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PLANNING FOR CHANGE...Actions Speak Louder Than Words

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Many feel change involves divine intervention, others suggest it is predictable, manageable, and controllable. I believe there is a bit of “all the above” in these words. Change is also challenging, painful, and exciting! This is certainly true when LEADERSHIP works in tandem with the ACTIONS to facilitate the changes. ACHEMT is a good example of an evolving and changing organization. My three years as a new member of ACHE have been robust and exhilarating. When we speak of “process improvement”; terms spoken often within our healthcare community, a bit of tension occurs. In planning and architecture, we are catalysts for change, often asking the question...”why have you always done it that way”?

The positive side of this situation is best evaluated in the context of one’s personal situation. It is also part of the ORGANIZATIONAL VISION and MISSION, hopefully our business legacies will be enduring and not static. Possibly this is the genesis of “healthy and productive” leadership. Fear does not build consensus or empower team members to rally around the cause. Passion and hope do inspire change. Understanding the GOALS AND OBJECTIVES through clearly defined expectations and outcomes work best. At the onset of organizational improvements, one can sense a feeling of anxiety, possibly even some cynicism from factions within the family. Defining the AGENDA, outlining the Leadership Team, and orchestrating the approaches in advance of the actions will certainly reduce this stress. QUESTIONS to ask include:

- Why Change At All?
- What Is Benefit...Added Value?
- Do We All Have to Share In This Effort?
- Can We Define What We Hope to Achieve?
- What’s In It For Us?

The answers to these questions are all intertwined and linked to this basic concept;

*Through Healthy and Sensitive Change,
People Gain **Confidence** in Leadership, Learn **Creative Ways** to Operate and
Often, Through the Process, **Reduce Waste** and **Improve Results**.*

Lots of words in this statement, possibly it’s applicable to ACHEMT or, better yet, rural healthcare in America. Can we change the trends of rural flight to suburban and rural communities? Can we change the GREYING OF AMERICA and the loss of rural industry? If NO, what can we do? We can change the way we approach care to those communities under stress. Yes, we can modify those Critical Access Hospitals (CAH), those larger public hospitals, and create WORKING RURAL PARTNERSHIPS with incentives to link, network, and downsize. Do we compromise care if our hospital changes...not really? The CHANGE REDUCES the WASTE, improves the COMMUNICATIONS, invites INNOVATION into the region with TeleMedicine, Transportation, and Resource Innovation, as key factors.

The hospitals change to become health + healing and the locales become POST ACUTE CENTERS of care and rehabilitation. Those things our rural residents (ones who remain) need to include;

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- Spiritual and Respite Care
- Skilled Nursing and Longer Term Residential Nursing Care
- Diagnostic and Rehabilitation Support

Yes, easier said than done, but economically and operationally much more appropriate than the “attempted retention” of an ACUTE CARE HOSPITAL that is over-sized, non-compliant, and functionally obsolete. The rules, the licensure, the operational procedures and yes, the **design must change**. The day of the GRANDFATHER CLAUSE is over. ACHEMT and nationally can be a catalyst for these advancements!

How is ACHEMT working with our local Universities?

ACHE of Middle Tennessee actively engages local universities by having them join the ACHE Higher Education Network (HEN). The requirements for university HEN participation include:

1. Regionally Accredited University
2. With Degree, Major, or Concentration in Healthcare Management
3. Sign a commitment agreement identifying professor sponsor

HEN Member institutions then receive the following resources from ACHE:

1. ACHE Publications
2. Reduced fee for ACHE Congress on Healthcare Leadership for program director
3. Dedicated Web area to help program directors provide valuable student experience

In addition, the Middle Tennessee Chapter has created additional scholarships and incentives for our HEN Members. This includes:

1. \$10 student member charge for programs
2. Free career advancement and networking events
3. Mentor-mentee matches
4. \$750 HEN credit toward students attending programs (covers 25 free attendees)
5. Scholarship of \$750 for highest participating HEN program

Who are our Tennessee HEN members?

Baptist College of Health Science, Memphis, TN	University of Memphis, Memphis, TN
Belmont University, Nashville, TN	Vanderbilt University School of Nursing, Nashville, TN
Lipscomb University, Nashville, TN	Trevecca Nazarene University, Nashville, TN

If you are interested in learning more about Student Membership or HEN participation, please contact: John Baldwin, John.Baldwin2@hcahealthcare.com