

# TEXAS HEALTHCARE TRUSTEES

# Trustee

## Bulletin

## Infection Control: Cracking Down on Perilous Germs

**T**hey can lurk suspiciously for days, yet never be seen. Quietly, they stalk their victims, causing serious illness – even death – leaving few clues. That’s why infection control practitioners have launched an all-out assault on this vicious enemy – germs in the hospital.

Infection control has long been an integral part of hospital operations. Today, infection control experts, who combine old-fashioned sleuthing skills with modern day technology, face some formidable challenges. Besides antibiotic-resistant bacteria and older, sicker patients, there is a new foe – negative public perception.

### Why Hospital Trustees Should be Concerned

The change in climate may be due in large part to intense media scrutiny and negative reporting on isolated infection outbreaks. In particular, a recently released study by a Chicago newspaper linked about 103,000 deaths to hospital-acquired infections in 2000, a figure 14 percent higher than government estimates. The study reported that nearly 75 percent of the deaths were preventable because they



were the result of unsanitary facilities, germ-laden instruments and unwashed hands.

Although this particular study was alarming, trustees can take vital steps to ensure their facilities are as safe as possible. While all American hospitals follow infection control procedures, they must make infection control a major focus. It’s vital for patients and it’s the key to turning public perception around, suggests W.W. Aston, chairman of Texas Healthcare Trustees and a board member of Baylor University Medical Center and Baylor’s Heart and Vascular Hospital in Dallas.

...continued on page 2

### contents

|   |    |
|---|----|
| Texas Hospitals’ Financial Performance Slowly Improving   | 3  |
| Trustee Profiles  | 6  |
| G is for Governance                                       | 8  |
| THT’s Strategic Direction Determined                      | 8  |
| Academy Presents First Governance Award                   | 9  |
| Texas Legislature Faces Budget Shortfall                  | 10 |
| Hughes Retires  | 11 |
| Brooks Named Director of Texas Academy of Governance      | 11 |
| THT Orientation/Refresher to Focus on Finance, Leadership | 11 |

## TrusteeBulletin

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

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### Infection Control continued from page 1

"Trustees must lead the way," says Aston. "We must rededicate ourselves to becoming a national leader by showing significant gains in delivering high quality patient care and keeping patients safe while they are in our care."

### Diseases Inside our Doors

Infections that are acquired while a patient is in a hospital are referred to as nosocomial infections. According to the National Patient Safety Foundation web site, nosocomial infections are estimated to occur in 5 percent of all acute-care hospitalizations, resulting in an added expenditure in excess of \$2 billion. The Centers for Disease Control and Prevention estimates that each year nearly 2 million patients in the U.S. get an infection in hospitals, and about 90,000 of these patients die as a result of their infections.

The highest rates of infection occurred in the burn Intensive Care Unit, neonatal ICU and pediatric ICU. Simply by their natures (hospitals house sick people), the risk for nosocomial infection is an issue. More hurdles faced by hospitals include an ever-aging population, premature infants born at incredibly low birth weights, drug-resistant bacteria and budget cuts.

### One Hospital's Success Story

Rose McCullough, associate administrator for patient care and director of nurses at Angleton Danbury Medical Center in Angleton, is well aware of the obstacles. Yet, she says, thanks to a remarkably open policy and an aggressive hand-cleaning campaign, the hospital boasts a nosocomial infection rate that is well below national average.

"Our situation is unlike some hospitals," says Loretta Miles, RN, infection control practitioner at Angleton Danbury Medical Center. "Our nosocomial rate is very, very low. We see more of the nationwide problem of community-acquired Methicillin-resistant Staph aureus (bacteria resistant to antibiotic treatment due in part to the widespread misuse of antibiotics)."

According to McCullough and Miles, the hospital has implemented an expansive education program about infection control. "The key is hand washing!" emphasizes Miles.

Alcohol-based hand washing products such as Cal-stat have been placed in every patient care room, the radiology area, the volunteers' area and even the gift shop. They attribute widespread use of these products in helping keep nosocomial infection rates to a minimum.

McCullough also cites their policy of openness with patients, physicians and the board. "Every single patient complaint is investigated and responded to," she says. "Additionally, our board reviews a synopsis of every patient complaint and holds us accountable for quality."

### The Single most Important Factor

As Angleton Danbury has discovered, new alcohol-based hand washing products may be part of the solution. "Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in health care settings," says Julie Gerberding, M.D., director of the CDC.

The CDC released new guidelines in October that advise the use of alcohol-based hand rubs to protect patients in health care settings. "More

widespread use of these products that improve adherence to recommended hand hygiene practices will promote patient safety and prevent infections," according to Dr. Gerberding.

### **Infection Control is Cost-Effective**

Because infection outbreaks can be so costly personally and financially, controlling them is a key issue. THT Chairman Aston suggests infection control does not have to break a hospital's budget.

"Even though we have financial constraints facing us, we should not be quick to say we cannot afford to spend the capital this year," says Aston. "Rather, let us seize upon the many ways we can improve quality and patient safety that involve little or no significant capital outlay." He adds that one prime example is to "reduce nosocomial infections. Achieving this requires focus and feeling, but not capital expenditures."

### **Be Prepared**

Texas hospital and health system board members can take steps to ensure their hospitals are doing their utmost in infection control. Besides stringent hand washing and the adoption of alcohol-based hand rubs, hospitals must provide comprehensive education about infection control.

The Stand Up for Patient Safety Campaign, open to hospitals and health systems, calls for continuous improvement in patient safety and reducing medical errors in all health care settings. For more information, log on to [www.npsf.org](http://www.npsf.org).

# Texas Hospitals' Financial Performance Slowly Improving

**T**he financial performance of Texas hospitals is slowly improving, but remains far behind where it was prior to the Balanced Budget Act of 1997. Additionally, potential financial risks still exist. The delivery of health care is changing throughout Texas and the nation.

Brent Hardaway, associate partner with the Austin branch of Phase 2 Consulting, based in Salt Lake City, Utah, presented the following information on environmental assessment to the Texas Healthcare Trustees in November 2002.

While the demand for hospital services is increasing and the population is aging, reimbursement for services is decreasing and employers are resisting rate increases. The combination of these factors continues to drive up the expense of providing care, making it increasingly difficult for hospitals to maintain market position and achieve a sustainable profit margin.

The following primary factors are driving the change in the delivery of health care:

- Increasing demand for health care services;
- Workforce shortages;
- Changing insurance landscape;
- Renewed focus on quality of care; and
- Advancements in technology.

### **Increasing Demand for Services**

The population is growing and aging, creating additional demand for health care. From 2002 to 2007, the number of people ages 45-64 in Texas will grow 17.39 percent and the 65+ age group will grow 7.26 percent. These groups are the largest users of health care services.

As the 45-64 population, largely covered by commercial insurance, moves into the "Medicare years," demand for services will continue to increase, but per case reimbursement will decline. High demand-high profit service lines will continue to attract niche providers, against which general hospitals must compete for both physician and patient loyalty. Increasing demand will exacerbate existing problems with staffing and reimbursement.

continued on page 4

## Workforce Shortages

Wage wars, signing bonuses and costly retention efforts will continue to be used until longer-term fixes are found. These strategies redistribute existing supply rather than add new personnel, and are not effective for the long term.

Some parts of the country report registered nurse vacancies at 10 percent to 12 percent, and the demand

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**While managed care is no longer the "hot new thing," employers are still interested in reducing insurance expenses and will seek out new models to do so.**

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for pharmacists has increased sharply by 44 percent in seven years with the institutional vacancy rate reported to be 9 percent. Radiological exams for the Medicare population are expected to increase 140 percent by 2010; the institutional vacancy rate for X-ray technicians currently at 16 percent. A national deficit of 200,000 physicians is predicted by 2020. Additionally, boards must ensure successor planning is taking place because the CEO turnover rate is about 15 percent per year.

## Changing Insurance Landscape

While managed care is no longer the "hot new thing," employers are still interested in reducing insurance expenses and will seek out new models to do so, most notably Defined Contribution Plans and cost sharing in the form of higher co-pays and deductibles. Health Maintenance Organization enrollment in Texas has been decreasing at a steady pace, from 3.9 million in 2000 to 3.6 million in 2001 and 3.3 million in 2002. At the same time, employment-based insurance premiums are rising, projected at 13 percent for 2002 and up to 16 percent in 2003. More than 30 percent of hospitals have dropped at least one HMO contract with 70 percent of those hospitals citing poor financial results.

The uninsured population in Texas continues to grow, moving from 21.4 percent of the population in 2000 to 23.5 percent in 2001. The uninsured population will not diminish in the near future, and hospitals will continue to practice cost shifting, which means a greater need to increase commercial payer payments.

Governmental programs pay for health care services for 22 percent of the Texas population, but represent about 50 percent of the reimbursement received by most hospitals. As more of the population becomes eligible for Medicare and hospitals face possible reimbursement reductions from government payers, commercial patients become more highly valued and fought over. Hospitals will have to continue to influence Medicare and Medicaid policies through groups such as Texas Healthcare Trustees, Texas Hospital Association and the American Hospital Association. For hospitals to stay even with increasing expenses, they must increase their prices by 4.5 percent to 6 percent per year.

## Renewed Focus on Quality of Care

According to Hardaway, 54 percent of Americans rate the health care system as “fair” or “poor.” News media coverage has heightened awareness of medical errors in hospitals and raised questions about physician competency and oversight. The administration of medications is an area where mistakes frequently occur. Wrong site surgery, adverse reaction to a medication and hospital-acquired infection are examples of events that can be prevented without costly capital investments.

Hospitals are looking toward technology to help them reduce medical errors, particularly those having to do with physician order entry and dispensing of medications. Many commercial buyers will look to demonstrated processes of care when making decisions.

## Technology Advancements

Minimally invasive procedures will increase the demand for some types of services, but decrease the need for an inpatient stay. Wireless information transfer and telemedicine will enable remote monitoring, diagnosis and even surgery across distances. Information and record keeping at the bedside will improve quality of care and reduce errors. Care will be enhanced and medical errors reduced via electronic medical records and patient smartcards.

Although the new equipment is expensive, educated consumers expect these up-to-date treatments to be part of their patient care even though some insurance plans do not cover “experimental” treatments.

For additional information contact Brent Hardaway, Phase 2 Consulting in Austin, 512/346-0500.

## The financial performance of hospitals slowly is improving because of:

- Reversals of federal government cutbacks;
- Improved pricing from payers;
- Limiting losses from owned physician practices;
- Divestiture of unprofitable businesses;
- Unwinding of failed integration strategies;
- Renewed focus on basic operations; and
- Growing patient volumes.

## Potential financial risks still exist; these include:

- Wage inflation resulting from labor shortages;
- Growing levels of self-pay patients due to longer unemployment;
- Gradual conversion of baby-boomers from commercial insurance to Medicare;
- Liquidity problems resulting from stock market reversal;
- Increased debt and decreased liquidity ensuing from increased capital expenditures;
- High level of management turnover; and
- Specialty hospitals and physician ventures skimming profitable margins.

## To deal effectively with these issues and implications, hospitals should:

- Redesign their budget and capital planning processes;
- Review existing managed care contracts;
- Focus on measuring quality within the organization;
- Keep on the forefront of technology, especially where niche competitors are likely;
- Identify and eliminate waste;
- Grow core business and plan now for growing demand;
- Lobby to protect Medicare and Medicaid reimbursement; and
- Support physicians’ success by providing a high quality, profitable, convenient location for inpatient services and consider partnering for outpatient services.

# Texas Governance: People and Places



Dolly Ann Koenning

**Hospital/Health System:** Lavaca Medical Center, Hallettsville

**Facility description:** Licensed for 43 beds, Lavaca Medical Center has served Lavaca County and the surrounding area since 1977.

**Occupation:** Dolly Ann Koenning is retired from the Harris County Clerk's Office.

**Length of service:** Koenning's late husband, Archie, was a Lavaca Medical Center board member. When he attended board meetings or conferences, Dolly Ann was at his side. "Archie passed away two years ago. After the shock wore off, I wrote a letter to the board asking if I could fill his position. I knew that I couldn't fill his shoes, but I felt like I needed to continue his work."

**Board involvement:** "When I was growing up, my dream was to become a nurse. Instead, I got married and had four kids. My mother ran the snack bar at Huntsville Hospital, and we often worked with her. I spent a lot of time around the hospital and always wanted to know what made it run – something

I'm still learning about by being on the board. In fact, I learn something new from every meeting. As long as I'm learning something new, my life is expanding."

**Introduction to service:**

"I served on the PTA when my children started school. There were questions that I wanted answered, but I didn't want to ask them in front of everyone, so I decided to become an active member. I was very involved in fighting for kids' rights to attend their school of choice. Eventually, I became president of the elementary PTA. I loved working with the school, but my children grew up, and I had to find something else to do."

**Most satisfying:** "I enjoy working with the board and coming up with new ideas for improving the way we do things. In a little way, I feel like I'm helping the community, giving back. But the community is giving back to me, too, by allowing me to serve on the board."

**Most challenging:** "Our biggest project right now is coming up with the money to build a Wellness Center with aqua therapy and a professional building. We hope to reach our goals by applying for grants and looking to the community for support. The administrator is easy for the board to work with and that makes it easy for me to give 100 percent."

**Proudest moment:** "I am very proud to go to conventions and be recognized as being from the Lavaca Medical Center. It makes me feel like we've made a difference even that far away. Every day you do something and meet so many different people – I just love that. Working with the hospital, the auxiliary and with the board has been really rewarding for me these past few years."

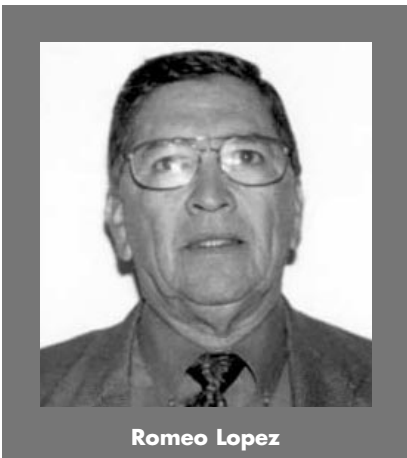
**Important lesson:** "The most valuable lesson I've learned is to gather information and then express my opinion when I know more – I'm still learning. Also, it's important for the board to work together because if we didn't work together, we would never accomplish anything."

**Advice for new trustee:** "Just sit and listen until you know what you're talking about. Ask questions. Listen carefully to the answers. Understand what confidentiality means and respect that."

**Hometown:** Koenning left her hometown of Huntsville in 1960 to live in Houston until moving to Hallettsville in 1995.

**Family:** One son, three daughters, three grandchildren and one great-grandson.

**Hobbies:** "In the past two years I have crocheted at least 20 baby blankets for the hospital auxiliary to sell in the gift shop. Also, I like to work in yard. There really isn't anything that I don't like to do – there just isn't always enough time."



Romeo Lopez

**Hospital/Health System:** Starr County Memorial Hospital, Rio Grande City

**Occupation:** After seven years as vice president for Texas State Bank in Rio Grande City, Romeo Lopez now is a part-time consultant doing public relations and marketing for the bank. Previously, Lopez served 15 years as assistant superintendent for business in public school administration, 15 years teaching chemistry and physics, and four years as a research chemist for Dow Chemical Co.

**Facility description:** Starr County Memorial Hospital is a 50-bed general acute-care, not-for-profit rural hospital. The only public hospital district in the Rio Grande Valley, Starr County Memorial provides medical, surgical, obstetric and pediatric services.

**Board involvement:** Since joining the board in early 1997, Lopez has served as president. The Texas Academy of Governance recently recognized Lopez for his commitment to high standards in health care governance.

**Most satisfying:** "I get personal satisfaction from doing public service, particularly in an area as important as health care. Serving on

the board provides me with an opportunity to give back to my community."

**Interest in public service:** Lopez has served as an elected officer for several organizations, including: Texas Classroom Teachers Association, Texas State Teachers Association, RGC Rotary Club and the Texas Association of School Business Officials.

**Most challenging:** "Our board has faced numerous challenging issues, such as the need for nurses, the liability insurance crisis for medical professionals and the formulation of a short- and long-range plan. With the help of a consultant, our board chose to develop a strategic plan that would give the hospital district a listing of comprehensive goals and objectives. Consequently, the implementation of these goals has led us to commit to an even more extensive feasibility study, which is currently underway.

"Several months ago, the Texas Department of Health indicated that Starr County had an abnormally high rate of tuberculosis. Upon further investigation by the board, it was determined that the high rate of cases was attributable to a disproportionate number of jail inmates from Mexico with the disease. This was a major concern for our community and one which we were able to address."

**Biggest surprise:** "In spite of our designation as the poorest county in Texas and serving a very high percentage of indigent patients through Medicaid, the bottom line on our budget has been positive for the last five years. In great part, this is due to the conservative fiscal practices of our chief executive officer, Thalia Munoz."

**Proudest moment:** "The proudest moment for any board member is when a new building facility is finished. Our board is very proud of a new facility that will house four health services agencies in our community. We also are very proud of the expansion of a new obstetrics wing for our existing hospital facility."

**Important lesson:** "I have come to recognize the comprehensive responsibility of the hospital and hospital staff. It is so important that our hospital is ready in case of an emergency. We need to open our eyes as board members to the needs of our community, whether that is for diabetes education or new medical equipment.

"To provide the best services, a hospital must hire the best people. As board members, our concern should be with making policy that helps the hospital keep the best people that it can. Good salaries and benefits help to do that."

**Advice for new trustee:**

"Avoid politicizing your role as a board member. We are here to help the public, and whether an individual voted for you or not should be of absolutely no concern."

**Hometown:** Other than attending college and working for Dow Chemical Co. for four years, Lopez has always lived in Rio Grande City.

**Family:** "My lovely wife, Lydia Estella Canales, and I have four adult children, Martha Ann, Jerry, Dina Michelle and Roy Carlos."

**Hobbies:** Tennis, fishing and collecting fossils.

# G is for Governance

## THT Spring Forum 2002

**W**hat is it about governance? Trying to define it often can be a big mystery, particularly in today's ever-changing health care environment. However, one thing is clear. Hospitals must be prepared to deal with unprecedented occurrences – from legislative mandates to bioterrorism.

Take the mystery out of governance and discover how to provide leadership when it counts. Plan to attend the Texas Healthcare Trustees Spring Forum. You'll learn strategies for success from nationally known and respected business

and health care leaders, including popular Forum speakers Larry Walker and Connie Curran.

Join your colleagues at THT's exciting Spring Forum March 7 and 8 in Dallas, a city that excites the imagination. The Forum, located in the spectacular Doubletree Hotel Lincoln Centre, will focus on how to ask the right questions on today's issues and how to find the information you need to make the right decisions.

The informative two days will bring a host of knowledgeable speakers from around the country,

including experts on such timely topics as:

- Quality improvement and patient safety;
- Workforce recruitment; and
- Health care and legislation.

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

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

## THT's Strategic Direction Determined

**T**he THT Board of Directors met Nov. 8-9 for its annual strategic planning retreat. At this meeting, 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 2003.

Because THT is affiliated with the Texas Hospital Association, an important element is to maintain consistency with THT's strategic direction. The continued need to collaborate with THA was incorporated into THT's strategic plan.

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 "Texas Healthcare Trustees 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."

Goals are:

- Providing education and training for trustees to improve their effectiveness as board members;
- Participating in THT'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 a membership organization that is future-oriented and reflects the changes in health care governance.

Priority activities are offering trustee orientation and continuing education programs and materials; enhancing communication and cooperation among physicians, hospital executives and trustees; and participating in both state and federal policy development.

# Academy Presents First Governance Award

## THR Recognized for Excellence in Governance

Last year, the Texas Healthcare Trustees Foundation launched the Texas Academy of Governance, a unique statewide initiative designed to encourage, recognize and reward best standards of health care governance throughout the state. In September, the Academy announced its first recipient of a prestigious new award designed to recognize excellence in health care governance. The Academy honored Texas Health Resources with the first Excellence in Governance Award. In March, the Academy will recognize individual trustees who have achieved excellence in governance.

“The role of governance in any organization is crucial to its success, and THR is a prime example of that,” noted Vernon Garrett Jr., president of the Texas Healthcare Trustees Foundation. “Texas Health Resources and its trustees exemplify the most important qualities of trusteeship – community stewardship, leadership, dedication to effective governance, collaboration, vision, commitment and service.”

Texas Academy of Governance recognition indicates a commitment to excellence in governance for hospitals, health systems and their governing board members. To be considered for the award, hospitals and health systems must demonstrate commitment to standards set by the Texas Academy of Governance. Those standards include:

- A commitment to board education;
- Community accountability;
- Evaluation of performance;
- A commitment to quality and patient safety;
- Commitment to compliance with applicable regulations and laws; and
- An established planning process.

For more information about the Texas Academy of Governance and its recognition program, contact Mary Walker, RN, Ph.D., FAAN, president/CEO of the Texas Healthcare Trustees, at 512/465-1562.



The THTF established the Texas Academy of Governance as a voluntary program dedicated to promoting and recognizing excellence in health care governance.



Doug Hawthorne, president/CEO of Texas Health Resources, left, celebrates with Mary Walker, president/CEO of the Texas Healthcare Trustees, and James Oesterreicher, chairman of the THR Board of Trustees.

# Texas Legislature Faces Budget Shortfall

The budget will be the focus of the upcoming state legislative session. When the 78th Texas Legislature convenes on Jan. 14, lawmakers will be facing at least a \$5 billion shortfall. Some \$2.9 billion of the shortfall results from the use of carry-over funds to balance the 2002-03 biennium budget. Additionally, the Legislature funded only one year of the teacher health insurance program for the 2002-03 biennium, resulting in the need for an extra \$1.2 billion. And, some \$800 million in one-time accounting savings achieved in 2002-03 will not be available. These factors are compounded by the state's growing population and the sluggish economy.

Growing enrollment in the Medicaid program has led to more consumption of health care services and increased costs. An additional \$2 billion in general revenue will be needed to maintain current Medicaid services for the 2004-05 biennium. Lawmakers and state leaders already are targeting Medicaid for massive cuts to try to balance the budget.

With the Republicans sweeping all the statewide races and gaining control of the Texas House of Representatives for the first time since Reconstruction, the Texas Legislature will have 38 new members. Republicans solidified their control of the Texas Senate, where they will have a 19 to 12 majority. While the Texas Senate will have seven new members, five are moving up from the Texas House. In the House, Republicans hold 88 seats, enough to elect a new Republican Speaker.

The good news for hospitals is that the composition of the Legislature is favorable to enacting meaningful health care lawsuit abuse reforms, as well as strengthening existing prompt payment of claims law and regulations. These are two of the Texas Hospital Association's top priorities for the upcoming session. Other priority issues for THA include:

- addressing workforce issues, particularly nursing;
- securing a stable, more adequate source of funding for the state's trauma system; and
- enhancing patient safety through a pilot study involving mandatory reporting of specific incidents – such as wrong site surgery or suicide – by hospitals.

Members of the Trustee Network of Texas are invited to participate in **Boot Camp: A Legislative Briefing for Hospital CEOs and Others**, scheduled **Jan. 28 in Austin**. The event will begin at 9 a.m. and conclude by 3:30 p.m.

In the upcoming legislative session, health care will be caught in the budget battle zone. Hospitals will be seeking relief from shrinking Medicaid

reimbursements, the medical liability crisis, workforce shortages, prompt payment of insurance claims and inadequate trauma funding. Meanwhile, legislators will be looking for ways to balance the budget without raising taxes.

It's never been more important to tell your hospital's story, and to hold legislators accountable for the decisions they make. This one-day event will prepare you to support the health care agenda on the home front.

Registration information will be mailed to TNT members. TNT is a grassroots advocacy organization of Texas Healthcare Trustees members who self-select to participate in THA's advocacy initiatives. For more information about TNT, contact Lisa Kepple, Political Action Programs Director, at 512/465-1047.



"With so many new members of the Texas Legislature as well as several new members of the Texas Congressional Delegation, it is critical that hospitals establish relationships with these new policy makers," said Joe A. DaSilva, CHE, CAE, senior vice president of Advocacy and Education for THA. "It is important to show elected officials the contributions hospitals make to their communities, both as providers of critical health care services and as major employers and their corresponding impact on the local economy. Elected officials must understand that the health policy decisions they make in Austin or Washington affect the people back home," DaSilva said. While it is important to build relationships with new legislators, strengthening relationships with returning legislators also is important.

In mid-November, THA provided a grassroots advocacy tool kit to hospital CEOs to assist them in conducting hospital visits with elected officials. Members of the Texas Healthcare Trustees are encouraged to work with their hospitals' CEOs to ensure that one-on-one contact is made with legislators before the legislative and congressional sessions begin.

## Hughes Retires

**Merry Hughes** retired from her position as Texas Healthcare Trustees manager of trustee relations effective Oct. 15. Previously, Hughes served as THT executive associate. Hughes has an extensive background in the medical field and served more than 13 years as executive secretary and medical staff credentialing associate for the administrator of Huntsville Memorial Hospital. Prior to joining THT, Hughes worked for the Texas Hospital Association's Analysis and Operations Department.

Hughes and her husband will be retiring on Lake Livingston, near Huntsville, where she looks forward to taking on the role of "Grammy" with her



Teri Brooks, Mary Walker and Merry Hughes celebrate Hughes' retirement from THT and Brooks' appointment to the Texas Academy of Governance.

new baby grandson, Carson. Hughes says retirement plans also include plenty of time to sail and travel.

"My position with THT not only opened the door for me to learn many new and interesting facets of health care related to educating hospital governing board members, but it also gave me the opportunity to develop many friendships that have left footprints on my heart," says Hughes.

## Brooks Named Director of Texas Academy of Governance

Prior to joining Texas Healthcare Trustees Foundation as director of the Texas Academy of Governance, **Teri Brooks** was the development officer for a statewide leadership education program – the John Ben Shepperd Public Leadership Institute at the University of Texas Permian Basin in Odessa. Previously, she worked as the university's public information officer. A stint as publications coordinator for the Confederate Air Force, now known as the Commemorative Air Force, earned Brooks a flight in the waist gunner position of a B-17. Brooks and her husband, Rick, moved to Austin in August.

## THT Orientation/Refresher to Focus on Finance, Leadership

**K**evin Reed, a well-known Texas authority on governance, and Tom Watson, a health care finance expert, will be the featured speakers March 6 at the orientation and refresher session preceding the THT Forum. Reed and Watson bring extensive experience and innovative ideas to the Forum Orientation/Refresher.

New and veteran trustees alike are encouraged to attend this full-day event to learn insights from these thought-provoking speakers. Reed says, "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."

From finance and liability to quality and credentialing issues, Reed and Watson will focus on what every trustee should know. They will share vital information about the current health care environment and assist hospital and health system governing board members in strengthening their effectiveness.

Don't miss this important orientation. The daylong event is \$100 for members of THT, and the Arkansas, Louisiana and Oklahoma Hospital associations and \$150 for non-members. THT's Guidebook for Hospital and Health System Governance is included in registration cost.

For more information, call 512/465-1562, or in Texas, 800/252-9403.



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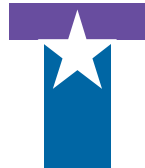
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