



Photo courtesy of Mercy

## AN INTERVIEW WITH **ACHE's 2013–2014 Chairman**

By Jessica D. Squazzo

**Diana L. Smalley, FACHE**, regional president of Mercy in Oklahoma, assumes office March 9 as Chairman of the American College of Healthcare Executives at the annual Council of Regents meeting during the 56th Congress on Healthcare Leadership in Chicago.

In her role as Chairman, Smalley is committed to tackling a number of important issues, including increasing diversity in the field and supporting executives' career development needs throughout all stages of their careers.

### **What attracted you to the healthcare management field?**

When I was 3 years old, my father was injured while helping a friend repair a grain elevator in my hometown of Fremont, Neb. An auger belt broke, and he suffered major injuries and broken bones to his face. He was hospitalized for three months, and my mother and I would visit him daily. I was inspired by a nurse named Hannah Schmidt who cared for my dad. She was what we today would call a hospital administrator. She lived in an apartment on-site and managed the hospital. The way she cared for my dad really made an impression on me. I knew from that moment I wanted to be a nurse.

Once I started nursing, I knew I could make a difference if I took on a management role. My favorite rotation in nurses' training was team building, so I realized I had a natural attraction to leadership roles. I volunteered for every leadership opportunity out there. By the time I was 24, I was president of the town's nurses association and head nurse of a medical surgical unit.

### **What was your goal when you began your career in healthcare management?**

I really wanted to make an impact in my community. My father was chief of police in a small town, which meant he also played the role of what we might call a social worker. It wasn't uncommon for me to wake up next to a sleeping child who needed a place to stay. I learned without being taught how to serve people and how to make decisions that help the community. My father's commitment to serving people was engrained in me early on.

When I first took a management position, it was because I saw opportunities all around me that could help us

better serve our patients. I knew becoming a healthcare manager would be challenging, but I also knew I had to accept that challenge and contribute to make sure the voice of nurses—those of us who saw firsthand patient experiences every day—was heard.

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### **How has ACHE contributed to your success as a healthcare executive?**

My involvement with ACHE has helped me network, learn from my peers and stay on top of issues that affect my work. I think my credentials have significantly affected my career. I'm board certified in healthcare management,

and I believe in the ethical policies of ACHE, which help guide decisions I make as regional president of a health system overseeing 17 hospitals and 65 clinics in Oklahoma.

### **Who were your mentors?**

First and foremost, my father is my mentor. He was notorious for bringing people to lunch without giving my mom a warning. In one weekend, he had the governor over for a Saturday lunch of leftovers and then a homeless man—who my father later explained was a World War II D-Day survivor—over for Sunday dinner. My father went above and beyond his official duties, and I always admired his leadership and character. I work to emulate that.

Secondly, my husband, Ted, is a mentor. When we met, Ted was a hospital manager. He taught me a lot about management. And it was because of his encouragement that I accepted my first role in healthcare management. There are a lot of people I've met and respected over the years in healthcare, especially through ACHE.



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### **What lessons have you learned as a healthcare executive?**

I could go on forever—I learn lessons all the time. But there are three I hold especially dear.

I'm a lifelong learner, and I truly believe that to be a successful healthcare leader you have to continue to have a love and passion for what you do. You have to have the desire to learn more, do more and do better. The day you wake up and find yourself uninspired to go to work is the day you should start looking for a new job.

You have to see the light at the end of the tunnel. No matter which direction you're being pulled in due to politics or policies, you have to be flexible but consistent. You have to live with the enduring belief that what you do is so important you'll overcome whatever obstacle you face—because so many people are depending on you to blaze the right trail and lead the right way.

There's no shirking the responsibility of leadership. If you forget that and responsibility becomes routine, you'll no longer impact the communities you serve and the profession you're in. Then, you've become ineffective.

### **How have you seen the healthcare management field change over the years?**

One big change is the diversity of leadership, which I think is a very powerful thing. Healthcare leaders are more accurately representing the people they serve these days, and that's good for everyone.

Another change is technology. It's exciting to see technology help healthcare professionals better serve their patients. From more precise treatments to more convenient ways to communicate with patients, track health records and improve overall wellness, technology is helping healthcare professionals better reach and heal patients.

## **Work History**

### **2007–Present**

Mercy  
*Regional president of Mercy in Oklahoma*

### **1997–2007**

Alegent Health, Omaha, Neb.  
*President, Avantas LLC (wholly owned subsidiary) (2005–2007)*  
*Senior Executive (2003–2005)*  
*Vice President for Operations (1999–2003)*  
*COO (1997–1999)*

### **1999–2004**

Avantas LLC, Omaha, Neb.  
*Co-founder/Managing Representative*

### **1978–1997**

Midlands Community Hospital, Papillion, Neb.  
*CEO (1995–1997)*  
*COO (1983–1995)*  
*Director of Nursing (1978–1983)*

### **1976–1978**

Humana Springfield (Ill.) Community Hospital  
*Director of Professional Relations*

### **1972–1976**

Memorial Hospital of Dodge County, Fremont, Neb.  
*Head Nurse, Med/Surg and ICCU (1975–1976)*  
*Relief Supervisor and CPR Coordinator (1974–1976)*  
*Staff Nurse, Med/Surg and ICCU (1972–1975)*

Another big change, which is especially refreshing, is the focus on preventive wellness, rather than reactive medical care. Our culture is seeing how our lifestyle ultimately determines our quality—and sometimes our quantity—of life.

Technology is ever evolving, and our culture is ever changing. As health-care leaders, it's our responsibility to anticipate those changes and work to best support them.

### **How do you expect the field to change going forward?**

There's a lot we don't know about the future of health-care, but there are at least four changes relative to health-care that we can anticipate and work to support.

Reimbursement will decrease. We'll be paid for wellness, rather than illness. We'll combat reimbursement decreases with innovative care models that focus on prevention. Providers will collaborate more efficiently and collectively

anticipate issues to prevent hospitalizations or additional appointments. We'll manage Medicare rates, reduce costs and embrace new technologies.

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Clinician availability will decrease. The Health Resources and Services Administration expects a shortfall of physicians and nurses by 2020. One use of technology to address this issue is telemedicine. Using telemedicine,

a person at a rural hospital can receive diagnosis via video and imaging equipment by a specialist elsewhere and then receive treatment locally. Geography is no longer an obstacle.

Patient population will increase. By 2050, the population aged 85 and older is expected to grow by 377 percent, according to the HRSA.

Lastly, reform is inevitable. Putting all political arguments aside, we need to reform healthcare simply to keep up with societal changes. We'll face shrinking funding and increased costs in the coming years, but we'll also develop innovative ways to address those challenges, which will help us better serve our communities.

### **What do you expect the new challenges for healthcare executives will be? What additional skills will healthcare executives need to meet these challenges?**

In the past, healthcare leaders were trained to compete. In the future, I see healthcare becoming less competitive and more collaborative. The idea that every health system can be everything to everyone is going to go away.

There are skills that served us well in the past that will continue to serve us well in the future, like financial management. With the shrinking revenue stream we'll have, we're going to have to do more with less. The only way we can do it is to change the delivery system.

## **ACHE History**

2013–2014, *Chairman*

2012–2013, *Chairman-Elect*

2009–2012, *Governor*

2002–2006, *ACHE Regent for Nebraska*

## **Current Affiliations**

*Board Member, Oklahoma State Chamber of Commerce*

*Board Member, United Way of Greater Oklahoma City*

## **Education**

MPH, University of Minnesota, Minneapolis/St. Paul

BA, Midland Lutheran College, Fremont, Neb.

RN, Nebraska Medical School of Nursing, Omaha



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Lifelong learning is going to be even more important in the future than it has been in the past. We definitely won't be able to rely on the 'that's the way we've always done it' mentality. You have to actively seek out what others are doing and be willing to learn better ways of doing things. Networking, collaborating and learning from each other's successes will be vital.

### **Throughout your career, what has been your most rewarding experience?**

By far, mentoring has been the most rewarding part of my job. It warms my heart to see someone succeed in his or her career. Seeing someone reach his or her goal, and being able to play a small role in helping that individual reach that goal, is inspiring.

### **What has been your most challenging experience?**

This may be a surprise, coming from someone who enjoys speaking to groups about healthcare so much that I'm stepping into a leadership role with national and international scope, but I'm an introvert. Speaking to large groups is something I really enjoy. But social hours and cocktail parties are sometimes difficult for me. Being an extrovert is a learned skill for me, and I do find it challenging. I can do it, but it's not something that comes naturally.

### **How does ACHE help healthcare executives address the challenges they face?**

I'm chairing ACHE's Career Services Task Force, because supporting executives at every point in their careers—early, mid and senior—is important to ACHE.

ACHE members have access to educational programming that helps them best understand the issues facing them today. ACHE continuously updates and upgrades educational offerings so that all information is relevant and current. As we come across new and exciting solutions to

the challenges in our field, we want to make sure we provide appropriate education.

ACHE's ethical resources such as the *Code of Ethics* and Ethical Policy Statements help guide leaders through decisions they make every single day. In addition, we are the board certification entity for the field. We want to uphold the integrity and rigor of the FACHE® credential so it continues to signify healthcare leaders' commitment to lifelong learning and healthcare management excellence.

### **What issues are you committed to during your term as chairman?**

As I said earlier, I'm chairing the Career Services Task Force, so addressing the needs of our members in that arena will be a top priority. As our member-

ship continues to diversify, we also need to make sure we're providing programming that is relevant and helpful. Regarding the diversity in membership and leadership I discussed earlier, it's important to note that diversity extends beyond gender, race and age. ACHE is also diverse in terms of our members' careers within healthcare. ACHE's membership is no longer solely made up of hospital administrators with traditional backgrounds. We want to attract more physician leaders and nurse leaders in addition to individuals with traditional healthcare leadership backgrounds.

Finally, I know everyone is aware that after 27 years of service to ACHE, President and CEO Tom Dolan, PhD, FACHE, CAE, is retiring in May. I take office in March, so one of my top priorities is to be sure our newly appointed CEO, Deborah J. Bowen, FACHE, CAE, is accepted, welcomed and successful in establishing herself in that role.

**Editor's note:** Smalley will present her Chairman's remarks at the Opening Session, Monday, March 11, at this year's Congress on Healthcare Leadership in Chicago.

*Jessica D. Squazzo is senior writer with Healthcare Executive.*

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