Positive People Are Promotable
The Chairman of ACHE Shares Her Outlook on Leadership, Workforce Success, and Current Challenges Facing Health Care

Alyson Pitman Giles, FACHE, is president and CEO of Catholic Medical Center and CMC Healthcare System, Manchester, NH, and chairman of the American College of Healthcare Executives (ACHE). Her insights are informed by years of experience as both a clinician and an executive.

HP: What drew you to the field of health care leadership?
Giles: I began my career as an occupational therapist in 1977. Quite by accident, I began managing an occupational therapy department in 1978 in Memphis. It was very clear to me that health care management was truly my passion. I was able to advance from staff therapist ultimately to being the president and CEO. Throughout my career, I offered to take on additional duties whenever they became available or whenever any position was vacated.

HP: What have you appreciated most about leading a Catholic hospital?
Giles: The culture, philosophy, and heritage of a Catholic hospital are about focusing on the mission and developing a margin to support that mission. Everything we do has a caring and spiritual component, whether it is in direct patient care or in interactions with fellow staff members. Ultimately, while we have the highest patient acuity in our state, we remain focused on outreach to the poor and the underserved.

HP: Do you see your leadership in the health care ministry as a vocation?
Giles: Until recently, I had never considered my leadership in the health care ministry as a vocation. But at a recent annual meeting, the bishop of Manchester kindly referred to me as the pastor of Catholic Medical Center. He described the way a pastor provides guidance and culture to a parish and helps the people within it to find their focus and to work closely together to reach out to their community. I think there are parallels between these two positions.

HP: What are some of the new initiatives going on at ACHE?
Giles: ACHE has had a very exciting year. The board voted to combine the credentials of CHE (certified healthcare executive) and FACHE (fellow of the American College of Healthcare Executives). This has been received with great enthusiasm. Several thousand CHEs progressed to fellows this past year. Hopefully, this will make the credential more meaningful and less confusing. In addition, ACHE has been working on a major chapter initiative to bring more opportunities for education and networking to local communities. The membership continues to grow, and the ways in which ACHE reaches out to members via the Internet, satellites, and on-site learning continue to grow every day.

HP: In health care, what makes a successful workforce?
Giles: An organization's primary focus must be vision and mission. A successful workforce understands the direction in which the organization is going. Employees work shoulder to shoulder to provide the best care for the patient, the best environment for physicians and staff, and compassion for the patients they serve. A successful workforce combines all of these attributes and genuinely cares about the patient, the mission, the community, and each other.
HP: What advice would you give young executives toward their contribution to workforce satisfaction and success?

Giles: I enjoy meeting with young executives and giving them my older, "sage" advice. I encourage them to have a positive attitude and love every position they hold throughout their careers. Positive people are promotable! I encourage them to give of themselves, learn how to be good protégés, and to become the young executives whom senior executives want to mentor and coach. I encourage them to volunteer for projects large and small, and always to maintain their gratitude for whatever position they have, and realize it is a privilege, not an entitlement.

HP: What are the most difficult challenges facing health care executives today?

Giles: The health care landscape is forever changing. Health care executives need to stay current and embrace change instead of resisting it. We are on the verge of a major change in financing with a shift to greater consumer responsibility and transparency. We also are seeing dramatic advances in medicine and technology. The challenge of fewer insured patients, greater bad debt, and increased charity care will continue to confront us. We resolve these challenges by staying involved with our local legislatures and with the hospital associations on a regional and national basis. We also respond individually to all challenges within our own organizations, forever keeping the mission and the patient first and foremost. If we always try to do the right thing, we are able to find resolutions to challenges.

HP: Looking five to 10 years ahead, what should health care leaders be preparing themselves for?

Giles: Health care is going to continue to change, making great progress in pharmaceuticals, finding new cures for diseases, and developing minimally invasive approaches to most surgeries. Health care executives are going to have to continue to grow and change to keep abreast of the changes in medicine—particularly the changes in reimbursement. Margins will become more difficult to maintain, and organizations will have to be creative and collaborative to be able to continue to be successful in focusing on their missions.

HP: What role might Catholic health care play in how U.S. health care is shaped in the future?

Giles: Ascension Health is a great example of how powerful Catholic health care is in the United States today. Ascension and other Catholic systems are able to be successful financially by doing the right thing and continuing to focus first and foremost on their mission. The Catholic Health Association has taken a national role in community benefit reporting. By keeping mission and community outreach central themes in the work we do, we can continue to play larger roles in the delivery of health care in the United States.