ASHRM AMERICAN SOCIETY FOR HEALTHCARE RISK MANAGEMENT

A Brief History Of ASHRM: 1980 – 2010…

30 Years and Counting!

{Table of Contents}

1978 – 1980: The Birth of ASHRM

Background

In the broadest sense, a medical malpractice insurance crisis was the dawn of what is now the American Society for Healthcare Risk Management (ASHRM).

In the early- to mid-1970s, insurance rates for physicians and hospitals escalated until coverage was either unavailable or unaffordable. Legislators created Joint Underwriting Associations (JUAs)—state government-sponsored insurance companies—to provide professional and general liability coverage for physicians and hospitals.

The American Hospital Association (AHA), aware of members' concerns, formed the Hospital Association Risk Managers (HARM) in 1973. Members of HARM were designees of the AHA's Allied and State Hospital Associations groups; they met in Chicago several times to discuss the insurance crisis. That same year, Jim Groves, risk manager for the AHA, developed Hospital Providers Insurance Co. (HPIC) and Hospital Providers Service Corp. (HPSC) to write and service the insurance needs of member organizations.

Finding Like Minds

About this time, Steven Salman of the Health and Hospital Corp.'s Marion County General Hospital in Indianapolis developed a self-insurance program for his institution. In 1976, he met with attendees from across the country at an AHA-sponsored program on insurance and risk financing to discuss the lack of availability of reasonably priced malpractice insurance. The following year, Salman moved to Columbus, Ohio to became the risk manager at Riverside Methodist Hospital.

Meanwhile, Glenn T. Troyer was serving as a board member of the Ohio Hospital Association's Risk Assessment Program and as an assistant professor in Ohio State University's Graduate Program in Health Services Administration, teaching health law and related management classes. When he invited Salman to serve as a guest lecturer for a risk management topic, they realized that they shared an interest in helping hospitals develop risk management programs.

Salman and Troyer met Layton C. "Butch" Severson, claims manager and later operations manager at the Ohio JUA, which was the state's only insurer for physicians and hospitals. In 1978, Severson, Salman and handful of other hospital risk managers created the Ohio Society of Healthcare Risk Managers—the first state hospital risk management society in the country; Severson served as its first president and Salman as its second.

The state-level enthusiasm led a group of risk managers including Troyer, Salman, David Dodge (representing the South Carolina Hospital Association), Keith Calvert (administrator of Logan County Health Center, Guthrie, Oklahoma), and Groves and Arline Sax from the AHA to explore the feasibility of creating a national society to represent the interests of hospital risk managers.

Building Momentum

Mounting financial pressure prompted hospitals to explore the need for risk management programs. The state of Florida passed legislation in 1976 that required hospitals, ambulatory surgery centers and HMO and other facilities to develop internal risk management programs. By 1978, several state hospital associations and risk managers were weighing the benefits of organizing the profession at a national level.

In the summer of 1978, Salman conducted a survey by mail of 2,000 hospitals to gauge whether there was large-scale interest in hospital risk management, and he concluded that support existed for the formation of a national group.

A year later, the AHA appointed a task force to validate the survey's finding. Task force members included Salman, Troyer, Dodge, Calvert, Stanton Parker (Loma Linda University Medical Center, Loma Linda, Calif.), Ernie McCollum (Samaritan Health Services, Phoenix) and Janine Fiesta (Allentown & Sacred Heart Hospital Center, Allentown, Pennsylvania). The members were unanimous in their recommendation to form a society within the AHA, and the association approved its formation in May 1979. The governing board—comprising the task force members and appointed by the AHA—held its first meeting in January 1980. Sax was appointed as the first staff director, and Salman became the first president.

Launching the Society

Some 300 people attended the first meeting and educational seminar of the American Society of Hospital Risk Managers in New Orleans from March 17-19, 1980. Session topics included organizing a risk management program, techniques for risk identification and treatment, and gaining physician involvement in risk management programs.

In November that same year, a second educational session in Phoenix drew 600 participants, and the first ASHRM officers were elected. Ernie McCollum was elected to succeed Salman as president, with Troyer as president-elect. Other elected board members included Calvert, Pamela Collins (director of Risk Management and Quality Assurance for St. Joseph's Hospital in Chicago) and William Ryan (insurance and risk manager at the University of Michigan in Ann Arbor). They joined Fiesta, Parker, McCollum and Salman to compose the ASHRM board for 1981.

Reflections from the Presidents

Over the years, ASHRM presidents have brought a wide range of skills, expertise and experience to the task of leading the society, as illustrated in the following pages. We asked them to answer a few questions, including:
How did you enter the profession, and what were the most significant accomplishments of your term?

STEVEN L. SALMAN, 1st president (1980)
Profession : I was selling life and health insurance but didn't want to do that for the rest of my life. I answered an ad in the local paper for a hospital risk manager that read "insurance experience required." I was hired as the risk manager for the county hospital and the parent municipal corporation.
Accomplishments: Forming the society, setting up the structure and holding two successful annual meetings in the first year of the society's existence.

1981 – 1983: Formative Years

1981

Federal cost containment initiatives were the top healthcare policy agenda item in 1981. The *Newsletter of the American Society for Hospital Risk Management* reported on the implications of Medicare reimbursement practices resulting from cost containment, and society President McCollum described risk management as a "classic cost containment effort."

Highlights

- Five affiliated chapters form in ASHRM's first full year of existence; 14 form in first three years
- Florida sets the tone for hosting annual conferences in style
- First exhibitors' area featured at 1983 annual conference
- Membership increases by more than 40 percent

The board established several task forces and committees during its first meeting in 1981. An executive committee comprising the immediate past-president (Salman), president (McCollum), president-elect (Troyer), and the board's representative to AHA's Council on Affiliated Societies (Parker) provided advice and support to the society's president between board meetings.

The third society meeting, in what would become an annual conference cycle, was held in Orlando. Florida was the first state-affiliated chapter to welcome the annual conference, host an evening of entertainment and offer an attendee conference gift bag.

ASHRM also sponsored separate programs on risk management topics during the year, and the *ASHRM Newsletter* was published quarterly.

1982

Federal cost containment initiatives were having a significant effect on the environment in which hospital risk managers were operating. Passage of Public Law 97-248—the Tax Equity and Fiscal Responsibility Act (TEFRA)—required creation of a prospective payment plan for Medicare.

President Troyer negotiated the terms of formal working relationships with AHA-affiliated societies and non-AHA-affiliated organizations such as the National Association of Quality Assurance Professionals.

David Meyers, a risk management specialist with the Chicago Hospital Risk Pooling Program (CHRPP), became society director. The annual conference was held in Las Vegas; at the business meeting, voting members approved revised and expanded membership categories.

The society continued to offer special interest educational programs throughout the year, including "Risk Management Perspectives: Loss Control and Loss Prevention with the Psychiatric Patient" and "Risk Financing and Principles of Insurance for the Hospital Risk Manager."

1983

The implementation of diagnosis-related groups (DRGs), the new Medicare prospective payment system, dominated the risk management profession. In a *Hospitals* magazine interview, AHA President Alex McMahon noted that the new Medicare reimbursement model had changed the incentives for hospitals "from rewarding spending, to rewarding cost-consciousness."

The annual conference in Boston featured the first exhibitors' area. The meeting included keynote sessions on Medicare DRGs and other federal legislative developments.

The society offered regional educational programs during the year on "DRGs and Risk Management: Prospective Pricing's Impact on Hospital Liability" and "Loss Control and Loss Prevention with the Psychiatric Patient." The survey of "Hospital Risk Management Responsibilities and Salaries" was launched.

	1981	1982	1983
New chapter affiliates	Ohio Southern California South Carolina Florida Metropolitan Chicago	California North Carolina	Maryland New York Massachusetts Michigan New Jersey Pennsylvania New Orleans
Total Membership	748	882	1,063

Reflections from the Presidents

W. ERNEST "ERNIE" MCCOLLUM, 2nd president (1981)
McCollum was president of his own healthcare consulting firm in Atlanta when he died on Feb. 17, 1999.
In his "Message from the President" in the *Newsletter of the American Society for Hospital Risk Management* (March 1981, Vol. 1, No. 1), he observed:

> "Our challenge as hospital risk managers is to provide a safe and secure environment for patients, employees and visitors. Our job is to manage risk and assure quality despite the problems and increasing controls that we encounter. In the risk management profession, problems are opportunities, and all of our efforts are needed more than ever to formulate solutions. … As risk managers, we must keep in mind that our ultimate product is a safe environment in which the best possible patient care can be rendered at a reasonable cost."

How did you enter the profession, and what were the most significant accomplishments of your term?

GLENN T. TROYER, 3rd president (1982)
Profession: While teaching health law at Ohio State University's Graduate Program in Hospital and Health Services Administration in 1975, I structured one of the management courses to include a section on risk management and invited Steve Salman—who at that time was one of only two or three hospital risk managers practicing in the state—to speak to my class. As a result, I gained a better understanding of the role of a hospital risk manager and greater appreciation for the value of risk management activities in the healthcare industry. In 1978, I left academia for a position as General Counsel and Director of Risk Management of Methodist Hospital of Indiana, a large teaching and research hospital in Indianapolis.
Accomplishments: The first major accomplishment was the development of ASHRM's bylaws, which among other things, allowed risk managers outside healthcare settings (e.g., insurance companies, consulting and law firms) to be associate

members. This provision helped the organization continue to grow. The second was the development of a publications committee to encourage the publication of articles, books and papers specifically oriented to healthcare risk managers.

WILLIAM RYAN, 4th president (1983)
Profession: In 1968, I became insurance manager of the University of Michigan; my office was responsible for all university risk management, including medical, dental and health facilities.
Accomplishments: Creating an atmosphere of openness that helped us diversify the membership; promoting the development of state and regional affiliations; and expanding individual memberships and professional contributions.

1984 – 1988: The "Quality" Era

1984

The second medical malpractice crisis of the 1980s led to a realization that clinical risk needed to be managed in a structured way. The advent of formal risk identification and loss prevention programs was matched by intense legislative activity to achieve tort reform.

Generic and occurrence screening programs became widely used as hospitals struggled to identify potential losses. Hospitals also labored to implement the DRGs introduced in 1983. The growth in the profession was validated when the Insurance Institute of America created the Associate in Risk Management (ARM) credential.

The annual meeting was held in San Diego. Keynote presentations ranged from prospective pricing and ethics to OB/GYN liability and computerized risk management information systems. Summer symposiums on "Learning from Experience" and "DRGs and Risk Management: Prospective Pricing's Impact on Hospital Liability and Loss Control" were offered.

Highlights

- Members vote to change the name to American Society for Healthcare Risk Management
- Recognition program established to acknowledge professional excellence at diplomate and fellow levels
- Members present testimony before the Medical Liability and Malpractice Task Force in Washington, D.C.
- 15 chapter affiliates are born
- Membership increases by nearly 65 percent

1985

The unsettled insurance market continued to be a major focus for ASHRM, and risk managers were challenged to educate their administrators and medical staffs about coverage differences, as claims-made policies replaced occurrence-based policies.

In an effort to mitigate the crisis, tort reform measures were introduced in many states. The American College of Surgeons publicized the weaknesses of incident reporting in identification of potentially compensable events and lent its support to the practice of occurrence reporting.

The annual meeting was held in Chicago. During the year, a special program titled "Perinatal Risk Management: Understanding and Preventing the Multi-Million-Dollar Claim" was offered in several cities. Society leadership also established blue-ribbon task forces to address the areas of loss prevention and control, professional liability insurance, and legislative and tort reform.

The society's recognition program was created to acknowledge professional excellence at two levels: diplomate and fellow.

1986

Standards for a risk management program emerged as tort reform efforts continued, fostering discussion about the definition of "risk management." Additional debate between the Joint Commission on Accreditation of Hospitals (JCAH) and the society centered on JCAH's new risk management requirements.

The passage of the Healthcare Quality Improvement Act and the Emergency Medical Treatment and Active Labor Act (EMTALA) significantly expanded the purview of risk management. At the local level, physician practice and hospital joint ventures/mergers and the development of infection control standards in response to the emergence of AIDS challenged healthcare leaders and the risk management profession.

Florida became the first—and remains the only—state to require the licensure of healthcare risk managers.

The annual conference was held in Washington, D.C. Keynote speakers addressed federal initiatives on healthcare liability, as well as the myths and realities of the medical malpractice crisis.

The president and board members were actively engaged in discussions with governmental agencies and the JCAH regarding the definition of risk management. While in Washington, ASHRM members attended a White House briefing and were invited to present before the Medical Liability and Malpractice Task Force that was established by the Secretary of the Department of Health and Human Services.

The publication *Perspectives in Healthcare Risk Management* was reformatted as a journal, with the first issue published in winter 1987. The first candidates for fellow and diplomate were selected.

The membership voted to change the society's name to the American Society for Healthcare Risk Management.

1987

External forces continued to focus on the risk management profession. The United States General Accounting Office published "Medical Malpractice: A Framework for Action," which recommended expanding and strengthening state risk management programs, improving patient-physician communication and patient expectations and tort reform, among other things. Following suit, the JCAH approved risk management requirements that challenged the profession to update its risk management program plans and explain the requirements to medical and administrative leaders.

ASHRM representatives Sanford Bragman, Stephen Trosty and Roberta Carroll met with the co-chairman and staff of the Medical Liability and Malpractice Task Force in Washington D.C. in February to present testimony on risk management issues. The meeting focused on four issues: the increased cost of medical malpractice insurance, public consumer education, the model language for a healthcare risk management program as developed by the society's Legislative Task Force, and suggested tort reform measures and their potential impact on quality of care and the cost of insurance.

The annual meeting was held in New Orleans, with keynote presentations covering medical malpractice trends and the hospital's role in health, safety and environmental risk management. Other educational programming during the year included a three-day intensive course to train new risk managers and help professionals develop a comprehensive risk management program.

The *Chapter Forum*, a bimonthly publication, was introduced as a way to inform chapters and the membership at large about chapter news and activities.

1988

Preparing for implementation of the new Joint Commission on Accreditation of Healthcare Organizations (JCAHO, formerly JCAH) risk management requirements effective January 1, 1989, was a priority for risk managers in 1988. The evolution of JCAHO standards for long-term and home healthcare also presented new challenges for risk managers more familiar with acute care risk management.

While the proliferation of standards afforded new tools with which to manage risk, they also generated a tremendous need for education, new policies and procedures, and new data reporting and analysis systems to maintain compliance.

The annual meeting was held in Phoenix, an event made memorable by a flash flood. Keynoter Dr. Uwe Reinhardt, professor of economics at Princeton, spoke on "The Economics of Medicine."

Other educational programming during the year included a successful three-day "Health Care Risk and Insurance Management: Constructing the Comprehensive Program" and "Risk Financing for the Healthcare Risk Manager: Taking the Next Step."

	1984	1985	1986	1987	1988
New chapter affiliates	Indiana Connecticut Washington	Washington, D.C. Missouri	Colorado Virginia Hawaii	Delaware Valley (now Philadelphia Area) Greater Houston Tennessee Oregon	Georgia Illinois North Texas
Total Membership	1,199	1,300	1,648	1,891	1,975

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

WILLIAM E. ROGERS, 5th president (1984)
Profession: I was hired by the hospital to manage the medical electronics program and was told, "Oh, by the way, we need you to set up a safety program." After establishing the program, I realized we were on a guaranteed cost med mal/GL program with a historical 25 percent loss ratio, so I stuck my nose into the insurance program to negotiate premium reductions based on our loss history. I also realized that the hospital's workers' comp experience was unsatisfactory, so I set up an aggressive return-to-work program, including modified duty. In short, I was drawn into risk management because of a need at the hospital where I worked.
Accomplishments : First was the ASHRM professional recognition program, and second was upgrading the ASHRM newsletter to a more professional journal.

JANE MCCAFFREY BRYANT, 6th president (1985)
Profession: I was teaching science at a private school in the mid-1970s when the local hospital's administrator, the father of one of my students, asked me to interview at his facility. At the end of a 30-minute discussion, I was offered a job in something called "In-service Education." A year later, when a change in state law opened hospitals to potential lawsuits, my employer's insurance company required the facility have a designated risk manager. The administrator saw the position as being linked to safety, and got the job because I was involved in safety training.
Accomplishment: ASHRM was experiencing financial difficulties, and I was able to work with the staff and board to come out of that year a more stable organization. I also concentrated on working with the president-elect to create new committees, including a legislative committee that went beyond merely tracking legislation to try to have an impact on it. Our efforts also brought more members to committees and allowed them a broader two-year time frame for their work. Finally, much of the ASHRM modules certificate program originated during my tenure when we developed and implemented the "basics of risk management" program.

JAMES F. HOLZER, 7th president (1986)
Profession: While I intended to pursue a career in hospital administration, my legal education and administrative involvement with hospital safety at a Harvard teaching hospital positioned me for a job as loss prevention director of the Harvard Risk Management Foundation. In that role I worked with risk managers and quality assurance directors from 15 affiliated facilities. I was subsequently appointed vice president of loss prevention and underwriting. The project that was most fulfilling focused on the development of clinical risk management standards and guidelines for high-risk medical/surgical specialties. This work led to the establishment of national patient safety standards.
Accomplishments: The opportunity to meet and work with talented colleagues across the nation. In addition to being associated with these generous volunteers, I also served with gifted ASHRM/AHA staff directors such as Marsha Ladenburger and David Meyers. All brought their own special expertise and tireless efforts to ASHRM's rapid growth in the '80s.

SANFORD M. BRAGMAN, 8th president (1987)
Profession: I left the hotel industry to start working for the Hartford Insurance Group while I was attending law school. After holding several progressive positions there I became so interested in insurance that I decided not to finish law school. I did benefit from law school at the Hartford, and subsequently in my career, by learning the process of logical thinking and being exposed to tort law.
Accomplishments: Getting through my term without a permanent society director was significant. The director left to work for the Joint Commission on Accreditation of Hospitals (now, the Joint Commission on Accreditation of Health Care Organizations) soon after I took office. Prior to that time, staff did much of the ASHRM educational programming, so it was a challenge for the board and committee members to take a more active role in putting on educational programs with interim staff support.

R. STEPHEN TROSTY, 9th president (1988)
Profession: I participated in a risk management practicum as part of a master's degree program in hospital administration at the University of Cincinnati. I was already an attorney, having graduated from the Washington College of Law at American University, so risk management was a logical placement for my practicum.
Accomplishments: Establishing strategic planning that allowed ASHRM to have continuity from one year to the next. This planning involved projections for both short-term (one year) and longer term (three to five years) planning horizons and aligned ASHRM's budgeting process more closely with its planning process. In addition, it enabled ASHRM to explore more enduring linkages with other organizations and allowed the organization to target market to new groups potentially interested in healthcare risk management

1989 – 1992: Growing Awareness

Retrospective

As ASHRM entered its second decade, it faced the challenges of a growing organization and intensified debate about the very nature of healthcare in America.

The public's increased awareness about the state of healthcare—rising costs and decreasing access—ignited debates on healthcare reform. There were calls for stricter risk assessment programs; greater accountability in healthcare; new rules governing peer review; management of malpractice claims; and new practices to ensure confidentiality of healthcare information.

Regulation was on the rise. Risk managers faced greater responsibilities in light of the Americans with Disabilities Act, the National Practitioner Data Bank (NPDB), advance directives, revisions to EMTALA, Safe Medical Devices Act, Patient Self Determination Act, and a variety of state requirements for risk management programs.

Highlights

- Nova Scotia Association of Quality Assurance & Risk Management becomes first international chapter
- Code of ethics adopted
- Distinguished Service Award established
- Membership increases by 39%

Distinguished Service Awards
1991 – R. Stephen Trosty
1992 – Steven L. Salman

As of 1989, the board of directors was composed of eight elected members, including three officers (president, president-elect and immediate past president). The board established committees to address key governance needs: legislative, medical staff, public relations/marketing, insurance, education, communications and the nominating committee. The following year, an executive committee was created to exercise the authority of the board in intervals between meetings and to serve as the finance committee.

ASHRM responded to the changing healthcare landscape by redefining itself and expanding its efforts to serve the profession. After establishing a Code of Ethics in 1991, the leadership forged a three-year strategic plan that established three priorities:

1. Increase the professional visibility and value of healthcare risk management;
2. Enhance the effectiveness of the professional healthcare risk manager
3. Ensure the ongoing viability of ASHRM as a personal membership organization.

ASHRM members petitioned the AHA's board of trustees to establish the confidentiality of JCAHO data and surveys. Committees worked with the American College of Emergency Physicians (ACEP) to develop model guidelines and forms for the transfer of emergency patients in compliance with EMTALA requirements.

ASHRM established relationships with RIMS and the Physician Insurers Association of American to market healthcare risk management issues to the insurance industry.

Annual conferences were held in Orlando (1989), Dallas (1990), Nashville (1991) and Las Vegas (1992). Throughout this period, ASHRM hosted timely educational programs, including "Health Care Risk and Insurance Management: Constructing the Comprehensive Program;" "Health Care Risk and Insurance Management: Components of a Fundamental Program;" "Management of Claims in Clinical High-Risk Areas;" and "The Hospital Attorney and the Risk Manager: Building the Risk Management Team."

During this time, the organization also developed the formal, five-course "modules" educational certificate program.

This period represented a time of significant expansion for ASHRM's portfolio of publications:

- 1989 - The *Chapter Forum* newsletter was expanded and renamed *ASHRM Forum.*
- 1990 - ASHRM volunteers wrote and edited the profession's first textbook, *Risk Management Handbook for Health Care Facilities.*
- 1991 - ASHRM introduced *Risk Management Self-Assessment Manual*, which provided a measurement system for risk management effectiveness, and the first in the annual series of educational *Risk Management Pearls* booklets was published for physicians
- 1992 - *Perspectives in Healthcare Risk Management* was re-launched as the *Journal of Healthcare Risk Management,* with emphasis on scholarly content.

	1989	1990	1991	1992
New chapter affiliates	New Hampshire/ Vermont Wisconsin	Arizona Kentucky West Virginia Northern New England	Alabama Oklahoma Mississippi Nova Scotia	Delaware Heartland
Total Membership	1,975	2,324	2,672	2,743

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

AUDREY VANAGUNAS, 10th president (1989)
Profession: I entered healthcare risk management in response to an invitation from my former boss at JCAHO who was working as a consultant for the Chicago Hospital Risk Pooling Program (CHRPP). As she was getting ready to move to another assignment, she asked me to join the organization as director of risk management. I started working for CHRPP in 1979.
Accomplishments: Chairing the talented group of members who created the *ASHRM Risk Management Self-Assessment Manual*—a 1991 publication that outlined an objective approach to demonstrating a risk management program's value to a healthcare organization.

BARBARA MARKUS BRIGGS, 11th president (1990)
Profession: My work in quality and utilization review at Boston University Hospital lead me to a master's degree and work for the peer review organization (now QIO) for the State of Kansas. When I decided to move back to St. Louis, I sent a resume to Washington University School of Medicine. I was offered a job in a "risk management role" during my first interview in 1979, but risk management was not in my title until 1981, after the healthcare risk management profession emerged.
Accomplishments: Appointing several essential task forces and committees: the task force on performance index measures, the task force on the healthcare ARM and the research committee. These committees were forerunners of future committee work.

ELLEN L. BARTON, 12th president (1991)
Profession: During law school, I worked for an independent insurance adjuster to gain experience in the industry. Upon graduation, I worked as an editor for an original source loose-leaf service for the insurance industry. At that time, I completed my Chartered Property and Casualty Underwriter designation and soon received a call from the University of Cincinnati School of Law placement office saying that the university medical center was looking for an attorney who knew insurance. I was hired as the assistant director of risk management with responsibility for risk financing, loss control and claims management.
Accomplishments: Adoption of the ASHRM Code of Ethics.

MURRAY C. EDGE, 13th president (1992)
Profession : After working in the corporate and private sectors of insurance, I entered into the profession in Chicago at the University of Illinois Health Sciences Center as its first risk manager. At first, I wasn't sure my claims, claims administration, insurance education and brokerage experience had prepared me for this new endeavor, but ASHRM certainly helped me learn the ropes.

Accomplishments: Serving my profession and colleagues as the leader of its professional organization and seeing its growth in professionalism. Healthcare risk management has become a more complex job over the years, and members look to ASHRM for many of their professional development needs.

1993 – 1995: Continued Vigilance

Highlights

- New member orientation session inaugurated at 1993 annual conference
- ASHRM booth travels to national healthcare events
- Board members help University of Denver develop risk management course

Distinguished Service Awards
1993 – Ellen L. Barton
1994 – Jane M. Bryant

1993

ASHRM and the AHA had to stay up to date with a wide range of legislative and policy changes, including: malpractice reform, medical device tracking requirements, the National Practitioner Data Bank, Consolidated Omnibus Budget Reconciliation Act, anti-dumping regulations, new guidelines from the Occupational Safety & Health Administration, Centers for Disease Control and Prevention, the Patient Self-Determination Act, and healthcare and insurance reform.

The legislative committee coordinated a letter-writing campaign for members on healthcare reform, and the research committee focused on the development of a research incentive award.

Each of the ASHRM certificate modules was offered twice during 1993, and Temple University began certifying the modules in August.

The annual conference was held in Chicago, where sessions addressed many areas of clinical risk management and featured new workshops and roundtables, including the new member orientation session.

1994

As technology moved toward an electronic record-sharing system, the AHA called for a federal law to ensure that medical records remained confidential. While sharing information was recognized as essential for quality collaboration between hospitals and providers, it also raised questions about unauthorized access.

The continuing education committee focused on developing mentoring programs, computer-based training, train-the-trainer programs, correspondence courses for accreditation, and marketing of ASHRM's certificate program. In addition, the committee performed an evaluation of university-based healthcare risk management programs for possible affiliation.

A monograph series was published on *Alternative Risk Financing Techniques, Clarifications of Specific Insurance Coverages* and *Discussions of the Insurance Marketplace.* A multi-volume series of booklets titled *Mapping Your Risk Management Course in…* detailed essential elements of effective risk management programs in ambulatory, home care, integrated delivery networks and stand-alone hospital settings.

ASHRM's informational booth debuted at American College of Healthcare Executives, RIMS and National Association for Healthcare Quality events.

The annual conference was held in Seattle. Special interest sessions were combined with roundtables to promote member interaction, a managed care track was introduced, and a program on women's healthcare issues was offered for the first time.

1995

This year the board developed a strategic plan for 1996-1998, and bylaws were revised to ensure effective transition from one board to the next.

Using ASHRM's "fundamentals course" as a model, the board helped the University of Denver develop a course in risk management as part of its health law classes.

ASHRM also worked with the American Physical Therapy Association to produce an educational tool outlining risk management issues specific to physical therapy.

The annual conference was held in Miami Beach. The program brochure for the first highlighted the core conference content by track (clinical, administrative, financial and claims) and level of experience (basic, intermediate and advanced). Managed care initiatives were covered extensively. The process to revise the Risk Management Handbook for Health Care Facilities began this year and concluded in 1997 with the release of its 2nd edition.

	1993	1994	1995
New chapter affiliates	Arkansas Louisiana	South Texas North Texas	Utah
Total Membership	2,774	2,836	3,000

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

JANE C. McCONNELL, 14th president (1993)
Profession: I entered the risk management field with minimal experience, but this was in 1982, when risk management was still a relatively new field. When a former employer became president of the FOJP Service Corp.—a risk management entity serving the Greater New York Metropolitan Area Federation of Jewish Philanthropies hospitals, nursing homes and social services agencies—he recruited me to the position of vice president for risk management. He hired me because he wanted an individual with a strong administrative background and extensive experience in healthcare who could solve some organizational problems.
Accomplishments: Setting up a board task force to determine how ASHRM could best inform and communicate about healthcare reform's impact on risk management and risk managers. We held panel discussions, visited local chapters, prepared educational materials, developed the risk management module about how to survive, and issued a formal report on how to prepare for healthcare reform. Our report focused on what skills, such as data and financial management, would be essential for the future risk manager. It also focused on the need for collaborative and effective communication skills to accomplish what needed to be done and to demonstrate the effectiveness of risk management.

PAMELA J. ROBERTS, 15th president (1994)
Profession: During my early clinical nursing career, I moved every three to seven years (the result of my husband's promotions). In each new community, I took entry-level positions, as longer tenured nurses usually were placed in the leadership or "interesting" positions. The North Carolina moves (numbers five, six and seven), however, were unique. I had the privilege of serving as an education director and director of nursing in two different hospitals. Then the North Carolina Hospital Association advertised for two nurse risk management consultants to provide services to 65 hospitals.
Accomplishments: Developing the Journal of Healthcare Risk Management Award for Writing Excellence. Also, the special projects committee created the four-booklet series: *Mapping Your Risk Management Course in Stand-Alone Hospitals*, *Integrated Delivery Networks*, *Home Health* and *Ambulatory Care*. We also began revision of the *Risk Management Handbook for Health Care Organizations*.

ROBERTA CARROLL, 16th president (1995)
Profession: I had worked in Mount Sinai Medical Center's Public Relations Department in Miami Beach as a patient representative and became assistant director and eventually director. The Patient Relations Program was developed to improve the quality of care rendered at the facility, give patients an outlet for complaints, and encourage early claims resolution through prompt intervention on adverse events. This was the mid-1970s, and Florida was a haven for medical malpractice claims. To handle the escalating cost of medical malpractice liability insurance and to encourage loss control programs, the Florida legislature in 1976 mandated that hospitals have a risk manager and risk management program in place. I was asked to manage the risk management department and became its director in 1978. The transition from patient relations to risk management was an easy one, as the goals of both departments were complementary.
Accomplishments: Developed a grid format for the annual conference to show the level of educational activity being presented (basic, intermediate, advanced) and category (e.g., loss control, claims, risk financing). Developed a three-year strategic plan that supported the educational advancement of the professional. Formed a managed care council to assist all committees, particularly the annual conference committee. Developed an advanced risk management forum to address strategic issues related to the Society and the educational needs of senior professionals at the corporate/system level. Continued dialogue with the IIA on credentialing issues and the development of a healthcare track for the ARM designation. Initiated revision of the 2nd edition of *Risk Management Handbook for Health Care Organizations*.

1996 – 2000: Increased Responsibilities

Retrospective

Highlights

- First CPHRM examination given
- Starburst logo introduced
- "Diplomates" renamed "distinguished fellows"

Distinguished Service Awards
1996 – Audrey Vanagunas
1997 – Roberta Carroll
1998 – Fay Rozovsky
2000 – Harlan Hammond

By 1996, healthcare risk managers knew they were in the middle of sea change in the healthcare arena that would leave many outsourced, downsized, forced find new positions within their organizations and/or urged to take on more responsibility.

The Food & Drug Administration (FDA) proposed medical device reporting in 1996, and by the next year 40 states had anti-managed care legislation in the works. Other important risk management issues included benchmarking, corporate compliance, employment practices liability, due diligence, violence in the workplace, reuse of single-use devices, enterprise liability, medication error prevention, telemedicine and clinical practice guidelines.

Another hot topic was the Medicare Conditions of Participation, developed by the Health Care Financing Administration (HCFA)—now known as the Centers for Medicare & Medicaid Services—which imposed far-reaching new requirements. These regulations included notice of patient rights to a grievance process; informed consent, including information about advance directives; privacy and safety; and confidentiality of clinical records and patient access to records.

The landmark Institute of Medicine report, "*To Err Is Human: Building a Safer Health System*," was released in November 1999, drawing widespread attention to patient safety issues.

The ASHRM board focused on developing relationships with other organizations, including the National Patient Safety Foundation and the National Coordinating Council for Medication Error Reporting and Prevention. The organization also worked closely with JCAHO on the sentinel events initiative and the use of root cause analysis as a way to examine and prevent errors in healthcare organizations.

An ASHRM code of professional responsibility was adopted in December 1996, which covered confidentiality, professional integrity and conflict of interest for the risk management professional. "Diplomates" were renamed "distinguished fellows" (DFASHRMs) in 1997.

The hardcover second edition of the *Risk Management Handbook for Health Care Organizations* (retitled from the original *Risk Management Handbook for Health Care Facilities)* was published in June 1997. That same year, ASHRM boosted membership communication by launching its first website and regular use of emails to members.

After years in the making, the AHA's Certified Professional in Healthcare Risk Management (CPHRM) designation became a reality, with the first examination given on June 1, 2000.

In 2000, the profession was in the nation's spotlight when President Clinton declared the third week of every June to be National Health Care Risk Management Week.

Annual conferences were held in San Francisco (1996), Atlanta (1997), San Diego (1998), Chicago (1999) and New Orleans (2000).

	1996	1997	1998	1999	2000
New chapter affiliates	San Diego Minnesota Northern New England	St. Louis	Idaho	Upstate New York Montana	Australia
Total Membership	2,970	3,100	3,550	3,740	3,660

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

JEANNIE SEDWICK, 17th president (1996)
Profession: I accepted a job with the Department of Patient Services at Wake County Hospital Systems in Raleigh, North Carolina. The position included responsibility for the incident reporting system and interfacing with hospital defense counsel. When the hospital decided to create a risk management program, I was asked to apply for the job. I was promoted to risk manager and charged with the development of a corporate risk management program. Later I became director of risk management.
Accomplishments: The work of the Benchmarking Task Force, a project that started in 1996 with the publication of the *Risk Management Benchmarking Primer*.

PEGGY L.B. NAKAMURA, 18th president (1997)
Profession: I was a nurse manager for a large ICU and concentrated care unit by day and attended law school by night when I saw the corporate goals. One executive had a goal of creating a risk management program for the health system, and it sounded like a perfect fit, even though I didn't have a clue about risk management and what a program should look like for a health system! I got the job and started the risk management program for Sutter Health with nothing in my office but a telephone and telephone book.
Accomplishments: Being at the helm when membership categories were changed to reflect the diversity of risk management professionals in ASHRM. At last, the associate members could vote and participate at the same level as regular members. The second accomplishment of which I am particularly proud is spearheading the effort to formally affiliate ASHRM with the AHA to protect and secure ASHRM's survival and viability.

LEILANI KICKLIGHTER, 19th president (1998)
Profession: I was interested from the first semester in nursing school, when they scared the innocence out of us by talking about the legal aspects of nursing. (This was before many malpractice suits were filed, and no one even knew what risk management was.) I transitioned from clinical bedside nursing into infection control, and when the PSRO required quality assurance, I transferred into that field. When Florida passed a law requiring hospitals to employ a risk manager, the teaching hospital where I worked as the quality assurance director posted the position. They were looking for a JD or MD/JD. When a consultant recommended someone with an RN clinical background and experience in infection control and quality assurance, they asked if I was interested. I think back to those days when they referred to "exposures," and I only referenced communicable diseases—I didn't know of any other kind of exposure.
Accomplishments: The largest number (to date) of members sought and were conferred the FASHRM and DFASHRM designations. The JCAHO Sentinel Event Task Force was created. As a result of their work, ASHRM had an impact on the sentinel event process and gained recognition as a content expert in risk management on many fronts. The work on the sentinel event process was just the beginning of ASHRM's involvement in nationally visible issues that continues today.

GRENA PORTO, 20th president (1999)
Profession: I had been working as a nurse on a surgical unit at Long Island Jewish Medical Center in New York. I heard about an opening in risk management**,** but I knew nothing about the job other than it involved working normal hours, which appealed to me greatly. I applied and was hired for this new position, and it changed my life. I was able to learn a tremendous amount working within the healthcare system, and I was constantly intrigued and challenged by this exciting field. I spent almost four years in this position, learning about everything from clinical risk management and loss prevention to claims management and alternative risk financing. It was a truly a period of great learning and personal growth.
Accomplishments: Developing the certification program after 10 years of deliberations; completing the negotiations involving ASHRM's relationship with the AHA and finalizing a formal agreement; and helping ASHRM develop high-caliber internal resources by hiring an executive director with the skills to maintain our growth and development.

FAY A. ROZOVSKY, 21st president (2000)
Profession: My career began in what was then termed "preventive law" at the Harvard School of Public Health. My mentor, Professor William Curran, sent me to a program sponsored by the AHA, where my first "professor" of risk management was Steve Salman. I returned from the seminar convinced that what Professor Curran and I had been teaching was healthcare risk management, and I have been working in that area ever since.
Accomplishments: Creation of National Healthcare Risk Management Week during ASHRM's 20th anniversary, with President Clinton designating the third week each June to celebrate and acknowledge the contributions of healthcare risk management professionals.

2001 – 2005: Patient Safety & Medical Liability Reform

Retrospective

The nation's healthcare system was profoundly tested early in the new millennium, from terrorist attacks on September 11, 2001, to disastrous hurricanes in 2005. As the need for effective healthcare risk management increased, ASHRM made significant strides to further enhance its worth as a personal membership society committed to providing professional resources.

The board renewed its commitment to developing professional education programs and publications designed to augment the practice of risk management. ASHRM also focused on advocacy on behalf of the profession.

2001

The year brought changes in the way JCAHO directed organizations to share information about unanticipated outcomes, adding a new standard that launched innovations in disclosure practices. With an eye on the legal implications, ASHRM published a seminal monograph describing the new standard and outlining the associated risk management perspective. The AHA endorsed the document and sent it to hospital CEOs throughout the country.

Meanwhile, patient safety emerged as a distinct discipline—one that required a new type of strategic thinking about causes of error and opportunities for improvement. ASHRM became an inaugural partner in the AHA's Patient Safety Leadership Fellowship, a yearlong executive education program.

The "modules" program—ASHRM's cornerstone educational offering—was renamed "The Barton Certificate Program in Healthcare Risk Management," in recognition of ASHRM past-president Ellen Barton. The organization also published the 3rd edition of the *Risk Management Handbook for Health Care Organizations*.

After debate about whether to hold the annual conference in the wake of the September 11 attacks, the meeting convened as scheduled in Boston and proved to be a profoundly supportive event.

Highlights

- Seminal monograph on disclosure practices written by ASHRM and disseminated nationwide by AHA
- Leaders meet with Congressional members to discuss impact of medical malpractice crisis
- ASHRM's Vision and Mission Statement updated to reflect profession's future

Distinguished Service Awards
2001 – John West
2003 – Robert Bunting
2004 – Geri Amori
2005 – Joyce Benton

2002

Participation in ASHRM continued to grow, despite the stagnant economy. The hardening insurance market meant capacity for traditional medical malpractice coverage was reduced—a reality that prompted many organizations to consider forming an insurance captive was in their best interests. ASHRM engaged its members by preparing a monograph on the state of the insurance market, which presented the views of an insurance broker, insurance carrier, generalist risk manager and finance-specialist risk manager.

Recognizing the membership's changing resource and education needs, ASHRM reformatted the modules program into a three-session certificate program that complemented the *Risk Management Handbook*. The organization also supported the growth of the CPHRM credential by developing a study guide and exam preparation course.

ASHRM revised its vision and mission statements to better represent the future of risk management:

Vision: Safe and Trusted Healthcare
Mission: To advance safe and trusted patient-centered healthcare delivery, ASHRM promotes proactive and innovative management of organization-wide risk.

2003

ASHRM continued to hone its position on the impact of the medical malpractice crisis and support for federal patient safety legislation. In the spring, ASHRM leaders visited key members of Congress on Capitol Hill to explain the importance of providing protection from discovery in exchange for sharing medical event data.

Advocating on behalf of its members, ASHRM stepped up its contributions by serving on key JCAHO task forces. Members participated in revising standards and developing the periodic performance review; others served on the Professional Technical Advisory Committee for Hospitals. The organization prepared a three-part series of monographs on the practicalities of disclosure to guide organizations in creating their own disclosure practices.

The 4th edition of the *Risk Management Handbook for Health Care Organizations* was updated and released in the fall. At 1,400 pages, the *Handbook* solidified its position as a unique and definitive resource. An updated CPHRM study guide and CD version of the risk management assessment tool were also created.

As interest in patient safety at all levels of healthcare intensified, ASHRM formed a national advisory council on patient safety to help the organization better the movement and determine how best to foster professional development in this important area.

The annual conference was held in Nashville.

2004

Recognizing that members have varying expectations and professional development needs, ASHRM leadership called for the development of "Interest Networks" to meet the specific interests of patient safety and risk financing/claims administration specialists. The board also commissioned the development of the Patient Safety Curriculum.

ASHRM and the AHA created a planned giving opportunity for members by establishing the ASHRM Foundation to support future education, scholarships and research programs.

Collaboration was a big theme this year, as well. For the first time, ASHRM co-convened the Quality Institute for Healthcare with the AHA and the American Society for Quality. The organization then developed a post-event for the National Patient Safety Foundation Congress in Boston. Finally, ASHRM and the Association of periOperative Registered Nurses collaborated to present at the AORN Congress in San Diego.

The annual conference was held in Orlando.

2005

ASHRM celebrated its 25th year as a professional development organization by maintaining its dedication to connecting members with one another and providing them with the resources they needed to perform even more effectively in their roles. When the full, three-part Patient Safety Curriculum was launched, it attracted more than 200 participants.

ASHRM also expanded its relationships with other organizations to offer unique professional development opportunities. The leadership cultivated relationships with the Public Risk Management Association and the Bermuda Insurance Management Association. The Bermuda chapter of ASHRM was formed in 2005.

In addition, ASHRM established co-marketing arrangements with partners in patient safety, insurance and publishing to make more valuable products, programs and publications available to members. One such partnership with an innovative multimedia-based healthcare education company led to the development of a tool kit that helped risk managers and their organizations highlight their commitment to patient safety. This kit was the first initiative made possible by the ASHRM Foundation.

This year also marked the start of ASHRM's journey into supporting openness about risks and errors. At the annual conference in San Antonio, patient safety advocate Sorrel King shared her story about losing her 18-month-old daughter to medical error.

	2001	2002	2003	2004	2005
Total Membership	4,251	4,358	4,408	4,600	4,900

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

GERI AMORI, 22nd president (2001)
Profession: The CMO had recruited me from the psychopharmacology service to work on a project in administration, when a major reorganization left me without work. The risk manager for the multi-specialty physician group who consistently referred the "difficult patients" to me, left for another job, and much to my dismay I was placed in the risk manager role. My perception was that the risk manager was an insurance guy, not me! During the first year, I attended ASHRM programs and began to appreciate the field, the work and the opportunity to make a difference to the patients we serve and to our physicians and staff.
Accomplishments: Encouraging ASHRM to be a part of the formation and implementation of the AHA's Patient Safety Fellowship. The second thing that stands out is the challenge of leading in the aftermath of 9/11. It was just weeks before the annual conference, and I received conflicting e-mails from members about whether we should hold the event. I was fully aware of being the president who could be responsible for the economic demise of the organization because so much of our budget depends upon income from the conference. In the end, we met to support, comfort and network with our colleagues.

MONICA BERRY, 23rd president (2002)
Profession: I was working for a plaintiff's personal injury law firm and not enjoying the experience when I responded to an ad for a risk management consultant position. I met none of the listed criteria for the job but knew that if I could get an interview, I could convince them to hire me. I was hired, and they expected me to last one year. I was there for six years, and it was one of the most rewarding jobs I have had in my career.
Accomplishments: Facilitating ways to think differently about the procurement of insurance coverage for organizations in the aftermath of 9/11 and that event's impact on the insurance marketplace. Most organizations experienced insurance premiums that doubled or tripled with no correlation between the size of the increase and the claims history. ASHRM fostered education about the insurance crisis through the publication of monographs and many interviews with the media. In addition, the state of the insurance market was the topic for the National Health Care Risk Management Week educational program. Also, ASHRM promoted a grassroots advocacy campaign regarding federal legislation that addressed the insurance crisis.

JANE McCAFFREY, 24th president (2003)
Accomplishments: Turned ASHRM's focus to patient safety-loss prevention, and patient-centered care became more of a core in staying true to the ASHRM vision of "Safe and Trusted Healthcare."
(McCaffrey also served as ASHRM's sixth president.)

JEFFREY DRIVER, 25th president (2004)
Profession: I started out as an orderly and saw all that was good—and a lot of what was bad—in healthcare. Later, I went to school to become a respiratory therapist. I was motivated to do something proactive in healthcare after I witnessed a medical error that resulted in a child's death. It was a life-changing event for me.
Accomplishments: Taking the board and ASHRM leadership to a new level in terms of their focus on governance and strategic planning. Also, creating the Interest Networks as distinct communities for members who have more specialized interests. I'm also proud of the initial work we did to develop the Patient Safety Curriculum and engage with other professional organizations like AORN and NPSF.

PAMELA L. POPP, 26th president (2005)
Profession: I was working for a physician malpractice insurance carrier and realized that, while the management of litigation was interesting, it was more fulfilling to work on the proactive end: how do we prevent this from happening again? In so many instances, there were "easy" fixes—changes in policy, procedure or even simple training—that would help to make the healthcare experience safer for future patients. I was also fortunate to have some incredible mentors early in my career, people who had tremendous vision in the profession. That guidance was, and is, invaluable.
Accomplishments: Helping the board see the need to establish the ASHRM Foundation so that our members could leave a legacy for the future champions of healthcare risk management. As our membership continues to mature, we need to provide opportunities for the support of new members coming into the profession, as well as opportunities for those who may be leaving the profession but want to support the future. The celebration of 25 years was also remarkable—the organization has grown from a handful of people to an entire industry! The CPHRM also established credibility for the profession, and is evidence of the knowledge and experience base needed to perform the job well.

2006 – 2010: Proving Our Value

Retrospective

In the millennium's first decade, risk management professionals were ideally positioned to establish and promote the importance of their roles in healthcare. The impact of a challenging economy and the promise of growing complexity as a result of passage of the Patient Protection and Affordable Care Act in March 2010 (and the resultant legal challenges) make it imperative that healthcare risk management professionals develop the skills, build the networks, and make the connections necessary to support safe and trusted healthcare environments.

As AHA President and CEO Rich Umbdenstock told attendees at ASHRM's 2007 annual conference, "You are very well prepared to serve as leaders in our field, and you are focused on enhancing the safety and reliability of your own organizations. Your thought leadership and expertise are sought continually, and your commitment and hard work have absolutely succeeded in raising the bar for all healthcare professions."

ASHRM has worked hard to ensure that its profession continues to develop this leadership role.

2006

ASHRM convened the Data for Safety Think Tank in Washington, D.C,. to address the need for using data effectively to reduce risk and improve patient safety. This initiative reflected part of the organization's long-term strategy and created a road map for the future development of white papers and other products.

The organization published the 5th edition of the *Handbook for Healthcare Risk Management* and launched the Patient Safety Curriculum—the first new curriculum in 15 years.

Sound financial management allowed the board to allocate $200,000 to the recently established ASHRM Foundation to provide scholarships and educational and research grants for members.

ASHRM was an active partner in the FDA Hospital Bed Safety Workgroup. ASHRM participated with several other organizations representing the medical bed industry, other national healthcare organizations, patient advocacy groups, the Centers for Medicare & Medicaid Services, the Consumer Product Safety Commission, and the Veterans Administration to produce a comprehensive series of materials related to reducing the risk of side rail entrapment in hospital beds.

The annual conference was held in San Diego.

2007

Collaboration and outreach was a consistent theme for the year.

ASHRM joined other professional and industry associations—including the American College of Surgeons and the Association of periOperative Registered Nurses—in the Wrong Site Surgery Summit II convened by the Joint Commission. The Universal Protocol emerged from the first summit and was formally introduced in 2004, but the incidence of wrong-site surgeries had not decreased significantly since its introduction. The second summit was intended to make the topic the "poster child" of sentinel events.

ASHRM leadership participated in three open meetings with regulators responsible for drafting regulations envisioned by the Patient Safety and Quality Improvement Act of 2005. They contributed insights on reporting and analysis of adverse events.

Continuing the focus on patient safety, ASHRM collaborated with the National Association for Healthcare Quality and AHA policy staff on the Healthcare Risk Management Week program "RM+Q = PS: Risk Management Plus Quality Equals Patient Safety."

In keeping with its vision of safe and trusted healthcare, ASHRM took a leadership role in assessing and communicating best practices for the use of color-coded wristbands to indicate patient conditions.

The Fundamentals of Healthcare Risk Financing was launched as an on-line course.

ASHRM also conducted research that led to the first comprehensive rebranding effort—the first in a decade. The result was a new logo and emphasis on the unique contributions of healthcare risk managers which elevated ASHRM's professionalism and

presence in the healthcare arena.

Rich Umbdenstock, AHA's new president and CEO, videotaped a message for members attending the annual conference in Chicago around the theme of "one organization, many expressions."

2008

The updated Patient Safety Curriculum attracted 120 risk managers, quality professionals, and safety officers from the United State, Bermuda, Taiwan, Puerto Rico, Bermuda, and Spain. The program defined and demonstrated the unique contributions risk management makes in organizational safety and provided important context and content for the participants.

The *Risk Management Handbook for Healthcare Organizations* (5th edition)—the only handbook written and edited by healthcare risk management professionals—was supplemented to support the next generation of risk managers with a new abridged student handbook edition and online faculty guide.

ASHRM continued to develop its online education offerings with three courses in risk financing and two in confidentiality. Audio conferences were presented at hundreds of sites, enabling individuals and groups to learn about hot topics from industry experts.

The organization collaborated with colleagues at the American Health Lawyers Association to write a handbook on Patient Safety Organizations, the National Association of Healthcare Quality to host a webinar on the topic of "Using Data to Drive Patient Safety," and co-hosted the healthcare track at the Bermuda Captives conference.

ASHRM returned to Boston for the annual conference.

2009

ASHRM revised its vision and mission statement to better represent the future of risk management:

Vision: To be the global thought and information leader in healthcare risk management and patient safety
Mission Statement: To advance healthcare risk management and patient safety

"Safe and Trusted Healthcare" became ASHRM's brand promise.

Advocacy and representation continued to be an important focus for ASHRM, which advocated for members' interests in areas including: mandatory reporting under Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA); proposed revisions to the National Patient Safety Goals and Universal Protocol; and proposed Joint Commission requirements to advance communication, cultural competence and patient-centered care and staffing effectiveness. The organization also issued timely advisories on the H1N1 pandemic.

An e-learning preferences survey demonstrated members' hunger for more "accessible education," leading to an expansion of electronic offerings that minimized travel costs and time away from the office.

By creating a web-based community and virtual library that gives members 24/7 access to tools and resources, ASHRM introduced the ASHRM Exchange, a major commitment to supporting members' professional development. The Exchange was the first online platform to help members to engage with peers to ask questions and share resources.

Education and learning remained key in 2009. Nine webinars were offered – in response to member demand but also as ASHRM strived to meet the needs of members who were unable to attend due to the economic challenge. In addition, the CPHRM exam prep course was offered for the first time in a webinar series format.

The Barton Certificate in Healthcare Risk Management program (the "Modules") was refreshed to address the most important emerging trends. Modules were offered in Chicago, Austin, and Denver.

The ASHRM Live Learning Center was introduced at the annual conference in Denver. Free for conference registrants, this dynamic tool allowed attendees online access to recordings of every concurrent education session, as well as the ability to download sessions to their smart phones.

2010

This year marked the yearlong celebration of ASHRM's 30-year mark as a personal membership group of the American Hospital Association and the leading association representing the healthcare risk management profession.

The ASHRM Exchange expanded to help members connect and share resources and expertise with other healthcare risk management professionals. The ASHRM Exchange Library grew to nearly 200 policies, procedures and other documents.

In addition to the traditional face-to-face CPHRM exam prep course sessions held in Chicago and Tampa, members had the option of accessing one of two webinar course series. Also, eight webinars on topics ranging from "definition of harm" to "security issues" were offered and the Healthcare Risk Management Week webinar on "insidious intimidation" drew a record-setting 300 registered sites.

ASHRM further addressed the issue of workplace intimidation by working in partnership with the American Society of Healthcare Human Resources Administration to host a Thought Leader Forum in San Diego on the topic. Invitees represented the Agency for Healthcare Research and Quality, the Joint Commission, the American College of Physician Executives and the American Organization of Nurse Executives. A "Key Findings" summary of the event was made available as a membership resource.

In January, operations of the ASHRM Foundation were transitioned from the AHA to ASHRM. The initiative was renamed the ASHRM 2030 Fund. Pegged to the year 2030 when ASHRM will turn 50, the new name focuses on our next generation while paying homage to the efforts of our founding visionaries.

The 6th edition of the *Risk Management Handbook for Healthcare Organizations* was published and continued to serve as the only handbook written for and edited by healthcare risk management professionals.

The *Forum*—ASHRM's bimonthly organizational newsletter—was made available via e-mail, and past issues dating back to 1980 were archived online.

The annual conference was held in Tampa.

	2006	2007	2008	2009	2010
New chapter affiliates	Chile Indonesia	Alabama	Nebraska	North Dakota	Maryland-DC
Total Membership	5,410	5,525	5,296	5,590	5,500

Reflections from the Presidents

How did you enter the profession, and what were the most significant accomplishments of your term?

PEGGY MARTIN, 27th president – (2006)
Profession: While working as a medical librarian at a teaching hospital in a low-income, culturally diverse community in western Baltimore, I learned from the "house officers"—foreign medical graduates who delivered the vast majority of patient care—how concerned they were about their inability to relate to patients whose languages and cultures were so different from theirs. At that time, healthcare risk management was starting to become more about provider behavior than about the electrical outlets and wet floors. I was moved by their frustration with the system, so I started working with the medical director to address some of the discrepancies.
Accomplishments: The president's most important task is to continue to build and support the best of the programs from the previous regime, and, with luck, start a few things that you hope will continue. With the help of the Board, we strengthened the Foundation, the Patient Safety Scholarship Program, and the CPHRM certification process. We sought even more ways to communicate with our membership to discover their changing needs and help them connect with their colleagues with greater ease and efficiency. At a time when disclosure to patients was expected rather optional, we worked with patient advocacy groups to address those who believed that risk managers were impediments to open and honest communication with patients and families.

PAUL ENGLISH SMITH, 28th president (2007)

Profession: After working in a law firm for several years, I decided to focus on healthcare law and landed a job working for a hospital. One of the "other duties as assigned" was to run a self-insurance program covering professional and general liability. Having to learn about insurance and risk management on the job led me to ASHRM and to the educational and networking resources I needed to become an effective risk manager.
Accomplishments: For me, it was something that didn't come to pass until after my term was over. Over the years, I have had multiple discussions with colleagues about what it takes to staff an effective risk management department, both in terms of numbers and roles. In addition, a number of questions about staffing levels were posted on the former ASHRM Listserve, which led me to believe that there was some interest in the topic. Finally, in 2010, the results of the 2009 Risk Management Facility Staffing Survey developed by the Leadership Development Task Force were published. It is my hope that these results will prompt more study into the resources needed to do the job the way it needs to be done in order to protect patients from harm and build public trust in healthcare.

DOUGLAS BORG, 29th president (2008)
Profession: You could call it fate or an accident, but I often regard it as an act of sheer desperation. I was fresh out of graduate school with no prospect of a job in sight, serving as "Mr. Mom" to my six-month-old son. I sent out dozens of resumes, did telephone interviews while changing diapers, and worried that my newly ripened skills as a healthcare executive would wither on the vine. Then I got wind of an opening for a director of risk management. I borrowed a copy of ASHRM's handbook (circa 1991) and tried to get smart quick prior to the interview. I talked my way into that job 19 years ago and haven't looked back. From day one, there was never a question that I was in the right field.
Accomplishments: Replacing the irreplaceable. After eight transformative years, Liz Summy, ASHRM's executive director, was promoted within the AHA, leaving very large shoes to fill. But we were lucky to find someone who both understood and appreciated our mission, and who also had the knowledge and skills to help us take ASHRM to the next level. It was also very satisfying to foster the continued growth of ASHRM's online presence.

GEORGENE SALIBA, 30th president (2009)
Profession: While pursuing my BSN, I was required to do an independent study, so I chose risk management because I knew nothing about the liability aspects involving medicine. A year later, a part-time risk management assistant position became available; I applied for and was offered the position by a founding member of ASHRM, Janine Fiesta, Esq. That was over 25 years ago, and I am eternally grateful for that opportunity. I have always promised myself that if I wake up one morning and feel that risk management is not what I want to do anymore I would move on. That day has not come, probably because I love an intellectual challenge and risk management clearly provides it.
Accomplishments: Maintaining a positive financial outcome in a year of economic turmoil, supported by a diligent finance committee, board of directors and new executive director. Recognizing our membership needs multiple delivery methods for education, the CPHRM exam prep webinar course was launched to complement the in-person and chapter-based offerings. In addition, the ASHRM Exchange became fully operational, affording members with listserve capabilities to help them address their everyday risk management issues in real time with their colleagues.

THERESA ZIMMERMAN, 31st president (2010)
Profession: When I was a young nurse, a patient died of a massive heart attack after a cardiologist refused to come see the patient. After discovering that 10 pages of my documentation were missing from the medical record, I escalated the case up the chain of command. I was scared to death when I was called to the risk manager's office, but she turned out to be one of the kindest, most respectful people I have ever met, and a great mentor for me. Years later, I sought her out and asked her to create an internship that would give me the experience necessary to enter risk management. Without even remembering me, she did! That changed my life and my career.
Accomplishments: Working with the executive director and board to develop a new strategic roadmap, including an initiative to become *the* national thought leader on risk management topics. We co-convened a forum on insidious intimidation in the workplace with representatives from a range of organizations and perspectives with a common interest in eliminating this underestimated threat to patient safety. Also, our Healthcare Risk Management Week Webinar on insidious intimidation drew more than 300 registered sites. ASHRM also worked to become more nimble in responding to the changing healthcare environment. For example, soon after passage of healthcare reform legislation, we convened a task force that quickly produced papers, educational sessions and tools to help risk managers take the lead on this important topic.