

TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

THE GOOD, THE BAD AND THE UGLY: Mock Board Meeting Demonstrates Critical Governance Missteps

Editor's note: The following story is the first in a three-part series on board behavior.

At this year's Texas Healthcare Trustees Spring Forum, Texas hospital board members were treated to an interactive presentation of a "mock board meeting," an unique way for trustees to see first-hand how some common behaviors can lead boards in the wrong direction.

Facilitated by Larry Walker, principal of The Walker Company in Lake Oswego, Ore., the mock board meeting featured eight members of the fictional "Lone Star Community Hospital" board. THT members, including Peggy Allison, THT board chair; Barry Couch; Randy Clapp, J.D.; Melvin Woody; Jim Buckner, CHE;

John Hale, J.D.; Mary Thompson, RN; and Gracie Saenz, J.D., took on roles as the fictional board's members. Their board meeting included topics such as committee reports and discussions related to quality and patient safety and physician recruitment and retention.

During the mock board meeting, members demonstrated several critical



Spring Forum attendees enjoyed the interactive mock board meeting.

contents

Make Plans Now for THT's Summer Forum: Governance – On the Mission Trail	4
Public Hospital Orientation and Refresher Set for August	5
New Conflict of Interest Reporting Procedures Affect Trustees	5
Make a Difference in Advocacy Efforts – Join TNT	6
Texas Hospitals Participate in Pilot Project to Assess Patients' Perceptions	7
Bayside Community Hospital and Clinic Recognized for Excellence in Governance	9
Trustee Profiles	10

...continued on page 2

TrusteeBulletin

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The Good, the Bad and the Ugly: Mock Board Meeting Demonstrates Critical Governance, Missteps ...continued from page 1

governance misbehaviors, all of which have the potential to be detrimental to board performance and organizational success.

Scenario: Lack of Board Chair Leadership

The board chair's leadership is critical to the board's overall success as well as the productiveness of each board meeting. Imagine this scenario:

The board chair calls the meeting to order. The chair lacks a motivating and inspiring presence. His primary objective at every meeting is to plod through the report-heavy agenda and ensure that time is not "wasted" on what he views as unnecessary discussion or on topics not directly related to the agenda. He develops the agenda by himself with no input from the chief executive officer or his fellow board members. All committee reports are discussed at length at the beginning of the meeting.

The first committee report begins, and trustees look distracted. Two trustees are engaging in a side conversation, while another is focusing on her BlackBerry®. After the committee report is presented, the board chair asks for a motion to approve the report. A trustee moves for approval and someone else seconds the motion. Without looking up from his notes or asking if there is any discussion, the board chair says, "All in favor say aye; all opposed say no; motion carries."

The motion is approved and the board chair is ready to move on to the next committee report when the CEO interrupts and announces that she would like to discuss an issue of confidentiality before moving on to another committee report. She has received telephone calls from the local newspaper about a sensitive subject that should not have left the boardroom, and she is frustrated that, although the topic of confidentiality has been discussed in the past, it is clear that not all board members are abiding by the confidentiality policy.

The board chair is surprised, as he knows nothing of this concern. He defers to the CEO, asking her what she thinks they should do about this topic. The conversation begins to get out of hand, as some trustees argue about who may have "leaked" the information, and others discuss whether this issue should even be addressed at this time because it is not on the agenda. The board chair is indecisive about what to do, and asks everyone to vote on whether they would like to continue to talk about the issue or table it for later. The board decides to table the issue to be discussed at a future board meeting.

The problem: The board heard a committee report without meaningful discussion or analysis, followed by a disruptive and ill-timed outburst by the CEO, and inappropriate dialogue about a critical board issue that remained unresolved. The meeting time was unproductive for a variety of reasons:

- Inadequate, routine, process-oriented agenda that was front-loaded with committee reports and mundane business items that detracted from the most important work of the board meeting;
- Lack of an action-focused agenda and inspiring board leadership about the agenda topics to be discussed;
- Over-control by the board chair, preventing meaningful strategic dialogue that resulted in disengaged, disorganized trustees;
- Lack of between-meeting communication among the board chair and CEO;
- Over-dominance by the board chair, preventing the CEO's issue from appearing on the agenda; and
- Indecisiveness by the board chair and lack of leadership in deciding how to handle the contentious confidentiality issue.

Opportunities for Improvement

Several opportunities are available for improving the board chair's leadership skills. The board chair should aim for productive dialogue, build trustee consensus and ensure a focus on strategic issues. Here's how:

- The board chair clearly should understand his role and expectations. A written job description can establish parameters and define responsibilities.
- The board chair should stress the importance of strategic dialogue during board meetings. The chair should review the agenda to ensure that each item has strategic significance. No report or item should be voted on without board discussion.

The board chair should aim for productive dialogue, build trustee consensus and ensure a focus on strategic issues.

- Put the most urgent and important items first on the agenda. Ensure that the most critical dialogue takes place when trustees' minds are "fresh."
- Use a consent agenda for committee reports.
- Build a sense of board chair/CEO partnership, including strong between-meeting communication and agreement on development of the agenda.
- Become skilled in the dynamics of effective meeting management and leadership, keeping meetings well-organized and tightly constructed.
- Obtain the education and orientation necessary to ensure a smooth flow of involved leadership dialogue, discussion and decision-making.

Better board meetings and effective communication are keys to success for health care trustees. Watch for more strategies for successful board meetings in the next issue of the *Trustee Bulletin*.

Larry Walker is a consultant on effective governance and is president of The Walker Company, 4848 Hastings Drive, Lake Oswego, Ore. He can be reached at 503/534-9461 or by e-mail at lw@walkercompany.com.

Make Plans Now for THT's Summer Forum: Governance – On the Mission Trail

Come enjoy the 45th anniversary of the Texas Healthcare Trustees in one of the state's most historic cities – San Antonio. Don't miss the THT Summer Forum, *Governance – On the Mission Trail*, scheduled Aug. 4-5 at the Hyatt Regency Riverwalk. THT has a proud legacy of service to health care trustees, and celebrating its anniversary in a city so integral to the state's history is appropriate.

One of the most important duties of a trustee is ensuring that the health care organization adheres to and achieves its mission. With an ever-changing regulatory and financial environment, trustees continuously face new governance challenges. THT provides educational programming that is timely and helps you prepare to govern effectively in the face of constant change. In today's health care market, it is more important than ever to understand the unique challenges that face trustees. Join your colleagues on the mission trail, and learn the latest about financial, regulatory and governance-related issues that demand trustees' full attention.

Nationally acclaimed speakers will provide valuable information that you can apply in your hospital. Case studies and opportunities to ask questions ensure that you go home armed with information you can use. Among the topics to be addressed at the two-day forum are:

- Quality/patient safety,
- Important trends/the future of health care,
- Board self-assessment,
- Physician recruitment and retention,
- Medical staff credentialing and relationships, and
- Advocacy and Texas Legislature updates.

After daily forum activities, San Antonio offers a wealth of dining, entertainment and recreational opportunities. Don't miss the annual Silent Auction, always a hit at the summer forum. You will find travel and recreational items, opportunities for get-a-ways and sporting events, plus plenty of memorabilia and gifts to suit every taste.

For more information or to register for the forum, call 512/465-1562 or, in Texas, 800/252-9403, or visit the THT Web site at www.tht.org.



PHOTO CREDIT: SAN ANTONIO CONVENTION & VISITORS BUREAU

Public Hospital Orientation and Refresher Set for August

Sponsored by the Texas Healthcare Trustees and the Texas Organization of Rural & Community Hospitals, the Public Hospital Trustee Orientation and Refresher will be held Aug. 3 in conjunction with the THT Summer Forum in San Antonio.

New hospital trustees and experienced veterans alike will learn about the changing face of health care and the specific requirements of public institutions.

The day-long orientation will cover topics specifically related to public hospital governance, including:

- Understanding hospital finance,
- Spending and investing public funds,
- Protecting against liability, and
- Meeting the requirements of the Texas Open Meetings and Public Information acts.

Public hospital trustees are encouraged to attend this full-day orientation and refresher session. The registration fee is \$125 for THT members and \$175 for non-members, and includes the *Guidebook for Hospital and Health System Governance*. For more information, call 512/465-1562 or, in Texas, 800/252-9403.

New Conflict of Interest Reporting Procedures Affect Trustees

The issues around ethics and conflict of interest recently became even more

challenging for trustees of public hospitals. Passed during the last legislative session, House Bill 914 amends Chapter 176 of the Local Government Code and calls for filing additional disclosure statements regarding certain financial relationships. These requirements affect officers of local government entities, including hospital districts, hospital authorities, and city and county hospitals.

The new requirements are in addition to, and do not replace, existing obligations for disclosure of conflicts of interest. While the recent legislation applies to public hospitals, trustees of non-public boards would be wise to use this opportunity to review existing conflict-of-interest policies, explains Kevin Reed, shareholder with Davis & Wilkerson, P.C. in Austin.

Taxable Income is the Issue

The primary change to the conflict of interest reporting procedures is that board members and other officers of a public hospital must file a disclosure statement with the hospital's board secretary if the officer – or an immediate family member of the officer – has an employment or other business relationship with a vendor that results in the officer or the family member receiving taxable income. Trustees want to keep in mind the following points:

- For the purposes of this law, the “officers” of a public

hospital are the CEO or administrator and the members of the board of directors,

- A “vendor” is any person or entity (or agent) who contracts, or seeks to contract, with the public hospital, and
- A Class C misdemeanor can be charged if the officer knowingly fails to file the disclosure statement within seven days of becoming aware of a potential conflict.

Time to Act

Requirements became effective Jan. 1, so the time for action is now. “Trustees want to review their relationship with any hospital vendors and file the appropriate disclosure statements,” says Jennifer Claymon, J.D., also with Davis & Wilkerson. She continues, “Boards do need to look at relationships with existing vendors, as well as vendors currently pursuing business with the hospital.” The disclosure statement, the Texas Ethics Commission Form CIS, is filed with the records administrator of the health care facility, typically the board secretary.

Who Needs to Know

Any officer of a local governmental entity must file a disclosure statement if that officer or an immediate family member

...continued on page 6

(parent, child, spouse, parent-in-law, child-in-law) has a financial relationship with an entity doing business, or seeking to do business, with the governmental entity. In addition to the board, the requirements apply to the CEO, but not to other employees unless the board opts to make it apply.

Vendors Have Paperwork, Too

Vendors who do business with, or who are pursuing doing business with, the hospital also must file disclosure statements. Regarding vendors, trustees want to know the following:

- Vendors must fill out a Conflict of Interest Questionnaire, or Form CIQ.
- The CIQ and CIS forms are available on the TEC Web site at www.ethics.state.tx.us/whatsnew/conflict_forms.htm, and
- Please note that these forms are filed with the board secretary, not with the Texas Ethics Commission.

“The internal policy of the hospital should determine who asks the vendor to fill out the form,” says Claymon, adding, “It would be appropriate to

provide the vendor with the forms, and to direct them to the person who is going to handle the filings.”

What About Gifts?

An officer also must file the statement if the individual or an immediate family member has received gifts from a vendor with an aggregate value of more than \$250 in the 12 months prior to when the vendor and the entity execute, or consider entering into, a contract. This does not include gifts of food, lodging, transportation or entertainment, but does include the sum of all tangible gifts.

One More Thing

H.B. 914 also requires the records administrator to maintain a list of officers of the hospital district and to make this list available to the public and any potential vendor.

“Boards want to address this issue now, rather than face potential scrutiny by investigation or a negative story in the local press,” encourages Reed.

For more information, please contact Kevin Reed, J.D., or Jennifer Claymon, J.D., at Davis & Wilkerson, P.C., 512/482-0614.

Make a Difference in Advocacy Efforts – Join TNT

The Trustee Network of Texas is looking for new members who are committed to active advocacy efforts. As a member of TNT, you can play a powerful role in the legislative and regulatory processes. You choose your level of involvement. Please accept this invitation to join a select group of your colleagues to advocate for health care in Texas and your community.

For more information about TNT, please call the Texas Healthcare Trustees at 512/465-1562, or, in Texas, 800/252-9304. To join, go to www.tht.org.



Texas Hospitals Participate in Pilot Project to Assess Patients' Perceptions

Quality care is a prime concern for today's health care trustee. As hospital leaders, it is your job to ensure the best quality care for your community. While trustees know the immense amount of work undertaken for quality imperatives, does your community have confidence in the safety of your facility? What is the perception of your hospital by the community's residents and your patients? A pilot project launched by the Centers for Medicare and Medicaid aims to answer that very question.

As part of the Hospital Quality Initiative, the Centers for Medicare and Medicaid Services has developed a new survey that allows consumers to report on hospitals' care in a standardized format. CMS already has initiated its Hospital Compare Web site that reports clinical quality data to the public. The Hospitals Consumer Assessment of Health Providers and Systems survey will report further on hospital quality, but from the perspective of former patients. The survey contains 27 items covering seven domains of care to assess patients' perspectives, an overall rating of the quality of hospital care and whether the patient would recommend the hospital to others.

Two hospitals in Texas – Scott and White Memorial Hospital in Temple and Wise Regional Health System in Decatur – are among 50 hospitals randomly selected across the country to launch the first “mode” test.

“While many hospitals collect information on patient satisfaction and quality, HCAHPS is designed as the first national survey to collect uniform



patient feedback on hospitals' care,” says Starr West, the Texas Hospital Association's director of policy analysis. “This is very exciting because it is the first time information is being reported on quality from a patient perspective with a standardized survey and data collection methodology. This standard measurement approach will allow an ‘apples to apples’ comparison so that consumers can make choices based on specific data and valid comparisons across hospitals,” she adds.

West suggests that consumers might relate more easily to ratings of patients' perspectives on hospitals' care than to recently published ratings that focus on clinical procedures and outcomes. “This kind of patient-driven reporting is very new, but potential patients want to

know what fellow patients think of the care they have received,” West says. “Hospitals will benefit from uniform comparisons and can use the collected data for improvement.”

Participation will be voluntary, and results will be reported to the public on the Hospital Compare Web site later this year. According to CMS, public reporting of the HCAHPS results is intended to support consumer choice, encourage provider accountability and create patient perspective-driven hospital performance incentives.

CMS has completed the HCAHPS survey document and is conducting a “mode” test. Scott

...continued on page 8

...continued from page 7

and White and Wise Regional are participating in the mode test. In the test, a survey has been sent to recently discharged patients. The National Opinion Research Center will collect the patient sample information for CMS with the experiment expected to run for approximately two months.

The survey is composed of 27 items; 18 of these encompass critical aspects of the hospital including:

- Communication with doctors,
- Communication with nurses,
- Responsiveness of hospital staff,
- Cleanliness,
- Quietness of the hospital,
- Pain control,
- Communication about medicines, and
- Discharge information.

Today's consumers now are asking more questions than ever about quality and costs. Trustees should be aware that consumers increasingly will look for standardized data to guide them in health care decision-making.

According to CMS information, three broad goals shaped the new survey. First, the survey is designed to produce comparable data on the patient's perspective of care. This information will allow for objective and meaningful comparisons among hospitals on topics that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Lastly, public reporting enhances public accountability in health care.

Quick Facts about HCAHPS

- HCAHPS will result in the first truly national, standardized, publicly reported benchmark of hospital patients' perspectives of their care.
- Participation in HCAHPS is voluntary; no financial incentives or disincentives are tied to the survey.
- All short-term, acute-care, non-specialty hospitals are invited to participate.
- Hospitals may use an approved survey vendor, or collect their own HCAHPS data.
- Hospitals may either integrate the HCAHPS items within their own patient satisfaction survey, or implement HCAHPS as a separate survey.
- The survey can be conducted by mail, telephone, mail with telephone follow-up or interactive voice response. CMS will adjust the results prior to public reporting for mode of administration and patient-mix effects.
- Hospitals will survey a random sample of their discharges who were ages 18 and older at admission, had an overnight stay and had a non-psychiatric diagnosis.
- Hospitals should survey patients on a monthly basis and submit data to CMS on a monthly or quarterly basis.
- Hospitals are asked to provide 300 completed surveys per year; for smaller hospitals, as few as 100 completed surveys are needed for public reporting.
- Hospitals will own their raw HCAHPS data and are free to analyze it as they wish.
- Hospitals may preview their HCAHPS results prior to public reporting.

**For general information about HCAHPS, please visit the following Web sites:
www.cms.hhs.gov/hospitalqualityinits/30_hospitalsHCAHPS.asp or www.ahrq.ov.
For training information, go to www.hcahponline.org.**

Bayside Community Hospital and Clinic Recognized for Excellence in Governance

In the past year, Bayside Community Hospital and Clinic in Anahuac certainly has demonstrated the ability to handle pressure. The rural facility was one of the few coastal hospitals to remain open during Hurricane Rita and also successfully treated the steady stream of evacuees who came to Anahuac after Hurricane Katrina. In the midst of daily operations plus these extended ordeals, Bayside has shown another commitment – to excellence in governance.

Bayside was recognized for excellence in hospital governance by the Texas Academy of Governance during the 2006 THT Spring Forum in Dallas. Bill Beazley, THT Foundation president, presented the award to Bayside Administrator Robert Pascasio, CHE, and the hospital's board of trustees. The hospital also was honored April 25 in Anahuac before its regularly scheduled board meeting.

"I'm blessed to be working with an exceptionally talented group of board members," says Pascasio. "This award honors a collective group for its extreme hard work and dedication to the delivery of quality healthy care."

The award recognizes hospitals and health systems that achieve knowledge and skills in governance and strive to keep that knowledge current through education and the practice of effective governance.

Bayside is the first Critical Access Hospital to achieve this distinction from the Texas Academy of Governance. Additionally, all of the members of its board of trustees have achieved individual recognition from the Texas Academy of Governance. Bayside is one of only four

hospitals in Texas to have had all its board members reach this level of accomplishment.

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

In addition to the Texas Academy of Governance honors, Bayside saw its CEO, Pascasio, receive the 2005 Pioneer Award for excellence in rural health care leadership from the Texas Hospital Association's Rural Hospital Constituency Section.



Before its April board meeting, Bayside Community Hospital and Clinic received the Excellence in Hospital Governance award from the Texas Healthcare Trustees Foundation's Academy of Governance. Shown with the award are: (from left) Leonidas Andres, M.D. chief of staff; Board Members Tommy Willcox and Herbert Beazley; THT President/CEO Mary Walker; Board Chair Faye Trant; Board Member Marian Whitley and THT past chairman and Chief Medical Officer of Memorial Hermann Healthcare System, John Zerwas, M.D.

Texas Governance: People and Places



C.W. Hetherly

Hospital/Health System:

St. David's HealthCare System, Austin

Occupation: C.W. Hetherly, a retired home builder and real estate investor, is vice president of Austin Tree Farm Inc.

Length of service: Currently chair of St. David's HealthCare System board, Hetherly has served for 22 years. Additionally, he is the current chair of the Board of Governors for St. David's HealthCare Partnership.

Facility description: Five hospitals, located in Austin, Round Rock and Georgetown, comprise St. David's HealthCare System. All the hospitals provide 24-hour emergency care, and combined, serve more than 200,000 patients per year. They are licensed for more than 1,000 beds and employ more than 5,000 people. St. David's provided approximately \$160 million in uncompensated care last year.

Board involvement: "Initially, I served on the board for St. David's Foundation. After a couple of years, I was asked to serve on the hospital board."

Most satisfying: "I find it deeply gratifying that we have invested more than \$450 million improving our hospitals since the partnership was founded.

"With more than 500 guests in attendance at our recent award banquet, I watched people receive recognition for five, 10, even 35 years of service to our community and Central Texas. They were proud – and I was even prouder."

Introduction to public service:

No stranger to board service, Hetherly has served on the City of Austin Planning Commission, the City of Austin Electric Utility Commission and numerous charity, business and civic boards.

Most challenging: "Times were changing for the hospital, due to cuts by Medicare/Medicaid and by insurance companies. After months of interviews and a lot of soul searching, we chose to partner with Hospital Corporation of America, or HCA.

"There were no guidelines for us to follow because no other not-for-profit had joined a for-profit system as an equal partner, and retained its mission and goals. We spent a number of years in legal battles to keep our 501(c)(3) status, but we prevailed. We have our differences from time to time, but we have a partnership agreement that works."

Biggest surprise: "I've served on many boards and none compare. This board is a working board; if you are not willing or able to give the time and energy it takes to serve, don't sign up."

Proudest moment: "The greatest reward for my time spent is having people thank me for the treatment they received in one of our facilities. I love talking with appreciative young couples who just brought a miracle into the world, and also hearing about staff going the extra mile to accommodate our patients."

Valuable lesson: "As they say about Texas weather, 'If you don't like it, just wait a minute and it will change.' The same thing holds true for board service."

Advice for new trustees:

"Never forget you're here to serve your community to the best of your ability."

Hometown: Born and raised in Lampasas, Hetherly has lived in Austin for 50 years.

Family: With his wife, Wanda, Hetherly has two married sons, Mark and Mike, and four incredible grandchildren, Kristen, Blake, Jake and Brandon.

Hobbies: "I like to fish, but I guess maybe my main hobby is St. David's HealthCare."



Carlton D. Jones, J.D.

Hospital: CHRISTUS St. Michael Rehabilitation Hospital, Texarkana

Occupation: Carlton D. Jones is an attorney with the Office of the Prosecuting Attorney, 8th Judicial District South, State of Arkansas.

Length of service: Jones has served on St. Michael's board for eight years and currently serves as its vice president.

Facility description: CHRISTUS St. Michael Rehabilitation Hospital is a stand-alone facility located in Texarkana. The facility is an 80-bed unit that provides a range of rehabilitation services for a four-state area on a campus that also houses the CHRISTUS St. Michael Healthcare Center. The rehabilitation hospital has a thriving day/outpatient rehabilitation program and also houses the sleep lab and wound care center.

Board involvement: "I was recruited by then-hospital CEO Chris Karam. Now, Karam is CEO for the CHRISTUS system in Texarkana."

Most satisfying: "I find the promise of the future to be very satisfying. As trustees, we are confronted with an ever-evolving method of the delivery of health care services and the accompanying challenge of how to make those services accessible to the clientele who are most in need. The board provides guidance to the executive officers and staff in how we can best meet these challenges. Together, we work to move the hospital in a direction that best serves the community. It is most gratifying when we make progress with these issues."

Introduction to public service: "I was introduced to the concept of public service by my parents. It always has been their belief that one should do as much as possible to improve the condition of the community. Serving on the board of the hospital is merely an extension of that belief."

Biggest challenge: "Adapting to the new payment models propounded by Medicaid/Medicare has been our biggest challenge. This circumstance has caused our board to become proactive in its approach to the delivery of services to the community while maintaining the facility's financial viability. This has led to the board's approving changes in services as well as staffing concerns. More importantly, this has focused our attention on making CHRISTUS St. Michael the brand of choice in the community."

Biggest surprise: "I've been surprised by the level and degree of federal regulation to which hospitals are subjected. Hospitals are governed by layers of regulation that are at best described as convoluted."

Proudest moment: Jones was honored by the Texas Academy of Governance for Excellence in Governance. "I appreciate being recognized by Texas Healthcare Trustees for the training and expertise I have gained since becoming a board member."

Valuable lesson: "Educating myself about the trends of the future of health care in this community has assisted me in becoming a better board member."

Advice for new trustees: "Listen and learn. Don't be afraid to ask questions."

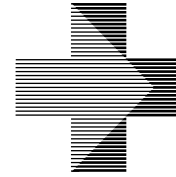
Hometown: Jones was born in Texarkana, Ark., where he lives today.

Family: Jones and his wife, Beverly, have two children – Bianca, 11, and Cory, three.

Hobbies: Jones enjoys reading, fishing, cycling and traveling.

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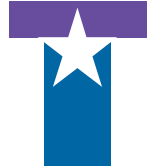
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