration link:

<https://www.cradlestocrayons.org/volunteer/pre-register/>

Access Code: a0RC000000IIZlg

#### Opportunity #2:

Tuesday, 6/6/2017  
6:00 PM to 8:00 PM  
25 adult(s) needed

Registration link:

<https://www.cradlestocrayons.org/volunteer/pre-register/>

Access Code: a0RC000000IIZlb

**There is no fee for volunteering at this event.**



On April 19, 2017, HLNDV hosted its 7<sup>th</sup> Annual CEO Roundtable, *Promoting Excellence in Healthcare Through Diversity and Inclusion*. The sold-out event welcomed members, new and old, with a cocktail. During dinner, the faculty panel discussed diversity in healthcare: its importance and impact.

The panel was moderated by **Trina Parks, MHA, FACHE**, Corporate Chief Diversity & Inclusion Officer of RWJ Barnabas Health and included executive leadership from three other major institutions throughout the tri-state:

- **Madeline Bell**, President/CEO, Children's Hospital of Philadelphia
- **Jack Lynch III, FACHE**, President/CEO, Main Line Health System
- **Edmondo Robinson, MD, MBA**, Chief Transformation Officer, Christiana Care Health System & Executive Director, Christiana Care – Wilmington Hospital

The discussion highlighted the impact of diversity and inclusion as a priority for these hospital leaders as they focused on its touch in recruitment, patient population and community relations. They discussed the importance of diversity and inclusion at the board level and their attention to diversity and inclusion metrics as a driver of industry change. Following the open discussion, colleagues around the room joined the conversation with questions about challenges, tactics and goals.



After the evening, all parties went home with a renewed energy and challenge to focus and implement diversity and inclusion initiatives.

## 2017-2019 BOARD MEMBER ELECTION RESULTS

The 2017-19 HLNDV Board member election has officially wrapped up!

Welcome to new HLNDV Board members, including::

- **Michelle Santoro, CPSM**, *Co-Chair Events and Education Committee*
- **Mark Benner**, *Co-Chair Academic Relations Committee*
- **Patrick Moser, PT, MBA, FACHE, LBBH**, *Co-Chair Sponsorship Committee*
- **Sanjay Cheulkar, MD, MHSA, FACHE**, *Co-Chair Diversity & Inclusion Committee*

Thank you to the following Board members who continue to serve:

- **Doug Hughes, MBA, FACHE**, *Past President*
- **Emily Burrell, RD, MBA, FACHE**, *President-Elect*
- **Lauren Glowienka, MHSA, FACHE**, *Secretary*
- **Carey Gallagher, MBA**, *Treasurer*
- **Faith Needleman, RN, MSN**, *Co-Chair Communications Committee*
- **Scott T. Bowes, MBA., FACHE, CMPE**, *Co-Chair Member Services Committee*
- **Colleen King-McClintock, MHA**, *Co-Chair Career Development Committee*

## LETTER FROM THE PRESIDENT



Dear Fellow Healthcare Leaders,  
It is truly an honor to be writing to you as your newly elected President of HLNDV. As I think of the incredible care that each of you and your institutions provide for people in our tristate area, I am deeply inspired.

I am excited to be accompanied in this new role by our HLNDV Board of Directors, many of whom were also recently elected by you, and in whom we all can have the confidence of their tireless leadership in advancing our Chapter's mission and vision.

On behalf of all the members of HLNDV, I would like to acknowledge and extend great thanks and appreciation to Doug Hughes, MBA, FACHE, our most recent Past President, for his steadfast leadership and encouragement. I am also grateful to and wish to thank Kevin McGovern, FACHE and Barbara Hendricks, MBA, FACHE, SPHR, our outgoing Regents, for their service. And, I am pleased to be able to thank Allison Wilson-Maher, MBA, FACHE, our newly elected ACHE Regent for Southeast Pennsylvania and Southern New Jersey, for her ongoing commitment to

HLNDV and ACHE.

Thank you to those who attended and volunteered to coordinate a tremendous spring season of HLNDV events. We are truly blessed to have such a great team that brings us this rich variety of opportunities in support of our learning, networking, and advancement.

Healthcare never ceases, and the work that we do always lives on. Many around us are currently pondering the future of healthcare in our nation. In the midst of this, I would hope to inspire all of you as healthcare leaders to step up to the challenge and find the courage to continue to serve others with excellent care, to continue to learn, and to advocate for what is best for the communities we serve.

Thank you all for this tremendous opportunity. I look forward to serving as your President and advancing healthcare leadership in our region.

**Chris Fraser, MBA, FACHE**

President, HLNDV

Director of Operations/Corporate Compliance Officer,  
Westside Family Healthcare

## DELMARVA SPRING 2017 EDUCATIONAL FORUM: REACH THE BEACH



(L TO R) Dr. Robert Ferber (Nanticoke), Peggy Geisler (DE Center for Health Innovation Healthy Neighborhoods Initiative), Brian Rahmer (Christiana), Megan Williams (Beebe)

On April 21, 2017, the Maryland ACHE (MACHE) and Healthcare Leadership Network of the Delaware Valley (HLNDV) sponsored a joint education event focusing on the opioid epidemic and community health in the first joint chapter initiative. Three face-to-face credits were offered.

### The Opioid Epidemic

A sharp increase in opioid use in the last several years has been partially driven by over prescribing. Since 1999, the rate of overdose deaths has quadrupled

and drug overdose is the leading cause of accidental death. This event explored the roots of the problem, current resources and further expectations. Healthcare providers and institutions have been and will continue to be at the center of the solution. The panel moderator for this session was **Terri Palazzo MS, RN, FACHE**. Panelists included **Alan Lyles, Tracy Myers-Preston and Kathleen O'Brien**.

### Improving the Health Status of Your Community

The changing landscape of the healthcare delivery model and increased accountability of how healthcare organizations and providers deliver care has given rise to collaborations by healthcare organizations and providers across the continuum of care. Collaborations have developed innovative care delivery models focusing on community and population health management. The panel moderator was Megan Williams, DNP, BA, FNP-COPC, Director of Population Health, Beebe Healthcare. Panelists included Peggy Geisler, Executive Director, Sussex County Health Coalition; Robert Ferber, MD, SFHM, Chief Clinical Innovation Officer, Nanticoke Health Services; and Brian Rahmer, PhD, MS, Director Community Health Engagement, Christiana Care Health System.

## THE POWER IN PATIENT SATISFACTION: WHAT DO PATIENTS REALLY WANT?



By Sabina Akhter, MHA  
Administrative Fellow  
Mercy Health System

When you or a loved one visits the hospital for an unexpected ailment, what kind of care do you expect? Is it the compassionate nature and genuine smile from a nurse? Or perhaps, an overview of your plan of care explained by your physician?

As healthcare leaders, we constantly strive to learn new ways of providing high quality care and achieving excellent patient satisfaction. Healthcare is undoubtedly a "people industry," with certain patient expectations and the organization's responsibility to successfully fulfill these expectations. According to the Harvard Business Review, a 2012 industry survey asked top hospital leaders (CEOs, COOs, and others) what was necessary to improve patient experience. The top six recommendations included: new facilities, private rooms, food on demand, bedside-interactive computers, unrestricted visiting hours, and more quiet time so patients could rest.<sup>1</sup> However, these are not based on a "systematic examination" of what patients *wanted* most, but merely what executives *felt* were important drivers of the patient experience.<sup>1</sup>

### Tools and Techniques

- **Create Patient Advisory Councils.** A group of patients who can advocate and act as "the voice" for others is an excellent way to open communication channels and establish an understanding of patients' evolving needs. Learning from patients themselves is an effective technique to drive initiatives throughout the system.<sup>1</sup>
- **Dig Deeper into the Data.** Utilize HCAHPS survey and Hospital Compare Data to pinpoint the largest opportunities for improvement and compare your organization to others. In particular, the comments and complaints section of the HCAHPS survey can serve as a direct guide to what patients truly want and believe are the biggest factors in determining their satisfaction of care and *why*.<sup>1</sup>
- **Leadership Rounding.** Face-to-face contact with patients shows leadership's dedication to its patients' health and comfort, and establishes a respectful partnership between hospital staff and patients. Leaders should communicate that patient safety and well-being are critical considerations that guide all decision making.<sup>2</sup>

- **Evidence-Based Care.** The care team instills confidence in patients by providing collaborative, coordinated care in which the patients know what to expect and are informed of their plan of care.<sup>2</sup>

### Why it Matters

**Correlation between Satisfaction and Quality.** A study published in the New England Journal of Medicine on October 30, 2008 found that "hospitals with more satisfied patients generally provided higher quality of care as measured by standard quality metrics. Hospitals that earned high marks from patients were more likely to provide appropriate care for heart attack, congestive heart failure, pneumonia and prevention of surgical complications."<sup>3</sup>

- **Public Reporting and Reimbursement.** With healthcare being such a competitive industry, consumers have more choices than ever, including several sources of information to utilize and influence where they choose to seek care. Public information such as Hospital Compare, HCAHPS, and even Yelp can help or hurt healthcare organizations and their reputation in providing high quality, patient-centered care.<sup>2</sup> In addition, The Accountable Care Act now links patient experience metrics to reimbursement.<sup>2, 4</sup>
- **Commitment to the Patient.** The top priority within healthcare is the patient. Understanding patients' needs and taking the steps to ensure a satisfying experience is the ultimate goal.

### Takeaway: Communication, Care Coordination, and Commitment

The "three Cs" are the foundation to providing every patient with a satisfying experience. Giving each patient a voice through communication, coordinating evidence-based care, and upholding the organization's commitment to consistently improving and addressing its patients' needs are the first steps towards being the champion of compassionate, person-centered care.

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1. Merlino, J. and Raman, A. (2013). Understanding the Drivers of the Patient Experience. *Harvard Business Review*, 1-3. Retrieved from <https://hbr.org/2013/09/understanding-the-drivers-of-the-patient-experience>
2. Grigsby, J.E. (2011). Patient Satisfaction: Why it Matters. *National Health Foundation*, 4-11. Retrieved from <https://www.nhfca.org/Presentations/Patient%20Satisfaction9.29.11.pdf>
3. Reese, L. (2009). Patient experience correlates with clinical quality. *Managed Healthcare Executive*, 3-5. Retrieved from <http://managedhealthcareexecutive.modernmedicine.com/managed-healthcare-executive/content/patient-experience-correlates-clinical-quality>
4. Rosin, T. (2015). Patient experience and quality impacts on reimbursement: 5 things to know. *Becker's Hospital Review*, 1-5. Retrieved from <http://www.beckershospitalreview.com/hospital-physician-relationships/patient-experience-and-quality-impacts-on-reimbursement-5-things-to-know.html>

## MARCH 7, 2016: BREAKFAST WITH THE REGENT FOLLOW-UP



The Healthcare Leadership Network of the Delaware Valley held its annual ACHE Breakfast with the Regent on March 7, 2017 at the Union League of Philadelphia. The Keynote speaker for the morning was **Anthony Coletta, MD, MBA** and the *President of Facilitated Health Networks at Independence Blue Cross*. The program also included introductory remarks by HLNDV Chapter President **Doug Hughes, FACHE**, and remarks and award presentations by outgoing ACHE Regent **Kevin McGovern, FACHE**.

The event was a great opportunity for networking at a historic Philadelphia venue. After a moment of special thanks to a few notable attendees—including



**Barbara Hendricks** (outgoing Delaware Regent), **Chris Winn** (Board of Directors), and **Allison Wilson-Mayer** (incoming ACHE Regent)—Mr. Hughes introduced

Mr. McGovern for opening remarks, including a list of accomplishments.



HLNDV is a model chapter for ACHE, and Mr. McGovern's term included the creation of a strategic plan, recognition for our efforts to promote diversity in healthcare leadership, and significant growth in our membership, parallel ACHE's member development

(including 558 new fellows).

Later in the program, Mr. McGovern presented two awards, one for the region's Senior Level Healthcare Executive and one for achievement as an Early Career Healthcare Executive.

**Mr. Gary L. Perecko, FACHE**, President of Riddle Hospital, received the former honor for his role directing one of our region's major health systems. In addition, he was recognized for his focus on innovation, for the ongoing development of service capabilities, and for his role in our community as a distinguished leader.



**Ms. Meredith Inniger, MHA**, *Manager at Veralon*, was recognized for her extraordinary work as an early career executive, including her focus on strategic planning. Mr. Perecko accepted his award via video clip, and Ms. Inniger was present with her family to receive her recognition.



Keynote speaker **Dr. Coletta** provided an interesting perspective on "Disruptive Innovation in Health Care," including recounting his volunteer work in Haiti, where efforts to enact change required a commitment to "one patient at a time," and the ability to "ignore the magnitude." Dr. Coletta underscored the importance of three pillars for healthcare innovation: (i) Engagement (new contract and access models), (ii) Enabling (vigorous adoption of technology), and (iii) Empowerment (the coordination of care). Dr. Coletta's presentation was well-received and an effective topic for our annual regent's breakfast.



## HEALTH EDUCATION MEMBERS MEET AT 2017 CONGRESS



More than 75 people attended the HLNDV's HEN reception at Congress. Participants included several students along with ACHE Chapter Board members (EPAHEN, HLNDV, Healthcare Executive Forum of Central PA, ACHE of Western PA), HEN Faculty, ACHE Regents, two ACHE Board of Governor members (our district one Governors) and Pennsylvania chapter members.

The event was improved over previous years with increased attendance, included more chapters, and most importantly more ACHE HEN students. Next year we plan to include our ACHE friends in New Jersey and Delaware.



*Amy R. Richards, FACHE (l) was the Regent for W PA and Kevin McGovern, Regent E PA (r).*

## MACRA: A PRIMER FOR PHYSICIAN PRACTICES



*By Alex Geralnick, MPH  
Administrative Fellow  
Delaware Valley ACO*

The Medicare Access and CHIP Reauthorization Act (MACRA) aims to reform Medicare spending by paying physicians for the quality of care they provide. MACRA was signed into law in 2015. MACRA will affect Part B reimbursements for thousands of clinicians. Practices must understand these changes in order to maximize their revenues and provide quality care for patients.

### MIPS, APMs and CPS

There are two potential tracks under MACRA; the Merit Based Incentive Payment System (MIPS) and Advance Alternative Payment Models (APMs). Most practices will be subject to MIPS. Clinicians who bill more than \$30,000 of Part B claims and treat at least 100 Medicare patients a year are required to participate. This includes physicians, physician assistants, and nurse practitioners. MIPS combines the PQRS, the Value Based Payment Modifier, and the Medicare EHR Incentive Program and adds a fourth component to promote improvement activities. These components will be combined each year into a final Composite Performance Score (CPS). A practice's 2017 score can create positive, neutral, or negative payment adjustments for 2019, with adjustments increasing through 2022.

### Electronic Health Record Certification

Practices reporting MIPS should consult with their vendor to determine if their EHR is certified to assist in reporting. The Quality Performance Category makes up 60% of a practice's total 2017 CPS. Practices must choose six applicable measures to measure and report. Practices can improve their score by achieving points on bonus measures. Advancing Care Initiatives (ACI) is worth 25% of the total score in 2017. Practices must achieve a base score of 50 points in order to receive credit for ACI; credit for the base score comes from EHR utilization requirements similar to those found in Meaningful Use. Advanced EHR utilization helps earn additional points, but total points are capped at 100. Improvement Activities make up 15% of the 2017 score and gives practices credit for activities done to improve patient care, such as providing 24/7 access or offering telehealth. Clinicians should determine which quality measures would be best for them to meet the quality requirements and which improvement activities they are currently doing or can initiate. While cost will not be factored into a CSP for 2017, CMS will automatically calculate cost based on claims data for attributed patients in future years.

Practices, which are part of an MSSP Track 1 Accountable Care Organization (ACO), will report quality directly through the ACO. Practices will not receive a cost score and will receive full credit for Improvement Activities. Individual practices will be responsible for submitting ACI information. All practices in the ACO will receive the same composite score so if a practice scores low on quality, they will bring down the score for the entire ACO.

While MACRA began January 1, 2017, practices participating in MIPS who have not started preparation can still avoid any negative 2019 payment adjustments by providing 90 consecutive days of data on at least one quality measure. If a practice only reports for one quarter, they must begin tracking data by October 1, 2017.

Practices in an MSSP Track 2, 3 or Next Generation ACO or CPC+ may not be required to participate in MIPS. These programs require use of certified EHR technology, quality standards for physician payment, and financial risk for the practices. These practices are in the Advanced APM track, and have different reporting requirements to CMS.

### Works Cited

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2. Teske, Krista, "Your questions about the 2017 MACRA final rule—answered," The Advisory Board, January 31, 2017, accessed May 05, 2017, <https://www.advisory.com/research/physician-practice-roundtable/members/expert-insights/2016/nine-faqs-on-provider-payment-under-macra>.
3. D'Souza, Rohon. "Do MACRA, MIPS, and APMs Have You Confused? Let's Clarify the Future of Healthcare Reimbursement." eClinicalWorks. November 01, 2016. Accessed May 05, 2017. [https://www.youtube.com/watch?v=BijgBx\\_wi8o](https://www.youtube.com/watch?v=BijgBx_wi8o).
4. Teske, 2017

## HLNDV RECEIVES AWARD OF CHAPTER MERIT

The Award for Chapter Merit Awarded to all chapters that meet **one** of the four performance standards.

### Education and Networking Performance

This measure is a simple calculation of indexed attendee hours, which are programming hours multiplied by the number of attendees for each event divided by total chapter membership at the beginning of the current year.

**Chapters must provide at least 13.4 hours of chapter event programming per chapter member.\***

### Net Membership Growth

Net membership growth is measured by the percentage difference between the total number of ACHE-affiliated chapter members in all membership categories at the beginning of the year and at the end of the year. **Chapters must have a net membership growth of 9.6 percent.\***

### Level of Member Satisfaction

Each chapter must have a top-ranking level of member satisfaction. **Chapters must receive 4.1 or higher on a five-point scale in chapter member satisfaction.\***

### Advancement of Eligible Members

Advancement of eligible chapter members is measured by the percentage of the eligible pool of members affiliated with the chapter who advance to Fellow or pass the Board of Governors Exam each year. **A chapter must advance a number greater than or equal to 9.1 percent of the chapter members eligible to advance at the beginning of the year\***

There is no limit to how many chapters are recognized each year. **\*Performance standards change each year based on a three-year average of all chapters' performance at the 90th percentile level.**



## STUDENT CASE COMPETITION



The Academic Relations Committee was pleased to host the 2nd HLNDV Student Case Competition on April 6th at the Penn Medicine Center for Innovation and Learning. The challenge with this year's case was to answer the question: "What program would you start with \$100 million in outside funding to have the greatest impact in the Delaware Valley?" This case gave students an opportunity to think creatively while also considering our greatest regional needs. We were pleased to see participants from varied backgrounds in this year's group, with students representing Health Administration, Public Health, Nursing, and Medical disciplines. The diversity in participation led to a variety of interventions, with proposals including mobile health clinics, opioid rescue training, health advocacy education, and childhood obesity management.

While all of the presentations were well done, the panel of judges selected "Combating Childhood Obesity in the Greater Delaware Valley" by Logan Brock and Victor Cotton (University of Pennsylvania, Perelman School of Medicine) as the top presentation. Their presentation focused on an area of great importance, developed an innovative application of health monitoring technology, and addressed financial sustainability to steward the investment resources effectively. The top three teams will receive cash awards from the Don Snook Education Fund, which exists to support the education of students in the greater Delaware Valley.

The Academic Relations Committee looks forward to hosting this event again in April 2018.



*The award winner group photo taken at the Chapter Leaders Reception during Congress.*

## THE THOMAS C. DOLAN EXECUTIVE DIVERSITY PROGRAM: NOW RECEIVING APPLICATIONS



Please help us spread the word about the open application period for the 2018 Thomas C. Dolan Executive Diversity Program to your members by pointing them to [ache.org/ExecutiveDiversity](http://ache.org/ExecutiveDiversity).

During this year-long program, scholars benefit from specialized curriculum opportunities to develop strategies for successful navigation of potential career challenges and enhance executive presence, one-on-one interaction with a specially selected mentor, and participation in formal

leadership education and career assessments. Enhanced self-awareness, critical leadership skills and an expanded network of leaders will help prepare scholars to ascend to C-suite roles in hospitals, health systems and other healthcare organizations.

Visit [ache.org/ExecutiveDiversity](http://ache.org/ExecutiveDiversity) for more information or to apply. If you have questions about the program, please contact Cie Armstead, director, diversity and inclusion, at [carmstead@ache.org](mailto:carmstead@ache.org) or (312) 424-9306.

*The Foundation of ACHE's Fund for Healthcare Leadership accepts donations to the Thomas C. Dolan Executive Diversity Program. Gifts—no matter the amount—help shape the future of healthcare leadership. Visit [ache.org/ExecutiveDiversity](http://ache.org/ExecutiveDiversity) to make your donation.*

## LOCAL NEWS

### Chester County Hospital marks start of big revamp

[Daily Local News](#): Construction is beginning on a new addition that will include 18 new operating rooms and an Emergency Room that will double in size.

### Do mergers of hospitals boost costs, inefficiency?

[Lehigh Valley Business](#): Lawton Burns, professor of health care management at the Wharton School, University of Pennsylvania, told a gathering at the Lehigh Valley Business Coalition on Healthcare's recent annual conference there is no academic evidence that hospital consolidation improves cost, efficiency or quality. Hospitals with less than 300 beds are more efficient, he said.

### Against the odds, emergency rooms are getting people into addiction treatment

Gina Marchetti walked into the emergency room to a familiar sight: a patient, just brought back from a heroin overdose by paramedics, sweaty and miserable and hooked up to machines. His mother, on her knees next to her son's bed at Crozer-Chester Medical Center, crying and begging him to get treatment. Read more from [Philly.com](#).

### Medical Center Holds Mock Prom Trauma To Show Dangers Of Drunk Driving

[CBS3](#): The St. Mary Medical Center mock prom trauma is so real-life that it includes writing obituaries and some of the students are arrested for drunk driving and have to appear before a judge.

### Penn names new leader for Abramson Cancer Center

[Philadelphia Business Journal](#): Dr. Robert Vonderheide, a professor in cancer research at Penn's Perelman School of

Medicine and a noted expert in immunotherapy, was promoted to the director post after serving as the cancer center's associate director for translational research and executive director of its translational centers of excellence program

### Michael Curran Named President Of Crozer-Chester Medical Center

[Hellenic News](#): He has served in this role on an interim basis since September 2016.

### Temple University Health in deal for stroke care with Lower Bucks Hospital

[Philadelphia Inquirer](#): In the highly competitive market for stroke services in the Philadelphia, this is the second suburban deal for Temple Neurosciences. In March 2016, Temple started placing neurologists at Holy Redeemer Hospital in Montgomery County.

### PMMC changing visitation policy; visitors must check-in, be issued a badge before visiting patient rooms, offices

[Mercury](#): The badges, valid for 24 hours, have a thermal backing that shows a series of lines running through it when it is no longer valid.

### Losing a child: Counselor at Kennedy hospital knows the grief firsthand

[Philadelphia Inquirer](#): On May 9, Austin's mother, a patient navigator at Kennedy in Cherry Hill, will launch monthly parental bereavement meetings at the three Kennedy campuses in South Jersey. She'll be the facilitator.

## WELCOME NEW MEMBERS, CONGRATULATIONS NEW/RE-CERTIFIED FELLOWS (AS OF 5/9/17)

### Fellows

#### May

Patrick B. Nolan, FACHE  
Arnold A. Sherrin, FACHE

#### **Members who recently passed the Board of Governors Exam**

#### February

Aron I. Berman

#### March

Stephanie B. Fendrick  
Christopher Tascione

#### April

Kathryn Fleming, PhD, RN

### New Members

#### February

Kara Barnes  
Lisa Castanzo

Lisa Ferraro  
Gregory Hahn  
David Keenan  
Adam Maziuk  
Nakia Merriweather  
Cathy L. Mundorf-Keyser  
Kia Pratt McCoy, MD  
Jane Ryan  
John G. Ryan  
Heidi M. Speirs

#### March

Keith Beauford  
Scott Briggs  
Diane E. Browne  
Richard Chasinoff  
Jordan Chud  
Blaise DeLuca  
Precious Graham  
Veronica R. Hill-Milbourne,  
DrPH, JD  
Deane Leader Jr., PhD  
Christopher Mariotti, RN

Michelle Mayer  
William McCarthy  
Jennifer Pawlowski  
Donyale J. Showers  
Kathy Snead  
Edward Sotherden  
Carla Sparkler  
Tina S. Williams, RN

#### April

Ronald R. Castaldo, PhD,  
RN  
Rachel Fineberg  
Jon Gardner  
Michael H. Goodman  
Kevin Hook  
Crystal Jackson  
Bobby Kumar  
Sue Lundquist  
Kenneth T. Mason Jr.  
Joanne N. Pallas  
Charles Palmer

#### May

Kellie Pearson  
Steven B. Wagman

### Recertified Fellows

#### February

Morris R. Fansler, FACHE  
George Cort Massey, FACHE  
Bonnie I. Perratto, FACHE  
Meredith L. Sullivan, FACHE  
Paul A. Walker, FACHE

#### March

Jeshahnton V. Essex, FACHE  
Marni S. Guba, FACHE  
Christine C. Winn, FACHE

#### April

Sarah B. Nichols Nagle,  
FACHE



### BOG EXAM FEE WAIVER THOROUGH JUNE 30

Inspiring your chapter members to take the next important step for their career by advancing to Fellow status benefits their professional goals and strengthens the healthcare management profession. Encourage them to submit their Fellow applications **starting March 1 with our Board of Governors Exam fee waiver offer (a savings of \$200), available through June 30. Fellow applicants must submit their completed Fellow application, \$250 application fee and all required documents, such as their references and organization chart, by June 30.**

We greatly appreciate your support in communicating this change to your chapter members in your newsletter, exam study groups and other chapter events. If you have any questions, please contact Erika Joyce, CAE, assistant director, Division of Member Services, at [ejoyce@ache.org](mailto:ejoyce@ache.org) or (312) 424-9373.

Visit [ache.org/FACHE](http://ache.org/FACHE) to learn more. Let your chapter members know they can apply online, and consider coordinating exam study groups with them around this offer.



### 5th ANNUAL HLNDV SPRING INSTITUTE

HLNDV held its 5<sup>th</sup> Annual Spring Institute at the Hilton Penns Landing in Philadelphia on May 12<sup>th</sup>. The Spring Institute allows HLNDV members the opportunity to earn up to six face-to-face education credits for gaining Fellow status or for re-certifying as a Fellow of the American College of Health Care Executives (ACHE). More than 150 members and colleagues attended this year's event which was sponsored by the Temple University College of Public Health (in addition the HLNDV's annual sponsors).

Four education sessions were held:

- Integrating Acute to Post-Acute Care Settings: Where do we go from here?
- Fostering Inclusion of LGBT patients and Employees
- Employing Social Media to Build Customer Satisfaction and Community Outreach
- The Future of Healthcare Financing

In addition to the four excellent education sessions, attendees had ample time to network over breakfast and lunch and to interact with our corporate sponsors.

The HLNDV Education & Events Committee would like to thank all session moderators and panelists for their time and participation.



## BOARD OF DIRECTORS

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Chris Fraser, MBA, FACHE  
Director of Operations  
Westside Family Healthcare  
President@hlndv.ache.org

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Vice President, Administration  
Paoli Hospital  
Past-President@hlndv.ache.org

### President-Elect

Emily Burrell, RD, FACHE, MBA  
Administrator  
Nemours Children's Health System  
President-Elect@hlndv.ache.org

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FACHE, CPE, FACPE  
Medical Director, Health Management  
Health Partners Plans

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Lauren Glowienka, FACHE  
Manager, Strategic and Service Line Planning  
Main Line Health  
Secretary@hlndv.ache.org

### Treasurer

Carey Gallagher, MBA  
Senior Manager  
CFAR  
treasurer@hlndv.ache.org

### Co-Chairs, Academic Relations Committee

Andrew Wierzbieniec, MHSA, FACHE  
Director, Network Program Development  
Penn Medicine  
academicrelations@hlndv.ache.org

Mark Benner

Senior Compensation Analyst  
Main Line Health  
academicrelations@hlndv.ache.org

### Co-Chairs, Education and Events Committee

John Kiernan  
Managing Director  
Management Pathways  
events@hlndv.ache.org

Michelle Santoro, CPSM  
Director of Business Development Skanska  
USA  
events@hlndv.ache.org

### Co-Chairs, Career

**Development Committee**  
Colleen King-McClintock, MHA  
Manager, International Medical Education  
& Business Development  
The Children's Hospital of Philadelphia  
careerdevelopment@hlndv.ache.org

Chiragi Shah, MHA, FACHE  
Program Manager  
Department of Veterans Affairs  
Veterans Engineering resource Center  
careerdevelopment@hlndv.ache.org

### Co-Chairs, Communications Committee

Faith Needleman, RN, MSN  
Associate Performance Improvement Man-  
ager  
Temple University Hospital  
communications@hlndv.ache.org

Morris Fansler, MPA, FACHE  
Director, Strategic Marketing and Research  
Main Line Health System  
communications@hlndv.ache.org

### Chair, Corporate Sponsor Committee

Patrick J. Moser, PT, MBA, FACHE,  
LBBH  
AVP Neuroscience Service Line  
Virtua  
sponsorship@hlndv.ache.org

Marc Schlessinger, RRT, MBA, FACHE  
Senior Associate, Applied Solutions Group  
ECRI  
sponsorship@hlndv.ache.org

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Jefferson Department of Urology  
Thomas Jefferson University Hospitals  
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Drexel University  
cz358@drexel.edu

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diversity@hlndv.ache.org

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Director, Corporate Accounts, Clinical  
Solutions  
Elsevier  
diversity@hlndv.ache.org

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Acuity Healthcare Real Estate Resources  
allison.wilson-  
maher@acuityhealthresources.com

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