

# TEXAS HEALTHCARE TRUSTEES Trustee *Bulletin*

## Trustees Win with Clear Expectations

**P**icture the football game where every player on the team has a personalized game plan – different from that of the other players. That same ineffective scenario can be played out in the boardroom if trustees are not crystal clear on the expectations of their position.

Board members come from a variety of experiences. They bring different expectations of what a good board member is supposed to do. What's more, boards are not cookie cutter copies of each other. School boards, church boards, corporate boards and hospital boards share some commonalities but are different in important ways. That is why each board must define its particular responsibilities and expectations so that all trustees understand them.

"Without a clear and common understanding of their role, boards may become too active, or too passive, either meddling in operations and things management should be doing, or conversely, not taking a significant enough role in oversight, planning and decision making," says Barry S. Bader, governance consultant and principal with Bader and Associates, Potomac, Md.



What should go into a good position description for board members? Bader recommends beginning by defining the board's fiduciary responsibilities. The job description should emphasize the roles of a board that differentiate it from management. Next come the board's specific responsibilities in such areas as finances, planning, quality and credentialing. Finally, a section Bader says often is left out, is a statement of the expectations of individual trustees. "Boards need a code of conduct that lays down expectations for participation at board and committee meetings, communicating with the public and handling conflicts of interest and

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## Trustee *Bulletin*

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

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confidential information,” Bader explains. “Everyone benefits when the rules of the game are clear.”

If your board is implementing position descriptions or performance expectations for the first time, the wrong approach would be to adopt a boilerplate without discussion and customization, advises Bader. Use the following examples as a beginning from which to tailor the statements for your board. A good time to do this might be as part of a board

self-evaluation and improvement retreat. “These guidelines are an important building block of effective governance, and fine-tuning them to best suit your organization provides every member of the board with a clear cut understanding, a shared game plan, of what is expected,” Bader says.

The following examples are reprinted with permission from Bader’s Web site, [www.greatboards.org](http://www.greatboards.org).

For more information, please contact: Barry S. Bader, principal for Bader and Associates, 301/340-0903, [bbader@greatboards.org](mailto:bbader@greatboards.org). Additional resources are available at [www.greatboards.org](http://www.greatboards.org).

## Position Description: Hospital or Health System Board

### Legal Duties:

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- **Obedience** – to the charitable purpose of the organization, a duty that should be demonstrable in all the board’s decisions.
- **Loyalty** – to act based on the best interests of the organization and the wider community it serves, not the narrow interests of an individual or stakeholder group.
- **Due Care** – to be diligent in carrying out the work of the board by preparing for meetings, attending faithfully, participating in discussions, asking questions, making sound and independent business judgments, and seeking independent opinions when necessary.

### Roles

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- Establish the ends and goals of the organization.
- Make policies and decisions to support those ends.
- Oversee performance and exercise accountability for results.
- Build relationships with the organization’s key stakeholders.

### Responsibilities of the Board

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- **Provide for excellent management** – Select, support, advise and evaluate the chief executive officer.
- **Establish executive compensation** – Establish a compensation program for senior management and approve annual compensation for the chief executive officer.
- **Establish policies** – Approve and periodically review major policies affecting the organization and the operation of the board.
- **Approve strategic direction and monitor performance** – Approve a mission, vision and strategic direction for the hospital/health system; approve a strategic

plan; review and approve major transactions and significant new programs and services; and monitor organizational performance against goals.

- **Ensure financial viability** – Approve financial goals; approve a long-range financial plan and annual, operating and capital budgets; approve investment policies; monitor financial performance and investment performance against goals; and oversee the audit process.
- **Ensure clinical quality, patient safety and customer service excellence compared to external benchmarks** – Approve quantitative goals and monitor performance. Approve annual plans for performance improvement and patient safety; and monitor indicators of clinical outcomes, patient safety, quality of service and community benefit/mission effectiveness.
- **Ensure quality of medical staff** – Approve medical staff bylaws and oversee the process for appointment and reappointment of members of the medical staff and

delineation of clinical privileges. Review and approve appointments, reappointments and clinical privileges for individual practitioners, based on fully documented medical staff recommendations.

- **Monitor subsidiary performance** – Monitor the performance of subsidiary organizations and ensure they are aligned with the health system’s mission, vision and values, and are meeting their performance goals.
- **Build relationships** – Build relationships and support the organization’s policies with key stakeholders, political leaders and donors.
- **Ensure compliance** – Establish and oversee programs to ensure that the organization fulfills legal, regulatory and accreditation requirements.
- **Ensure board effectiveness** – Select members of the board and ensure the effectiveness of board governance through regular self-assessment and improvement.

#### Performance Expectations for Individual Board Members

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- **Accountability** – A board member ultimately is accountable to act in the best interests of the community as a whole and the mission of the organization. The trustee carries out the responsibilities in recognition of a fiduciary responsibility and does not represent the interests of any constituency or individual.
- **Exercise of authority** – A trustee carries out the powers of the office only when acting as a voting member during a duly constituted meeting of the board or one of its appointed bodies. A board member respects the responsibilities delegated by the board to the CEO, management and the medical staff, avoiding interference with their duties but insisting upon accountability and reporting mechanisms for assessing performance.
- **Chain of command** – If a member of the community or medical staff brings a specific issue, concern or complaint to a member of the board, the board member should handle it through appropriate channels. In general, complaints and concerns about hospital operations or medical staff issues should be directed to the CEO. Unresolved matters should be brought to the board, or to a board committee, only after consultation with the CEO and after other avenues for resolution have been attempted.
- **Attendance** – The board member attends all board meetings, assigned committee meetings and board retreats.
- **Participation** – The board member comes to meetings prepared, asks informed questions and makes a positive contribution to discussions. The board member treats others with trust and respect.
- **Confidentiality** – The board member does not disclose proprietary, sensitive or personnel-related information.
- **Public support** – The board member explains and supports the decisions and policies of the board in discussions with outsiders, even if the board member voiced other views during a board discussion.
- **Conflict of interest** – The board member avoids conflicts of interest and fully complies with the board’s conflict of interest policy and other policies on individual conduct.
- **Education** – The board member takes advantage of opportunities to be educated and informed about the board, the organization and the health care field.
- **Self-evaluation** – The board member participates in the self-evaluation of the board and individual members.

# Dear Ethics Expert

In the wake of Enron, WorldCom and even Martha Stewart, America's corporate ethical standards have taken a well-deserved hit. While hospitals are not standard business organizations and face different issues than other operations, they nevertheless confront ethical dilemmas every day.

That's why the Texas Healthcare Trustees has begun this regular column on ethics. In every issue of the *Trustee Bulletin*, trustees have an opportunity to get their questions answered by Fletcher Brown, shareholder with Wilkerson and Davis, P.C. of Austin. Brown is a health care governance expert and a frequent speaker at THT Forums.



Brown

To receive an answer to your ethics question, please e-mail the question to THT President and Chief Executive Officer Mary Walker at [mwalker@tha.org](mailto:mwalker@tha.org). Answers will appear in subsequent issues of the *Trustee Bulletin*.

According to ethics expert Emily Friedman, "Admittedly, ethics can have some murky areas, but health care leaders must expect more and set the bar continually higher strengthening organizations and employees."

## Question:

**Q.** *Our hospital board is considering awarding a contract to provide the hospital with new administrative and lobby furniture. One of our board members owns an office supply business, which specializes in providing office furniture. This board member has requested that his company be allowed to bid for providing the new furniture. This board member is a very likeable person and has always strongly supported the hospital. Should the board member be allowed to bid for the furniture?*

**A.** This is a classic conflict of interest situation. As a board member, the office supply owner has a duty of loyalty to the hospital. That duty is to act exclusively in the best interest of the hospital. It is virtually impossible to fulfill that duty and be a vendor to the hospital at the same time.

Here's why. Several reasons dictate why a board member should refrain from bidding for the furniture supply contract. First and foremost is the lack of accountability that will be present in such an arrangement. For example, if there are problems in the pricing, delivery or performance of the furniture, the hospital's administrator would be placed in a very difficult situation. Because the administrator is hired by and reports to the board, there may be difficulty asserting any rights of the hospital if there are problems with the furniture. In other words, the administrator cannot fully assert the interests of the hospital and this would not be the case if the vendor had been independent from the board.

Additionally, there are potential violations of federal or state conflict of interest statutes. The correct ethical position is for the board member not to bid on the furniture.

# 2004 Spring Forum Set for March

## Destination: Greater Governance

Hospitals and health systems must learn some very important lessons in today's tumultuous market. Facing challenges from all directions – such as reimbursement issues, quality initiatives and regulatory changes – trustees who are armed with information and knowledge can make their facilities thrive.

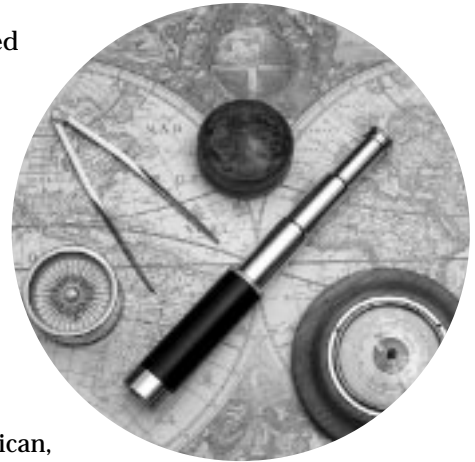
Take a short trip to learn important lessons at the Texas Healthcare Trustees Spring Forum March 5-6 at the Woodlands Waterway Marriott outside of Houston. A must-attend event for trustees, the forum will focus on trustee leadership, workforce, quality and other important governance issues.

Mark your calendars now for this informative two-day forum, which will feature top-notch speakers and valuable sessions. After daily forum activities, Houston offers a wealth of dining, entertainment and recreational opportunities.

The Woodlands is located in northwest Houston and known for its fine restaurants and shopping set in a picturesque greenbelt area.

THT Spring Forum is cosponsored by the Texas Organization of Rural and Community Hospitals and the American, Arkansas, Louisiana and Oklahoma Hospital associations.

The THT Summer Forum promises 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.



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

Kevin Reed, Fletcher Brown and Larry Walker, well-known authorities on governance, and Tom Watson, a health care finance expert, will be the featured speakers March 4 at the orientation and refresher session preceding the Texas Healthcare Trustees Forum.

New and veteran trustees alike are encouraged to attend this full-day event to gain insights from these thought-provoking speakers. From finance and liability to quality and credentialing issues, Reed, Brown, Walker 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 day-long event is \$125 for members of THT and the Arkansas, Louisiana and Oklahoma Hospital associations and \$175 for nonmembers. 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.

# Is There a New Incentive for Quality Improvement?

“Hospitals have always had a fundamental commitment to quality,” says Starr West, director of health care quality for the Texas Hospital Association. “In fact, hospitals, physicians, professional staff and health care associations have long sought ways to ensure that quality care is delivered to each patient as efficiently and compassionately as possible.”

Despite the myriad of efforts by health care providers, medical errors do occur and have been widely publicized, particularly in the last few years. The Institute of Medicine’s reports, “To Err is Human” and “Crossing the Quality Chasm,” focused national attention on these issues and called for significant changes in the nation’s health care delivery system to help reduce the incidence of errors.

Though there are no simple answers, a number of methods have been employed to raise quality. These include: practice guidelines, disease management and decision support systems.

## Payment for Performance

Now, there is a new effort gaining momentum to improve quality in our nation’s hospitals – linking payment to performance. According to the American Hospital Association, public and private purchasers recently have been exploring linking payment to performance as another way of improving quality.

AHA’s publication, “*TrendWatch*,” reports in its September 2003 edition that “Today, those who purchase health care pay mainly for units of health services (e.g., a hospital stay, a physician visit, a lab test) or a specific amount per person per month (capitation). Providers generally are paid the same regardless of quality of care. The movement toward paying for performance involves setting performance expectations, measuring performance and rewarding results through both financial and other incentive systems.”

Already, some health plans, including Aetna, California’s PacifiCare Health Systems, several Blue Cross/Blue Shield plans and others, are offering financial incentives to physicians and hospitals that meet specified performance levels. Examples of nonfinancial rewards include a high rating on a publicly disclosed report card or the elimination of referral or prior authorization requirements for providers meeting quality targets.

## Plans Launch Across the Country, Including Texas

Hartford, Conn., giant Aetna will steer patients to specialists meeting certain standards of care under a new program called Aexcel. The insurer will launch the tiered physician network in Dallas/Fort Worth, North Florida and the Seattle area by January 2004, and expand the concept into additional markets over the next two years. Aexcel will

consist of doctors in six specialties that account for a large share of health care spending – cardiology, cardiothoracic surgery, gastroenterology, general surgery, obstetrics/gynecology and orthopedics. Participating doctors were chosen based on cost-efficiency, outcomes, number of procedures and rate of adverse events. Members will get incentives, typically lower copayments, to visits specialist in the network.

PacifiCare, a large health plan based in California, is part of the integrated Healthcare Association’s Pay for Performance Initiative. Five years ago, the company began publishing a quality index report card for physicians. Measures include breast and cervical cancer screening, childhood immunizations, and diabetes and health disease management. According to these measures, physician performance has improved every year. PacifiCare claims that its members have been using the report card to choose better performing medical groups. Yet, the company believes that increased market share is not enough incentive. In 2002, PacifiCare launched its Quality Incentive Program, which in its first year paid financial bonuses from a \$14 million pool – in the form of increased capitation payments – to 124 California medical groups that improved their performance.

**Medicare Incentives to Hospitals**  
In July, the U.S. Health and Human Services Department launched a new Medicare demonstration program that uses financial incentives to encourage hospitals to provide high quality inpatient care. The demonstration involves Premier, Inc., a nationwide organization of not-for-profit hospitals, and rewards participating hospitals that provide high quality care by increasing their payment for Medicare patients. Participating hospitals, including a number in Texas, will report quality data that the Centers for Medicare and Medicaid Services will use to determine high performing hospitals.

Under the demonstration, a hospital can receive bonuses based on quality measures selected for inpatients with specific clinical conditions, including:

- Heart attack,
- Heart failure,
- Pneumonia,
- Coronary artery bypass graft, and
- Hip and knee replacements.

Measures include prescription of aspirin for heart attack and bypass graft patients and timely administration of antibiotics for pneumonia patients, which are commonly accepted as relevant to improved outcomes.

Medicare will pay bonuses totaling \$7 million per year for a total of \$21 million during the three-year demonstration. Approximately 300 of Premier's 1,500 hospitals are participating in the demonstration.

West, THA's health care quality director, reports that though the quality issue is challenging and increasingly complex, it is crucial that stakeholders – providers, payers and consumers – work together to reach measurable goals. The concept of pay-for-performance offers a new model for rewarding performance.

## Are Imaging Techs Getting the Respect They Deserve?

**A**re radiological technologists and other diagnostic imaging professionals at your hospital treated with the respect they deserve?

This has become an important question for trustees, because imaging is now at the heart of most hospital services, from the emergency room to the operating room, from the maternity ward to the cancer center. Imaging modalities such as X-ray, computerized axial tomography, magnetic resonance imaging, ultrasound, mammography, position emission tomography and nuclear medicine now are a vital part of the continuum of care. David Tubman, a prominent interventional neuroradiologist at Abbott Northwestern Hospital in Minnesota

summarized this trend in a recent interview with the Minneapolis Star Tribune. He said, "In the United States there is a strong expectation that we supply only the best in medical care. Today, the best is imaging. You can't do anything without it."

It is little wonder that hospital use of MRI and CT has grown 7.5 percent per year since 1996 and that demand for imaging services is expected to increase 67 percent in the next five years.

Imaging not only enhances quality of care, but it also is essential to the bottom line. According to a survey by U.S. Radiology Partners in Dallas, 96 percent of hospital imaging departments were profitable in 2002. Often, profits from the imaging department offset losses from other departments.

Hospitals are, in large part, dependent on diagnostic imaging for quality of care and for revenue. This in turn means they are dependent on the technologists who are trained to operate diagnostic imaging machines. Though it is radiologists who interpret all of these images, there would be no images to interpret without technologists to take the hundreds of millions of X-rays, CTs, MRIs, PETs, mammograms and ultrasounds that are generated every year.

Many hospitals are aware of the value technologists bring and treat them accordingly, but this is not always the case. In some instances, they are overlooked, as nurses often were before the current nurse shortage. The following letter written by a technologist illustrates how neglect can affect staff morale:



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“I have been a CT technologist for 16 years at a prestigious medical institution. In the last 10 years, we have had 100 percent turnover in every section of radiology. This is primarily due to the institution administrator’s constant reminder that we are not employees, but numbers, and that we are replaceable. There is no recognition of our dedication and hard work. Rarely do we get a ‘thank you’ or ‘good job’ for working through lunch.”

This lack of consideration may be based on the fact that imaging professionals, like nurses, do not generate revenue directly. But that does not mean they are not of significant financial value. Based on aggregate reimbursement rates and on a moderately busy patient load, consider the average annual gross charges generated per one full-time technologist in the following imaging modalities:

<b>MODALITY ANNUAL GROSS CHARGES</b>	
Radiological technologist	\$ 750,000
Ultrasound sonographer	\$1,100,000
Nuclear medicine technologist	\$1,800,000

The financial ramifications do not end there, however. If specialists are not satisfied that their patients are getting prompt, courteous and professional treatment when they are referred to a hospital’s imaging department, they will send their patients elsewhere. The loss of revenue when physicians defect can reach into the millions of dollars per physician per year. Some technologists only earn \$20 an hour, but hospitals that overlook them for that reason are not looking at a much bigger picture.

While technologists have a major, though often under-appreciated, impact on the bottom line, they also have a major role to play in the arenas of patient satisfaction and public perception. Due to the increased use of imaging, technologists are just as much the “face” of the hospital today as are nurses. They are ambassadors of good will, or of bad will, as the case may be.

How else are technologists like nurses? There are not enough of them. According to the 2001 American Hospital Association Special Work Force Survey, hospital vacancy rates for radiological technologists are 18 percent, compared to 11 percent for RNs. As bad as the nurse shortage may be, the technologist shortage is just as bad or even worse – it just has not hit the headlines yet.

Because finding technologists is becoming increasingly difficult, keeping the ones you have is more important. But many technologists, fed up with poor working conditions, are opting to work as travelers. Hospitals are becoming dependent on traveling technologists and are paying more to staff them, which is precisely what happened in nursing.

Trustees should help ensure that their hospitals are attractive places for technologists to work. Progressive hospitals have taken a number of steps to enhance the quality of the work environment for nurses, including:

- Higher salaries,
- A greater attempt to create more flexible schedules,
- Greater input into patient care,
- Cross training, and
- A higher level of respect and consideration.

Imaging professionals deserve no less.

Brad A. Palmer is vice president of Allied Consulting, an allied health care staffing firm based in Irving, and an endorsed HealthShare/THA vendor. Palmer can be reached at [bpalmer@mhagroup.com](mailto:bpalmer@mhagroup.com).

# Baylor Hospital Recognized for Excellence in Governance



**B**aylor Jack and Jane Hamilton Heart and Vascular Hospital recently received an award for excellence in hospital governance from the Texas Healthcare Trustees Foundation's Texas Academy of Governance. Just 18 months old, Baylor Hamilton Heart and Vascular Hospital is the youngest hospital ever to be recognized by the Academy.

Teri Brooks, Texas Academy of Governance director, presented the Excellence in Hospital Governance award to Michael Taylor, president, and Donald H. Wills, board chair, during the hospital board's Oct. 16 meeting. Bill Aston, immediate past chair of THT, assisted in the presentation.

The award honors hospitals and health systems for best practices in governance based on community stewardship, leadership, collaboration, vision, commitment, service and effective governance.

"I am pleased to work in partnership with a board whose leadership and passion for excellence inspires Baylor Hamilton Heart and Vascular Hospital to achieve the best practices that enable us to provide a high quality continuum of care for all of our patients," says Taylor. "It is also exciting for the newest hospital on the Dallas campus to be honored following similar recognition that our flagship hospital recently received."

Wills is chair of the 18-member Baylor Hamilton Heart and Vascular Hospital Board of Managers. Also serving are Bob Anderson, Bill Aston, Azam Anwar, M.D., Gary Brock, John

Brooks, M.D., Rizwan Bukhari, M.D., Christopher Dunleavy, Cara East, M.D., Dennis Gable, M.D., Stephen Johnston, M.D., Dighton Packard, M.D., Bob Parks, M.D., Tim Parris, John Schumacher, M.D., Parker Templeton, Nancy Vish and Kevin Wheelan, M.D.

The Texas Academy of Governance is a statewide initiative designed to encourage, recognize and reward best standards of health care governance throughout the state. To be considered for the award, hospitals and health systems must demonstrate commitment to standards set by the Texas Academy of Governance.



Holding the Excellence in Hospital Governance award from the Texas Academy of Governance are Donald Wills, board chairman Baylor Jack and Jane Hamilton Heart and Vascular Hospital and Teri Brooks, director of the Texas Academy of Governance. Hospital President Michael Taylor (left) and board member Bill Aston (right) took part in the presentation during the hospital's October board meeting in Dallas.

# Texas Governance: People and Places



Katherine Smith Boswell

**Hospital/Health System:** Palo Pinto General Hospital, Mineral Wells

**Occupation:** Katherine Smith Boswell has served as dean of health and human sciences for Weatherford College since 1998.

**Length of service:** President for two years, Boswell joined the board in 1992. She previously served as vice president and secretary/treasurer. Boswell has served as a member and/or chair of numerous committees, including physician recruitment, quality management, building finance and community development.

**Facility description:** Licensed for 99 beds, Palo Pinto General Hospital serves a four-county area and “is the largest health care facility between Fort Worth and Abilene.”

**Board involvement:** “Although I moved away after college to pursue my nursing career, I eventually moved back home to Mineral Wells. I always have had a vested interest in Palo Pinto because it is my hometown hospital. With health care changes on the horizon, I felt an RN was needed on the board to contribute health care expertise.”

**Most satisfying:** “I love the challenges of health care; it’s an

exciting industry to be involved with. I work with such a wonderful board, with each of the members bringing complementary talents and skills.”

**Introduction to public service:** “Volunteerism always has been strong in my family. I began volunteering with the Red Cross when I was 14 years old, and have been involved every year since.” Since 1976, Boswell has served on the board for American Red Cross, and served as a volunteer instructor for swimming and CPR/ First Aid.

**Most challenging:** “We had to get our taxes back up when the Balanced Budget Act of 1997 hit. We faced tremendous challenges, but we met them. It’s inspiring to sit on our board and see what the employees and the administration have done. With our CEO, Pat Dorris, at the helm, the employees rounded the wagons and developed teams to turn the hospital around. From nursing to the business office to the physicians, everyone worked diligently to get the hospital back in line both financially and with quality indicators. It’s awesome how they rallied. We also had lots of community support. We can be proud of this as a board, but the success lies with those in the trenches, the ones doing the work.”

**Biggest surprise:** “Even though the people are good, there have been some dark times. What’s surprised me is the relationship that has developed between the medical staff and the board. At times, we felt like it was ‘us’ against ‘them.’ But we’ve moved into a positive relationship with a great appreciation for each other.”

**Proudest moment:** “We could have buckled under the challenges when the BBA came out, but we were able to maintain our hospital. In fact, we’re still independently owned. Together, we were able to turn it around.

“In addition to our current expansion project, I’m also very proud of our new screening and health care ‘Bridge to Health’ bus. I believe it’s the first bus in Texas to obtain a rural health designation. We passed the Texas Department of Health inspection without a single recommendation.”

**Valuable lesson:** “It’s critical for a hospital trustee to study. We established an education committee, which implements new board member orientation by an experienced trustee that follows a prescriptive, defined process. We require every board member to attend orientation, and a minimum of one trustee program per year, preferably two. Following every board meeting, we review the *Trustee Bulletin* and other trustee journals to select one article to discuss at our next meeting. These scholarly discussions help us to compare how we’re doing with other hospitals, and see how we can improve.”

**Advice for new trustee:** “Come with an open mind, not an agenda. Accept the education provided and learn the industry. It takes a year or two to understand all aspects, even with studying. Health care is so critical and service on the board is wonderful. I recommend it!”

**Family:** Together with her husband, David, Boswell has two sons and one daughter.

**Hobbies:** Along with her daughter, Boswell teaches an aerobics class one night per week. She enjoys riding horses, swimming, reading and working outdoors. Proud owner of her own collection of power tools, she builds fences, barns, furniture and currently is remodeling the family home.



Melvin Woody

**Hospital/Health System:** Campbell Health System, Weatherford

**Occupation:** Melvin Woody has been retired for four and one-half years after spending 13 years with the General Services Administration in Fort Worth. He also is retired from 16 years in government service, which includes three years with the U.S. Army. Additionally, Woody worked 21 years as a banker in Weatherford.

**Length of service:** Elected to the hospital board in May 1994, Woody has held the position of secretary for the past four years. Currently chairman of the finance committee, he has served on this committee every year since joining the board of directors. Additionally, Woody is a member of the advisory board for the Rural Health Clinic, the Home Health Agency and the Ethics Committee.

**Trustee honor:** Woody has been recognized by the THT Foundation's Texas Academy of Governance for excellence in governance. He was one of the first honorees of the new award that recognizes best practices and standards in health care governance.

**Facility description:** Campbell Hospital is Joint Commission accredited and licensed for 99 beds. The hospital provides Level IV

emergency room care, a maternal/newborn wing and five new operating suites. The facility also offers patients such services as laboratory, pharmacy, physical therapy, pain management, computerized axial tomography scan, magnetic resonance imaging, cardiac rehab, oncology and a hospitalist program.

**Board involvement:** "I was invited to run for the office and, without an opponent, I was elected.

I am dedicated to helping the people of our county get wonderful health care locally, and I find it very satisfying to do so."

**Introduction to public service:** "During my years in banking, I was able to serve on the board of directors for the Weatherford Chamber of Commerce. I was honored to serve as drive chairman and president of the United Way, as well as chairman of the Red Cross. I have enjoyed serving as treasurer of the Livestock Show for 10 years, and as president and treasurer for the Noon Lions Club and a 4-H leader for 15 years. Additionally, I held the position of treasurer for two churches for 12 years."

**Most challenging:** "The most challenging thing to come before the board was the question of whether or not to get a management company to manage the hospital, or to continue to have a stand-alone administrator. Four board members made a trip to Austin and talked with Mary Walker and her fellow workers at Texas Healthcare Trustees, and they gave us some choices to consider. One option was to bring in a management company, and that is the route we took. Quorum Health Resources has provided day-to-day management for the health system for the past eight years. I believe that we made the correct choice."

**Biggest surprise:** "The biggest surprise so far has been the high cost of equipment for the hospital. It seems that everything we purchase costs at least \$5,000."

**Proudest moment:** "The proudest moment for me is repeated every time we are able to build something new for the hospital."

**Valuable lesson:** "I have learned that an organization like ours moves very slowly with decisions. Most of the time, that is wise and works best in the long run. Many times things come before the board, and in the end, it takes a year before we see the results."

**Hometown:** Woody has lived in the Weatherford area all his life, and has direct ties to the history of the region. His community, Veal Station, was established in the 1850s as a stagecoach stop on the way to Jacksboro. Woody's ancestors were the first permanent settlers in the area, which was semi-wilderness at the time. Woody's great-grandfather is believed to be the first baby boy born in Parker County.

**Family:** Woody and his wife of 45 years, Sheila, have three daughters, Kim, Genine and Shannon, and one son, Joe. Shannon is expecting a baby in December, making Woody and his wife proud grandparents for the sixth time.

**Hobbies:** When Woody isn't performing his board responsibilities, he devotes his time to ranching. Sheila and daughter Kim also enjoy the ranch life, and raise Dorper sheep.

# THT's Strategic Direction Determined

The Texas Healthcare Trustees Board of Directors met Nov. 14-15 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 2004.

Because THT is affiliated with the Texas Hospital Association, an important element is to maintain consistency with THA'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."

The 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.

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

The Texas Academy of Governance, an initiative of the THTF, encourages, recognizes and rewards best standards of health care governance throughout the state. The Academy honors those hospitals/health systems and trustees that achieve knowledge and skills in governance and strive to keep knowledge current through education and the practice of effective governance.

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