



THOMAS C. DOLAN, Ph.D.
In First Person: An Oral History

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THOMAS C. DOLAN, Ph.D.

In First Person: An Oral History

**Interviewed by Kim M. Garber
On October 24, 2013**

Edited by Kim M. Garber and Jessica D. Squazzo

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EDITED TRANSCRIPT
Interviewed in Chicago, Illinois

KIM GARBER: Today is Thursday, October 24, 2013. My name is Kim Garber, and I'll be interviewing Thomas C. Dolan, Ph.D., President Emeritus of the American College of Healthcare Executives. Dr. Dolan spent 27 years in leadership positions at ACHE, helping it to become the premiere professional organization for health care leaders. ACHE is involved in education, credentialing, and networking activities through a wide variety of meetings, publications, and events. Tom, it's great to have the opportunity to speak with you this morning.

THOMAS C. DOLAN: I'm delighted to be here, Kim.

GARBER: Let's talk about your childhood and family. You were born in 1947, and grew up in the Chicago area. Could you tell a bit about your parents?

DOLAN: Both of my parents were born during the Depression—like everybody, my father had a hard life. He was a third-generation printer. My great-grandfather put out the last edition of the *Chicago Tribune* during the Chicago fire, and was one of the founders of the Stereotypers Union. My grandfather worked for *The Racing Form*. My father worked for the *Chicago Daily News/Chicago Sun-Times*. My mother had an even harder life. She spent the first two years of her life on a farm in Iowa, but then her father passed away, and they had to move to the city. I remember that she talked about delivering milk in town.

GARBER: Do you have any memories of the values that they imparted to you?

DOLAN: Yes, I do, and they're my values—honesty, respect for everyone, being hard-working—they were both hard-working people. God was important in our family. Country was important; both my parents were in the military during World War II. My father had been drafted before the war. He was about to get out when Pearl Harbor happened and, of course, he continued.

My mother was a nurse in Spokane, Washington, and heard the news about Pearl Harbor at breakfast in a little café. She immediately enlisted as a nurse. My parents met in the military, and then were separated for three years. My mother was a nurse in Wales. My father was a tank commander in the Philippines. Patriotism was always important in our family.

GARBER: Are there any other ways that your family's experience of living through the Depression and World War II influenced your values?

DOLAN: Values that they passed on to me were frugality, from having lived through the Depression, and orderliness—making sure everything looks right, is clean cut, that there's a right way to do everything—from their military background.

GARBER: Were there other individuals from your childhood who were influential?

DOLAN: My father had two sisters. One married and had a family. The other, my Aunt Charlotte, was single, and was the first one in the Dolan family to get a college degree. She was a schoolteacher and a delight to be with. She would take us downtown to movies and to lunch. Aunt Charlotte was a doting aunt, and she passed on the value of education to us.

My mother and one of her two sisters trained as nurses at the Mayo Clinic in 1930. My Aunt Beverly met Roy Watson¹ while she was working at the Mayo Clinic, and they married. He became president of the Kahler Hotel chain, which served Rochester, Minnesota, where the Mayo Clinic is.² Roy Watson was the first businessperson I'd ever met, and that had an impact on me.

GARBER: Do you recall who your heroes were when you were young?

DOLAN: John Kennedy. I remember watching his election, and pretty much remember all of his term of office and the tragedy of his assassination. Martin Luther King—for what he did and for being the prime mover behind the Civil Rights movement.

GARBER: Who are your heroes today?

DOLAN: My heroes are hard-working people. I respect people who try to do their best, work hard, raise a family. They're the backbone of this country, whether they are doctors, nurses, other staff; whether they work in a plant someplace; whether they work in retail. Those are the people whom I really admire. They're the ones who built this country and continue to make it what it is.

GARBER: It's interesting that your heroes have moved from being *individuals* who inspired you to a *type* of person.

DOLAN: Absolutely.

GARBER: Let's talk about your schooling. You went to Holy Cross High School in River Grove, which is a western suburb of Chicago. What parish were you from?

DOLAN: St. Catherine's in Oak Park.

GARBER: What experiences in high school were formative to your later career?

DOLAN: I was one of five boys. My father made a decent living, and my mother worked in the home. We didn't have a lot of money. Starting at seven years old, I had a paper route. Being able to afford to go to a Catholic high school cost some money, so I always had one or two jobs. I didn't have a lot of time for extracurricular activities in high school.

I did get involved in debate. In thinking about this interview today, I realized what an impact that had. Certainly the ability to speak is important in our profession. But also, I remember that one of the topics was "Should we provide complete medical care to senior citizens?" Of course, I debated both sides, but I always felt that we should. That probably had an impact on my future.

¹ Roy Watson (1921-2012) was general manager of the Kahler Hotel and later president and chairman of the board of the Kahler Hotel Corporation from 1952 to 1982. [Source: *Roy Watson Obituary* <http://www.ranfranzandvinefh.com/obits/obituary.php?id=205334> (accessed Mar. 17, 2014).]

² The Kahler Hotel-Hospital, situated near the Mayo Clinic in Rochester, Minnesota, was opened in 1921 by John Kahler with six hotel floors and five hospital floors, including three operating rooms. In 1953, Kahler Corporation refocused on the lodging business and divested its health care holdings. [Source: Kahler Grand Hotel grows with city. *PostBulletin*, Feb. 1, 2013. http://www.postbulletin.com/news/local/kahler-grand-hotel-grows-with-city/article_b82cb568-3829-5d3c-9ebf-1153527d33c8.html (accessed Mar. 17, 2014).]

GARBER: That debate would have happened before Medicare was enacted?

DOLAN: Yes. I think that was the national debate topic in 1964, and Medicare was passed in 1965.

GARBER: What made you choose Loyola for college?

DOLAN: I had gone to Catholic grade school and high school. I think it was just an extension—why wouldn't I go to a good Catholic college? It was in Chicago. Going away to school wasn't a possibility. At that time I was only the second Dolan who had gone to college. We pretty much stayed in the Chicago area. I got a scholarship, and it was a logical place to go.

GARBER: Did you consider any other schools?

DOLAN: I don't believe I did. In fact, those weren't the days where you had three backups or anything. I just applied, and I got in.

GARBER: Did you know from the start that you wanted to major in Business Administration?

DOLAN: Not at all. I went through probably six majors! When I reflect back, I graduated with five years of credit. I did it in four years, but I went every summer because I kept changing majors. I spent a semester or two as a Pre-Med, then I want to Psychology, and even for a few short weeks thought I might go into Philosophy. Then I did end up with Business. But even then, I thought, I'd be interested in maybe Accounting or Finance, and ultimately I ended up in Human Resources.

GARBER: You were in college during a tumultuous time in America. What was the social climate like at Loyola in the '60s?

DOLAN: On the one hand, Loyola was primarily a commuter school—most of the students were from the Greater Chicago area. In many respects, the students were more conservative than they might have been in other schools, because a lot of them were from blue-collar backgrounds.

The second thing is that it is a Jesuit university, and Jesuits are known for being the liberal wing of the Catholic Church. They were probably a little more open to expressions of differences of opinion than other schools were. The students may not have been. There were both civil rights and antiwar demonstrations at Loyola, but they were pretty low-key.

At that time, I was more involved in student government. I remember when we closed the campus on the death of Martin Luther King. There was a lot of support for things, but there weren't vocal demonstrations about it.

GARBER: Did you become involved in any of the civil rights activities in the '60s?

DOLAN: No. I still had to work a lot, so I didn't have a lot of spare time. I was morally supportive. I knew that it was the right thing and we should be doing that, but I didn't get actively involved. Maybe that's why I became more involved when I was older—because I couldn't do it

when I was younger.

GARBER: You were still at Loyola during the 1968 Democratic National Convention. Did you have any interaction with what happened in Chicago then?

DOLAN: Yes, I did. As background—I was conflicted about the Vietnam War. There was no question that my family was in favor of it, because if the U.S. government said that's what to do, then we should do it. I had my doubts. I didn't quite believe in the domino theory.³ But, I enrolled in ROTC [Reserve Officers' Training Corps] and served as a field artillery officer for a while.

I had a dramatic experience during the Democratic National Convention. I was working at Borg-Warner part-time. The building was on Michigan Avenue, right across from the Art Institute. I was working on a floor towards the top of the building. It was late at night, and I heard this noise, this chanting. It was antiwar demonstrators going down Michigan Avenue.

I was curious, so I went down and followed them. I could smell the tear gas; my eyes watered. I ended up near the Chicago Hilton on Balboa and Michigan, and watched the demonstrators. The police pulled up on Balboa, and they were obviously ready to take action. I saw that clash up close and personal. Neither side was right. It's a vivid memory.

GARBER: Did you have any concern for your own personal safety?

DOLAN: I backed off. There were spectators next to the Hilton Hotel. I was on the sidewalk. I remember that a policeman pushed back a gentleman next to me, and this gentleman said, "You know who I am?" The policeman said, "No." He said, "I'm Jack Paar's brother."⁴ Now that's a name from the past. The policeman responded in so many words, "I don't care who you are. You will back up." I don't think I was in immediate danger, but I wasn't about to walk into the street.

GARBER: Moving on to your grad school career, I had the opportunity to speak with Dr. Stuart Wesbury,⁵ who was your predecessor as the president of ACHE. He recalled that from very early on, you had set the goal of getting your Ph.D. What prompted this interest?

DOLAN: At Loyola, I was very involved in student activities. I was Chairman of the Homecoming Committee. I was Chairman of the Union Board that put on all the social activities. I found that I enjoyed organizing things. I also had some health care background, with my mother being a nurse, my uncle running hotels and hospitals. I remember talking to a friend who was going to enroll in a hospital administration program about a career in hospital management, and I found it appealing. That was the catalyst for my interest in the profession.

³ The domino theory was a U.S. foreign policy concept popular during the Cold War that suggested that if the government of one country became communist, then other nearby non-communist countries were also at risk, just as knocking over one domino starts a chain reaction in the children's game. [Source: *Dictionary of American History*; 3rd ed. New York: Charles Scribner's Sons, 2003, Volume 3, p. 78.]

⁴ Jack Harold Paar (1918-2004) was a host of *The Tonight Show* in the 1950s. [Source: The Associated Press. Former 'Tonight' host Jack Paar dies at 85, Jan. 18, 2004. <http://www.today.com/id/4077787> (accessed Mar. 17, 2014).]

⁵ Stuart A. Wesbury, Jr., Ph.D., was president of the American College of Healthcare Executives (f.k.a. the American College of Hospital Administrators) from 1979 to 1991. [Source: ACHE. http://www.ache.org/carsvcs/wesbury_fellowship.cfm (accessed Mar. 17, 2014).]

GARBER: What was the topic of your dissertation?

DOLAN: Basically, it was about the behavior of physicians in two settings and how it impacted the ambulatory utilization of their patients. I went to Seattle, where they had a Model City Program.⁶ The program participants had the choice of either seeing a fee-for-service physician who was part of the King County Medical Society, or going to Group Health Cooperative, one of the first health maintenance organizations in the United States. I looked at how that affected the utilization of health services. I was hoping that while ambulatory utilization might be higher in the HMO setting, the hospital utilization would be lower. What I found was that hospital utilization was about the same, but ambulatory utilization was greater in the HMO.

I also learned that nothing is intuitive. Always look at the data. These were Model City residents. They came in with a lot of pre-existing conditions. I could make the argument that maybe they had more conditions to be treated and were more comfortable at Group Health Cooperative getting that treatment. I learned a lot from the dissertation.

GARBER: Could you talk about your subsequent career in academia?

DOLAN: I went to the University of Washington as a visiting fellow to do that dissertation under Bill Richardson,⁷ one of my mentors. Bill ran the Health Services Management Program at the University of Washington. He then became the dean of the Graduate School at the University of Washington, the provost at Penn State, and the president of The Johns Hopkins University, and then finished his career as president of the Kellogg Foundation. He had an impact on me, along with Gerhard Hartman,⁸ founder of the Iowa program and the chairman of my dissertation.



Gerhard Hartman, Ph.D.

When I finished the field work for my dissertation, I looked for a job. I went to the University of Missouri, and was attracted to the setting. It was similar to the University of Iowa. I found the college town environment appealing. I found the faculty and Stu Wesbury to be appealing there, too. I went to Missouri and had five great years

⁶ The Model Cities Program was created by the Demonstration Cities and Metropolitan Development Act of 1966, Public Law 89-754, signed by President Lyndon Johnson. Seattle was chosen as the first city to receive funding under this program. Sources: US National Archives. <http://research.archives.gov/description/299945>; and, Seattle Office of the City Clerk. *Seattle Municipal Archives*. <http://www.seattle.gov/cityarchives/Research/guide/5400.html> (accessed Mar. 17, 2014).]

⁷ William C. Richardson, Ph.D., is president emeritus of Johns Hopkins University and CEO emeritus of the W.K. Kellogg Foundation. [Source: Bloomberg Businessweek. <http://investing.businessweek.com/research/stocks/people/person.asp?personId=554838&ticker=BK> (accessed Mar. 17, 2014).]

⁸ Gerhard Hartman, Ph.D., was the first head of the Health Management and Policy program within the College of Public Health at the University of Iowa, running it from 1950 to 1977. [Source: University of Iowa website. <http://www.public-health.uiowa.edu/hmp/about/history.html> (accessed Mar. 17, 2014).]

there, teaching and finishing my dissertation. Upon completion of that, I was made head of the graduate program.

I was happy there until 1979, when Stu Wesbury decided to leave and go to become CEO of the American College of Healthcare Executives. I was heir apparent, but remembered a piece of advice I got from a fellow faculty member, who said, “If you’re applying for the job here, why aren’t you applying for all the other jobs in the country?” There were quite a few open at that time.

I did that, and was on the verge of accepting the chairmanship at the University of Florida when St. Louis University called and said, “Will you come by?” I said, “Well, I’m going down there, but I’ll stop by.” I decided to go to St. Louis University because it was broader in scope. Florida, as at Missouri, was strictly a hospital management program. At St. Louis University, I was given the opportunity to have not only Healthcare Management, but also Public Health, a doctoral program and a continuing education program. The center I headed up there has become their School of Public Health, and that broader vision was important to me. I spent seven great years at St. Louis University.

GARBER: Do you regret not having stayed with a career in academia?

DOLAN: I enjoyed every minute of my academic career, but I left primarily for a personal reason. My oldest son, when I adopted him, was legally blind. He became totally blind in his teen years. In Missouri, the only place blind individuals could go to school was the Missouri School for the Blind, which had an institutional flavor to it. I decided we needed to get him in an environment that would mainstream him. When Stu Wesbury offered me a job at ACHE, that’s one of the reasons I took it, so that Bill could go into a mainstream setting here in Chicago.

GARBER: In the rest of this interview, we are going to sometimes refer to the American College of Hospital Administrators (ACHA), which was the original name of the organization, and sometimes to the American College of Healthcare Executives (ACHE), which is the current name. What were hospital superintendents like at the time that the American College of Hospital Administrators was founded?

DOLAN: I’ve always been fascinated by the history of the profession. It’s not that old a profession, actually, and I was fortunate enough to know some of the founders. The first hospitals in Europe were formed during the Black Plague—it was where the poor were brought to die. Wealthier individuals were treated in their homes.

The first hospital in the United States was formed by Benjamin Franklin in Philadelphia—the Pennsylvania Hospital. My wife gave me one of the bonds that Ben Franklin printed to fund that hospital. By the early 20th century, the Flexner Report⁹ found that the average patient had about a 50 percent chance of improving after an encounter with a physician, because of lack of medical training. Today, physicians are better trained. Hospitals at that time were typically run either by

⁹Flexner, A. *Medical Education in the United States and Canada*. New York: The Carnegie Foundation for the Advancement of Teaching, 1910. This influential report, based on site visits to all North American medical schools, criticized the quality of the education provided and the lack of a scientific approach to medical training. [Source: Cooke, M., Irby, D.M., and others. American medical education 100 years after the Flexner Report. *New England Journal of Medicine*;355:1339-1344, Sept. 28, 2006. <http://www.nejm.org/doi/full/10.1056/NEJMr055445> (accessed Mar. 17, 2014).]

physicians, nurses, or clergy who could no longer do their normal function. In other words, when you couldn't perform surgery any more, we said, "Oh, well, why don't you run the hospital?" That obviously wasn't the best situation. One of my favorite quotes is Peter Drucker saying, "The most complex organization in American society is the hospital."

GARBER: You said that the first managers of hospitals were either physicians or nurses or clergy. How did that begin to change?

DOLAN: First of all, there were some very talented physicians, nurses, and clergy—people with a natural talent for organization. They were some of the founders of the field.

In many respects, Chicago was the birthplace of health care management. The first graduate program in health care management, founded in 1932, was at the University of Chicago. Malcolm MacEachern,¹⁰ a Canadian physician, founded the Northwestern program. Arthur Bachmeyer¹¹, the founder of the University of Chicago program, was one of the people who formed the American College of Hospital Administrators in 1933. There were a lot of talented people who were involved, saying that just as medicine and nursing and law are professionalized, we need to professionalize health care management.

GARBER: Did the superintendent have a staff?

DOLAN: I would guess it was very limited, because of how they were viewed. In those days, they were seen more as executive secretaries. They were typically serving a board of very wealthy individuals, and they were subordinate to the wishes of the board. They were also subordinate to the wishes of the medical staff. Everybody realized that the medical staff were the individuals who admitted patients. It wasn't nearly as prestigious a position as it is today. Basically what they handled were the housekeeping functions. They didn't have the major role they have in the provision of high quality care that they do today.

GARBER: Why is the American College of Healthcare Executives referred to as being exceptional among professional societies?

DOLAN: In many respects, ACHE helped form the profession. In the older, more traditional professions like medicine and nursing, law, and the clergy, the professions preceded the formation of the professional societies. Because of our visionary founders, ACHE helped form the profession. That's why it has been considered unusual and exceptional.

GARBER: Early on, ACHA was interested in membership, in periodic meetings, and in continuing education. How does that original vision compare with what ACHE is interested in today?

¹⁰ Malcolm T. MacEachern, M.D. (1881-1956), a Canadian physician, became known internationally for his contributions to modernizing hospitals. Among many other leadership positions held, he was Director of Hospital Administration at Northwestern University from 1943 to 1956. Dr. MacEachern wrote the classic hospital administration tome: *Hospital Organization and Management*. Chicago: Physician's Record Co., 1935, (and later editions). <http://www.facs.org/archives/maceachernhighlight.html> (accessed Mar. 17, 2014).

¹¹ Arthur C. Bachmeyer, M.D. (1886-1953) was a leading figure in hospital administration, first in Cincinnati, and later at the University of Chicago, where he was director of clinics and associate dean. [Source: Dr. Arthur C. Bachmeyer, 1886-1953. *The Journal of Medical Education*;28(6):49-50, June 1953.]

DOLAN: It is certainly the core of what we do. ACHE has many values, like every organization. It highlights, first of all, integrity. That's best personified by the Code of Ethics.¹² One of the catalysts for the formation of ACHE was that we had to perform our roles in an ethical fashion.

The second value is lifelong learning. That's primarily the reason why people join the American College of Healthcare Executives, for that opportunity for lifelong learning. Educational programming—whether it be face-to-face or distance learning—publishing, credentialing, all of that I would put in that lifelong learning area.

The third value is leadership, and what I'm especially proud of is that we talk about the importance of mentoring, which is one of the roots of our profession. But we also value caring. People made a mistake ten or twenty years ago when they started talking about health care as a business. Health care is a calling that has to be done in a businesslike fashion. Who runs a business where you take customers who don't pay any money at all or don't pay full price? I was delighted when the Board of Governors recognized caring as an important part of leadership. We are about the people, whether they be our patients, their families, or our co-workers.



Stuart A. Wesbury, Jr., Ph.D.

Finally, the fourth value is diversity and inclusion, which are extremely important in this day and age, in which a multicultural society requires multicultural leaders.

GARBER: We are at the point where you became an employee of ACHE. You came in about the time of the name change from ACHA to ACHE. Why was the name changed?

DOLAN: Stu Wesbury was a visionary in that he saw the profession, the field, as more than just hospitals; that we were the broader area of health care. He tried to change the name in 1981. It took a two-thirds vote of the Council of Regents. I think it failed by around 17 votes. The majority of people wanted to change the name, but there were some who said, "No, no, we are *hospital* executives." But, he persevered, and I think that was important, too.

In 1985, one year before I came, they changed the name to the American College of Healthcare Executives. I think that sent an important message to the membership, to the field, and to society, that health care is more than just hospitals. It's many, many things, and the individuals who belong to this organization are interested in addressing the broader issues.

GARBER: This was the second time that Stu Wesbury hired you.

DOLAN: He had been recruiting me for a number of years. My first reaction was that I was at St. Louis University and that I was happy there. I probably could have stayed there my whole

¹² American College of Healthcare Executives. *Code of Ethics*, as amended by the Board of Governors on Nov. 14, 2011. http://www.ache.org/abt_ache/ACHECodeofEthics-2011.pdf (accessed Mar. 17, 2014).

career—they were wonderful people, and it was an opportunity to do wonderful work. But he wanted me to come to Chicago. I resisted that initially, with one of my thoughts being, *why would anybody want to work for 20,000 individuals?* It just didn't make sense to me. But as I said, for personal reasons, I decided the change would be good. I was relatively young. This was 1986, so I was 38 years old. I said, "You know what? I can do this for five years. It will be a great experience, an opportunity to learn some new things," and so I said, "Let's do that." He recruited me, and I came back to Chicago.

GARBER: Your first job was as vice president for corporate ventures.

DOLAN: It certainly was a long title. It was actually vice president for corporate ventures and development. Stu had acquired two new businesses within the previous year. One was Health Administration Press in Ann Arbor, Michigan, which we still own. The second was Career Decision, Inc., an executive outplacement firm in Itasca, Illinois, which we no longer have.

He did not need somebody to run these on a day-to-day basis for they had two excellent managers. Dick Dolan, no relation to me, ran Career Decision, Inc., and Daphne Grew¹³ ran Health Administration Press. There had to be somebody at headquarters who was a liaison. The thinking was, *Tom has written, he must know something about publishing!* Career Decision, Inc. is kind of a human resources area, which I had some background in. The third area I was given to manage was research with my good friend, Peter Weil.¹⁴ That was because I had done research. I had been published. I had those three divisions reporting to me initially.

GARBER: You reported directly to Stu Wesbury?

DOLAN: I did.

GARBER: This would be a good time to talk about him then. We were fortunate enough to have him participate many years ago in this oral history series, so we have in his own words what his early career was like.¹⁵ Could you tell us about his leadership style?

DOLAN: Stu had a huge impact on both my professional and personal life. In many respects, I see him as a Renaissance man. He was a pharmacist with the Public Health Service. He then went to the University of Michigan to get a degree in hospital administration, worked at Bronson¹⁶ in Kalamazoo, went on to the University of Florida, where he was the number two and, for a few years, the CEO of Shands teaching hospital there,¹⁷ but simultaneously got a doctoral degree. He went from there to the University of Missouri and directed that program, I believe, for seven years. Then, as we know, he was the CEO at the American College of Healthcare Executives for 13 years.

¹³ Daphne M. Grew (1930-2013) retired as director of Health Administration Press in 1996. [Source: Obituary. <http://obits.mlive.com/obituaries/annarbor/obituary.aspx?pid=165933706> (accessed Mar. 17, 2014).]

¹⁴ Peter A. Weil, Ph.D., was with ACHE for 29 years, leaving as vice president, research in 2011. [Source: *LinkedIn* <http://www.linkedin.com/pub/peter-weil/a/682/302> (accessed Mar. 17, 2014).]

¹⁵ The edited transcript of the oral history: Weeks, L.E., editor. *Stuart A. Wesbury, Jr., in First Person: An Oral History*. Chicago: American Hospital Association, 1986, is in the collection of the American Hospital Association Resource Center.

¹⁶ Bronson Methodist Hospital (Kalamazoo, Michigan).

¹⁷ Shands Hospital (Gainesville, Florida)

I would describe Stu Wesbury as a visionary leader. When I say “visionary,” I think that the name change and his perseverance to do that was an important and huge message to the whole field. He predicted the future of “population health” in many respects by doing that.

The second thing is that he was one of the movers and shakers who advanced women in our field. Under his leadership, women’s networks at ACHE were started quickly. We’re now in a period where the majority of students in health care management are female. In a decade I think the majority of health care CEOs will be women. He was a real visionary in that respect.

He was also a leader in that he was very good at delegating. He was always there for advice and counsel. He let you make your mistakes, but he was there to pick you up and help you learn from those experiences. He really was excellent at developing people, and I was fortunate to receive that great advice and counsel.

GARBER: We’ve talked about your first job at ACHE, but in short order, you were promoted to executive vice president. How did that come about?

DOLAN: It was because of a reorganization. When I came, there were three vice presidents. When one left, Stu decided to consolidate, and appointed me the executive vice president.

GARBER: Did you still have the same responsibilities?

DOLAN: I picked up some additional divisions. I picked up education, membership, communications, regional services—pretty much everything but the finance function.

GARBER: Do you recall who the other vice president was?

DOLAN: Earl Tanis.¹⁸

GARBER: In a few years, Dr. Wesbury decided to leave ACHE. Why did he leave?

DOLAN: He wanted to run for the U.S. Congress. He ran in the Republican primary for the western suburbs, and unfortunately lost to the incumbent.

GARBER: What did he do after losing the primary?

DOLAN: He worked for TriBrook, Richard Johnson’s¹⁹ consulting firm, for a year or two, but his first love was academia, and in pretty short order, he went to Arizona State University. He was a professor there and headed up all their continuing education. He did that until retirement.

GARBER: Had you been groomed for the CEO position?

DOLAN: Somewhat. I certainly never expected Stu to leave five years into my tenure there. In fact, I was probably ready to leave when he announced that he was going to leave. In

¹⁸ Earl P. Tanis later became the CFO at Bayhealth Medical Center (Dover, DE)

¹⁹ Richard L. Johnson founded the TriBrook Group in 1972. His oral history: *Richard L. Johnson in First Person: An Oral History*. Chicago: American Hospital Association, 1994, is in the collection of the AHA Resource Center.

those days, Stu did all the external work and I did all the internal work. In my first year, I had corporate ventures and development. For two years, I was executive vice president. Then the last two years, I was executive vice president and chief operating officer. Everybody reported to me but Stu and his secretary. I really had all internal operations, but little exposure to the outside environment; Stu did all that. I wasn't as prepared for the external environment as I tried to prepare Deborah Bowen, for example.²⁰

GARBER: Who was on the search committee?

DOLAN: Typically, it would have been the chairman officers, but another thing that made it a little more complicated was that the chair, Jim Hepner,²¹ and one other board member applied for the job. Obviously, Jim couldn't be on the search committee, so Paul Ellison,²² the chairman-elect, chaired the committee, and the immediate past chair and one other past chair were the committee. They did all the interviewing, working with Larry Tyler's search firm.²³

GARBER: That must have been a tremendous amount of work for them.

DOLAN: It was, even with a search firm. The same could be said for the transition from me to Deborah Bowen. That was a lot of work for Gayle Capozzalo²⁴ and the chairman officers.



The Dolan family
Courtesy of Westrich Photography

GARBER: Did you have to think about accepting the offer when it came?

DOLAN: No, not by that time. It had been a six-to-nine month process. My understanding was that there were 130 applicants. By the time I was offered the position, they had even interviewed Georgia, my wife. It was pretty thorough. I would have looked foolish had I turned it down after all that.

GARBER: During the time that you served as President of ACHE, did you have any other job offers?

²⁰ Deborah J. Bowen served as the executive vice president and COO at ACHE from 2003 until 2013, when she succeeded Tom Dolan as president and CEO. [Source: Deborah J. Bowen, FACHE, CAE, named new ACHE president/CEO. *Press Release*, Jan. 2, 2013. <http://www.ache.org/Pubs/Releases/2013/deborah-bowen-named-ache-president-ceo.cfm> (accessed Mar. 17, 2014).]

²¹ James O. Hepner, Ph.D. (1933-2013) was a professor and director of the graduate health administration program at Washington University School of Medicine. [Source: Obituary. *St. Louis Post-Dispatch*, June 5, 2013. <http://www.legacy.com/obituaries/stltoday/obituary.aspx?pid=165159378> (accessed Mar. 17, 2014).]

²² Paul S. Ellison was president of Cleveland Memorial Hospital (Shelby, NC) from 1969 to 1986, and then became executive vice president of The SunHealth Alliance from 1986 to 1995. [Source: Jackson Healthcare website. <http://www.jacksonhealthcare.com/about/advisory-board.aspx> (accessed Mar. 17, 2014).]

²³ J. Larry Tyler is chairman and CEO of Tyler & Company. [Source: Tyler & Company website. <http://www.tylerandco.com/about/team/j-larry-tyler> (accessed Mar. 17, 2014).]

²⁴ Gayle L. Capozzalo is executive vice president at Yale New Haven Health System. [Source: Yale New Haven Health website. <http://yalenewhavenhealth.org/about/leadership.html> (accessed Mar. 17, 2014).]



The 2012 ACHE Board of Governors

DOLAN: I got a lot of feelers, but it would have been difficult to get me away from the American College of Healthcare Executives for a number of reasons. One, I love Chicago. Two, health care is my passion. I would not have been interested in running another non-health-care association. Three, it's a unique role. I loved doing what I did there. I'm not a policy person or an advocacy person, so that takes away all the trade associations. There was never a better job.

GARBER: After you had been sitting in the CEO's chair for a year or two, did you say, "This is it! This is where I'm going to be. This is where I'm going to make my mark?"

DOLAN: No. I wish I could say I was that visionary, but I never would have predicted I would have been in the job for 22 years. Now, I couldn't have told you where I would have been. I guess if somebody had forced me, I would have said, "Well, maybe I'll go back to academia. Maybe I'll go work for a system." Like I said, I didn't have any desire to work for another association. It's something I grew to love. I loved it in the beginning, but I loved it even more as I grew into it.

GARBER: I read an interview of Wayne Lerner, who is a Fellow of ACHE.²⁵ He noted that there are advantages to being in the number 2 or number 3 spot in leadership compared with being number 1. Do you think that that's true? Did you see your leadership style change as you moved up the ladder?

DOLAN: Absolutely. I agree with Wayne on that. For one thing, it's nice to have just one boss. When you're the number 2 or number 3, you typically have one boss. When you're the CEO, you've got multiple bosses—you've got a board. I had a board of 15 individuals, of which a third

²⁵ Interview with Wayne M. Lerner, DrPH, FACHE, past president and chief executive officer, Holy Cross Hospital. *Journal of Healthcare Management*;58(4):245-249, Jul.-Aug. 2013.

turned over every year, so there were a lot of personalities that I had to become familiar with. Every board has its own approach to doing things; you've got to learn that. That is one thing that's very different.

The other thing is that you're dealing with the external environment. Before, I had dealt primarily with the internal environment. I'm somewhat introverted by nature. I became a "learned extrovert," as a lot of executives are. I had to learn that pretty quickly because as CEO of the American College of Healthcare Executives, I was speaking to state hospital association meetings, I was representing us in a variety of organizations—the American Hospital Association being one—and ultimately I was involved with chapters. I had to become a learned extrovert in that respect.

The last comment I would make would be—the buck stops with you. When you're the CEO, you would never say, "A subordinate did that." It was always my responsibility. Those are pretty dramatic changes.

GARBER: Were there techniques that you used to become a "learned extrovert?"

DOLAN: I think it's fortitude more than techniques. I had to get away from that natural shyness of going into a big room, not knowing people, and forcing myself to go up and talk to them. I found that people love to talk about themselves, so having a number of questions about an individual has always worked well. When all is said and done, you have to have a certain amount of technical skills to do any job, but it's always interpersonal skills that make the difference. Knowing people and knowing how to work with people is the key to success.

GARBER: Let's talk some more about working with your board. As you mentioned, a board has turnover. When we interviewed Dick Davidson,²⁶ the former president of the American Hospital Association, for this series, he mentioned that because he had a new board chair coming in every year, he was careful to sit down with that new chair and talk about preferred communication styles and so forth. Did you do any of that same sort of thing?

DOLAN: Yes, absolutely. Yet one of the differences between me and Stu Wesbury and all my predecessors and Dick, whom I know and love, is they never really got involved with the association community. Stu, I know, always saw himself as a health care executive, and only peripherally as an association executive.

I felt that if you're running an association, you are an association executive. One of the things I learned through my involvement with ASAE [the American Society of Association Executives] and the Association Forum of Chicagoland was the importance of getting to know your board and working with your board. I did two things that I think had a tremendous impact on my effectiveness with my board. The first was that every year, ASAE has a CEO symposium. They have multiple sessions where CEOs bring their chairman or their chairman-elect for a two-day program on how to lead the association together.

That's a little late to be bringing somebody to a program like that, when they've been on the

²⁶ Richard J. Davidson was president and CEO of the American Hospital Association from 1991 to 2007. His oral history, Garber, K.M., editor. *Richard J. Davidson in First Person: An Oral History*. Chicago: American Hospital Association and the Health Research & Educational Trust, 2010, can be accessed here: <http://www.aha.org/research/rc/chhah/Davidson--090310--FINALFINAL.pdf> (accessed Mar. 17, 2014).

board for a number of years. After the first year, when I just brought the chairman and chairman-elect, every year after that, I brought all the new board members and the chairman-elect, who had already been to it once before. They heard things from other associations and got new ideas. In addition, it gave us an opportunity to have dinner together and talk. We talked throughout the program. It gave me an opportunity to learn about these people and what they wanted to achieve and things of that nature.

The second thing I always did was visit the chairman-elect before he or she became chairman. I would fly out, have dinner with him or her the night before, and then spend the day at the chairman-elect's organization—tour, talk to senior management about what it meant for their boss to be chair of the American College of Healthcare Executives. That's where I would do the things that Dick talked about—what would you like to achieve? How do you want to be communicated with?

GARBER: Gayle Capozzalo, who served as ACHE chair in 2012, has described you as being known for integrity, vision, and organizational effectiveness.²⁷ You've alluded earlier to family values that helped you develop your sense of integrity. But could you expand on that?

DOLAN: In my family, honesty was ultimate. You make a mistake—fine. Try to cover up that mistake—that was unacceptable. Honesty was always stressed in my household. Being raised in a very religious environment imparted the Golden Rule and things of that nature. A lot of that became second nature to me. I'm a lifelong learner. Looking at history, the mistake wasn't the problem; it was the cover-up of the mistake. It sounds trite, but I believe honesty is always the best policy.

GARBER: To Gayle Capozzalo's second point, I'd like to ask about vision. You've talked about Stu Wesbury being a visionary leader. How does a leader foster that quality of being a visionary? Is that innate, or is it something that you can develop?

DOLAN: I believe it's something you develop. It's the application of acquired knowledge. A good leader is always learning—reading broadly. It's important to read *Healthcare Executive*, *Hospitals & Health Networks*—the health care publications in our field. It's also important to read business publications like *HBR*. For many years, I read a publication called *Working Women*. I was obviously not a working woman, but a large part of my constituency was. Towards the end, I was reading *Fast Company*, which is kind of *Business Week* for the younger generation. I was trying to take in knowledge from as many areas as possible.

I've always been involved in environmental scanning, and have admired the American Hospital Association's environmental scan. I chaired the first big environmental scan the American Society of Association Executives did. All of that gives you a better idea of what the future is going to be. By acquiring that knowledge, you can plan for that future. That's a lot of what vision is all about.

GARBER: Gayle Capozzalo's final point was your excellence in organizational

²⁷ ACHE CEO Dolan to retire in May 2013. *Press Release*, June 27, 2012. <http://www.ache.org/pubs/Releases/2012/ache-ceo-tom-dolan-to-retire.cfm> (accessed Mar. 17, 2014)

effectiveness, which is a nice segue into ACHE's involvement with the Baldrige²⁸ process. How did you get involved in that?

DOLAN: It probably started with my parents, and their view that there was a right way to do things. I had the opportunity to apply that in college through being involved with student activities, and then throughout my career. You've got to see the big picture, but you've also got to see the details. People who ignore the details are ultimately going to run into problems.

It's not enough to have a vision if you can't implement it, and you implement it with careful planning and a detailed orientation. I think the American College of Healthcare Executives is a very successful organization, but I told the staff when I was there—let's not rest on our laurels. I've seen too many organizations that thought they'd be around forever, and we can name a lot of them in business, that disappeared or had very difficult times. IBM was a giant, but they had some very difficult years. People start believing their own press clippings, whether they're organizations or individuals. You constantly have to be improving.

We went through a lot of things. When I first came to ACHE, we were involved in TQM²⁹ because it's about quality. It's about quality in health care. It's about quality in every human endeavor. Baldrige struck me as the most organized way to improve the quality of what an organization does. It is very challenging, very difficult—I was very fortunate to have Deborah Bowen spearheading that. She knows far more about it than I do, but I thought that was the way to put ACHE on a track of continuous improvement.

I remember being asked by one of my subordinates, "What's going to happen to this organization when you're no longer CEO? You've got this attention to detail." I said, "Well, I'm sure they'll find somebody every bit as good." They actually found somebody better—Deborah Bowen. But it also made me think—you've got to hardwire excellence into an organization so that it's just not any one or two or three individuals. That's what Baldrige does.

GARBER: How many years has ACHE been on the Baldrige journey?

DOLAN: I would bet it has been about five years. It's a lot of work, there's no question about it. We were very pleased when we received the state award, the bronze state award, and I know they're preparing to reapply for another state award under Deborah's leadership. Even as we do this, we've seen the positive rewards.

GARBER: Can you pinpoint one or two positive rewards or concrete changes that have been made?

DOLAN: We develop programs faster than we did in the past. It's not always about just

²⁸ The Baldrige Performance Excellence Program was established by the Malcolm Baldrige National Quality Improvement Act of 1987, Public Law 100-107, signed by President Ronald Reagan. Initially intended to spur American manufacturing companies to focus on quality, the program was later expanded to health care, education, and the government and not-for-profit sectors. [Source: Baldrige Performance Excellence Program website. <http://www.nist.gov/baldrige/about/history.cfm> (accessed Mar. 17, 2014).]

²⁹ Total quality management is a set of philosophies and methodologies intended to focus on quality throughout an organization and for the life cycle of a product or service. In health care organizations, TQM came to be referred to as continuous quality improvement (CQI). [Source: McLaughlin, D.B., and Olson, J.R. *Healthcare Operations Management*. 2nd ed. Chicago: Health Administration Press, 2012, pp. 34-35.]

improving quality. It could be improving quality, reducing development time, or reducing costs. What's bread-and-butter at the American College of Healthcare Executives is educating individuals. We're now able to develop programs more quickly because we took out some of the time that was wasted in the process. I think Congress—our number 1 program—has improved every year from using techniques like that. We've employed it extensively in some of our publishing operations, enhancing them.

GARBER: You made a point about the importance of education. Over the years with ACHA and then ACHE, the head of the organization typically had an academic background. Was there a relationship between ACHE and the Association of University Programs in Health Administration (AUPHA)?

DOLAN: There was. The initial educators in health care management were practitioner-educators. They would be running a hospital and be a professor or be the program head. An example of that would be Richard Stull,³⁰ who ran hospitals and was head of the Berkeley program. Stu Wesbury ran hospitals, and was head of the Missouri program. One of my mentors, Gerhard Hartman, for 25 years ran the University of Iowa Hospitals and Clinics and was founder of the program at the University of Iowa.

Many of these individuals served as chairman of AUPHA. Stu Wesbury was a chairman, Hartman was a chairman, I was a chairman. There was that close tie between higher education and practice, between ACHE and AUPHA. We have always been one of the biggest financial supporters of AUPHA. We host a major session for them at our Congress on Healthcare Leadership. I and a number of the other leaders in the organization have spoken at their meetings.

It's a little more challenging today than when I started in the field. Then, there were 16 accredited graduate programs in health administration. Today there are 80 accredited, plus a lot more unaccredited programs, plus there are other ways to get into health care management than going through a health administration program—like a general business background, or clinical background. AUPHA is not as central to the future of health care management leadership as it was in the past, but it's still very, very important, and ACHE has maintained a close relationship.

ACHE was never involved in full-time education. It was always a continuing educator. It was really academia that developed the graduate programs in health administration. Both are important. You need, obviously, the foundational training and then you need the continuing education. Continuing education is probably more important than ever now because at one time the vast majority of individuals in the field were trained in health care management. Now with a lot of people who have not been trained in health care management, they have an even greater need for continuing education.

GARBER: I spoke with Deborah Bowen, your successor at ACHE, and she told me that you were instrumental in changing and modernizing the governance structure of the organization. Can you talk about the nature of the changes that you made in that regard?

DOLAN: When I came to ACHE, it had a strong governance structure, but it was narrow

³⁰ Richard J. Stull was CEO of the American College of Hospital Administrators from 1965 to 1978. [Source: *Coming of Age: The 75-Year History of the American College of Healthcare Executives*. Chicago: Health Administration Press, 2008, p. 238.]

in its focus, in my opinion. In those days, there were three levels of membership—Nominees, Members, and Fellows. Nominees had no involvement in anything—they were simply that. Once you passed the examination, you became a Member; but all Members could do was vote. Fellows controlled everything. What you got was a very typical, older white male leadership of the organization.

One could see the demographic trends. Leadership became less and less representative of the field as a whole, and even of the membership of ACHE. I thought it was important to expand that leadership in a variety of ways. One was that the board was made up of individuals from districts, and that was it—there was no at-large representation. If you want to get the best and the brightest, you can't just tie it to districts. Ultimately, the whole board became at-large, although we are still sensitive to geographic variation. Also, when I came on, the board was all white males, while in the field were a growing number of women and people of color. There was an opportunity to have at-large representation and encourage diversity on the board. I think the board needs to reflect the membership, so that was also a major change.

GARBER: How do people become board members?

DOLAN: Typically today, they have been involved at the chapter level, which is not part of the governance structure. Chapters are a delivery arm for the American College of Healthcare Executives. Or, they're involved as Regents, which are our local representatives. Every state has at least one Regent; some states, like Illinois, have multiple Regents, because of the large number of members there. Individuals have been involved, either as a chapter president, or a Regent, or both. A candidate for the board might have had some committee appointments and then go before a nominating committee. Board members are elected by the Council of Regents.

GARBER: Is there anything else you'd like to say about the governance structure?

DOLAN: I think it was effective before I came. I think it's even more effective now due to leaders like Mark Neaman,³¹ a past ACHE board chairman, who did a lot of work in governance. The governance structure has to be looked at every five years because you cannot just rest on your laurels. As the environment changes, as the membership changes, we should be looking at it and saying, "Do we need to make any changes to be contemporary?"

GARBER: Is 2014 that five-year mark?

DOLAN: I don't know if it's quite that soon, because we did a lot for a number of years. I would say 2015 or 2016 might be time for another governance taskforce.

GARBER: During your two decades as president of ACHE, membership roughly doubled, which is one measure of success in any association. I'd like to talk more about some of the things that helped attract members. In a recent interview, you said that you consider your greatest contribution to have been in the area of diversity and inclusion. How did you become interested in those issues?

³¹ Mark R. Neaman is president and CEO of Northshore University HealthSystem (Evanston, IL), where he has spent his entire career. [Source: NorthShore University HealthSystem. *Executive Bios*. <http://www.northshore.org/about-us/organizational-profile/executive-bios/> (accessed Mar. 17, 2014).]

DOLAN: I've always been a strong believer in equal opportunity, civil rights. It's the right thing to do. It goes back to ethics and integrity. Everyone should have the opportunity to be as successful as possible. It's just common sense. With all the challenges we have in any field, health care being no exception, why would you want to exclude any component of the population? When I first started in the field, there were few female leaders. Half the population is female, and there are bright, articulate individuals who are wonderful leaders. Why would you want to discriminate against them? The same thing is true with race. We are becoming a much more multicultural society, and people want to see individuals like themselves in leadership roles. Those were all reasons why I thought it was important to become more involved in diversity and inclusion.

GARBER: Peter Weil, who was the head of Research and Development at ACHE for many years, told me that you initiated a series of research projects related to equity and inclusiveness.

DOLAN: Peter has got to take a lot of the credit for that. I remember him coming to me within months of my being made CEO and saying, "You know, we have no data on race." I said, "Why not?" He said, "Well, the leadership in the past was concerned that if someone flunked the exam and they were a person of color, they might accuse us of racism if we knew that." I said, "That seems pretty weak to me. I think we need to collect that data."

That gets down to another basic management philosophy I have—the need for data, evidence. You know the saying, "In God we trust. All others, bring data." I'm sure staff got sick of me saying, "I appreciate your ideas on that. What data do you have to support that?" If we were going to address diversity and inclusion, we needed to have data.

The first thing was to collect race data on our members. Once you had the race data, it was logical to say, "I wonder how people are doing compared to each other?" That was the catalyst for our first race and career study that we did with the National Association of Health Services Executives,³² looking at the career patterns of our black and white members. The study found that when you controlled for education and experience, our black members weren't doing as well as our white members. There was discrimination in our field. I personally believe it was not as great as in many other fields, but any discrimination is unacceptable.

That's why we went out and did a series of things. I give Dick Davidson all the credit in the world for starting the Institute for Diversity,³³ which we co-founded with him. It's a big issue. I don't expect that we'll ever in my lifetime eradicate the problem. We continually have to work on discrimination.

GARBER: Did you make any changes within the organization?

³² The National Association of Health Services Executives (NAHSE) was founded in 1968 as a professional membership organization for blacks in health care management. [Source: National Association of Health Services Executives. *Mission, Vision and History*. <https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=NAHSE&WebCode=MissVisHis> (accessed Mar. 17, 2014).]

³³ The Institute for Diversity in Health Management was founded in 1994 by the American College of Healthcare Executives, the American Hospital Association, and the National Association of Health Services Executives. [Source: Institute for Diversity. *About the Institute*. <http://www.diversityconnection.org/diversityconnection/about-us/About-the-Institute.jsp> (accessed Mar. 17, 2014).]

DOLAN: Yes. I believe that professional societies and associations have to model the behavior that they expect of their members. For example, one of the reasons we have gotten involved in TQM and Baldrige is that we know we have quality challenges in the delivery of health care services. I think it's somewhat hypocritical for somebody like me to say "Do things" if we're not doing them. That's one of the reasons. It's the same thing with diversity and inclusion.

We started recruiting in different places. If you recruit in the same old places, you're going to get the same people you've always been getting, so we went to diverse publications to recruit for staff. As we increased the diversity of our staff, we asked these staff to recruit for us. We do annual diversity and inclusion training with all our staff. We have things like a diversity lunch, where people bring in food from their cultural background. We did a lot on the staff level.

One of the things we started was a diversity internship, which is a three-month experience between the first and second year of a graduate program. We've always had special scholarships for diverse individuals. I was very flattered and humbled by the dinner that raised over a million dollars for the executive diversity program. We have plenty of diverse individuals entering our field, but a lot of them leave when they're blocked in their advancement. The executive diversity program is aimed at mid and senior people, making sure they become the CEOs of the future.

GARBER: I spoke to Bill Schoenhard³⁴ in preparation for this interview. He was the ACHE chairman in 2006-2007. He told me of your commitment to diversity and to encouraging the advancement of women and minorities, as you've just discussed. He suggested that I ask you if you're satisfied with the progress that's been made in the field.

DOLAN: Well, no, I would like it all to be a level playing field. We've made progress and we've got to keep pushing on that. I'm happier with the progress we've made with gender than we have with race. Like I said earlier, I think that the majority of health care leaders in the future will be women. With race, we've made progress, but we've got to continue pushing on that. It's not going to be solved overnight, but we've just got to continue to push on it.

GARBER: I'd like to make a little aside that's related to what you've just been speaking about, which comes from Gerhard Hartman, who you had mentioned earlier. He was the Executive Secretary of ACHA from 1937-1942. In the oral history that he did for our series, he was talking about Father Schwitalla.³⁵ At the time of the formation of ACHA, for some reason, he prevented Catholic sisters from joining.

DOLAN: I knew of Father Schwitalla. Before I came to ACHE, I ran the St. Louis University program that was founded to educate religious women by Father John Flanagan, who was Father Schwitalla's successor as head of the Catholic Hospital Association, now the Catholic Health

³⁴ William C. Schoenhard served for over 20 years as exec VP/COO at SSM Health System before being appointed a deputy under secretary at the Veterans Health Administration. [Source: *DUSHOM Biography: William C. Schoenhard, FACHE*. <http://nche.ache.org/Documents/DUSHOM%20Biography.pdf> (accessed Mar. 17, 2014).]

³⁵ Father Alphonse M. Schwitalla, Ph.D. (1882-1964) was a Catholic priest and educator who became dean of the School of Medicine at St. Louis University and served as president of the Catholic Hospital Association from 1928 to 1947. [Source: *Saint Louis University Libraries Special Collections: Archives and Manuscripts*. <http://archon.slu.edu/?p=creators/creator&id=7> (accessed Mar. 17, 2014).]

Association. Father Schwitalla was the founder Jesuit; Father John Flanagan was his successor.³⁶ They did have their own views on the role of religious women in hospitals and professional life. But to be clear, that was their views.

Clearly there's the hierarchy of the Church. There are religious women who are a major force in the delivery of health care services. Once women felt free to join, ACHE has always had a very strong relationship with them, and a very strong relationship with faith-based hospitals. I've been pleased with that relationship. One of the people I've admired most in my career was Sister Irene Kraus.³⁷ Sister Mary Roch³⁸ is a good personal friend. I think Father Schwitalla's actions don't speak for the Church.



Sister Irene Kraus

Courtesy of Providence Hospital (Washington, DC)

GARBER: That was a long time ago.

DOLAN: A long time ago.

GARBER: In an earlier interview, you mentioned your contributions in the area of ethics. Could you talk a little bit about the ACHE Code of Ethics?

DOLAN: The Code of Ethics is one of the most important things that ACHE does. The Code of Ethics, in the simplest terms, describes the appropriate behavior that a health care leader should have with respect to patients, first and foremost, and to families, the community, and co-workers. If someone violates it, we enforce sanctions. This sets us apart from a lot of professional societies, in that we enforce the Code of Ethics. I know a lot of associations that have a code of ethics, but when you ask them what happens if somebody violates it, they say, "Well, nothing." It's just kind of out there.

We actually enforce our Code of Ethics. We have an Ethics Committee. If we find out about unethical behavior—typically from the media or a well-documented complaint—we involve a

³⁶ Father John J. Flanagan served as executive director of the Catholic Hospital Association from 1966 to 1968. [Sources: 90 years working together. *Health Progress*;86(3):16-17, May-June 2005, <http://www.chausa.org/publications/health-progress/article/may-june-2005/90-years-working-together-part-1> and, *Health Progress*;86(4):2-3, July-Aug. 2005. <http://www.chausa.org/publications/health-progress/article/july-august-2005/90-years-working-together-part-ii> (accessed Mar. 17, 2014).]

³⁷ Sister Irene Kraus (1924-1998) was the founding CEO of the Daughters of Charity National Health System and the first woman to serve as chairman of the American Hospital Association. [Source: Irene Kraus, 74, nun who led big nonprofit hospital chain. *The New York Times*, Aug. 27, 1998. <http://www.nytimes.com/1998/08/27/business/irene-kraus-74-nun-who-led-big-nonprofit-hospital-chain.html> (accessed Mar. 17, 2014). Her oral history, Weeks, L.E., editor. *Sister Irene Kraus in First Person: An Oral History*. Chicago, IL: American Hospital Association and the Hospital Research and Educational Trust, 1988, is the collection of the Center for Hospital and Healthcare Administration History.]

³⁸ Sister Mary Roch Rocklage was the founding CEO of the Sisters of Mercy Health System and a chairman of the American Hospital Association. Her oral history, Garber, K.M., editor. *Sister Mary Roch Rocklage in First Person: An Oral History*. Chicago, IL: American Hospital Association and the Health Research & Educational Trust, 2011, can be found here: <http://www.aha.org/research/rc/chhah/oral-histories.shtml> (accessed Mar. 17, 2014).

lawyer, we investigate, and we throw people out or censure them. It all goes to the board. It's all done with due process, but we enforce that Code of Ethics.

More importantly, we're proactive, and I think that's where I've made my contribution. Before I came, we had ethical policy statements, and we still do, but during my time there, we started an ethics column. Every issue of the magazine³⁹ since I've been there has had a column dealing with an ethical issue. In addition, we've had ethical programming at the Congress on Healthcare Leadership. As part of our Fund for Innovation in Healthcare Leadership, we now have a freestanding ethics program every year.

We have an ethics self-audit that goes into the magazine once a year, and it's also on our website. A person can walk through a series of questions that do not get turned in to anybody, along the lines of, "Am I doing these kinds of things?" I know at least some hospital CEOs who have used it for all of their senior management, even used it as a self-audit for their whole organization. I think that's the way I've contributed.

GARBER: Wasn't there an earlier self-audit related to all different aspects of management?

DOLAN: Yes, there was. We had that for a number of years. It was somewhat of an education program. You paid money, you took it, you got a score. Later, when we found no demand for it, we stopped doing it. Then we felt, because so many excellent people were entering the field who didn't have a traditional health care management background, that we had to nail down: What are the competencies to be an effective health care manager?

We publish that self-audit now annually in the magazine, and it goes on the website. Individuals can go through it, and if they're honest with themselves say, "I really don't know enough about this area." What I often suggest is that you go through it, but then give it to your boss and have your boss rate you on these areas. The real issue is when you don't agree. Maybe you think you're strong enough in finance, but if your boss doesn't, you might want to address that issue.

GARBER: That leads us into a discussion of lifelong learning and the educational programs that ACHE has sponsored. I think the Congress came into being in the mid-'50s.

DOLAN: It did. I don't know if it's actually true, but the famous story is that Ray Brown,⁴⁰ who was a major leader in both the AHA and ACHE, said to the board at the time, "If we start a



Ray E. Brown

³⁹ *Healthcare Executive* is a magazine published bimonthly.

⁴⁰ Ray E. Brown (1913-1974) served in leadership in hospitals, associations, and graduate training programs. At the time of his death, he was executive vice president of the McGaw Medical Center of Northwestern University. He served as president of the American College of Hospital Administrators and of the American Hospital Association. He was director of the hospital administration programs at Duke and at the University of Chicago. [Source: Ray Brown dies. *Hospital Topics*;52(6):52, June 1974.]

meeting in Chicago in February, no CEO will ever have to explain to his board why he went. It won't look like a junket. It will obviously be educational in nature!" One of my contributions was moving it from February to March, when the weather could be a little bit better in Chicago.

It's the biggest meeting of senior health care executives in the country. We get about 5,000 individuals there. The next biggest meeting is probably the AHA Annual Meeting, but that gets about 1,500. There are bigger meetings, of course, like HIMSS, but they're not getting CEOs like we are. It's a big meeting that provides wonderful education, but also wonderful socialization. I wouldn't be so naïve as to think that people just come for the education. They come to be with their colleagues and for what they learn in the hallways as much as what they learn in the classroom.

GARBER: I understand that in the early days there were back-to-back Congresses.

DOLAN: There were and that's something that was a contribution of Stu Wesbury's. What he realized is that we had to expand the capacity of the Congress. It was very few days. We were tied into a long-term contract with the Palmer House at the time, which is a wonderful hotel, but not the largest in the city. To expand capacity, we had a few days at the Palmer House, and then we moved everything to the Hyatt Regency, one of the largest hotels in the country, and did it all over again. This continued until we were done with the Palmer House contract, and then we moved everything to the Hyatt Regency.

GARBER: Today, Congress alternates between the Hyatt Regency Chicago and the Hilton Chicago/Palmer House.

DOLAN: Right, we alternate to keep everybody honest and on their toes. These are some of the largest hotels in the country, which is convenient for our members. They don't want to go to a convention center. They're busy. They want to be able to go back to their room, do work if they have to. We make it as convenient as possible.

GARBER: Is planning for Congress something that takes the whole year?

DOLAN: We start planning for the next Congress before we do the current year's Congress. We send out the request for proposals (RFP) for sessions. There are some large plenary sessions that have anywhere from 1,500 to 2,000 people at them, and we select those speakers. Most of the sessions are presented by individuals who talk about, "This is how we did something at our hospital." It's typically a consultant and a practitioner, an academic and a practitioner, or a supplier and a practitioner.

We'll send out an RFP before this year's Congress for next year's Congress. We'll probably get 500 people who apply for 70 slots each year. There are 110 sessions at Congress, but 40 of these are reserved for people we know we're going to bring back. It takes the whole staff and a lot of members to narrow that down to the group that we'll select. We're working on Congress every day of the year.

GARBER: You were talking about the plenary session speakers. Are there any that particularly excited you, so that you said, "Oh, my gosh, I can't believe we got so-and-so to do this!"

DOLAN: That hasn't been the model of our meeting. We have not gone after the big marquee speakers, because of the educational nature of the meeting. First and foremost, we're

looking for individuals who will provide a high quality educational message. I'm not saying that there aren't lots of marquee speakers who can do that. But marquee speakers also cost a lot of money and we try to be as frugal as possible.

What we've always tried to do is get excellent speakers at all of the plenary sessions. We don't treat the keynote any more importantly than the three lunch speakers. I've heard lots of fantastic speeches during Congress. But I can't say there was any one that I would say, "Wow, that's the most important I ever heard."

GARBER: Does Congress pay for itself?

DOLAN: Oh, yes. Like hospitals, we cross-subsidize. Our basic dues do not cover the cost of what we provide our members. The way we subsidize that is through our educational programming, our publishing, and our corporate partners.

GARBER: What is the nature of the educational programs other than Congress?

DOLAN: Congress is the big event, but we do over 100 seminars around the country every year. Now where Congress is kind of like a cafeteria—with 90-minute sessions, the longest ones are 180 minutes—the seminars are 12 hours, six hours each day, two days in a row. We run them from 7 a.m. to 1:30 p.m. People can come in the night before, go to something from 7 to 1:30. That afternoon they can work, they can take it easy, whatever they want to do. The next day, they do the same thing, and are out of there and back at work on Day 3.

The seminars tend to address issues much more in depth, like Baldrige, or particular quality topics, or finance topics, or human resource topics. They'll have only 20 to 40 people in a session, one or two faculty, a big binder of materials, with the idea being, you go to that seminar, and then you go back and implement that in your organization. Seminars are the second big component that's run nationally.

We also do a lot of distance learning nationally. We have webinars. We also have what we call "on-location programs," where people will take our seminars and present them in their hospital, or one of our chapters will present a seminar in their local area. One of the main catalysts for forming the chapters was local education, and we provide them with "education in a box," for lack of a better term, that they can present to their chapter members. A lot of what we do is educational in nature.

GARBER: How do you make sure that the educational programming remains relevant?

DOLAN: We're data-driven. Every year we do a member needs survey, where we ask them, "What do you need out of an educational program?" Every program we run is evaluated, and there are always questions about, "What should we be doing programming on?" We do focus groups; we do interviews; we look at the environment. Annually, we talk to healthcare consultants to ask what challenges they are facing in the field. We're constantly getting data that helps us refine this. We have a large committee of 40 individuals, the Programs, Products and Services Committee, that helps us determine what we should be doing.

GARBER: You talked about the importance of data and you talked about some of the early research that was done. Are there any research studies currently underway that you're particularly

excited about?

DOLAN: We talked about race and careers. Gender and careers has been another long-term study that we've done over the years. I think that's very important. I think something that's become very important for about eight years now are the top concerns of chief executive officers, knowing what's on their minds. Again, that's another way that helps us formulate both educational programs and publications.

CEO turnover is very important. I personally believe we have too much CEO turnover, and not enough management succession in our field. That's been another major thrust of our research—a lot of career research and things of that nature. These have all been important.

GARBER: Research, of course, dovetails with publishing. You've spoken about bringing Health Administration Press to ACHE. What do you feel the future is for ACHE's print publications?

DOLAN: I think eventually it's going to become a much smaller part of the publishing business. We're seeing some of the decline already. I can only speak for myself. At this point, I prefer to get as many publications as I can electronically rather than on paper because it's just more to carry. The content is what's important. I don't think we should ever lose sight of that.

We're already changing. The average publisher obtains about 5 percent of their revenues from electronic publications. We're at 8 to 9 percent. We sell on Amazon. We sell through a number of electronic vendors. Most of our publishing business is textbooks. I think we're always going to be in the content business. The question is how we deliver that, and I feel it will be heavily electronic in the future.

GARBER: We talked earlier about the credentialing process. When I was speaking with your colleague Bill Schoenhard, he told me about the change in credentialing that took place when he was ACHE Chair. He also mentioned that this demonstrated your personal willingness to tackle tough and controversial issues. We talked before about the Nominee, Member, and Fellow categories that existed. How did the membership model change?

DOLAN: When we were started, the famous people in the field were just made Fellows, and everybody else was a Member. Then we developed an exam that you had to take to become a Member. We then required Fellows to either do a thesis on some important topic or four case studies that they had experienced in their practice. Over a few more years, we had a mentoring option for fellowship.

What we noticed was that fewer and fewer people were advancing. Oftentimes, the problem wasn't becoming a Fellow. It was becoming a Member. They didn't want to take the exam, because generally, people don't want to be evaluated. They're evaluated enough in life.

You learn from your mistakes. My first approach was: Let's get rid of that "nominee" term and call entry-level people "Members," because I think everybody deserves that level of respect. Let's call the people who pass the exam "Diplomates," much like the medical profession, and then still have Fellows. We tried that, and that didn't really help much, to be perfectly honest.

Then we said, let's step back and really do a thorough study of this. We brought in the

leading credentialing expert in the country, and she said, “You know, this fellowship isn’t really a credential. It doesn’t really test their knowledge. That’s all done by the exam. That’s where you should be putting your emphasis.”

I really do feel that passing the exam is important because it covers the basic knowledge you need to be successful in health care management. We are getting more and more people who have not come out of a traditional health care management program. They’re smart people, but there is a certain body of knowledge they need to know. The exam forces them to learn that and prove they know it. What we proposed then was that we collapse the credential into just “Members” and “Fellows.” Fellows had to pass the exam.



Tom Dolan in the early '90s
Courtesy of Stuart-Rodgers Photography

We also said, for the first time, “You have to have a post-baccalaureate degree.” In the past, you could become a Fellow with just a bachelor’s degree. But in this day and age, we know how important graduate education is. We said, “To become a Fellow, you have to pass the exam, you have to have a post-baccalaureate degree, whether it be an MBA, MHA, MD, MSN. You have to have five years of management experience. You have to have three years of involvement with ACHE (which the members demanded), and a certain amount of continuing education.” That was what we proposed to the field.

GARBER: What was the reaction?

DOLAN: Most reacted well, but the people who didn’t like it, really didn’t like it. I alluded to this when I gave the keynote presentation at Congress this year. There was a cartoon in *Modern Healthcare* of a guy behind a door that says “ACHE” on it. His shirt has been ripped. There’s another guy on the floor. There’s an angry mob outside the door. The caption is, “Well, I think that went quite well.”

There were unhappy people, and for a while, we had to deal with, “Well, I’m a real Fellow because I did all this.” That’s pretty much all gone away now, and I think everybody realized in retrospect, it’s what we had to do. We have more Fellows than we’ve ever had in history. I think people see it as something they can do, and it’s important to do. It’s still the gold standard in the field. It’s always going to be a challenge, because people are very busy. When people ask me what’s your biggest competition, I always say, “Life!” People are so busy. They don’t feel they have the time for associations like they used to. We have to make sure we’re always providing value.

GARBER: You just mentioned having given the keynote at Congress this year. One of your colleagues told me that you gave the keynote at the Congress when you first came on board. Was that a difficult experience, being that you were rather introverted at the time?

DOLAN: It was a very difficult experience. It was difficult in that the Director of Education came to me two hours before the opening session and said, “Our speaker is fogged in in Detroit.” My reaction was, “Why wasn’t he here last night?” None of that did any good.

Fortunately, we had just completed a study that looked at the relationship between board chairmen, medical staff presidents and hospital CEOs. I said to one of my staff, “Go back to the office, get the slides.” In 1992, we were still using those carousels with slides in them. “Get the carousel of slides, and that’s what I’ll present.” That’s what I did.

GARBER: Did you take any lessons from that experience?

DOLAN: Yes, make sure that the keynote speaker is there the night before! I never wanted to repeat that again. In fact, in 22 years, we only had one other time when a major speaker didn’t show. We thought he was in the hotel, but it was somebody with the same name. Our luncheon speaker had the wrong day. He thought he was speaking the next day. In that case, I did not jump up and give a speech. It was a luncheon. We just said, “Enjoy your meal.”

GARBER: We had talked a little bit earlier about the ACHE chapters initiative. That involved a reorganization of ACHE from being primarily a national organization to one touching members more at the grassroots level.

DOLAN: If I were to say that “diversity and inclusion” was my number one contribution to ACHE, this is probably my number two contribution. In 2000-2001, we were a very successful association. People had time. They had money. They could travel to Chicago for Congress or travel to wherever we were having seminars. But I said to myself, *you know what? This is not going to last. Obviously, health care is going to become much more competitive. We’re going to have to reduce costs, which means that people aren’t going to be able to travel. We’ve got to have another framework for delivering face-to-face education.*

I was fortunate enough to partner with Mark Neaman, who had just left the chairmanship. We did another governance study, but basically what we said was, “We’ve got to develop a network, because young people aren’t being allowed to travel like they used to, and older people aren’t traveling as much. We’ve got to have something at the grassroots level.”

A lot of my association management colleagues thought I was nuts because chapters typically are considered a thorn in the side of the national organization. But, it was important to do. Under Mark’s leadership and some of the staff who have done a spectacular job, the chapters have been very successful. You talked earlier about the growth in membership. I give a lot of credit to the chapters for that growth because we’ve become relevant at the local level. In the heart of the recession a few years ago, when people had no money to travel, it was the chapters that delivered education. They’ve worked out very, very well.

GARBER: When you were talking about having no money to travel, I thought about the uniformed services and how they were absent from Congress in 2013. Could you talk about the relationship between ACHE and the uniformed services?

DOLAN: We’ve always been fortunate to have a uniformed services presence at ACHE. I think involvement in ACHE is more important for a federal employee than it is for a civilian employee because the federal government tends to really value credentials. Whether you are in the Army, Air Force, Navy, or in the VA, our credentials have been important and have been well-recognized.

We recognized how important the uniformed services were in 1988 as part of another governance study where we said that they really need unique representation. We gave each of the three branches in the service, and then a few years later, the VA, their own Regent. We put in a mandate that an individual from the federal sector must be on the board. That's been important. I think it's been important for the federal sector to have civilian interaction, because, more and more, the federal sector doesn't deliver health care by itself. They rely on civilian health care organizations, too.

I think it's also been invaluable for the individual federal employee because—especially in the military—people want to do something after they retire (after 20 to 25 years). They typically then go into the civilian sector. As I say to the federal sector, “We're here to serve you now, and in your next role.”



Tom Dolan with Major General David A. Rubenstein (far left) and other Army officers at Walter Reed Army Medical Center in 2008

That's worked out extremely well for us. I personally think that the federal government has been very short-sighted in limiting federal employees to go to civilian programming. That's going to catch up with them. You can do it for a year or two, but ultimately you don't want to lose that link between the federal government and civilian health care organizations.

GARBER: I thought it was a one-time thing. You're saying that it might affect the 2014 ACHE Congress?

DOLAN: Absolutely. I don't know. I don't think anybody knows. I mean, who could have predicted the latest budget talks?

GARBER: Switching gears entirely, what does evidence-based management mean and how widespread is the concept?

DOLAN: When I think of evidence-based management, I go back to a famous study called the Hawthorne Study⁴¹ that was done here in Chicago at Western Electric, as it was called at the time. The researchers said, “Does the amount of light impact how productive employees are?” They made the light brighter—and people were more productive. They made the light dimmer—and people were more productive! What they found was that paying attention to people makes

⁴¹ The Hawthorne experiments were conducted in the 1920s and early '30s to investigate the effect on productivity of making changes in the working environment. [Source: The Hawthorne effect. *The Economist*, Nov. 3, 2008. <http://www.economist.com/node/12510632/print> (accessed Mar. 17, 2014).]

them more productive.

The point is that they studied the impact of something. Too often in management, we have gut feelings. We say, “Oh, I think this is logical. This should work.” We go and do it, and it doesn’t work, and it costs lots of money. Evidence-based management is, whenever possible, a way to see if there’s any evidence for the change we want to make. If there is no evidence, let’s do a small experiment first. Before we have the whole health care organization do X, let’s have 5 percent do X and see if it has the impact we want. Also, if we’re going to tell clinicians they have to do evidence-based medicine, we should be doing evidence-based management.

GARBER: Does ACHE have any initiatives specifically about evidence-based management, or is it worked into the general education curriculum?

DOLAN: It’s pretty much worked into the general education curriculum, although we have some specific publications on it. But, if you think about it, it’s like ethics. I’m also proud of the fact that we try to weave ethics into all of our education and publishing. We try to have data-driven, or evidence-based—whatever you want to call it—concepts included in all of our education and publications.

GARBER: You’ve mentioned a number of times about the benefit of your relationship with the American Society of Association Executives.

DOLAN: Yes, and let me broaden that out a little bit, because I feel a certain dedication to the Association Forum of Chicagoland. Both organizations are like an ACHE of association executives. They’re personal membership societies. The American Society of Association Executives (ASAE) is the national one. It has about 25,000 members. The second largest one is Association Forum of Chicagoland, with 4,000 members, and it does exactly for its members what we do for our members. It provides credentialing, education, and publications. ASAE is also the trade association. They represent both the organizations and the individuals. It’s the way for an association executive to learn about new and important trends.

GARBER: I understand you’ve had a fairly active role in the organization.

DOLAN: I started in the Association Forum of Chicagoland. I was on some committees, went on the board, became chairman. That’s been especially important because that was something I could involve my younger staff in. While I can’t afford to have everybody going to national meetings, everybody can go to the Association Forum, which is about two blocks from our office. They can go to meetings held at their office or at hotels in Chicago.

I got involved with ASAE a few years afterwards. I went on their board and chaired that organization. That was especially relevant because, at that level, I had the opportunity to work with the heads of other large professional societies like ACHE and get ideas from them and share experiences, which was extremely valuable.

GARBER: Do you have an example of one of the most important ideas that you gleaned from other association execs?

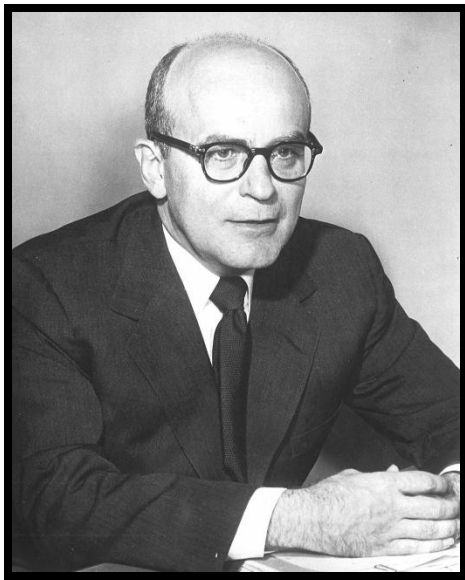
DOLAN: Oh, yes. In fact, I often say I don’t think I’ve ever had an original idea, but I know how to take other people’s ideas and utilize them. We have a leadership development

program for young people. That was directly taken from ASAE. Now we had to modify it somewhat for our unique environment, but that's an example.

In some areas, we have been far ahead of ASAE in diversity and inclusion. But in other areas, they provided us with valuable tools. Sometimes we're sharing things with them, sometimes they're sharing things with us, and sometimes we co-develop. For example, I helped them develop a board self-evaluation, which ACHE now uses. I helped them develop a CEO evaluation. It has been a wonderful partnership.

GARBER: I want to give you the opportunity to speak about a few individuals who have been giants in the field, who have perhaps passed on by now, and give a little thumbnail about those individuals.

DOLAN: I've always considered one of the fortunate things in my career is that I got to know some of the giants. I've already alluded to Gerhard Hartman, the second CEO of the American College of Healthcare Executives. I replaced him 50 years later in the job. He was also, as I said, the founder of the Iowa program, head of Iowa Hospitals and Clinics, the chair of my doctoral committee—a giant in our field. I was just delighted to be at his induction into the *Modern Healthcare* Hall of Fame.



George Bugbee

He believed there was one right way to do things. He was very traditional. When I went to the Iowa program, you had to wear a coat and tie every day. You had to stand up when he came in to the room. Now, given my parents' background, I didn't find this all that outrageous, and I was fine with it. He instilled in us the importance of hard work, formality, never to assume anything. He also fostered resourcefulness—he had us do field studies that we really didn't know how to do, but we learned how to do them by doing them. That was what I took away from him.

Another person I didn't know as well, but who impressed me, was George Bugbee.⁴² When he was head of the AHA, he was one of the people who made the Hill-Burton law⁴³ what it is, and got it passed. I had a few opportunities to sit down and talk to George, have dinner with him, and I was always struck by his humility. He was a low-key kind of guy.

⁴² George Bugbee (1904-1995) was the superintendent of City Hospital (Cleveland) before being selected as the first non-physician to lead the American Hospital Association in 1943. His oral history, Weeks, L.E., editor. *George Bugbee in First Person: An Oral History*. Chicago: American Hospital Association and the Hospital Research and Educational Trust, 1983, is in the collection of the Center for Hospital and Health Care Administration. [Source: George Bugbee. *Modern Healthcare*;19(37):56, 58, Sept. 15, 1989.]

⁴³ The Hospital Survey and Construction Act, PL 79-725, was passed in 1946. More commonly known as the Hill-Burton Act, after its sponsors, the new law provided federal funding for hospital renovation and construction in exchange for the provision of future uncompensated care. [Source: U.S. Health Resources and Services Administration. *About Hill-Burton*. <http://www.hrsa.gov/getthehealthcare/affordable/hillburton/compliance.html> (accessed Mar. 17, 2014).]

Most of the leaders I've known in our field are quiet and humble. We hear so much in business about these flamboyant, charismatic leaders. I don't really think that they are typically the most effective. I think it's people like George Bugbee—who was down-to-earth, wanted to know about you, wanted to know about your family. I mean, this is a man who did great things. I was considerably younger. He was like a kindly grandfather.



J. Alexander McMahon

Stu Wesbury, of course, is still alive. We've touched on him. Alexander McMahon,⁴⁴ another AHA CEO, had a little bit more of an edge on him than George, but was a brilliant guy. I remember being in sessions with him where he could take the most complex problem, explain it, and tell you what the implications were for you, for your organization, for the health care system.

Another person who is still alive, but retired, is Kirk Oglesby.⁴⁵ Kirk is the only person, to the best of my knowledge, who chaired ACHE, AHA, and The Joint Commission. If you met Kirk, you'd be impressed with him, but you never would have thought he had done those things. He is the epitome of a Southern gentleman—very low-key, very soft-spoken. I watched him unfold problems and show you every possible angle, and how you might address them.

Another person is Sister Irene Kraus, and there was kind of a unique relationship there. I ran *the* Catholic health administration program for seven years. Sister Irene was supposed to go to that program. She was actually on campus when her order called her and said, "Sister Irene, you can't go. We need you to run a hospital." Given the vow of obedience, Sister left, and the rest is history. We know what an impact she had on the field. Now here's an example of a very pragmatic person. You think of religious women and you think, *oh, they're very pious*—and she was. But, she also knew how to get things done and had a great sense of humor. A lot of the people I've known in the field have a marvelous sense of humor. Spending time with those people is always a joy.

Another good example of that was Sister Roch. I knew her from my St. Louis days. When my first grandchild came along, she gave us a pair of booties that she had knitted. I don't think there's a lot of AHA chairs that knit, much less were giving out booties!

GARBER: What do you consider to be your best and worst management decisions?

⁴⁴ J. Alexander McMahon (1921-2008) was president of the American Hospital Association from 1972 to 1986. His oral history, Weeks, L.E., editor. *John Alexander McMahon in First Person: An Oral History*. Chicago: American Hospital Association and the Hospital Research and Educational Trust, 1987, is in the collection of the Center for Hospital and Healthcare Administration History.

⁴⁵ D. Kirk Oglesby, Jr. was the administrator of hospitals in the Carolinas for over 40 years. His oral history, Garber, K.M., editor. *D. Kirk Oglesby, Jr., in First Person: An Oral History*. Chicago: American Hospital Association and the Health Research & Educational Trust, 2012 can be accessed here: <http://www.aha.org/research/rc/chhah/Oglesby--FINAL--011112.pdf> (accessed Mar. 17, 2014).

DOLAN: My best management decisions have been around people. I realized fairly early that the success of any organization and its leader depends on the people in the organization. I've always gone to great lengths to try to pick the best people. I haven't always done that, but I've tried to select great people, nurture them as best as I can, and then have them move on.

My second “Number Two,” Karen Hackett,⁴⁶ is now head of the orthopedic surgeons. Deborah Bowen succeeded me. A CFO that I was very close to, Abe Eshkenazi,⁴⁷ runs the association of supply chain managers. A former vice president of education, Chuck Macfarlane, is CEO of the diabetes educators association.⁴⁸ I tried to get the best people, invest in them, and when the time was right, send them on their way to bigger and better things. Those are clearly the best management decisions I've ever made.



(Left to right) Deborah Bowen, Tom Dolan, and Karen Hackett

I think the other good decisions, we touched on earlier. The decision to put time and resources into diversity and inclusion—and that's important; you can give lip service to something, but putting time and resources into it proves you're serious. With the decision about the chapters, there was resistance at the local level. There were people who said, “Why are you doing this?” Some of these local groups said, “We don't want to be controlled by the national.” But, something I've also learned is, nothing of importance is done quickly.

One of the greatest negative lessons I had in my life happened early on, fortunately. When I was at St. Louis University, I had this splendid idea for reorganizing the department, but I presented it to the faculty cold. I hadn't talked to anybody. I just presented it, and I got my head handed to me! The reality was that they actually liked the idea, but they were insulted that they hadn't been consulted and involved in it. That's a lesson I've learned throughout. For example, nothing major at ACHE happened in less than a year, because by the time you got the board involved, the Council of Regents, the chapter presidents, and the members, it took that long, and that was okay. Oftentimes, quite frankly, few of those levels added much, but if they didn't feel they owned that decision, it wasn't going to be implemented successfully.

Another example of a poor management decision came from me not listening. As a former academic, I thought I knew students better than anybody else in the organization, so I said, “You know what we've got to do for new graduates? We've got to give them a year of free membership, and then they'll all join afterwards.” My staff said, “No, they won't. That won't happen.” I said, “Yes, they will,” and I was the president, so we did it. The staff was right; they didn't join. What we

⁴⁶ Karen L. Hackett is CEO of the American Academy of Orthopaedic Surgeons. [Source: CEO introduced new value initiative. *Press Release*, Feb. 2012.

http://www6.aaos.org/news/PDFopen/PDFopen.cfm?page_url=http://www.aaos.org/news/acadnews/2012/AAOSS2_9.asp (accessed Mar. 17, 2014).]

⁴⁷ Abe Eshkenazi is CEO of APICS, the professional association for supply chain and operations management. <http://www.apics.org/about/overview/leadership/executive-staff> (accessed Mar. 17, 2014).

⁴⁸ Charles Macfarlane was named CEO of the American Association of Diabetes Educators in 2012. http://www.diabeteseducator.org/About/Media/07.16.12_Release (accessed Mar. 17, 2014).

ultimately did—and the staff liked this—was reduce the fees for new graduates and then ultimately built the fees back up. This was far more effective.

GARBER: Why do you think they were not receptive to the free membership?

DOLAN: Well, they were receptive to the free membership! What happened was, the year after that, when they had to pay full price, they dropped out. Rather than going from \$0 to \$250, we found that it was better to start off at \$150 for a couple of years after graduation and then go to \$250.

GARBER: You're acclimating them to paying something.

DOLAN: It's all about data and people's misconceptions. I remember in one survey, we asked students why they weren't joining, and they said, "I don't understand why my dues go from \$75 (what we charge students) to \$150." They didn't understand that we were subsidizing them as students. Another saying I use a lot—there is no such thing as teaching. There is only learning. I've often used teaching as a technique for change.

One of the things I've learned is that you have to listen to yourself—for example with my perseverance on the credentialing change, with diversity and inclusion, with the chapters. But, you also have to listen to everybody else and try to weigh those two. I think Stu Wesbury is a good example of that. He listened to people when they didn't want to change the name, but he felt that was important and ultimately achieved that.

GARBER: At ACHE, what is the process for making a change successfully?

DOLAN: Ultimately, it's getting the vast majority of people to understand and be behind it. You have to convince people there's a reason to change. That was always a challenge at ACHE. We were doing well. The case I had to make was, "Yes, we're doing well today, but ten years from now, if we don't do something, we're not going to be doing well, and it will be too late ten years out to make the change overnight."

The chapters were a good example. In 2000, education was doing well; we had plenty of money. But, in 2010, if we still had the same model, we wouldn't be doing so well. It took us almost ten years to get there. You've got to convince people there's a need for change—that either the status quo is unacceptable, or the future will be unacceptable if you don't change.

GARBER: The process would be that you had your staff make up a business case for whatever. Then they would present it to you, and if you liked it, what happened next?

DOLAN: Then you communicate it. I heard once that one of the Mayo Clinic presidents had a method for whenever he wanted to communicate something. He did it eight different ways. He did it at town hall meetings, he put it in the lunchroom, he sent it to people's homes, he put it in their paychecks—because people learn and hear in different ways. It's amazing, you know, after years of doing something, you will still have people who don't know you're doing it. So, communication is the next thing—getting people to understand it and then getting them behind it. That takes time.

GARBER: Perhaps even before this communication, you want your board on board.

DOLAN: Oh, absolutely! That's always first. One of the things I learned—and I think something we all have to be careful about—is that it is the members' organization. It is not the staff's organization. Sometimes there is a tendency for the staff to say, "Oh, we know better. We've been doing this for years. We know what the members want." That's where data comes in. You've always got to listen.

I once said board members probably don't know as much as *they* think they do, but they know a lot more than *you* think they do. I've learned a tremendous amount from boards because they're out there. They're doing it. Their blind side is that board members tend to be older and more successful than the average member. That's why you have to bring them data saying, "Well, this is how the younger members feel."

As an example of testing things out, we put this on a member needs survey: "This is a dues dollar, and this is how we can spend it." We put everything that was dues-supported—not education or publishing, because members pay separately for them—but we put the Code of Ethics, we put the website, things like that. We asked our leadership, "How would you spend the dollar?" Then we asked our members how they would spend the dollar. There were some dramatic differences. The leadership would have spent a lot more on ethics and very little on the website. The members would spend a lot more on the website and on career services.

You present that data to the board. You go from staff to board, then to the Regents, out to the chapters, and then to the rank-and-file members.

GARBER: How did you become involved with the International Hospital Federation?

DOLAN: We can blame our friend, Dick Davidson, for that. I guess Dick was finishing up his term. He called and asked if I would be willing to be the candidate from the United States, because no one is guaranteed to be on the governing council. I said, "Sure." I ran and was elected.

It's been a wonderful experience. I think as Americans, we tend to think we have all the answers. We live in a country where only 20 percent of the population has a passport. They've never even gone to Canada or Mexico. We tend to be insular. I think the involvement of the AHA and ACHE with the International Hospital Federation is starting to pay dividends because as we get more and more involved with health care reform, we learn that some of the most effective health care systems have stronger primary care than we do, or have a better information technology framework than we do. There are things to be learned. It's been valuable in that respect.

GARBER: Are you the president of the International Hospital Federation now?

DOLAN: No, I'm the immediate past president. One of the things you learn also in international settings is that terms tend to be much longer. A board term there is six years. The president's term, which is like their chairman, is six years also. Two years as president-designate, two years as president, and two years as immediate past president. Fortunately, I was asked to be president-designate after four years. By the time I'm done in October 2015 at the World Congress here in Chicago, I'll have been on the Governing Council for ten years.

GARBER: That's exciting. What's the World Congress in Chicago going to be like?

DOLAN: It's going to be great! It's going to be co-sponsored by the American Hospital

Association and the American College of Healthcare Executives. We're going to do it at the Hyatt Regency Chicago. I would hope we'll have about 1,500 individuals here, probably half from the United States, half from around the world. We think we've really breathed new life into that meeting. We pretty much insisted the Governing Council members develop a program from their country. For the last few years, we've had programs from every continent but Antarctica. The International Hospital Federation really is a platform for sharing knowledge around the world.

We're tremendously excited. Both Rich Umbdenstock⁴⁹ and Deborah Bowen have been very supportive. I'm chairing the meeting, but I've been blessed with strong people from both the American Hospital Association and the American College of Healthcare Executives to help me put it together.

GARBER: Has it been easy working with the city on this?

DOLAN: It's been very easy working with Choose Chicago, the Convention and Visitors Bureau. Mayor Rahm Emanuel is very interested in getting more international visitors to Chicago because—and these numbers are approximate—when the average U.S. citizen comes to Chicago, they spend about \$1,500. When the average international traveler comes to Chicago, they spend \$4,000. There is a real desire to get more people from outside the United States. He has put major emphasis on this, so I'm guessing the city will be very supportive.

GARBER: You've talked throughout the interview of relationships with other associations. Did you find that it was easy to work with other health care associations?

DOLAN: Our primary partner has always been the American Hospital Association. They're the trade association; we're the personal membership society. Sometimes the same individual has chaired both organizations at different times, like Kirk Oglesby. I attended AHA board meetings the whole 22 years I was CEO. Deborah Bowen is doing it now. We've had a wonderful relationship.

Something that's been a little more difficult has been the Healthcare Leadership Alliance, which I helped form about 20 or 21 years ago, of the professional societies in the field. It started off with myself, Roger Schenke⁵⁰ from the American College of Physician Executives, and Dick Clark⁵¹ from the Healthcare Financial Management Association. We invited Kathy Johnson⁵² from Health Forum, which is now part of the American Hospital Association. Over the years we added the Medical Group Management Association, the American Organization of Nurse Executives and HIMSS.⁵³ We've done a lot of good things together. The problem is getting all six of us together. Six CEOs who are always traveling are difficult to get face-to-face. We have been able to do it the last few years, twice a year.

⁴⁹ Richard J. Umbdenstock is the president and CEO of the American Hospital Association.

⁵⁰ Roger S. Schenke was the founding CEO of the American College of Physician Executives. <http://www.acpe.org/education/biography/roger-schenke> (accessed Mar. 17, 2014).

⁵¹ Richard L. Clarke was president and CEO of from 1986 to 2012. [Source: HFMA president & CEO Clarke to retire in 2012. *Press Release*, July 21, 2011. <http://www.businesswire.com/news/home/20110721006551/en/HFMA-President-CEO-Clarke-Retire-2012> (accessed Mar. 17, 2014).]

⁵² Kathryn E. Johnson retired in 2002 after serving 25 years as CEO of Health Forum. <http://www.samueliinstitute.org/about-us/kathryn-johnson> (accessed Mar. 17, 2014).

⁵³ The Healthcare Information and Management Systems Society www.himss.org (accessed Mar. 17, 2014).

Probably the greatest product from that has been the Competency Directory. It is focused on the C-suite, where virtually all of us have a professional examination. We all had to develop and identify the competencies for our area; ACHE representing CEOs and COOs; HFMA, the CFO; HIMSS, CIO; American College of Physician Executives, CMO; the AONE, the Chief Nursing Officer. MGMA has been a little different in that it represents group practices; but, group practices are being pulled into health care organizations more and more, part of what used to be the traditional hospital. We've taken these competencies, and we now offer that for free to the field, saying, this is what the C-suite executive should know.

GARBER: Deborah Bowen told me that you liked to use staff meetings as teaching or development opportunities.

DOLAN: I did it in a lot of settings. Like most organizations, we have senior management meetings, management meetings, and general staff meetings. For years, I had both senior managers and managers at these meetings read articles and discuss them. Sometimes they were pure health care articles and we discussed what implications this would have for ACHE. Sometimes they were association management articles—what impact would these have? When people would go to meetings, I'd have them come back and report on what happened at these meetings of an educational nature. We have a commitment to providing 32 hours of onsite training for every staff member, 40 hours for the managers, plus we ask them to get eight hours offsite. I think having people learn new things is a very effective way to create change and keep an organization vital.

GARBER: It wasn't you standing up and lecturing.

DOLAN: Oh, no, no, no. In fact, that would be failure. Success was getting other people to lead the discussion on an article or things of that nature.

GARBER: Related to teaching, could you speak about the importance of mentoring in your life?

DOLAN: It's been extraordinarily important in my life. Gerhard Hartman, Stu Wesbury, Bill Richardson, and George Thoma,⁵⁴ who I worked for at St. Louis University, were very traditional mentors. I had a variety of other advisors throughout my career such as people at ASAE, who I learned a tremendous amount from – Bill Taylor,⁵⁵ the former CEO, who recently passed away; John Graham,⁵⁶ the current CEO; and other association CEOs in the city and the country. When I've had a problem, they helped me solve it. I think mentoring is an extraordinarily important part of any professional's development.

GARBER: Have you mentored others?

DOLAN: I mentored a number of CEOs. Somebody that I've had a long mentoring

⁵⁴ George E. Thoma, M.D., is vice president emeritus of the St. Louis University School of Medicine. http://www.academyofsciencestl.org/initiatives/fellows/t/george_thoma.php (accessed Mar. 17, 2014).

⁵⁵ Robert William Taylor (1929-2013) served as president of the American Society of Association Executives from 1982 to 1998. [Source: Robert William "Bill" Taylor. *Press Release*, 2013. <http://www.asaecenter.org/GeneralDetail.cfm?ItemNumber=338995&RDtoken=36147&userID=1030498> (accessed Mar. 17, 2014).]

⁵⁶ John H. Graham IV became president and CEO of the American Society of Association Executives in 2003. <http://www.asaecenter.org/Profile/CommunityCloseUp.cfm?ExternalID=73649> (accessed Mar. 17, 2014).

relationship with is the head of the Society for Thoracic Surgeons, Rob Wynbrandt.⁵⁷ He started off working for Jenner and Block as our corporate counsel, and ended up becoming CEO of that organization with no association management background. I believe I have met with him every month for the last ten years.

Association Forum and ASAE have had diversity mentoring programs, where I would mentor diverse individuals, usually at a more junior level than the CEO. I've even mentored a few young people, although I think that the older I get, the more appropriate it is for me to be mentoring people who are a little closer to my age.

GARBER: What makes a successful mentor?

DOLAN: It's somebody who really cares about people, and who's willing to participate in a structured exercise of mentoring. We're challenged right now in getting mentors for a few reasons. When I started in the field, there were 16 health administration programs probably turning out less than 500 people. We're now turning out 5,000 people a year. There is just a lot more demand for it.

I think that people aren't clear on expectations. Often somebody will come to me and say, "Can you be my mentor?" Well, what does that mean? How much time are we talking about? I'm going to give the diversity presentation at the Congress this year, and I'm going to talk about advancing diverse and inclusive mentoring. Some of it is being very clear on what the expectations are of the mentor and the mentee.

The mentor has to be interested in the person. Every now and then, somebody suggests, "We should require mentoring for all Fellows." There's nothing worse than having a reluctant mentor. It has to be voluntary. They have to be organized. They have to be willing to work with an individual on career advancement.

GARBER: I understand that one of the things that you're going to be doing in retirement is getting into executive coaching and consulting. How will you get that business off the ground?

DOLAN: A lot of people have asked if I am going to start teaching again? No, I did that. What I enjoyed the most in my academic career was working with students on a one-to-one basis, advancing them in their careers. That's what I want to do with executive coaching. Just in the last week, I got a website up and running. I've already been approached. I already have a couple clients, but I'm not going to do this full time. I've retired! Maybe three to six individuals a year, either new CEOs who want advice and counsel, or individuals that organizations want to prepare to become senior executives, would be good. I'm looking forward to it. I hope I can make a contribution.

GARBER: What's the name of the company?

DOLAN: I just call it Thomas C. Dolan, Inc.

GARBER: What's the website?

DOLAN: Dolanexco.com, and then the email is dolanexco@gmail.com. I wanted

⁵⁷ Robert A. Wynbrandt is the executive director & general counsel for the Society of Thoracic Surgeons. <http://www.sts.org/about-sts/governance-and-leadership/staff/robert-wynbrandt> (accessed Mar. 17, 2014).

something relatively short.

GARBER: Besides all of the professional activities that you just mentioned, you also have written a lot. How did you find time to work that into your schedule?

DOLAN: I haven't written as much as I would like. You have to discipline yourself. I've also been blessed with some excellent co-writers. Oftentimes it would be me and somebody else working together. Typically, I would be strong on ideas and experience and the other person would be strong on writing skills, and together we would produce something. I hope to do some more writing now that I'm not working full-time at ACHE. It's something you owe the field to share some of your knowledge. But I don't find it easy, to be honest with you.

GARBER: How successful have you been in achieving work/life balance?

DOLAN: I think I've probably been adequate at achieving work/life balance. I actually from time to time would ask Georgia about that, and her response was typically, "Given your responsibilities, you're doing okay." It was her way of saying, "Now don't do any less!"

People are naïve if they think being a CEO is going to be an eight-to-five job. I certainly wouldn't know how to do it. I'm 65 years old and it was time for what I hoped would happen—that Deborah Bowen would become the new CEO. It's hard work. It's long hours. Even when you're not in the office, you never know when you're going to be called up by a reporter or something like that. I wanted to do something else.

Getting back to the work/life balance, while I wasn't there for every one of my three children's baseball games or concerts, I was there for a lot of them. I'd ask my children every now and then, "How am I doing?" and they'd all say, "Okay, but don't do any less!"

It takes discipline. I tell young people—work when your family is not available. I never did anything but work on airplanes. I never read fiction books or anything like that. When I was in hotel rooms at night, I worked because, again, I wanted to have as much time as possible when I was at home with my family.

My family did not get up early, so I would get up early and work. It takes some energy, but make sure that when you're with your family, you're with your family, and not answering emails or things of that nature.

GARBER: What has been the contribution of Mrs. Dolan to your career?

DOLAN: Oh, unbelievable. First of all, she was the pillar of the family. There's no question about it. If I was the CEO of ACHE, she was the CEO of the Dolan family. At best, I was the Chief Operating Officer. Equally important, I wouldn't be nearly as successful without her. She maintained me. I mean, these are hard jobs. You doubt yourself. You have disappointments. She was always there for me.



Georgia and Tom Dolan

She was also an extraordinary asset in social settings. I told you, I was an introvert. She's very extroverted. When we married, she was assistant to the Mayor of the City of St. Louis. And she's a bubbly, outgoing person who can talk to anyone. I'm sure there's more than one dinner I was invited to because I'd bring her rather than bring myself. Both on a personal level and on a professional level, she's who I am today.

GARBER: How would you like to be remembered?

DOLAN: I think when it's all said and done, I'd like to be remembered as somebody who cared for people and loved people. I mean, it's all about people. All these other accomplishments are nice, but if you're not helping people, and improving their lot in life, I don't see any purpose.

GARBER: The last thing that I'd like to ask you about would be a comment that Alyson Pitman Giles⁵⁸ passed along. She was a recent ACHE chairman and Gold Medal Award winner. She quoted a physician as once saying to her, "I don't know exactly what a CEO does. But what I've learned is that if you have a bad one, you really know it because everything feels terrible. But when you have a good one, everything feels right. Things are in place." What makes a good health care CEO?

DOLAN: Servant leadership. You really have to believe that your job is to serve the people you're leading, whether it be co-workers, or individuals in the field. That's first and foremost. Part of that is humility, and a sense of humor. The technical skills are important. You need to know quality, finance, marketing, governance, but there's a lot of people who know those. I think more important are your interpersonal skills in implementing those things. That's how I would describe a successful CEO.

GARBER: Thank you for your time today. It's been a pleasure!

DOLAN: Thank you.



**Tom Dolan and Deborah Bowen at
Tom's retirement roast in 2013**

⁵⁸ Alyson Pitman Giles served as the president/CEO of Catholic Medical Center (Manchester, NH) from 1999 to 2012. [Source: CMC chief to leave after 13 years at the helm. *New Hampshire Union Leader*, Jan. 12, 2012. <http://www.unionleader.com/article/20120112/NEWS02/701139999> (accessed Mar. 17, 2014).]

CHRONOLOGY

- 1947 Born December 31, Chicago, IL
- 1969 Loyola University of Chicago
B.B.A., Management
- 1970-1972 University of Iowa, School of Medicine,
Graduate Program in Hospital and Health
Administration (Iowa City)
1970-1971 Graduate Research Assistant
1971-1972 Instructor
- 1973-1974 University of Washington, School of Public
Health and Community Medicine (Seattle)
Visiting Fellow
- 1974-1979 University of Missouri-Columbia, School of
Health Related Professions
Assistant Professor
Director of Graduate Studies, Section of Health Services Management
- 1977 University of Iowa (Iowa City)
Ph.D., Hospital and Health Administration
- 1979-1986 Saint Louis University (St. Louis, Missouri)
Associate Professor
Director, Center for Health Services Education and Research
- 1983 Married to Georgia Siebke of St. Louis, Missouri
Children: William, Barbara, Lauren
- 1986-present American College of Healthcare Executives (Chicago)
1986-1987 Vice President, Corporate Ventures and Development
1987-1991 Executive Vice President
1991-2013 President/CEO
2013-present President Emeritus



Tom Dolan with Julie Nolan, his executive assistant/governance manager for 27 years

MEMBERSHIPS AND AFFILIATIONS

Accrediting Commission on Education for Health Services Administration
Chair, Corporate sponsors
Commissioner

Alexian Brothers Hospital (St. Louis, Missouri)
Member, board
Secretary, board

American College of Healthcare Executives
Board Certified in Healthcare Management
Fellow
Member, Committee on Education

American Hospital Association
Member

American Society of Association Executives
Certified Association Executive
Chair, board
Chair, Key Professional Associations Committee
Chair, Membership Development Committee
Fellow
Member, Awards Committee
Member, board
Member, Education Committee
Member, Ethics Task Force
Member, Key Professional Associations Committee
Member, Leadership Committee
Member, Membership Development Committee
Member, Planning Committee
Member, Services Corporation Board
Member, Voting Rights Task Force
Mentor, Diversity Executive Leadership Program

Association Forum of Chicagoland
Chair, board
Chair, CEO Committee
Member, board
Member, Membership Services Committee

Association of University Programs in Health Administration
Chair, board

City of St. Louis
Member, Selection Committee for the Health Commissioner

Edwin L. Crosby Memorial Fellowship Advisory Committee
Member

Hospital and Health Services Administration
Member, editorial board

Hospital Progress
Contributing editor

Institute for Diversity in Health Management
Chair, board

Institute of Coaching Professional Association
Member

International Coach Federation
Member

International Hospital Federation
President

Malcolm Baldrige National Quality Award
Chair, Board of Overseers

Mental Health Association (Boone County)
President

Mental Health Association (Missouri)
President

Missouri Area II Health Systems Agency
Member, Health Services Enabling Committee

Missouri Center for Health Statistics
Member, Technological Advisory Group

Missouri Department of Mental Health
Member, Hospital Closing Feasibility Study Advisory Group

Missouri Office of Health Manpower Planning
Member, Technical Advisory Group

Missouri State Health Planning and Development Agency
Member, Certificate of Need Planning Committee

Modern Healthcare Hall of Fame
Judge

Parameters

Member, editorial board

Society for Healthcare Strategy and Market Development
Member

United Way (Chicago)
Account volunteer

University of Iowa Alumni Association of the Graduate Program in Hospital and Health
Administration
President

University of North Carolina at Chapel Hill, School of Public Health, Department of Health Policy
and Administration
Faculty Associate
Preceptor

U.S. Chamber of Commerce
Member, Association Committee of 100

U.S. Department of Health and Human Services
Consultant

AWARDS AND HONORS

Distinguished Alumni Achievement Award, University of Iowa

Distinguished Service Award, American Hospital Association

Gold Medal Award, American College of Healthcare Executives

The Health Care 1500

Honorary Alumnus, Army-Baylor University

Honorary Alumnus, Ohio State University

Honorary Alumnus, St. Louis University

Key Award, American Society of Association Executives

Leadership Award, Institute for Diversity in Health Management

100 Most Influential People in Healthcare,
Modern Healthcare

Order of Military Medical Merit, U.S. Army

Outstanding Civilian Service Medal, U.S. Army

Samuel D. Shapiro Award, Association Forum

Thomas C. Dolan Executive Diversity Program, American College of Healthcare Executives

Thomas C. Dolan Scholarship, St. Louis University

Who's Who in America

Who's Who in Finance and Industry

Who's Who in Medicine and Healthcare

Who's Who in the Midwest

Who's Who in the World

Workplace Partnership for Life Association Leadership Award, U.S. Department of Health and Human Services



**Receiving the Key Award from the
American Society of Association Executives**
Courtesy of Chuck Fazio Photography

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