



FROM THE ACHEM PRESIDENT

As we approach the final holiday season, I'm excited to share updates on our strategic planning process, upcoming board elections, and a series of year-end events we hope you'll join us for.

First, I want to express my deep gratitude to the dedicated members of our Strategic Planning Committee and Board. These busy professionals generously volunteered their time, talents, and energy to reflect on the current and future needs of healthcare leadership in our community. Through thoughtful discussion and collaboration, they remastered and refreshed our chapter's mission, vision, and values—resulting in a new framework of strategic goals that will serve as our North Star for the year ahead. Our Board Committees are already putting this framework into action, designing exciting programs and events that align with our strategic direction.

From educational offerings to networking opportunities, there's never been a better time to get involved. Volunteering is one of the most rewarding ways to grow professionally, build meaningful connections, and make your membership work for you. Thank you to the volunteers who are running as candidates for board officer and committee leadership roles, please reserve time to review the upcoming candidate ballots and vote.

This Fall is full of opportunities:

- Volunteer for a committee or run for a board position—watch your email!
- Nov 3-5, attend local educational events, including the ACHE Educational Cluster at the Hilton Downtown Nashville
- Dec 2, will be an incredible combined ACHEM, HFMA, and NAHSE Holiday Celebration and giving back to our Community!
- Dec 9, join us for our Annual Chapter Meeting, hosted by Lipscomb University, where we'll welcome ACHE Board Chair Michele Sutton, FACHE, as our keynote speaker, award our incredible volunteers, and celebrate new Fellows and graduates of the Leadership Development Program

I encourage you to lean in, reach out, and explore how you can contribute to our vibrant chapter community. Let's finish the year strong—together.

Gerd Peters, FACHE
 President, ACHE of Middle Tennessee
gerd.peters@cotium.com



A MESSAGE FROM YOUR ACHE REGENT SUMMER /FALL 2025

Who's in your corner? And are you in someone else's?

We recently had a large health system in our area eliminate about 2,000 positions, which was a big deal! I've also seen RIFs (reductions in workforce) impact other friends/colleagues where I've worked and have also personally been impacted by a RIF that eliminated my position. It is no fun at all to have this change thrust upon us (external force), yet I've seen so many friends and colleagues emerge stronger and happier than ever even though it was forced change. Also, I've seen friends and colleagues who are ready for that next step in their career, where they've mastered where they are and are looking for that next level of challenge and responsibility.

We eventually get to that next step, and what I've noticed is that the ones with personal and professional friendships can move so much more quickly. Networks were activated, re-imagining sessions conducted to think about skills, options and core competencies, and relationships were strengthened. And those that had professional friendships with others outside their immediate department were able to quickly tap into a vast spiderweb of options through the personal connections. It reminds me of how much stronger we are when surrounded by trusted friends/family/colleagues.

For me, that has meant taking some time to get to know others beyond the day-to-day activities, having coffee or lunch to stay connected. And volunteering with co-workers has to be one of the best ways I can think of to get to know others you may not normally work with. Also, being a part of your local ACHE chapter is a wonderful way to extend outside your current job/company, as you may very well find yourself looking externally or helping others that are looking to your company for that next step.

I hope this provides you with a little nudge to go outside your normal circle or get together with someone you haven't spoken to in a while. Have a great fall and hope to see you all at an ACHE event soon!

Sincerely,
 Jon Purcochar, FACHE
 Regent (interim) for Tennessee
Jon.Purcochar@ipri.net



UPCOMING EVENTS

2025 is going to be a terrific year, stay tuned for all that's coming up!

NOV 3 COMING SOON! ACHE CLUSTER MEETING IN NASHVILLE

Coming Soon! 24 ACHE In-Person Education Credits

[View Details](#)

NOV 3 FREE ACHE NASHVILLE CLUSTER COMPLIMENTARY QE SESSION AND NETWORKING EVENT

DRIVING EMPLOYEE ENGAGEMENT AND DECREASING TURNOVER WITH FRONTLINE HEALTHCARE WORKERS

[View Details](#)

NOV 6 NHCC PARTNERSHIP: CRUCIAL CONVERSATIONS: VALUE-BASED CARE PARTNERSHIPS

1.5 In Person Education Credits Available! Open to ALL ACHEM Registered Members!!

[View Details](#)

NOV13 ACHEM ORIENTATION

World Class ACHEM Volunteer Orientation!

[View Details](#)

DEC 2 HOLIDAY FUN FOR ONLY \$11 PER PERSON! GATHER WITH ACHEM, HFMA, AND NAHSE FOR A CHEERFUL COMBINED HOLIDAY CELEBRATION.

Come and enjoy great food, friends, fellowship, and Holiday sparkles!

[View Details](#)

DEC 9 2025 ACHEM ANNUAL MEETING, AWARDS AND LEADERSHIP DEVELOPMENT PROGRAM GRADUATION (LDP)

Join us for the 2025 ACHEM Annual Meeting, featuring awards, inspiring speakers, and the graduation of the Leadership Development Program—an unmissable event celebrating healthcare leadership and excellence.

[View Details](#)



ACHEM APPROVES NEW MISSION/VISION/VALUES STATEMENTS

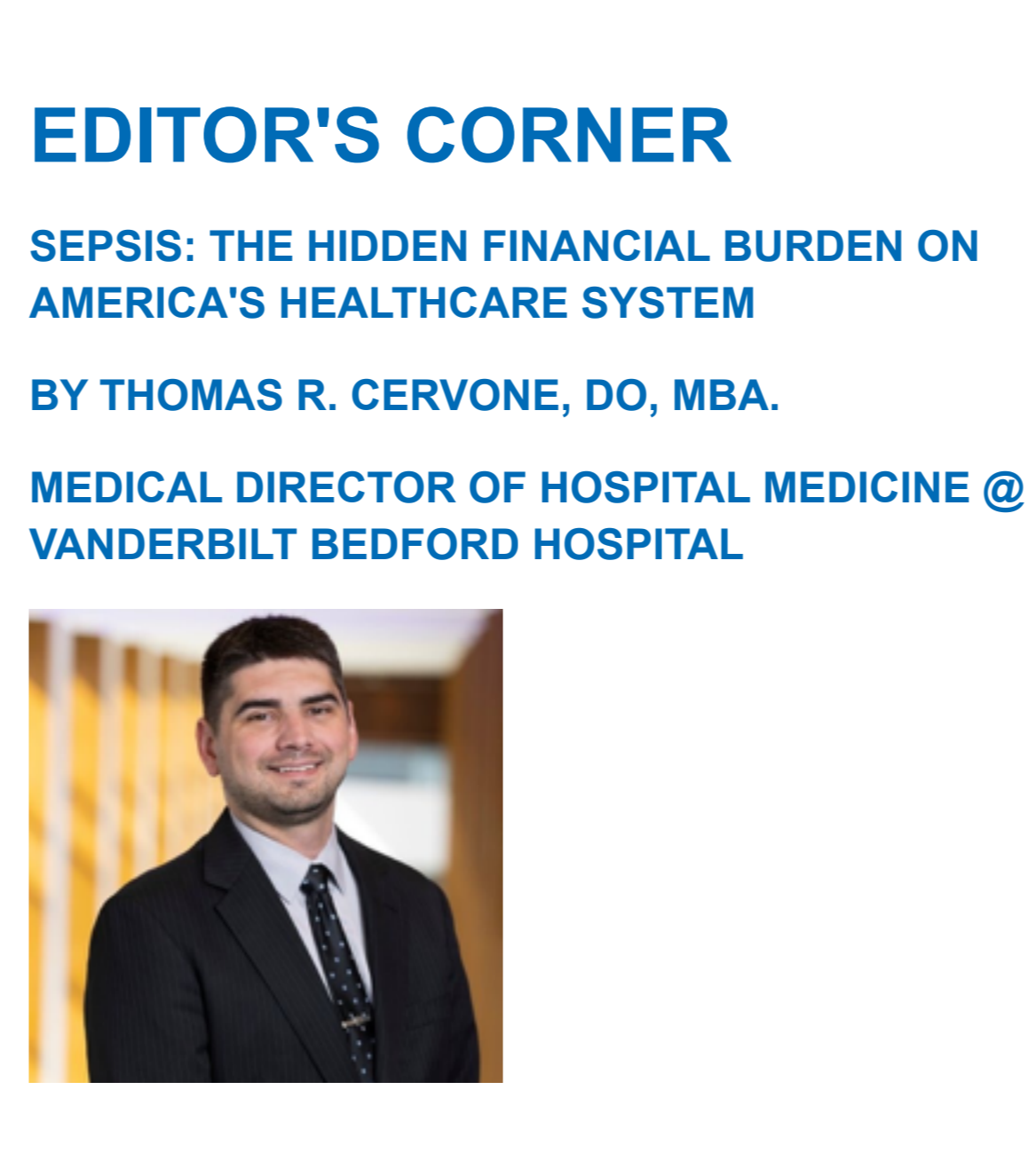
ACHEM is charting a bold new course. At its August meeting, the ACHE of Middle Tennessee (ACHEM) Board of Directors unanimously approved updated Mission, Vision, and Values statements to guide the chapter's strategic direction. Next, the Board then approved its new Strategic Priorities during its October 2 Special Board Meeting. These new Mission/Vision/Values statements and strategic priorities reaffirm ACHEM's commitment to advancing healthcare leadership and reflect both the chapter's history of service and its aspirations for future impact in Middle Tennessee and beyond.

This initiative was led by the ACHEM Strategic Planning Task Force, established by the Board in November 2024 and co-lead by ACHE Fellows Gerd Peters, Fiona Libasac, and Michelle Milder. The group engaged in a robust research and review process that included one-on-one interviews with key stakeholders, a membership pulse survey, and alignment with ACHE's national strategic planning priorities to identify opportunities for integration. ACHEM extends its appreciation to all members who participated in the Leadership Pulse Survey, as this valuable feedback helped shape the direction and final decision.

The new guiding statements are as follows:

- **Mission:** To advance healthcare leadership by providing professional development, meaningful connections, and lifelong learning through a nationally recognized organization.
- **Vision:** To shape the future of healthcare by cultivating visionary, engaged, and resilient leaders.
- **Values:** Integrity, Lifelong Learning, Leadership, Diversity & Inclusion, Connectivity, Excellence, Service, Resilience.

Lastly, our ACHEM committees begin their journey to work their magic to bring to life the strategic priorities listed, objectives, and tactics.



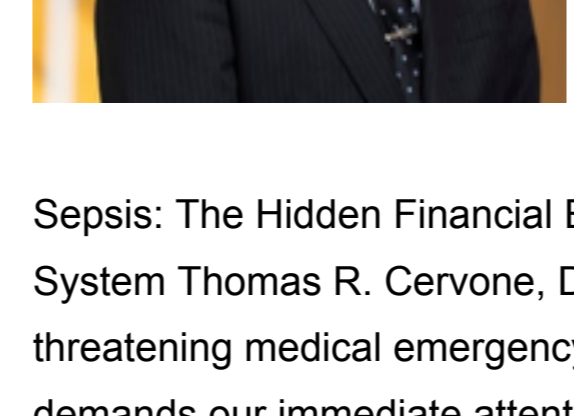
ACHEM thanks Task Force members Lesley Ann Browning, Lisa Anderson, Jessica Zayakovsky, Kyle Stirling, Blake Lehmer, Jon Purcochar, and Gary Shaw for their dedication and insight throughout the process. With these bold new statements and a clear roadmap ahead, ACHEM and its membership are well-positioned to shape the future of healthcare leadership in Middle Tennessee!



EDITOR'S CORNER

SEPSIS: THE HIDDEN FINANCIAL BURDEN ON AMERICA'S HEALTHCARE SYSTEM

BY THOMAS R. CERVONE, DO, MBA
 MEDICAL DIRECTOR OF HOSPITAL MEDICINE @ VANDERBILT BEDFORD HOSPITAL



Sepsis: The Hidden Financial Burden on America's Healthcare System. Thomas R. Cervone, DO, MBA. Sepsis, a life-threatening medical emergency, is a pressing issue that demands our immediate attention as healthcare providers and executive leaders. Defined by the CDC as the body's systemic inflammatory response to a bacterial, viral, or fungal infection, sepsis can rapidly progress to severe sepsis, then to septic shock with tissue damage, organ injury/failure, and all too often, death. The CDC estimates that each year in the United States, 1.7+ million adults will develop sepsis, leading to 350,000+ hospital deaths or hospice discharges and leaving millions with long-term health problems. The majority of sepsis cases begin before patients even arrive at the emergency room, underscoring that this is a community-wide issue, not just a hospital one. Behind the human tragedy lies a quieter crisis: the staggering cost of treating sepsis is draining the U.S. healthcare system at an accelerating pace.

Why is it so expensive? Patients with sepsis often require prolonged hospitalizations, including ICU stays, mechanical ventilation, dialysis, broad-spectrum antibiotics, antivirals or antifungals, and extensive laboratory and imaging tests. According to the Agency for Healthcare Research and Quality (AHRQ), the average length of stay for a sepsis admission is nearly twice that of other conditions. Another staggering fact is that almost 20% sepsis survivors are at risk for hospital readmission, per a study published in the 2019 Cheest by Gadre et. al. These factors contribute to increased resource utilization and higher reimbursement penalties for hospitals under value-based purchasing programs.

The financial burden of sepsis is substantial, affecting patients/caregivers, hospitals, clinics, post-acute facilities, and insurance companies. According to the AHRQ, the most expensive conditions by payer in 2013 were sepsis, which accounted for over \$24 billion in hospital costs. A follow-up 2024 report from AHRQ showed that hospital costs soared to \$52 billion in 2021, accounting for over 14% of all hospital costs. This devastating economic burden has ballooned to over \$82 billion in average costs by research studies conducted by Sepsis Alliance and Barstow Community Hospital in 2019 and 2024, respectively. What is even more alarming is that these dollar figures do not include provider bills, outpatient care after discharge, or economic losses suffered by the patient and caregivers. The high incidence, combined with the complexity of care required, drives up both direct and indirect costs. Bottom line: This is a billion-dollar disease on the rise. Early detection, prevention, and improved outcomes are crucial public health priorities to mitigate these astronomical costs.

September was Sepsis Awareness Month, a time to highlight strategies that save lives and reduce costs. Hospitals across the country are focusing on prevention, early recognition, and standardized evidence-based treatment protocols. Implementation of sepsis bundles (SEP-1) and rapid response systems has shown promise in improving outcomes and reducing costs. A 2024 study in JAMA Critical Care Medicine by Kim et al. found that hospitals with robust sepsis programs experienced a significant reduction in mortality and improved patient outcomes. Another study in the Journal of Medical Internet Research by Rogers et al. claimed that implementing clinical predictive model optimization for sepsis could result in U.S. \$4.6 billion in excess cost savings for CMS.

Sepsis is not only a medical emergency but also a financial one, as it remains a formidable clinical and financial challenge for the U.S. healthcare system. However, addressing its economic impact is not an insurmountable task. It requires a multifaceted approach, including further investments in prevention, early detection, and evidence-based management. As healthcare systems continue to grapple with rising costs and an aging population, tackling sepsis head-on is essential for improving both patient outcomes and financial sustainability for the future of our healthcare system. Early detection and prevention are not just strategies; they are the keys to reducing the economic burden of sepsis.

If you or someone you suspect has sepsis, it is essential to know the risks as aforementioned, spot the signs/symptoms on CDC/sepsis, and then act fast. Contact your primary care provider as soon as possible, go to the emergency room, or call 911. For patients, early recognition can mean survival. For hospitals, it can mean financial stability. And for the nation, it's the difference between a system buckling under the weight of preventable costs and one that can sustain care for generations to come.