

TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

Designing a Safe Hospital

If you build it, they can be safer. That was the premise of one innovative hospital team who decided to incorporate patient safety mechanisms into their new facility from the ground up. St. Joseph's Community Hospital of West Bend, Wis., modified traditional blueprints and crafted a unique new design with very specific patient safety measures – long before the hard hats were donned and the bulldozers revved up.

“We are convinced that designing a building around safety will create a culture of safety,” explains John Reiling, president and chief executive officer of St. Joseph's Community Hospital. St. Joseph's new facility is under construction with completion expected in spring 2005. Reiling spoke about the hospital's innovative design at the Texas Healthcare Trustees Spring Forum March 7 in Dallas.

St. Joseph's, a nonprofit acute-care hospital, first opened its doors in 1930. Under the ownership of the religious order, Sisters of the Divine Savior, the hospital underwent renovations and additions in the 1940s, 1970s and 1990s. Yet by the turn of the century, the aging facility had grown inadequate for the rigorous demands of 21st century medicine. The decision

to build a new facility was made, and a new location selected.

That's when the real work began, says Reiling. “Our hospital has a strong commitment to patient safety initiatives and activities in process improvement. We wanted the new hospital design to affect patient safety in the most positive way possible.”

To reach that objective, Reiling contacted leaders in patient safety, quality improvement and human factors to seek their advice. The conclusion: there was a real opportunity to learn collectively about how a facility could be designed to improve patient safety.

A Learning Lab

More than two dozen top safety experts were brought in to speak at a two-day conference or “learning lab” held last April through the University of Minnesota's Carlson School of Management. Participants included St. Joseph's board members, executive team and employees as well as staff from other hospitals 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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Designing a Safe Hospital
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executives from the American Hospital Association, Joint Commission on Accreditation of Healthcare Organizations, the American Medical Association and many others.

The initial one-and-a-half day brainstorming session focused on designing principles for creating a safe facility, including designing around precarious events such as patient falls, MRI hazards, etc. Facility design recommendations to maximize safety were developed for four issues:

- Design principles for creating a safe facility;
- Work processes and systems;
- Technology and equipment; and
- Physical environment.

Taking a Lesson from Other Industries

"We knew that in health care, compared to other industries, there is a particular challenge in treating human error because hospitals engage in an enormous range of activities, deal with vulnerable rather than intact people, and have many uncertainties and hazards that are intrinsic to medicine and the delivery of health care," explains one of the safety experts, John Wreathall, M.Sc., who has designed for the nuclear and transportation fields.

To deal with such variables, participants at the learning lab employed a new process called Failure Modes and Effects Analysis. FMEA is a design process tool used in other industries, such as auto manufacturing, to identify, anticipate, prioritize and correct potential failures in a new system's planning stages when it is easier to fix the problems.

Designing for Safety

After the learning lab, Reiling and his staff set up cross-functional design

teams that used FMEA in every step of the new hospital design. The design teams further determined a set of guiding principles for facility development: the design must be patient-centered, create a healing environment, be efficient, safe, technologically advanced, staff friendly and devoted to quality care.

Using a 14-item checklist, these teams created a new blueprint to incorporate specific patient safety features in the new hospital. Safety features include:

- Standardized rooms. St. Joseph's new hospital will have identical rooms with all plugs, gases, etc., in the same location within each room.
- Cameras. All rooms will be wired with the capability to use cameras for patients at high risk for falls. The cameras will be connected to a viewing station and will be used only with the patient's permission.
- Bedside computers, including computerized physician order entry.
- Special cabinets. These contain each patient's bar-coded medications and all other necessary supplies under lock and key, so that the nurse can care for the patient without having to leave the room.
- Nurse work areas. A small alcove adjacent to the room, but separate from the outside hall door, will allow nurses to observe patients through a window while protecting the patients' privacy and quiet.
- Noise reduction. Acoustical tile, closed hall doors and quiet flooring have been incorporated to help reduce noise, minimizing fatigue for both patients and staff.

Even with all the innovations and state-of-the-art technology, CEO Reiling expects the new facility to

come in at an estimated cost of \$55 million, costing about the same per square foot as a traditional facility. “Part of the reason is the standardization,” he asserts. “Our builder determined that he could build all the patient rooms offsite and save significant expense because they were standardized.”

A National Focus

Though patient safety always has been paramount to hospitals, scrutiny has intensified with a 1999 Institute of Medicine report, its follow-up in 2001 and recent highly publicized medical errors. Because of their innovative

approach to designing for patient safety from the ground up, Reiling and his St. Joseph’s team have received national attention and hopefully blazed a trail for other hospitals considering facility expansion or redesign. Reiling concludes,

Top Ten Factors in Designing for Safety

- 1. Failure Analysis Should Be Ongoing.** Failure Modes and Effects Analysis – whose goal is to anticipate, identify and avoid failure in a new system’s operation while the system is still on the drawing board – should be used at every design stage. FMEA should be a basic design tool for patient safety, and the design process should be data driven, not based on traditional design “knowledge.”
- 2. Stakeholder Input Is Critical.** In addition to architects and administration, all staff, patients, families and vendors should be involved from the beginning in all design phases. The process should be open to multiple views and every idea considered. Where data are absent, staff should draw on testing and simulations with end users.
- 3. Accountable Leadership Is Needed to Drive the Process.** A leader should be designated who has overall accountability for implementing the new design process. This leader should facilitate the exchange of ideas, provide immediate feedback to teams, set priorities and lead a cross-functional decision-making group. The leader systematically should accumulate and document what various parts of the organization know, and identify regulatory barriers that might inhibit accomplishing the ideal design.
- 4. Design Should Focus on Organizational Processes.** Moving away from traditional methods that plan facilities around “departments,” design should focus on major organizational processes, such as surgery or medication administration. These core processes should be defined, observed and documented as they currently function, and then systematically addressed in the design process. To identify existing and potential hazards, mock-up simulations and work-flow analyses should begin on the first day of design and continue throughout the process.
- 5. Design Should Reflect an Understanding of Human Factors.** Patient interaction should be the focal point for design, providing opportunities to examine and change major organizational work processes such as patient admission and discharge. When possible, care should be brought to the patient, rather than the patient to the care. To best reduce staff error, facility design must promote clear communication, staff interaction and coordination of procedures through an environment designed for a team approach to work. Additionally, design must adjust for failures from memory, fatigue and ergonomics that result from repetitive and complex work processes.
- 6. Design Should Occur with Vulnerable Populations in Mind.** Designing around common patient group needs in a full-service hospital may require that rooms look and function differently, yet share similar processes and technology. When making design choices, the solution always should be created with the most vulnerable patient’s needs in mind.
- 7. Design Should Be Flexible Enough to Accommodate Change.** Flexibility, scalability and accessibility are critical, interrelated design principles. The facility must have the capability to accommodate, expand and adjust easily to changes in technology and work processes, including the necessary infrastructure of added computer-based advances. As new technology is added, unsafe conditions must continue to be eliminated.
- 8. Design Should Be Standardized Where Possible.** Medical equipment, technology, space, room orientation and procedures should be standardized as much as possible using technology controls, such as computer-based order entry, whenever possible. To assist work flow, orientation of critical care rooms (e.g., emergency, intensive care, operating) as well as materials handling, should be standardized.
- 9. Design Should Facilitate Immediate Access to Information.** Critical patient information used for decision-making should be close to the patient with easy access at the point of service. Additionally, the design must accommodate an integrated information system to manage care processes from any point in the hospital.
- 10. Design Should Address Known Threats to Patient Safety.** Known threats include: poor patient visibility, inadequate lighting, excess noise, inadequate patient-activated call systems, outdated security, open access to critical care areas, poor air filtration, unsafe patient restraints and poor ergonomics, among other factors.

Reprinted with permission from St. Joseph’s Community Hospital of West Bend, Wis., a member of Synergy Health.

Why Health Care Leaders Are Not Sleeping at Night

A “perfect storm” of health care issues is rocking the health care field as well as public confidence. Today’s health care leaders are grappling with negative bottom lines, patient safety issues and severe workforce shortages, any of which effectively can cripple hospital operations. No wonder health care leaders are not sleeping.

So what can trustees do as storm winds blow in from all directions? Hospital board members do not provide patient care or get involved in day-to-day operations, yet a trustee’s role is critical. Today’s trustees have their hands full leading their institutions amidst tremendous changes in health care delivery and payment structure. Education is paramount as oversight decisions are momentous, and increasingly coming under even more scrutiny.

Increasing Health Care Costs

Health care spending rose 8.7 percent last year, the fastest expansion in 10 years, says Connie R. Curran, Ed.D., RN, FAAN, chief executive officer of Your Virtual Executive, a Chicago-based consulting firm. “Already, the U.S. spends \$1.5 trillion, or 14 percent of its gross domestic product, on medical care. That is compared to Japan at 6 percent, Australia at 8 percent and Canada at 9 percent,” continues Curran.

While health care spending has exploded, health care costs are spiraling out of control, particularly for medications and the high number of uninsured. Texas has the nation’s highest percentage of uninsured, about 26 percent, or more than one-fourth of the population, compared to the national rate of 16.5 percent. This number likely will continue to rise, due to the slower economy and rising health care premiums. Four million Texans are without health care coverage, and severe state budget shortfalls are threatening state-funded programs such as Medicaid and the Children’s Health Insurance Program.

“While the U.S. has the highest amount of health care spending of any other country, many (particu-

larly women and children) go without health care,” adds Curran.

Often, it is left to hospitals to bear the burden. According to *Business Week*, net profit margins at hospitals have fallen from 5.5 percent in the late 1990s to 2 percent today. Further squeezed by skyrocketing drug costs, decreasing insurance reimbursement rates and “sicker/quicker” patients (coming in sicker, going home quicker), hospitals are facing dire financial consequences.

Additionally, hospital CEOs are finding their jobs so difficult they are leaving in droves. One in five hospital CEOs retired or took new positions in recent years, says Curran.



Patient Safety

Recent highly publicized medical mistakes have contributed to the debate on patient safety. Patient safety advocates have focused much of their research on hospital safety initiatives, including computerized patient records and electronic prescribing systems.

Trustees can be key to implementing principles and suggestion regarding patient safety. Curran says the first step is to make patient safety a priority. Insist that patient safety be discussed at each board meeting, with a particular focus on the hospital’s culture. Ensure that the organization’s fiscal budget includes sufficient funds to support its patient safety efforts. Know what patient safety goals and measures have been established and what data support how the goals and measures were formulated and are being met.

Workforce Shortages

Recruiting and retaining skilled staff, particularly nurses, will add yet more expense to an industry that already is under strain.

Demand for registered nurses is expected to grow 23 percent by 2006 – faster than any other occupation. The nursing vacancy rate in Texas is 12 percent. For the next 10 years, retaining the health care workforce will be one of the most important priorities as automation, standardization and consumerism affect traditional

health care roles. Hospitals will continue to grapple with shortages in nursing, ancillary services (e.g., laboratory, pharmacy and imaging), aides and administration.

According to Curran, the most effective way to address the high number of nurses leaving the profession will vary from hospital to hospital, and trustees should determine the specific issues that are most valued in their facility.

Some hospitals offer:

- Paid time off for certificate programs, or public speaking opportunities;
- Increased opportunities for nurses to participate in decision-making;
- Flexible scheduling – some even accommodate two- or four-hour blocks;
- Procedures for reassigning as many non-clinical duties as possible;
- Upgraded technology to reduce paperwork;
- Re-employment programs whereby nurses leaving in good standing may return in one year at the same seniority and benefits as when they left;
- Onsite services such as day care, hair salon and dry-cleaning;
- Tuition reimbursement for continuing education and advanced degrees; and
- Bonuses or housekeeping services to nurses who work extra shifts.

Taking Action

Trustees have the formidable responsibility of establishing policy, assuring the community of quality patient care and providing leadership for organizational planning and management. Many actions to address these health care issues can be taken inside the hospital walls, but Curran says partnering with corporations and individuals in the community is critical – and trustees may be in the very best position to assume that role. As community leaders, trustees often have ready access to channels of communication with public officials and other leaders in their communities.

Trustees have a tremendous opportunity to apply their vast and varied resources to these critical health care issues – and to bring about some impressive changes in the community's health care system.

Curran was a keynote speaker at the THT Spring Forum March 7 in Dallas. She can be contacted at Your Virtual Executive, Chicago, Ill., (708) 267-2898, cocurran@aol.com.

THT Web Site: A Site to See

The Texas Healthcare Trustees' Web site officially will make its debut in April. Offering a wealth of information, the Web site is designed to provide Texas trustees with important education information, advocacy news and governance resources. Along with other documents, application forms for the Texas Academy of Governance conveniently are located on the site. **The Web address is www.tht.org.**

Navigating today's health care environment and meeting tough governance challenges requires trustees to stay current. And while every board must address issues particular to its hospital or health care system, certain topics should be on the agenda in every boardroom in Texas. With that in mind, THT has established on the Web site The Texas Boardroom, which features top agenda items for all board members. The Texas Boardroom also allows all THT members to come together and discuss these issues in a "virtual" board meeting.

Texas Boardroom: Agenda Items for Every Texas Boardroom

A convenient online resource, the Texas Boardroom enables trustees to learn about health care's most pertinent issues from top-notch experts, and promotes productive board meeting discussions.

- "Agenda Items" are covered in detail and include numerous supporting documents that may be viewed and printed. Larry Walker, president of the Walker Company, a Lake Oswego, Ore.-based health care management consulting firm, presents the featured agenda on Board Self-Assessment.
- "Briefs" deliver information in an article format and are accompanied by discussion questions. Current "Briefs" include:
 - Patient Satisfaction and Health Care Today: The Trustee Perspective;
 - Quality: A Trustee Imperative;
 - The "Enron Effect:" Lessons for Trustees; and
 - Infection Control: Cracking Down on Perilous Germs.

Watch for exciting future enhancements. A discussion board will be added so that trustees can share ideas and solutions online. Eventually, the Web site also will include a "virtual boardroom," which will enable participating board members to "attend" a Texas-wide board meeting via the Web site. Until then, trustees are encouraged to visit the Texas Boardroom and adapt the resources to the needs of your board.

Legislature Addressing THA Issues

With less than 45 days remaining in the 140-day regular session of the Texas Legislature, the Texas Hospital Association's priority issues are moving through the process. The big news of the 2003 legislative session is the budget. With Texas facing at least a \$10 billion shortfall for the 2004-05 biennium, lawmakers are scrambling to find ways to cut spending as well as generate additional revenue while maintaining their commitment to "no new taxes."

Medicaid and the Children's Health Insurance Program are targets for major reductions in eligibility, covered services and provider reimbursements. After an initial proposal to cut reimbursement to doctors and hospitals by 33 percent, the House Appropriations subcommittee on health and human services funding found \$2.75 billion in revenue, and revised the proposed provider cut to 5 percent. However, proposed changes in eligibility and enrollment will create hundreds of thousands of more uninsured Texans.

"Cuts in provider reimbursement and covered populations would have far-reaching implications," said Joe A. DaSilva, CHE, CAE, THA's senior vice president of advocacy and education. "Because of the long-term implications of these proposed budget cuts, THA engaged The Perryman Group to analyze the impact of Medicaid and CHIP cuts on local governments, local communities and local businesses. Ray Perryman is a well-respected economic forecaster, and hospitals

believe that his analysis of the consequences of these proposed Medicaid and CHIP budget cuts as well as the impact of creating new uninsured Texans will help legislators understand the ramifications of state budget decisions."

THA is coordinating a comprehensive grassroots and media campaign to involve hospitals and trustees as well as the public in fighting these budget cuts.

Health Care Lawsuit Abuse Reform

Another key issue this session is health care lawsuit abuse reform. Medical liability measures were rolled into House Bill 4 by Rep. Joe Nixon (R-Houston), omnibus tort reform legislation. After almost two weeks of contentious debate, House Bill 4 passed the House on March 28. House Joint Resolution 3, also by Rep. Nixon, was approved as well on March 28. The measure would give voters the opportunity to give legislators the constitutional authority to set caps on noneconomic damages in health care and other lawsuits.

Health care liability advocates are backing a measure similar to legislation passed in California more than 25 years ago. Key components of the health care package include a \$250,000 cap on noneconomic damages, modifications to the collateral source rule, limits on attorneys' contingency fees and structured payments of awards. However, the provisions on collateral source and attorneys' contingency fees were stripped from the bill on the House floor.

THA has provided grassroots tools to hospitals to help garner

support for both pieces of legislation in the Texas Senate, where stiff opposition is anticipated. Trustees should work with their hospital/system CEO to get involved in this important initiative.

Prompt Pay

Legislation to require the prompt payment of clean claims passed the Texas Senate on March 25. THA was very involved with the negotiations and drafting of Senate Bill 418 and House Bill 1816. The legislation clarifies and strengthens provisions in existing law and statute.

Workforce

THA, working with the Texas Nurses Association, continues to reinforce the message that "Texas still needs nurses." Cuts in the Texas Higher Education Coordinating Board's budget may undermine the 20 percent gain in nursing enrollment that resulted from the allocation of Dramatic Growth Funds in 2001.

Trauma Funding

Despite proposals to reduce the already inadequate Tertiary Care Fund, legislators are considering initiatives that would create a source of funding for trauma and emergency services. However, creating new fines or penalties dedicated to trauma and EMS funding face great hurdles.

Patient Safety

Rep. Vicki Truitt (R-Keller) is the author of House Bill 1614, which creates mandatory reporting by hospitals and surgical centers of certain sentinel events to the Texas Department of Health. THA supports the legislation that will enhance patient safety.

Hospital Board Members Recognized by Texas Academy of Governance

Twenty-two hospital board members were honored March 7 during the Texas Healthcare Trustees Spring Forum in Dallas as the first recipients of a new award for excellence in hospital governance. Presented by the Texas Healthcare Trustees Foundation's Texas Academy of Governance, the award recognizes individual trustees who achieve knowledge and skills in governance and strive to keep that knowledge current through education and the practice of effective governance.

"Hospitals and health care systems rely on their trustees

and governing boards to make decisions that affect their future," said Mary Walker, president and chief executive officer of THT. "Recognition from the Texas Academy of Governance indicates a commitment to practicing the most important aspects of trusteeship – community stewardship, leadership, dedication to effective governance, collaboration, vision, commitment and service."

Honored trustees and their hospitals are:

- B.J. Jahnke** – *Bellville General Hospital*
Melvin Woody – *Campbell Health System (Weatherford)*
Charles W. Papacek and Richard Wheeler – *Cuero Community Hospital*
E. Allen Daigle and Lucille H. Rochs – *Hill Country Memorial Health System (Fredericksburg)*
Barry Couch, Bill Reeder and Ralph Wilson Jr. – *King's Daughters Hospital (Temple)*
Vernon Garrett and Sandra T. Pybus – *Memorial Hermann Healthcare System (Houston)*
Kenneth A. Finch, Henderson Garrett, Jack W. Hemingway, Richard Procter and Pete Weber – *Metroplex Adventist Hospital Inc. (Killeen)*
Katherine Boswell, J.C. Colton, Richard Dennis and Jeanette Ender – *Palo Pinto General Hospital (Mineral Wells)*
Romeo Lopez – *Starr County Memorial Hospital (Rio Grande City)*
Jeannine A. Eaton – *Wise Regional Health System (Decatur)*



Among the trustees recognized March 7 for excellence in hospital governance by the Texas Academy of Governance were (standing left to right) Richard Dennis, J.C. Colton, Bill Beazley, Allen Daigle, Vernon Garrett, Charles Papacek, Henderson Garrett, Melvin Woody, Ken Finch, Richard Wheeler, (seated left to right) Katherine Boswell, Jeannine Eaton, B.J. Jahnke, Lucille Rochs, Sandra Pybus and Jeanette Ender.

The Texas Academy of Governance is a unique statewide initiative by the THT Foundation to encourage, recognize and reward best standards of hospital governance. To be considered for trustee recognition, applicants must demonstrate commitment to standards set by the Texas Academy of Governance. Those standards include:

- a commitment to the hospital and the community;
- meeting fiduciary duties and governance obligations;
- a commitment to governance educational development;
- exemplifying ethical leadership; and
- continually improving and assessing performance.

Texas Healthcare Trustees members serve on the governing boards of Texas hospitals and health systems. THT has approximately 458 hospital/health system governing boards representing more than 3,000 trustees. The THT Foundation initiated the Texas Academy of Governance as a voluntary program dedicated to promoting and recognizing excellence in health care governance.



Ride the Waves of Change at THA's 2003 Annual Conference and Expo

Health care is changing rapidly. New technologies, ever-increasing regulations and challenges such as bioterrorism threats and a shrinking workforce have created rough waters for hospitals. Yet many organizations are "Riding the Waves of Change" with great success. What's the secret? Find out at THA's 2003 Annual Conference and Expo, June 16-17 at the Austin Convention Center.

This year's event, following on the heels of the 78th Texas Legislative session, will spotlight new laws affecting hospitals and health systems. Held in cooperation with the Texas Healthcare Trustees, the conference also features outstanding educational sessions, excellent networking opportunities and a first-class Expo featuring 175 of the top health care vendors in the industry.

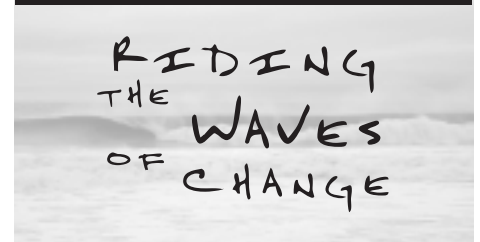
The opening session will be highlighted by three keynote speakers, U.S. Sen. John Cornyn (invited); Jeffrey C. Bauer, Ph.D., a nationally recognized health futurist and medical economist; and Joseph Bujak, M.D., vice president of medical affairs for Kootenai Medical Center in Coeur d'Alene, Idaho. A popular speaker, Dr. Bujak will discuss the need for a

new type of leadership in health care and the importance of restoring joy in the workplace. Speaking at Monday's Awards and Leadership Session will be Quint Studer, founder of The Studer Group,

which works with health care organizations to create better environments in which employees work, physicians practice medicine and patients receive care. The conference will close with nationally syndicated columnist Molly Ivins, a keen observer of politics and all things Texas.

Mark your calendar now, and join your fellow THT members and health care colleagues from across the state at the June conference. Complete registration information will be available in April. Watch your mail or go to www.thaonline.org for more details.

Texas Hospital Association
Conference and Expo
June 16-17, 2003
Austin Convention Center



National Hospital Week Focuses on the Community

"Bringing the Power of Care to the Community" is the theme of this year's National Hospital Week, set for May 11-17. This week recognizes the contributions hospitals make to their communities, and provides hospitals with the opportunity to recognize health care workers, volunteers and other health professionals dedicated to making hospitals and health systems available to their communities – 24 hours a day, 365 days a year.

Hospital Week began in 1921 as an effort to change the public's perception of hospitals. The celebration became a national event when President Calvin Coolidge issued an official presidential proclamation in 1928. Since that time, AHA and its affiliated state hospital associations have carried on the tradition of recognizing hospital employees for one special week each year.

If your hospital needs additional planning guides and catalogues, call the customer service representative at HealthShare/THA's vendor, THA Bell's Select at 800/822-1923. To access the National Hospital Week materials, go to www.aha.org and click on the National Hospital Week icon. Visitors can download the catalogue and planning guide directly from AHA's Web site.

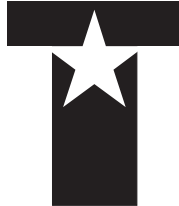


Summer THT Forum To Focus on Top Issues

Don't miss the latest information about top issues in health care governance at the THT Summer Forum, Aug. 8-9 at the Renaissance Austin Hotel. A must-attend event for trustees, the Forum will focus on trustee leadership, legislative happenings, workforce and other important governance issues. In conjunction with the Forum, a silent auction also will be held to benefit THT Foundation programs.

Mark your calendars now for the informative two-day Forum in Texas' Capital City. After daily Forum activities, Austin offers a wealth of dining, entertainment and recreational opportunities. The Renaissance Austin is located in the heart of the Arboretum, known for its fine restaurants and upscale shopping, set in a picturesque greenbelt area. For more information, call 512/465-1562 or, in Texas, 800/252-9403.

T·E·X·A·S
HEALTHCARE
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Public Hospital Orientation and Refresher Set for August

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

Set for Aug. 7, 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
- Complying with requirements of the Texas Open Meetings and Public Information Acts.

If you serve on a public hospital board, do not miss this essential orientation. The registration fee is \$100 for THT members and \$150 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.

Nominate a Trustee for Top Honor

Nominations are being accepted for the 2003 Founders' Award for Distinguished Hospital/Health System Trustee, THT's highest honor. Outstanding hospital trustees who have distinguished themselves through contributions to the health care field, are leaders in providing health care services in their communities and are active in THT are eligible. Deadline to submit nominations is May 16.

Nominees must be hospital/health system trustees whose institution is a member of THT, and who have made significant contributions to the health care field through THT. A selection committee composed of members of the THT Board of Directors will evaluate nominees. Selection will be based on contributions to the health care field and the nominee's role in providing board leadership and service. The recipient will be announced in the *Trustee Bulletin*, at the Summer THT educational forum and in *THA News*, THA's monthly newsletter. A nomination form has been mailed to all THT members. For more information, call 512/465-1051 or, in Texas at 800/252-9403.

THT Leadership Nominations Due

Texas Healthcare Trustees membership is comprised of many born leaders. Take the next step and consider becoming a THT board member. The nominating committee is seeking nominations for openings on the 2004-2005 THT board of directors. Members of governing boards of THT-member hospitals and health systems are eligible. Paxton Howard, M.D., Peggy Allison, Bill Beazley, Barry Couch, Wes Lepard, Buddie Rivers, Sister Pat Elder and John Zerwas, M.D., serve on the Nominating Committee. For more information or to submit nominations, contact Dr. Paxton Howard, committee chair, or Mary Walker, THT president and chief executive officer, at 512/465-1051 or in Texas, 800/252-9403.

Disaster and Bioterrorism

Preparedness: A Trustee's Role

When it comes to bioterrorism, the first question for health care trustees to ask is, "How prepared is our hospital and health system to respond when disaster strikes?" Without doubt, trustees must address this issue, but they cannot stop here. Trustees not only have an essential role in preparing their hospitals to face the threat of bioterrorism, but also their communities.

"Trustees hold important positions in the community because they represent the most valuable part of any city's infrastructure – its hospitals. But hospitals cannot prepare themselves as an island. The issue to address now, not only is how well each hospital can be prepared, but how well prepared is a region," says Bill Rasco, FACHE, president and chief executive officer of the Greater San Antonio Hospital Council. Rasco was a speaker at the Texas Healthcare Trustees Spring Forum March 8 in Dallas.

Preparation for the threat of bioterrorism calls upon the same skills that for years have been used to develop disaster preparedness plans. Hospital leadership has experience planning for floods, storms, chemical spills and a myriad of other potential emergencies and disasters. Yet, on Sept. 11, the "rulebook" changed for what reasonably can be anticipated, and trustees are called to expand their vision.

"It is time to rise to a new level of preparedness. We all need to look at the same horizon through the same set of glasses. We're all on one team, with one goal in common, and that's doing what's best for the patient," Rasco says.

Educate

The first step is education – before a disaster happens. Hospital and health system trustees, administrators and the community must be prepared to handle the threat of disaster or bioterrorism. Every member of a community has a vested interest in being prepared, and trustees, because of their community standings, are essential to garner the necessary support.

Most hospitals have disaster plans, but these must be coordinated with community, region, state and even federal resources. Trustees can work with other industry leaders to determine what resources can be made avail-

"Preparation against bioterrorism calls for a team approach. There are no spectators."

U.S. Sen. Bill Frist, M.D., When Every Moment Counts

able during a terrorism event. Trustees also can educate business and government leaders to the needs of the hospital. In that role, they can encourage state government to support efforts financially to link local agencies for a coordinated terrorism response.

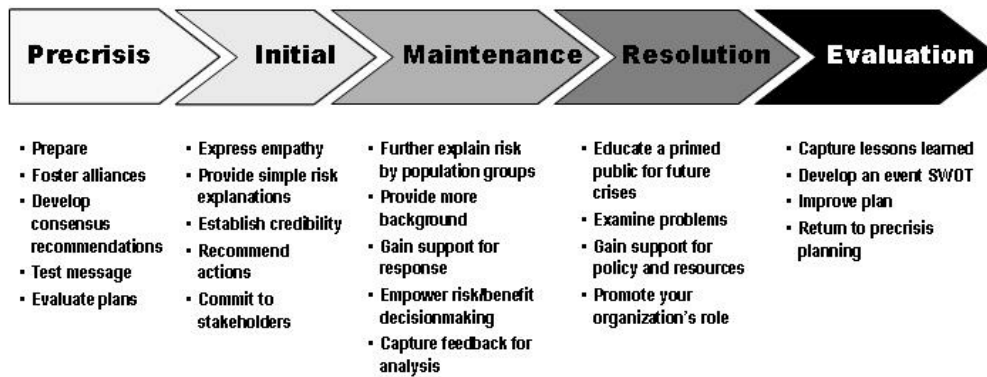
"Trustees can assume active communications positions. They need to be disciples of the hospital; they need to go out there and talk about this," says Rasco.

Communicate

Clear and accurate communication is critical, especially in times of terror. Rasco says trustees must ask, "How can our hospitals integrate the necessary partners and prepare our community?" A chief component of being prepared to handle the threat of bioterrorism is building the necessary relationships and channels of communication ahead of time. A crisis communications plan for the region must be established before an emergency – when every minute is critical. A task force should be created that can take several steps to increase the ability to respond quickly and appropriately:

- Maintain a roster with "best and current" contact information for all facilities and key individuals. Include e-mail addresses and fax, home and cell phone numbers.
- Establish a detailed media plan. Members of the community will want information quickly.
- Clarify the events that call for notifying state or federal authorities and design an action plan for doing so.
- Discuss worst case "what if" scenarios and develop a strategy for addressing the situations as a connected group. Prepare to make the tough decisions ahead of time.

Crisis Communication Lifecycle



Source: CDC, *Crisis and Emergency Risk Presentation*

Coordinate

If the unthinkable occurs and a bioterrorism incident happens, members of a community likely would flood the hospital seeking help. This creates the potential not only for contaminating the hospital, but also everything and everyone en route. Communities must coordinate contingency plans for navigating tough issues such as temporary containment, mandatory inoculations and sealing geographic borders.

If the incident were to occur in a metropolitan area, hospitals and health care facilities in outlying regions may be called upon to help relieve some of the pressure. Health facilities in contiguous communities are potentially members of the same emergency response team, and a “team effort” is important. Hospital leadership can form a task force to establish effective lines of communication and develop an efficient, coordinated plan of action. Representatives from

the following groups should be included in this task force:

- All area hospitals;
- Minor emergency;
- Pharmacies and suppliers;
- Physicians;
- Epidemiologists and laboratories;
- Police, sheriff, EMS and fire departments;
- City manager or mayor;
- Chamber of Commerce;
- Public health;
- Emergency management; and
- County commissioners.

Plan regionally for equipment acquisition. Rasco says that various hospitals in one metropolitan area purchased protective suits independently and ended up with three different brands, and none of the parts are interchangeable. Discuss telephone, radio and communication systems and software as a region. “Such actions make sense in readiness time,” says Rasco. Also, he suggests that hospitals can further stretch federal training dollars by coordinating efforts on a regional basis.

Building Relationships

“You can’t write an operations plan for everything, but through the task force, you can prepare by building relationships, so that you’re not working together for the first time in the midst of a crisis,” Rasco says.

Because of their dual community and hospital leadership roles, trustees are in a unique position to reinforce crisis preparedness efforts. Trustees have the opportunity to make a difference, not only for their hospitals, but also for the region.

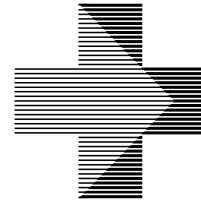
Elements of a Complete Crisis Communication Plan

- Signed endorsement from director
- Designated staff responsibilities
- Information verification and clearance/release procedures
- Agreements on information release authorities
- Media contact list
- Procedures to coordinate with public health organization response teams
- Designated spokespersons
- Emergency response team after-hours contact numbers
- Emergency response information partner contact numbers
- Partner agreements (like joining the local EOC’s JIC)
- Procedures/plans on how to get resources you’ll need
- Pre-identified vehicles of information dissemination

Source: CDC, *Crisis and Emergency Risk Presentation*

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