

TEXAS HEALTHCARE TRUSTEES

Trust

Publication

Is Your Hospital Disaster-Ready?

Houston hospitals rushed to evacuate patients after the city endured days of heavy rain, and the unrelenting deluge that flooded the Texas Medical Center in June. Then, in Sept., a stunned nation watched as New York and Washington, D.C. hospitals bravely and brilliantly mobilized to care for the thousands injured during the surprise terrorist attacks.

Sadly, disasters are nothing new. Since Colonial Days, Americans have experienced the ravages of war, fought flu and polio epidemics, and endured earthquakes, tornadoes and other innumerable disasters.

Hospitals play a pivotal role during any emergency - as the agonizing events of Sept. 11 have so dramatically shown. Is your hospital prepared for disaster?

Focus on Readiness

Tragically, the events of Sept. 11 underscore the importance of having a disaster plan and emergency preparedness team in place. With renewed focus on national security and emergency preparedness, hospitals will be called upon to demonstrate a readiness to deal with potential unprecedented emergency disaster conditions. If a disaster occurs, planning and practice will help insure a favorable outcome.



Be Prepared

Texas hospital and health system board members can take steps to ensure their hospitals are ready. The following checklist, adapted from the American Hospital Association, is designed to help hospital trustees evaluate their existing plans and consider areas for improvement:

- Make sure your hospital focuses efforts on a general "all hazards" plan that provides an adaptable framework for crisis situations. The terrorist attacks have revealed that the unimaginable can become reality.
- Confirm that your hospital's disaster plan is upgraded. The attacks have dramatically altered the potential range of disasters a community may face. Be sure that your hospital's plan includes components for mass casualty terrorism, including the potential for chemical or biological incidents.

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Trustee Bulletin

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THT's Strategic Direction Determined

The Texas Healthcare Trustees Board of Directors met Oct. 26-27 for its annual strategic planning retreat. At its retreat, the THT Board assessed the changing health care environment and evaluated its impact on the future of governance. The Board reviewed THT's strategic direction and established priorities for 2002.

Since THT is affiliated with the Texas Hospital Association, a significant element is to maintain consistency with THA's strategic direction. The continued need to coordinate and collaborate with THA was incorporated into THT's strategic plan.

The THT's mission is "to provide a leadership, educational and advocacy role for the governing board members of the Texas health care industry to enable the delivery of accessible, quality, cost-effective health care and to promote the health of the community."

THT's vision is that THT will be the premier organization in Texas for preparing new trustees for service; for disseminating knowledge on governance issues; and for motivating trustees to take action on issues impacting the health care delivery system and the communities it serves.

THT's goals are:

- Providing education and training for trustees to improve their effectiveness as board members;



- Participating in THA's efforts to influence legislation and regulations affecting health care;
- Encouraging and facilitating collaboration among health care providers and other stakeholders to improve the health of the community; and
- Maintaining an organization that is future-oriented and reflects the changing health care governance of its membership.

Priority activities are to offer trustee orientation and continuing education programs and materials; enhance communication and cooperation among physicians, hospital executives and trustees; and participate in both state and federal policy development.

The Texas Healthcare Trustees Foundation supports THT by promoting the health of Texas communities. THTF provides education for Texas health care trustees and other community leaders and conducts research in the fields of governance and community health.

The THT, in its strategic plan, directs the THTF to obtain funding for collaborative projects that result in improved community health status, to conduct and communicate research on the trends and success factors in hospital and health system governance, and to initiate the Texas Academy of Governance.

The Texas Academy of Governance is a unique statewide initiative to encourage, recognize and reward best standards of health care governance throughout the state.

- Ensure that your hospital is connected with community emergency response agencies. This is a good time to integrate your plan with the community's rescue squad, police and fire departments. Specifically, make sure your hospital officials have the latest contact numbers for key area agencies, and that area agencies have an up-to-date list of your hospital's key contacts.
- Be prepared to talk with your community and its leaders, lawmakers and others about how your hospital would deal with a mass casualty event, especially an incident with large numbers of injured. Also make sure your facility is prepared to provide medical advisories to the mayor and other public officials who may be the primary focus for the media.
- Make sure your hospital supports the families of staff members. Staff members want and need assurances that their families are protected and cared for, especially if an incident involves a chemical or biological exposure. This protection is likely to involve other agencies and resources from the community.
- Make sure your hospital develops a simplified patient registration procedure in the event of an episode with a large number of casualties.
- Ask for a review of your back-up communication capabilities. Traditional telecommunication mechanisms can become overwhelmed and overloaded. Pay special attention to back-up mechanisms, such as Internet-based communication tools and couriers.
- Ask that your facility review their supply and inventory strategy. Many hospitals have moved to "just in time" supply schedules, which keep enough supplies on hand to care for expected patients. While state and federal resources will become available, communities may be on their own for at least 24 to 48 hours. Include the possibility that traditional transportation systems might be disabled.
- With the nation on a heightened state of alert, examine how to protect the physical security of your hospital by limiting access to the facility.
- If your hospital is part of the National Disaster Medical System, review the contacts within your organization, and who the federal coordinator is in your area. If your hospital is located in an urban area, determine if there is a Metropolitan Medical Response System plan in your community and know how it can complement your hospital's plan.
- Ensure that the hospital and its medical staff report any unexpected illness patterns to the public health department, and if appropriate, the Centers for Disease Control and Prevention.
- Finally, with the armed services calling up reserves and the possibility that the Department of Health and Human Services, Office of Emergency Preparedness, may need to call up response teams, make sure your hospital takes time to inventory who on your staff, including medical personnel, could be called. What are your policies for job retention and benefit continuation, and how will activation affect your operations?

DISASTER PLANNING RESOURCES

**Texas Department of Public Safety -
Emergency Management Division**
www.txdps.state.tx.us/dem

American Hospital Association
(Visit the special "Disaster Readiness
Resources" section.)
www.aha.org

**U.S. Department of Health and
Human Services - National Disaster
Medical System**
www.oep-ndms.dhhs.gov

Federal Emergency Management Agency
www.fema.gov

**Centers for Disease Control and Prevention -
Bioterrorism Preparedness and Response Network**
www.bt.cdc.gov

**Johns Hopkins University - Center for Civilian
Biodefense Studies**
www.hopkins-biodefense.org

THT SPRING FORUM 2001 - Trustees: Step Up to the Plate Security and Safety in Uncertain Times

In today's changing environment, hospitals must be prepared to deal with unprecedented emergencies, diseases and be knowledgeable about security and safety. Is your hospital ready? With issues ranging from dealing with disasters to responding to mandates to improve quality, trustees must provide leadership when it counts. Step up to the plate and attend the Texas Healthcare Trustees Spring Forum. You'll learn strategies for success from nationally known and respected business and health care leaders, including Houston Astros owner and trustee, Drayton McLane.

Join your colleagues at THT's exciting Spring Forum March 8 and 9 in the Astros' hometown of Houston. The Forum, located in the spectacular Omni Houston Hotel, will focus on today's issues, how to ask the right questions and how to find the information you need to make the right decisions.

The informative two days will showcase a host of knowledgeable speakers from around the country, including experts on timely topics such as:

- Leadership strategies in uncertain times
- Emergency preparedness and disaster planning
- Quality improvement and patient safety
- Workforce recruitment and retention strategies

The THT Spring Forum is co-sponsored by the American Hospital Association, the Arkansas Hospital Association and the Oklahoma Hospital Association.



Thursday's agenda begins with James Orlikoff, president of Orlikoff & Associates, a consulting firm that has provided guidance to hospital governing boards for more than a decade. Orlikoff will lead the Trustee Orientation and Refresher session. A popular and entertaining speaker, Orlikoff will be featured in a keynote presentation at the Forum on Friday as well.

The rest of the Forum includes an exciting slate of speakers on topics you don't want to miss. Call now for more information or to register for the Forum, 512/465-1562, or in Texas, 800/252-9403.

THT Orientation and Refresher Will Focus on Finance, Leadership

James Orlikoff, a nationally known author and expert on governance issues, will be the featured speaker at the March 7 orientation and refresher session preceding the Texas Healthcare Trustees Forum. Orlikoff, a popular past Forum speaker brings his extensive experience and innovative ideas to the Forum Orientation and Refresher.

Orlikoff has designed and implemented health care programs in four countries and consulted with health care governing boards since 1985. New and veteran trustees alike are encouraged to attend this full-day orientation and refresher and learn insights from this thought-provoking speaker. A Chicago resident, Orlikoff is making his annual appearance at a THT Forum. He is consistently ranked as one of THT's best speakers.

"The most fundamental characteristic of excellent governance is that all board members have a shared understanding of their job," says Orlikoff. "Health care has undergone dramatic changes in the past few years, so trustees must understand the market and how it affects their hospitals."

"Governance boards have been forced to learn new rules and adapt to handle oversight of not just hospitals, but accountable health plans and multihospital systems," Orlikoff explained. From finance and liability, to quality and credentialing issues, Orlikoff will focus on what every trustee should know. He'll share vital information about the current health care environment and assist hospital and health system governing board members in strengthening their effectiveness and oversight of quality.

Don't miss this important orientation. The daylong event is only \$100 for THT, Oklahoma and Arkansas Hospital Association members and \$150 for nonmembers. The THT's Guidebook for Effective Hospital and Health System Governance is included in the registration cost. For more information, call 512/4651562, or in Texas, 800/2529403.



James Orlikoff

"The most fundamental characteristic of excellent governance is that all board members have a shared understanding of their job."

NURSES NEEDED: TEXAS INGENUITY REQUIRED

The developing nursing shortage is uniquely serious. It is considered both a supply and a demand shortage, with a broad range of issues that include: population growth in Texas, a diminishing number of new students in nursing, an older workforce and a growing older population that will require extensive health care services. These issues are then complicated by additional factors of the large number of nurses retiring and job opportunities within health care expanding.

Solving the nursing shortage requires a multi-faceted approach. One successful example of implementing an active advocacy role is the recent enactment of the Nursing Shortage Reduction Act

Texas Gov. Rick Perry officially signs the Nursing Shortage Reduction Act. Joining him were, from left, First Lady Anita Perry; Sen. Mike Moncrief (D-Fort Worth); and Doug Hawthorne, FACHE, president/CEO of Texas Health Resources.



of 2001. Introduced at the request of Texas Hospital Association and Texas Nurses Association, the Act enables two- and four-year colleges and universities to expand the capacity of nursing education programs. Some \$22.5 million is now available to nursing schools that demonstrate a dramatic growth in enrollment.

Marsha Jones, vice president of government relations for the Texas Hospital Association said, "We need more nurses now, but there simply aren't enough nursing graduates to meet the current demand. By providing the resources to increase the capacity of our nursing schools, the Texas Legislature has taken a first step in ensuring that more nurses will be available to meet future workforce needs."

What Can Trustees Do?

At the local level, trustees may wish to consider the following strategies that could be initiated to assist their facilities in addressing the nursing shortage, according to Elizabeth Sjöberg, RN, J.D., and associate general counsel for THA:

- Increase oversight of safe, quality patient care. Communicate to the general public that the hospital is providing safe, quality care during this time of workforce shortages. Rather than jeopardize safe care due to inadequate staffing, hospitals are closing beds. Get the word out to your community that quality care remains as the hospital's top priority.
- Facilitate the organization of a hospital/community work group to address recruitment and retention of health care professionals and make adequate staffing an important community issue.
- Review recruitment and retention strategies that impact the budgetary requirements of hospitals. Possibilities include: bonuses, purchase of new technology to maintain or enhance safe care, and scholarships with service payback agreements.
- Request that the chief nursing officer provide a detailed report during the board meeting relating to current recruitment and retention policies, projects and affiliations with education programs. Monitor and provide input on the plan.
- Communicate with elected officials, educating them about the shortage and actions undertaken by the hospital and the community.

Creative and innovative solutions:

To address the nursing shortage, hospitals need nursing schools to graduate more nurses than they have been — and hospitals need to keep the nurses they already have.

The most effective way to address the high number of nurses leaving the profession will vary from hospital to hospital, and trustees will want to determine the specific issues that are most appropriate for their facility. Some hospitals offer:

- Paid time off for education programs, or public speaking opportunities;

- Increased opportunities for nurses to participate in decision-making;
- Flexible scheduling – some even accommodate two-hour blocks;
- Procedures for reassigning as many non-clinical duties as possible;
- Upgraded technology to reduce paperwork;
- Re-employment programs where nurses that leave in good standing may return in one year at the same seniority and benefits as they had when they left;
- On-site services such as day care, hair salon and dry-cleaning;
- Tuition reimbursement for continuing education and advanced degrees; and
- Bonuses to nurses who work extra shifts.

“While pay raises are often an excellent short-term solution, they frequently are insufficient as a long-term approach unless augmented by changes to the work environment,” says Jose Pagoaga, of human resources consulting firm, William M. Mercer. “It’s the total package of offerings that leads to the best attraction and retention success.”

Many actions to address the shortage can be taken within the hospital, but partnering with corporations and individuals in the community is critical - and trustees may be in the very best position to assume that role. As community leaders, trustees often have ready access to channels of communication with public officials and other leaders in their communities – potential partners in addressing the pressing need for more nurses. Collaborate with area high schools to encourage students to consider nursing, arrange for the media to cover stories about exceptional nurses, enlist corporations to provide unique incentive or appreciation programs for your nursing staff. Trustees have a tremendous opportunity to apply their vast and varied resources to the nursing shortage – and to bring about some impressive changes in the community's health care system.

Texas Governance: People and Places



Judge Linda Ray Steen

Hometown: “I was born in Waco, but moved to Granbury when I was 14 years old. I’ve moved in and out, but we came back to Granbury in 1974. My career moved us away in 1980, and we returned in 1995 when I retired from the Texas Youth Commission.”

How did you become involved with the hospital/health system board? “When I was elected County Judge, I automatically became treasurer for the Lake Granbury Medical Center Hospital District Board. The Hood County Judge always serves in that capacity.”

Length of service as a trustee: Since Jan. 1, 1999.

What do you find most satisfying about serving on the board? “Serving on the board is personally important to me. As a kid growing up, my mom, Hazel Ray, was the administrator of what was then the Granbury Hospital. It was very small, maybe 30 beds, and was located

downtown. My job after school was to take her mail to the hospital. I grew up around the hospital, and it’s important to me that our county continues to offer appropriate medical services. She would be so proud of the way the hospital is today. I owe it to her to serve, and as County Judge, I owe it to the people.

I enjoy being in a position to help others, and to help the community by striving to provide excellent medical services locally, as opposed to people driving a long distance.”

Most challenging? “Medical costs are skyrocketing across the nation. Problems with increases in insurance and Medicare costs stress hospital operations to the max. Growth in our county is another issue. Keeping up with the services needed to meet the demands of our fast-growing county during a time when other issues are on the table is certainly a challenge.

The cost of providing ambulance services is another ongoing challenge. It’s an area where it’s difficult to make a profit, yet the need is there to maintain services.”

Facility: “Lake Granbury Medical Center is a 56-bed licensed acute care hospital, which is leased to Community Health Systems. Approximately \$22 million has been invested into expanding the facility services and physician recruitment over the past five years. We are completing an emergency room expansion and renovation in Dec. The facility has undergone an entire infrastructure upgrade with the addition of new chillers, cooling towers, boilers, autoclaves, pumps and air handlers.

A new 3,000 square foot maintenance building is also under construction. Teleradiology and a voice activated dictation system were installed this year. Additionally, in Feb., a new three-story, 36,000 square foot medical office building will be completed on the hospital campus. Within the office building will be physician offices, a women’s center and an ambulatory surgery center. The hospital recently purchased three new ambulances to service the growing population of Hood County.

The hospital district board operates a primary care clinic that provides health care services for the indigent and low-income citizens of Hood County. The hospital district recently approved pursuing the construction of a cancer center and community education center to be completed in 2002. The hospital district board works closely with the hospital administration in developing strategic and financial plans to add services ‘closer to home’ to meet the health care needs for the rapidly growing community. The successful growth of the medical center and services over the past five years has demonstrated that partnership with business can accomplish good things for the community through excellence in leadership.”

What advice would you give to a new trustee?

- Listen carefully.
- Don’t be too quick on the trigger.
- Do your homework.
- Get the facts.
- Support the administrator – be up front; tell him the hard stuff, too.
- Enjoy!



Faye Trant

Hospital/Health System: Bayside Community Hospital and Clinic, Anahuac

Facility Description: “Bayside Community Hospital is licensed for 14 beds. We just received our designation as a Critical Access Hospital earlier this year. We offer a wide range of diagnostic services in our radiology and laboratory departments. We have respiratory therapy services, an on-site pharmacy, and a 24/7 emergency room.

We also operate Bayside Clinic, a federally designated Rural Health Clinic that supports the provision of primary care services in the communities we serve. And, I can’t forget our surgical capabilities, which are supported by our wonderful chief of staff and general surgeon who has served our community so admirably for over 20 years.”

How did you become involved with the hospital board? “I’ve always worked for doctors, managing the office, handling insurance, just working in different jobs in the health care industry. A few years ago I needed something to do because I’m not too good at sitting still. Because of my previous experience, I ran for the board and was elected.”

Length of service as a trustee: Board member for 12 years, chair for eight.

Most satisfying aspect of service: “I’ve always been fascinated with health care. Serving on our local hospital’s board gives me a chance to continue that association. I am a people person, so serving in this capacity allows me the opportunity to combine two of my passions: working with and serving my friends and neighbors, and the business of medicine.”

Most challenging? “Keeping the hospital open - it’s tough out here for small, rural hospitals! While we do have the advantage of being a hospital district and therefore a tax base, we still have to be fiscally responsible to our constituents. Of course, people don’t like taxes, so we don’t want to get in a habit of depending on taxes to keep our hospital open. That being said, we enjoy a tremendous amount of support in our community, and I think everyone knows that in the end we are going to do the right thing.

Beyond that, we share the same concerns as most other hospitals: shrinking reimbursement; increasing regulation; staffing; and so on.”

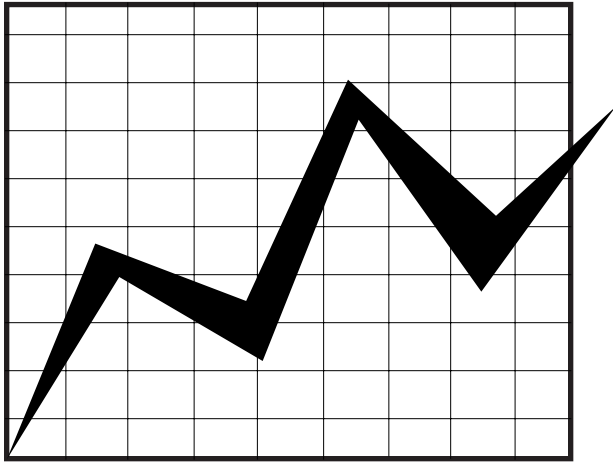
Changes during the last few years: “There has been a major philosophical shift since the arrival earlier this year of our current administrator/chief executive officer. He has been working hard at addressing some longstanding concerns, as well as facilitating the process of planning for the future. Now, where we once saw problems, we see opportunities. For example, we just received grants from the Center for Rural Health Initiatives and the Telecommunications Infrastructure

Fund Board that will fund the conversion of our radiology suite to digital imaging systems to support teleradiology. Instead of taking days to get our reports back, now it will only take minutes. So, what once was a concern is now an advantage. That’s a change for the better, and it’s a great feeling.”

What advice would you give to a new trustee? “First, sit back and listen to other members that have been there for a while. Frequently, a new trustee has no experience in the health care industry and there is so much to learn. It is important to take time to catch up on the current situation, determine how it got that way, and learn about plans for the future. There’s a lot to absorb considering this is a part-time job for most of us. Also, be willing to listen to and consider others’ ideas. It okay to disagree, we do sometimes, but we always remember that we have a responsibility to our community and talk it out.”

“Second, attend all the training you have the time for and can afford, like the THT’s Forum, on a regular basis. Just because you have gone once, doesn’t mean you now know everything there is to know. The speed at which things change in our industry is amazing, and to be an effective board member, you need to keep up with what’s going on in health care.”

Biggest surprise: “How much the federal and state government are involved in the day-to-day operation of our organization, I had no idea.”



Most hospitals consider quality one of their top priorities. From beta-blocker utilization to patient satisfaction surveys, hospitals have adopted a wide variety of measures to assess performance and to improve the quality of care.

Yet, there's a new school of thought that is being touted by widely respected organizations including the Agency for Healthcare Research and Quality, Joint Commission on Accreditation of Healthcare Organizations and the Institute of Medicine. What is it and why is it important? This new approach is called evidence-based medicine, which bases practice patterns on scientific research or evidence.

Improving Quality with Evidence-Based Medicine

Standards of Care Should Be Routine

Trustees and their hospitals will do well to understand and implement the evidence-based medicine concept, which is based on directives from leading regulatory agencies. New research released by the AHRQ says adopting consistent patient safety practices or standards of care could improve patient safety throughout the nation's health care system.

According to the IOM and leading regulatory agencies, evidence-based medicine or the practice of treating patients based on the best scientific knowledge, should be routine in all hospitals. All hospitals should develop standards of care or protocols to treat patients based on scientific research and evidence that shows which practices produce the best outcomes.

For example, one standard states that patients who enter the hospital while having a heart attack should receive an aspirin within 24 hours of arrival. This

standard was set by the Centers for Medicare and Medicaid Services (CMS, formerly the Health Care Financing Administration) and the Joint Commission after extensive medical research. Research found that patients who received aspirin within 24 hours had better outcomes than those who did not.

Not Cookbook Medicine

Critics of evidence-based medicine suggest that adopting consistent protocols does not focus on individualized patient care. “The opposite is true,” says Starr West, Texas Hospital Association director of health care quality. “Evidence-based decision making is the notion that each patient should receive care that is based on the current best research and is individualized for the patient’s specific needs. In the case of a patient presenting with a heart attack, the protocol is to give aspirin within 24 hours of admission, unless there is a contraindication. The protocol is individualized by the physician who would know when a patient had a history of ulcer disease or other medical history. Therefore, the aspirin would not be ordered,” she explains.

Evidence-Based Medicine: Background

In the 1990’s, the CMS and its contractors, initiated the Health Care Quality Improvement Program – a new approach to improve the health of the Medicare beneficiaries. This approach involved analyzing data from various sources and changing the patterns of care to remedy widespread shortcomings in the health care system. The concept created a historic opportunity to partner with practitioners, beneficiaries, providers and purchasers to:

- Develop quality indicators firmly based in science;
- Identify opportunities to improve care, through careful measurement of care patterns;
- Communicate with professional and provider communities about patterns of care;

- Intervene to foster quality improvement through system improvements; and
- Remeasure to evaluate success and redirect efforts.

The CMS national quality improvement project began with acute myocardial infarction (heart attacks). In 1999, the project expanded to focus on six national topics - acute myocardial infarction, breast cancer, diabetes, health failure, pneumonia and stroke. CMS chose these topics based on their public health importance and the feasibility of measuring and improving quality. To ensure that these efforts truly improve health, the quality indicators for these topics are firmly based in science. The data used to monitor the quality indicators are obtained using topic-specific data collection tools from a national sample of randomly selected medical records.

New Scrutiny on Quality

Quality in hospitals has come to the forefront as a topic of public concern. An IOM study released in March 2001 and a follow-up study released in July garnered much media attention and focused widespread public concern on the issue of quality.

The follow-up IOM study said, “research on the quality of care revealed a health care system that frequently falls short in its ability to translate knowledge into practice, and to apply new technology safely.”

According to quality experts, evidence-based medicine supplies the answer to improve quality and patient outcomes. Trustees and their hospitals should have a commitment to standardizing excellence - using set protocols based on the best available scientific information. The result will be a safer health care system for everyone.

West concludes, “ The field of evidence-based medicine will only increase in importance. Patients are more sophisticated and schooled about medical research and treatment than ever before because they can do their own research on the Internet.”

TEXAS HEALTHCARE TRUSTEES 2002 CALENDAR OF EVENTS

In addition to the Texas Healthcare Trustees' cutting-edge programming specifically designed for trustees, the Texas Hospital Association's Annual Conference Expo once again will bring trustees and CEOs together for learning and networking. Mark your calendars and plan to attend these upcoming educational events.

Omni Houston Hotel, Houston

March 7 Trustee Orientation and Refresher
March 8 - 9 THT Spring Forum – Trustees: Step Up to the Plate

George R. Brown Convention Center, Houston

June 16 - 18 Texas Hospital Association Conference and Expo
in cooperation with the Texas Healthcare Trustees

Hyatt Regency Hotel, San Antonio

August 8 Public Hospital Trustee Orientation and Refresher
August 9 - 10 THT Summer Forum and Texas Healthcare Trustees Foundation Silent Auction

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