

TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

100,000 Lives Campaign Takes Patient Safety to a New Level

Saving lives has always been the premier calling of hospitals, but an ambitious initiative has taken that effort a step further. The new nationwide project, the 100,000 Lives Campaign, has been launched by the Institute for Healthcare Improvement to engage hospitals across the nation to improve patient care and prevent avoidable deaths. The campaign aims to enlist health care organizations to prevent 100,000 deaths by June 2006. The 100,000

Lives Campaign is the first national effort to promote saving a specific number of lives by a set date.

By September 2005, more than 2,600 hospitals had joined the 100,000 Lives Campaign, including 141 in Texas. Across the country, HCA, Ascension and Tenet systems along with the Veterans Health Administration have committed to the project.

The TMF Health Quality Institute is heading recruitment efforts for the Texas geographic node, and provides technical support such as Web-based

teleconferences, statewide collaborative projects, online discussions, individual quality improvement consultation and access to clinical experts.

Hospitals that have joined

the initiative have committed to implement changes in care that have been proven to prevent avoidable



Medical Center Hospital in Odessa is doing its part to save 100,000 lives nationwide during the IHI 100k Lives Campaign. The initiative encourages implementation of evidence-based medicine in six areas – rapid response, AMI, medication reconciliation, surgical site infection prevention, central line infection prevention and ventilator-acquired pneumonia prevention.

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TrusteeBulletin

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

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deaths. Six interventions that have been identified in this effort are:

- **Deploy Rapid Response Teams.** The goal is to prevent deaths in patients who are deteriorating outside the intensive care unit. Hospitals implementing this intervention must create multidisciplinary rapid response teams. RRTs can be activated by any person in the hospital to assist in caring for a patient whose condition is deteriorating.
- **Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction.** The goal is to prevent deaths among patients hospitalized for acute myocardial infarction. Hospitals implementing this intervention work to improve their performance in complying with evidence-based recommendations for treatment of AMI patients. Specifically, hospitals will focus on:
 - Administering aspirin and beta-blockers at arrival;
 - Prescribing aspirin and beta-blockers at discharge;
 - Prescribing angiotensin converting enzyme inhibitors or angiotensin receptor blockers at discharge for patients with left ventricular systolic dysfunction;
 - Initiating reperfusion; and
 - Providing smoking cessation counseling.

Hospital performance on these measures already is reported publicly by the Centers for Medicare and Medicaid Services as part of the national hospital performance reporting initiative.

- **Prevent Adverse Drug Events.** This intervention aims to prevent adverse drug events through medication reconciliation programs, which ensure that providers have correct prescription information. One of the Joint Commission on Accreditation of Healthcare Organizations' 2005 National Patient Safety Goals requires hospitals to implement medication reconciliation programs by January 2006.
- **Prevent Central Line Infections.** This intervention's goal is to prevent central venous catheter-related blood stream infection deaths by implementing "central line bundles" in all patients requiring a central line. The central line bundle consists of "hand hygiene, maximal barrier precautions, chlorhexidine skin antiseptic, appropriate catheter site and administration system care, and no routine replacement."
- **Prevent Surgical Site Infections.** The goal for this intervention is to prevent surgical site infections and related deaths by implementing a "surgical site infection bundle" in all surgical patients. The surgical site infection bundle consists of guideline-based use of prophylactic antibiotics, appropriate body hair removal and preoperative glucose control.
- **Prevent Ventilator-Associated Pneumonia.** This intervention is designed to prevent ventilator-associated pneumonia and related complications by implementing a "ventilator bundle." The ventilator

bundle consists of “elevations of the head of the bed to at least 30 degrees, daily ‘sedation vacations,’ daily assessment of readiness to extubate, peptic ulcer disease prophylaxis and deep vein thrombosis prophylaxis.

Local Interventions

Among the Texas hospitals/health systems that have joined the 100,000 Lives campaign are Memorial Hermann Healthcare System in Houston, the SETON Healthcare Network in Austin and Odessa Medical Center.

MHHS has been engaged in the initiative since it was first announced, says John Zerwas, M.D., chief medical officer. An anesthesiologist and longtime champion of patient safety, Dr. Zerwas also served as 2004-05 THT chairman.

“Many of the initiatives are activities that most hospitals and their doctors are already involved in,” he says. “At Memorial Hermann Healthcare System, one of the most exciting efforts has been the creation of Rapid Response Teams. In our case, a team, usually an ICU nurse and a respiratory therapist, may be called to the bedside of a non-ICU patient in early distress. Anyone can call the team, including a patient’s family,” he reports. “The dramatic impact is the number of avoidable cardiac arrests as well as successful resuscitation.”

The SETON Healthcare Network has a steadfast commitment to patient safety, says Sr. Pat Elder, board chair. “In fact, our board decided that for our patients’ safety, we could not accept anything less than zero for preventable deaths and injuries.”

SETON is part of the national Ascension Health system, based in St. Louis, which is taking part system-wide in the 100,000 Lives campaign. In Central Texas, SETON already hosts ongoing patient safety “rounds” where



Nicola Wu, RN, B.S.N., a member of the 100k Lives team, treats a patient in ICU at Medical Center Hospital in Odessa. Each month, a celebration is held to honor those staff members who went above and beyond implementing life-saving measures.

board members and executive personnel go to area facilities in Central Texas to visit with staff members at the bedside about patient safety concerns, says Sr. Pat. “The staff continues to respond very positively, and it’s been helpful to everyone concerned,” she reports. “The 100,000 Lives campaign is an extension of that. We’ve determined set protocols for a number of the interventions, including a medical reconciliation program, central line and ventilator bundling.”

SETON also has designated and implemented the use of RRTs teams. “As a nurse, I am so pleased about that intervention,” adds Sr. Pat. She concludes, “Patient safety is at the top of our priority list.”

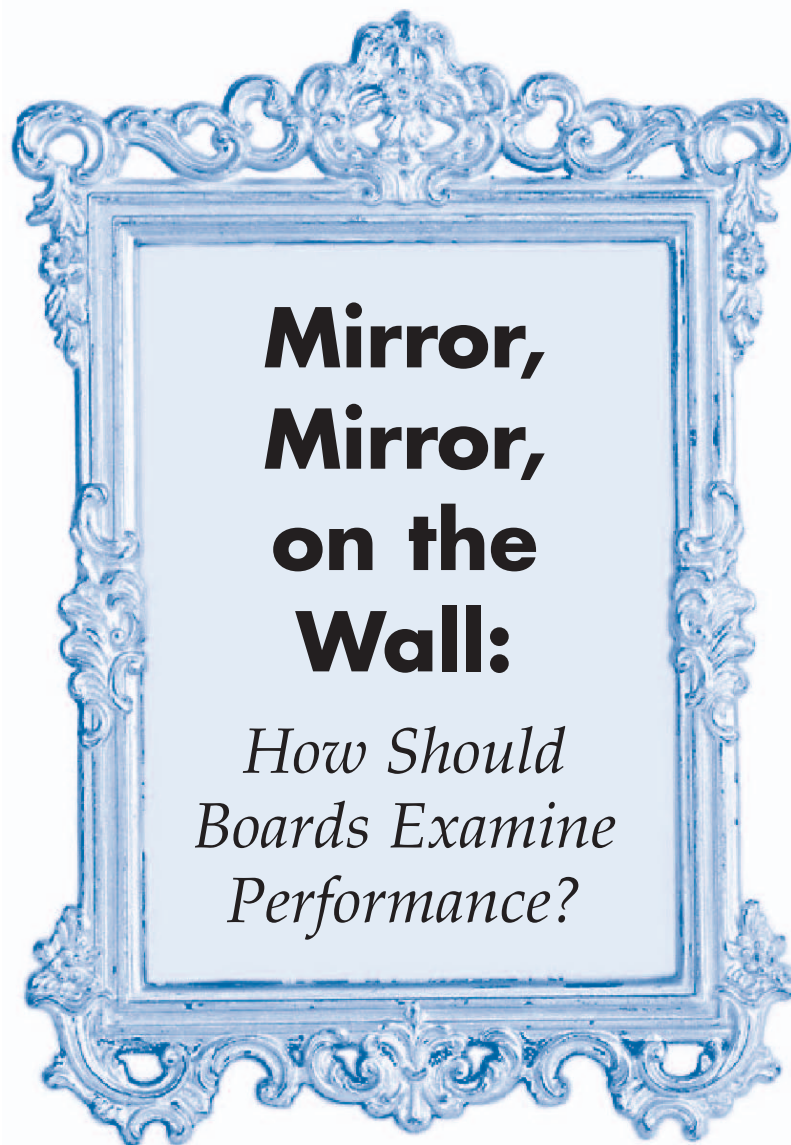
Another early joiner of the 100,000 Lives initiative was Odessa Medical Center, a 363-bed facility in West Texas. Six different teams have been implemented to work on each of the six interventions. “We are very excited to be a part of this project,” says Lisa

Corley, RN, performance improvement director at Odessa Medical Center. “Saving lives is why we are here. It’s our mission, and our staff is very much engaged.”

Since June, Odessa Medical Center has been collecting data, including baseline rates to measure progress, and implementing the six interventions. In only two months, the interventions already are showing results, according to Corley. “We identified a goal of 60 lives that we hoped to save during the course of this project,” she says. “The teams are already effective and seeing results. In particular, the Rapid Response Team has made a difference.”

The RRT was called 17 times in July and August. After intervention and monitoring, it was determined that eight people

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Mirror, Mirror, on the Wall:

How Should Boards Examine Performance?

An effective board ensures that every hospital department has quality processes, systems and structures in place. But how do trustees ensure their own performance improvement? How do they determine when they are underperforming in relation to the challenges they face? How can trustee boards be held to the same level of accountability for quality and improvement to which they hold their hospitals? The answer to these questions is to perform and act upon the results of a board self-assessment.

Why Do It?

Larry Walker has served as a trustee, and is president of The Walker Company, an Oregon-based health care management consulting firm that works closely with Texas Healthcare Trustees. He says, "Done correctly and consistently, a board self-assessment process (a combination of the assessment and the action plans created from it) enables the board to identify critical 'leadership gaps' and achieve and maintain the level of governing excellence required for success in today's challenging

health care environment." For some boards, the Joint Commission on Accreditation of Healthcare Organizations requires an annual board self-assessment.

Mary Partridge, president of Impact Consulting and a board member as well, said in her presentation at the THT Summer Forum in Austin that "conducting a board self-assessment is good business. And it's less painful to look in a mirror than to be forced under a microscope." Assessments are the ideal way to engage the board regularly in an anonymous and confidential evaluation of its overall leadership performance, while at the same time providing trustees with an opportunity to rate their personal performance as vital contributing members of the board.

A good board self-assessment process will achieve several key outcomes:

- Define the most critical governance success factors;
- Secure confidential input;
- Reveal major issues and ideas in a non-threatening manner;
- Clearly demonstrate where the board is in and out of alignment;
- Objectively assess the degree of common trustee understanding, expectations and direction for the board;
- Assess the deficiencies and identify opportunities for improvement; and
- Help administration better understand and respond to the board's leadership education and development needs.

Many boards do not conduct assessments, or do not do them well, either because they do not know how, or because they see assessments as empty, meaningless exercises. Walker suggests, "Make the assessment anonymous, measurable and reportable. Use it to identify issues. And don't stop with the evaluation. The most important step is transforming the information gathered through the self-assessment into knowledge that results in a focused leadership improvement action plan." Self-assessment should be a continuous leadership improvement

Quick Test of your Board Self-Assessment Process

- Do you conduct a board self-assessment annually?
- Does your board understand the purpose and value of self-assessment?
- Is your board uniformly committed to self-assessment?
- Does your self-assessment allow trustees to express freely their ideas for needed change?
- Does your self-assessment result in specific ideas for ways to improve governance processes, structure and outcomes?
- Do you use the results of your self-assessment to create governance improvement action plans?

process. When done right, it can have profound implications throughout the organization.

What Should Be Included?

The board may choose to assess its performance in the following leadership dimensions:

- Ensuring achievement of the hospital's mission, values, vision and strategic direction;
- Ensuring an effective leadership structure and efficient governance processes;

- Assuring high quality and patient safety;
- Developing strong community relations;
- Planning effectively for future successes;
- Building effective and collaborative chief executive officer relationships;
- Building effective and collaborative medical staff relationships;
- Ensuring strong financial focus and fiscal leadership; and
- Ensuring leadership in community health.

Partridge emphasizes that it is important not only to survey the board, but also for the board to have some meaningful discussion. "Good dialogue and differences of opinion uphold the board's responsibility for duty of care. You can't perform that duty if everyone in the room shares the same opinion."

More information about conducting a board self-assessment is available on the THT Web site at www.tht.org/governance/boardroom. Larry Walker, president of The Walker Company in Lake Oswego, Oregon, can be reached at 503/534-9461 or lw@walkercompany.com. Mary Partridge, president of Impact Consulting can be reached in Austin at 512/261-3442 or impactconsulting@sbcglobal.net.

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directly benefited from the implementation of the team. "The intervention made a huge difference," says Corley. "Those patients might not have made it without the rapid response. The critical care nurses, in particular, have noted that interventions are happening before a patient codes.

"Staff members who are working on the interventions or who have achieved extraordinary results are honored at a recognition ceremony each month and receive a special pin," she adds. Odessa Medical Center will continue to monitor and track progress until June 14, 2006, which is the 100,000 Lives Campaign cutoff date. "Yet," Corley emphasizes, "we will continue these interventions way beyond that – because it's the right thing to do."

For more information about the 100,000 Lives Campaign, contact Starr West, CPHQ, THA's director of health care quality, at 512/465-1543 or swest@tha.org, or contact the TMF Health Quality Institute at 800/725-9216.

Join the 100,000 Lives Campaign Now

The unprecedented 100,000 Lives Campaign is bringing together hospitals across the country in a commitment to implement changes in care that have been proven to prevent avoidable deaths.

Organizations can join free of charge, but must choose to apply all or some of the recommended interventions and report back on their progress.

Hospitals/systems can sign up online by visiting the Institute for Healthcare Improvement's Web site, www.ihl.org. Go to the "Sign Up" tab for detailed information about each intervention, useful tools and helpful resources.

In Texas, hospitals/systems also can join by contacting the TMF Health Quality Institute at 800/725-9216. TMF provides technical support, individual quality improvement consultation and access to experts.

Partners in the Texas node include Texas Healthcare Trustees, Texas Hospital Association, Texas Medical Association and the Texas Nurses Association.

Successful hospitals and health systems demand accountability from the chief executive officer. Yet, how do boards determine the most effective way to evaluate executive performance? What criteria should be used? What are the different performance measures available?

According to health care consultant Errol L. Biggs, Ph.D., FACHE, director of the graduate programs in health administration and the director for the Center for Health Administration at the University of Colorado at Denver, CEO evaluation is one of the board's most important roles. "The CEO's performance affects the entire organization," says Biggs. "Therefore, it is critical that hospitals address leadership performance and transition."

CEO Performance Appraisal Is Top Priority for Trustees



Develop a Process

There should be a formal and ongoing system for assessing the performance of the hospital's administrator or CEO. The Joint Commission on the Accreditation of Healthcare Organizations mandates that this process be carried out in accredited hospitals.

Each board should have a formal, written evaluation policy that includes the frequency and time of the evaluation; who will be involved in the evaluation process; and assessment criteria and standards for satisfactory performance.

The evaluation process should be developed jointly by the CEO and the governing board with a clear purpose. At the least, the CEO evaluations should:

- Clarify board expectations and priorities;
- Foster two-way communication between the board and the CEO;
- Measure CEO performance;

- Enhance future performance; and
- Facilitate adjustments to compensation.

Decide Who Conducts the Evaluation

According to Biggs, the CEO should be evaluated annually by a committee of the board, usually the executive committee, unless the board has a compensation committee. It is a good idea to keep the committee small as CEO evaluation and compensation are sensitive matters and not well-served by a large group process.

When evaluating a new CEO, some hospitals include members of the search committee because they know the selection criteria. A procedure should exist for customers, suppliers, peers and community members to give the committee their assessment of the CEO's performance.

Biggs reports that some hospitals have implemented performance appraisal programs that seek input from subordinates and others with whom the CEO works. This process is known as the 360-degree feedback or as a multi-rater system, and is one of the most popular newer performance appraisal methods. However, he cautions "that evaluating committees and boards must remember that subordinates may use the system only to complain, particularly if the CEO has been firm about the subordinate doing or not doing something the employee doesn't like." Because such a tool is open to subjective rather than objective results, it is recommended to be used no more than every three years, in addition to the annual management plan for that year.

Agree to Evaluation Criteria

The question of what should be evaluated is the most difficult part of the evaluation process and requires some planning and deliberation on the part of the CEO and board members involved. At the beginning of each year, the committee and the CEO should agree on a set of obtainable goals and objectives, sometimes called a "management plan." This plan serves as a roadmap for the CEO and an evaluation tool for the committee, says Biggs.

Usually, performance criteria follow a general outline of the CEO's functions and also are derived from larger goals and directions as stated in the hospital's strategic plan. When establishing criteria, be sure to include financial, operational and quality criteria.

Lastly, the American College of Healthcare Executives has included in its CEO evaluation models three levels:

- Areawide health status;
- Institutional success; and
- Professional role fulfillment.

Conduct the CEO Appraisal

The first step in conducting the CEO appraisal, says Biggs, is compiling the right materials. These include:

- CEO contract and job description;
- Board job descriptions;
- Mission, vision and by-laws;
- CEO's individual performance goals; and
- Objectives and goals for the hospital.

Once the right materials are acquired, the board should:

- Decide who will lead and participate;
- Adapt and customize an evaluation questionnaire (see sample on p. 8.);
- Review the CEO's goals;
- Distribute the questionnaire;
- Tabulate and analyze the appraisal results;
- Review the results with the CEO and develop action plans; and
- Support the CEO's future development.

Succession Planning

Too often, health care organizations do little or no succession planning, says Biggs. In a recent survey, 1,651 freestanding U.S. hospitals were surveyed. Of the 722 responses received, only 21 percent of freestanding hospitals had a succession plan. Yet, to be successful, hospitals and health care systems must address formal leadership development and prepare a succession plan, he emphasizes. If a board waits until a CEO resigns or change is imminent, it is too late, especially in today's turbulent operating environment.

He suggests boards should build a succession plan that works "toward having the right people in the right place at the right time." One important aspect is a step-by-step outline of what the board will do and how the board will act as part of a leadership transition. Everything from choosing an interim CEO to announcing the permanent CEO to the staff, community and media could be included in this

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outline. Biggs says the most important concept is to develop a succession plan and implement it. While there is no right or wrong way to develop

a succession plan, Biggs adds that the best organizations not only commit to it, but also do it.

For more information, contact Errol L. Biggs, Ph.D., FACHE, with the University of Colorado at Denver, 303/556-5845 or elbiggs@aol.com.

Sample CEO Appraisal Questionnaire

Each individual board can customize an appraisal form that works best for its organization, says Errol L. Biggs, Ph.D., FACHE, director of the graduate programs in health administration at the University of Colorado at Denver. He suggests using a number ratings scale and open-ended questions, such as the following sample, reprinted with permission from the Iowa Hospital Association and Dr. Biggs.

Please rate each question statement on a 1 to 4 scale along these guidelines:

| | |
|----------------|-----|
| Not Satisfied | 1-2 |
| Satisfied | 3-4 |
| Not Sure | NS |
| Not Applicable | NA |

How satisfied are you that the CEO....

Has been successful in achieving annual hospital goals.
Rating: ___ Comments: *(list of goals provided)*

Provides effective leadership and direction to hospital staff.
Rating: ___ Comments:

Performs functions within the scope of responsibility and refers unrelated matters appropriately.
Rating: ___ Comments:

Shows a willingness to try new approaches or methods.
Rating: ___ Comments:

Evaluates programs, practices, policies, procedures and personnel effectively.
Rating: ___ Comments:

Is a person of integrity.
Rating: ___ Comments:

Makes sound and timely decisions.
Rating: ___ Comments:

Handles problems in a professional manner.
Rating: ___ Comments:

Demonstrates thorough knowledge and understanding of hospital management and operations.
Rating: ___ Comments:

Ensures that the hospital's quality assurance plan is reviewed and revised as necessary on an annual basis.
Rating: ___ Comments:

Ensures that the hospital is in accordance with applicable standards, codes, laws and regulations.
Rating: ___ Comments:

Anticipates trends and opportunities affecting hospital operations, and develops appropriate and timely responses.
Rating: ___ Comments:

Communicates well with the board, providing appropriate information at and between meetings.
Rating: ___ Comments:

Is readily available to individual board members.
Rating: ___ Comments:

Assesses the hospital's financial condition, providing complete reports to the board on a monthly basis.
Rating: ___ Comments:

Provides education programs for the board on a regular basis.
Rating: ___ Comments:

Supports the policies, procedures and philosophy of the board.
Rating: ___ Comments:

Creates a sense of trustworthiness in board/CEO relations.
Rating: ___ Comments:

Has a good rapport with the medical staff.
Rating: ___ Comments:

Communicates with and works closely with medical staff members on matters of mutual concern.
Rating: ___ Comments:

Is an effective liaison between the board and medical staff.
Rating: ___ Comments:

Represents the hospital in community activities.
Rating: ___ Comments:

Works closely with community leaders in determining local health care needs.
Rating: ___ Comments:

Effectively communicates activities of the hospital to the residents of the hospital service area.
Rating: ___ Comments:

Is knowledgeable about health care needs and trends in the community.
Rating: ___ Comments:

Works cooperatively with the board to ensure there is a management succession plan in effect.
Rating: ___ Comments:

Allocates time for continuing professional education.
Rating: ___ Comments:

Maintains a work style that is open to constructive suggestions.
Rating: ___ Comments:

Establishes a clear vision and direction for the hospital.
Rating: ___ Comments:

Monitors current budget and operational data to ensure continued success of the organization.
Rating: ___ Comments:

Open-Ended Questions

- What are the three major strengths of the CEO?
- What are some limitations in the CEO's performance?
- What have been the CEO's most significant achievements during the past year?
- What are the areas in which the board could provide better support to the CEO?
- What should be the organizational goals for the CEO for the coming year?
- What should be personal goals for the CEO in the coming year?
- Additional comments?

Scoring the CEO Appraisal

- Question # ___
- Total number of points ___ (add responses)
- Number of responses ___
- Average score ___ (total score divided by number of responses)
- Number of "Not Sure" responses ___
- Number of "Not Applicable" responses ___
- CEO Self-Appraisal score ___ (for each question as well as the total for all 30 questions, and then compare to the board's scores)

Trustees Serve on THA's Council on Policy Development

Three Texas Healthcare Trustee members are serving three-year terms on the Texas Hospital Association's Council on Policy Development. The council reviews public policy issues affecting health care and recommends policy positions to THA. THT representatives help provide the COPD with a trustee perspective on public policy issues affecting Texas hospitals.

THT members on the council include:

- **Denzer Burke, D.D.S.**, a board member of CHRISTUS St. Michael Healthcare System in Texarkana. Burke has been honored by the Texarkana Chamber of Commerce as "Citizen of the Year." He is a former Texarkana City Council member and now serves on the Texas State Advisory Committee to the U.S. Commission on Civil Rights. In addition, Burke has served as a member of the board of the Texarkana Community Foundation and the Northeast Texas Economic Development Board, and is a past member of the Texas Educational Opportunity Committee of East Texas State University. A practicing dentist in Texarkana, Burke is a retired lieutenant commander of the U.S. Naval Reserve and an ordained deacon and elder in the Presbyterian Church.



- **Rosemary Burns**, a member of the East Texas Medical Center Athens board of managers. A former teacher, she has embraced civic responsibility serving the city of Star Harbor in numerous positions. She was mayor pro-tem for three years and an alderman for six years. She served as chairman of the Water Committee, successfully planning and acquiring financing for a new water plant. She also served as a member of the Malakoff Independent School District Improvement Team. Burns is a graduate of the University of Texas.



- **Andrew M. "Andy" Stern**, current chairman of Medical City Dallas Hospital. A nationally known public relations executive, he is the chairman and chief executive officer of Sunwest Communications Inc., one of Texas' largest independent public relations firms and one ranked nationally for its work in crisis management and strategic counseling. A former staff assistant to President Gerald R. Ford, Stern also serves as a member of the board for AMN Healthcare. Long active in Dallas community affairs, he lists service as past chairman of The Sixth Floor Museum at Dealey Plaza and membership on the board of the EDS Byron Nelson Championship among many other civic affairs. On the college level, he has lectured extensively on public relations and marketing.



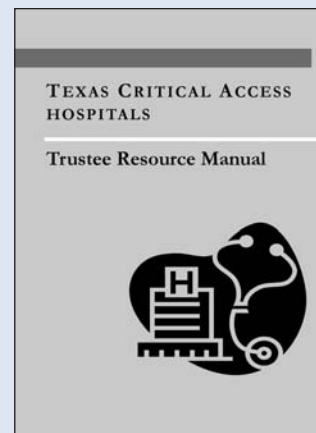
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CAH Manual Provides Vital Information

The *Texas Critical Access Hospitals Trustee Resource Manual* now is available. This exclusive resource manual was developed specifically for Critical Access Hospitals and their boards. It is designed to assist boards in leading their CAH facilities with excellence, integrity and vision in preserving access to health care for their communities.

A collaborative effort of the Texas Healthcare Trustees and the Office of Rural Community Affairs, in cooperation with Texas Hospital Association, Texas Organization of Rural & Community Hospitals, Davis & Wilkerson PC and Parrish, Moody & Fikes PC, the manual is designed to be used with the *THT Guidebook for Hospital and Health System Governance*.

Download the document at www.orca.state.tx.us/publications/pub.htm. Scroll down to "health and health-related documents," then "CAH Trustee Resource Manual." If you wish to request a paper or CD-ROM copy, please contact Sandra Little by e-mail at slittle@orca.state.tx.us or by mail to Sandra Little, Office of Rural Community Affairs, 1700 N. Congress Ave., Suite 220, Austin, Texas 78701.



Texas Governance: People and Places



E.A. Clark, M.D., FAAP

Hospital/Health System:

Longview Regional Medical Center (LRMC)

Occupation: Andy Clark is a pediatrician and medical director for Diagnostic Clinic of Longview, PA.

Length of service: "I have served on the LRMC Board of Trustees for the past 6 1/2 years, and on its finance and marketing committees."

Facility description: "LRMC is a for-profit facility owned by Triad Hospitals Inc., the nation's third-largest investor-owned hospital company. Our hospital has 163 licensed beds and serves a population of 73,000 in Longview, 104,000 in the county and roughly 200,000 in its service area."

Board involvement: "I was asked to serve my first three-year term while serving as president of my multi-specialty group practice. I was reappointed for another term after becoming medical director of my group and while serving as president of the Triad Hospitals National Physician Leadership Group. At that time, I also had the unique opportunity to serve on Triad's corporate board of directors."

Most satisfying: "I enjoy being able to serve with other physicians as well as lay board members on a board that is totally committed to improving the quality of health care in the community while ensuring that its physicians, nurses and employees are genuinely happy to work at LRMC."

Introduction to public service:

"My parents were involved in a number of community organizations and taught me to do likewise. I try to involve myself in worthwhile organizations that allow me to contribute as a medical professional to the betterment of my community."

Most challenging: "When the hospital's anesthesia group split, our CEO leaned heavily on her board to help her choose the right path in what had become a very divisive issue in the entire medical community. Additionally, we were involved in implementing a physician behavior policy that has dramatically improved the work environment for our nurses and other caregivers."

Biggest surprise: "It never ceases to amaze me how the dedicated members of our board are able to offer alternative solutions to the hospital's problems based on their own experiences."

"Boards are often dominated by 'resume-builders' and community icons who don't ask the tough questions, but just 'rubber stamp' everything. Board members need to be held accountable for their decisions and how those actions affect their stakeholders – the employees, doctors, nurses and the community they serve."

Proudest moment: "When I was nominated by the hospital CEO and ultimately appointed to the American Hospital Association's Committee on Governance, it was a big thrill for me. Even more gratifying was that LRMC's board reappointed me to an ex-officio position, thus allowing me to continue serving on this important AHA national committee."

Most valuable lesson: "There is a huge difference between doing things right and doing the right thing. A trustee has to be willing to step up and make difficult decisions that aren't going to be popular, but that are in the best interest of the hospital and community, even if it means that business and professional relationships – and perhaps even friendships – might suffer."

Advice for new trustees:

"Participate in a comprehensive orientation that clearly defines the trustee's role. Be prepared to contribute at every board meeting and at the subcommittee level."

Hometown: Clark grew up in Marshall, where his family settled in 1841. After medical school and residency, he moved back to East Texas and to Longview in 1979.

Family: "My wife Susan and I have been married for 30 years and have a daughter who is a sophomore at Baylor University, my alma mater. We also have two married children who have just presented us our first two grandsons."

Hobbies: "I enjoy fishing, computers and travel – but most of all, being with my wife, children and two grandsons."



Claudia Hura, M.D.

Hospital/Health System:

Methodist Healthcare System, San Antonio

Occupation: Claudia Hura is a nephrologist with the San Antonio Kidney Disease Center.

Length of service: Hura has served on the MHS governing board for four years.

Facility description: Methodist Healthcare System was founded in 1995 with the formation of an equal partnership between Methodist Hospital (owned by Methodist Healthcare Ministries) and HCA. It consists of seven hospitals and 15 health care facilities. The largest provider in the region, MHS facilities include a heart hospital, children's hospital and transplant program featuring heart, kidney, liver and bone marrow transplantation.

Board involvement: "I served as chief of staff at Methodist Hospital in 1998 and chief of the Medical Board in 1999. In 2000, I was asked to serve on the Methodist Healthcare Ministries Board. I was elected to the System Governing Board in 2002 and elected board chairman in 2005."

Most satisfying: "Our board consists of highly skilled, passionately committed professionals with a diverse array of talents. I have learned an enormous amount from them; they are both my friends and my mentors."

Proudest moment: "Our response to the victims of Hurricane Katrina ranged from the well-coordinated institutional response to the "above and beyond" heroism of individuals. Methodist Healthcare Ministries was intimately involved in the entire process of triaging and caring for evacuees across the city.

"I admitted one particularly ill, elderly man who was withdrawn and silent for several days. As his medical condition began to improve, paradoxically, he started to refuse treatments. He stated that he had lost everything and wished he had died in his home. After another week of 'intensive care' from the hospital staff, including moral support, humor, clothing and a home-cooked fried chicken dinner smuggled in by one of the nurses, he announced that not only was he glad to be alive, but also that he might try to rebuild his life in San Antonio. He said, 'You are the nicest people I have ever met in my life.' I think we fulfilled our mission of 'Serving mankind to honor God.' "

Valuable lesson: "It is possible to create a successful hybrid system with joint ownership and governance by a 'for-profit' and 'charitable' partnership. You can get the best of both worlds when the skill, expertise, efficiency and capital of a large corporation are blended with the charitable mission of providing quality medical care, community benefit and service to the underserved."

Advice for new trustees: "Make sure you understand funding sources, insurance practices and Medicare and Medicaid policies. Become familiar with the continuously changing government regulations. Know the demographics of your community and its health care needs. A short course on philosophy, ethics and politics might be useful too. Most of all, be prepared to work!"

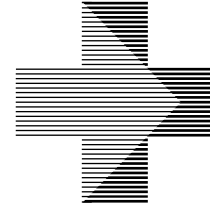
Hometown: "I was born and raised in Cleveland, Ohio. My parents and brother still live there. My ethic of community service comes from my parents, who, in their 80s, still are active participants in a number of volunteer projects."

Family: "I have been married for 27 years to David Stump, a gastroenterologist. He is my best friend and has been patient and supportive of my various endeavors. My only child, Katherine, is a sophomore at American University in Washington, D.C. She is studying journalism and political science, and there is virtually no chance she will follow her parents into the medical profession. She has, however, inherited her mother's tendency toward outspoken activism."

Hobbies: "For the past eight years, I have been studying and teaching medical bioethics. I also read for pleasure. Outdoors, I enjoy hiking and backpacking. My current project is trying to overcome an intense fear of flying. Both my husband and daughter are experienced private pilots, and we are the proud owners of a new plane. Soon, I would like to be able to get up the courage to actually fly somewhere in the dang thing!"

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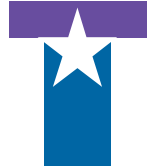
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For more information on HealthShare/THA companies, contact Vicki Pascasio at 512/465-1070 or 800/252-9404.

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