Twelve young leaders use their energy and enthusiasm to make a difference

Imagine your first day on the job. As a newly minted graduate, you embrace the world with fresh ideas and unshakable enthusiasm. You plan to hit the ground running, learning from the best and dreaming of making a difference in healthcare—all in short order.

Everyone remembers the excitement of that first “real job.” Turning that enthusiasm into extraordinary achievement is an entirely different matter. Yet that is precisely what the 12 healthcare leaders selected for this year’s Up & Comers award have done.

All 40 or under, these young executives have led their organizations far beyond what anyone—including themselves—imagined possible. And while they come from a variety of backgrounds, life experiences and career paths, they share a common goal—quality healthcare, accessible to everyone.

Witt/Kieffer takes great pride in partnering with Modern Healthcare for the Up & Comers award program. The Class of 2006 joins the prestigious ranks of more than 200 winners who have earned the award since the program’s inception two decades ago.

These remarkable individuals may no longer be just starting out. But they continue to pursue their dreams of a healthcare system that nourishes the well-being of each and every person in their communities.

What’s next on the job for this talented group of young leaders?

We can only imagine.

Here’s how we selected the 20th Up & Comers class

This year marks Modern Healthcare’s 20th annual Up & Comers award program, which recognizes rising young management talent in the healthcare industry. We issued a call for nominations in our May 8 issue and ran a series of advertisements soliciting nominations through July 10. We extended the deadline to July 17 for late entries. We received 125 nominations, down slightly from last year’s 146 nominations. An editorial review board composed of senior editors at the magazine reviewed the nominations and selected the 12 recipients who are profiled in this special feature. Modern Healthcare Online Editor Lisa Scott and Special Projects Editor Nicole Voges, departing from their regular editorial responsibilities, wrote four of the profiles. The other profiles were written by Angela Fornelli, a freelance healthcare writer based in Chicago; Tracey Fuller, a former Modern Healthcare editorial assistant; Barbara Kirchheimer, a former Modern Healthcare reporter and news editor; and Linda Wilson, a former Modern Healthcare reporter. We thank them for their fine work. Most importantly, we thank all of the nominees in this year’s recognition program. The selection process was as difficult as it has ever been. Please look for an announcement of the 2007 Up & Comers award program next spring. Thank you.

—David Burda, editor
EROL AKDAMAR

Workers crowd into the cafeteria at St. David’s South Austin (Texas) Hospital. As Timbuk 3’s ‘80s anthem “The Future’s So Bright I Gotta Wear Shades” ramps up, Chief Executive Officer Erol Akdamar enters in sunglasses for the first of three hour long employee forums he will lead that day, one during each shift. The theme, of course, is “The future’s so bright, we’ve got to wear shades.”

The multimedia presentation, a quarterly event, accentuates the positive, such as the opening of cardiac rehabilitation services and the hospital’s high ranking among HCA facilities for employee satisfaction. Slides highlight the people who do the work from direct caregivers and support workers at all levels to volunteers.

“It’s important to share what’s going right, so when you look at what’s not going well, you can have a constructive conversation,” Akdamar says. “A difficulty we face is being able to tell the story of the hospital from an economic standpoint, but then making people feel validated for what they do day to day.”

One key to success, he says, “is giving equal attention to communication on the individual and global level.”

Thus, while a monthly employee newsletter and weekly bulletins supplement the presentation-oriented forums, Akdamar makes time for give and take. For example, he conducts hospital rounds and hosts monthly lunches for employees who have had a recent birthday or anniversary at the hospital.

Akdamar “really gets that people need to be communicate to in a lot of different ways,” says Christin Cross, the hospital’s director of administrative services. “The culture here is very positive now, and he’s done that through communications.”

The son of a physician, Akdamar, 39, arrived at 193-bed South Austin Hospital—part of four-hospital St. David’s HealthCare, a joint venture between HCA and St. David’s Healthcare System—in late 2004 after four years as chief operating officer at another HCA joint venture, 341-bed Tulane University Hospital and Clinic in New Orleans.

Since then, South Austin’s ranking for employee engagement has surged to third among 200 HCA hospitals from 138th. “He’s done it not only through his personal passion,” says Jon Foster, president and CEO at St. David’s HealthCare. “He has put systems and communications in place.”

For example, along with other senior managers, Akdamar makes regular rounds to talk with employees, hitting every department during every shift over three months. The executives prepare with advance reports on departmental issues and monitor their compliance with rounds weekly.

Problems demand solutions or explanations. When individuals are singled out for work well done, Akdamar follows up with a personal thank-you note. “You wouldn’t think a note to a physician would make a difference,” Akdamar says, “but I can tell you from the comments I get, it means a lot.”

— Lisa Scott

BOB DENT

In order to improve patient satisfaction, Bob Dent believes in improving and expanding the nursing program for Colorado.

In just over a year as chief nursing officer and associate administrator of 36-bed Sterling (Colo.) Regional MedCenter, a not-for-profit hospital, Dent has started to develop a registered nurse training program in northeastern Colorado and has asked to sit in on a state task force to develop policies and legislation to support the expansion of the nursing program.

“We want to increase the number of nurses that are certified in Colorado,” Dent says.

His passion for healthcare started when Dent, 39, was in high school and joined the Medical Explorers Group, which teaches young people about different aspects of healthcare to pique their interest in pursuing a career in the field. While volunteering at a local hospital, he found his calling in nursing. “I had always been fascinated with healthcare and always had a keen interest in nursing,” Dent says.

He went on to receive his associate’s degree in applied sciences from South Plains College in Levelland, Texas, and then worked for five years as a registered nurse for Methodist Hospital in Lubbock, Texas (now known as Covenant Medical Center, an 868-bed hospital). In 1993, he served as a nurse turned administrator for 611-bed Banner Desert Medical Center in Mesa, Ariz., until 2005.

During his time at the not-for-profit hospital, he received his bachelor’s degree in nursing in 2000 and his master’s degree in business administration and healthcare management in 2004 from the University of Phoenix, where he also works as an online faculty member teaching healthcare leadership classes.

Dent says one of the accomplishments he is proudest of in his career is identifying the need for digesting the long-term-care business and expanding subacute care in the 2002 Banner Desert strategic planning process. He worked with the staff, residents and their families—along with help from outside agencies—to effectively transition 110 residents, some of whom had resided in the home for as long as eight years, to other facilities while meeting their personal and emotional needs.

Since serving as CNO at Sterling, Dent has pursued leadership excellence, and clinical outcomes have exceeded the 75th percentile of all hospitals in the country, with patient-satisfaction scores increasing from the 7th percentile to the 80th.

Dent credits his pursuit of excellence to having a goal, ensuring his staff is aware of the expectations and plans of the department, and from there building a foundation. “When things get chaotic, as they do in healthcare, it’s good to have a vision,” Dent says.

Currently, Dent is pursuing his passion for building a stable foundation for the nursing program in Colorado.

He believes part of his success is because of good mentoring. Banner Chief Operating Officer Rhonda Anderson, a mentor of Dent’s for 5½ years, says he is one of the most outstanding nursing professionals she has seen.

— Tracey Fuller
CORINNE FRANCIS

As a young woman living in the U.S. Virgin Islands, Corinne Francis, 38, knew a degree in business would help her escape poverty. But after two profoundly spiritual experiences, Francis decided to combine training in business with theology.

That decision eventually led to her current job as vice president of mission integration at 370-bed St. Anthony’s Health Care in St. Petersburg, Fla., part of 25-hospital Catholic Health East in Newtown Square, Pa.

Her co-workers say her commitment to weaving Catholic teachings into the everyday work of the hospital inspires them. Francis “has an ability to size up and understand the group she is talking to and to speak in the language of the group,” says Sister Juliana Casey, executive vice president of mission integration at CHE.

Francis’ journey to St. Anthony’s began when she attended spiritual exercises offered by a Catholic religious order in St. Croix. She also spent several weeks as a volunteer at Camp Andrew Jackson in rural Jackson County, Ky., sponsored by the Christian Appalachian Project. “I found that my life’s meaning and purpose was possibly more than just myself and getting out of poverty by getting a business degree,” says Francis, who was born in Dominica and moved to St. Croix with her family when she was 18.

That realization led her to Pittsburgh, where she graduated with a degree in theology and sociology from Carlow University. Her next stop was Chicago, where she earned a graduate degree in health administration and policy from the University of Chicago as well as a second graduate degree in divinity from the Catholic Theological Union.

Before she joined the executive team at St. Anthony’s in July 2005, Francis had been vice president of mission services for CHE’s St. James Mercy Health System in Hornell, N.Y.

While at St. James, Francis was in charge of a CHE program called “Values in Practice,” focusing on excellence in patient, employee and physician satisfaction. Francis says she taught employees to “integrate those concepts of excellence in business with mission.”

Francis describes the mission of Catholic healthcare as a commitment to treat with compassion and respect not only patients’ physical ailments but also their mind and spirit.

At St. Anthony’s, Francis launched an inspirational class in June to explain the business and religious values at St. Anthony’s as well as the history of the Franciscan Sisters of Allegany, the founder and religious sponsor of St. Anthony’s. Francis also talks about how each team member’s unique gifts contribute to the mission of caring for patients.

Ford Kyes, president and chief executive officer of St. Anthony’s, says: “I just got such positive feedback—even from some of the more grizzled nurses. Creating culture is really a tough thing, but that is Corinne’s strength.”

— Linda Wilson

SUE LUNS福德

Sue Lunsford has come a long way since joining King’s Daughters Medical Center seven years ago.

“She was a team player when she started, and showed leadership skills immediately,” says Fred Jackson, chief executive officer of the 547-bed Ashland, Ky., hospital. “She was promoted from director to vice president within three years.”

Her leadership skills were demonstrated when Lunsford, 39, helped create the subsidiary Kingsbrook Lifecare Center, a 157-bed long-term-care facility, even after being faced with a life-threatening cancer diagnosis in 2000. “She said ‘It’s not going to get the better of me, I’m going to beat this,’ ” Jackson says.

Lunsford, who is recovering from injuries in a car accident, was unavailable for an interview.

While working on the Kingsbrook project, her cancer went into remission, and she overcame obstacles in order to get the center up and running by May 2002.

As vice president of long-term care at King’s Daughters, Lunsford has begun programs to benefit the elderly community, including an acute-care rehabilitation unit, and pain, spine and wound-treatment centers. Since becoming the administrator of Kingsbrook Lifecare Center, Lunsford has won the Administrator of the Year Award and the center was voted Facility of the Year—both from the Kentucky Association of Health Care Facilities—for 2006.

“She never takes credit for her accomplishments,” Jackson says. “She says it’s because of the efforts of her team members.” Because of her motivation and willingness to overcome obstacles, Lunsford has led her facility to a 99% occupancy rate, with customer satisfaction scores in the 96th percentile nationally in 2005.

“She is a motivator and a visionary,” Jackson says. “She never settles for the status quo.”

After receiving her bachelor’s and master’s degrees in speech language pathology from the University of Illinois, she worked for three years as a speech language pathologist for 324-bed Swedish Covenant Hospital, Chicago. She then went on to become a licensed nursing home administrator in Kentucky, where she was a director of rehabilitation services for Hillhaven Corp. and later a program director for RehabCare Group in St. Louis.

In 1999, Lunsford joined King’s Daughters as director of rehabilitation services, where among her many accomplishments, she developed and coordinated the stroke center program. She also secured contracts with local school districts to provide programs in speech and language, audiology, occupational therapy and physical therapy for students.

After Lunsford oversaw construction of a nursing home while battling a life-threatening illness, Jackson says there is nothing Lunsford can’t do. “She’s the type of person that whatever she touches becomes a better project and outcome,” Jackson says.

— Tracey Fuller
**DONNA McGregor**

Powerful things come in small packages. That’s what colleagues say about Donna McGregor, the chief financial officer and vice president of finance at Health Quest, a three-hospital system in New York’s mid-Hudson Valley.

McGregor, 40, was named CFO of the system in April, after having served as CFO of each of the system’s hospitals: its flagship 315-bed Vassar Brothers Medical Center in Poughkeepsie; 144-bed Putnam Hospital Center in Carmel; and 68-bed Northern Dutchess Hospital in Rhinebeck.

“She has just accelerated up that ramp like wildfire, yet if you met her, she’s very self-effacing, demure and petite,” says Ann Armater, vice president of development at Health Quest. “She may be small in stature, but she has very broad shoulders.”

Under McGregor’s financial leadership, the system received an upgrade to an A bond rating from Standard & Poor’s, one of just a few systems in New York to achieve such a rating.

“For 2005, the financial results have been some of the best in the organization’s history,” says Adil Ameer, president and chief executive officer of the system. “To the best of my knowledge, this is the highest rating in the state of New York for any healthcare system.”

McGregor was recruited to Vassar Brothers in 1998 as vice president of finance. Her responsibilities grew soon after, when Vassar Brothers and Northern Dutchess Hospital joined to create Health Quest and she led the integration of the hospitals’ purchasing and financial systems. In 2001, the system added Putnam Hospital Center and McGregor became vice president of finance, taking on the oversight of the finances of all three hospitals.

“As we would take on hospitals, I would really try to promote from within,” McGregor says. “I really believe it’s important to cultivate your staff so you have a strong succession plan and a strong staff behind you.”

McGregor, who has 4-year-old twin boys, grew up in Rockland County, N.Y., less than an hour and a half from where she works today. She says she always looked up to her mother, who had a demanding business career and later became the tax collector in Rockland County, but also managed to spend time raising her family.

In 2005, McGregor and her team began to combine the three hospitals’ business offices into a systemwide one. Some of the hospital CEOs didn’t want to give up the staff at first, McGregor says, but she was able to present business plans that quantified the value of the project. Since 2004, the system has probably saved at least $7 million from the effort, she estimates. “We have a lot more work to do with it, but being able to execute it and get it through the system processes I think was a big success,” she says.

Armater says the integration effort is just one example of how McGregor can “keep her nose to the grindstone” even under trying circumstances.

— Barbara Kirchheimer

**BREEANN ROBINSON**

Breann Robinson took her post as vice chair of planning services at the Mayo Clinic in Scottsdale, Ariz., at a time when the organization’s leaders needed her most. With the task of clarifying and restructuring their strategic plan, they counted on Robinson to listen to their numerous ideas and distill them into a concise plan—one that would shape the operations of the 202-bed clinic.

“We went through some very difficult soul-searching and had to make critical choices, and we looked to her (Robinson) to assist in that process,” says Jim Anderson, chief administrative officer of Mayo in Scottsdale. “You can have ideas, but unless you have a mechanism and force like Breann in place … you’ll never really be able to fully realize that.”

Robinson was consistent and persistent in implementing the plan, which has been so effective that it’s now used at all three Mayo locations. At age 32, she has gained respect throughout the clinic for her ability to analyze situations and look beyond the surface and conventional routes to find solutions, Anderson says.

Robinson began at Mayo Clinic in Rochester, Minn., shortly after receiving her master’s degree in health administration from the University of Missouri at Columbia in 1998. She was part of a select group of candidates chosen to participate in the clinic’s administrative training program, where she rotated through all administrative areas and realized that planning services was where she belonged.

“You get into high-level discussions about what’s going on, and operations lets you understand how it all plays out in real life,” says Robinson, who served as administrator and director of the department before being named vice chairwoman in March. “I can see a connection between what we’re doing and the fulfillment of our vision and mission.”

Robinson took a roundabout route to healthcare administration, starting college with the goal of becoming a doctor before changing her major to English and then going to graduate school for healthcare administration. “I thought this would be my route back to healthcare,” she says, adding she always knew she wanted to work in the medical setting but decided the clinical aspect wasn’t right for her.

Still, she says, she works hard not to lose sight of her desire and duty to serve patients in the midst of creating overarching plans about the organization’s future. That compassion is reflected in the system she implemented to monitor the organization’s performance and guide strategic decisions. Unlike many systems, this one not only measures financial data, but also patient and staff satisfaction, accomplishment of the mission, and quality, safety and service initiatives.

Robinson’s ability to relate to people at all levels of the organization helped her gain momentum for a patient-satisfaction survey that shows detailed results, allowing each department to hone in on what improvements it needs to make.

— Angela Fornelli
RAY SHOEMAKER

Ray Shoemaker, 34, got his first official healthcare administration job in 2001, but it was when he joined the military at age 17 that he began to develop the leadership skills that would guide him to his current position as chief executive officer of Tri-Lakes Medical Center Health Systems, Batesville, Miss.

“You get true leadership skills in the Army,” Shoemaker says. “When I initially joined, I was just a young, immature kid. The military put me in a position where I was ahead of my peers from a standpoint of leadership, work ethic, enthusiasm and the ability to build a team. It’s just a different playing field—a ton of leadership, but also structure. When you translate that into the corporate market, you’re going to be ahead of your peers.”

Within a year of his honorable discharge as a captain in the Army, Shoemaker was the program administrator of a newly developed behavioral health services unit for Tri-Lakes Medical Center; he took the post in March 2002.

After opening and developing the facility’s only financially viable program, he quickly moved up through the system during a period of financial distress. Robert Corkern, a physician and the center’s former CEO, hoped Shoemaker could duplicate his success as a program administrator into the same success as chief operating officer of the 93-bed center. In July 2003, Shoemaker beat out four senior vice presidents for the COO post, and prompted a $3 million turnaround over a 10-month period.

As the state representative for Mississippi’s 11th District, where Tri-Lakes is located, Leonard Morris noticed the impact of Shoemaker’s financial and service-related achievements. “It is my opinion that Mr. Shoemaker not only single-handedly saved our hospital from bankruptcy, but is responsible for transitioning this facility from a local hospital with limited services to a state-of-the-art regional medical center,” Morris says.

In his current role as CEO, Shoemaker is responsible for 550 employees, and he attributes his successes to them. “I got here in March 2002, and it’s been a pretty upward incline—a great deal of it is being fortunate enough to work with a lot of great people.”

CEO since November 2005, Shoemaker hopes to create an environment that is mutually beneficial for customers and employees, and his focus is now set on building the system. He would like to acquire more facilities to improve the delivery of care.

“We are geared and postured to be the best healthcare facility in the nation, and the people we serve deserve it,” he says. “They deserve quality and affordable healthcare.”

His ultimate goal is to change the face of healthcare in Mississippi, and he aspires to move into politics with a healthcare platform. “I’m always looking for something more. … You will hear my name again, from a political and healthcare standpoint. We’re coming. We’re going to make an impact.”

— Nicole Voges

JOHN SINGERLING

At 34, John Singerling already is the top executive of a 633-bed teaching hospital. He was named executive vice president and chief operating officer of Palmetto Health Richland in Columbia, S.C., in January. He is responsible for $1.5 billion in revenue and 5,050 employees.

Richland is the largest of three hospitals owned by Palmetto Health, which was created from the merger of Baptist Healthcare Systems of South Carolina and Richland Memorial Hospital.

Singerling worked his way up to his current position in 10 years, beginning in 1996 after earning a graduate degree in health administration at the University of South Carolina.

His first job was as an administrative resident at Baptist Healthcare, where Charles Beaman Jr.—now president of Palmetto Health—was CEO at the time. Beaman created the administrative residency slot after meeting with Singerling for 1½ hours—a courtesy meeting initiated by Singerling that Beaman’s secretary had originally slotted for only 15 minutes, Beaman recalls.

“I saw the potential of a guy who I thought had his head together, was mature for his age and had good knowledge and very good people skills,” Beaman says.

That initial impression has proven true in the years since. When Beaman became president of the newly merged Palmetto Health, he brought Singerling along as assistant to the president.

Singerling became vice president of operations for Palmetto Health Richland in September 1999. Singerling’s talents really shone in that position, making him the logical choice for promotion in January to the hospital’s top spot when his boss, James Lathren, retired from the position.

As vice president of operations, Singerling oversaw the design and construction of an $87.5 million, 124-bed heart hospital, which opened in January on Richland’s campus. In addition to the hospital, a large cardiology group built an adjacent, $18 million medical office building through a land lease with Palmetto Health.

He also helped decide to convert a cancer hospital—a separate building attached to the main hospital—into a children’s hospital. The decision was made because the space at the cancer center was underutilized. The oncologists, who still admit the majority of cancer patients to the hospital, left their office space after they built their own outpatient cancer center.

Singerling, whose responsibilities included the cancer hospital, led a facilities planning process during which the plan for the children’s hospital was crafted. After aggressively supporting the plan, Singerling held one-on-one meetings with the oncologists, assuring them that their patients would be well cared for in a newly renovated unit in the main hospital’s inpatient tower.

“I believe in having direct communication. For the most part, (the decision) was understood and accepted,” Singerling says.

— Linda Wilson
MIKE TRACHTA

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Michael Berstler, a family practitioner who was medical staff president at the time.

Trachta was young—he received the job offer on Nov. 27, 2001, his 31st birthday. But of all the candidates interviewed, Trachta “had done his homework, more so by leaps and bounds,” Berstler says, and out of that research, he had developed a clear vision of what good, efficient medical care could be in the small community.

The city of Waverly (population 9,300) is located near Cedar Falls and Waterloo, larger cities with three other hospitals. So Trachta saw the continued delivery of personalized care— or as he puts it, a “cozy” experience—as one key to maintaining the independent hospital’s financial health and serving its community.

Thus, in 2003, tiny Waverly became the first hospital in Iowa to affiliate with the Planter Network National Alliance, which promotes a patient-centered approach to care emphasizing architectural design and human interaction, among other core elements. The previous July, Trachta had completed his first major initiative at the hospital: conversion to critical-access status, which brings cost-based Medicare reimbursement.

Working with the medical community, Trachta recruited two general surgeons and two OB/GYNs, and led a $20 million building project that implemented many Planetree concepts. The hospital’s total revenue grew to $28.6 million in fiscal 2006, ended June 30, up 90% from $15 million in fiscal 2002, and its total margin averaged 8.1% during the period. (The fiscal 2006 numbers are unaudited.)

Trachta came to healthcare administration via music therapy, his undergraduate major at the University of Iowa. In 1995, when he was a music therapy intern at 89-bed Broadlawns Medical Center in Des Moines, the state entered a Medicaid managed-care contract for inpatient psychiatric services. It meant the end of coverage for music and recreational therapy. “I thought it was terrible to see all those positives go,” Trachta says. “That was a real motivator to get where I could make an impact.”

— Lisa Scott
AIISYA WILLIAMSON

With two aunts, a grandmother and her mother working in hospital settings, it’s no surprise Aiisya Williamson, 29, ended up in healthcare. After getting a "more than you see on TV" look at how nurses and physicians worked together to care for patients, Williamson knew she wanted to help people in the same way.

She started out with plans to become a doctor, and early in her career shadowed physicians and served as a nursing assistant. After an administrative internship at the Detroit Medical Center and seeing the barriers patients faced, Williamson realized she wanted to "have an impact on the broader scope of things," which led her into administration.

When unprofitable Mercy Hospital, Detroit, closed its doors in early 2000, Williamson worked as a planning analyst for its parent system, Farmington Hills, Mich.-based Mercy Health Services. There she created need estimates and volume projections for a potential health center to continue the hospital’s mission of meeting the needs of poor, underserved communities. (Mercy Health later became Trinity Health, based in Novi, Mich.)

Mercy Primary Care Center opened in 2001 and Williamson continued to develop measurement tools, such as a database that tracked emergency department use by the uninsured and identified success in changing patient behavior based on access to care.

She went on to earn her master’s degree in health services administration at the University of Michigan at Ann Arbor, but returned to Trinity in 2003 as a senior planning analyst. When the executive director’s role opened up at Mercy Primary Care Center, Williamson went for it.

David Spivey, president and CEO of Trinity’s 247-bed St. Mary Mercy Hospital, Livonia, Mich., felt upon meeting Williamson that she possessed the drive and experience to lead the center.

“The connection she had to the planning origins of the center was a real plus, but her focus and commitment to providing services to the uninsured was really evident,” Spivey says. "She’s just got a lot of energy ... and as you’re looking to take the center to a new level, that’s a positive attribute to have.”

Williamson took over as executive director in March. She has since been developing a strategic plan to determine the center’s sustainability so it can continue to provide primary-care services to 1,500 uninsured adults annually and additional assistance programs for the homeless.

For Williamson, this role gives her an opportunity to break down those healthcare barriers she recognized early in her career as well as to enable the center to provide services with dignity.

“It’s about recognizing that healthcare’s a right,” she says. “There are a number of individuals working low-wage jobs who don’t have access (to care) ... and it’s something that needs to be addressed.”

— Nicole Voges

LAUREN YEDVAB

Lauren Yedvab traces her healthcare career to the summer she was a locker-room attendant at a beach club on Long Island. She happened to sweep out the locker of a hospital administrator all summer long, so when a career planning class in college indicated her calling was either in hotel management or hospital administration, she chose the latter.

“I was able to get additional credit if I did an internship in one of those two areas,” she says. The administrator whose locker she maintained offered her one at 165-bed New York Westchester Square Medical Center in the Bronx, and she took it.

“What I loved most about it was every single day was different,” Yedvab says.

Soon she was on her way to a master’s degree in hospital administration from Cornell University, a summer residency at 439-bed New York Hospital Medical Center of Queens, and then a yearlong residency at 570-bed New York Methodist Hospital in Brooklyn, where she has been ever since. In the 12 years she has been there, Yedvab, 36, has held a series of progressively senior management positions, culminating in her current job as senior vice president of administration. The hospital has no chief operating officer, and she is one of only two senior vice presidents.

“I give her all of the high-voltage projects, so to speak,” says Mark Mundy, New York Methodist’s president and chief executive officer. “She has a very bright, upbeat exterior, and more importantly she’s got amazing substance behind all of that.”

Managed care came late to New York hospitals, but Yedvab “amazed us with how quickly she was able to grasp the whole subject, as well as deal with all these managed-care companies,” Mundy says. She has established and negotiated contracts for more than 120 products with 30 managed-care companies and increased managed-care discharges from 12% to 56% over nine years. In 2004, contracted revenue increased by 17%, which meant $8 million more in revenue for the hospital. Yedvab also orchestrated the hospital’s implementation of a clinical information system that now includes computerized physician-order entry, a nurse documentation system and an electronic medication-administration record. As of 2004, it had already saved $4 million from lower costs, improved efficiency and improved quality related to the effort.

The daughter of a high school science teacher, Yedvab married into healthcare. Her husband, Joshua, is a hospital administrator at North Shore-Long Island Jewish Health System, her father-in-law was a hospital administrator, and her husband’s mother was a professional in healthcare informatics. Her husband’s siblings are also in healthcare, and her brother is a chiropractor.

“My guess is a 36-year-old man would say I want to be a CEO in three years,” she says. “As long as I’m happy, and as long as I continue to grow, that’s really what it all comes down to.”

— Barbara Kirchheimer
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