**Vision**
To be the premier professional society for healthcare executives dedicated to improving healthcare delivery.

**Mission**
To advance our members and healthcare management excellence.

**Values**
As members of the American College of Healthcare Executives, we are committed to:

- **Integrity**: We advocate and demonstrate high ethical conduct in all we do.
- **Lifelong Learning**: We recognize lifelong learning is essential to our ability to innovate and continually improve ourselves, our organizations and our profession.
- **Leadership**: We lead through example and mentoring, and recognize caring must be a cornerstone of our professional interactions.
- **Diversity**: We advocate inclusion and embrace the differences of those with whom we work and the communities we serve.

**Online Resources**
A wealth of information and resources is at your fingertips through ACHE’s website, ache.org. Our comprehensive site includes detailed membership and education information and an in-depth career resources section. At ache.org, you can also access information available exclusively to ACHE members. Following are just some of the valuable resources available. Visit ache.org today!

**About ACHE**
- The Annual Report and a Directory of Services
- A Media Center With an Archive of Press Releases
- Information on Corporate Partnerships
- The Strategic Plan
- Information About Elected Officials
- ACHE’s Bylaws
- Awards
- Diversity and Ethics Resources
- Policy Statements and Ethical Policy Statements
- Links to ACHE’s Social Media Resources

**Job Center**
- Regularly Updated Job and Resume Banks
- Postgraduate Administrative Fellowship Area

**Career Resources**
- Career Management Workshops, Assessments and Services
- Resources for Students and Early Careerists
- Career Development and Transition Resources
- Mentoring and Networking Resources
- Information for Students and Early Careerists

**Chapters**
- Chapter Directory
- Chapter Leaders Resources

**Member Center**
- Information on Governance and Elections
- An Elected Leaders Area for Governors and Regents
- Information on the Leader-to-Leader Program
- ACHE’s Special Interest Areas, such as CEO Circle, Early Careerist Network and Physician Executives Forum
- Student and Faculty Resources

**Education**
- Complete Program Descriptions
- Upcoming Program Information
- ACHe-learning Webinars and Online Seminars
- Information on the Congress on Healthcare Leadership

**Publications**
- Information About Health Administration Press Books and Journals and Healthcare Executive Magazine
- Online Bookstore
- Resources for Instructors
- Information for Authors
- Self-Study Course Information and Materials
- Newsletters

**Research & Resources**
- Studies and Surveys on Timely Healthcare Management Topics
- Management Innovations Poster Session
- A Members and Fellows Profile
- The Ray E. Brown Management Resource Center
- Health Reform Resources
- Directory of Partnerships With Foreign Hospitals

**Online Resources**
- Studies and Surveys on Timely Healthcare Management Topics
- Management Innovations Poster Session
- A Members and Fellows Profile
- The Ray E. Brown Management Resource Center
- Health Reform Resources
- Directory of Partnerships With Foreign Hospitals

**My ACHE**
- Personalized Education Credit Information
- FACHE® Application Status
- Purchase History
- Live Chat With a Customer Service Representative

**Join ACHE**
- Membership Information
- ACHE Membership Applications

**Other Resources**
- The Member Directory
- Graduate Student Scholarship Opportunities
- Emerging Leader, Executive and Senior Executive Scholarships
- The Thomas C. Dolan Executive Diversity Program
- The ACHE Tuition Waiver Assistance Program
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Dear ACHE Colleague,

It is perhaps the most crucial time in our history for strong, purpose-driven leadership in healthcare. Leaders are being tested and called upon to guide their organizations during tremendous times of change in our field. As healthcare leaders respond to the call to redefine care delivery for the patients and communities they serve, it has never been a more important time for leaders who care.

ACHE works to support healthcare leaders and the field of healthcare management in a variety of ways. Five key goal areas—membership, knowledge, career advancement, leadership and service excellence—form the basis of ACHE’s strategic plan, and guide ACHE in serving members and preparing you for what the future holds. Following are highlights of the programs and initiatives undertaken by ACHE in these and other areas in 2013 to address the current and future needs of the profession.
Membership
In 2013 ACHE’s membership continued to grow, reaching the largest number of members in its history with more than 45,000. More than 7,200 Members were admitted or reinstated, and nearly 600 individuals advanced to Fellow, earning the distinction of board certification in healthcare management.

ACHE continued promoting the value of the FACHE® credential in 2013 with its FACHE advertising series in Healthcare Executive, Modern Healthcare, Hospitals & Health Networks and Trustee magazines. In 2013 we launched a new series of FACHE ads promoting the credential as a mark of excellence for those who strive for the highest level of achievement.

ACHE continues its work to enhance executive search firm consultants’ understanding of the value of board certification in healthcare management and to encourage them to consider ACHE Fellows first for executive positions. In 2013, 42 search firms indicated support for the FACHE credential.

As part of its effort to serve a broader audience in an ever-changing field, ACHE continued to support two growing segments of its membership with the Physician Executives and Healthcare Consultants Forums. There are currently more than 800 members in these forums, which provide additional resources—premier education, quarterly newsletters, career resources and networking opportunities—designed to address their unique needs.

ACHE continued to support its International Associates in 2013 with 47 international liaisons, who serve as ACHE resources, and four international healthcare executive groups, which provide networking opportunities. In addition, ACHE is working with the International Hospital Federation to establish a special interest area for healthcare management organizations from around the world and, together with the IHF and a number of countries, is developing an international competency framework that will establish global standards for excellence in the field.

Knowledge
ACHE remains dedicated to providing you opportunities to gain critical knowledge and skillsets in a number of ways to help you lead in these dynamic times. In 2013 ACHE provided more than 150 seminars, special programs and distance learning opportunities. Among these, ACHE debuted four new seminars and programs, and offered 24 distance learning programs and 62 on-location programs. In addition, nearly 4,000 attendees took advantage of the educational, networking and professional development opportunities available at the 2013 Congress on Healthcare Leadership.

As the field of healthcare leadership changes, ACHE continues to adapt and change with it. In 2014, a Professional Development Task Force will assess the environment to
determine what new skills will be needed to lead during this time of great transformation. The task force will review ACHE’s educational offerings to ensure they prepare you for the challenges ahead.

In 2013 ACHE’s chapters again made significant strides in increasing both the number of educational and networking events available at the local level and participation in those programs. ACHE’s 80 chapters held nearly 1,000 education and networking events for more than 62,000 attendees. In 2014, ACHE is celebrating the 10th anniversary of chapter formation.

As we reflect on all our chapters have achieved over the past decade and the value they provide, we look forward with anticipation to what we can accomplish with our chapter partners in the future.

In 2013 Health Administration Press continued its contribution to ongoing learning with the publication of 20 books and 10 journal issues. HAP publications are now available through 13 print and 15 electronic distributors, providing valuable educational content in multiple formats. The *Journal of Healthcare Management* and *Frontiers of Health Services Management* continue to serve as valuable resources to the field.

ACHE’s bimonthly magazine, *Healthcare Executive*, provides another opportunity for leaders to gain critical knowledge and strategies for success. For the 10th year in a row, *Healthcare Executive* was ranked by executives as the “most useful” to their job, ahead of four other leading publications in the field, according to ACHE’s 2013 Member Needs Survey.

The ACHE Publications App was launched in 2013 and provides an enhanced online experience for readers of *Healthcare Executive*, the *Journal of Healthcare Management* and *Frontiers of Health Services Management*. In 2013, digital editions of each publication became available through a mobile Web app, which functions through any browser, and an app version, which can be downloaded from Apple’s App Store. An Android version will be released in fall 2014.

ACHE’s electronic information services also continue to grow in importance. In 2013, users logged more than 3.6 million sessions on ache.org. The website was also redesigned to feature a cleaner, more contemporary and more user-friendly interface. ACHE also remained active in the social media arena. The ACHE Official Group on LinkedIn continued to provide social networking opportunities in 2013 and currently has more than 12,500 members.

Research also continues to be instrumental in ACHE’s ability to share knowledge, provide guidance to our members and help us better understand the changing field. In 2013, we conducted a number of focus groups, internal studies and other surveys of members on healthcare management topics of interest.
Career Advancement

Through its variety of career-related programs and services, in 2013 ACHE continued to serve as your trusted career partner, helping you to grow and advance professionally.

ACHE’s Career Resource Center served more than 1,900 members and conducted numerous workshops and resume reviews during 2013. The online ACHE Job and Resume Bank, which averages more than 2,000 positions each month, continued to aid members making job and career path changes. The Career Resource Center also updated its mentoring resources while supporting the Leadership Mentoring Network and healthcare executives who are in career transition.

The Career Services Task Force completed its work in 2013 to address changes related to the career paths of healthcare executives. Acting on the task force’s recommendations, ACHE staff members are working to develop new tools and resources to further expand ACHE’s career development offerings.

To add to its support of early careerists, ACHE maintains the Postgraduate Administrative Fellowships area of ache.org. ACHE also offers the Stuart A. Wesbury Jr. Postgraduate Fellowship to further postgraduate education in healthcare and professional society management.

ACHE chapters serve as a vital resource to health administration students and the academic community, providing opportunities for involvement, growth and learning to future healthcare leaders. In 2013, ACHE continued to support this community through its Higher Education Network, which consists of more than 220 healthcare administration programs.

ACHE also continued its work to inform those outside the profession about career opportunities in healthcare management. ACHE’s website healthmanagementcareers.org is designed for high school and college students seeking information about the profession. In 2013 the site was accessed more than 300,000 times. It includes presentations that can be given to students by elected leaders, members and others to promote the field.

Leadership

In 2013, longtime ACHE President and CEO Thomas C. Dolan, PhD, FACHE, FASAE, retired after 22 years. In early 2013 ACHE named Deborah J. Bowen, FACHE, CAE, former executive vice president and COO, as its new president and CEO. Bowen assumed the role in May 2013. Under her leadership, ACHE will continue to build on its rich history while embracing new opportunities. We are committed to remaining the premier professional organization delivering relevant programs, products and services in these challenging times.
In its longstanding commitment to advancing the healthcare management profession, ACHE continues to support your efforts to develop and maintain the attributes and skills of leadership excellence.

One vital aspect of this effort is ACHE’s *Code of Ethics*, which continues to serve as a tool to establish a strong ethical foundation in your organizations and careers. In 2013 ACHE again published the Ethics Self-Assessment in *Healthcare Executive*. An ethics column continues to appear in each bimonthly issue of the magazine, and ethics educational programs are offered annually. A host of ethics resources are available to members on ache.org.

To help develop leaders who are advocates for the profession, ACHE continued to provide its members with education and other resources on critical policy issues and the advocacy process. Healthcare policy issues are highlighted in a regular column in *Healthcare Executive* magazine. In addition, in 2013 ACHE updated four Policy Statements. A list of all ACHE Policy Statements is on page 56 of this annual report and also available on ache.org.

Diversity continues to be an important leadership value for ACHE, as reflected in ACHE’s programs and services. To honor President Emeritus Thomas C. Dolan’s long-standing service to the profession of healthcare leadership and to further his strong commitment to achieving greater diversity among senior healthcare leaders, in 2013 ACHE launched the Thomas C. Dolan Executive Diversity Program, an initiative of the Fund for Innovation in Healthcare Leadership. The program’s focus is on creating and sustaining diversity in the highest levels of healthcare leadership. The first cohort of six scholars began meeting in early 2014. These scholars will benefit from specialized curriculum opportunities addressing barriers in career attainment and developing executive presence, one-on-one interaction with a specially selected mentor and participation in formal leadership education and career assessments.

The importance of diversity as a leadership value is also reflected in ACHE’s support of a number of organizations equally committed to developing diverse leaders in the field and those that represent minority segments of the healthcare management profession, including:

- Asian Health Care Leaders Association
- Institute for Diversity in Health Management
- National Association of Health Services Executives
- National Forum for Latino Healthcare Executives
- Rainbow Healthcare Leaders Association

In 2013, ACHE helped launch the Rainbow Healthcare Leaders Association, a national organization whose mission is to enhance the representation of LGBT healthcare executives and to promote high-quality care for LGBT individuals and their families.
Since 2010, ACHE has supported pilot projects in collaboration with the Asian Health Care Leaders Association and the National Forum for Latino Healthcare Executives that create caucuses within ACHE chapters. These caucuses increase the engagement of Asian and Latino healthcare executives in ACHE and provide a local presence for AHCLA and NFLHE in key geographic markets served by ACHE chapters. In 2013, the number of caucuses more than doubled with the addition of five new caucuses, and continued expansion and refinement of the caucus model is expected in 2014.

ACHE, along with the American Hospital Association and other key healthcare associations, remains committed to the Equity of Care initiative, a national call to action to eliminate healthcare disparities and improve quality of care for every patient. ACHE also continued to participate in Enroll America, a nonprofit, nonpartisan organization whose mission is to ensure all Americans are enrolled in and retain health coverage.

ACHE also works with many other healthcare organizations on behalf of the profession to extend our reach and increase value to our members. In 2013 ACHE collaborated with the following organizations:

- The Advisory Board Company
- American College of Physician Executives
- American Hospital Association
- American Organization of Nurse Executives
- American Society for Quality
- America’s Essential Hospitals
- Association of American Medical Colleges
- Association of University Programs in Health Administration
- Canadian College of Health Leaders
- Catholic Health Association of the United States
- Center for Healthcare Governance
- Commission on Accreditation of Healthcare Management Education
- The Governance Institute
- Healthcare Financial Management Association
- Healthcare Information and Management Systems Society
- Institute for Healthcare Improvement
- International Hospital Federation
- The Joint Commission
- Medical Group Management Association
- National Patient Safety Foundation
- Organ Donation and Transplantation Alliance
- State hospital associations
Service Excellence

In these increasingly challenging times, service excellence—on the part of healthcare executives, healthcare providers and ACHE—remains a crucial component of the healthcare delivery system. To help members achieve and maintain service excellence in your organizations, ACHE promotes it in a variety of ways.

ACHE continues to ensure our governance structure supports the work we do for you, our members. We are committed to fostering strong partnerships with our volunteer leaders.

Just as you strive for service excellence and quality in your organizations, ACHE’s commitment to quality also continues unabated. ACHE is pursuing enterprise-level performance excellence through a systematic process of performance improvement. In 2011 ACHE was awarded the Bronze Award for Commitment to Excellence by Illinois Performance Excellence (ILPEX), the state-level Baldrige Award. Since that time ACHE has used the feedback report provided by ILPEX to strengthen processes through cycles of learning and improvement. In May 2014, ACHE submitted a second application, with results pending at press time.

Another way ACHE helps advance service excellence in the field of healthcare management is through its Corporate Partnerships Program. In 2013 Corporate Partner support again enabled ACHE to bring additional high-quality programming to its members. For ACHE’s six Premier Corporate Partners, interaction with the healthcare management community continued to provide better understanding of the challenges healthcare executives face and the opportunity for enhanced service to the field.

The Fund for Innovation in Healthcare Leadership—a philanthropic initiative of the Foundation of ACHE—continues its work in developing visionary leaders and management systems to improve healthcare delivery. In 2013 two educational programs were funded in part by the Fund—“The Ethics of Access to Care and Care Disparities” and “The Innovation Center: Taking Action to Improve Care and Reduce Costs.” The Fund will support two more educational offerings in 2014.

In another form of service to its members, in 2013 ACHE’s Chairman Officers and Governors made numerous visits to state hospital association meetings and chapter events to speak to and hear from members.

Because a well-trained staff is a critical component of service excellence, in 2013 ACHE staff received training related to trends and issues in customer service, diversity, ethics and other topics designed to improve staff knowledge and skills in meeting member needs.
ACHE’s elected leaders, chapters and staff members are committed to retaining ACHE’s core values, adapting its programs and services in a changing healthcare environment and serving your needs so you can continue to build your leadership skills and succeed in your career. We thank you, our members, for your support and dedication to improving healthcare delivery, and look forward to supporting you on your leadership journey.

Christine M. Candio, RN, FACHE
Chairman
Chief Executive Officer
Inova Alexandria Hospital
Alexandria, Va.
Senior Vice President
Inova Health System
Falls Church, Va.

Richard D. Cordova, FACHE
Chairman-Elect
President/CEO
Children’s Hospital Los Angeles

Diana L. Smalley, FACHE
Immediate Past Chairman
Regional President, Mercy in Oklahoma
Mercy
Oklahoma City

Deborah J. Bowen, FACHE, CAE
President/CEO
American College of Healthcare Executives
Chicago
To be effective, today’s healthcare leader must demonstrate skills in engaging diverse stakeholders in a common effort with shared goals. Administrators often refer to this process as “aligning physicians;” physicians are more likely to call it “focusing on the patient;” while nurses speak of “collaborative care.” In the end, it may matter less who’s driving the bus and more about how we can improve the bus route.

These skills become vital when facing the biggest challenges going forward, including determining what changes to make and when to make them when transitioning from volume-based care to value-based care. This is why the concept of servant leadership in healthcare, as reflected in ACHE’s motto “for leaders who care,” should resonate with all healthcare leaders and providers. Servant leadership can occur at any level of an organization but is most effective when it emanates from above. For most of us, the desire to serve and to care for others is the drive that motivates our professional lives. The aspiration to lead becomes a manifestation of caring. Although not as catchy, the ACHE motto perhaps could be more accurately stated as “for those who care and aspire to lead others.”

I find value in ACHE through the timeliness of actionable information: printed, electronic and face-to-face education opportunities such as cluster seminars and the Congress on Healthcare Leadership, which are venues in which to learn about current healthcare topics from experts and peers while advancing my own professional development.

Physician Executives Forum Committee, ACHE
Vice President, Kentucky Organ Donor Affiliates Inc.
Chair, West Virginia Organized Medical Staff Section, American Medical Association
West Virginia Hospital Association Quality Committee

To see profitability as a means rather than as an end is a long-standing, principal challenge for healthcare executives. Without a healthy financial bottom line, the ability to deliver high-quality care to increasingly diverse patients and communities is compromised. But when caring appears to take a backseat to profit, trust in leadership erodes. Healthcare executives who put the workforce first create a culture in which caregivers can truly put patients first.

Healthcare leaders also must be able to transcend differences; effective leaders deftly juggle the issues and interests of diverse stakeholders. Such leaders, many of whom I’ve had the honor to work with over the past 30 years, inspire stakeholders to see beyond narrow self-interests and pursue actions that satisfy not only their own agenda but also advance the organization’s overarching mission of caring.

ACHE has played a pivotal role in my own leadership development. ACHE provided much-needed support when I first began to focus my research and outreach agenda on strategic diversity leadership in healthcare. ACHE’s Health Administration Press published my first book (Diversity Leadership, 1996). ACHE’s research, publications, Congress on Healthcare Leadership and my local chapter, the Healthcare Leadership Network of the Delaware Valley, continue to provide opportunities for me to develop and learn and share my commitment to strategic diversity leadership in healthcare.

ACHE Faculty Associate
Book Author, Health Administration Press and Wiley/ Jossey-Bass
Member, National Center for Healthcare Leadership Innovator’s Circle
Member, Association of University Programs in Health Administration

Janice L. Dreachslin, PhD
Professor of Health Policy and Administration
Penn State University
Malvern, Pa.
John Quincy Adams said, “If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” In this time of change and great uncertainty we need that kind of leadership. We must engage and unleash the huge potential of our organizations and our communities as we discover the possibilities for truly improving health outcomes.

Managing the transformation from offering preeminent episodic care to providing an integrated system of population health management is our greatest challenge. While societal expectations and economic incentives are moving in this direction, there are still many internal and external dynamics reinforcing the status quo. The challenge calls for healthcare executives today to make difficult and uncomfortable choices with the accompanying redirection of resources to create this future.

To meet these challenges, healthcare leaders must be able to communicate and innovate effectively. They need to possess the ability to communicate clearly and consistently a strategic vision for the future and engage colleagues, physicians and stakeholders in learning new skills, knowledge and attitudes necessary for success. And our communication and engagement also must extend into our communities and with policymakers.

ACHE can help strengthen your skills via its sharing and networking opportunities. Networking provides critical knowledge exchange and also supports the values and commitment to service that motivated us to enter this profession—and it is also a way to recharge and renew.

To address today’s challenges, healthcare leaders must be transformational. Transforming today’s environment requires vision, resilience, tenacity and the ability to inspire hope in a rapidly changing and often unpredictable environment. Margaret Mead, the famed anthropologist, once said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” As leaders in healthcare, we must embrace this calling to gather thoughtful, committed “healthcare citizens” to change our organizations and our industry. The future is ripe with opportunity, but only for those organizations willing to challenge the “this is how we’ve always done it” mentality with an innovative approach to our collective future.

ACHE has helped me stay connected with other healthcare leaders and has been a platform for continuous learning. It has given me opportunities to solidify my leadership capabilities and to help shape the next generation of healthcare leaders. Author Alvin Toffler is often credited with saying, “The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn and relearn.” As leaders, we are in the “unlearn and relearn” phase of healthcare, and ACHE provides the platform to do both.
**Linda J. Knodel, RN, FACHE**  
Senior Vice President/CNO  
Mercy Health System  
Chesterfield, Mo.

The greatest challenge facing healthcare executives is having to do less with less. Margins are shifting and care is being provided by new vendors in the market and often at less expensive rates. As mergers, consolidations and acquisitions continue, the ability to blend culture, community, brand and systems will be key success factors. Managing variation also will be important as we continue on our journey toward achieving the Triple Aim.

I am grateful to ACHE for providing me opportunities to grow beyond my imagination. The networking opportunities and educational programs have allowed me—as a healthcare administrator and nurse executive—to learn from the best in the field. I have been mentored and have served as a mentor. Each time I am faced with a tough decision, invariably ACHE’s Policy Statements have made a difference in the discussions and process. I have served in numerous volunteer capacities within ACHE, and I am proud to have been the first chief nursing officer on its Board of Governors.

I believe the most important characteristic of effective healthcare leaders is anticipatory collaboration. Through the use of predictive analytics, today’s leaders and clinicians can influence expenses and improve health outcomes, thus achieving the triple aim. As professionals, we have a responsibility to give back to the field. Most executives I interact with state without hesitation that healthcare is both a calling and a business. Servant leadership is our call to action to meet the current headwinds in today’s healthcare environment.

Board Member, North Colorado Health Alliance  
Board Member, Mountain Shadows Medical Association  
Board Member, Skyline Surgery Center  
Member, State of Colorado Stroke Advisory Board

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**Michelle L. Joy, FACHE**  
COO  
McKee Medical Center  
Loveland, Colo.

The most important characteristic required today to be an effective healthcare leader is the ability to make change happen. There is tremendous change occurring throughout healthcare, especially the implementation of health reform and the transition from volume to value. To effectively manage this change, healthcare leaders need to involve all stakeholders, including patients and the communities we serve. To do this, we need to be able to articulate a clear vision and a plan for how the organization is going to achieve that vision.

Servant leadership also is important in healthcare today. We are leading teams of providers who take care of patients every day during their time of greatest need. Somebody needs to care for the providers; it is our responsibility as healthcare leaders to provide all the support and resources our providers need so they can deliver excellent patient care. We owe it to our teams and our communities.

I have been a healthcare executive for 15-plus years, and ACHE has been a critical part of my career and leadership development. The annual Congress on Healthcare Leadership is a great opportunity to learn about the latest trends occurring in healthcare and to hear firsthand from other leaders. It also provides a wonderful opportunity to network. I also have attended a number of cluster programs and always find the sessions to be applicable to issues or challenges I am facing in my own organization. There are always useful takeaways and ideas to make me a better leader.

Board Member, North Colorado Health Alliance  
Board Member, Mountain Shadows Medical Association  
Board Member, Skyline Surgery Center  
Member, State of Colorado Stroke Advisory Board

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President, American Organization of Nurse Executives Board of Directors  
Member, ACHE Counselors Committee  
Former Member, ACHE Board of Governors  
Past President, North Dakota Healthcare Executives Forum
The field is facing several important issues, and I believe healthcare executives continue to struggle with how to enable improvements in health literacy and individual responsibility. It is difficult to change mindsets and behavior, especially when we only focus on the care provided in the 100 minutes a year a patient sees a provider. Healthcare happens in the other 525,000 minutes of the year in what is known as the “life space.” Executives need to take a public role in improving health literacy by supporting health education outside the clinical setting, while developing incentives that will drive changes in mindsets and personal behavior.

As such, the most important characteristic needed to be an effective healthcare leader is courage; it supports all others such as ethical behavior, trust and promotion of diversity. Courageous leaders are visionaries who grow and inspire others, are not afraid to make mistakes and are willing to put others before self. They are even willing to risk their careers to promote a vision that is unpopular.

The education and community involvement I obtained while pursuing and maintaining board certification in healthcare management as an ACHE Fellow has helped me be a stronger, smarter and more compassionate leader. Leaders who care are those who truly love to take care of others without any expectation of reward. This is the essence of servant leadership. Service is not a tool to get personal recognition or move up the career ladder. It is a passion driven by a yearning to grow future leaders by giving back even more than what was generously and selflessly given.

Board Member, Healthcare Leaders of New York (ACHE Chapter)
Member, Army ACHE Regent Membership Committee
President (2009–2010), Central European Healthcare Executives
Member (2002–2004), Wiregrass Military Assistance to Safety
and Traffic Committee

Implementing the various facets associated with health reform is arguably the biggest challenge facing healthcare executives today. These factors include population health design, ACOs, value-based purchasing, declining reimbursements, employer relations/direct contracting and Medicaid strategy. Executives are tasked with ensuring their organizations remain successful in today’s predominant fee-for-service payment environment while equally designing or contributing to reducing costs and developing the appropriate operating structure to succeed in tomorrow’s value-based payment environment.

In a rapidly evolving industry that requires innovative solutions to complex issues, successful leaders are flexible in adapting to this new wave of healthcare delivery, policy and reform. Examples of the flexibility required include physician alignment, centralization of many former local area functions, payor reform and enhanced focus on the patient/family experience.

To help address these complex issues I turn to ACHE, which provides a platform to exhibit my leadership capabilities and guides development through my involvement in chapter, regional and national committees. In addition, the Congress on Healthcare Leadership propels my development through the offerings of excellent educational sessions and career services opportunities.

Servant leadership is important as the healthcare field undergoes historic changes. As leaders, we must engage with patients and their families, our staff, communities and physician partners. Above all, a servant leader places the needs of patients first and engages others to align with this leadership commitment.

Board Member, PrimeCare Community Health Inc.
Member, Illinois-Metropolitan Chicago Regent’s Advisory Council
Member, Chicago Health Executives Forum, Education and Networking Committee (ACHE Chapter)
Past President, San Diego Organization of Healthcare Leaders (ACHE Chapter)
Past Chairman Officers of ACHE 1933–2014*

Prior to 1972 identified as President
1933–1934 ‡ Charles A. Wordell
1934–1935 ‡ Robert E. Neff
1935–1936 ‡ Fred G. Carter, MD
1936–1937 ‡ Basil C. MacLean, MD
1937–1938 ‡ Howard E. Bishop
1938–1939 ‡ Robin C. Buerki, MD
1939–1940 ‡ James A. Hamilton
1940–1941 ‡ Arthur C. Bachmeyer, MD
1941–1942 ‡ Lucius R. Wilson, MD
1942–1943 ‡ Joseph G. Norby
1943–1944 ‡ Robert H. Bishop Jr., MD
1944–1946 ‡ Claude W. Munger, MD
1946–1947 ‡ Frank R. Bradley, MD
1947–1948 ‡ Edgar C. Hayhow, PhD
1948–1949 ‡ Jessie J. Turnbull
1949–1950 ‡ Wilmar M. Allen, MD
1950–1951 ‡ Frank J. Walter
1951–1952 ‡ Ernest I. Erickson
1952–1953 ‡ Fraser D. Mooney, MD
1953–1954 ‡ Merrill F. Steele, MD
1954–1955 ‡ Albert C. Kerlikowske, MD
1955–1956 ‡ J. Dewey Lutes
1956–1957 ‡ Arthur J. Swanson
1957–1958 ‡ Frank S. Groner
1958–1959 ‡ Anthony W. Eckert
1959–1960 ‡ Ray E. Brown
1960–1961 ‡ Melvin L. Sutley
1961–1962 ‡ Tol Terrell
1962–1963 ‡ Frank C. Sutton, MD
1963–1964 ‡ Robert W. Bachmeyer
1964–1965 ‡ Ronald D. Yaw
1965–1966 ‡ Boone Powell
1966–1967 ‡ Peter B. Terenzio
1967–1968 ‡ Donald W. Cordes
1969–1970 ‡ Arnold L. Swanson, MD
1970–1971 ‡ Orville N. Booth
1971–1972 ‡ Everett A. Johnson, PhD
1972–1973 ‡ William N. Wallace
1973–1974 ‡ Gene Kidd
1974–1975 ‡ James D. Harvey
1975–1976 ‡ James D. Harvey
1976–1977 ‡ Henry X. Jackson
1977–1978 ‡ Norman D. Burkett
1978–1979 ‡ Ray Woodham
1979–1980 ‡ Chester L. Stocks
1980–1981 ‡ Donald R. Newkirk
1981–1982 ‡ Charles T. Wood
1982–1983 ‡ Earl G. Dresser
1983–1984 ‡ Alton E. Pickert
1984–1985 ‡ Austin Ross
1987–1988 ‡ Francis J. Cronin
1988–1989 ‡ David H. Jeppson
1989–1990 ‡ H.W. Maysent
1990–1991 ‡ James O. Hepner, PhD
1991–1992 ‡ Paul S. Ellison
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1994–1995 ‡ William C. Head, Colonel, SAF, MSC
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2013–2014 ‡ Diana L. Smalley
† Deceased
* As of July 18, 2014

Strategic Plan Goal Areas

Goal Area 1: Membership
To exceed our members’ expectations through enhancements to our credentialing program, chapter development and other programmatic changes that add strategic value.

Goal Area 2: Knowledge
To provide our members with the tools and information they need to excel in our profession.

Goal Area 3: Career Advancement
To deliver programs, products and services that advance professional excellence and attract future leaders to the profession.

Goal Area 4: Leadership
To support our members in developing and maintaining the attributes of leadership excellence.

Goal Area 5: Service Excellence
To provide exemplary service to our members.
## Selected Financial Data*

**Consolidated Statements of Financial Position as of December 31, 2013 and 2012**

### Assets

Current assets:
- Cash and cash equivalents: 6,625,216 / 8,242,157
- Accounts receivable, less allowance for doubtful accounts: 1,403,185 / 1,751,910
- Investments available for general purposes: 13,757,604 / 13,604,041
- Other: 505,795 / 647,190

Total current assets: 22,291,800 / 24,245,298

Investments:
- Investments available for general purposes: 48,610,161 / 38,372,467
- Investments designated for specific purposes: 6,134,848 / 5,177,841

Total investments: 54,745,009 / 43,550,308

Total equipment, furniture and leasehold improvements, net: 810,248 / 869,426

Total other noncurrent assets: 4,215,895 / 4,233,709

**Total assets**: 82,062,952 / 72,898,741

### Liabilities and Net Assets

Current liabilities:
- Accounts payable and accrued expenses: 3,672,443 / 4,053,163
- Deferred revenue: 6,788,467 / 6,661,227

Total current liabilities: 10,460,910 / 10,714,390

Total noncurrent liabilities: 5,986,555 / 5,486,325

**Total liabilities**: 16,447,465 / 16,200,715

Net assets:
- Unrestricted:
  - Undesignated: 58,770,537 / 50,649,923
  - Board designated: 353,920 / 350,000
  - Temporarily restricted: 5,181,030 / 4,388,103
  - Permanently restricted: 1,310,000 / 1,310,000

Total net assets: 65,615,487 / 56,698,026

**Total liabilities and net assets**: 82,062,952 / 72,898,741

*For a complete copy of ACHE’s audited financial statements or other financial information, please contact the vice president of Finance and Administration at (312) 424-9330.
### Consolidated Statements of Activities and Changes in Net Assets for Years Ended December 31, 2013 and 2012

#### Revenue

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues and fees</td>
<td>7,625,581</td>
<td>7,500,653</td>
</tr>
<tr>
<td>Educational programs</td>
<td>8,249,466</td>
<td>9,094,411</td>
</tr>
<tr>
<td>Publications</td>
<td>5,620,948</td>
<td>6,879,931</td>
</tr>
<tr>
<td>Contributions, grants and net assets released from restrictions</td>
<td>1,350,908</td>
<td>1,699,492</td>
</tr>
<tr>
<td>Royalties and fees for service</td>
<td>720,745</td>
<td>654,435</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>23,567,648</strong></td>
<td><strong>25,828,922</strong></td>
</tr>
</tbody>
</table>

#### Functional Expenses

**Program expenses**


**Total program expenses**: 12,777,930 (2013), 13,180,577 (2012)

**Supporting services**


**Total supporting services**: 10,820,293 (2013), 10,592,009 (2012)

**Total expenses**: 23,598,223 (2013), 23,772,586 (2012)

**Revenue in excess of expenses from operations**: (30,575) (2013), 2,056,336 (2012)

**Non-operating**

- Board designated funds: Transfer from operations: 350,000 (2013)

**Change in unrestricted net assets**: 8,124,534 (2013), 7,978,321 (2012)

**Change in temporarily restricted net assets**: 792,927 (2013), 954,166 (2012)

**Change in total net assets**: 8,917,461 (2013), 8,932,487 (2012)

### Consolidated Statements of Cash Flows for Years Ended December 31, 2013 and 2012

#### Cash flows from operating activities

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>8,917,461</td>
<td>8,932,487</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities</td>
<td>(5,729,775)</td>
<td>(3,670,976)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td><strong>3,187,686</strong></td>
<td><strong>5,261,511</strong></td>
</tr>
</tbody>
</table>

#### Cash flows from investing activities

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash used in investing activities</td>
<td>(4,804,627)</td>
<td>(4,915,381)</td>
</tr>
<tr>
<td>Change in cash and cash equivalents</td>
<td>(1,616,941)</td>
<td>346,130</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents, beginning of year</strong></td>
<td>8,242,157</td>
<td>7,896,027</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents, end of year</strong></td>
<td><strong>6,625,216</strong></td>
<td><strong>8,242,157</strong></td>
</tr>
</tbody>
</table>
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These administrative districts serve as the mechanism by which your elected leaders come together to discuss important issues that affect ACHE members and to provide advice and counsel to the Board of Governors.

This map shows the geographic division of the administrative districts, and the following pages provide you with contact information for your elected leaders.
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Carson F. Dye, FACHE
Jacque J. Sokolov, MD
Developing Physician Leaders for Successful Clinical Integration (Health Administration Press, 2013)

Dean Conley Award
John Toussaint, MD
“A Management, Leadership and Board Road Map to Transforming Care for Patients”
Frontiers of Health Services Management
Spring 2013

Edgar C. Hayhow Award
Pauline Vaillancourt Rosenau, PhD
Lincy S. Lai, PharmD
Christiaan Lako, PhD
“Managing Pay for Performance: Aligning Social Science Research with Budget Predictability”
Journal of Healthcare Management
November/December 2012

Management Innovations Poster Session Award
Derek Anderson
Maude Martocci, RN
“Patient Logistics Center: Improving Patient Throughput”

ACHE Richard J. Stull Essay Competition in Healthcare Management
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Hawaii-Pacific Chapter of ACHE
Healthcare Executive Forum of Central Pennsylvania
Heartland Healthcare Executive Group
Mid-America Healthcare Executive’s Forum
Mid-South Health Care Executives
New Mexico Healthcare Executives
San Diego Organization of Healthcare Leaders
South Carolina ACHE Chapter
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CT Association of Healthcare Executives
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South Carolina ACHE Chapter
South Florida Healthcare Executive Forum, Inc.
Utah Healthcare Executives
West Virginia Chapter of the American College of Healthcare Executives
Chapters*

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ACHE—Nevada Chapter
ACHE—NJ (New Jersey)
ACHE—North Florida Chapter
ACHE of Massachusetts
ACHE of Middle Tennessee
ACHE of Northern Ohio
ACHE of North Texas
ACHE of Western PA (Pennsylvania)
ACHE—Southeast Louisiana Chapter
ACHE—SouthEast Texas Chapter
Alabama Healthcare Executives Forum
Alaska Healthcare Executives Network
American College of Healthcare Executives—Capítulo México
American College of Healthcare Executives of Central Florida
American College of Healthcare Executives—Rhode Island Chapter
American College of Healthcare Executives—Wisconsin Chapter
Arizona Healthcare Executives
Arkansas Health Executives Forum
Canadian Chapter of ACHE
Central Illinois Chapter of ACHE
Central Texas Chapter—ACHE
Central Virginia Healthcare Executive Group
Chicago Health Executives Forum
Colorado Association of Healthcare Executives
CT Association of Healthcare Executives (Connecticut)
Eastern Pennsylvania Healthcare Executive Network
East Tennessee Healthcare Executive Affiliation
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Healthcare Executive Forum of Central Pennsylvania
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Healthcare Leadership Network of the Delaware Valley (Delaware, New Jersey, Pennsylvania)
Healthcare Leaders of New York

Healthcare Executive Groups—International*

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Istanbul, Turkey

Alumni Association of the Tata Institute of Social Sciences—Health Administrators’ Chapter
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SAMSO CAREPartners Healthcare Executive Group
Dhahran, Saudi Arabia

Health Care Management Association of Central New York
Heartland Healthcare Executive Group (Iowa, Nebraska)
Idaho Healthcare Executive Forum
Indiana Healthcare Executives Network
Iowa Association of Healthcare Leaders
Kansas Association of Health Care Executives
Kentucky ACHE Chapter
Louisiana Healthcare Executive Group
Maryland Association of Health Care Executives
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Mid-South Health Care Executives (Tennessee)
Midwest Chapter of the American College of Healthcare Executives
(Michigan, Ohio)
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Missouri Healthcare Executives Group
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Network of Overseas Healthcare Executives
New Mexico Healthcare Executives
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Oregon Society of Healthcare Executives
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Sooner Healthcare Executives (Oklahoma)
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Texas Midwest Healthcare Executives
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Triangle Healthcare Executives’ Forum (North Carolina)
Utah Healthcare Executives
Washington State Healthcare Executives Forum
Western Florida Chapter
West Virginia Chapter of the American College of Healthcare Executives (Virginia, West Virginia)
Wyoming Chapter of Healthcare Executives

*As of July 18, 2014
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  Boulder, Colo.
- Connecticut Women in Healthcare Management Inc.
  Enfield, Conn.
- Greater New Orleans Women’s Healthcare Executive Network
  New Orleans
- Women Health Executives Network
  Chicago
- Women in Healthcare Administration of Southern California
  Corona, Calif.
- Women’s Healthcare Network
  White Plains, N.Y.

*As of July 18, 2014

Higher Education Network*

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- American InterContinental University
- Appalachian State University
- Arcadia University
- Arizona State University
- Armstrong Atlantic State University
- Army-Baylor University
- A.T. Still University
- Auburn University
- Baldwin-Wallace College
- Baptist College of Health Science
- Barry University
- Baruch College
- Baylor University
- Bellevue University
- Belmont University
- Berkeley College
- Boston University
- Boston University School of Public Health
- Brandeis University
- Brown University
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- California State University—East Bay
- California State University—Fresno
- California State University—Long Beach
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- California State University—Sacramento
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- Carnegie Mellon University
- Centenary College
- Central Michigan University
- Champlain College
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- The College of St. Elizabeth
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- Colorado Technical University
- Columbia University
- Concordia University—Irvine
- Cornell University
- Creighton University
- DeSales University
- Des Moines University
- Dominican College
- Drexel University, Sacramento Campus
- Duke University
- East Carolina University
- Eastern Michigan University
- Eastern Washington University
- Fairleigh Dickinson University
- Fayetteville State University
- Florida Atlantic University
- Florida Gulf Coast University
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- Gardner-Webb University
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- The George Washington University
- Georgia State University
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- Governors State University
- Grand Canyon University
- Grand Valley State University
- Harding University
- Harris-Stowe State University
- Hodges University
- Hofstra University
- Idaho State University
- Indiana University—Bloomington
- Indiana University—Indianapolis
- Indiana University Northwest
- Iona College
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- James Madison University
- Jefferson College of Health Sciences
- Johns Hopkins University
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- Lamar University
- L’Ecole de santé of the University of Ottawa
- Loma Linda University
- Long Island University, C.W. Post Campus
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- Loyola University Chicago
- Marymount University
- Marywood University
- Medical Careers Institute, School of Health Science of ECPI University
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- Midwestern State University
- Minnesota State University Moorhead
- Mississippi College
- Missouri State University
- Moravian College

38 Women’s Healthcare Executive Networks/Higher Education Network
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Norfolk State University
Northeastern University
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Oakland University—Master of Public Administration
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Ohio University
Oregon State University
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Slippery Rock University
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Suffolk University
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Standards of Excellence for Staff

Staff are committed to creating and maintaining a culture of service. We strive to exceed the expectations of our members and co-workers by embracing the following standards of excellence.

Quality
We do our work right the first time and continually look for ways to improve.

Integrity
We perform our jobs in an ethical manner through our decisions, practices and behaviors.

Inclusion
We maintain a diverse culture that respects the skills, viewpoints, characteristics, experiences and backgrounds of our members and co-workers.

Responsibility
We hold ourselves accountable and take ownership of our work and behavior.

Timeliness
We promptly respond to our members and co-workers while meeting all deadlines.

Professionalism
We demonstrate behavior that reflects well on the organization through our actions, appearance and attitude.

Teamwork
We collaborate to get the job done and to bring out the best in each other and the organization.

Innovation
We search for better ways to anticipate and respond to our members’ and co-workers’ needs, add value and create new opportunities.

Fiscal Responsibility
We manage our resources wisely and efficiently.

Professional Development
We enhance our knowledge and skills while supporting our co-workers’ development efforts.

Commitment to these standards of excellence enhances service to our members, improves productivity, unifies the staff and promotes individual growth.
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• Corporate Partnerships Program

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Management Innovations
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ACHE Staff: Professional Development
Regional Services

Elected Officials Support
Chapter Relations
Health Association Liaison
Uniformed Services/Federal Sector Liaison
CEO Circle

Awards
• Chapter Management Awards
• National Awards
• ACHE Recognition Program
Affiliated Groups
• International Healthcare Executive Groups
• Women’s Healthcare Executive Networks
• Higher Education Network

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**ACHE Code of Ethics**

*As amended by the Board of Governors on November 14, 2011.*

**Preamble**

The purpose of the *Code of Ethics* of the American College of Healthcare Executives is to serve as a standard of conduct for members. It contains standards of ethical behavior for healthcare executives in their professional relationships. These relationships include colleagues, patients or others served; members of the healthcare executive’s organization and other organizations, the community, and society as a whole.

The *Code of Ethics* also incorporates standards of ethical behavior governing individual behavior, particularly when that conduct directly relates to the role and identity of the healthcare executive.

The fundamental objectives of the healthcare management profession are to maintain or enhance the overall quality of life, dignity and well-being of every individual needing healthcare service and to create a more equitable, accessible, effective and efficient healthcare system.

Healthcare executives have an obligation to act in ways that will merit the trust, confidence, and respect of healthcare professionals and the general public. Therefore, healthcare executives should lead lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to patients or others served, healthcare executives function as moral advocates and models. Since every management decision affects the health and well-being of both individuals and communities, healthcare executives must carefully evaluate the possible outcomes of their decisions. In organizations that deliver healthcare services, they must work to safeguard and foster the rights, interests and prerogatives of patients or others served.

The role of moral advocate requires that healthcare executives take actions necessary to promote such rights, interests and prerogatives.

Being a model means that decisions and actions will reflect personal integrity and ethical leadership that others will seek to emulate.

**I. The Healthcare Executive’s Responsibilities to the Profession of Healthcare Management**

The healthcare executive shall:

A. Uphold the *Code of Ethics* and mission of the American College of Healthcare Executives;
B. Conduct professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well upon the profession;
C. Comply with all laws and regulations pertaining to healthcare management in the jurisdictions in which the healthcare executive is located or conducts professional activities;
D. Maintain competence and proficiency in healthcare management by implementing a personal program of assessment and continuing professional education;
E. Avoid the improper exploitation of professional relationships for personal gain;
F. Disclose financial and other conflicts of interest;
G. Use this Code to further the interests of the profession and not for selfish reasons;
H. Respect professional confidences;
I. Enhance the dignity and image of the healthcare management profession through positive public information programs; and
J. Refrain from participating in any activity that demeans the credibility and dignity of the healthcare management profession.

**II. The Healthcare Executive’s Responsibilities to Patients or Others Served**

The healthcare executive shall, within the scope of his or her authority:

A. Work to ensure the existence of a process to evaluate the quality of care or service rendered;
B. Avoid practicing or facilitating discrimination and institute safeguards to prevent discriminatory organizational practices;
C. Work to ensure the existence of a process that will advise patients or others served of the rights, opportunities, responsibilities and risks regarding available healthcare services;
D. Work to ensure that there is a process in place to facilitate the resolution of conflicts that may arise when values of patients and their families differ from those of employees and physicians;
E. Demonstrate zero tolerance for any abuse of power that compromises patients or others served;
F. Work to provide a process that ensures the autonomy and self-determination of patients or others served;
G. Work to ensure the existence of procedures that will safeguard the confidentiality and privacy of patients or others served; and
H. Work to ensure the existence of an ongoing process and procedures to review, develop and consistently implement evidence-based clinical practices throughout the organization.

III. The Healthcare Executive’s Responsibilities to the Organization
The healthcare executive shall, within the scope of his or her authority:
A. Provide healthcare services consistent with available resources, and when there are limited resources, work to ensure the existence of a resource allocation process that considers ethical ramifications;
B. Conduct both competitive and cooperative activities in ways that improve community healthcare services;
C. Lead the organization in the use and improvement of standards of management and sound business practices;
D. Respect the customs and practices of patients or others served, consistent with the organization’s philosophy;
E. Be truthful in all forms of professional and organizational communication, and avoid disseminating information that is false, misleading or deceptive;
F. Report negative financial and other information promptly and accurately, and initiate appropriate action;
G. Prevent fraud and abuse and aggressive accounting practices that may result in disputable financial reports;
H. Create an organizational environment in which both clinical and management mistakes are minimized and, when they do occur, are disclosed and addressed effectively;
I. Implement an organizational code of ethics and monitor compliance; and
J. Provide ethics resources and mechanisms for staff to address ethical organizational and clinical issues.

IV. The Healthcare Executive’s Responsibilities to Employees
Healthcare executives have ethical and professional obligations to the employees they manage that encompass but are not limited to:
A. Creating a work environment that promotes ethical conduct;
B. Providing a work environment that encourages a free expression of ethical concerns and provides mechanisms for discussing and addressing such concerns;
C. Promoting a healthy work environment, which includes freedom from harassment, sexual and other; coercion of any kind, especially to perform illegal or unethical acts;
D. Promoting a culture of inclusivity that seeks to prevent discrimination on the basis of race, ethnicity, religion, gender, sexual orientation, age or disability;
E. Providing a work environment that promotes the proper use of employees’ knowledge and skills; and
F. Providing a safe and healthy work environment.

V. The Healthcare Executive’s Responsibilities to Community and Society
The healthcare executive shall:
A. Work to identify and meet the healthcare needs of the community;
B. Work to support access to healthcare services for all people;
C. Encourage and participate in public dialogue on healthcare policy issues, and advocate solutions that will improve health status and promote quality healthcare;
D. Apply short- and long-term assessments to management decisions affecting both community and society; and
E. Provide prospective patients and others with adequate and accurate information, enabling them to make enlightened decisions regarding services.

VI. The Healthcare Executive’s Responsibility to Report Violations of the Code
A member of ACHE who has reasonable grounds to believe that another member has violated this Code has a duty to communicate such facts to the Ethics Committee.
Additional Resources
Available on ache.org or by calling ACHE at (312) 424-2800.

1. ACHE Ethical Policy Statements
   “Considerations for Healthcare Executive-Supplier Interactions”
   “Creating an Ethical Culture Within the Healthcare Organization”
   “Decisions Near the End of Life”
   “Ethical Decision Making for Healthcare Executives”
   “Ethical Issues Related to a Reduction in Force”
   “Ethical Issues Related to Staff Shortages”
   “Health Information Confidentiality”
   “Impaired Healthcare Executives”
   “Promise-Making, Keeping and Rescinding”

2. ACHE Grievance Procedure

3. ACHE Ethics Committee Action

4. ACHE Ethics Committee Scope and Function
As the professional membership society for healthcare executives, the American College of Healthcare Executives embraces diversity within the healthcare management field and recognizes that priority as both an ethical and business imperative. ACHE values diversity and initiatives that promote diversity because they can improve the quality of the organization’s workforce. ACHE also values and actively promotes diversity in its leaders, members and staff because diverse participation can serve as a catalyst for improved decision making, increased productivity and a competitive advantage.

Further, ACHE works to foster an inclusive environment that recognizes the contributions and supports the advancement of all, regardless of race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity or disability because an inclusive environment can enhance the quality of healthcare, improve hospital-community relations and positively affect the health status of society. This priority is reflected in ACHE’s various activities and initiatives.

**Within the ACHE organization, ACHE promotes diversity through:**

- Diversity-specific accountability for staff. Diversity-specific behaviors are outlined in the Standards of Excellence for staff and incorporated into the performance management tools.
- Recruitment and retention efforts focusing on a diverse, qualified workforce.
- New employee orientation addressing diversity in the workplace, including recognizing and accepting differences.
- Biennial diversity training for all staff to help further awareness and understanding of cultural differences among staff.
- At-large positions on the Council of Regents to help increase diversity.
- A Nominating Committee that emphasizes diversity in slating elected leaders.

**With the healthcare management field, ACHE promotes diversity through:**

- The Institute for Diversity in Health Management, co-founded by ACHE, which collaborates with educators and health service organizations to expand leadership opportunities for ethnic minorities in health services management.
- Race/Ethnic Comparisons of Career Attainments in Healthcare Management, which are periodic surveys of healthcare executives in various race/ethnic groups to compare their career attainments.
- Comparisons of the Career Attainments of Men and Women Healthcare Executives, which are periodic surveys of the career attainments of men and women healthcare executives, by gender.
- The development of resources, such as the Diversity and Cultural Proficiency Assessment Tool for Leaders, created by ACHE, the American Hospital Association, the Institute for Diversity in Health Management and the National Center for Healthcare Leadership, which contains assessment worksheets and case studies that healthcare leaders may use to evaluate the diversity and cultural proficiency of their organization and identify what activities and practices need to be implemented.
- A minority internship, a three-month assignment intended to attract racially/ethnically diverse students into the fields of healthcare and professional society management and to further their post-graduate education.
- Albert W. Dent Student Scholarships, awarded annually to racially/ethnically diverse students in healthcare management graduate programs.
- Educational programs and publications addressing the issues of diversity.
Policy Statements

• “Increasing and Sustaining Racial/Ethnic Diversity in Healthcare Management”

• “Considering the Value of Older, Experienced Healthcare Executives”

• “Strengthening Healthcare Employment Opportunities for Persons With Disabilities”

Approved by the Board of Governors of the American College of Healthcare Executives on March 16, 2012.
The field of healthcare management is complex and constantly changing. As your professional society, ACHE has a responsibility to help you navigate these changes while working to advance your career and the profession overall. Therefore, as a service to our members, ACHE has developed Ethical Policy Statements and Policy Statements on a variety of critical issues.

ACHE’s Ethical Policy Statements represent ACHE’s position on various ethical issues in healthcare management and suggest guidelines of behavior for healthcare executives facing these challenges. Policy Statements provide ACHE’s position on professional and public policy issues and offer healthcare executives guidance in these areas. Ethical Policy Statements and Policy Statements originate from members and issues within the field and are often drafted at the committee level. The Board Policy Committee then reviews the statements before they are brought before the Board of Governors for final approval. Once a new or revised statement has been approved by the Board, it is made available via ache.org to all members. Statements are also periodically published in Healthcare Executive magazine.

We hope these statements, which are regularly reviewed and updated, are helpful to you. To view the statements, visit the About ACHE area of ache.org.

**Ethical Policy Statements**
- Considerations for Healthcare Executive-Supplier Interactions, November 2011
- Creating an Ethical Culture Within the Healthcare Organization, revised November 2011
- Decisions Near the End of Life, revised November 2009
- Ethical Decision Making for Healthcare Executives, revised November 2011
- Ethical Issues Related to a Reduction in Force, revised November 2012
- Ethical Issues Related to Staff Shortages, revised November 2012
- Health Information Confidentiality, revised November 2012
- Impaired Healthcare Executives, revised November 2012
- Promise-Making, Keeping and Rescinding, November 2011

**Policy Statements**
- Access to Affordable Healthcare, revised November 2012
- Adopting a Systematic Approach to Bringing Healthcare Executives Into a New Position or Organization, November 2009
- Appropriate Preparation for Healthcare Executive Management Positions for All New Entrants to the Field, March 2013
- Board Certification in Healthcare Management, revised November 2012
- Considering the Value of Older, Experienced Healthcare Executives, revised November 2010
- Evaluating the Performance of the Hospital or Health System CEO, revised November 2013
- Healthcare Executives’ Responsibility to Their Communities, revised November 2011
- Healthcare Executives’ Role in Emergency Preparedness, revised November 2013
- The Healthcare Executive’s Role in Emergency Preparedness, revised November 2013
- The Healthcare Executive’s Role in Fostering Inclusion of LGBT Patients and Employees, March 2013
- Increasing and Sustaining Racial/Ethnic Diversity in Healthcare Management, revised November 2010
- Lifelong Learning and the Healthcare Executive, revised November 2013
- Organ/Tissue/Blood/Blood Stem Cells Donation Process, revised November 2009
- Preventing and Addressing Workplace Abuse: Inappropriate and Disruptive Behavior, revised November 2010
- Responsibility for Mentoring, revised November 2009
- The Role of the Healthcare Executive in a Change in Organizational Ownership or Control, revised November 2011
- Strengthening Healthcare Employment Opportunities for Persons With Disabilities, revised November 2009
- Terms of Employment for Healthcare Executives, revised November 2013
Vision
To be the premier professional society for healthcare executives dedicated to improving healthcare delivery.

Mission
To advance our members and healthcare management excellence.

Values
As members of the American College of Healthcare Executives, we are committed to:

- **Integrity**: We advocate and demonstrate high ethical conduct in all we do.
- **Lifelong Learning**: We recognize lifelong learning is essential to our ability to innovate and continually improve ourselves, our organizations and our profession.
- **Leadership**: We lead through example and mentoring, and recognize caring must be a cornerstone of our professional interactions.
- **Diversity**: We advocate inclusion and embrace the differences of those with whom we work and the communities we serve.

Online Resources
A wealth of information and resources is at your fingertips through ACHE's website, ache.org. Our comprehensive site includes detailed membership and education information and an in-depth career resources section. At ache.org, you can also access information available exclusively to ACHE members. Following are just some of the valuable resources available. Visit ache.org today!

About ACHE
- The Annual Report and a Directory of Services
- A Media Center With an Archive of Press Releases
- Information on Corporate Partnerships
- The Strategic Plan
- Information About Elected Officials
- ACHE's Bylaws
- Awards
- Diversity and Ethics Resources
- Policy Statements and Ethical Policy Statements
- Links to ACHE's Social Media Resources

Credentialing
- Board of Governors Exam Information and Study Materials
- Fellow Advancement Information
- Recertification Information
- A Fellow Toolkit

Education
- Complete Program Descriptions
- Upcoming Program Information
- ACHE-learning Webinars and Online Seminars
- Information on the Congress on Healthcare Leadership

Publications
- Information About Health Administration Press Books and Journals and Healthcare Executive Magazine
- Online Bookstore
- Resources for Instructors
- Information for Authors
- Self-Study Course Information and Materials
- Newsletters

Research & Resources
- Studies and Surveys on Timely Healthcare Management Topics
- Management Innovations Poster Session
- A Members and Fellows Profile
- The Ray E. Brown Management Resource Center
- Health Reform Resources
- Directory of Partnerships With Foreign Hospitals

Job Center
- Regularly Updated Job and Resume Banks
- Postgraduate Administrative Fellowship Area

Career Resources
- Career Management Workshops, Assessments and Services
- Resources for Students and Early Careerists
- Career Development and Transition Resources
- Mentoring and Networking Resources
- Information for Students and Early Careerists

Chapters
- Chapter Directory
- Chapter Leaders Resources

Member Center
- Information on Governance and Elections
- An Elected Leaders Area for Governors and Regents
- Information on the Leader-to-Leader Program
- ACHE's Special Interest Areas, such as CEO Circle, Early Careerist Network and Physician Executives Forum
- Student and Faculty Resources

My ACHE
- Personalized Education Credit Information
- FACHE® Application Status
- Purchase History
- Live Chat With a Customer Service Representative

Join ACHE
- Membership Information
- ACHE Membership Applications

Other Resources
- The Member Directory
- Graduate Student Scholarship Opportunities
- Emerging Leader, Executive and Senior Executive Scholarships
- The Thomas C. Dolan Executive Diversity Program
- The ACHE Tuition Waiver Assistance Program