February 2016

President’s message

Happy New Year, MCACHE!

I hope your new year is off to a great start and that you are looking forward to being fully engaged in our great ACHE chapter, MCACHE!

It is with great excitement that I begin my service as your 2016 president. I would like to thank our immediate past president, Brian Madison, FACHE, for his outstanding service and for leading our chapter in several record-breaking accomplishments during his tenure. MCACHE now boasts a membership of more than 940, has raised close to $30,000 in corporate sponsorships and granted $12,000 in scholarships!

We are off to a great start having begun our strategic planning work in December and looking to confirming our three-year plan in the first quarter of this year. Our amazing board and committee chairs have been planning exciting and engaging programs. Our programming will remain innovative and focused on the tools needed to navigate our changing health care landscape. We recently had a successful breakfast program featuring an ACHE Update from Christine Candio, immediate past president of ACHE.

Some program highlights you may want to add to your calendar are:

• 2016 MHA Patient Safety and Quality Symposium March 8 and 9
• MCACHE Student and Emerging Leader Career Day Proactively Managing Your Professional Development April 8

MCACHE is on the move with updated branding to ensure we continue to attract and retain talented health care leaders throughout our region. Please look for our new logo and check out (and share!) our new video with thoughts on why MCACHE is the premier ACHE chapter to belong to. You can find the video here: http://mcache.achechapter.org

I am looking forward to serving as your president and working with our wonderful board and volunteers! I want to encourage you to serve with me. If you are not currently participating on a committee, please contact one of our chairs to get involved.

Wishing you all a safe and healthy remainder of winter and I look forward to seeing you at an upcoming event.

Denise Brooks-Williams, FACHE, President, MCACHE

American Heart Month

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Joe Mullany, CEO, Detroit Medical Center

Q: What achievement/s are you proudest of throughout your career?

A: Over the past 30 years, it’s been most rewarding to collaborate with people to positively transform health care. As CEO of Detroit Medical Center, I’m proud the DMC is a driver of economic growth and positively impacting the health and wellbeing in Detroit and Southeast Michigan. Our commitment to the region has focused on infrastructure improvements through a more than $850 million capital investment, creating more local jobs and strengthening relationships with businesses and contractors throughout the region. Our Michigan Pioneer ACO is recognized as the most successful Pioneer ACO for benchmark savings improvement, and with our academic partnerships with Wayne State University and Michigan State University, we continuously provide research and innovative technologies to improve health care outcomes for the world.

We’re very excited to open the Children’s Hospital of Michigan in the city of Troy. That facility was designed specifically for kids, with the input of kids of all ages. We’ll continue this work with the opening of a new Children’s Tower on our main Detroit campus in 2017.

Q: What do you think are the greatest challenges and opportunities health executives currently face in the Midwest region?

A: It is a challenging yet exciting time in the health care industry. Lower reimbursement has raised the emphasis on creating efficient care delivery processes while maintaining the highest level of quality. The changes we’ve seen in the health care industry over the past years have also put added pressure on physicians and those serving patients in outpatient environments. These providers are striving to create more coordinated patient-physician relationships with the goal of achieving better overall health outcomes for individuals and health populations. They are also helping patients develop a shared understanding of their personal health care management plan and how their personal decisions can positively impact their overall health and help them manage medical expenses.

Q: What changes have you seen (positive or negative) in your time as a health executive?

A: One of the greatest changes has been the passing of the Affordable Care Act legislation. Wayne, Oakland and Macomb counties are home to more than 4 million residents, and the city of Detroit alone had nearly 500,000 residents who were medically underserved and approximately 200,000 who were uninsured. Since the inception of the ACA, DMC has facilitated half of the enrollment of Detroit residents. For those people, having insurance has provided better access to health care and the opportunity to gain control of their health conditions.

Another significant change was the advent of CMS reimbursement models that factored in an organization’s quality scores to determine payment rates. Similar reimbursement models are now being adopted by private and commercial insurance payers. An increased focus on health care quality initiatives has transformed the industry as a whole with providers striving to deliver top quartile care resulting in the highest reimbursement rates. I’ve seen more health care providers become cognizant of the need to assess their quality metrics against national and state benchmarks, as well as their competitors, and put plans in place for ongoing metric improvement.

Q: What words of wisdom can you offer to young administrators pursuing this profession?

A: Make every effort to stay in touch with all stakeholder audiences within your own organization, within communities served and with those who influence health policy. I’ve always found decisions are made easier when multiple sides of the issue have been explored. Taking the time to gain perspective from physicians, employees and patients will help you understand other viewpoints. Talking with community leaders and policy makers provides opportunity for conversations about what is important to your stakeholders and how policy can benefit patients and providers alike.
Five universities awarded scholarships through MCACHE efforts

This January, the five universities participating in ACHE Higher Education Network were presented scholarships from MCACHE fundraising efforts. These universities include: Eastern Michigan, Oakland, Siena Heights, University of Detroit Mercy and University of Michigan.

“Offering scholarships to graduate students enrolled at the ACHE Higher Education Network (HENS) universities has been one of MCACHE’s primary initiatives over the past several years,” said Brian Madison, MCACHE past president. “Through the support of our corporate sponsors and proceeds from the Tee It Up for Scholarships Golf Outing, MCACHE was able to contribute a total of $15,000 in scholarships.”

Each program recognizes the value of the scholarship and is eager to use the funds to help engage students in a meaningful manner. Leaders from the Michigan Healthcare Executives Student Association (MHESA) at the University of Michigan are “honored to receive a scholarship from MCACHE for the 2016 calendar year.” Their mission as an organization is “To advance health care excellence by transforming students into health care leaders through professional development, relationship-building, and service.”

Leaders from MHESA have big plans for the funds they received as they “intend to use the allotted funds to accomplish our mission by sponsoring students to attend ACHE Congress, organizing and holding our third annual Recruitment Exposition, and funding students to tour local health care systems. Through these activities we hope to play an integral role in shaping the next generation’s Leaders and Best!”

Sending students to ACHE’s Congress is a common theme among the universities who received the scholarships. Siena Heights plans to provide financial assistance to students who are interested in attending Congress this spring.

Dr. John Fick, coordinator of Siena Heights’ Health Care Leadership program, reflects on the importance of this scholarship to their program.

“The scholarship is important for our students as it provides financial assistance for them to attend ACHE Congress on Healthcare Leadership, the premier health care leadership conference in the world. As a result, they are introduced to the value of lifelong learning as they are exposed to a variety of seminars and workshops,” Fick said. “Also, there are a number of networking opportunities during Congress that enhance their professional growth. Finally, the ability to participate in career development opportunities at Congress helps students transition to the profession of health care leadership.”

University of Detroit Mercy’s director, Renady Hightower, spoke of the significance the scholarship has on student engagement.

“Student engagement is very important, and UDM seeks to encourage student to become active in the local chapter of the ACHE through MCACHE. Student engagement during the academic years helps to prepare the students to transition into their professional careers and can help build student’s confidence through their interactions with professionals and practitioners in the field.”

UDM also plans to use the funds to send students to ACHE Congress.

All five universities are very thankful for the scholarship they have received and extend their sincere appreciation for the financial support.
Ohio ACO helps move nation’s health care needle forward on quality and savings

By Anastasia Howard

The Affordable Care Act (ACA) is the driving force behind more accessible, affordable and high quality care in the U.S. The Medicare Shared Savings Program Accountable Care Organization (MSSP ACO) is one way the Centers for Medicare and Medicaid Services (CMS) is working to better coordinate that care.

Driven by three catalysts for change – incentives, care delivery and information – ACOs help ensure that patients and affordability stand firmly at the center of the health industry's cultural shift: One of reacting to patients’ acute needs to one that proactively restructures the delivery system around the populations’ needs and the ability to empower patients to take more responsibility for their care.

An ACO is a health care organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

At its most singular level, it is a patient centric model whereby each patient has a medical home. Led by a health care provider, the medical home is intended to provide comprehensive and continuous medical care to patients with the goal of maximizing health outcomes. The medical home offers services provided by a group of doctors, hospitals and other health providers, who together provide coordinated high quality care to their Medicare patients.

ACOs are provider-led across the full continuum of care for a population of patients, with a strong primary care base. They are collectively accountable for quality and total costs (per capita).

According to CMS, between 2011 and 2015, the number of ACOs grew from 64 to 744. In that time, the number of covered lives grew from 2.6 million to 23.5 million. Today, 27 ACOs serve the Michigan and Ohio area. Among them is Mercy Health Select (MHS), one of the top 10 performing ACOs in the country.

The largest health system in Ohio, Mercy Health formed and piloted its MSSP ACO in 2012 to further its commitment to improved care delivery systems, higher quality and cost reductions. Those efforts have emphasized the role of care coordinators, greater system integration, improving patient handoffs, the electronic health record and utilizing evidence-based guidelines to elevate quality outcomes and avoid redundancies in care for its 70,000 patients served in Ohio and Kentucky.

In 2015, MHS ranks as one of the most productive ACOs in the country, generating more than $15 billion in savings in 2014.

Under the umbrella of Mercy Health’s Clinically Integrated Network (CIN), MHS has demonstrated achievements in high-quality care and effective reductions in health care dollars spent. As reported by CMS in 2015, MHS ranks as one of the most productive ACOs in the country (ranking 10 out of 333), generating more than $15 million in savings in 2014. This outcome allows MHS to share in the savings generated for Medicare and distribute funds at the market level to reinvest in infrastructure and share with physicians.

“Replicating the system-wide strategy and establishing additional formula for success, Mercy-Toledo Northern Region (Mercy Health’s northwest Ohio and southeast Michigan regional health system) is realizing growth and target outcomes through the combination of clinicians at the table, collaboration across the care continuum and engaging in value based contracting” says Toledo’s Norine Wasielewski, vice president and chief operating officer for Clinical Integration.

It has led the region to more patient-focused and cost-saving initiatives that include clinical partnerships, the post-acute care transition collaborative, a regional cancer center, surgery center affiliations and patient

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Q&A with Scott Eathorne, MD, CEO of Together Health Network.

Conducted by Terri Gocsik, RNA, MS
Co-Chair MCACHE Communications Committee

Dr. Scott Eathorne, CEO of Together Health Network (THN), shares background on the formation of THN and the approach it is taking to build a more efficient and effective system of health care for residents of Michigan. A family and athletic medicine physician, Dr. Eathorne has held numerous leadership positions in St. John Providence and its affiliated physician groups. He was president of Partners in Care, a physician hospital organization representing the partnership between The Physician Alliance and its 2,100 physicians and St. John Providence.

MCACHE: Please provide some background on Together Health Network and how it came into existence?

Eathorne: THN was formed through a collaborative effort between the Michigan entities of Ascension Health and Trinity Health systems and their physician partners statewide with the goal to provide innovative ways to deliver value to providers, payers, employers and consumers.

Our organization is a ‘thin layer’ organization, and currently, we have 15 employed and contracted FTEs supporting a network of over 5,000 physicians and 25 facilities. We’re about working with the local resources of the partner entities to facilitate the extended reach and needs of the organization.

We’ve been in existence for a little over 18 months. We formed in 2014 largely stemming from a conversation around market dynamics, the ACO [Accountable Care Organization] movement and payment reform, including the move toward value-based contracts and in light of the market discussions around potential mergers and partnerships at the time, such as Henry Ford and Beaumont. The leaders from Trinity and Ascension and their affiliated physician organizations recognized this as an opportunity to partner. This was important in that both systems had a track record of providing low-cost, high-quality care, and had good payer relationships.

Their affiliated physicians have been leaders in the PCMH movement and clinical practice transformation projects, testing their ability to move into value-based contracting. For the physician groups, clinically integrated network (CIN) participation provided the potential for new contracting opportunities and sharing best practices as they worked to demonstrate their ability to deliver on the Triple Aim.

As a physician-led organization, THN doctors are involved in all levels of leadership in the organization from the CEO to the majority physician member board (9 out of 15 are physicians). We’re made up of nine sub-CIN networks, each of which includes both private practice and employed physicians. Our focus is on pursuing new contracting opportunities for our members that bring additional value, and enabling development of population health capabilities. The overall goal for THN is to be recognized as the preferred health care partner in the communities we serve.

MCACHE: How does THN see its role in learning from its member organizations and disseminating best practices?

Eathorne: THN is an enabler, facilitator and accelerator of the efforts to improve care already underway. After establishing THN operations, we began looking at what was already occurring in our member CINs. What we found, somewhat as expected, were a number of best practices already in place that could be shared with other member CINs to help accelerate or support their population health initiatives.

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We are interested in identifying areas of innovation and helping facilitate their more widespread adoption if they are shown to improve care. Recognizing the work in progress, both in the ambulatory and inpatient settings, to improve quality, safety and access, we see our role as accelerating the spread of this work by connecting key leadership between the various organizations.

**MCACHE:** What is your high-level approach to connectivity within your member organizations?

**Eathorne:** There is significant variation in source EHRs though there has been some standardization of inpatient and ambulatory systems at both Trinity and Ascension. Among the physician organizations, there has been significant progress in adopting point-of-care registry solutions. In addition, there has been participation in the regional and state-wide health information exchange work (through Great Lakes Health Connect (GLHC) and Michigan Health Information Network (MiHIN)) in an effort to make relevant clinical information more available at the point of care. Given this foundation of clinical information technology and in the spirit of helping to facilitate and accelerate, THN is exploring how we can work with current and future partners to improve connectivity between patients and physicians, and across sites of care, to improve access to key information supporting better coordination of care. As a contracting entity, we will also need to capture, aggregate and report on key measures that reflect our performance in managing populations.

**MCACHE:** Recognizing that population health is a seven-to-10-year journey, you’re about two years into it whereas others in the market are just starting. How do you see the state benefiting from your foundational efforts, and how are you adding value to overall population health?

**Eathorne:** The rising cost of health care is not sustainable. In order to meet the demands of our patients, we need to test new ways to deliver more effective and efficient, better coordinated care that leads to a better experience for all involved. We will need to do this with a sustainable business model enabled by value-based contracts that reward performance. We recognize there may be more than one successful model and that regional differences may require different solutions. THN is designed for the Michigan market, but, may over time, serve as a model for other markets in that it provides a successful value proposition for all stakeholders, most importantly the patients we serve.

**MCACHE:** Being on the frontier of the population health journey in Michigan where presumably other providers and payers will follow, what are some lessons learned or advice you might give to others in your shoes?

**Eathorne:** If you can be clear about what you’re driving toward and the ultimate goals and objectives, it will remind you at difficult times why you’re doing this. It is important to establish and maintain relationships and you cannot be afraid to fail, as long as you learn from those failures and keep moving forward and improving. It’s important to have the commitment from your key stakeholders to endure tough times, because it’s not a matter of ‘if’ but ‘when’ challenges will occur.

**MCACHE:** What gets you most excited about THN over the next 24 months?

**Eathorne:** It’s the opportunity to collaborate with a broad, diverse group of folks who are committed to improving care and testing new ideas — to see which work and which don’t: testing how fast we can go in transforming care and delivering on the Triple Aim within a sustainable business model. Doing this all in the context of creating and maintaining effective partnerships committed to improving the health and care of those we serve.
A Salute to 2015 and Cheers to 2016!

The beginning of a new year is a time of transitions. For ACHE, that means the passing of the gavel for chapter presidents Scott Newell, FACHE (Great Lakes Chapter) and Brian Madison, FACHE (Midwest Chapter). Both Scott and Brian had a tremendous impact on our chapters in 2015, and their leadership and vision are recognized and appreciated.

Scott and Brian focused this year on collaboration, both within and between our chapters. They also expanded the number of educational and networking events available to our membership. Scott mentioned to me that the most rewarding aspect of his role was meeting and working with fellow health care leaders across Michigan. Brian had similar sentiments, sharing that he truly enjoyed the opportunity to collaborate with an amazing group of volunteers, while gaining a broad understanding of the support of ACHE. I appreciate their contributions to our chapters and their help in advancing the education of our members. I also enjoyed working with and getting to know Scott and Brian over the past year. Thank you!

We have two excellent leaders selected as our incoming chapter presidents: Kevin Price, FACHE (GLACHE), and Denise Brooks-Williams, FACHE (MCACHE). Both Kevin and Denise plan to continue our collaborative work and the focus on expanding educational events for our members. They also will implement strategies to increase membership, sponsorship, networking and mentoring events as well as leadership development. I know they are excited to serve as presidents and make a positive impact. I look forward to working with them in 2016.

Our chapters have been very successful this year, leading in various ACHE metrics and in piloting new initiatives. I am proud of our accomplishments and know 2016 will be a stellar year for GLACHE and MCACHE. If you would like to participate in chapter activities this year, please contact our new chapter presidents.

In closing, I’d like to share one of my favorite quotes about leadership as we look ahead to the new year:

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”
- John Quincy Adams.
February is Heart Month!
Trending news in heart and vascular disease

By: Simon Dixon, MBChB, and Steven Almany, M.D.

WATCHMAN™ helps reduce risk of stroke in atrial fibrillation patients.

The WATCHMAN Left Atrial Appendage Closure technology can reduce the risk of stroke in patients with atrial fibrillation. The left atrial appendage is the source of thrombus in 90 percent of atrial fibrillation patients with stroke. The five-year results of the PROTECT-AF study demonstrated a striking and statistically significant 40 percent reduction in the composite of death, all cause stroke and system embolization in patients randomized to WATCHMAN compared with warfarin therapy.

The WATCHMAN device is indicated in patients with non-vascular atrial fibrillation who:
- Are at risk for stroke and systemic embolization based on CHA2DS2-VASc score and are recommended for anticoagulation therapy
- Are deemed by their physician to be suitable for warfarin
- Have an appropriate rationale to see a non-pharmacologic alternative for warfarin

Physicians at Beaumont have extensive experience with the WATCHMAN device having placed the second device in the United States in 2005. Subsequently, Beaumont investigators were involved in clinical trials that ultimately lead to FDA approval.

Events
March 8 & 9
MCACHE will offer two joint session programs during MHA’s Safety and Quality Symposium. “Risk Issues We Face in Our Daily Roles” will be held on March 8 and “Accountable Quality and Safety” will be held March 9. Each session is one face-to-face ACHE credit.

April 8
As part of the MCACHE Student and Emerging Leader Career Day, MCACHE will conduct “Proactively Managing Your Professional Development,” a panel program featuring Shawn Levitt (moderator) and panelists Luanne Thomas-Ewald, Connie O’Malley and Miles Schermerhorn. The session is 1.5 face-to-face ACHE credits.
Apply to advance to Fellow and save

Earning the distinction of board certification in health care management as a Fellow of ACHE demonstrates your competence, dedication and commitment to lifelong learning.

Now is the opportune time to apply for Fellow status. Submit your completed Fellow application, along with the $250 application fee and supporting documentation. Pending approval of your application, the $200 fee to take the Board of Governors Examination in Healthcare Management will be waived. All follow-up materials (such as references) must be submitted by May 31, 2016, for the waiver to be valid.

Visit ache.org/FACHE to learn more about Fellow requirements and apply online.

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“Coming together as one team has been a major contributor to our success and is reflected in our growth to nearly 600 employed and independent physicians, midwives, physician assistants and nurse practitioners who see the value and benefits of being part of a large network,” says Ms. Wasielewski.

The ACO’s growth trajectory continued in November when Mercy Health and Summa Health announced the joint creation of Advanced Health Select (AHS), the largest CIN in Ohio.

Mercy Health Select and Summa’s ACO, NewHealth Collaborative, will be the first provider networks to join AHS. Together, 2,800 providers in Ohio and Kentucky will all be linked to improve chronic care management and lower the total cost of care for patients and communities. In January, Metro Health joined Mercy Health Select aligning an additional 250 primary care physicians across more than 20 locations. Together this brings over 3,400 providers under one care model thru Advanced Health Select, our “network of networks.” By investing more than $100 million over three years in AHS, Mercy Health and Summa Health are creating solutions that include care coordination at every point in a patient’s health care journey.

AHS offers a new approach to health care by embracing the “Triple Aim” – better care and better community health at a lower cost. Both organizations have proven the ability to integrate care and achieve better quality at lower cost, and shared savings for MSSP. Combined, they saved more than $25 million for the Medicare program while improving care quality for more than 100,000 patients in Ohio.
Beaumont Health is Michigan’s largest health care system, based on inpatient admissions and net patient revenue. A not-for-profit organization, it was formed in 2014 by Beaumont Health System, Botsford Health Care and Oakwood Healthcare to provide patients with the benefit of greater access to extraordinary, compassionate care, no matter where they live in Southeast Michigan. Beaumont Health consists of eight hospitals with 3,337 beds, 168 outpatient sites, nearly 5,000 physicians and 35,000 employees and about 3,500 volunteers. In 2015, the organization had $4.1 billion in net revenue with 177,934 inpatient admissions, 17,151 births and 530,860 emergency visits. For more information, visit beaumont.org.

Detroit Medical Center is the largest academically-integrated health system in metropolitan Detroit and one of the largest provider of health care services in southeast Michigan. The DMC system is comprised of eight hospitals and institutions representing more than 1,800 licensed beds and more than 80 outpatient facilities. The organization employs more than 12,500 employees and has nearly 3,000 affiliated physicians. In 2014, the combined hospitals had 78,404 admissions, more than 1.1 million outpatient visits, 346,794 emergency visits, 7,165 births and performed more than 55,000 surgeries.

The system continues to be an economic driver of growth in Detroit and Southeast Michigan, and its recent $850 million capital investment in facility infrastructure and community outreach programs will continue to positively impact the region for decades to come. The DMC is an engaged and committed corporate system actively involved in improving the health, wellbeing and quality of life of its patients, colleagues and the communities it serves.
Platinum Health Systems Spotlight

Delivers comprehensive, advanced care to Macomb County residents; includes 349-bed Henry Ford Macomb Hospital in Clinton Township, with nationally-recognized quality, 24-hour emergency care, stroke and chest pain centers, and comprehensive cancer, women’s, orthopedic and cardiovascular care; and 86-bed Henry Ford Macomb - Mt. Clemens Campus, with inpatient, outpatient and emergency psychiatric services. Five health centers in Bruce Township, Washington Township, Richmond, Fraser and Chesterfield Township offer a variety of outpatient and primary care services. The Henry Ford Physical Rehabilitation Center in Warren provides inpatient and outpatient rehabilitation services.

Henry Ford West Bloomfield Hospital, part of the Henry Ford Health System, is a 191-bed LEED silver-certified hospital and community center for well-being. Opened in 2009, the hospital is staffed by the Henry Ford Medical Group, the Henry Ford Physician Network, and community physicians. Visitors discover a health care experience unlike any other, offering the latest in medicine, technology and patient safety, integrated with wellness and prevention programs. Specialties include cardiology, neurology, orthopedic surgery, women’s health, and treatment for prostate, breast and lung cancers. Additional services include complementary medicine in Vita, the wellness center, a healthy food culture, cooking classes for the community in the Demonstration Kitchen, an organic greenhouse, and a healing arts program. www.henryfordwestbloomfield.com.

Henry Ford Wyandotte Hospital, ranked as one of America’s 100 Best Hospitals by Healthgrades, is a 401-bed acute care hospital that serves the Downriver region and surrounding communities of southeast Michigan. More than 600 primary care physician and specialists are affiliated with the hospital. Its areas of medical excellence include bariatric surgery, cancer, cardiology, neurosurgery, orthopedics, robotic surgery and women’s health. The non-profit hospital also provides a birthing center, rehabilitation, adult behavioral health and an emergency department. Henry Ford Health Center - Brownstown offers medical imaging, ambulatory surgery, 24-hour emergency care, a sleep studies lab and other services. Established in 1926, Henry Ford Wyandotte Hospital is a member of Henry Ford Health System. The hospital is managed by CEO Denise Brooks-Williams. For more information visit henryfordwyandotte.com.
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MCACHE provides a local forum for the open exchange of information and viewpoints. In doing so, we help enhance the decision-making expertise and professional growth of the professionals with a major responsibility for healthcare management in southeastern Michigan and northwest Ohio – all while promoting the mission of the American College of Healthcare Executives (ACHE).

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