Developing Excellence in Healthcare and Leadership

THE AAMA EXECUTIVE

AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS | SUMMER 2005

AAMA Briefs

- **AAMA Launches Vital Link™**
  AAMA's members-only website, Vital Link™, is here. Gain access to your colleagues with new online directory and specialty list serves. See page 9 for details.
- **Apply for Fellow/Diplomate by August 15**
  to be recognized at the AAMA Fall Conference.
- **Mark Your Calendar**
  Pacific Rim Conference – August 10-12
  Ford Island, Pearl Harbor, HI
  48th Annual AAMA Conference – Nov. 10-12
  Riviera Hotel and Casino, Las Vegas, NV
  ACCA 17th Cardiovascular Administrators' Leadership Conference – March 8-10, 2006
  Sheraton Atlanta Hotel, Atlanta, GA
  (Note date change.)
- **Two Tuition Scholarships Available for 48th Annual AAMA Conference**
  Apply by September 10. See page 10.
- **CAAMAs Recredentialing in 2005 Need 30 Points** Contact education@aameda.org

For more details on AAMA Briefs go to www.aameda.org or call 847/759-8601.

Viva Las Vegas! Imagine the Possibilities at 2005 Conference

Be sure to reserve November 10-12, 2005, for the 48th Annual AAMA Conference, *The Future of Healthcare: Imagine the Possibilities*, in Las Vegas at the Riviera Hotel and Casino. Plan to network with colleagues and learn from thought leaders in healthcare administration. This conference will give you a fresh focus on the issues. You will gain renewed energy to imagine the possibilities for future healthcare challenges.

Keynoter Leland R. Kaiser, PhD, of Kaiser Consulting, is a dynamic, motivational speaker known for his ability to change the way organizations think. He is a provocateur and mentor to many hospitals and healthcare organizations in the U.S. His opening keynote, *The Changing Healthcare Marketplace,* will focus on society's subsystem of health care and the effect societal forces will have on restructuring the American healthcare marketplace.

Dale A. Golgart, FAAMA, AAMA Conference Chair, announced that AAMA's seven specialty groups will each have a chance to meet at breakfast on Friday morning. Through facilitated networking and short group discussions at the College Networking Breakfasts, attendees will meet with their colleagues and be asked to share their most burning issues.

The Riviera Hotel and Casino, located on The Strip, will be the headquarters for the 48th Annual AAMA Conference. It enjoys a legendary past as one of the original Las Vegas hotels, known for its big-name entertainment and friendly hospitality. In preparation for its Golden Anniversary in 2005, the historic Riviera's multi-million dollar remodeling project has brought the hotel into the 21st century while still offering the passion and excitement of nostalgic Las Vegas. Take advantage of the Riviera's numerous entertainment and dining options!

Two dynamic keynote sessions, 36 tremendous concurrent sessions, a pre-conference seminar plus Federal Day, the AAMA Poster Session, Resume Review Service and abundant networking options add up to a valuable experience for healthcare administrators. Plan now to attend. Check the AAMA website, www.aameda.org, for more conference details.

Strategy, Membership and Most of All Involvement

By James G. Easter, Jr., FAAMA, 2005 Chairman of the Board

In mid-May your AAMA Board of Directors conducted its Spring meeting/strategic planning work session. This is one of the more complex and challenging tasks I've undertaken since joining AAMA over a decade ago, especially because I'm now, for the first time, sharing with the entire AAMA world a strong "personal opinion." Most of my writing has been focused on AAMA operations, client needs and hospital planning with an emphasis on the "built environment." The latter is my niche. Where do each of you spend your time each day? Does your AAMA membership add value to your work? Have you discussed a regulatory requirement, new technology, recruitment need, clinical problem or other concern with peers recently? I'm confident you have, and I hope those peers are members of AAMA! If not, please invite them to join, and make a personal effort to become involved with their participation.

We are all administrators working in a changing healthcare delivery system. It is the sharing of our challenging daily endeavors with each other that

continued on page 11

Inside the Summer 2005 *AAMA EXECUTIVE:*

Discover Vital Link™, your member–exclusive access to AAMA's directory and specialty listserves. See page 9 for details or log onto www.aameda.org today.

Buildings, Health and Education (BHE) Project Iraq

Author:

Glen R. Porter, MA, CFAAMA
Task Manager, Medical Equipment
Buildings, Health and Education Project
Baghdad, Iraq

The Iraqi overnment awarded the Buildings, Health and Education (BHE) contract in 2004 to renovate, rebuild and construct new "public buildings, hospitals, healthcare clinics and housing throughout Iraq." The BHE Project will: upgrade two Ministry Government buildings; upgrade 19 hospitals located throughout the country to elevate the quality of each facility to a higher standard comparable to international standards; design and construct 150 Primary Healthcare Centers (PHCs) (ambulatory care clinics) throughout the country based on population and the Iraqi Ministry of Health's vision; outfit these facilities with new state-of-the-art bio-medical equipment; improve the Iraqi healthcare infrastructure; put Iraqis to work; and train Iraqis to assume key roles on large design and construction programs and projects.

The general intent of the BHE project is to provide the Iraqi people with the necessary basic public facilities with reliable public works that are easy to maintain, as well as provide employment opportunities, important skills and personal pride.

Currently, all Ministry Government building renovations are complete except one, which is on schedule to be completed summer 2005. All 19 hospitals are currently being renovated at various construction stages with no major delays. Construction has commenced at 145 PHC sites. Seeing first-hand the direct and lasting improvements the BHE project is providing to the Iraqi healthcare delivery system is an extremely rewarding experience.

Importance of Volunteerism by Hospital Employees

Author:

Tamara L. Gump, FAAMA
Diplomate in Healthcare Administration
Chief Operating Officer
Logan View, Inc
Bellefontaine, OH

A hospital staff's volunteer efforts can involve several facets in the community and aid a wide variety of organizations and individuals. Although it is difficult to quantify the benefits of a hospital staff's volunteer efforts, it is clear that volunteer efforts create respect, understanding and awareness of a hospital within many segments of the community. Interaction with hospital employees and board members appears to encourage local citizens to choose the local hospital for healthcare services, thereby realizing added revenue. Workplace volunteer programs also aid in attracting and retaining quality employees

Specific benefits resulting from a hospital staff's volunteer efforts are outlined in this article. The research conducted on formal workplace volunteer programs resulted in a hospital senior management's strong support for establishing a formal program. The benefits could certainly outweigh the cost and effort involved in administering the program.

The details presented in this article may assist senior management in deciding if a formal workplace volunteer program for all hospital employees should be established at their hospital. Keys to making the workplace volunteer program a success are presented. Specific steps to develop a program are also detailed. A workplace volunteer program that meets the needs and interests of employees, the hospital and the community could be beneficial to all.

Clinical Knowledge Advances Medical Logistics

Author:

LCDR Byron Y. Owens, MA, CAAMA, MSC, USN
Chief, Customer Support
U.S. Army Medical Material Center Europe

The attacks of September 11, 2001 (9/11) plunged America into a global war on terrorism. The words "War like no other" have been echoed by many of our senior political and defense leaders. The military is forging new directions in virtually every field that supports the war. Medical logistics is no different.

The U.S. Army Medical Material Center Europe (USAMMCE) is a unique organization in the Department of Defense. It closely resembles commercial medical material distribution centers. It supports over 1,500 customer units located throughout Europe, South West and South Central Asia, Africa and at Embassies throughout the world.

USAMMCE's customer base increased dramatically after 9/11 and created a greater need for product line expertise. In response, USAMMCE developed the Clinical Support Division (CAS-D). The CAS-D consists of a Clinician Division Head (Pharmacist), a Civilian Nurse, a Navy Pharmacy Technician, a Medical Logistics Technician, a Med/Surg Prime Vendor representative, and when fully staffed has a Civilian Laboratory, a Dental Technician and an external Veterinary Technician on a consultation basis. The use of in-house clinical expertise is expected to dramatically decrease customer wait time associated with product identification and substitution. Substitutions for stocked products and recommended source of supply conversions are expected to increase product availability to the customer.

USAMMCE has placed high expectations on the future customer benefits as well as the organizational benefits of adding clinical expertise to the medical logistics field.

An Analysis To Determine Whether Quarantine Is an Effective Response to a Bioterrorist Attack in the United States

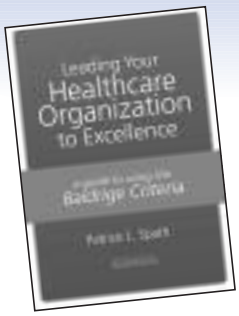
Author:

Lt Col Mark F. Gentilman, OD, FACCP, USAF, BSC
Director, Medical Readiness Information Management
Office of the Assistant Secretary of Defense (Health Affairs)
TRICARE Management Activity
Falls Church, VA

The U.S. faces many potential terrorist threats. Numerous biological agents with the potential to kill thousands may be within reach of the terrorist. Yet, many state/local public health systems are ill-equipped to rapidly identify and respond.

The quarantine response to an epidemic has not been used on a large scale in the U.S. since the 1920's. The consensus of opinion on its effectiveness is mixed. Nonetheless, quarantine of large geographic areas is frequently considered a plausible option during medical exercises such as *Dark Winter* and *TOPOFF*. So a dichotomy exists; quarantine is considered to be a viable course of action, yet doubts remain as to whether the concept is practical or enforceable. Compounding the problem is a lack of automated epidemic modeling tools that can be used by a planner without an advanced understanding of mathematics, statistics and epidemiology.

This article reviews the current status of the quarantine concept and describes a smallpox model built by a researcher at the U.S. Centers for Disease Control and Prevention. Its algorithms are built into an MS Excel spreadsheet that allows the medical planner to quickly determine possible courses of action. One scenario demonstrates an epidemic that could be contained within 60 days using a 10 day quarantine followed by mass vaccination. Thus, a limited quarantine of short duration prior to instituting a vaccination program may be an effective response to a smallpox epidemic.



Book: Leading Your Healthcare Organization to Excellence: A Guide to Using the Baldrige Criteria

Author: Patrice L. Spath
Publisher: Health Administration Press, Chicago, IL, © 2004
ISBN: 1567932339

Reviewer: James R. Boyd, MBA, CFAAMA
Business Manager
Norfolk Health District
Norfolk, VA

This book is about options, focusing on the actions that leaders can take to improve performance excellence in healthcare organizations. Spath provides focused guidance on how to implement the Baldrige model of system quality. It is well written in a flowing writing style with practical illustrations such as case studies, practical checklists, survey models, charts and matrices.

The book is presented in nine logically sequenced chapters: 1. Advancing Healthcare Excellence; 2. Blueprint for Excellence; 3. Driver of Excellence: Leadership; 4. Getting from Here to There; 5. Know Thy Customers; 6. From Data to Knowledge; 7. Bottoms-up; 8. Achieving Sustainable Gains: Process Management; and 9. Measuring Your Progress. Each of these concise chapters thoroughly addresses the topics with an eye toward functional use.

Adding more value, this book lists the contact information for state quality award programs, including the telephone number and website address for each state coordinator. This information is worth the cost of the book.

We all need to improve our service to clients, and finding a reliable source of information that whets our appetite for improvement while providing enjoyable reading is rare. *Leading Your Healthcare Organization to Excellence* is a great resource to either start the journey or improve what you already have in place.

Book: Resolving Patient Complaints: A Step-by-Step Guide to Effective Service Recovery, Second Edition

Author: Liz Osborne, MS
Publisher: Jones and Bartlett Publishers, Inc, Sudbury, MA, © 2004
ISBN: 0763726222

Reviewer: Capt Perry Stansbury, USAF, MSC
Contingency & Exercise Support, Medical Logistics Division
Air Force Medical Support Agency/SGSLX
Office of the Surgeon General
Ft. Detrick, MD

Resolving Patient Complaints offers a complete and detailed program on how any organization can resolve patient complaints. The author describes how patients' expectations have changed, and why the approach to handling patient complaints should change. The eight chapters and seven appendices outline procedures and service "protocols" that can be used to process and resolve patient issues.

It discusses why patients' complaints are important. The first chapter explains that patients do not compare the service they receive solely with what they have received from other healthcare providers. When a problem occurs, the person who takes care of the patient/customer and then takes care of the problem will generate loyalty from that patient customer.

Chapter Two describes service recovery as a planned, organizational approach to actively solicit and then resolve issues so the patient/customer feels satisfied with the process, as well as the outcome. Correspondence with patients is detailed in Chapter Five. It states that a letter must convey genuine interest on the part of the Patient Representative investigating the patient's concern. A detailed outline in the final chapter shows how to effectively manage difficult patients.

The appendices provide service recovery protocols for Patient Representatives, Physicians, Medical Representatives, et al. The author provides a complete guide for any organization attempting to transform a patient complaint program into a responsive patient complaint and advocacy program.

For complete book reviews go to the Member Services section of the AAMA website, www.aameda.org.
Book reviews from previous editions of *The AAMA EXECUTIVE* are also available there.

Book: RX for the Nursing Shortage: A Guidebook

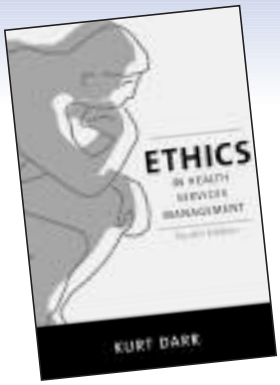
Authors: Julie Schaffner, RN; and Patti Ludwig-Beymer, PhD, RN
Publisher: Health Administration Press, Chicago, IL, © 2003
ISBN: 1567931944

Reviewer: Maj David A. Cain, CAAMA, USAF, MSC
Chief, Readiness Division
Air Force Institute of Operational Health
Brooks City-Base, TX

Schaffner and Ludwig-Beymer grab the reader's attention with an opening and powerful statement: "Staff members sometimes say, 'I am just a nurse,' as if a nurse lacks value; the profession has a self-esteem crisis." The authors define the nursing shortage as a problem affecting the United States and stressing world health care.

Readers are taken through a well-researched breakout of issues surrounding the nursing shortage. Schaffner and Ludwig-Beymer provide background information to explain the present-day nursing shortage, present trends, introduce legislation created to alleviate the nursing issues and give an interesting overview of foreign nursing staff legislation. Then the authors illustrate aggressive problem-solving methods to resolve the need for nurses, as well as recruitment and retention issues. The authors continuously emphasize the necessity to "set your organization apart from the competition" through strategic planning and successful marketing. Schaffner and Ludwig-Beymer conclude the recruitment and retention sections by finishing each chapter with a 'toolbox' listing '100 Ways to Recruit/Retain RNs.'

Schaffner and Ludwig-Beymer stress the need for top managers to be committed and involved in both the nursing shortage problem and solution, stating: "…The right management team is necessary to create an exceptional work environment." The work environment is where nurses begin their care of others and should also be a place where nurses' needs are met as well.



Book: Ethics in Health Services Management, Fourth Edition

Author: Kurt Darr, JD, ScD
Publisher: Health Professions Press, Inc, Baltimore, MD, © 2005
ISBN: 1878812998

Reviewer: Jean Wallace, CAAMA
Falls Church, VA

The author, Kurt Darr, professor of hospital administration in the Department of Health Services Management and Leadership at the George Washington University, combines experience and knowledge to provide a very comprehensive update in the Fourth Edition to his book, *Ethics in Health Services Management*. Beginning with information to identify, understand, analyze and solve administrative and biomedical ethical problems, Darr details a methodology useful for health services managers to understand their own ethics and to resolve ethical problems. Throughout the text Darr uses real cases to provide examples that illustrate his proposed methodology for resolving ethical issues in health care. The cases, combined with Darr's methodology, offer an opportunity to thoroughly consider ethical issues and your personal ethics.

Administrative, biomedical and emerging ethical issues are addressed and supported with cases and examples. Administrative ethical issues such as conflicts of interest, fiduciary duty, staff, patients and the community, cause unique problems as well as opportunities according to the author. A separate section of this text focuses on biomedical ethical issues including consent, end of life issues and physician-assisted suicide. Emerging ethical issues such as marketing, resource allocation and social responsibility complete the update in this edition.

Darr concludes the Preface with the following, "As managers are called upon to do more with less, compete aggressively but fairly, meet an increasingly oppressive regulatory and payment environment, and provide a broader range of services, it is hoped that this Fourth Edition will provide a measure of help in their work."

Stay competitive: Recredential your CAAMA; 30 points are required from education and service.
15 points must be from AAMA education and service. 15 remaining points may be from AAMA or non-AAMA activities.

AAMA Board Actions on Your Behalf: New College, Chapter Chartered; Dues Held Steady; Emeritus Requirements Amended

This Spring your AAMA Board of Directors took the following actions on your behalf:

- Chartered AAMA's seventh College, the American College of Small or Rural Healthcare (ACSRH), pending attainment of all bylaws-specified requirements by July 1, 2005.
- Approved the formation of AAMA's first College Chapter, the Alamo Chapter of the American College of Contingency Planners (ACCP), a specialty group of AAMA. The Chapter initiates a new governance structure for such groups: administrative governance by the State Director and operations governance by the College President.
- Amended the requirements for AAMA Fellows to achieve Emeritus status. Those applying to become Emeritus Fellows "must have attended at least two AAMA Annual Conferences in the last five years, and/or actively participated in College or Academy committees during the same time frame."
- Kept membership dues amounts constant for 2006.
- Confirmed the appointment of Dale A. Golgart, FAAMA, to fill a vacancy as Region VI Director, and to merge Regions I and II and appoint Margaret (Peg) Nation, FAAMA, as Director of the combined Region.
- Received a positive Academy and Foundation auditor's report for 2004. Nearly $40,000 were added to reserves from operations, raising reserves to 38% of operating expenses, a strong step toward the Board's goal of 50%.
- Confirmed the Academy's 2006 Executive Committee *(see page 7)*.
- Adopted new Vision and Mission statements for the Academy *(see below)*.
- Approved new policies for Board representation; titles and roles of members of the Board of Directors; Regional boundaries; and Board nominations, elections and appointments.
- Approved revised Operating Procedures for the American College of Cardiovascular Administrators (ACCA) and the American College of Oncology Administrators (ACOA).
- Commended the Task Force on Regions' work in defining a structure for AAMA Chapters, States and Regions. The Board approved a new position description for Regional Directors; recommended Regional Director qualifications; a succession plan for Regional Directors; the role and composition of the Regional Operating Committee, a new governing body within the four new Regions, to be implemented in 2006; implementation guidelines for the new Regional structure; and an organizational chart for the new Regions/States.
- Commended the IT Advisory Task Force for its development of Vital Link™, the new members-only website components and policies, and approved the site's terms of use and access policy.

AAMA Board Tours Headquarters Offices *Left to right:* Marie DeStefano, Jan Jones, Jim Easter, Dale Golgart, Peg Nation, James Wooten, Connie Stenquist, YC Parris, Michael Petty, Marilyn Henry, JB Barber, and Renee Schleicher. *Not pictured:* Hank Chinnery, Walter Green, Amanda Goble, Leroy Harris, Kyle Kramer, Ed Smith, and Joseph Spallina.

New Vision, Mission Statements Breathe Life Into AAMA Governance

As the Cheshire Cat told Alice in Wonderland, if you don't know your destination, your route really doesn't matter. For organizations, the route is defined by its Mission and Vision. At its May meeting, the AAMA Board of Directors adopted a new Academy mission and vision. In their approval, it was noted the addition of "diversity" reflects the variety of demographic, geographic and specialty attributes of AAMA members.

Mission Statement *To advance Academy members and the field of healthcare management, and promote excellence and integrity in healthcare delivery and leadership.*

Vision Statement *To be the professional organization of choice for healthcare leaders and others dedicated to advancing healthcare administration, embracing professionalism, diversity, and ethical behavior.*

The Academy Board will use these two statements to direct its development of future strategic plans, including definition and funding of its priorities for 2006.

2006 Executive Committee Confirmed; Board Elections, Appointments Scheduled to Reflect New Governance Structure

AAMA's 2006 Executive Committee to be led by Janet L. Jones, FAAMA, Board Chair; YC Parris, FAAMA, Chair-Elect; R. Kyle Kramer, FAAMA, FACCA, Vice Chair; Joseph M. Spallina, FAAMA, Treasurer; James G. Easter, FAAMA, Immediate Past Chair; and Renee S. Schleicher, CAE, President.

The Board of Directors realignment under AAMA's new bylaws calls for a reconfigured Executive Committee with broader oversight of AAMA constituent groups and committees. The new structure will begin in 2006. The new Executive Committee is composed of five voting members – Board Chair, Chair-Elect, Vice Chair, Treasurer and Immediate Past Board Chair – plus the Academy President in a new non-voting role.

Region, College, Appointed Directors

Four Regional Directors, select College Presidents and four Appointed Directors round out the new structure of the Academy Board beginning in 2006.

Nominations for the four new Regional Director positions are were due July 15, with elections scheduled for early Fall. Directors of Regions I and III will be elected for a one-year term, beginning January 1, 2006. Region II and IV Directors will serve a two-year term. Thereafter, all Regional Directors will be elected to alternating two-year terms.

College Presidents are elected by their Boards of Directors prior to the start of the new year; Colleges that garner the primary affiliations of at least ten percent of all members will be represented on the AAMA Board as voting members. Four new Appointed Director positions were defined in the new AAMA Bylaws; they will be appointed by the incoming Board Chair and confirmed by the Board of Directors in November. They are the Appointed Directors of Communications, Professional Affairs, Professional Development and Professional Achievement.

Parris Appointed 2006 Chair-Elect

At its May meeting, the AAMA Board appointed YC Parris as 2006 Chair-Elect. The Board also approved the incoming Chair's appointment of R. Kyle Kramer and Joseph M. Spallina.

Parris joined the Academy in 1994 and advanced to Fellow in 1999. He served as Federal Council Director (precursor of the American College of Federal Healthcare Administrators, ACFHA) in 2003 and has been a chair or member of numerous committees and task forces. He is currently Chair of AAMA's Membership Committee. He is the recipient of the Academy's Shubin Award and ACFHA's Levandowski Award. He is Director of Birmingham VA Medical Center, Birmingham, AL, an affiliated tertiary care medical center with a budget of over $150 million and over 1,250 employees.

Kramer, Spallina Tapped

Kramer joined the Academy in 1993, advanced to FACCA in 1999 and FAAMA in 2000. He served as President of the American College of Cardiovascular Administrators (ACCA) in 2003-2004, and has been a chair or member of numerous committees and task forces. He is the recipient of the Academy's Vanguard and Distinguished Service Awards. Kramer is Executive Director, Cardiovascular Services, Yale-New Haven Hospital and Health System, New Haven, CT.

Spallina joined AAMA in 1993 and advanced to Fellow in 1998. He served as President of the American College of Oncology Administrators (ACOA) in 2002-2003 and as Academy Treasurer in 2005. He, also, has been a chair or member of numerous committees and task forces. He is the recipient of the Academy's Distinguished Service and Chairman's Awards. He is Director of the Arvina Group, LLC, Ann Arbor, MI.

Janet Jones advances to Chair on January 1. She is President and CEO of Alive - Hospice, Nashville, TN. She joined AAMA in 1992 and advanced to Fellow in 1996. Jones served as ACOA President, Region III Director and AAMA Treasurer. She received the Academy Regional Director of the Year Award in 1984 and Distinguished Service Award in 1998.

Diplomate in Healthcare Administration: Pinnacle of Healthcare Leadership Achievement

By Michael K. Petty, FAAMA, Diplomate in Healthcare Administration, Chair, AAMA Credentials Committee

Diplomate in Healthcare Administration – an impressive title, but what does it mean? The status of Diplomate in Healthcare Administration is a special distinction acknowledging sustained achievement at the highest possible level of healthcare administration. AAMA confers the title upon those who have demonstrated exemplary contribution to the profession, personnel and the industry, acknowledging their timeless efforts to provide patients with comfort and renewed health. Since 1987, the Academy has granted this special status to 150 members; it is open only to Fellows of AAMA. The distinction of being named an AAMA Diplomate also infers a responsibility to continue providing outstanding contributions to the profession and to the Academy. Those reaching this esteemed level have demonstrated the ability and skills necessary to be the leaders of our profession, and to hold key positions of responsibility in Academy Colleges, national committees and Boards of Directors.

Diplomates are entitled to display their designation on their business cards, email return address, personal letterhead/notepaper, resume, curriculum vitae and in the byline whenever they are published.

Personally, I treasure the beautifully framed certificate on my office wall. I also proudly wear my Diplomate in Healthcare Administration lapel pin on my suit jacket daily.

If not already doing so, I challenge all AAMA Diplomates to get involved in Academy activities. Our Colleges and committees are always looking for talented and dedicated Academy members to fill important leadership roles. Another avenue for Diplomate service is to become a mentor to other AAMA members. Help our profession and our future healthcare leaders. The best way to help the Academy grow and improve is to become part of the process.

> ***"I am extremely proud to be a Diplomate in Healthcare Administration in the Academy. I have the plaque mounted in my office, and it is prominently featured on my resume. People see it, ask about it and are impressed by it. I would strongly urge any Academy Fellow who thinks they may qualify to pursue this high honor."***
>
> **Patrick G. O'Donovan, FAAMA**
> Beaumont Hospitals, Royal Oak, MI

> ***"I have used it on my Curriculum Vitae and annual performance report by including words such as: American Academy of Medical Administrators – Credentialed Fellow (CFAAMA). Awarded Academy's highest status 'Diplomate in Healthcare Administration'."***
>
> **Guy L. Snyder, RRT, MHA, PAHM, CFAAMA**
> University of Illinois at Urbana – Champaign, IL

Discover Your Vital Link™, AAMA's Members-Only Website

Vital LINK™
Connecting the AAMA Community
www.aameda.org

Much like the umbilical cord or an IV drip, Vital Link™, AAMA's members-only website, is your essential connection to the AAMA community, information and much more. Vital Link™ is your member-exclusive key to conveniently:

- Locate member names and contact information through an online directory with a powerful search feature – 24 hours a day
- Update your personal profile
- Discover solutions to your professional challenges
- Discuss pertinent and timely healthcare topics with your peers
- Build relationships with other AAMA members
- Network…Network…Network

If you are unable to locate your login access codes, contact Academy headquarters at membership@aameda.org. **Remember, to participate in the listserves, you must login to Vital Link™ and update your member profile, selecting your listserves of choice.** Within minutes you'll have access to your AAMA colleagues. New features will be added over time, so bookmark Vital Link™ on your web browser and visit often. *Begin expanding your connections today—through your AAMA Vital Link™!*

AAMA's External Liaison Corner: American College of Surgeons Commission on Cancer

By Jeannie M. O'Leary, MS, RN, AOCN, FAAMA, AAMA's Liaison to the American College of Surgeons Commission on Cancer

As AAMA's External Liaison to the American College of Surgeons Commission on Cancer (ACOS-CoC) since 2002, I am part of an exchange of ideas, initiatives, critical issues and actions that impact cancer care, data collection and research. I am also a Board member of the ACOS Approvals Committee and Recruitment/ Retention Sub-committee. My involvement has increased my understanding of the CoC's strategic goals, thus strengthening my position as a resource for AAMA, especially for AAMA's specialty group, the American College of Oncology Administrators (ACOA).

In the past year, the CoC focused heavily on implementation of revised Standards for Accreditation, emphasizing quality outcomes based on the National Cancer Data Base data and nationally approved guidelines. The Approvals Committee also extended the Suspended Cancer Program Activity status for military and VA hospitals affected by significant staff deployment to Iraq, and developed specific initiatives to recognize pediatric cancer programs. A legislative task force has been established for advocacy and to provide a formal structure and process to respond to cancer legislative issues. The Recruitment/Retention Sub-committee is developing a strategic plan to increase cancer program accreditations and retain existing ones. Resources, including state chairs and cancer liaison physicians, are available to assist with cancer program accreditations.

The ACOS-CoC is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard setting and monitoring quality. Their activities directly impact those members of the AAMA/ACOA who represent ACOS-CoC accredited cancer programs.

Jeannie M. O'Leary was named the recipient of the 2005 Oncology Nursing Society's Linda Arenth Excellence in Cancer Nursing Management Award.

AAMA Headquarters News

AAMA President/CEO Recognized for Outstanding Accomplishments in Association Management

Association Forum of Chicagoland named AAMA President/CEO Renee Schleicher, CAE, recipient of its highest honor, the Samuel B. Shapiro Award, for outstanding service and accomplishment by a Chief Executive Officer.

As President/CEO of AAMA, Schleicher relocated AAMA and the related foundation from Detroit to Chicago, and energized the organization. During her tenure, the organization achieved its best actual net revenue to budget in seven years, reduced expenses and membership attrition. She enhanced conference marketing, spearheaded and facilitated the first board-driven strategic plan, negotiated a major publishing contract for two journals and introduced a recredentialing component to the Academy's professional designation.

"These accomplishments result from a strong and committed team of volunteers and staff, working in tandem: a Board taking calculated risks to move our association forward, committee members shouldering a heavy load, and dynamic staff demonstrating creativity and initiative on a small pocketbook." Schleicher noted. "This award truly belongs to AAMA's entire leadership team."

Anderson Chosen for Leadership Ability

Nancy L. Anderson, CPA, CAE, AAMA's Vice President of Finance and Administration, was selected by the American Society of Association Executives (ASAE) for its invitation-only Future Leaders Conference. Congratulations, Nancy, for this well-deserved opportunity.

The AAMA EXECUTIVE
SUMMER 2005
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The AAMA EXECUTIVE is the official journal of the American Academy of Medical Administrators (AAMA) and is published four times per year. Price is $5 per copy. Annual subscription price $20. Printed in the U.S.A. The Mission of AAMA, a not-for-profit association of healthcare professionals founded in 1957, is to advance Academy members and the field of healthcare management, and promote excellence and integrity in healthcare delivery and leadership.

For advertising rates for *The AAMA EXECUTIVE*, contact Laura Bowles, MBA, Editor, at executiveeditor@aameda.org.

AAMA Foundation Focuses on Education

The AAMA Foundation is committed to strengthening educational programming for healthcare administrators. The addition of the AAMA Poster Session and Resume Review to the 48th Annual AAMA Conference expands the educational benefits available to attendees. To make its educational programs more accessible, the Foundation offers two tuition scholarships to each conference. The deadline to apply for a scholarship to the 48th Annual AAMA Conference is September 10. Full details are available on AAMA's website, www.aameda.org.

The AAMA Foundation thanks the AAMA leadership, members and staff who, through their generous contributions, support its mission: to drive excellence in healthcare administration through education, research, scholarship and policy development. Donations may be made online at www.aameda.org

AAMA Foundation 2005 Contributors

As of June 30, 2005

Patrons ($500 - $1,000)
Joseph M. Spallina, FAAMA

Friends ($250 - $499)
James G. Easter, Jr., FAAMA
YC Parris, FAAMA
Ahmed A. El Ghamry Sabe, MD
Joseph T. Vocks, Sr., CFAAMA

Colleagues ($100 - $249)
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David R. Davis, CFAAMA
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Strategy, Membership and Most of All Involvement *continued from page 1*

form the foundation of AAMA. More now than ever, administration is about communication, responsiveness and competent ethical behavior. Whether you send out regular emails, write proposals for grants, share helpful hints or compose journal articles, your influence can be read and appreciated!

As your Board carefully developed the priorities for our 2006 AAMA strategic plan, I felt the powerful energy of change, new life and new beginnings for AAMA.

Our streamlined four-Region structure, the Board endorsement of the American College of Small and Rural Healthcare (ACSRH) and approval of the Alamo Chapter of Contingency Planners are very encouraging signs of change. I sense a new spirit of enthusiasm in the midst of major healthcare challenges on all fronts. The continued fiscal challenges facing the American healthcare delivery system will demand creative changes, innovative delivery alternatives and higher levels of advocacy to bring about revitalization of much-needed healthcare delivery programs. We can all be part of the solution!

Each of us, working diligently to advance the healthcare profession, become the "heart and soul" of AAMA. Today, I'm writing this message from my hotel, as I work with a client to develop expanded services and clinical programs in a growing suburban area. I'm a planner using my administrative knowledge to help other administrators make something beneficial happen in the right place for the right reason. That's what your Board did in Chicago as we prepared the "first draft" of the 2006 Strategic Plan.

I'm concerned that our "associations" are losing some of their enthusiasm. I wonder if that's because we've forgotten why we joined that association in the first place. How do you apply your role as an administrator to your association membership? Are you willing to share what you do with your peers in AAMA? We encourage your enthusiastic response to this question with the affirmation that: "YES, I would like to be more involved and supportive of the CHANGING WORLD of healthcare delivery through high quality, diverse and innovative administration!"

As I watched the members of our AAMA Board of Directors and AAMA staff work through the strategy development, I was impressed with the energy they exuded. We each played out a passionate role that was distinctly characteristic of our day-to-day lives. Joe Spallina is a consultant, a financial wizard, a strategic planner. He led our financial discussions and facilitated our strategic priority session. Jan Jones is a hospice administrator. She guided our work groups, added management considerations and direction to our efforts. YC Parris is a senior executive in the world of Veterans Affairs. He, too, facilitated our efforts while running a medical complex long-distance. Others joined us by conference call and shared ideas, direction and opinions. Our AAMA management staff all gave creative input to move us ahead with strategies that are right on target with our new Mission and Vision! They and others were there, working voluntarily, giving their time to support our association. It was a microcosm of AAMA: an association that cares about the future of health care, a group of professionals who want to make a difference. As your Chairman, I've learned that it is through my healthcare community, my peers and my association endeavors that I gain the knowledge and the motivation to continue doing what I do. I'm a better hospital planner because I am an active member of AAMA. The knowledge, skills and friendships I gain from AAMA are a stabilizing component of my career, making me a better administrator, planner and businessman. Please give this some thought today, think about your strategy for 2006, and join us in Las Vegas for the 48th Annual AAMA Conference.

James G. Easter, Jr., FAAMA, is President/CEO of Easter & Mason/EMhc, Nashville, TN. You may contact him by email at jgeaster@aol.com.

In Memoriam

Mr. Reginald P. Ayala, FAAMA, of Detroit, MI.

He was an Emeritus Fellow and an Academy member since 1980.

Ms. Leslie Rohde Katzman, of Madison, WI.

Academy member since 1987.

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