
THE ACADEMY **GE FELLOWS PROGRAM**

for Administrative, Financial, Nurse, and Physician Executives



Nurse Executive Fellows

Class of 2017 Commencement

March 7, 2017

THE ACADEMY

For more than 15 years, The Health Management Academy (The Academy) has evolved in unison with our core membership—the Top-100 health systems and the leading medical technology and advisory companies that serve them.

At the heart of our mutual purpose is the desire to work together to create needed changes and shifts across the healthcare landscape. The Academy has carved out a highly distinctive market position that is in concert with U.S. healthcare change makers.

With an exclusive focus on the needs, issues and concerns of our nation's Top-100 health systems, The Academy provides unique, executive peer-based learning, complemented with rigorous and highly targeted research and advisory services. These services enable executive health system and industry members to cultivate the perspective, support, knowledge, and relationships not found anywhere else.

The Health Management Academy

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THE FELLOWSHIP PROGRAM

Thank you for your interest in
The Academy GE Fellows Program.

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EXCLUSIVE FOCUS



Exclusivity Matters

The choice to be exclusive has a large impact. Top-100 and select industry membership preserves integrity. By avoiding the melting pot of generalities that arise in collective mass gatherings, The Academy facilitates exceedingly relevant dialogue with and across peer groups.

The Who's Who

This is the apex—where health transformation decisions are made.

Membership by the numbers:

- 100 of the largest U.S. health systems
- Average net patient revenue totals \$4B
- Represent 65% of total net patient revenue

UNIQUE PERSPECTIVE



Relevance Matters

Something special happens when peer discussions and research findings are filtered through the Top-100 health systems' points of view. The unique perspectives provided are critically relevant. Decisions are influenced, thinking is shaped, and change strategies are guided.

Shaping Content

With a stronghold in the highest echelon of the Top-100 executive leadership, The Academy integrates its peer-related research with relevant industry issues to carefully shape discussion content. The result is pinpoint topic preciseness that ensures time spent with The Academy is relevant and critical.

EXECUTIVE ALIGNMENT



Method Matters

The Academy carefully facilitates member learning to ensure executive alignment. Academy research around the issues that matter are integrated into highly immersive, intimate, peer-group meetings. Discussions are facilitated carefully with an eye to propagate ideas and insights, and to create knowledge to act.

Connecting Collegially

Decisions that the Top-100 health system executives make are far-reaching and complex. The need for alignment on critical issues is paramount. The Academy ensures that leaders know what their industry peers are thinking, and helps to build organizational alignment with internal health system counterparts around the big issues.

ACADEMY EXPERIENCE



Community Matters

The Academy experience is like no other. Members from health systems interact with their peers and industry at an issues level. Real, unvarnished stories are shared. Problems are discussed with openness and honesty. An active buzz of readiness and participation ensues. Over time, deep connections are created and based on a foundation of understanding and respect. We meet each other's families. Friendships form.

Order of Ceremonies

Presentation of Graduate Plaques

Welcome

Gerald E. Bisbee, Jr., Ph.D.

Chairman & CEO

The Health Management Academy

Caroline K. Allen

**Senior Vice President, Health System Services &
Executive Director, The Academy GE Fellows
Program**

The Health Management Academy

Anastasia Beletsky

Director, The Academy GE Fellows Program

The Health Management Academy

Greetings from GE Healthcare

Jocelyn Johnson

Chief Marketing Officer, USCAN Services

GE Healthcare

Introduction of Graduates

Sherrie L. Jones

President

The Health Management Academy

Closing Remarks

Marilyn Dubree, M.S.N., R.N.

Executive Chief Nursing Officer

Vanderbilt University Medical Center

Chair, Nurse Fellows Advisory Committee

Graduates/Presenters/Mentors

Presentation of Graduate Plaques

Fellow

Presenter/Mentor



**JoAnn Z. Ioannou, D.N.P.,
M.B.A., R.N.**
Greater Baltimore
Medical Center

Deborah Baker, D.N.P., R.N.
Senior Vice President for Nursing
Johns Hopkins Health System



M. Kim Jordan, D.N.P., R.N.
Lehigh Valley Health Network

**Terry Capuano, R.N., M.S.N.,
M.B.A., F.A.C.H.E.**
Executive Vice President &
Chief Operating Officer



Lisa A. Paletta, R.N.
Intermountain Healthcare

Kim Henrichsen, M.S.N., R.N.
Vice President of Clinical
Operations & Chief Nursing Officer



**Susan H. Pedaline, D.N.P.,
M.S., R.N.C.**
Cone Health

Deborah Grant, R.N., M.S.N.
Chief Nursing Officer and Vice President
Patient Care Services, Ambulatory and
Clinical Support Services



**Sharon K. Quinlan, M.S.N.,
M.B.A., R.N.**
Aurora Health Care

Mary Beth Kingston, M.S.N., R.N.
Executive Vice President & Chief
Nursing Officer



Deborah E. Suda, M.N., R.N.
UCLA Health

**Karen A. Grimley, Ph.D., M.B.A.,
R.N.**
Chief Nurse Executive



**Kimberly Talley, A.P.R.N.,
M.S.N., R.N.**
Christiana Care Health System

Richard Cuming, Ed.D., R.N.
Chief Nursing Officer



JoAnn Z. Ioannou, D.N.P., M.B.A., R.N.

**Senior Vice President, Patient Care
Services and Chief Nursing Officer**

Greater Baltimore Medical Center

“JoAnn Ioannou has benefited from her participation in The Academy GE Fellows Program. She built upon her considerable leadership talents and expanded her national network of colleagues. Her Fellowship project focused on improving patient and staff safety in a psychiatric setting by using interprofessional simulation training. In this work, JoAnn demonstrated her commitment to both patients and staff. She demonstrated her willingness to tackle the difficult and increasing problem of aggression toward healthcare workers, while using her considerable interpersonal skills to lead others toward solutions. Mid-way through her Fellowship, JoAnn was promoted to Chief Nursing Officer at the Greater Baltimore Medical Center—a leading healthcare institution in the community. Thanks to The Academy for providing this developmental opportunity, and congratulations to Dr. Ioannou.”

~ KAREN HALLER, Ph.D., R.N.



Health System Mentor

Karen Haller, Ph.D., R.N.

Vice President for Nursing and Clinical Affairs,
Johns Hopkins Medicine International



Health System CEO Sponsor

Ronald Peterson

Chief Executive Officer,
Johns Hopkins Health System

Using Simulation to Improve Patient and Staff Safety in a Psychiatric Setting

~ JoANN Z. IoANNOU, D.N.P., M.B.A., R.N.

Opportunity

In the Johns Hopkins Adult Psychiatric Emergency Department, there was a disconnect in perceptions of safety when dealing with behavioral patients between the interdisciplinary staff. The nursing staff aimed to verbally deescalate patient behaviors, while security wanted to utilize a more hands-on approach, causing the team to have a difference in perception of safety and potential harm. In addition, there had been an increase in violence towards healthcare workers in the psychiatric ED. The organizational priority is to provide a safe environment for all staff who care for patients. This gave us a unique opportunity to utilize multidisciplinary simulation to improve communication between disciplines, and to assist in identifying implicit bias.

Project Description

The scope of this project included corporate security officers, psychiatric nurses, and clinical technicians who worked in the Adult Psychiatric Emergency Department at The Johns Hopkins Hospital. The objectives were to improve interdisciplinary communication, assist with identification of implicit bias, and decrease the incidence of aggressive patient behavior. Two convenience sample focus groups were held for each of the three disciplines. A survey of "Perceptions of Safety" was distributed, and multidisciplinary simulation experiences were held.

Results

The focus group pre-intervention findings included an agreement amongst disciplines that there was a need for improved communication regarding patients in aggressive events. Nursing felt that communication was occurring, but security and clinical technicians did not. There was a perceived lack of respect felt by both security and clinical technicians. There was also a need for improvement in understanding one another's perspectives. Security officers and clinical technicians expressed high levels of confidence in self and others, while nurses expressed lower levels of confidence. From the simulation, we learned that: the RN communicating the plan to security is key; support for one another and the need for supporting staff to leave the area if they are agitating the patient is integral; nursing shouldn't leave redirection to security, instead intervening when the patient is resisting care; nursing needs to assist the team to gain an understanding of the patient's illness. 🗨️



M. Kim Jordan, D.N.P., R.N.

Senior Vice President, Patient Care Services & Chief Nursing Officer

Lehigh Valley Health Network

“*Kim has demonstrated the skills to be a nursing leader for the future. Her considerable clinical expertise paired with her leadership skills fostered her progression in leadership roles at our organization. As she gained experience, Kim emerged as a strong candidate for the System Chief Nursing Officer, a position that was going to be vacant through retirement. Participation in the Academy Program coupled with the completion of her DNP degree provided the added knowledge Kim needed to assume the System CNO position in May 2016. We could not have made a better choice. Kim drives accountability which fosters patient centered, quality care and service. Her work on our patient access system has been a multi-faceted, technology focused process and has achieved significant results in reducing cost and patient wait time. Her leadership skills will promote employee engagement, fostering the continued growth as a Magnet organization.*”

~ TERRY CAPUANO, R.N., M.S.N., M.B.A., F.A.C.H.E.



Health System Mentor

Terry Capuano, R.N., M.S.N., M.B.A., F.A.C.H.E.

Executive Vice President & Chief Operating Officer



Health System CEO Sponsor

Brian Nester, D.O., M.B.A.

President & Chief Executive Officer

Improving Inpatient Access

~ M. KIM JORDAN, D.N.P., R.N.

Opportunity

In 2015, Lehigh Valley Health Network (LVHN) was experiencing both increased inpatient length of stay (LOS) and emergency department diversions. By the end of the fiscal year, there had been 1300 hours of emergency department diversion across three campuses. Senior leadership sanctioned a strategic initiative to improve both of these measures.

Project Description

The Inpatient Access Steering Team was formed, including leadership from patient care services and emergency and hospital medicine. One of the first interventions was initiation of a daily leadership huddle to address patient flow. Integral to this process was design and development of a “Daily Huddle Dashboard” in Epic that allowed for transparency and a daily review of flow measures.

Subprojects and teams were initiated, with metrics and goals identified by each team. Teams included: intra unit transfer times; surge protocol development; admission process for hospital medicine; and collaborative rounding. The subproject team leaders reported out bi-weekly to the steering team leadership, where metrics and goals were reviewed. Barriers to process improvement were presented to the steering team, allowing the steering team leaders to intervene on their behalf.

Results

In fiscal year (FY) 2016, the work of the Inpatient Access Steering Team resulted in zero diversion hours. The Cedar Crest campus achieved a LOS reduction of .20 days and the Muhlenberg campus of .39 days. The leadership steering team continues to meet weekly and subproject leads continue to report out bi-weekly. As subprojects are deemed successful, they are closed and new projects identified. As the team transitioned into FY 2017, network goals were established to decrease the length of stay of the admitted ED patient and for continued reduction of intra-unit transfer times. ««««



Lisa A. Paletta, R.N.

**Chief Nursing Officer,
Urban South Region**

Intermountain Healthcare

“*Lisa is an amazing nurse leader. She is passionate, full of energy and is relentlessly committed to excellence. Lisa has the uncanny ability to manage an enormous workload while achieving impressive outcomes. In addition to the typical CNO responsibilities, this past year she was responsible for overseeing the implementation of a new EHR in 7 hospitals, she launched huddle boards and a “Zero Harm” effort on all nursing units, she implemented a new care model for high risk patients, graduated from an Executive Development Program, and completed the requirements for The Academy GE Nurse Fellows Program. She is a strong advocate for nursing while recognizing the valuable contribution of every team member. She is engaged in developing leaders and has recruited over 30 nursing leaders to provide mentoring to staff who are discovering their interests in leadership. Lisa has also personally provided formal mentorship to rising leaders and has lead a system team to develop formal succession planning throughout the organization for nurse leaders. Lisa is an incredibly capable nurse leader who has a bright future ahead of her.*”

- KIM HENRICHSEN, M.S.N., R.N.



Health System Mentor

Kim Henrichsen, M.S.N., R.N.

Vice President of Clinical Operations & Chief
Nursing Officer



Health System CEO Sponsor

Marc Harrison, M.D.

President & Chief Executive Officer

Integrated Community Care Population Health Model

~ *LISA A. PALETTA, R.N.*

Opportunity

Health spending accounts for 18 percent of the gross domestic product in the United States. Despite this spend, the US consistently ranks below other countries on quality measures. Five to ten percent of Medicare and Medicaid patients account for 50% of the spending, with acute care accounting for a significant proportion of this, some of which may be avoidable. Three problems with the healthcare system exist: (1) Hospitals and physicians are paid for volume rather than value; (2) far too often there is a lack of evidenced-based medicine; and (3) many patients are not engaged in their health. This leads to possible over-utilization of resources that may not help patients, and potential under-utilization of resources that do help patients. With the emphasis on value and managing health of populations, we will need an increased focus on population analytics to identify high-risk and rising-risk patients in order to develop strategies to improve care for those patients.

Project Description

Our aim is to develop an integrated model of community-based care that allows for seamless transitions and provides the best care at the lowest cost to the most complex patients in Utah County. This includes creating strong community partnerships with a shared vision of a community-based team approach to lower costs, improve outcomes and best serve the health and wellness needs of the members of our community. The Integrated Community Care Team consists of a medical director, psychiatric nurse practitioner, pharmacist, nurse care manager, social work care manager, and navigator. This team will work with identified patients to partner with them in improving quality outcomes for their medical and psychosocial care while managing appropriate utilization of services for improved outcomes.

Results

Early results are indicating that we are preventing unnecessary ED visits and hospitalizations with those patients who have been identified and enrolled in the program. We currently have 36 patients in the program during the 12-week period of operation. Of these 36, they have required only two ED visits, and two unpreventable hospitalizations. It is too early to declare success, but we are seeing great impact from the patient feedback we are receiving. 🗨️



Susan H. Pedaline, D.N.P., M.S., R.N.C.

**Chief Nursing Officer of Women's
Hospital, Vice President of
Maternal-Child Services**

Cone Health



Dr. Sue Pedaline is an exceptional innovative leader for nursing and patient care delivery. Her career spans 38 years and has been driven by her mission to inspire and nurture growth, fulfillment and compassion. Over the past two years, Sue faced the challenge of designing and planning the move of our free-standing Women's Hospital to a new location. Sue acknowledges that leaders play a critical role in how staff understand, accept and impact change. She has assumed this challenge by engaging teams to create new possibilities in the design of their new facility. The creativity and involvement of all clinical support teams, providers, patients and community members has been a hallmark of her leadership. The Academy GE Fellows program has complemented her work as she leads out the design for the delivery of Women's Services. Her participation in this program has provided her with a network of professionals across the nation for consultation. Congratulations Sue as you complete this program and share your exceptional talents with our system!"

~ DEBORAH GRANT, R.N., M.S.N.



Health System Mentor

Deborah Grant, R.N., M.S.N.

Chief Nursing Officer and Vice President Patient Care Services, Ambulatory and Clinical Support Services



Health System CEO Sponsor

Terry Akin

Chief Executive Officer

Leading the NICU through Model of Care Transformations

~ *SUSAN H. PEDALINE, D.N.P., M.S., R.N.C.*

Opportunity

Women's Hospital will move to a new facility to be built attached to our flagship hospital, representing many changes for our staff. The NICU will move from multi-bed pods to single family rooms. This physical change represents significant care model changes for this team who has historically scored very low in employee satisfaction surveys. The opportunities are to prepare the NICU team to adapt to a new care model and improve their satisfaction as a result of involvement in the process of creating their new unit.

Project Description

"Reinventing Care" represents not just a building project but an opportunity to improve how clinical care is delivered. An invitation to participate in a Reinventing Care task force was sent to the entire staff. The NICU task force was launched via a workshop to explore steps to effective change and visioning through brainstorming. The team created a list of essentials to include in its new unit to create the ideal environment for babies, their families, and caregivers. The workshop concluded with a commitment to a previously defined mission statement through positive and active participation. It has continued to meet monthly, creating several project teams based on brainstorming. Task force members have participated in site visits, shared articles about the new model of care, conducted surveys, created a sharepoint site as a communication vehicle, and have been active participants in the pre-design phase for the building.

Results

There was indication of improvement in the overall NICU employee satisfaction survey from 2014 to 2015, moving from the least satisfied department to Tier 2 (of 3). The 2016 survey found the NICU to still be in Tier 2 with some improvement in the focus area of involvement in decision-making. There is still opportunity in the area of communication. There have been other indications that the unit is progressing toward adoption of the new model of care. As a direct result of task force work, a staff-initiated and supported project significantly increased skin-to-skin in the NICU which greatly benefits the babies' health outcomes. It also demonstrated the value of staff involvement and engagement. «««



Sharon K. Quinlan, M.S.N., M.B.A., R.N.

**Vice President & Chief Nursing Officer,
Ambulatory**

Aurora Health Care

“*Sharon is an exceptional leader whose efforts have served to bridge the continuum of care to improve outcomes for those we serve. She is a trailblazer in determining nurses’ roles and models of care in a value-based health care system. Sharon excels at crossing boundaries to accomplish goals due to her collaboration skills, analytical abilities and inspirational style. The feedback and guidance she received throughout the program highlighted her strengths, focused on areas of opportunity and helped to crystallize the objectives and scope of the project. We have already experienced a transformational impact as a result. Sharon’s work has provided a strong, system framework for care coordination practices and processes. Congratulations Sharon on your graduation from The Academy GE Fellows Program!”*

- MARY BETH KINGSTON, M.S.N., R.N.



Health System Mentor

Mary Beth Kingston, M.S.N., R.N.

Executive Vice President & Chief Nursing Officer



Health System CEO Sponsor

Nick Turkal, M.D.

President & Chief Executive Officer

Care Coordination across the Continuum

~ SHARON K. QUINLAN, M.S.N., M.B.A., R.N.

Opportunity

Rising costs, concerns about health outcomes, government readmission penalties, and payer demands for value drive increased attention to transitional care and care coordination. In an era of consumerism, compassionate care coordination performed efficiently and effectively, and clearly articulated to patients/families as value-added service, results in reduced burden, improved outcomes, and satisfaction. Aurora Health Care's nursing care coordination roles grew in an unplanned fashion. Complex, variable care coordination and lack of strategic focus was evident.

Project Description

This project laid fundamental building blocks for effective nursing care coordination and transitional care in a large, geographically distributed health system. In a quickly evolving payer landscape, the project evolved to take a broader, strategic approach.

- Manage care transitions—Optimize electronic medical record, clinical workflows, caregiver roles, and community partnerships across settings.
- Build care coordination competency—Initiate disciplined approach to care coordination roles, clinical and patient engagement competencies.
- Match models to risk and growth opportunities—Plan care coordination resource use according to risk, growth opportunity, and clinical requirements.

Results

Initiatives resulted in changes across multiple venues: (1) Consolidated four nursing coordination roles into a common profile. Market evaluation was conducted and a common salary range agreed upon. (2) Successfully established nursing care coordination in an integrated behavioral health model. (3) Achieved significant reductions in hospitalizations, readmissions and emergency room visits with primary care-based nursing coordination. (4) Piloted transitional care management for patients at highest readmission risk in four metropolitan hospitals. (5) Implemented EMR tools. (6) Ensured top-of-license activities and developed nurses' patient engagement skills. (7) Leveraged consumer research to inform work, revealing that one in five consumers is least comfortable with navigating the healthcare system compared to other consumer activities. ««««



Deborah E. Suda, M.N., R.N.

Director of Nursing, Perinatal Services

UCLA Health

“*Debbie exemplifies the qualities necessary for the leaders of today and more importantly tomorrow. She is knowledgeable, approachable, humble and unflappable. Her commitment to excellence is shadowed only by her passion for nursing and the patients we serve.*”

~ KAREN A. GRIMLEY, PH.D., M.B.A., R.N.



Health System Mentor

Karen A. Grimley, Ph.D., M.B.A., R.N.

Chief Nurse Executive



Health System CEO Sponsor

John Mazziotta, M.D., Ph.D.

Chief Executive Officer

Improving Obstetric Quality and Performance for UCLA Health

~ *DEBORAH E. SUDA, M.N., R.N.*


Opportunity

Santa Monica (SM) UCLA obstetrics maintained the highest cesarean birth rate of the University of California's five medical centers throughout the State. SM UCLA community hospital's risk adjusted cesarean birth rate was higher than both the California and National benchmark rate. After five years of marginal improvement, UCLA Health was at risk of losing one of its major commercial payers, thus risking market share and loss of essential services with the greatest threat to safe, quality care and exceptional patient experience. SM UCLA obstetric services also exceeded benchmarks for other metrics including length of stay and pain scores.

Project Description

This project implemented a population health management approach for the obstetric service line utilizing resources from the academic tertiary medical center and community hospital. It required the development of a dashboard of obstetric quality metrics to track outcomes across the health system, using State and National benchmarks, to share with all stakeholders. Initiatives to improve performance included: participation in a California State collaborative to reduce cesarean delivery; development of system processes for obstetric bed management; movement of midwifery services to a community hospital; standardization of maternity population education; and creation of outpatient resources for lactation consultation.

Results

After the first year, the overall cesarean rate fell from 44% to 33%. After the second year, the new national benchmark using the Nulliparous, Term, Singleton, Vertex (NTSV) cesarean rate fell to 21.8%: lower than the State of California 23.9% target. By improving obstetric quality metrics across the health system, the threat from losing a commercial payer changed to a joint venture to develop a new outpatient lactation services program with the goal of reducing the length of stay and preventing ER visits or hospital readmissions. The sustained lower cesarean birth rate created bed capacity from the associated reduced length of stay. The project achieved a secondary gain of increased obstetric patient volume, resulting in increased charges for the health system. 



Kimberly Talley, A.P.R.N., M.S.N., R.N.

Vice President, Patient Care Services

Christiana Care Health System

“*Kimberly Talley is a leader who embodies confidence, integrity and enthusiasm. She has the ability to inspire, coach, and motivate others so they achieve optimal outcomes. Kim is always optimistic and highly engaged. She is a role model who inspires high performing nursing teams in our organization. Having a strong passion for patients and families, Kim serves on our Patient and Family Advisory Board with empathy and compassion; she is always listening and observing to identify opportunities that improve the patient and family experience. The Academy GE Fellows Program has helped to hard-wire the executive skills necessary for success in an era of unprecedented change in healthcare. Kim was personally selected to participate on the Event Management redesign project in order to bring her remarkable energy and presence to the system-wide team in order to motivate and influence. Thanks to The Academy for providing this tremendous opportunity. Congratulations Kim!*”

~ RIC CUMING, Ed.D., R.N.



Health System Mentor

Richard Cuming, Ed.D., R.N.

Chief Nursing Officer



Health System CEO Sponsor

Janice Nevin, M.D.

Chief Executive Officer

Christiana Care Transformation to Comprehensive Event Management

~ *KIMBERLY TALLEY, A.P.R.N., M.S.N., R.N.*

Opportunity

Christiana Care Health System is a recognized national leader in quality care and safety. As we continue on our journey to becoming a high reliable organization, our strategic plan includes a comprehensive review of the current state of our existing event management reporting infrastructure. We identified multiple gaps that resulted in limited reporting capabilities for workflow, data management/data analytics, and lack of integration with standalone data sources requiring manual work and intensive labor. Due to the complexities of our cumbersome system, we experienced significant under reporting of events and provider/staff dissatisfaction.

Project Description

Our Request for Proposal (RFP) was submitted to multiple event management vendors for vetting. RL solutions was selected as the preferred vendor and was able to meet our business requirements and business processes. The modules within RL solutions are integrated, allowing information to flow effortlessly, resulting in ease of use for the frontline staff. As a result of dual module integration capabilities, we adopted five RL modules; Claims, Patient Feedback, Root Cause, Risk Management and Peer Review. During the planning phase of the project, we formed an oversight committee consisting of Executive Sponsors, Champions, Project Sponsors, and Work Stream groups. Process work, workbook configuration, prototype build, and final build timelines were on target, but unforeseen interruptions and challenges with the configuration of implementing five modules at once resulted in project deliverable delays. Our revised go-live date is planned for late May 2017 and our last phase before go-live will be "User Acceptance Testing and Employee Education."

Results

When we are faced with the inability to manage data effectively, it impedes our ability to accelerate learning in order to establish preventative initiatives to enhance quality, patient safety and patient experiences. In alignment with being a high reliable organization, the overall system benefit will net an increase in event reporting, improved communication, increase in staff efficiency/satisfaction, and improved JC/CMS accreditation compliance by enhanced incident management turnaround. The ROI will be realized through access to real-time data analysis, decreased risk events, improved patient outcomes, and harm reduction through timely incident investigation and evaluation. ««««

Executives-in-Residence



John Anderson, M.D.
Former SVP & CMO
Catholic Health
Initiatives



Michael Berman, M.D.
CEO
The Michael A. Berman
Group, Inc.



Michael D. Blaszyk
Former Senior EVP & CFO
Dignity Health



Heidi Crooks, R.N.
Former CNO & Senior Associate
Director, Operations and
Patient Care Services
UCLA Health



Mark D. Dixon
Former Regional President
Fairview Health Services



James Dwyer, D.O.
Former EVP & CCO
Virtua



Michael Guthrie, M.D.
Executive-in-Residence
University of Colorado-
Denver Campus School
of Business, Program in
Health Administration



Charlie Hall
Former CFO
Piedmont Healthcare



Catherine Koppelman, R.N.
Former CNO & System Patient
Experience Officer
University Hospitals



John Koster, M.D.
Former President & CEO
Providence St. Joseph
Health



Robert Laskowski, M.D.
Former President and CEO
Christiana Care Health
System



Keith Marton, M.D.
Former SVP and CMO and
Quality Officer
Providence St. Joseph
Health



Steve Mason
Former President and CEO
BayCare Health System



Frank Sample
Former CEO
Philips VISICU



Michael Tarwater
Former President and CEO
Carolinas Health System



Charles Watts, M.D.
Former SVP of Medical
Affairs and CMO
Northwestern Memorial
HealthCare



Paul M. Wiles
Former President and CEO
Novant Health

Nurse Fellows Advisory Committee



**Marilyn Dubree, M.S.N.,
R.N., N.E.-B.C.**
Executive CNO
Vanderbilt University
Medical Center
Committee Chair



**Mary Ann Fuchs,
D.N.P., R.N.**
VP, Patient Care &
System CNE
Duke University Health
System



**Kim Henrichsen,
M.S.N., R.N.**
VP, Clinical Operations
& CNO
Intermountain Healthcare
Committee Vice Chair



**Mary Beth Kingston,
R.N., M.S.N.**
Executive VP & CNO
Aurora Health Care



James Agnew, R.N.
Regional VP, Clinical
Services
Banner Health



Dean Manheimer
SVP, Human Resources
Northwestern Memorial
HealthCare



**Susan Campbell,
D.N.P., R.N.**
SVP & CNO
Advocate Health Care



**Wilhelmina Manzano,
M.A., R.N., N.E.A.-B.C.**
SVP & CNE
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Karen K. Davis, Ph.D., R.N.
VP of Nursing & CNO,
Howard County General
Hospital
Johns Hopkins Health
System



**Tracey Moffatt, M.H.A.,
B.S.N., R.N.**
CNO & VP, Quality
Ochsner Health System



**Sue Fitzsimons,
Ph.D., R.N.**
SVP, Patient Services
& CNO
Yale New Haven Health



**Tracy Williams, D.N.P.,
R.N.**
SVP & System CNO
Norton Healthcare

Nurse Executive Fellows Class of 2018



Carolyn Davidson, Ph.D., R.N.
VP, Patient Care Services,
Nursing Quality & Practice
Lehigh Valley Health Network



Cheryl Martin, M.S.N., R.N.
VP, Patient Care Services
& CNO, Norton Cancer
Institute
Norton Healthcare



LaVern Delaney, M.S.N., R.N.
CNO & VP, Patient Care
Services
Cone Health



Michael Radosta, R.N.
Chief Nursing & Quality
Officer, Gracie Square
Hospital
NewYork-Presbyterian



Jill Engel, D.N.P., R.N.
Associate CNO-Heart/
Director, Patient Care
Services
Duke University Health
System



Holly Schmidtke, R.N.
VP Operations, Aurora St.
Luke's Medical Center
Aurora Health Care



**Bonnie Jacklin,
M.S.N., R.N.**
CNO, North Region
Intermountain
Healthcare



Jana Semere, R.N.
CNO, Chabert Medical
Center
Ochsner Health System



**Tara Laumenede,
M.S.N., R.N.**
Sr. Administrative
Director, Patient Care
Services, NSUH
Northwell Health



**Robin Steaban,
M.S.N., R.N.**
CNO, Adult Hospital &
Clinics
Vanderbilt University
Medical Center



Evelyn Lowe, R.N.
SVP, System Clinical
Services, Florida
Hospital
Adventist Health
System (FL)

Nurse Executive Fellows Class of 2019



Karen Brandt-Mayo, R.N., M.S.N.
VP, Clinical Services & CNO, Glendale Adventist Medical Center
Adventist Health (CA)



Kathie Krause, M.S.N., R.N.
Associate Hospital Director & CNO Monroe Carell Jr. Children's Hospital
Vanderbilt University Medical Center



Katie Donohue, M.S.H.A., R.N.
Director Women's Services
Yale New Haven Health



Shanthi Margoschis, R.N., M.S.N.
CNE, Central Valley Area
Kaiser Permanente



Deborah Ford, R.N., M.S.N.
CNO & VP, Ochsner Medical Center
Ochsner Health System



Todd Neubert, M.S.N., R.N.
CNO, Homecare & Hospice
Intermountain Healthcare



Cindy Hartwig, R.N., M.S.
Executive Director, Women's Health and Professional Development
Advocate Health Care



Jennifer Painter, M.S.N., A.P.R.N.
Director, Nursing Development & Education
Christiana Care Health System



Janet Jule, M.S.N., R.N.
CNE, Kaiser Antioch Medical Center
Kaiser Permanente



Jill Payne, D.N.P., R.N.
Associate CNE & VP, System Nursing Operations
Indiana University Health



Jill Kennedy, M.S.H.A., B.S.N.
VP & CNE, Ambulatory Patient Care Bon Secours
Virginia Medical Group
Bon Secours Health System



Heather Schroeder, M.H.A., R.N.
VP & CNO, Aurora Baycare Medical Center
Aurora Health Care

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