

TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

THT Summer Forum – *Governance: Mission Possible*

Trustees today face challenges that are monumental, but armed with the right strategies, they are surmountable. Count on this year's Texas Healthcare Trustees' Summer Forum, Aug. 9-10 in San Antonio to help. *Governance: Mission Possible* will provide a wealth of information to help trustees tackle tough decisions.

A trustee's mission is to provide leadership and governance in what can sometimes appear to be hostile territory. Financial and liability issues abound, and the challenge of operating with a scarcity of human resources can try even the best health care system. So, what's the good news? This year's THT Summer Forum at the Hyatt Regency San Antonio can help trustees fulfill their mission.

Don't Miss Out

Sessions during the Forum include a variety of expert speakers enlightening trustees about the hottest topics. Sessions scheduled for the Forum include:



- Forecasting the Future of Health Care: Key Trends and Leadership Responses
- Winning the Talent Wars
- Making a Stand: The Role of the Board in Defining and Assuring Health Care Quality
- The Liability Insurance Crisis: Affordability, Availability and What to Do About It
- Trustees Meet HIPAA: Getting Ready
- EMTALA: Maximizing Patient Care, Minimizing Risk
- True to the Mission – The Core of Trusteeship
- Congress and the Texas Legislature – Health Policy in Transition

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Trustee Bulletin

The *Trustee Bulletin* is produced by the Texas Healthcare Trustees in cooperation with the Texas Hospital Association.

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The THT Luncheon and Annual Meeting always is a highlight of the Summer Forum. During this session, the 2002 Founders' Award winner, recipient of THT's highest honor, and new officers and board members will be recognized.



Be sure to stake your claim to something wonderful during the THT Foundation Silent Auction. Whether you're a sports nut, avid traveler or fashion fanatic, there's something for everyone. Auction items include trips, sports packages and electronic gadgets. All proceeds benefit THT Foundation projects.

After daily Forum activities, San Antonio offers a wealth of dining, entertainment and recreational opportunities. Tour the area by river taxi, sip your favorite beverage under the cypress trees that line the Riverwalk or enjoy getting to know some fellow trustees.

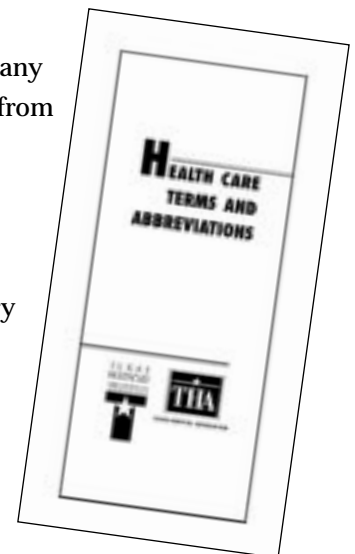


Mark your calendar now for *Governance: Mission Possible*, Aug. 9-10. For more information, call 512/465-1562, or in Texas, 800/252-9403. ■

New Health Care Terms and Abbreviations Available

The newly-revised *Health Care Terms and Abbreviations*, a practical pocket guide with many health care terms and definitions is available from the Texas Healthcare Trustees. The booklet first was published in 1993 by THT and the Texas Hospital Association.

The initial order must be for 10 booklets at \$10. Additional copies are \$1 each. To order, contact Merry Hughes at 512/465-1562. ■



Patient Satisfaction and Health Care Today: The Trustee Perspective

Successful retailers have subscribed to such maxims as “the customer comes first,” or the “the customer is always right.” Savvy trustees will focus on the application of these principles to health care because of the strong correlation between patient satisfaction and the bottom line. Hospitals that concentrate on satisfying the “customer” are more likely to experience greater profitability, and also may witness improvement in the areas of physician recruitment, collections and a reduced risk of malpractice suits.

Why Patient Satisfaction?

“Nothing is more critical to the long-term success of a hospital than patient satisfaction,” said Rodney Ganey, Ph.D., president of Press Ganey Associates of South Bend, Ind., in his presentation during the Texas Healthcare Trustees 2002 Spring Forum in Houston.

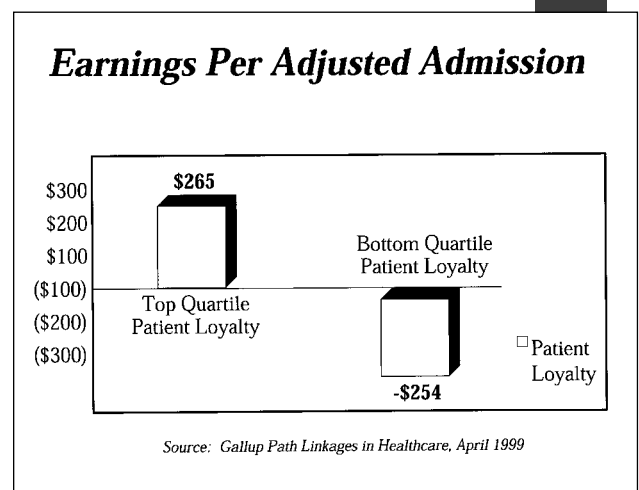
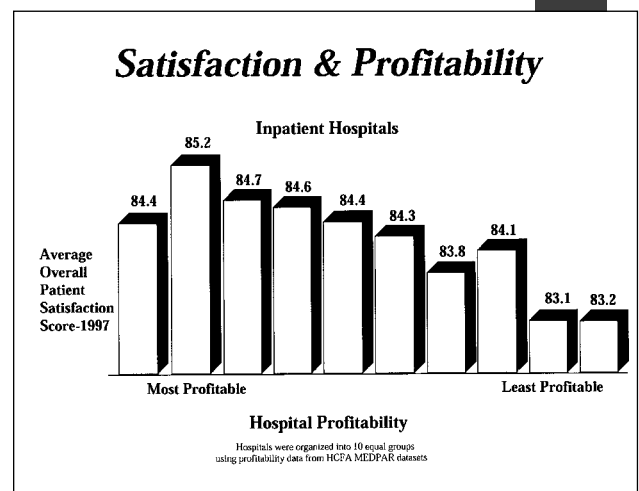
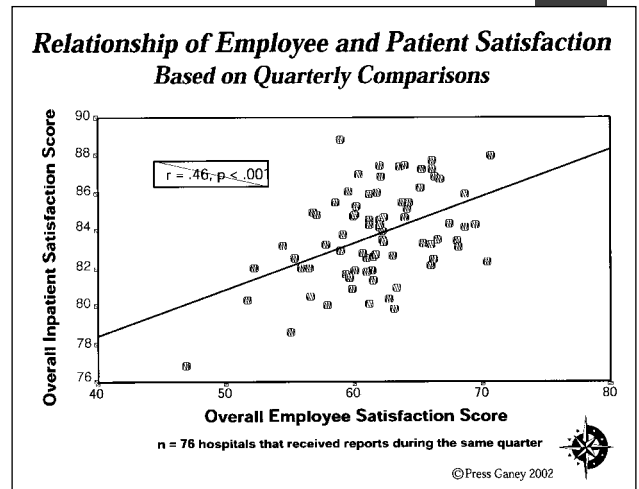
When an individual is determining the quality of a hospital, they consider many sources of information as believable. A full 50 percent of people surveyed consider family and friends to be “very believable.” Only 29 percent expressed the same confidence in their physician and a scant 5 percent regarded the media as a “very believable” source (Americans as Health Care Consumers: The Role of Quality Information, telephone survey, Kaiser Family Foundation, the Agency for Health Care Policy and Research and Princeton Survey Research Associates, October 1996.) If patients are satisfied with their hospital experience, they will tell their friends and family. On the flip side, they also will share their dissatisfaction. Either way, the comments affect the hospital’s bottom line. Ganey says trustees must ask the question, “What would make residents of this community wildly ecstatic about their health care experience?”

What Do Patients Want?

“Communication is king when it comes to customer service. If nobody notices or talks to them, you will lose them as customers,” says Ganey. Positive communication with patients and their families is a direct measure of the level of respect and dignity you show them. Not only is communication with the patient important, but also critical are conversations between employees.

Delivering respect and dignity in a hectic emergency room can be difficult, but it is essential. And whether it’s closing the curtain or exhibiting discretion when discussing a patient’s condition, protecting the consumer’s desire for privacy is paramount.

People want to know that health care professionals care about them. Ganey says that caring should be a part of every mission



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statement. Additionally, the patient wants to witness competency – from the doctor to the housekeeping staff.

Some New Wants

Consumers want to be involved in their care, something made easier by widespread Internet access. Raising the level of patient involvement can improve the quality of care, because the more a patient tells a doctor, the better the diagnosis. Patients want to be consulted about their desired level of involvement and they want to be listened to. Ganey says that a physician listens for an average of about 17 seconds – and that this can improve.

Patients expect efficiency, and become frustrated when things take what they consider an inordinate amount of time. While they may want things handled efficiently, they are not willing to sacrifice safety or increase the likelihood of errors.

Finally, consumers desire an overall positive experience.

Relationship of Employee and Patient Satisfaction

“Employees will treat customers only as well as they are treated and not any better.”

– Mary P. Malone

Ganey emphasizes the strong correlation between employee satisfaction and patient satisfaction. “A hospital wants to be a provider of choice, and an employer of choice.” Employees want the hospital administration to be visible. As with patients, communication is essential, and the extra minute spent in the hallway with an employee can go a long way in making someone feel connected and part of the team. Keep employees informed of progress made toward hospital goals.

Encourage ownership of the job and recognize service. Thank employees when they live the mission of the organization. Ask employees their preferred method of commemorating success. Whether it’s a fruit basket for the nurses or balloons for the night shift, be sure to celebrate the “wins.” “People don’t like the job if it’s not fun,” says Ganey.

Sometimes the little things can zap the fun out of a workday. So, strive to identify and eliminate the barriers. If the ice machine doesn’t work, staff can’t get ice chips for the patients. Either the patient goes without ice chips, which affects patient satisfaction, or the nurse treks to another floor, which cuts into efficiency and employee satisfaction. Find your hospital’s “ice machine” and get it fixed, Ganey advises.

Patient Satisfaction as a Financial Asset

Hospitals should consider the total cost of a lost customer. What if you lose them for a lifetime? What if you lose their family and some of their friends too? Serious financial implications can result. For example:

- Employers will listen to employees who express dissatisfaction with a hospital, and may switch coverage.
- Patient-perceived quality explains up to 30 percent of the variation in hospital profitability.
- Dissatisfied patients are associated with significant losses in revenue.
- Patient satisfaction information identifies areas of strengths and weakness in the organization, thus contributing to the quality improvement process.

Potential Payoffs

On the other hand, increased customer satisfaction can have favorable outcomes. These include:

- Elevated profitability and higher market share;
- Improved patient retention and increased patient referrals;
- Better medical compliance and reduced risk of malpractice suits;
- Increased productivity and better staff morale;
- Greater bond ratings and collections;
- Reduced staff turnover and improved physician recruitment;
- Enhanced efficiency, personal/professional fulfillment; and
- Higher organizational success.

All Aboard!

“Hospital boards can get behind patient satisfaction, and people respect board decisions,” says Ganey. For long-term survival, senior leadership and employees must support patient satisfaction as a goal. “A hospital with high patient satisfaction has a marketplace advantage. People will go where they are treated well. Think customer service and you’ll get the outcome you want financially.” ■

Earning and Building Physician-Hospital Relationships

What is the key to earning and building successful physician-hospital relationships? “The answer lies in rekindling rapport and trust – desperately needed for solid physician-hospital partnerships,” says James A. Rice, Ph.D., vice chairman of The Governance Institute in La Jolla, Calif.

According to Rice, “walking the talk” of full partnership with physicians requires hospital and health system boards to work closely with their chief executive officers on three key strategies:

- Enthusiastic engagement;
- Insightful investment; and
- Sincere socializing.

Enthusiastic Engagement

Physicians must see the board encourage and enable meaningful collaboration on all aspects of governance decision-making processes. Beyond board positions, which can create conflicts, physicians need meaningful interaction with board members regarding:

- Strategic planning;
- Budgeting; and
- Financial position and market posture by each clinical service line.

Some boards have established special physician advisory cabinets, or councils, for focused involvement in these issues. These councils encourage ideas from outside the boardroom. As medical staffs participate with the CEO to take on physician behavior problems, the board should demonstrate that it is prepared to stand by its physician leaders who must make difficult decisions. The physicians also must know that the board will stand by the CEO when the CEO is forced to make difficult decisions that may conflict with some of the medical staff.

Trustee Strategies for Good Physician Relations

Speaker James A. Rice invited trustees at the THT Spring Forum in Houston to identify specific and practical strategies to improve relations with physicians. Trustee suggestions included:

- Recognize that we need each other to accomplish great patient care and better community health.
- Develop a clear action plan that includes steps for each department or specialty within the medical staff.
- Get to know each other. Practice sensible socializing, such as one-on-ones in the hallway or in physician offices, not just in big group meetings.
- Invest in physician leadership development programs.
- Practice group process, teamwork and healthy communications among all the players.
- Walk the talk about better patient care. Put the patient first and provide enough nurses and staff to allow physicians to practice their art and science.
- Encourage and support physicians to have a “seat-at-the-table.” Examples include serving on the board, in management of care processes and actual service lines or departments, or top management roles.
- Organize small groups (SWAT teams) with diverse participation from management, the board and physicians that define frustrations and then find practical ways to reduce, remove or work around the top frustrations.
- Show that the board and CEO will stand by physician leaders who are willing to take on difficult decisions.
- Recognize and celebrate good physician leaders.

Insightful Investments

Physicians want to know that their commitments to their patients and practices are shared by the hospital board. “Boards must demonstrate to physicians that the organization’s budgetary and capital spending is focused to help physicians practice successfully, benefiting patients and communities,” emphasizes Rice. He adds that four initiatives can demonstrate this commitment to physicians, including:

- **Tools of the trade.** Physicians want to see clear investments in technologies, staff and the systems needed for great patient care and efficient support of medical practices.

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“Today’s youth are disrespectful and undisciplined.”

– Plato, circa 400 B.C.

It seems that every generation has a chip on its shoulder regarding the previous one or the next one, a trend that goes back at least to Plato’s time. “But are people really that different from one generation to the next? Fundamentally, no, but nuances in behavior and tastes obviously exist between generations that can cause misunderstanding and conflict,” explained Jennifer Moody, vice president of American Medical Consulting in Dallas.

as people born between 1964 and 1975. Residents and practicing physicians exhibiting Xer behavior generally are between 26 and 36 years old.

There are eight general characteristics that appear to define Xer physicians:

- They are more likely to be female.
- Lifestyle is a core concern.
- They seek immediate stability.
- They do not seek hierarchical dominance.
- They are technically savvy.
- They have a skill-based mindset.
- They are loyal to principles, not organizations.
- They seek conflict resolution.

Each of these areas has particular implications for recruitment and retention that staffing professionals should consider.

Female physicians

While more than 75 percent of all physicians are male, about 40 percent of all Xer physicians are female. In addition, female Xer physicians dominate the ranks of certain residency programs. Approximately 50 percent or more of family

practice, psychiatry, dermatology, pediatrics and OB/GYN residents are female.

Female physicians work seven fewer hours per week than male physicians, according to the American Medical Association, and see slightly fewer patients. Therefore, more FTEs may be required as females begin to assume a greater number of positions on medical staffs. More importantly, these physicians often are married to physicians or other professionals which greatly restricts the geographic

Understanding ‘Generation X’ Physicians

This holds true in health care staffing, where the new generation of physicians – “Generation X” or “Xers” – often exhibit different values and behaviors than Baby Boom doctors. Trustees interested in harmonious medical staff relationships and efficient physician recruiting should understand the differences and know how to deal with them.

Sociologists have different ways of defining Xers, often classifying them

flexibility of young female physicians, unless the professional needs of their spouses can be accommodated.

Lifestyle. Xer physicians approach medicine in a fundamentally different way than older physicians. To younger physicians, medicine is a profession, not a lifestyle. They view lifestyle as what happens outside the office or hospital, whereas older physicians tend to blur the distinction between home and work. Xer

physicians prefer defined practice hours, limited call, reasonable patient loads and set vacations. If they are not satisfied, they will seek alternative settings that promote quality of life. They also prefer to have charting days, days devoted exclusively to completing paperwork. Reduced call, and practice sharing – an increasingly popular option in which two physicians work the same practice – also appeal to Xer physicians.

Immediate stability. Generation X physicians are seeking stable situations as soon as the ordeal of medical education and training is over. They are less likely to be attracted to entrepreneurial environments in which they must bear the load of both running a business and seeing patients than many older physicians were. Younger physicians prefer group practice settings or hospital employment where management structure and stability are provided. Immediate stability also means being relieved of educational debt, obtaining a secure guaranteed salary and working in a stable practice environment.

Hierarchical dominance. Xer physicians want to focus on their practices and on patient relationships. Increasingly, they are less apt to embrace the hurly-burly of medical politics by asserting dominance on medical staffs. However, they will seek leadership roles if it is apparent that real patient care issues are at stake, rather than medical “politics as usual.” To involve Xer physicians in leadership roles, it is important that they see that larger goals will be accomplished rather than increasing the personal power of a select group of physicians.

Technically savvy. Much of the medical and cultural information Xer physicians have absorbed has been obtained from Internet sources, and they assume that Internet technology is available in the workplace. Employers need to “get wired” and not overlook the obvious – such as Internet access in the physicians’

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Texas Governance: People and Places



Patricia McKenzie

Hospital/Health System: Memorial Health System of East Texas, Lufkin

Occupation: Dean of Instruction and Admissions for Angelina College, Lufkin

Length of service as a trustee: Dr. Patricia McKenzie is chairman of the board. Since her nomination in 1993, McKenzie has served in several positions, including secretary and vice president.

Facility description: Built in 1949 by the business community, Memorial Health System of East Texas is the parent system for four facilities. Recently designated a Level III trauma facility, the 234-bed hospital also houses Memorial Specialty Hospital, its long-term care facility within the hospital.

Board involvement: "Volunteering is in my blood. As a nursing instructor with Angelina College, I took clinical groups to the hospital for nearly a decade.

When friends extended the invitation to sit on the board, I already was familiar with the hospital."

Most satisfying: "Being involved in the community. Health care is so crucial to the lives of people, and I enjoy being a part of that. Trustees are volunteer stewards of all of these resources, and we try to give the consumers the very best that we can offer."

Interest in public service: "I joined the Peace Corps in 1966, and worked as a hospital nurse in Santiago. It was a wonderful experience, and a true challenge to transfer what we knew about health care – without having the supplies. We taught nursing and demonstrated procedures, which forced us to interact with the community. We approached citizens who didn't use the hospital because they had resources to go elsewhere for health care, and convinced them to invest in the hospital by providing funding for supplies."

Most challenging: "We made the decision to reduce the services we offered because we needed to focus on our core business. We discontinued our ambulance service and psychiatric inpatient care. It is a difficult thing to do when you see that community needs still exist, but we couldn't do it all.

"We worked diligently to communicate with the community that we truly understood their needs, and the feedback we received was positive. It's exciting to note that others outside the boardroom can appreciate the struggles you're going through."

Important lesson: "Coming from a nursing background, my focus on patient care had to exist within a cost effective environment. It can be difficult for an old nurse to acknowledge the financial aspect. Most of us didn't go into nursing to deal with finances – rather to make a difference for patients. The realization that the other issues exist, that some things are out of your control and that you still must address them in order to provide the services, was a reality that I had not always wanted to accept. The hospital must survive though in order to serve the patient.

"I'm a true believer in collaboration and true recognition of what people can offer to make a difference, and that requires communicating with people. I've seen some people try to bring about change in an isolated environment – it doesn't work well. Every trustee before you, and those that serve with you, affect what's going on throughout the hospital."

Advice for a new trustee: "Listen carefully, remain receptive to new and innovative ideas, and invest time in preparation and continuing education.

"The next time you see information about a Texas Healthcare Trustees forum, look at it seriously – it could improve your effectiveness as a board member."

Family: Daughter, Stephanie Denise McKenzie, University of Texas at Austin graduate and president of entertainment marketing venture, True Soul Productions in Austin.



Charles W. Papacek

Hospital/Health System: Cuero Community Hospital

Occupation: Charles Papacek retired in 1994 from a 28-year sales and management career with Abbott Laboratories.

Length of service: Papacek is chairman of the board. Appointed in 1997, he was elected in 1998 and again in 2001. He also has served on numerous committees, including retention, by-laws, foundation, scholarship, medical staff advisory and finance. Papacek takes an active role in legislative advocacy on both the state and national level. Memorial Hermann Healthcare System in Houston recognized Papacek's contributions by naming him Distinguished Trustee of 2002.

Facility description: In existence for 30 years, Cuero Community Hospital is a non-profit, 60-bed general/acute-care complex. The 20-acre campus is enhanced by an extension of the Victoria College of Nursing Schools and the Cuero Community Hospital Medical Plaza.

Board involvement: "My involvement began when I was appointed to complete the unexpired term of a former board member."

Most satisfying: "This community hospital goes back to the early 1970s when two hospitals merged to become the Cuero Community Hospital. Being

part of a successful tradition, established by the original board and continuing through the boards that follow, is most satisfying.

"Equally satisfying is being associated with a medical staff, health clinics, hospital and hospital staff, plus other health care professionals, who diligently work at providing excellent, quality medical care for all."

Interest in public service: "This stems from my background in the medical field with Abbott Laboratories. Following my retirement, I was given an opportunity to be a member of the DeWitt Medical Foundation. The foundation serves as the philanthropic arm of the Cuero Community Hospital. Since that time, I have been active with the hospital as a board member, along with involvement in other functions that support the city of Cuero."

Proudest moment: "First, the successful recruitment of physicians. During the past three years, Cuero Community Hospital successfully has recruited four new physicians, including three family practice physicians and one gynecologist.

"Secondly, being recognized by Memorial Hermann as its affiliate hospital Distinguished Trustee. Each year Memorial Hermann recognizes an affiliate hospital board member for his/her involvement in hospital, church and city organizations."

Important Lesson: "My service on the board reconfirms the important role that we, as members, play in

keeping our rural hospitals viable. In rural settings, the hospital is generally the single source of health care available within the county. It is vitally important that we keep this quality of health care available to all of our citizens. "Additionally, our rural hospitals are most likely the larger employers in the area, and therefore substantially impact the economy of all."

Advice for new trustees: "Take advantage of THT programs for new board members.

"Attend all board meetings and be prepared. Attend as many health care conferences as possible. Become familiar with health care journals and periodicals and stay in touch with the needs of your medical community and medical staff."

Hometown: "Originally from Cuero, my career with Abbott Laboratories took me away for 30 years. In 1995, my wife and I moved back to Cuero from Los Angeles, Calif."

Family: Wife, Jacqueline Ann Edgar Papacek; daughter, Jennifer Lynne Klimowicz, Aliso Viejo, Calif.; son, Jason Reding Papacek, Cuero; and grandchildren, Christopher Alexander Papacek and Nicholas Charles Papacek, seven and four years-old, respectively.

Hobbies: "I enjoy golf, travel and anything that centers around my grandchildren. I also am active in my hospital, community and church affairs."

TEXAS GOVERNANCE: PEOPLE AND PLACES

Trustee profiles give you a "snapshot" look at different trustees from across the state. From Laredo to Lufkin, you can see firsthand the efforts they are making for their communities. If you know of an exceptional trustee to profile in this section, please call THT's Merry Hughes at 512/465-1562, or in Texas, 800/252-9403.

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■ **Information technology.**

Physicians want to see investments in information technology that link practices to the hospital's programs, and investments that support other caregivers.

■ **Capital allocations.**

Visible and effective discussions regarding the capital allocations process are necessary. By wrestling with the tough trade-offs, physicians can understand better the position of the board and CEO as they work toward economic vitality.

■ **Progress monitoring.**

Investing in big projects only is part of the solution. Physicians must see how

these projects bear fruit. Therefore, project monitoring is essential.

Sincere Socializing

"Physicians and board members need to better understand each other's commitment to great health care," explains Rice. "This understanding should be tempered by a good dose of fun and friendship, two ingredients too often in short supply in health care today," says Rice.

Communication is vital for success. Boards should invite physicians to board meetings periodically to discuss challenges and ideas. Similarly board members should be invited into standing physician

and medical executive committee meetings to better appreciate their issues and constraints. Board leaders and physicians can initiate social events throughout the year that include spouses, speakers and/or sports.

Lastly, at least once a year boards should leave the boardroom and see first-hand where its decisions occur off campus. Whether boards and physicians walk through the community to see priority health needs, or visit outpatient diagnostic and surgical centers, the key is for physicians and board members to "walk the talk" together and appreciate shared challenges and priorities. ■

Silent Auction – Everyone's A Winner

Want a great excuse to spend a little money? Whether it's a weekend getaway, Brighton leather accessories or that new high tech toy you've been eyeing, the THT Foundation Silent Auction offers something for everyone. Held in conjunction with the THT Summer Forum, the Silent Auction can help fulfill your mission to go home with something special, and all funds raised benefit THT Foundation programs. Talk about doubling your return on investment. Auction items run the gamut. Whether you're a sports buff or ready for a well-deserved

weekend out of town, be sure to check out this year's offerings. Maybe you're more a patron of the arts or a died-in-the-wool Texan looking for just the right piece to add to your Texana collection. An assortment of leisure and fashion items will line the tables too, so whatever your pleasure, be sure to join in on the fun.

The Silent Auction is one of the most popular events at the Summer Forum, and is well-known for bringing much anticipated levity. Remember to include this exciting event on your mission statement for this year's Forum. ■

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lounge, palm technologies and high-speed T1 lines – to ensure that younger physicians have the access they expect and that they can communicate with peers and administrators through e-mail. Moreover, it is critical that employers are aware of how their communities are represented on the Web. Xer physicians will research a community on-line, and if they find any negative information, it will turn them off.

Skill-based. Generation X physicians are accustomed to using all of their skills in academic medicine, and they want to use this knowledge in practice. For example, a young pulmonologist trained in sleep medicine will want to use that skill, even if the local sleep lab is “owned” by an established neurologist. Even in the face of turf wars, ways should be found to accommodate the special interests of these physicians, or they are likely to move on.

Loyal to principles. Like other members of their generation, Xer physicians saw their parents’ jobs downsized in the 1980s and early 1990s. Therefore, they are leery of investing their loyalties in an organization. Their loyalties are to principles, not institutions, and it is important that they maintain these principles, most of which are tied to patient care issues. Rather than mold themselves to organizational beliefs they do not share, they will seek organizations that are compatible with their beliefs.

Conflict resolution. The majority of older physicians grew up in single income families in which the mother was the homemaker. Most Xer physicians, by contrast, come from two income homes or from single-parent environments. They have endured conflict and division at home and prefer not to encounter it at work. Rather than traditional medical politics, which can be adversarial, they prefer conflict resolution. They also appreciate a non-adversarial management style.

Much has been written about the supply of physicians in the U.S. and whether or not there are too many physicians or too few. Often the arguments focus on patient demographics, payment systems, disease incidence, medical education and related issues. Rarely do people consider the physicians themselves and the way they have changed.

The fact is, doctors are different today. They have different priorities, practice patterns and challenges than their forebearers. Hospital trustees and administrators who acknowledge the differences and make an effort to accommodate the needs of Generation X physicians greatly enhance their chances of maintaining a harmonious medical staff. ■

“But are people really that different from one generation to the next? Fundamentally, no, but nuances in behavior and tastes obviously exist between generations that can cause misunderstanding and conflict,” explained Jennifer Moody.

Public Hospital Orientation and Refresher Set for August

The double hit of rising health care costs and the shortage of nurses and other professionals is forcing many public health care institutions to make tough choices. Sponsored by the Texas Healthcare Trustees and the Texas Organization of Rural and Community Hospitals, the Public Hospital Orientation and Refresher will be held in conjunction with the THT Summer Forum.

New hospital trustees and experienced veterans alike will learn what they need to know about the changing face of health care and the specific requirements of public institutions, Aug. 8 in San Antonio.

The daylong orientation will cover topics specifically related to public hospital governance, including:

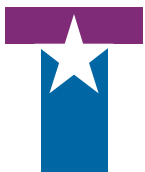
- Understanding hospital finance;
- Spending and investing public funds;
- Protecting against liability; and
- How to meet requirements of the Texas Open Meetings and Public Information Act.

In addition to specific topics such as the legal duties of trustees, liability and insurance coverage, the full-day session will feature a primer on health care basics and the challenges facing Texas hospitals in the future. If you serve on a public hospital board, don't miss this essential orientation.

The orientation will be conducted by health care attorneys Kevin Reed, J.D., and Fletcher Brown, J.D., shareholders with Davis & Wilkerson, P.C. in Austin. The orientation also will feature Bill Parrish, president of Parrish, Moody & Fikes in Waco. Parrish is a hospital financial consultant.

New and veteran public hospital trustees are encouraged to attend this full-day orientation and refresher session, to be held Thursday, Aug. 8, in conjunction with the THT Summer Forum. The registration fee is \$100 for THT members and \$150 for non-members and includes the manual, *Effective Hospital and Health System Governance*. For more information, call 512/465-1562 or, in Texas, 800/252-9403. ■

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