

# Connection

## **Aiding** Healthcare Reform





## CEO Commentary

### *Everything changes while nothing changes...and so it seems...*

These early months of 2007 will likely be remembered as the real beginning of the years of fundamental change in the delivery of health care in America.

#### **ACHD Staff**

ACHD provides a variety of services to our Member Districts, and we welcome the opportunity to be of assistance to you. Please contact us with questions, comments, or concerns, as well as with news items and suggestions for articles in the *Connection*.

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With startling suddenness, the change in the majority party in Congress in November 2006 has opened a door to a vast reexamination of health care in the United States. In California, a State that is reclaiming its reputation as a place where important societal trends are advanced, the Governor and the Legislature will fashion and implement a form of "universal health care" over the next two years.

In both the executive offices and in the legislative offices at the Capitol, the array of powerful forces promoting universal health care leaves only its ultimate form to be decided. This is an historic undertaking in a very large state. California has more than 36,000,000 people...a virtual nation of its own...and the most affluent large society to have ever existed. Nonetheless, our State provides MediCal reimbursement to providers which is insufficient to cover even the cost of treating the beneficiaries of the existing program. We must therefore assure that universal health care is premised on fair compensation for the health care providers who must make it work. For Health Care Districts, the next several years will be ones of great opportunity and significant uncertainty.

Although the thinly analyzed "single payer" bill that was vetoed by the Governor in 2006 was viewed as a mere concept vehicle for governmental control of healthcare, a very similar bill has been reintroduced in 2007. The bill is breathtaking in its ambition to have new state government agencies take control over most of healthcare. The proposed extension of significant state control over public hospitals would alter the fundamental independence enjoyed by Districts for the past 50 years. While the bill in its present form is unlikely to pass and would be vetoed in any event, it reflects support in the Legislature for a primary role for government in the providing of health care.

On behalf of Districts, ACHD must be

extensively informed, vigilant and deeply involved in the fashioning of these broad legislative initiatives. Beyond providing additional resources to ACHD, active participation by individual Districts in the legislative effort will be essential to our success. Without committed advocates supported by adequate resources, the present level of decision-making independence enjoyed by Health Care Districts and District Hospitals may not survive this decade. The threat is entirely real.

These early months of 2007 will likely also be remembered as the time when the Health Care Districts of California began in earnest to fully participate in the political world that controls much of public healthcare. With a record number of new Legislators (38 in the Assembly), ACHD must again introduce a new class of lawmakers to the essential role of Districts in California healthcare. This essential advocacy requires sustaining passion and literally hundreds of hours of time, but the return on this investment has been very large. With the enthusiastic participation of District Trustees and senior managers during the 2007 ACHD Legislative Days in March, this process is already underway. We will recruit to this cause the most talented people available.

We must also move quickly to address the inconvenient truth that virtually no one in our Congressional delegation is prepared to speak on behalf of Health Care Districts. The ACHD Board of Directors, with the support of numerous outspoken Trustees and District executives, believe that our mission has reached a place where the Association must rise to the next level of political effectiveness and business venture creation. The senior managers of ACHD agree entirely. If the Association's record of successes since 2002 is any guide...this too shall come to pass. ▲

**Ralph Ferguson**  
Chief Executive Officer



page 2

## 2 / CEO Commentary

## 4 / Comments from the Chair

## 5 / HR Solutions

*Bridging the Generation Gaps*

## 6 / Legislatively Speaking

*Grassroots Advocacy: The Key to Health Care District  
Political Strength*



page 4

## 8 / Leadership Education

*The Year of Healthcare: Time to Ride or Time to Hide?  
For Board Members Only: 10 Trends to Watch in 2007  
Parcel Tax Measures: A Revenue Opportunity  
for Cash-Strapped Hospitals*

## 12 / District News

*Antelope Valley Hospital  
Camarillo Health Care District  
Desert Healthcare District  
Grossmont Healthcare District  
Hazel Hawkins Memorial Hospital  
Healdsburg District Hospital  
Palomar Pomerado Health  
Peninsula Health Care District  
San Geronio Memorial Hospital  
Salinas Valley Memorial Healthcare System  
Washington Hospital Healthcare System*



page 6

## 22 / Your Association News

*ALPHA Fund Expands Loss Prevention Resources  
ALPHA Fund Celebrates 30 Years of Service at  
Annual Participants Meeting*



page 8

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## Comments from the Chair

Well, 2007 is well under way and we have plenty on our health care plate. We anticipated the so called “healthcare crisis” would get center stage from our legislators and the Governor. The challenge is to decide where to place our efforts with the varied positions and the various players who will be involved and affected by the so-called, “Universal Healthcare” for California.

It appears that everyone has “a dog in the hunt” for addressing the issue. The federal government, the state, employers, unions, insurance and HMO plans, hospitals, physicians and lastly, but most importantly, our patients, will all have input.

The various proposals will have an impact on our Health Care Districts, depending on our individual and local positions. As an Association, we will be tasked with sorting out those issues that will impact our facilities and services. We must assist all of our Members by joining together as a collaborative force.

One thing I can say is that we could not be better prepared to address this challenge, as an organization, than at this time. I believe we have outstanding, knowledgeable leadership and the most talented and dedicated staff committed to representing our interests in Sacramento. But, they cannot do this alone. They need our ongoing attention and participation on committees and prompt response to legislative alerts and requests for information from our Districts.

We, as Directors, need to keep abreast of the progress of ongoing proposals moving through the legislative process. If your residents and friends are anything like mine, they will corner you with questions at church, the golf course, the gym, or wherever, for your thoughts and opinions of the effects on your District services and our industry.

You can be a local advocate, communicating at the grass roots level the important issues to the people. Use your association as that conduit of knowledge. ▲

**Ted Kleiter**

Chair, ACHD Board of Directors



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# Bridging the Generation Gaps

by Kathryn Wilshusen, Director of  
Human Resources, ACHD

Never in U.S. History have we experienced such age diversity in our work environments. Four distinctly different generations sharing the same office space is fast becoming a predominantly imposing factor in many industries and organizations.

Managers today face immense challenges in understanding and managing their multi-generational staff. Learning to bridge the gap of generations is a *must* for maintaining a productive working environment.

The generation gap - or perhaps more appropriately, the generation "gaps" - has been identified as what ails many businesses today. Stating that our work environments are complex is simply an understatement. Businesses today are staffed with "Seniors", "Baby Boomers", "Generation Xers", and "Nexters" - all with different values, motivators, priorities, stature and characteristics (to name only a few). (Figure 1)

Organizations worldwide have a long history of multiple generations working for the same organization. But, in the past, job responsibilities and hierarchy separated the generations in most organizations. The upper hierarchy typically comprised of senior and middle management who were, generally speaking, "middle-aged" and older. The younger workers were typically at the lower end of the hierarchy. And, decisions came from the top; input from younger workers was not routinely solicited.

However, a significant societal change beginning around the mid 1970's brought

rapid change to the typical organizational structure. Most notably, higher educated women and younger workers began to fiercely compete for higher level positions...and won. Slowly, the standard practice of promoting workers based on longevity began to erode and new organizational structures began to emerge.

Now, with the technological advances of the '80s, 90's and even the 2000's, the term "generation gap" has a *totally new*

meaning. It means that organizational managers *must* acknowledge and recognize the differences in the Seniors, the Baby Boomers, the Generation Xers, and the Nexters. They need to know what primarily motivates and inspires them; how to make teamwork work; and how to successfully pass on the values and experience from one generation to another.

Recognizing these differences, managers can more effectively do what it takes to retain the most talented and the most valuable of all generations. And more importantly - and the most valuable lesson of all - you will have learned how to bridge the gaps - gaps that once bridged will help to ensure your organization's future success. ▲

## FIGURE 1

### Veterans or Seniors (1922-1943)

- Defining Events: The Great Depression; World War II; patriotism
- Values: Hard work (strong work ethics); dedication; conformity; respect; and hand-shake relationships
- Traits: By-the-book; trust in central authority; collective action (team building); more comfortable with a predictable hierarchy

### Baby Boomers (1943-1960)

- Defining Events: Television; Civil Rights Movement; Vietnam; prosperity
- Values: Health and wellness; personal growth; respect authority and hierarchy; company loyalty first, career path secondary
- Traits: Driven; service oriented; team players; multi-degreed; often micromanagers

### Generation Xers (1960-1980)

- Defining Events: Watergate; MTV; fall of the Berlin Wall; coming of the computer age
- Values: Diversity; global thinkers; pragmatism; home life stability
- Traits: Bold, not intimidated by authority nor scared of change; ambitious: appearance of self-reliant; proclivity to be fiercely independent on the job; desire control; diverse; entrepreneurial; expect immediate attention; technology savvy

### Nexters (a.k.a. Generation Why, born after 1980)

- Defining events: School violence; multiculturalism; Iraq War
- Values: Civic duties; family and friendships; achievement; diversity; morality and optimism
- Traits: Technologically adept; entitlement mentality (perception?); goal oriented; desire freedom to achieve; tend to be impatient especially regarding career advancement; dislike repetitive work; pay is very important - may be the deciding factor in accepting a position

## Legislatively Speaking

# Grassroots Advocacy: The Key to Health Care District Political Strength

by Peter Gambee, Director of  
Government Relations, ACHD



ACHD took the first steps in organizing a grassroots legislative advocacy network in Health Care Districts around the state late last year. By the close of 2008, ACHD will have recruited and begun the training of a Grassroots Advocacy Leader in each of California's 74 Health Care Districts.

In addition, we will have begun work on building a network of grassroots volunteer activists in a number of targeted Districts. This network will help to ensure passage of legislation essential to the continued success and growth of Health Care Districts. So, you might ask, what exactly is 'grassroots advocacy,' and why is it important to my District?

Since it was first coined in the 1970's, grassroots advocacy has become one of the most over used, and perhaps most misunderstood terms in modern political parlance. It can often mean different things to different people. For our purposes grassroots advocacy is the use of voter-based political power to influence the way elected officials vote or act on issues of concern to Health Care Districts.

There are three essential resources that determine success in politics:

1. Time
2. Money
3. People

**TIME:** You always have less of it than you need. There is a set number of days

until Election Day, or until a bill must be voted on by the legislature. Every major deadline in the legislative process is either determined by the Constitution or fixed in legislative rules.

**MONEY:** Vital in modern politics. Without it, politicians cannot pay campaign staff or consultants, or pay for the campaign advertising necessary to win re-election. The Political Action Committees of the California Medical Association, California Hospital Association and California Nurses Association each raise and spend well in excess of \$500,000 per campaign cycle. This makes them some of the largest political campaign donors in the state. It also gives them a major edge in terms of visibility, access and clout within the legislative arena. By contrast, ACHD represents public entities and has no Political Action Committee.

**PEOPLE:** In the end, electoral politics is about people. Most political campaigns are labor intensive. It takes a small army of paid staff and volunteers to run an effective campaign. And, ultimately, all campaigns

are about winning the support of one prized category of people: registered voters.

California Health Care Districts have a potentially huge political asset at their disposal. All totaled, these Districts count among their ranks some 3,000 volunteers and roughly 20,000 employees.

Health Care Districts have a potential base of 23,000 activists who, if organized, could speak out and support ACHD's legislative agenda. An organization of this size could make Health Care Districts one of the largest organized grassroots political groups in the state.

### WHY BOTHER WITH GRASSROOTS?

Simply put, grassroots advocacy works.

In a recent survey conducted by the U.S. Public Affairs Council, Congressional staffers were asked to rank the various forms of legislative advocacy in terms of their impact on passage of legislation. What they found would surprise most people. According to the survey, grassroots advocacy was ranked as the single most effective means of influencing the passage or defeat of legislation.

In other words, according to those who work in Congress, the organized input of concerned voters has a greater impact on the passage of legislation than does advertising, political campaign contributions or – by a better than 2 to 1 margin – lobbying by professional lobbyists (*ouch!*).

The reason for this is pretty simple:

**For most legislators, re-election trumps**



**everything.** The last thing any of them wants to be is an ex-legislator. And legislators **NEED** the support of voters in order to win re-election.

Most legislators cannot afford to conduct regular public opinion polls in their districts. The only way legislators are able to gauge what issues are “hot” in their districts is through the mail and phone calls they receive from constituents. A well-organized advocacy effort by registered voters within a legislator’s district not only forces that legislator to take note of an issue, it can also help shape how he or she votes on that issue.

The Public Affairs Council survey included some other interesting data on the impact of grassroots advocacy. For example, it takes a relatively small number of letters from constituents to get a member of Congress to take note of an issue – the magic number was seven, according to most respondents.

So, with as few as seven personally written letters from individual constituents, a legislator begins to focus on an issue. Getting him or her to vote in a particular way takes a bit more effort, but not as much as one might think. According to the survey, **a legislator’s vote on an issue can be influenced by, on average, about 150 personally written letters from his or her constituents.**

## WHY MOST PEOPLE DON’T BOTHER WITH GRASSROOTS

When you ask people why they don’t become involved in grassroots, you hear

a lot of reasons. Once you sift through them, you begin to see that most can be boiled down into five basic reasons:

- 1) “I don’t know enough about the issues.”
- 2) “I don’t know who to contact.”
- 3) “I don’t know what to say.”
- 4) “It would take too much of my time.”
- 5) “My input wouldn’t make any difference.”

ACHD’s job, and the job of District Key Contacts, is to address and eliminate each of these reasons. ACHD, through its training programs, website, printed and electronic advocacy resources can provide each interested volunteer with everything needed to conduct effective, painless grassroots advocacy.

For example, ACHD provides in-depth grassroots training during its annual Legislative Day, as well as during its Annual Meeting. ACHD provides Members with complete background information on all key legislative issues, including talking points, sample letters, and legislative contact information, via our website. Finally, we provide email alerts and bulletins on major issues, and an automated advocacy portal that enables any interested Member to compose and send a letter directly to his or her legislator’s fax machine, all in less than five minutes.

So, why *not* get involved?

Peter Gambee, ACHD, Director of Government Relations can be reached at 1-800-424-2243 / [peterg@strategicadvocacy.net](mailto:peterg@strategicadvocacy.net). ▲

Method	% Ranking as “Most Influential”
<b>Grassroots Activities</b>	<b>59</b>
Lobbying by executives	38
Lobbying by professional lobbyists	21
Campaign contributions	4
Advocacy advertising	4

(Source: US Public Affairs Council)



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# Leadership Education

## The Year of Healthcare:

# Time to Ride or Time to Hide?

Governor Arnold Schwarzenegger has declared 2007 “the year of healthcare.” Already, a multitude of reform proposals at the state and federal level have jumpstarted a debate that will keep healthcare policy in the headlines and on the top of voters’ minds in the coming months.

Will all this attention on healthcare help or hurt local measures as Health Care Districts look to place bonds or parcel taxes on the ballot? Should Health Care Districts reconsider plans to place a measure on the ballot in 2007 or 2008?

TRAMUTOLA LLC, California’s tax election experts, believe

in a disaster or emergency. Voters **want access** to the latest technology for the diagnosis and treatment of patients.

Health Care Districts that effectively communicate their needs in a way that is relevant to local voters will succeed regardless of the broader healthcare debate occurring at the national or state level. When presented with a sound proposal to improve local healthcare, voters will respond positively and without regard for macro-level debates and trends.

Local Health Care Districts throughout California have been able to achieve two-thirds voter support for local bond and parcel tax measures while statewide healthcare initiatives fail to achieve a simple majority. **Local solutions to healthcare problems almost always trump big picture policy debates.**

Politics is the art of managing the public’s perceptions. Take advantage of your trusted status as the community’s provider of healthcare services. Openly and honestly communicate your needs simply and clearly to voters. Help voters understand the challenges you face and your limited options for addressing those challenges. Provide consistent evidence to residents that you are managing your hospital and your resources frugally and responsibly. And, do not be afraid to ask for public support when you need it.

While 2007 may be “the year of healthcare,” the fundamental principles that have helped Hospital Districts succeed in the past will hold true this year, next year and for many years in the future. ▲

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the heightened attention on healthcare could significantly improve Health Care Districts’ chances of passing tax measures.

Here’s why:

**Voters think locally.** They are likely to support measures to improve **local** healthcare. Voters want an emergency room that is **close to home** and **accessible** in the event of a life-threatening emergency. Voters want their **local** hospital built to withstand an earthquake and to remain operational





**For Board Members Only:**

# 10 Trends to Watch in 2007

From boardrooms and “C-Suites”

to associations on the frontlines in hospitals and healthcare systems across the U.S., strategic and financial planners are sharpening their pencils and loading up the spreadsheets to anticipate and forecast the strategic and business implications of market and industry changes in 2007.

Following is our best advice for boards and senior management about trends and issues that must be considered for policy and strategic impacts in the new year and beyond.

**1. Healthcare economics will be mixed in 2007 (and for the next three years).** Federal and state reimbursement levels will not keep pace with overall expense inflation. Medicare seems on track to further incentivize the shift from inpatient to outpatient settings by reducing site-of-service payment differentials. More procedures continue to be authorized for payment in freestanding facilities. Medicare will put more pressure on reducing pharmaceutical costs.

**In the boardroom:** Watch financial statements that reflect changes from rate shifts for surgery, imaging, and other outpatient services. Key questions to ask are, “What is the right mix of on-campus versus off-campus services; what is the right pricing strategy?” Keep an eye on creeping bad-debt levels and allowances for indigent care. On the managed care side, many hospitals should be able to secure at least modest rate increases from HMOs and PPOs in areas where they have market leverage.

**2. Physician–hospital alignment will be a top strategic concern through 2007.**

Retention of good physicians is less costly than recruitment, and healthy relationships go a long way toward maintaining revenue for inpatient and outpatient services. Many are using joint ventures, practice management, employment, electronic linkages, and other creative methods to preserve and strengthen aligned interests.

**In the boardroom:** Monitor physician satisfaction survey scores and trend-lines. Physicians are the economic engine for the enterprise, and 5,000 mile check-ups to test the barometer of relationships is effort well spent. Key physicians must be shown appropriate appreciation. They must know that there are advocates and champions for them among the top ranks of the organization. Monitor management’s effectiveness in engaging physicians in joint efforts to enhance service lines and to achieve strategic objectives.

**3. “Transparency”—the buzzword of 2006 will be the 2007 policy standard applied to pricing, quality, safety, service, and clinical outcomes.** Increasing public access to information will allow even moderately

sophisticated consumers, payers, and others to create a “value proposition” that is quantitatively based rather than anecdotal. This trend toward transparency is fueled by website sponsors that publish price and outcomes data. In fact, many hospitals now publish price and quality information. Consumers with high deductible health plan coverage or health savings accounts are increasingly price sensitive; they may engage in comparison shopping for rates and outcomes, and create their own value equations based on data.

**In the boardroom:** Consider your organization’s transparency quotient—is it enough? It may be better to get this in focus from the inside before someone on the outside does it for you. A robust information technology infrastructure will be essential to achieve your transparency initiatives.

**4. Employee workforce shortages still loom large, especially in high-tech, high-skilled job areas such as nursing, imaging, and information technology.** Expect wages and benefits to feel the pressure, especially in multi-hospital markets where bidding for competency will be common.

**In the boardroom:** Consistently monitor three essential indicators—the aging of your organization’s workforce in key positions, employee satisfaction survey scores to gauge morale and culture effectiveness, and turnover rates. Hiring and retaining skilled workers will become more difficult, especially with increasing non-healthcare employment opportunities available to your people.

*Continued on page 10*

# Leadership Education

In the words of  
Henry Ford, "Coming  
together is a  
beginning, keeping  
together is progress,  
and working together  
is success."



## 10 Trends to Watch...Continued from page 9

**5. Expense inflation will continue with higher costs for technology, skilled workers, benefit cost escalation, more organized labor activity, charity care, bad debt, and out-of-control construction costs.**

The aging population is consuming more healthcare resources, and its demand for convenience, service, and immediate access is driving supply.

*In the boardroom:* Watch per unit revenues and per unit expenses. Financial reports that include profit and loss figures by service line, or contribution margin reports, are essential to monitor performance and make course corrections. Include in your regular strategic discussions how to make adjustments in service mix, payer mix, productivity, sites of service, marketing effectiveness, and other factors to control costs.

**6. The shift from inpatient to outpatient will continue, supported and driven by more affordable, accessible technology and physicians and others anxious to capture patient volume and revenue from both professional and technical fees.** Office-based procedures and freestanding ambulatory settings still are on the upswing, and developers, manufacturers, and vendors are very willing to accommodate interested parties. Medicare's reimbursement policies will also financially impact this sector.

*In the boardroom:* Examine what physicians are doing on the outpatient front. Competition created by physicians in this arena can be very disruptive. There may be a joint venture in your future if things are getting out of hand. If so, be aware of three guiding principles for joint venture development: First, do not share money that you don't have to. Second, know when you "have to." Third, make sure that projected returns from your portion of the new joint venture will exceed current results. That is, there

must be the potential for growth, synergy, and higher performance levels under the joint enterprise that make the venture extraordinary.

**7. Physician workforce shortages are felt nationwide in many specialties including neurosurgery, internal medicine, radiology, and pediatric subspecialties.** The physician workforce shortage is exacerbated by qualitative factors as lifestyle demands, the desire for part-time and flexible schedules, and a propensity to seek employment in large group-practice settings. Physician attraction strategies range from income guarantees and offering practice support to employment (back in vogue after a brief hiatus). Employment offers now extend to specialists as well as primary care physicians, although this time around most arrangements are performance-based, having learned lessons from prior experience. Most new physicians want to immediately step into turn-key practice situations that offer income guarantees, established patient bases, minimal or no ED on-call coverage, and participation in ancillary revenues.

*In the boardroom:* You must have a current medical staff development plan and physician-hospital alignment strategies that address current and future organizational and community physician needs by specialty. Hold management strictly accountable to their implementation. Succession planning is essential, especially in important specialty areas where it might take two or more new physicians to fill a capacity void left by an especially busy retiring physician. Make sure that senior management is creating a forward-looking, dynamic, competitive environment that attracts and retains the highest caliber of physicians to the medical staff.

**8. Emergency Department on-call coverage will become more complex and expensive.** This is driven largely by

physician issues around lifestyle, payer mix, and reimbursement. Call coverage is particularly difficult in high-demand specialties, including orthopedic surgery, general surgery, and neurosurgery. Payments for ED on-call coverage directly impact financial performance, and many hospitals are creating innovative payment methodologies and formulas to reach win-win arrangements.

**In the boardroom:** A problem with paying for ED call is that money does not often solve the lifestyle issues. There are new creative ways to approach payment structures and coverage arrangements, so don't be afraid to explore options in this arena. Validate on-call payments for compliance and market reasonableness.

**9. The health insurance industry will begin to feel the tremors of potential policy changes.** Although the threat of Federal-sponsored reform may be more visible and vocal, actual change is more likely at the state level, especially to address coverage for indigents and children. Is there a universal or single payer national solution in the near term? Not likely, although some type of change can be expected within the next five to eight years. For 2007, more people will gravitate to consumer directed plans, providers will vigorously pursue pay-for-performance bonuses, and pricing will be an important factor in choices about insurance coverage and where patients decide to receive care.

**In the boardroom:** We still haven't heard a good answer to the question, "Who will pay for all of this?" In the meantime, monitor your pricing strategies and bad-debt levels. On the managed care front, insurers continue to innovate with creative benefit plans and pricing schemes. PPOs and HMOs are almost indistinguishable from each

other as provider panels and benefit plans have become more similar, along with granting patients broader and less restrictive access to care. Management should be appropriately demanding about negotiating better rates and contract terms with managed care companies.

**10. Healthcare services will continue to go retail.** It starts at the top of the new site-of-service food chain with the shift from inpatient to outpatient, to the physician office, to the local discount superstore. Convenience is prime, and the public wants to have it now! Retail outlets are fast, accessible, inexpensive, and post their prices up-front. They are banking on high volume to mitigate low margin procedures, and they meet people in very convenient locations and times. Retail clinics capture consumers at the head of the continuum, and they could be sources of referrals for higher acuity physician and diagnostic services downstream.


**In the boardroom:** If you can't beat them, join them? Many large healthcare systems are jumping on board, negotiating contracts, joint venturing, or creating their own versions of immediate care "Quick Clinics" to get in the game before someone else gets the competitive edge. Regardless of whether or not you jump into this business, make sure your existing services

all are very responsive to patient needs. Customer service enterprise-wide is a top priority. Questions to ask in the boardroom include, "Do we offer online appointment scheduling for outpatient services? Same day access for primary care? What are our patient satisfaction survey trends telling us about outpatient service performance?" Don't let participation in retail clinics distract you from what is most important to preserve and enhance right now.

These trends and issues will be important topics for discussion in board meetings and strategy sessions for the year ahead. Ask many questions, and be bold in considering new avenues to keep your organization vibrant, growing, and healthy during the most interesting and challenging of all healthcare times. ▲

*E-Briefings, Volume 4, No. 1, January 2007, The Governance Institute.*

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"The future is not a result of choices among alternative paths offered by the present, but a place that is created--created first in the mind and will, created next in activity. The future is not some place we are going to, but one we are creating. The paths are not to be found, but made, and the activity of making them, changes both the maker and the destination."

**John Schaar**

### **Hazel Hawkins Recognized for Excellent Patient Safety**

Hazel Hawkins Memorial Hospital was honored for an exemplary level of patient safety with a *Cheers Award* by the Institute for Safe Medical Practices (ISMP). The hospital is one of nine organizations who "have set a superlative standard of excellence for others to follow," according to ISMP.

"Hazel Hawkins has a long tradition of focusing on patient safety and safe medication administration," reports Linley Stanger, R.N., the hospital's vice president of patient care services. "With the support of ISMP, we have re-energized our efforts over the last six years, and this has lead to an even further decrease in the number and severity of medication errors."

In its announcement ISMP called Hazel Hawkins, "a role model for implementation of medication safety efforts in a small organization." Specific achievements included formation of an "ongoing multidisciplinary Advanced Medication Continuous Quality Improvement (CQI) initiative that has been extremely effective in encouraging

error reporting." Hazel Hawkins' CQI initiative also helped to institute pharmacist 'safe rounds' and to acquire a computerized system for controlled medication distribution to patients.

### **It's Full Circle for One of Grossmont Healthcare District's Board Members**

Deborah McElravy, a pharmacy manager at Costco Wholesale in La Mesa, was appointed to fill the vacant seat on the Grossmont Healthcare District (GHD) Board of Directors. McElravy will serve on the Board until November 2008. A vacancy was created with the resignation of Elizabeth Evans, RN, who relocated to Hawaii with her family.

McElravy, who has lived in the East County since 1974, previously served on the GHD Board from 2000 to 2004. It was her first time in public office. "I really enjoyed my four years of serving on the board, and I have missed it," she said. "I have a solid understanding about the District, and look forward to continuing my service to District residents and the community."

### **Editor's Correction to the ACHD Connection, 2006 – Issue 4, page 23**

**Oak Valley Hospital District** was awarded the 2006 Health Care District Special Achievement Award for a District operating a rural medical facility. For 32 years Oak Valley Hospital District has been providing high quality healthcare to the local community. Thousands of community residents and tourists are treated every year through services such as inpatient and urgent care, skilled nursing, home healthcare, and outpatient clinics. Faced with significant growth, the hospital is ever expanding and changing to meet the needs of this growing community.



Ralph Ferguson, CEO ACHD, Bob Wikoff, Trustee OVHD, John Friel, CEO OVHD

## Palomar Pomerado Health Named Best Employer in San Diego County

The Society of Human Resource Management has named Palomar Pomerado Health (PPH) as the number one employer in San Diego County. PPH received the *Marble Award* for large companies, which recognizes workplace excellence and the employer of choice.

The Society of Human Resource Management created the workplace excellence awards seven years ago to illustrate how exceptional human resource practices translate into employee satisfaction and successful company performance and profitability. It is unique in that employees are eligible to nominate their company.

"At PPH, we all made a challenge to ourselves to become the health system of choice for patients, physicians, and employees – recognized nationally for the highest quality of clinical care and access to comprehensive services," said Michael H. Covert, president and CEO of Palomar Pomerado Health. "I am so proud of our staff. They are dedicated, hard working and caring individuals that have turned this vision into reality. It is reassuring to see others take notice of the tremendous strides we have made as an organization," said Covert.

"Our physicians, nurses and administrative staff are the reasons why we are a great place to work," said Marcelo Rivera, M.D., Chairman of the PPH Board of Directors. "We are honored and humbled by this recognition, and will continue to challenge ourselves to remain the health system of choice."

## Parazo and Snow will Serve Antelope Valley for Another Term

Residents of Antelope Valley overwhelmingly re-elected incumbents

June Snow, R.N. and Don Parazo, M.D. to the Antelope Valley Healthcare District (AVHD) Board of Directors.

"Dr. Parazo and June Snow both bring years of experience in healthcare, on the administrative side as well as the clinical side. Their past experiences on the board will help sustain the stability of the team, working together to find viable solutions for the tough issues faced by all health care providers," stated Les Wong, Antelope Valley Hospital CEO.

## Healdsburg District Hospital Expands Its Facility

Ground was recently broken for the Healdsburg District Hospital's new \$3 million, 4,500-square-foot Wetzel Family Emergency Department.

The new emergency department is named after Harry and Maggie Wetzel, who recently made a \$2 million donation to the Healthcare Foundation of Northern Sonoma County for the hospital that serves Windsor, Healdsburg, Cloverdale and Geyserville.

The expanded emergency room is designed to allow hospital staff to care for twice as many patients and afford patients more privacy. According to the hospital, the new department will include a centralized nurses' station and state-of-the-art monitoring equipment that can be accessed remotely for

Web-based consultations with doctors at other hospitals.

The Wetzels, who founded Alexander Valley Vineyards in 1975, said they are honored to have the new department named after their family. "Healdsburg is a tight-knit community and we wanted to do something that would benefit our friends and neighbors. We are pleased that our gift has made an immediate positive

*Continued on page 14*



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# District News

*Continued from page 13*

impact on our town and that it will continue to benefit future generations," Harry Wetzel said in a statement.

Healdsburg District Hospital CEO Evan Rayner said the new emergency department marks a critical chapter in the hospital's history and a catalyst for future strategic initiatives. "Our philosophy is to bring more services to people who live and work in northern Sonoma County," Rayner said.

*Bay City News – Healdsburg*

## Trustees Reappointed at Desert Healthcare District

Incumbents Kay Hazen and Glen Grayman were appointed to a new four-year term on the Desert Healthcare District Board of Directors. In addition, Sidney Rubenstein was elected Board president, Kay Hazen as vice president/secretary and Richard Grundy as treasurer.

## Palomar Pomerado Health Physician Receives National Health Care Executive Award



*Nick Yphantides, M.D.*

The American College of Healthcare Executives (ACHE) has honored Palomar Pomerado Health physician Nick Yphantides, M.D. with the Early-Career Healthcare Executive Regent's Award. Dr. Yphantides was honored for his contribution to developing community health programs throughout the community, specifically as co-chair of San Diego County's Childhood Obesity Task Force.

"Dr. Yphantides was evaluated on his leadership ability, innovative and creative management, contributions to

the development of others in the health care profession, leadership in local, state or provincial hospital and health association activities, participation in civil and community activities and projects, and participation in ACHE activities and interest in assisting ACHE in achieving its objectives, especially in regards to quality care and access to health care," said Nick

Macchione, ACHE's Regent for San Diego and Imperial Counties and Agency Deputy Director for the County of San Diego's Health and Human Services Agency.

Dr. Yphantides is a well-respected medical physician seeing patients at Neighborhood Healthcare in Escondido. He is also a published author, a national speaker on health and wellness issues, and serves as medical consultant for PPH's North County Health Development.

## Grossmont Healthcare District Selects G.L. Hicks Financial

The Grossmont Healthcare District (GHD), a public agency that serves as landlord of Grossmont Hospital in La Mesa on behalf of East County taxpayers selected the investment firm of G.L. Hicks Financial LLC to serve as financial advisor to the District for the future issuance of \$247 million in tax-exempt general obligation bonds, which were approved by voters on the June 2006 ballot.

"The appointment of G.L. Hicks Financial is another effort to ensure accountability for taxpayers of bond revenues that will finance several infrastructure construction projects over the next several years at Grossmont Hospital," according to Dr. John Hardebeck, 2007 GHD board president.

An additional layer of accountability for the bond revenues is the District's 11-member Independent Citizens Bond Oversight Committee (ICBOC), which began meeting in November 2006. "The Oversight Committee functions in an independent, open and transparent manner, and is involved with a detailed accounting of all bond revenues so that voter mandates will be fully, faithfully and effectively carried out," Hardebeck said.



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The June 2006 bond measure proceeds will finance a number of projects at the hospital, including completing the emergency and critical care center and upgrading and expanding rapid-response cardiac care capabilities. Other improvements will include 90 new patient beds to support a growing population, compliance with earthquake standards and upgrading the 50-year-old hospital's electrical, plumbing and other systems infrastructure to support state-of-the-art medical technology.

### **Palomar Pomerado Health Chair Appointed to AMA Committee on Governance**

The American Hospital Association (AHA) has appointed Marcelo Rivera, M.D., Chairman of the Palomar Pomerado Health (PPH) Board of Directors as the Committee on Governance Regional 9 Trustee Liaison. Dr. Rivera's distinguished appointment to the Committee on Governance includes significant responsibilities such as developing policies to represent, guide, and assist the nation's hospitals.

The primary role of the Committee on Governance is leading effective trustee involvement in grassroots advocacy, providing input into AHA policy development, and enhancing communication with and involvement of trustees in the AHA.

For the past 25 years, Dr. Rivera has provided patient care services as a Board Certified Internal Medicine Specialist to patients in Ramona, Poway and Rancho Bernardo. Dr. Rivera has served as Chief of Staff at Pomerado Hospital and was elected to the PPH Board of Directors in 2000. He has served on the Strategic Planning Committee, Ad-Hoc Nursing Future Committee, Human Resource Committee, and Quality Management Committee.

"It's a great honor, and a testament to Dr. Rivera's visionary leadership and countless contributions he has made in the field of healthcare," said Michael H. Covert, president and CEO of Palomar Pomerado Health. "I am confident Dr. Rivera will do a tremendous job representing PPH and San Diego County on a national level."

### **Peninsula Health Care District's Measure V Passes, Allowing Plans to Build New Hospital**



*Renderings courtesy of Mills-Peninsula Health Services*

The approval of Peninsula Health Care District's Measure V – placed on a recent special election ballot – was passed with over 92% voter approval! This approval allows the District to move forward with their plans to build a new \$528 million state-of-the-art hospital in Burlingame, California.

A new modern medical campus will replace Peninsula Medical Center. Construction is scheduled to be completed in early 2010. The plans include all private rooms (to promote family-centered care), the most modern technological equipment (i.e., electronic patient charting), nine meditation and healing gardens, and a helipad on the campus.

After six years of negotiations and over 100 public meetings, the District Board voted to approve an agreement with Mills-Peninsula Health Services (MPHS), the current operator of the Peninsula Medical Center. The agreement was to build a new medical

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the thought of aging,  
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what evolution and the  
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really about.

**Sara Paddison,**  
*The Hidden Power  
of the Heart*

*Continued on page 16*

# District News

Five minutes of today are worth as much to me, as five minutes in the next millennium. Let us be poised, and wise, and our own, today.

- Ralph Waldo Emerson

*Continued from page 15*

campus on District land with no new taxes. As part of the agreement, MPHS will lease District land for \$1.5 million a year, for 50 years, after which time the hospital will be transferred back to the District. To ensure that vital services continue to be offered within the District, the agreement provides the District with more oversight of the new hospital operations, including protection of core services such as obstetrics and surgery.

The District plans to develop new and complementary healthcare services on the campus and in the community. District resources will be used to advance new services and programs that will provide for the healthcare needs of the District now and well into the future.

## San Geronio Memorial Hospital Trims the Trans Fats



(left to right) Edgar Bello, Hospital Chef, John Alcantar, San Geronio Memorial Hospital Dietary Manager

Patients, their visitors, employees and staff of San Geronio Memorial Hospital will be enjoying even more healthy changes made in the hospital cafeteria and kitchen this year. As of January 1, trans fats are no longer served at the hospital. "Partially hydrogenated oil has as much place in hospital cafeterias as ashtrays have in the operating rooms," said San Geronio Memorial Hospital dietary manager John Alcantar. Alcantar, a marathon runner for many years, has made a point of introducing healthy food changes in the hospital for the past four years. "Serving foods high in trans fat in a healthcare setting violates the principle of, first do no harm," said Alcantar.

While both saturated and trans fat raise LDL, or "bad" cholesterol, thereby elevating the risk of heart disease, only trans fat lowers HDL, the "good" cholesterol that helps guard against heart disease. For this reason, Harvard School of Public Health professor Walter Willett calls trans fat a "metabolic poison" that is responsible for tens of

## Press Ganey Presents Annual Compass Award



(left to right) Dr. Rodney Ganey, Press Ganey Associates, Inc., Margaret Murphy, John Muir Medical Center, Radiation Oncology, Dr. Irvin Press, Press Ganey Associates, Inc.

Forty-four health care facilities received the **Compass Award**, bestowed annually to health care facilities whose overall satisfaction scores have shown the greatest improvement over the past two years. The award is presented to the three most improved facilities, across 15 patient and resident services categories. Two of the Compass Award Winners are California District Hospitals:

- Grossmont Hospital (Sharp HealthCare), LaMesa, CA

- John Muir Medical Center, Walnut Creek, CA

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(left to right) Dr. Rodney Ganey, Press Ganey Associates, Inc., Beth Nelson, Director Acute Care, Grossmont Hospital, Deene Mollon, Manager Rehab Nursing, Grossmont Hospital, Dr. Irvin Press, Press Ganey Associates, Inc.

thousands of premature heart attack deaths each year.

"When you say, 'hospital food' or 'airplane food' people laugh because it's usually so bad," said head hospital chef, Edgar Bello. "This is not the case at our hospital." Patient exit interviews most often note the delicious food they are served at the hospital. Employees, staff and patient visitors enjoy a full salad bar and soups made from scratch daily in the hospital cafeteria. The kitchen staff has launched a movement to serve patients fresh, seasonal foods and view food not as a cost but as a prevention-and-treatment issue. San Geronio Memorial Hospital may even be the first hospital in Southern California to eliminate trans fats entirely in its food service. "It's better for everybody; it's healthier and it's done without raising dietary department costs," said Alcantar.

**Salinas Valley Memorial  
Recognized for Quality  
Cancer Care  
American College of Surgeons  
Awards Accreditation,  
Commendation**

Salinas Valley Memorial Healthcare System is one of 25 percent of hospitals in the United States with a Comprehensive Cancer Center accredited by the American College of Surgeons Commission on Cancer (CoC). The CoC recently granted Salinas Valley Memorial its latest accreditation with commendation, after a rigorous on-site evaluation by physician surveyors.

The accreditation process sets quality-of-care standards for cancer programs and reviews hospital programs to ensure they conform to those standards. Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to providing the highest level

of quality cancer care and participate in a regular evaluation process and review of performance. To maintain approval, facilities must undergo an on-site review every three years.

"Our Comprehensive Cancer Program has a long history of quality patient care," said Irene Neumeister, Senior Vice President/Patient Care and Cardiovascular Services at Salinas Valley Memorial. "From the surgical skills of Dr. Jim Smith and other qualified surgeons, the medical and leadership skills of Dr. Laura Stampleman, as well as the dedication and passion of the entire staff of the Comprehensive Cancer Center, our talent and commitment to providing the best cancer care available is clearly evident. It is rewarding to have our efforts recognized by the prestigious Commission on Cancer."

Gail Babcock, RN, MSN, Senior Administrative Director/Patient Care Services, said, "We are very pleased to have earned this accreditation, and especially pleased that the Commission also granted us our award with commendations. These are areas where a program excels beyond the standards. We are very pleased because this kind of quality care makes a big difference for our patients."

**San Geronio Memorial  
Hospital Foundation  
Welcomes New Director**

The San Geronio Memorial Hospital Foundation Board recently named Anne Zacovic as the new Director of Development of the hospital foundation. Her primary role will be to work with the hospital volunteers and foundation

*Continued on page 18*

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# District News

“With courage you  
will dare to take risks,  
have the strength to  
be compassionate,  
and the wisdom to be  
humble. Courage is the  
foundation of integrity. “

- Keshavan Nair

*Continued from page 17*



Anne Zacovic

Zacovic served as Director of Foundation and Institutional Planning at Lake Tahoe Community College the past seven years. She received her Bachelor of Arts degree from the University of Washington and holds certifications from the Center on Philanthropy, Indiana University and The Grantsmanship Center in Los Angeles. “Ms. Zacovic brings to this

board, employees, physicians, businesses and the communities of the Pass to generate support for the hospital’s growing operations and services.

position a wealth of experience in the areas of fundraising, special events, and foundation leadership,” said Don Larkin, CEO of San Geronio Memorial Hospital. “We are fortunate to have Anne’s insight and experience behind us as we continue to try and raise the awareness level and commitment from individuals, civic groups and businesses in the private sector to advance the hospital’s mission.”

## Washington Hospital Healthcare System Leads the Way with Advanced Neuro-surgery System

Washington Hospital Healthcare System will be among the first facilities in the world, and the first community hospital in the country, to offer patients the most advanced neurosurgery system ever created for non-invasive treatment of brain disorders, the Leksell Gamma Knife® Perfexion™.

The Leksell Gamma Knife Perfexion is a stereotactic radiosurgery treatment device that performs brain surgery without making a single incision by delivering doses of radiation to reach even the deepest brain tumors, while sparing surrounding tissue. Among its many benefits, the Gamma Knife Perfexion eliminates the risks associated with traditional brain surgery and patients experience virtually no discomfort. By performing these procedures on an outpatient basis, patients can return to their normal activities on the same day of treatment.

In addition, Washington Hospital is opening the Taylor McAdam Bell Neuroscience Institute in May 2007, to offer a wide-range of neuro-related programs for patients. At the cornerstone of the institute will be the new Leksell Gamma Knife Perfexion. Other programs of the Institute include a Stroke Program providing treatment for all aspects of stroke care: Brain Tumor Surgery for both benign and malignant tumors and a Minimally Invasive Spine Surgery program that specializes in reconstructive spine surgery.

To mark the opening of Washington Hospital’s new Taylor McAdam Bell Neuroscience Institute, the hospital is hosting the first annual Advances in Neurosciences Symposium on May 19, 2007. The program will feature leading physician specialists from around the world who will discuss the



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Gamma Knife Perfexion and advances in brain tumor therapy, spine surgery and neurodegenerative disorders, and controversies in cerebrovascular disease.

### Salinas Valley Memorial Unveils New Joint Replacement Center

A wing on the hospital's 4th floor has been designated as the Joint Replacement Center, and has recently completed renovation to make the rooms most suitable for orthopedic patients. Rooms in the new Joint Replacement Center are larger than most hospital rooms so that patients can easily receive their physical therapy right at the bedside. Rooms that formerly accommodated two patients at a time are now single, private rooms. They also look significantly different than a traditional hospital room. Medical equipment is stored out of sight, and furniture allows patients' families easier visiting, and even the ability to sleep in the room on a sofa bed.

"The cosmetic changes are significant, but they are simply representative of a much larger effort by the hospital, physicians, and healthcare professionals," said James Griffith, Vice President/Physician and Business Development. "When we made the commitment two years ago to develop joint replacement as a Center of Excellence, we initiated a plan that has unfolded in recent months and culminates today. This is the result of a multidisciplinary team effort."

Approximately 625,000 Americans undergo joint replacement surgery each year, and the number nationwide increases by approximately 16% each year. In 2006, orthopedic surgeons at Salinas Valley Memorial performed more than 400 joint replacement surgeries, up 30% over the previous year. Patients are opting to have the surgery earlier in life. Ten years ago,

only 25% of joint replacement patients were under the age of 65. Today, 31% are in that age bracket. Technology has advanced to the point of providing

replacement joints with a significantly longer lifespan, so patients no longer need to put off the surgery. Also, active

*Continued on page 20*

## Emotional Fitness

We all know exercise is an important part of a healthy life style. To stay-or get-fit and trim, a lot of us are willing to lay out hard earned cash and spend precious time joining a health spa, going to Pilates or yoga classes or buying the latest home gym equipment. But when it comes to maintaining emotional fitness, not many of us realize the same fitness rule applies: You lose what you don't use.

Here's a workout schedule for improving your emotional fitness:

- Take time each day to appreciate the good things. They'll grow in value!
- Find one thing to appreciate about a tough situation. It could be worse!
- Don't let anger or resentment live rent free in your brain.
- Find joy in the process, whatever the outcome.
- Sincerely listen instead of trying to 'fix it'. Most people simply want to be heard!
- Move beyond rigid mind-sets and learn to be more adaptable and flexible. You could be wrong!
- Be open to the unpredictable nature of people and life.
- And remember, repetition builds stronger (emotional) muscles.

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*Continued from page 19*

lifestyles are creating a population that is no longer content to tolerate a modified lifestyle due to joint pain.

### **Palomar Pomerado Health Receives State Award for Workplace Excellence**

The California Council for Excellence (CCE) has awarded Palomar Pomerado Health (PPH) with the Bronze-level award for the prestigious 2006 California Awards for Performance Excellence (CAPE) program. PPH received the distinction in its first attempt at the statewide program.

"This is a tremendous achievement for our employees," said Michael H. Covert, president and CEO of Palomar Pomerado Health. "To be recognized on our first try is a testament to the quality and leadership of our staff. We will continue to challenge ourselves to achieve the Gold-level award in the future."

The CAPE program, which emulates the Malcolm Baldrige National Quality

Program – the nation's highest Presidential honor for organizational performance excellence – recognizes organizations that demonstrate continuous improvement and superior performance in seven key business areas including leadership, strategic planning, customer and market focus, measurement/knowledge management, human resources, process management and business results.

"The Baldrige Award at both the state and national level has the same criteria," said Denise Shields, Chair of the CAPE Award. "The criteria are rigorous and organizations that apply are putting themselves through the most respected and demanding filter in the country. To win this award on any level is worthy of tremendous respect."

### **Local Hospital Exec Earns Top Healthcare Management Credential**

John Friel, president and chief

executive officer of Oak Valley Hospital District (OVHD), recently became a Fellow of the American College of Healthcare Executives (ACHE), the nation's leading professional society for healthcare leaders.


The status of a fellow represents achievement of the highest standard of professional

development. To earn fellow status, candidates must fulfill multiple requirements, including passing a comprehensive examination, meeting academic and experiential criteria, earning continuing education credits and demonstrating professional and community involvement.

"Because healthcare management ultimately affects the people in our communities, it is critically important to have standards of excellence promoted by a professional organization," said Thomas Dolan, Ph.D. and FACHE, president and CEO of ACHE. "By becoming an ACHE Fellow and simultaneously earning board certification from ACHE, healthcare leaders can show that they are committed to high quality service for their patients and community." These individuals are also committed to ongoing professional development and undergo recertification every three years. Only 5,400 healthcare executives hold this distinction.

Friel has held the president/CEO position at OVHD for four years. He holds a bachelor's degree in business management from Sonoma State University, a master's degree in public health from UCLA, and a registered nurse license from Lynn Hospital School of Nursing in Massachusetts.

He started his career as a licensed vocational nurse and progressed to a registered nurse. He served in the U.S. Air Force as an officer in the Nurse Corp prior to returning to college to pursue his administration degree. He worked his way through management positions, including assistant director of nursing, assistant administrator, and served as CEO at two acute care hospitals prior to joining OVHD.



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## Camarillo Health Care District CAO Named Volunteer of the Year



Kara Partridge

The Camarillo Health Care District is pleased to announce that Chief Administrative Officer **Kara Partridge** has been named **Volunteer of the Year** in the

Camarillo's Chamber of Commerce Top Ten Awards for 2007. Partridge was recognized, along with nine other award recipients, at the Chamber's Top Ten Community Awards Banquet and Ceremony held at Spanish Hills Country Club in Camarillo.



Kara Partridge-70s style!

## Salinas Valley Memorial Healthcare System, Local Paramedics Use Advanced Information Technology in Emergency Response for Cardiac Care

Salinas Valley Memorial Healthcare System (SVMHS) reports it has had three successful wireless transmissions of heart attack patients' electrocardiographic information from an ambulance to the hospital emergency room and to the on-call cardiologist. The transmissions are part of a national research study, which includes seven hospitals across the country, including Salinas Valley Memorial. The purpose of the Timely Intervention in Myocardial Emergency Multi-Center Study, or the TIME-MC Study, is to determine if pre-

hospital wireless transmission of an electrocardiogram can improve time to treatment in people having a heart attack. To examine that question, 12-lead ECG technology is being utilized by first responders who will measure a patient for signals and signs of a heart attack. That information is wirelessly transmitted to the hospital Emergency Room and also to the cardiologist on call via a hand-held device, so that treatment can begin the moment the patient arrives at the hospital.

The study originally covered only the city of Salinas, but it has now expanded to include Carmel Valley. Paramedics in Carmel Valley have been trained on the technology, and are expected to begin using it soon in cases involving heart patients.

Time is of the essence in treating a heart attack. Half of the people who die from a heart attack do so within one hour after the onset of symptoms, and before they ever reach the hospital. The sooner a heart attack victim is treated, the greater the chances of survival. Most heart attack victims wait two hours or more after their symptoms begin before they seek medical help. That delay can be deadly.

In a review of Emergency Room statistics, SVMHS Research Coordinator Nancy Yellin reported that

approximately 80% of people who come to the emergency room with symptoms of a heart attack, had driven to the hospital rather than call 911. "Timing is critical when it comes to treating a heart attack," Yellin said. "Waiting to act on those symptoms, and then getting into a car rather than an ambulance, could mean the difference between successful treatment and death."

"The potential implications of this study cannot be overstated," said Anthony Sintetos, MD, PhD, the interventional cardiologist directing this study at Salinas Valley Memorial. "This study has the potential of changing the way heart attacks are triaged in the field nationwide. Wireless technology may very well be standard equipment in every ambulance in the nation, if we see the results we expect from this project." ▲

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# Expands **ALPHA FUND** Loss. Prevention Resources

California's Workers' Compensation system has undergone major reforms in the past three years. These reforms have had a significant impact on both Workers' Compensation rates and employers' medical and indemnity losses.

*"Perseverance is  
a great element of  
success. If you only  
knock long enough  
and loud enough at the  
gate, you are sure to  
wake up somebody."*

**– Henry Wadsworth  
Longfellow**

Now that we are in the post-reform period with many of the benefits achieved, employers will need to be proactive with employee safety to assure ongoing cost savings. Now is the time to raise the bar on employee safety to the same level as patient safety! A safe workplace will translate to a safer environment for all those you serve.

ALPHA Fund's focus on workplace safety and on assisting Participants to prevent accidents lead us to continuously examine our catalog of loss prevention resources. To that end, ALPHA Fund is announcing the creation of a Loss Prevention Lending Library and a new addition to our Loss Prevention staff.

## LENDING LIBRARY CATALOG

This resource is available to current Participants and boasts over 50 titles covering a wide range of topics relating to safety and loss prevention that may be used for training and/or educational purposes at the Participant's facility. Some of the most requested titles are:

- *Hand Hygiene: For Hands that Care*
- *Bathing Without a Battle*
- *Healthcare Ergonomics: Working to your Advantage*
- *Safe Patient Handling in Healthcare*

In response to the growing trend among employers for wellness programs for their employees, ALPHA Fund has recently added employee wellness titles to the library. If you are interested in learning more about the Lending Library, call 1-800-655-2667, ext. 217.

## NEW ADDITION TO LOSS PREVENTION STAFF



*Sharon Weech, Loss Prevention Specialist*

ALPHA Fund is excited to announce the addition of Sharon Weech, Loss Prevention Specialist to our Loss Prevention Team. Sharon joins ALPHA Fund with several years of loss prevention experience and an incredible amount of enthusiasm for providing excellent customer service.

As a Certified Ergonomic Evaluation Specialist, Sharon is available to assist ALPHA Fund Participants with ergonomic issues, in addition to other loss prevention needs. Sharon is also a Certified Playground Safety Inspector, and is pursuing an Associate in Risk Management. She is a graduate of California State University, Sacramento where she earned a Bachelor of Science in Business Administration, Human Resources. Sharon currently serves as the Secretary and Newsletter Editor for the Sacramento Chapter of the American Society of Safety Engineers (ASSE). ▲



Representing the Founding Participants of the ALPHA Fund were Wayne Mills, Oak Valley Hospital District, Chester Beedle, Kern Valley Healthcare District, Daymon Doss, Petaluma Health Care District, Robert Honaker, Pioneers Memorial Healthcare District, George Pifer, Memorial Hospital, John Halfen, Northern Inyo County Local Hospital District, Peggy Ventura, Hi-Desert Medical Center, Sharon Spurgeon, Coalinga Regional Medical Center.

## ALPHA Fund Celebrates

# 30 Years of Service

## at Annual Participants' Meeting



(center) Barbara Beresky, Workers' Compensation Manager of Palomar Pomerado Health, accepts a \$2,000 award from ALPHA Fund's Loss Prevention Director, Brenda McGuire (left) and Chief Operating Officer, David McGhee (right).

28 Participants were represented, including nine of ALPHA Fund's founding Health Care Districts. These pioneering entities that formed the Workers' Compensation Joint Powers Agency in 1976 were recognized in a special ceremony as all attendees celebrated this significant milestone.

The meeting's first order of business was a "Participants' Call to Action" by David McGhee, Chief Operating Officer. Dave encouraged Participant senior leaders to model the behaviors they want their

There was much to celebrate at this year's annual meeting of Participants. Held at the glorious Fairmont Newport Beach, ALPHA Fund enjoyed its greatest meeting attendance to date. In all,

employees to have, and to make safety a value not a priority...priorities change.

The financial report, delivered by ALPHA Fund's Chief Financial Officer, Curt Jones, earned high praise from Participant attendees as he reported that FY 2006 was the Fund's best year ever. With ALPHA Fund's Participants taking advantage of the myriad of educational programs and services it was evident that during FY 2006, our collaborative efforts of developing and implementing strategies to minimize the personal and financial impact of employee injuries was working.

The annual Participants' Meeting is a unique opportunity for the Fund's owners to come together to share ideas and connect with each other within a genuine spirit of congeniality and professional appreciation.

Indeed there was much to celebrate this year because by virtually every measure, it was an outstanding year for ALPHA Fund. ▲



ALPHA Fund celebrated 30 years of service.



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### **Attention new Trustees!**

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