



Texas Healthcare
Trustees
THA Family of Companies

FALL 2021

Trustee Bulletin

triumph amid *turbulence*

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STATE
OFFICE OF
RURAL
HEALTH

This fall, join Texas Healthcare Trustees and the State Office of Rural Health on the *Journey to Board Proficiency*.

The journey to board proficiency can be difficult to navigate alone, but THT and SORH will help guide the way with this new educational series! Participate in one or all of the **free educational offerings** to gain insights from industry leaders, network with other trustees across the state, improve your board's performance and seek new opportunities for growth.

Learn more and register for all the programs below at www.tht.org/SORH.

1

Stop 1: New Trustee Orientation Bootcamp

Are you just beginning your board service journey? This program provides a live, two-hour online module that broadly covers a trustee's roles and responsibilities, fiduciary duties, governing board structure, board meeting best practices and health care industry trends.

Date: Thursday, October 21, 10:00 a.m. – noon CT

Speakers: Kevin Reed, J.D., Reed Claymon PLLC and Fletcher Brown, J.D., Waller Law

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Stop 2: Rural Governance Forum

The Rural Governance Forum is a live, four-part series of facilitated conversations between THT governance and subject-matter experts with hospital trustees and executive leaders. Note: you may choose as many programs to participate in as you wish. Please register yourself individually for each live event.

Finance and Best Practices for Rural Hospitals

Date: Thursday, September 16, 11:00 a.m. – noon CT

Speakers: Quang Ngo, President, TORCH Foundation

Strengthening Board Leadership: How to be a Better Board Member

Date: Tuesday, October 12, 11:00 a.m. – noon CT

Speakers: Craig Deao, Managing Director, Huron Group

Mobilizing Trustees as Grassroots Advocates

Date: Thursday, November 4, 11:00 a.m. – noon CT

Speakers: Lilia B. Escajeda, Chair Emeritus, Northwest Texas Healthcare System

Effective Public Hospital Governance

Date: Tuesday, November 30, 11:00 a.m. – noon CT

Speakers: Sarah Fontenot, J.D., Adjunct Professor, Department of Health Care Administration, Trinity University

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Stop 3: Online Board Self-Assessment

Put your knowledge to the test with THT's Online Board Self-Assessment tool, which offers comprehensive data and analysis around your board's performance. Participate in the BSA anonymously to evaluate the efficacy of your hospital leadership team and identify opportunity areas for improvement.

Register here: txhealthcare.ihonline.org

Questions about your Journey to Board Proficiency? Please contact:



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A Message From the President/CEO

“For some organizations, near-term survival is the only agenda item. Others are peering through the fog of uncertainty, thinking about how to position themselves once the crisis has passed and things return to normal. The question is, ‘What will normal look like?’ While no one can say how long the crisis will last, what we find on the other side will not look like the normal of recent years.”

”

— **Ian Davis**, Former Managing Partner at McKinsey & Company Global Management Consulting



Those words from Ian Davis provide such a succinct way to sum up the position many hospital and health system leaders find themselves in today. At the time of writing this, Texas is fully in the midst of another COVID-19 surge, this time stemming from the more virulent delta variant.

There continues to be so much complexity and rapid change occurring, so much information and data to make sense of. In our opening keynote session of THT's 2021 Healthcare Governance Conference, futurist Ben Hammersley was asked how we as leaders can avoid or work through this complexity. His answer provided a great summary of his presentation but also a philosophy to carry through this fog of uncertainty: he said we can't, we simply cannot avoid it. Instead, he proposed, use this opportunity to find new ways to do things, to shed the complexity - and baggage - of the past in order to deal with the complexity of the future. What does that look like in practice? Hammersley discussed the need to maintain advances hospitals and systems have had to adopt from COVID-19 and using that momentum to continue to lead change and help transform health care.

In this issue we will discuss changes that the 87th Texas Legislature has solidified into statute and what these new laws mean for your organizations as you plan for the future. Also helping you prepare for a future crisis is an article on surge staffing protocol, and Kimberly A. Russell, one of our HGC breakout session speakers, provides an insightful article on facilitating meaningful discussions at your board meetings.

As of September 2021, there is still much uncertainty with where we are headed next, especially with COVID-19. Please know THT will continue to be your partner along the way, helping bring you need-to-know information and how to make sense of it all as we plan for the next normal.

Amy Eskew is the President/CEO of Texas Healthcare Trustees.

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Texas Healthcare Trustees is a statewide association whose members are Texas Hospitals and health systems and the 3,000 board members who govern those organizations. THT prepares trustees to lead, govern and take action to improve the quality of health care in their communities.

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Hospitals Triumph Amid Turbulence

Despite an Unusual Legislative Session, Hospitals See Big Wins

By Aisha Ainsworth

Those who follow the Texas Legislature know that each legislative session is different. Marked by compromise, the 2019 legislative session was productive. This session was difficult, and the ensuing special sessions lacked the compromise and productivity lawmakers exercised in years past.

The regular session concluded on Memorial Day. Lawmakers reconvened briefly in July for a special session to address a number of the governor's priorities, including a proposal to change voting laws in Texas. Building on the walk out they staged during the regular session, Texas House Democrats again broke the quorum needed to pass a controversial bill. This time fleeing the state for the entire first special session and half of the second special session.

The turbulence from the regular session serves as apt foreshadowing for the state's current predicament. Still, the regular session yielded significant wins for Texas hospitals and our health care infrastructure.

Gov. Greg Abbott (R) signed into law, with immediate effect, liability protections for hospitals and other health care providers acting in good faith during the pandemic. The Texas Hospital Association navigated a delicate balance with lawmakers who wanted to end visitation restrictions during public health emergencies and settled on allowing one visitor with appropriate safety protocols. THA fought hard, down to the wire, to preserve hospitals' ability to require staff immunization against vaccine-preventable diseases like COVID-19. Though the legislature took necessary steps to address some of Texas hospitals' most pressing needs, the road to get there was long.

An Unusual Start to Session

Uncertainty marred the early days of the 87th Texas legislative session. The pandemic-induced economic downturn meant the state had less to spend than anticipated. Balancing the next two-year budget would require cuts.

After being closed to the public for months, entry to the Texas Capitol became contingent on a negative COVID-19 test from the tent affixed outside. Committee hearings were sparsely populated,



as public testimony was taken via Zoom. The pandemic cast a cloud over the capitol and, to some extent, the legislative process early on.

About a month into session, another curve ball emerged. This time in the form of a catastrophic winter storm, for which the Lone Star State was unprepared. Having rendered the state powerless for days, Winter Storm Uri ignited a frenzy among lawmakers and constituents.

In addition to human life, the state's infrastructure and public reputation were on the line. Work began immediately to address the power grid's failures and ensure the state is prepared for future disasters.

Eventually, however, work on the state's electric infrastructure and the ongoing pandemic took a back seat to other issues—like whether transgender children should participate in school sports and whether Texans should be able to carry a handgun without a license.

Disagreements escalated between the House and Senate over "red meat" priorities. In the final days of session, House Democrats staged a walk out—a last-ditch effort to stop a bill they viewed as voter suppression. Their exit broke the quorum needed to pass priority legislation that state leaders promised would protect voter integrity.

Tensions only mounted when the governor retaliated by vetoing funding for the legislature. Paychecks for legislative staffers were on the line, and a summer of special sessions was born.

The Push for Health Care Coverage Expansion

Long-time advocates of health care coverage expansion, THA fought hard this session to increase the number of Texans with comprehensive health care coverage. THA made impressive progress toward achieving coverage expansion. But a once resolved issue—Texas' Medicaid 1115 Waiver—took the spotlight and colored the conversation around coverage expansion.

As part of a COVID-19 relief package, the federal government offered hold-out states major financial incentives to expand Medicaid. The incentives would have covered the lion's share of Texas' cost of expand. Considering the state had seen rampant unemployment rates and still was battling an ongoing health care crisis, the need to bridge Texas' coverage gap was clear.

Texas hospitals led an targeted campaign and collaborated with other provider groups and advocates to elevate the coverage issue and educate lawmakers and the public about smart solutions to keep Texans healthy and productive. More than 65 Democrats and 10 Republicans publicly supported a bill that would have drawn down billions in federal funds to cover an estimated 1.2 million more low wage working Texans. The legislation garnered unparalleled support.



Still, with a Republican stronghold in both chambers and at the highest levels of state government, the legislation faced an uphill battle.

Ultimately, however, the coverage effort was derailed by the federal government's decision in April to rescind the 10-year extension for Texas' Medicaid 1115 Waiver. The waiver supports Texas' health care safety net and ensures hospitals, doctors, behavioral health professionals and other providers have the resources to provide essential services to indigent and low-income Texans. The waiver extension would have ensured the state's ability to meet millions of Texans' health care needs for a decade.

The rescission represented a devastating blow to the state's health care infrastructure, and state lawmakers simply could not support a coverage solution that the federal government controlled.

Newly elected House Speaker Dade Phelan (R-Beaumont) proposed an enticing alternative—a health care package that sought to improve coverage for postpartum women, children and prescription drugs, among other health care supports.

THA welcomed this proposal, and despite considerable leveraging by the Senate, the targeted coverage items passed.

Postpartum mothers now will have Medicaid coverage for six months, up from two months, after delivery. Instead of four eligibility checks a year, children in the Medicaid program need just one to maintain their coverage for at least six months. And uninsured Texans can qualify for a rebate program to access life-saving drugs at discounted prices.

The Spending Plan for Health Care

Support for hospitals and health care services continued in the form of ongoing investment in the 2022-2023 state budget. Initially, though, the outlook for next biennial budget was grim.

In July 2020, the state faced a significant budget deficit. Texas asked state agencies to cut their current budgets and their funding needs for 2022-2023. Across-the-board cuts were expected.

By January, an increase in sales tax revenue helped reduce the deficit, and more good news came when the state comptroller announced that the revenue estimate was no longer in the red. He attributed this to increases in COVID-19 vaccination and reduced cases and hospitalizations.

With a positive balance and increased federal investment, the Texas Medicaid program remarkably sustained no cuts. Budget writers appropriated \$361 million to maintain state funding for safety net, trauma and rural hospitals' Medicaid rate enhancements. They provided \$48 million in new funding to boost rural hospitals' inpatient Medicaid rates. A priority for THA, the legislature directed the state health agency to pursue a federal waiver to eliminate the prohibition on Medicaid reimbursement for inpatient psychiatric care.

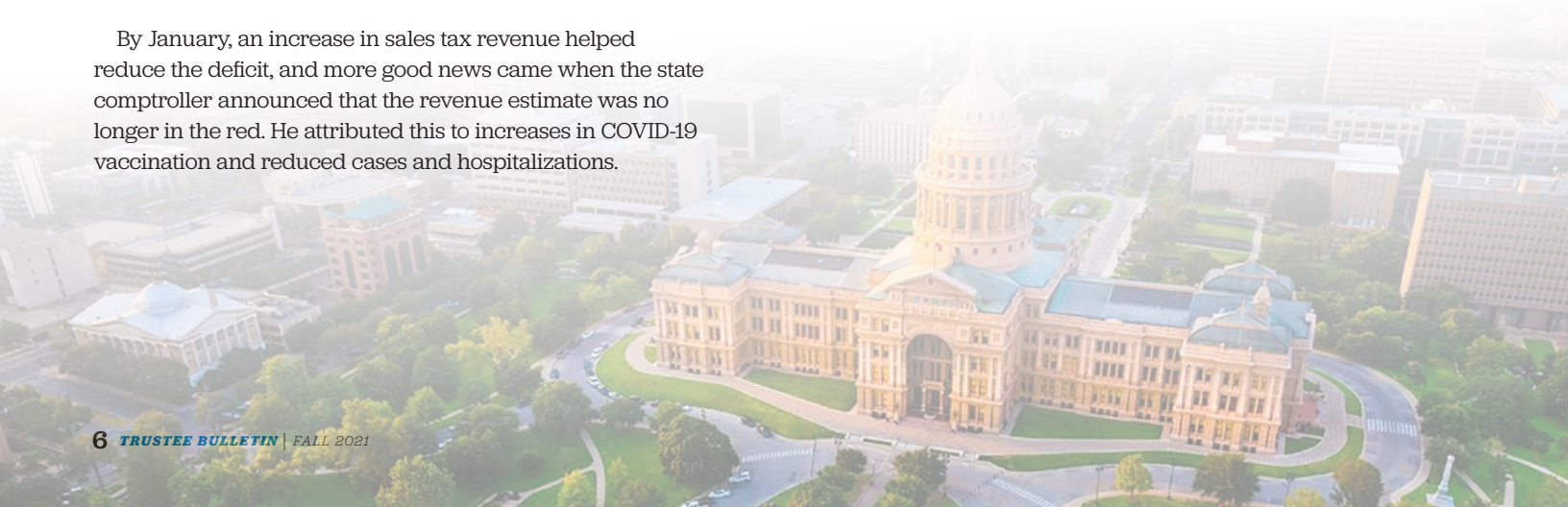
Lawmakers also appropriated new funds to support behavioral and maternal health services. Lawmakers spent \$321 million from the state's savings account to continue renovating state inpatient psychiatric hospitals. They spent \$86 million to bring new state hospital beds online and \$30 million more to purchase inpatient psychiatric beds at community hospitals. An extra \$10 million over current spending will go to fund women's health services, family planning services and cancer screenings.

The state supported the health care workforce with \$19 million for the Professional Nursing Shortage Reduction Program. They allocated \$199 million for graduate medical education to increase first-year residency slots.

Work Continues Amid Uncertain Special Sessions

The governor added health care staffing to the agenda for the second special session that began in August. At the time of this writing, enough lawmakers have returned to Texas for the House to reach a quorum. It remains to be seen how much work the legislature can accomplish before the clock runs out Sept. 5. Regardless of lawmakers' whereabouts, THA remains in close contact with state leaders about hospitals' staffing challenges resulting from the recent surges of COVID-19. THA actively is monitoring the state agencies' rulemaking activities to implement and enforce the new laws from the regular session. Through this special session, the fall-scheduled session on redistricting and beyond, THA will continue educating lawmakers on the policies that are (and are not) needed to make Texas health care the best it can be for all its residents.

For more information on this issue, please visit www.tha.org/state.



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My Board is Too Quiet

Tips and Pointers to Facilitate Meaningful Discussions at Every Board Meeting

By Kimberly A. Russel, FACHE

The ideal board meeting features strategic discussion among trustees with ideas, comments, questions and suggestions freely shared. However, many CEOs report a lack of discussion at board meetings. CEOs and board chairs should not be reassured by a quiet board – generally, this is not a healthy sign. The essence of the board’s work occurs during its meetings; participation by trustees is foundational to the board’s duties. When discussion is lacking, trustees may begin to question if board service is meaningful.

There are many factors that may contribute to board meetings that are overly quiet. Begin your analysis with these questions:

- Are agenda topics strategic and at the governance (not operational) level?
- Are staff presentations lengthy? Do staff presentations dominate the agenda?
- Are briefing materials and board packets concise?
- Does the board have the needed education in relevant health care matters?

Consider these action steps to ensure that active discussion among all board members becomes routine:

Setting Expectations

Board members must understand that active participation during board meetings is a basic requirement of board service. This obligation should be clarified during trustee recruitment and should be emphasized during new trustee orientation. To illustrate this responsibility during orientation, consider presenting a few discussion examples from past board meetings. (Example: After a brief staff presentation on trends in the local insurance market, the board asked questions and discussed potential new payment models and the possible revenue impact.) For boards that remain reserved, schedule an educational update at your next board meeting about governance duties, with emphasis on how this is carried out in the board room via discussion and Q&A.

Agenda Construction

Begin with a review of past board agendas. Are there routine items that can be moved to a consent agenda, delegated to a committee or simply handled by management rather than the board? Effective board meetings feature streamlined agendas so that board time is concentrated on key strategic items.

Each agenda should feature one or two strategic discussion topics. Identify these topics on the agenda so that trustees have a clear advance understanding of the most important agenda items. Although some strategic discussion topics require immediate board action, other subjects do not. Even when a topic is not an action item, strategic discussion in the board room can be helpful counsel for the C-suite and may also open new lines of thinking.

Board Packets

Sometimes board members are hesitant to join in board room discussions because they are underprepared for the meeting. Meeting materials should be available at least one week prior to board meetings to ensure adequate time for review. Cast a critical eye on the composition of the board packet: Busy trustees need summarized, well-curated board packets.

Staff Presentations

Even highly experienced C-suite members may be guilty of overly lengthy presentations in the board room. Staff presentations should be concise, with additional summarized material available in the board packet if needed. CEOs are advised to guide their staff on shortening up both the length of the presentation and the slide deck. Consider imposing a limit of three slides for staff presentations. This will help the presentations stay at the governance, rather than operational, level.

Key Questions

For each strategic topic, pose 2-3 discussion questions to initiate board discussion. The CEO (with the possible assistance of the board chair) should develop these questions in advance of the meeting. Some boards also appreciate receiving the questions with the pre-meeting advance materials.

Role of the Board Chair

The board chair plays a key role in facilitating discussion in the board room. The most effective board chairs encourage discussion among all members. For example, as an agenda item is introduced, the board chair may state, “We have reserved time on the agenda for a thorough discussion of this topic and I look forward to hearing your thoughts.” Or the board chair may politely call on a specific trustee to speak, “Jane, given your background, what do you think about these options?” Board chairs should be mindful that their comments and receptivity to fellow board members can impact, positively or negatively, a board culture that promotes (or discourages) active participation. Facilitation skills are important to consider as boards select future chairs.

Role of the CEO

The CEO should take every opportunity to reiterate to trustees that robust conversation at board meetings is both welcome and necessary. The expectation for board member participation should be emphasized during trustee recruitment and board orientation. The CEO is also pivotal in agenda planning and topic selection. The board should rely on the CEO to identify key strategic subjects for each agenda. The CEO also controls the contents of the board packet and can ensure that background materials are presented at a summarized governance (rather than operational) level.

Board Education

Enlist a board committee (such as the Executive Committee or the Governance Committee) to critically review board education needs. Understand that education priorities may differ among new versus experienced board members. Given both the complexities

and the dynamic nature of health care, CEOs and board leaders should expect to double down on trustee education. An annual education plan is essential for a board to be adequately prepared for substantial discussions in the board room.

Final Considerations

As health care gains in complexity, hospitals and health systems with highly effective governance will be best positioned to serve their communities and live their mission statements. Boards with an established culture of robust participation during board meetings will benefit from the contributions of all trustees. Optimal decision-making is a result of dynamic and active board meetings.

Kimberly A. Russel, FACHE is the CEO of Russel Advisors.





TEXAS OPEN MEETINGS ACT and PUBLIC INFORMATION ACT

Governmental hospitals in Texas, such as hospital districts, hospital authorities, and county hospitals, are subject to the requirements of the **Texas Open Meetings Act** and the **Texas Public Information Act**. Health care trustees of governmental facilities need to be familiar with the key requirements of these laws to ensure compliance. Here is a primer to help you get more familiar with these laws:

Open Meetings Act

The Open Meetings Act requires meetings of governmental bodies to be open to the public, except for expressly authorized closed sessions. The Act applies to any meeting of a governmental governing board in the state and requiring that written notice of the meeting be publicly posted in advance.

Meeting is defined under the Act as a gathering of a quorum, or majority, of the directors when there is either:

- A deliberation involving public business or formal action taken by the board; or
- Receipt of information from, or exchange with, a third person about the board's public business.

Written notice must be publicly posted at least 72 hours in advance of the governing board meeting, stating the date, time, location, and subjects to be considered. The notice must be sufficiently detailed with subjects that will be covered; terms such as old, new or other business are not sufficient. Notice of meetings must be posted at a place convenient to the public in your administrative office, as well as on your hospital's website, or provided to the county clerk for posting.



There are certain detailed exceptions for emergency meetings that can be held with less than 72 hours' notice.



Common closed meeting exceptions include consultations with attorneys, deliberations about real property, personnel, security devices, new service lines and medical peer review, quality assessment and compliance.

Meetings must be **open and accessible to the public**.

- A governmental board may only vote on an item in an open meeting. The public has a right to **attend and record** an open meeting.
- A governmental board is required to allow members of the public to speak on an agenda item before or during the board's consideration of the item.
- The board may adopt reasonable rules regarding public comment, including time limits on speaking.

Governmental boards are required to **keep minutes or a recording** of each open meeting and to keep a “certified agenda” (a list of topics discussed) or a recording of each closed meeting. The certified agenda or recording of a closed meeting must be kept confidential by law.

Actions taken by a governmental board in violation of the Act can later be declared void by a court!

The Act makes the following violations a crime:

- Failing to keep a certified agenda or recording of a closed meeting;
- Disclosing a certified agenda or recording of a closed meeting to the public
- Going into closed meeting when a closed meeting is not permitted under the Act; and
- Meeting in multiple small groups of less than a quorum to circumvent the Act

Texas Public Information Act

Most information generated or retained by a governmental entity is public information under the Public Information Act (PIA). This includes information in any form – including paper, electronic or video.

Although most governmental information is public, **certain information is made confidential** by law and not subject to the PIA. Examples include information related to:

- Patient health;
- Pending or anticipated litigation;
- Competition or bidding;
- Attorney-client privilege; and
- Current or former employees

Any member of the public is entitled to **make a request for public information** under the PIA. The request must be made in writing; however, the request does not have to be labeled as a PIA request, and no magic words are required.

Upon receipt of a valid request for information under the PIA, the governmental entity usually must either promptly provide the information to the requestor or, within 10 business days of receipt of the request, seek a decision from the Attorney General's Office regarding whether the requested information must be disclosed.

Information on an a governmental official or employee's personal device, such as a cell phone or personal computer, can still be subject to the PIA if it relates to the official business of the governmental entity. If a government official or employee has such information on a personal device, they are considered a custodian of the information and are subject to Texas laws regarding retention and destruction of government records.

Required Training and Resources

Governmental board members are required to receive a one-time training on the Texas Open Meetings Act and the Texas Public Information Act, within 90 days after taking the oath of office. Training resources created by the Texas Attorney General's Office are available at www.texasattorneygeneral.gov/open-government/governmental-bodies.

Authored by Brian Jackson, J.D. and Craig Carter, J.D., of Jackson & Carter PLLC – an Austin based law firm that specializes in the representation of hospitals, hospital related organizations, physicians, and other health care providers throughout Texas. www.jackson-carter.com. This document does not constitute legal advice, please consult with your legal counsel for specific questions.



Filling Crisis Jobs

Ensuring your hospital has a surge staffing protocol in place is a crucial safeguard when disaster strikes.

By Emily A. Cheslock

Natural disasters, mass casualty events and crises bring significant challenges to hospitals and health care systems. Therefore, surge planning is a critical component of any hospital's emergency preparedness plan.

COVID-19 put a strain on Texas hospitals. Shortages of personal protection equipment, ventilators and beds led to unprecedented challenges. Perhaps the most severe was a shortage of hospitals' most important resource: frontline staff.

Personnel shortages caused by COVID-19 underscore the value of a reliable staffing partner. Qualivis, one of the Texas Hospital Association's endorsed partners, provides the health care staff when and where they're needed most.

According to Qualivis, there are several best practices to consider when planning a smooth emergency staffing process.

Offer Financial Incentives

When staffing during an emergency, remember that hospitals are competing for a limited number of caregivers. Accept the necessity of higher hourly rates. Offering higher pay gives your hospital a competitive edge when recruiting crisis staff.

At the height of the COVID-19 crisis, many hospitals found themselves in dire financial situations. As a result, higher hourly rates may not be an option, but there are other ways to incentivize potential staff.

Offering free meals during shifts, safe childcare options or other helpful benefits can go a long way. In addition, ask local businesses if they are willing to donate food, products or even gift cards to staff working during a crisis. Many businesses are happy to support their local health care heroes during times of need.

Accept Reduced Credentials, Out-of-State Licensure

Accept reduced credentials or allow staff from other departments to step in where needed. Experts at Qualivis encourage truncated compliance when increased demand shortens standard delivery times. They created their own abridged list of requirements to speed up the process while still ensuring quality care.

Accept the emergency out-of-state licensure process as approved by your state's licensing boards. More information on this process is available from the Texas Health and Human Services Commission.

Expedite the Orientation Process

In a crisis, hospitals can't wait for the next scheduled orientation to bring staff on board. Consider an expedited process that allows you to bring on staff quicker. Provide literature, modules with videos covering protocol or old-fashioned, on-the-job learning. By expediting some of the administrative work, frontline workers can get on the floor sooner to care for patients and alleviate the onus on existing staff members. Crisis caregivers have typically worked as temporary staff members in hospitals before, making them excellent adapters.

According to the American Academy of Family Physicians, administrative duties can hinder happiness and lead to burnout. By eliminating formal onboarding tasks for temporary staff, hospitals can boost satisfaction.

Guarantee Plenty of Work Hours

Qualivis recommends providing a guarantee of 48 hours per week for temporary staff. Guaranteed hours allow hospitals to hire fewer crisis providers.

Hospitals should guarantee plenty of hours but should strike a balance with time off. Working too many shifts in a row can lead to burnout and lower quality of care. Instead, ensure that temporary providers get their guaranteed hours and have time to relax off the clock.

Be Supportive

Leaders must support their staff by understanding the physical and emotional toll of caring for patients during a crisis. Be visible and communicative. Regular meetings or emails can help your team stay informed and create a sense of confidence.

Beyond providing the physical PPE needed, be sure to protect staff's mental wellbeing. Crisis staff often travel for the job and are away from the comforts of home, family and friends. Ensure that they have adequate time to recharge and practice self-care. Consider offering resources from your psychiatrists or organizations like the National Alliance on Mental Illness on best mental wellbeing practices.

Most importantly, acknowledge the sacrifices frontline doctors and nurses make. They are working long hours, often leaving their families behind to care for patients. Recognizing the hard work, potential health risks and emotional toll can make temporary staff feel valued and welcome.

Emily A. Cheslock is the the communications manager at the Texas Hospital Association.

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2021 Healthcare Governance Conference:

Celebrating 60 Years of THT!

Texas Healthcare Trustees held its annual Healthcare Governance Conference on July 22-24, 2021 at the JW Marriott San Antonio Hill Country Resort and Spa. In addition to celebrating its 60th anniversary, THT members, speakers, sponsors and staff convened in person - and virtually - for more than two days of governance education.

Pre-Conference

THT held an abbreviated New Board Member Orientation and Refresher Course for trustees just beginning their board service journey, as well as Advanced Board Strategies for seasoned board members. Speakers included Fletcher Brown, J.D., Billie Bell, RN, FACHE, Kevin Reed, J.D., Les Wallace, Ph.D., and Deborah Whitley, among others.

Golf Tournament

Also, during pre-conference, THT held its annual golf tournament with nearly 60 golfers at the beautiful TPS San Antonio Canyons Course. Congratulations to our winners: UnitedHealthcare (1st Place), OakBend Medical Center (2nd Place) and Peterson Health (3rd Place)!

Keynote Sessions

THT had three excellent Keynote Speakers this year: futurist and thought-leader Ben Hammersley led a session addressing likely scenarios for a post-COVID world; political correspondent Mara Liasson, in conversation with THT President/CEO, Amy Eskew, discussed the state of play in federal politics; and Craig Deao presented silver linings for health care organizations - including innovation and optimism - from the unprecedented pandemic year.



Breakout Sessions

From compliance to health equity to COVID-19 lessons learned, THT's breakout session speakers covered all the important issues facing trustees and hospital leaders in the current health care climate. THA and TORCH shared back-to-back sessions on takeaways from the 87th State Legislature, while former rural hospital CEO Kim Russel, FACHE, led two sessions on succession planning and preparing today's boards for perpetual turbulence.

Awards Luncheon

The Awards Luncheon celebrated THT's three award winners - and their respective hospitals - for the Ollie Jo Bozeman Excellence in Administrative Professionalism Award, the Advocate of the Year Award and the Founders' Award. Congratulations to Belinda Stewart of Scottish Rite for Children, Dr. Paul Detwiler of UT Health Tyler and Scott Hibbs of Hendrick Health System on all your accomplishments.

Networking

The Exhibit Hall featured 17 dynamic sponsors ranging from ambulatory to financial service providers. Thank you to our Diamond Sponsors, Acadian Ambulance Service and Hilltop Securities! THT held its annual Noble Allen Silent Auction, raising upwards of \$6,700! Congratulations to all our prize winners.

Save the date for THT's
2022 Healthcare Governance
Conference, **July 28-30** at the
Omni Ft. Worth!







The 2021 Trustee Awards

were presented during the Awards Luncheon at the Healthcare Governance Conference on Friday, July 23.



Founders' Award

Scott Hibbs

Trustee, Hendrick Health - Abilene

Congratulations to Scott Hibbs as Texas Healthcare Trustees' 2021 Founders' Award recipient! THT presents

the Founders' Award to a distinguished health care trustee with an exemplary record of leadership, dedication and excellence in health care governance, and is the highest honor bestowed to a trustee.

Whether Scott is working on a water resources project or seated at the board table at Hendrick Health System in Abilene, his exemplary leadership is evident. A listener and problem solver, he gained the respect of his peers at Hendrick—where he has dedicated his time for the past nearly 28 years as a member of the board of trustees. During his tenure, he has become a student of the health care industry, a steward of the Hendrick organization and a servant to the Hendrick mission.

Hibbs joined the Hendrick Health board of trustees in 1992; he has since served with three CEOs at Hendrick Health. Hibbs, along with the board, has engineered generations of leadership at the institution. He served

as chair for two of Hendrick Health's CEO search committees, 14 years apart, to hire both the fourth and fifth CEOs in the organization's 97-year history.

Hibbs strives to meet the needs of the community. He played an integral role in countless projects for the organization including consolidation of the radiology department, building a new medical office and construction of a hospice facility to meet the needs of end-of-life patients. He also led the board in the decision-making process to pursue Project 2010, the organization's largest construction project that grew the campus to 10 times its original size.

At a national level, Hibbs was a trustee representative for the American Hospital Association Regional Policy Board (Region 7) and participated in AHA's Trustee Leadership Network. He has served as a board member and chair of the Abilene Chamber of Commerce, the Abilene Industrial Foundation and the Community Foundation of Abilene.

Advocate of the Year Award



Paul W. Detwiler M.D.

Chair of the Board, UT Health Tyler

The *Advocate of the Year Award* was presented to Paul W. Detwiler, M.D., the chair of the board of trustees of UT Health Tyler. THT's

Advocate of the Year Award recognizes an outstanding trustee, who exhibits leadership in the legislative and regulatory arenas for the betterment of their hospital and the patients and communities they serve.

In addition to chairing the board, Dr. Detwiler is on the medical staff at UT Health Tyler, a 500-bed tertiary, level one trauma center. He is on the front lines with nurses and doctors, caring for his patients and advocating for his peers. Dr. Detwiler's tireless advocacy to improve and extend health care services and medical education in East Texas serves as a model and inspiration for trustees.

Dr. Detwiler's broad vision and advocacy led to expanded medical residency programs in East Texas. Through his leadership, UT Health Tyler launched a residency program in July 2020. In February 2020, the University of Texas announced a new medical school in Tyler. Working with state legislators, the UT Health Science Center, the UT Board of Regents and various foundations, Dr. Detwiler was instrumental in developing the vision and the funding for this endeavor. The UT Medical School in Tyler is projecting that the first class of students will begin courses in 2023. The economic impact of this school is estimated to be \$2 billion annually with an addition of 18,000 local jobs.

Dr. Detwiler is a neurosurgeon trained at one of the top programs in the world, the Barrow Neurological Institute in Phoenix. He chairs the Physician Leadership Council at UT Health Tyler and serves as the Chair of the Physician Roundtable of Ardent Health Services.

Ollie Jo Bozeman Excellence in Administrative Professionalism Award



Belinda Stewart

Assistant to the President/CEO, Scottish Rite for Children - Dallas

The *Ollie Jo Bozeman Excellence in Administrative Professionalism Award* was created in 2018 in

recognition of the significant contributions made by hospital administrative professionals in Texas. The 2021 award was presented to Belinda Stewart of Scottish Rite for Children in Dallas. Belinda's primary role at Scottish Rite is as executive assistant to the president and CEO, Robert L. "Bob" Walker. But during her 33-year tenure at Scottish Rite, she's learned to wear countless hats throughout the day. She is a Scottish Rite ambassador, historian, educator, mentor and wrangler of 40-plus trustees.

Her successful career is due to her dedication to children's health and serving others with a can-do attitude and giving spirit. Belinda's commitment to Scottish Rite's mission of giving children back their childhood is unsurpassed: she is always happy to help. She leads by example with a passion for serving patients and supporting staff.

THT is proud to recognize Belinda Stewart with this distinguished award; she embodies the qualities that the excellence in professionalism award stands for. Her peers contribute her success to her focus on Scottish Rite's culture of child-focused care, respect, integrity, accountability and excellence.

THT Certified Healthcare Trustees

Congratulations to our renewing Certified Healthcare Trustees! (as of July 31, 2021)

Renewing Trustees

Barry Beard, Board Member, OakBend Medical Center – Jackson Street Campus

Jeanna Bamburg, FACHE, CEO, HCA Houston Healthcare Southeast

The Honorable Randy M. Clapp, J.D., Board Chair, El Campo Memorial Hospital

Stephen F. Cooper, Board Vice President, El Campo Memorial Hospital

Bob D. Dyess, Retired Board Member, Baylor Scott & White Health

Paula Dobbs-Wiggins, M.D., Board Vice Chair, Parkland Health and Hospital System

Rosanne E Gallia, Board Vice President, Lavaca Medical Center

Thai Huynh, M.D., Board Member, El Campo Memorial Hospital

Tony Johnson, Board Member, Medina Regional Hospital

Josie Lightfoot, Board Member, HCA Houston Healthcare Southeast

James D. Lindley, M.D., Board Member, Hill Country Memorial Hospital

Penny McBride, Vice Chair, Hill Country Memorial Hospital

Winfred Parnell, M.D., Board Chair, Parkland Health and Hospital System

Gwyn A. Shannon, RN, Board Vice Chair, Swisher Memorial Hospital

Greg Shrader, Board Vice Chair, Peterson Health

Nathan Tudor, FACHE, CEO, El Campo Memorial Hospital

Bernice J. Washington, MBA, Board Member, Texas Health Resources

Judy Winkler, Board Member, Medina Regional Hospital



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Sharon
Isham

Lynn County
Healthcare
System

Hometown: Houston, Texas

Occupation: New Dimensions Caregivers, Business Development

Family: 3 adult children, 8 grandkids, 2 great-grandkids

Hobbies/Interests: Gardening and reading as a means of relaxing.

As a Board Member

Most rewarding: It's a privilege to work as a team with the other hospital board members, senior staff and physicians to deliver better health care to patients and simultaneously work to improve the quality and best practices of the hospital's operations.

Most challenging: Without a doubt, the impact of COVID-19 was very hard on nursing staff, physicians, support staff and everyone else involved at the hospital. Every COVID-19 patient, every member of the medical and administrative staff were no longer just a name - they had their own stories of how much they were stretched. The sacrifices were many, including those felt by their respective families.

Biggest surprise: I have to say that my biggest surprise was the first time I joined our CEO, Jeanna Bamburg, on Christmas Eve as she pulled a little red wagon filled to the brim with candy for every hospital employee, patient, and visitor in the building. To me, that was the ultimate gift anyone could have given to another.

Proudest moment for you/your board: One that still brings joy to me is when the hospital's first set of triplets were born a couple of years ago.

Valuable lesson: The value and importance of working on challenging matters as a team. Initially, members may have several different opinions on how a matter could be handled, but through open discussions, each matter is addressed and resolved on a higher, more beneficial level because we worked as a team.

Why being a Certified Healthcare Trustees is valuable for my board: After serving on the board for seven years, I decided that I needed to learn more about the hospital system. Certification was my commitment to myself to be more prepared and informed so that I can contribute more as a board member.

About Me

My background: After making a career change in 1998, I founded a home health care agency and have been in health care since then.

My childhood ambition: I always knew it would be something connected with administration and helping others. Interestingly, that remains my baseline.

My favorite person (living or not!): It's easier for me to describe the courage, the tenacity to a cause that makes this world better. Sometimes it's just seeing someone in a grocery line pay for the groceries of the elderly person in front of them. Kindness goes a long way.

What are you currently reading? The last two books I read were *Being Mortal* by Atul Gawande and *The Great Influenza: The Story of the Deadliest Pandemic in History* by John M. Barry.

Best city in Texas: Houston and Pasadena!

Hometown: Wilson, Texas

Occupation: Retired Banker

Family: My husband, Roy, three children and 9 grandchildren

Hobbies/Interests: Antiques

As a Board Member

Most rewarding: Working with a great team at the hospital and seeing their growth.

Most challenging: Changing CEOs and the process of finding a new one that is a good fit for our hospital and community.

Biggest surprise: Learning what it takes to run a hospital. There are so many moving parts that the average person is not aware of.

Proudest moment for you/your board: We're working on that right now - renovation of the hospital and possibly adding a nursing home to our campus.

Valuable lesson: Always listen to the community, but make your decisions based on what's best for the hospital.

About Me

My background: I graduated from Wilson ISD in 1971 and received my BSOE from Wayland Baptist University in 2000.

My childhood ambition: I always thought I wanted to be a math teacher, but I'm glad I didn't go into teaching. I found my calling in banking and was fortunate enough to work in banking for 42 years.

My favorite person (living or not!): My favorite person is my mother. She was a kind and loving person who taught me Christian values.

What are you currently reading? I enjoy reading the *National Enquirer* (I've got to see what Harry and Meghan are up to!) I like historic romances. I am currently reading *The Devil's Bargain* by Edith Layton.

Best city in Texas: I like Dallas so long as I don't have to drive!



Upcoming Education Opportunities:

Visit www.tht.org/online-education to register!



Foundations in Building Trust, Engagement and Alignment of the Health Care Workforce

THAF/THT Webinar

TUESDAY, SEPT. 14, 2021, NOON – 1 P.M. CST

Speakers: Erin Shipley, RN, MSN, Coach; and Dan Smith, M.D., Executive Medical Director, Huron Group

AdminLeadership Online Series: Governing Boards 101: Leading and Serving Hospital Trustees

Webinar for Administrative Professionals

WEDNESDAY, SEPT. 22, 2021, NOON – 1 P.M. CST

Speaker: Susannah Ramshaw, Trustee Programs & Engagement, Texas Healthcare Trustees

Sponsored by Texas Hospital Insurance Exchange

Rural Governance Forum: Finance and Operation Best Practices for Rural Hospitals

SORH + THT Journey to Board Proficiency

THURSDAY, SEPT. 16, 2021, 11 A.M. – NOON CST

Speaker: Quang Ngo, President, TORCH Foundation

Rural Governance Forum: Strengthening Board Leadership: How to be a Better Board Member

SORH + THT Journey to Board Proficiency

TUESDAY, OCT. 12, 2021, 11 A.M. – NOON CST

Speaker: LeeAnne Denney, CEO, LuckyDog Analytics

AdminLeadership Online Series: Working as One: Bridging Generational Gaps

Webinar for Administrative Professionals

WEDNESDAY, OCT. 20, 2021, NOON – 1 P.M. CST

Speaker: Amelie Karam, Millennial Consultant, Speaker and Expert

Sponsored by Texas Hospital Insurance Exchange

New Trustee Orientation Bootcamp

SORH + THT Journey to Board Proficiency

THURSDAY, OCT. 21, 2021, 10 AM – NOON CST

Speakers: Kevin Reed, J.D., Reed Claymon PLLC and Fletcher Brown, J.D., Waller Law

Looking Ahead: Resetting Strategy After Disruption

THAF/THT Webinar

TUESDAY, OCT. 26, 2021, NOON – 1 P.M. CST

Speaker: Craig Deao, MHA, Managing Director, Huron Group

Retirement Plan Governance

THT Webinar

WEDNESDAY, NOV. 3, 2021, NOON – 1 P.M. CST

Speakers: Lea Anne Porter, Vice President, Retirement Plans, Texas Hospital Association; Craig Carter, J.D., Jackson & Carter

Rural Governance Forum: Mobilizing Trustees as Grassroots Advocates

SORH + THT Journey to Board Proficiency

THURSDAY, NOV. 4, 2021, 11 A.M. – NOON CST

Speaker: Lilia Escajeda, Chair Emeritus, Northwest Texas Healthcare System

Rural Governance Forum: Effective Public Hospital Governance

SORH + THT Journey to Board Proficiency

TUESDAY, NOV. 30, 2021, 11 A.M. – NOON CST

Speaker: Sarah Fontenot, J.D., Adjunct Professor, Department of Health Care Administration, Trinity University

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