2008 Issue 1

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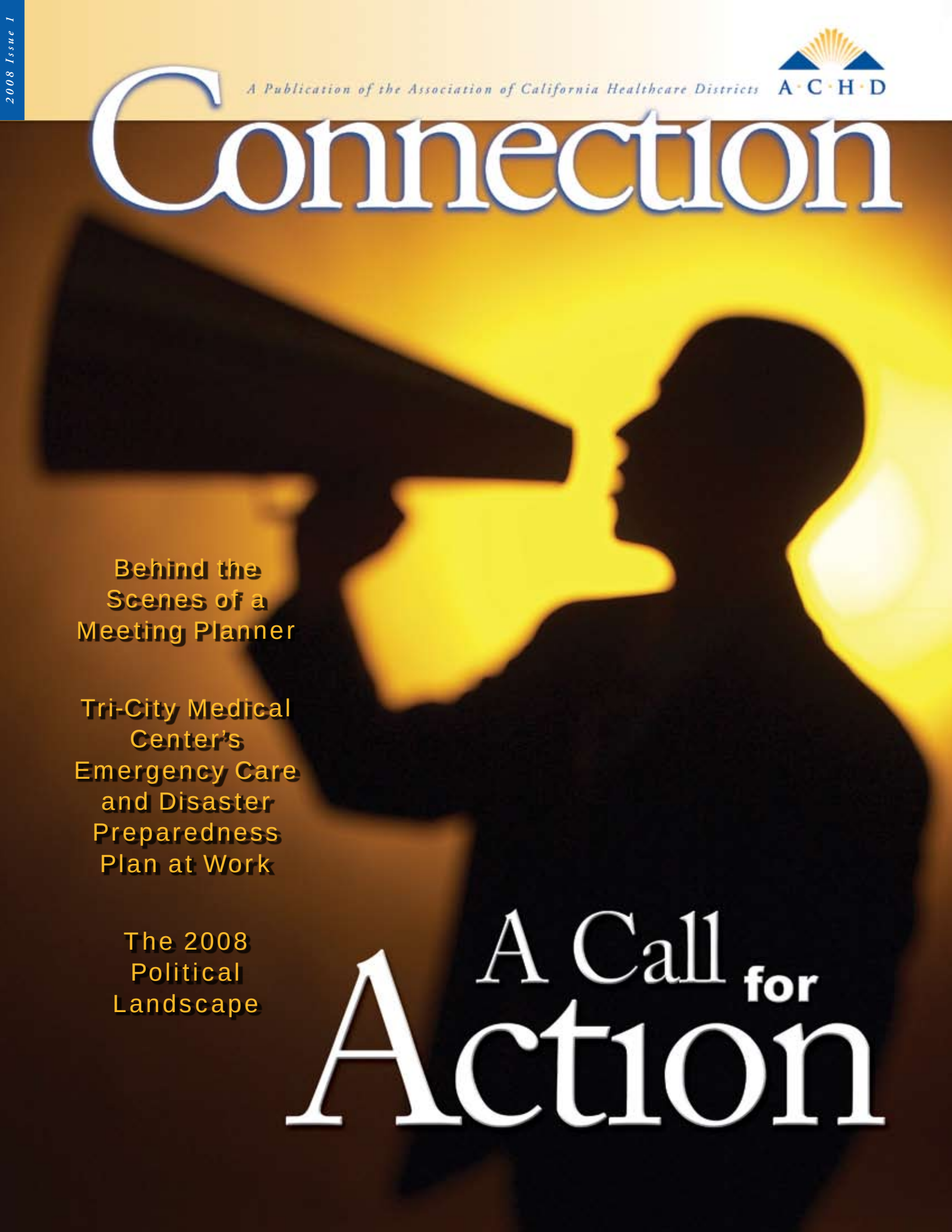
A·C·H·D

Connection



Behind the Scenes of a Meeting Planner

Tri-City Medical Center's Emergency Care and Disaster Preparedness Plan at Work

The 2008 Political Landscape

A Call for Action

CEO Commentary

Behold... all things are made new.

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 the dawning of 2008, these words expressing essential hope and optimism and belief—which have been restated in spiritual and philosophical writings for thousands of years—make their annual return to our lives. While the counting of days and years provide only an arbitrary structure to our unimaginably small slice of forever, the feelings of renewal engendered by a New Year are entirely real. We already sense something indefinable and special about 2008.

So it is with markedly renewed energy and focus that ACHD's legislative team and senior managers move forward into 2008, a pivotal year for Districts and for all of healthcare.

With complex healthcare reform on the ballot in November 2008, and with powerful interests already lining up in strong support and outspoken opposition, even a potentially historic presidential election will not entirely overshadow this issue. We live in such interesting times. These years of healthcare reform in California—and the significant societal changes that will inevitably follow—will be studied by social historians long after all of us participating in this complex and ambitious process have passed from memory.

The essential role of ACHD in asserting and protecting the interests of Health Care Districts at the Capitol has never been more sharply defined than during the ongoing legislative debate over healthcare reform. With more resources being directed to the legislative effort, the ACHD advocacy team is effectively navigating the shifting sands of competing MediCal reimbursement models, provider tax proposals and new supplemental payment regulations, while maximizing the governmental leverage of our newly recognized status as non-designated public hospitals. The role of ACHD in analyzing, protecting and improving MediCal and other governmental reimbursements through effective advocacy at the Capitol and the major regulatory agencies has improved Districts' revenues by tens of millions of dollars over the past five years.

With the stakes running so high and the major health systems pressing their own agendas, we find that Health Care Districts must assertively represent their own interests in Sacramento. With competing agendas and conflicting goals straining alliances, Districts cannot expect unfailing support even from our established allies. The unchallenged shifting of a decimal point in a reimbursement model can affect ultimate District Hospital revenues by millions of dollars. In this demanding political arena, ACHD remains informed, diligent, impassioned and outspoken. We are making a significant difference. ▲

Ralph Ferguson
Chief Executive Officer

Table of Contents


page 2


page 4


page 6


page 18

Comments from the Chair

Looking back on 2007 in my first year as Chair of the Association, I realized, as we all do as we move up in age, "Gosh, that year went fast!!!"

Reviewing the message I wrote last year at this time recalls our watching and wondering what kind of "Health Care Reform," Universal Health Care," or "Single Payer Program" our legislators in Washington and/or Sacramento would present. Well, we are still waiting. And the prospects don't look much more hopeful.

However, as an Association we accomplished most of our goals over the past few years; and members of the staff and the Tan Committee will be addressing the Strategic Plan updates for the years 2008 to 2010. Our CEO, Ralph Ferguson, has proposed a draft for the committee and the Board, and action will be taken on it at the March board meeting. The plan covers all the areas of concern and focus of the Association, including our Governmental Relations Program, Communications and Marketing, Leadership Education, and collaborative business organization and management.

The Association was the birth mother of two great joint powers risk management organizations: ALPHA Fund and BETA Healthcare Group, the latter of which on its own has become a major force in the liability and malpractice area in California for District and non-profit healthcare organizations. As for the ALPHA Fund, it is the success story of the decade. For the first time in its history ALPHA Fund declared a distribution of surplus. And Participants received an early Christmas present…a distribution check from ALPHA Fund!

We expect the Fund will continue its ongoing efforts to provide our Members with the best service available in Workers' Compensation. And with the Participants' help in managing their losses, we may very well see another declaration of surplus for FY 2007-2008.

As I did last year, I encourage all District Trustees and District Administrative Staff to become involved with the activities of the Association. At this year's Legislative Day, scheduled for April 21-22, 2008 in Sacramento, Members will learn how they, as fellow elected public officials and executives, can help influence our state government. They'll be given the opportunity to meet with their state legislators to help promote ACHD's legislative agenda, set specifically to benefit Health Care Districts. Further, Members who need to complete their AB 1234 Ethics Training requirements this year will be able to do so at the ACHD Annual Meeting scheduled for October 1-3, 2008. Craig Cannizzo, Esq. and/or Michelle Hackley, Esq. with Hooper, Lundy and Bookman will present this year's training program.

Compared to other Associations we may be small in size but believe me, we are mighty in the halls of Sacramento. We have shown that with quite a few successes benefiting our Members, it all has to do with your participation and cooperation with our talented staff in that effort.

I look forward to this next year and hope to see and greet you at our annual programs. ▲

Ted Kleiter
Chair, ACHD Board of Directors

Addressing Health Disparities

"The much bewailed racial health gap is not a gap, but a chasm wider and deeper than a mass grave."

-Harriet A. Washington,
Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present (2006)

Disparities in health among racial and ethnic groups in the US are significant and, by many measures, expanding. Health disparities, differences in the incidence, prevalence, morbidity and mortality among specific populations, exist for virtually every single health indicator and impact all racial and ethnic groups.

African Americans, in particular suffer the worst health profile in California and the nation for outcomes as varied as infant mortality, cancer, unintentional injury, heart disease and mental health. To be sure, part of the disparity arises because African Americans (and other people of color) do not benefit from equal access to healthcare services or medical technology when compared to Whites. But healthcare inequities are not the only source of disparities. Nor does healthcare hold the complete solution to the problem. Health inequities result from numerous interactions between community environments, social pressures, lifestyle factors and economic conditions.

Prevention Institute's ***Trajectory of Health Disparities*** (http://www.preventioninstitute.org/healthdis.html) provides a visual representation of how health disparities are produced. The trajectory depicts elements that contribute to disparities. First, individuals are born into a society that neither treats people nor distributes opportunity equally (*root factors*). Root factors, such as discrimination, poverty, and oppression manifest at the community level, affecting the neighborhood environment (*environmental factors*). Environmental factors influence health in two ways: directly and by exerting an influence on behavior. Directly, toxins in air, water, soil result in greater onset of—and susceptibility to—disease and infection. Indirectly, environmental factors such as inadequate access to nutritious food, safe places to be active, overcrowded housing, and targeted marketing of unhealthy products promote behaviors like inactivity, unhealthy eating, tobacco and alcohol use, and violence. Combined, environmental and behavioral factors contribute to increased numbers of people getting sick and injured and requiring screening, diagnosis, and treatment (*medical services*). The existence of 'unequal treatment' for non-white racial and ethnic groups, which further exacerbate health disparities, has been comprehensively documented by the Institute of Medicine.

Health Care Districts (HCDs), with a history rooted in serving the underserved, have an important role in eliminating racial health disparities. Not only can HCDs address access to medical services and the healthcare environment (such as ensuring healthy food in hospitals), but HCDs can exert a powerful influence on community health by grappling with environmental factors such as unsafe traffic conditions, limited access to parks and playgrounds or over-saturation of alcohol outlets. Tools such as the Environmental Nutrition and Activity Community Tool (ENACT) or the Tool for Health and Resilience in Vulnerable Environments (THRIVE) are available (www.preventioninstitute.org) to assist HCDs in identifying the factors that most influence health outcomes and developing initiatives, approaches, and policies to reshape communities and institutions—these are the tasks essential for eliminating inequities. The Association of California Healthcare Districts can serve to amplify the voice of HCDs by educating policymakers and advocating in support of policies to create healthier communities for all Californians, especially those suffering from unfair, unacceptable and *preventable* inequities in health.

This presentation was given at the ACHD Annual Meeting by Manal J. Aboelata, MPH, Program Director at the Prevention Institute. You may reach her at 323.296.5750 or www.preventioninstitute.org. ▲

Crisis Communications

A Public Relations Action Plan

Has your District struggled with getting community approval on a ballot measure? Have you found that the media "attacks" you for what they think are poor decisions made on behalf of the community? Does your community know who you are and what services your District provides to community members? Are they satisfied?

When a crisis emerges, prioritize your next steps: life and safety issues must be addressed immediately, messages must be fine-tuned, updates must be considered for the public good, and the District's perspective and plan of action must be made known.

If your District hasn't been communicating with the media and your constituencies on a regular basis, and on *your* terms, then likely the answers to these questions speak to your need for a Communications Plan. There are many reasons why maintaining communications with the public is very important, and why you should consider reading further here.

How your community perceives your District is critical in so many ways. A positive perception provides a support system and can stave off negativity in times of crisis for a District, where negative perception fuels and even gives cause to non-incidental District crises. Including a Communications Plan as part of the District's overall strategic plan is simply sound and practical advice. Such a plan was discussed by Michael Fineman, Principal of Fineman PR, at the ACHD Annual Meeting this past fall. He provided general guidelines and tips for preparing a crisis communications plan, the basic elements of which are as follows:

Phase 1: Establish Awareness

Build a foundation of understanding with residents to demonstrate that the District is of value to the community. This will help the District prevent a crisis from arising or gain a sympathetic ear if/when it is embroiled in a crisis. An ongoing information campaign is essential to the residents' understanding of how their taxpayer money is being spent in the best interests of the entire community.

Fineman recommends the following tactics to help Districts gain positioning essential to community organizations:

- news announcements about initiatives, awards, success stories and grants
- a "State of the District" or annual report each January
- regular website updates
- a regular series of "letters to the community" (via direct-mail piece, online, or as paid advertorials in community news outlets)
- speaking engagements at meetings of local organizations
- participation in and sponsorships of local events

Phase 2: Preparing for a Crisis

A District is vulnerable to many different crises, whether a review by LAFCO or other governmental agency, public or media criticism, or operational issues. Districts must prepare in advance for these eventualities with:

- scenario planning
- core messages and specific messages for specific audiences
- media training so that interviews may be managed strategically and messages are communicated effectively
- checklists that include key people's contact information (including the media covering the District), fact gathering points for key information requests, first 48 hours action items, do's and don'ts, etc.

Phase 3: Managing a Crisis

When a crisis emerges, prioritize your next steps: life and safety issues must be addressed immediately, messages must be fine-tuned, updates must be considered for the public good, and the District's perspective and plan of action must be made known. Take the communications initiative and avoid reactive and defensive responses. Let residents know how the crisis is being addressed and, separately, how the District is moving forward with ongoing operations.

Possible communications vehicles include:

- statements (responses delivered to media and/or through the District website)
- press releases (new developments)
- community forums
- supporting letters from the District's beneficiary organizations
- open letters to the community in neighborhood newspapers.

Phase 4: Recovering from a Crisis

Whether your District emerges from a crisis a hero or suffers negative impact to its reputation and credibility, follow-up after a crisis is a critical component. Depending on the crisis and its outcome, parties must be recognized for their support and the public must be assured that a similar situation will not happen again. The District must let the community know more than ever about its positive actions and role in assuring improved community healthcare. The District must commit itself to ongoing and positive communications with residents and institutions.

Michael B. Fineman, Agency President, Creative Director for PR Fineman, has over 20 years of public relations, crisis management and corporate consulting experience. You can reach him at 415.392.1000, or email mfineman@finemanpr.com. ▲

Leadership Education

In the District Hospital Boardroom:

What you must know (and do) to Thrive in 2008!

by Guy M. Masters, Senior Vice President, The Camden Group

With the election year, debate about everything healthcare will be in over-drive. Will there be major reform at the federal or state level? Is universal health coverage in our near future? Will seismic requirements be deferred, relaxed or eliminated? Will reimbursement rates change? How can your strategic thinking be directed to achieve competitive advantage and leveraged returns in all of this uncertainty?

Factors Driving Change in California

- Healthcare economics (slowly increasing per unit revenues; rapidly increasing per unit expenses)
- Physician – hospital alignment/ competition (for patient volume and revenue)
- Physician recruitment/retention issues
- Skilled workforce shortages
- Emergency Department on-call coverage and payment
- Shifting inpatient to outpatient volume
- Transparency (price, quality, patient safety)
- Move to retail delivery settings
- Health insurance changes (high deductible health insurance; cost-shifting to consumers)
- Uninsured and charity care burdens
- Union activities

Our Best Advice for District Hospital Board Members

Based on our interactions with District and other hospital Board members and CEOs in California and across the USA, the following selected advice shows how governance and senior leaders are addressing top of mind concerns as we enter the challenging and turbulent year of 2008.

- **Financial signs of potential trouble – (*what you can do)*:** Monitor regular financial dashboard reports to track bad-debt trend lines and allowances for charity care. Per unit measures of revenue and expenses by payer type are also important indicators of how your hospital is responding to shifts in reimbursement from Medicare, MediCal and managed care contracts. Revenues from all three of these payer areas should be changing in 2008. Ask your CFO to regularly (at least semi-annually) update a contribution margin report by service line to track performance of key service lines and Centers of Excellence. Hold at least one focused Board Retreat to critically review your Strategic Plan, and include exercises around "Scenario Visioning" to test your key assumptions and hospital/ medical staff readiness to adapt to potentially disruptive change.

- **Physicians as the economic engine – *(what you can do)*:** Are you prepared for the new wave of physician economic and lifestyle demands? New and seasoned physicians alike are seeking provisions that will take money right off the bottom line (think ED on-call payments, directorships, support for an electronic medical record [EMR], quasi-employment arrangements, etc.). Ensure compliance through fair market value studies of compensation and other financial arrangements. Monitor physician satisfaction indicators overall to make sure the loyalists are cared for as much as new recruits. Make sure your management team has a robust Medical Staff Development (recruitment/retention/succession)

Plan in place that addresses organization strategic direction and physician needs by specialty.

- **Employees as the drivers of Quality, Safety and Patient Satisfaction – *(what you can do):*** Keep your fingers on the pulse of organizational culture and morale by monitoring employee satisfaction surveys as closely as you track patient satisfaction. If employee morale is in the basement, it's a sure bet that patient satisfaction will not be much better. Everyone wants recognition and affirmation of good performance. When employees feel that they are contributing to a Mission and cause greater than self or money, they are more likely to be passionate and energized about their work.

Conclusion: As Board members, focus your thinking on a few select strategies, key indicators and high-value service lines that will give your organization the greatest impact and return. Join with your management team in the solutions and implementation process through good oversight, solid strategic thinking, and intellectual engagement and alignment with members of your Medical Staff.

Proceed with courage and vigor into this exciting New Year!

Guy M. Masters is senior vice president of The Camden Group, a healthcare management consulting and strategic advisory firm with offices in El Segundo, California, and Chicago, Illinois. He facilitates Board retreats, creates extraordinary strategic and Medical Staff Development plans, and works with physicians to boost service line volume and revenue for District and other hospitals in California and across the USA. He can be reached at (310) 320-3990 or at GMasters@TheCamdenGroup.com.

"What Keeps You Up at Night?" Top Concerns of Board Members and CEOs
Quality and patient safety
Physician satisfaction and productivity
Physician retention and recruitment
Culture: Employee satisfaction and morale
ED on-call coverage
Accelerating technology change, escalating costs
Hospital acquired infections
Volume and delivery system changes
Transparency: pricing and quality
Charity and indigent care levels
Cost of construction and major equipment
Seismic retrofit costs

Strategic Imperatives for Board Members
"Customer" Satisfaction: Physician, employee, patient
Develop metrics for all strategies (includes Mission!)
Align with physicians
Focus on smart growth
Increase philanthropic and grant activity
Create a culture of action, accomplishment and accountability

Behind the Scenes of A Meeting Planner

by Christine Chapman
Member Services Director
ACHD

I am not a writer. I am a meeting planner.

I can look at a ballroom and tell you how many people it will hold in various setups, what the cost per head will be, and what type of entertainment would be appropriate, all in less than a minute. But ask me to write an article for a magazine, and everything stops flowing to the brain. The term "Brain Dead" comes to mind…swiftly, but painfully.

Upon learning that I plan events, most people will immediately say, "I would love to have your job! The traveling, first class flights, luxury hotels, sumptuous meals and lounging by the pool with a cool drink…what a way to live!" If only that were true!!

First class travel is only a dream and one I fear I will never realize. I am stuck in the cattle call like everyone else. I relish the few times I do travel on an airline that does seat assignments and I am not relegated to the middle seat or, heaven forbid, the last row next to the toilet. My elbows are so sore from being hit by the drink cart I think I may have to file a work comp claim.

And luxury hotels? Yes, I do stay in nice hotels, but I am looking at the layout, watching the staff, checking out the sleeping rooms and noting the locations of the elevators, housekeeping closets, ice machines and any other source of noise that might be an irritant for my attendees. After multiple site tours each day (sometimes upwards of five to six properties), I stumble to bed at around midnight and ask for a 4 a.m. wake up call so that I can meet my host downstairs for a 6 a.m. breakfast before we depart for the next round of property visits.

Regarding the fabulous meals, ask any restaurant critic about their job and they will tell you the same thing. Yes, the food is great but at some point in time you do get tired of eating, no matter how great the meal or how talented the chef. Many times my gourmet dinner is a Snickers bar out of the vending machine along with a Pepsi as I sit down at 11 p.m. to check emails and work on current projects…and I can't tell you the last time I "lounged by the pool."

Okay, I am through whining and return to the reason for this article.

The ACHD Annual Meeting is our premier event each year. We hold other meetings and small workshops throughout the year for the board and committees, new trustees, human resource personnel and workers' compensation related issues. But the Annual Meeting is our opportunity to shine. With the support of our governing board and the oversight of our TAN and Finance Committees, we work each year to put together an event that will draw people in and make them want to come back again and again. As District budgets get tighter and tighter, we look for creative ways to make the dollars go farther while still putting on a first class event.

Planning for this event starts two years out as we search for the right location ("location, location, location"). Once the site has been selected the contract negotiations begin with obtaining a sleeping room rate that is affordable for our Districts, as well as the Association. To obtain a reduced rate (usually 20-30% below rack rate), we must guarantee to the hotel that we will use a block of sleeping rooms (we average 330), that we will purchase a minimum amount of food and beverage and, based on those numbers we may or may not be charged for meeting room rental ($500 - $2500 per room)—all of which affect the final room rate we contract. While lower room rates could be attained, the food and beverage costs, along with increased meeting room rental rates will go up (substantially). Those amounts ultimately affect the registration rate we charge attendees.

Next we begin working with our creative team to design an overall theme that will not only provide a platform for our message, but give us a base for the "fun side" of the event. This generally proves to be one of the most challenging aspects of the overall planning as we want our members to attend not only because of educational opportunities, but because we want them to have a good time. Prior years' entertainment themes have included *Survivor, Mardi Gras, Fabulous 50's* and *Monte Carlo* themes. This year's meeting theme, *Rising Stars*, will incorporate *Dancing With the Stars* for the Chair's Reception. **(Save the date October 1-3!)**

Tackling workshop content as we look for topics of interest, speakers who are engaging (and entertaining), and

presentations that are visually stimulating, is the next step. Once determined, staff begins to research speakers and look for funding sources to cover the speaker costs. Sometimes we are lucky to work with a speaker who will extend us a courtesy rate due to our non-profit status. But more times than not, the topnotch professional speaker fees ($10,000 – $50,000) are well beyond our budget, so we rely heavily on District personnel, staff members or other Association members to address the Membership. We have been fortunate over the last seven years to have significant financial support from Grossmont Healthcare District for the educational portion of our program. Without their generosity, many of the outstanding programs we have provided would not have been possible. Gold and Silver Sponsors along with established vendors have provided educational funding as well. Each of these generous sponsors is recognized in the annual meeting program, on event signage and in pre-event promotional materials.

Our third major piece of the event is the Exhibitor's Tradeshow and Reception. We are very fortunate to have a long-time base of exhibitors who return each year for the opportunity to "network" with the District Trustees and staff; several of our exhibitors are also active in our corporate sponsorship program. While we always refer to this event as a tradeshow, the reality of it is that it is really a "social event" for vendors and the attendees. New and improved products and services are showcased alongside proven standards. Each year we acquire new exhibitors but sometimes lose established ones due to budget cutbacks or scheduling conflicts. But one comment remains constant from year-to-year from our exhibitors and sponsors: "ACHD has one of the best tradeshows in the industry. We like the intimacy of the event and the opportunity to develop new connections and rekindle old ones." What a great compliment!

And last but not least, the event that is near and dear to a very dedicated group of our attendees, the ACHD/ALPHA Fund Golf Tournament. Each year brings new challenges for this part of the Annual Meeting as we look for a course that is affordable, challenging and within driving distance (no pun intended) of the conference hotel. District Trustees and executives, staff and vendors take part in this tournament with each foursome looking to place first and to be the lucky recipients of one of our coveted first, second and third place trophies. If you haven't played in this tournament, you should give it a try. Each of the players returns to the hotel with the biggest smile I've ever seen, and they all have a great story about the "best and worst shot" of the day.

As with any event, the staff works tirelessly to stage an event that is seamless and professional. The average person would be amazed at what goes on behind the scenes of an event and most likely would consider us to be crazy to want to do this as a profession. But at the closing event, as you say goodbye and share hugs and good wishes for safe travel home, no matter how insane the days were before, during and after, we look forward to the next one. Crazy huh? ▲

New Directors Instated to the ACHD 2007-2008 Board of Directors

Each year at the Annual Meeting, elections are held and four positions on the ACHD Board of Directors are filled. Congratulations to our two new Directors and to the two incumbent Directors who were elected to their second three-year term.

Newly elected Directors, Dr. Don Parazo and Sandra (Sandy) Beach, are serving their first three-year terms. Don V. Parazo, M.D. is currently serving on the Antelope Valley Hospital Board of Directors. AVH is their District's only full service hospital and is highly regarded for its medical/surgical services and Outpatient surgery services. Dr. Parazo's contributions are viewed as having helped form an adhesive Board focused on Hospital issues. He has participated as Chairman of the Board for two years and headed a $13 million dollar turnaround in one year. He was recognized as an outstanding Trustee in 2006.

Dr. Parazo is a board certified physician specializing in family medicine, with a special interest in geriatrics. He earned his medical degree from Texas Tech University School of Medicine, and his family practice residency was performed at R.E. Thomason General Hospital. Dr. Parazo's military service included a position as Chief of Family Practice Development at El Toro MCAS in Santa Ana, California.

Dr. Parazo has served as Medical Director for the Heritage Clinic in Palmdale and for California Desert IPA. He has also served as clinical instructor for the Glendale Aventist Family Practice Residency Program and as Chief of Family Practice for High Desert Medical Group.

Sandy Beach has continuously been a member of the Board of the Coalinga Hospital District since 1998. Beginning in 2000 Ms. Beach has been annually elected by the Board as President of the District. She has since that time continuously served the District as its principal officer providing a wide range of experience and knowledge about the District and the community to Board members, administration, executive management and policy-making employees.

Ms. Beach presided for seven years over a board which has seen the Coalinga Medical Center incur annual losses of almost one million dollars/Chapter 9 Bankruptcy in 2003-2004 to its unaudited net profit of over four million dollars in 2006-2007.

Ms. Beach's background includes a wide range of experience including: Loan Officer, Bank of America; Branch President Coalinga American Association of University Women; School Advisory Board Coalinga-Huron Unified School District; Board Member of the Coalinga Community Foundation; and Board Member and President Coalinga Regional Medical Center.

The Directors elected for a second term, RoseMarie Reno and Runo Lemming will serve through 2010.

RoseMarie Reno was appointed to the ACHD Board of Directors in 2004.

She has also served on ACHD's Trustee Action Network Committee (TAN) and the Board of BETA Healthcare Group since 2000. Elected to the Tri-City HCD in 1984 to present, she has served as Chairperson of the Board three terms, Secretary of the Board two terms and Treasurer of the Board two terms.

RoseMarie Reno has a broad range of experience in healthcare, serving as Trustee in executive management at several premier healthcare organizations and providing expertise in: design, redesign, operations, budgeting of healthcare services (i.e. Emergency Department, Operating Room, Acute Care, Recovery Room/PACU and team collaboration). Ms. Reno is a Registered Nurse, Board Certified Anesthetist, one of the Founder's of Emergency Department Nurses Association, San Diego, and holds a Bachelor of Science in Public Administration and Education from San Diego State University, with honors.

Ms. Reno was granted a Masters Degree certificate by the State of California Public Education for her vast experience in the healthcare field, including courses taught to the community. She has taught Pharmacology (basic and advanced) and was granted Professor Emeritus of Mira Costa College for her 28 years as a healthcare educator. She is the recipient of numerous awards and certificates such as: Certificate for Special Districts Management and Administration, Who's Who nomination and biographical inclusion, Certificate from the American Governance & Leadership and the American Hospital Assoc. for (1) Financial Literacy, (2) Governance and Leadership. In 2002 Ms. Reno was recognized by the California Hospital Assoc. and ACHD for outstanding leadership.

Runo Lemming began his first term in 2004. He has served continually on the Trustee Action Network Committee (TAN) since 1998 and is currently the Chair. He has also served on the Bylaws/Nominating Committee. Since 1997 Mr. Lemming has served as a Trustee on the Cambria Community Healthcare District Board having been re-elected to three four year terms. He has been Board President for four of these years and is currently serving as President. He has also served as Vice President and Secretary/Treasurer and has served on the Salary and Benefits sub-committee of the Board.

Mr. Lemming holds a Bachelor of Science Degree in Public Administration from Pepperdine University. He has a wide range of educational experience and P.O.S.T. certificates for: supervisory and middle management courses by various governmental agencies. Mr. Lemming's experience also includes education in: budget, personnel matters, sensitivity training and job discrimination, investigative and supervisory techniques.

Runo Lemming was employed for 32 years in law enforcement responsible for the deployment of field and investigative personnel on a city-wide basis; helped establish a new Police Division including all related personnel and logistic matters; preparation and presentation of budgets; community relations; public affairs; and complaint investigations involving sensitive and diverse matters. His community involvement included serving as the Administrator Coordinator of the District's Crisis Intervention Team and President of the Cambria Community Council, a fundraising and financing organization focused on aiding senior citizens and the disabled through organizations such as: Youth Center, Scouts, Food Bank, Senior Nutrition Program and Adult Day Care Center. ▲

Your Association News

AND THE SURVEY SAYS...

What Attendees thought about the Annual Meeting

"Educational, informative, creative and inspirational."

Marketing terms used to promote the ACHD 56th Annual Meeting, perhaps? Actually, this is how one attendee summed up the educational sessions at this year's event!

Attendees had a "Smashing," "Wonderful," "Fantastic," "Great, fun, wonderful, vigorous," and "Swell" time at the Monte Carlo style Chair's Reception. "And the food was superb!" So, what was the consensus overall on the ACHD Annual Meeeting?

According to the many responses we received on a survey sent out to attendees after the meeting, one could conclude that ACHD was successful at satisfying most of the attendees most of the time. Of course there are always improvements that can be made, and ACHD staff does take your responses and suggestions to heart.

We appreciate all the good things that were said...well, actually, we soak that up! But we are also very interested in the constructive criticism, opinions, and ideas on how next year's event can be improved. We will be taking the results of the survey—all the comments and suggestions too—and presenting that to the ACHD TAN Committee and Board of Directors for further discussion as to how we can improve and make ACHD's 57th Annual Meeting scheduled for October 1-3, 2008, the best ever!

Thank you to all those who took the time to let us know your thoughts on the Annual Meeting. Following is a summary of your responses:

- 79% thought the number of educational sessions offered was sufficient; 67.2% found the sessions of particular interest, and 27.6% found them to be somewhat of interest.
- Nearly 91% found that the schedule offered sufficient networking opportunities.







- The table topic discussions (during breakfast) helped nearly 70% of the attendees meet and talk more openly to others, and would like to include table topic discussions at our next Annual Meeting.
- Asked whether the Monte Carlo theme should be offered again next year, 47% said yes, 12.5% said no, and 42% had no opinion.
- Nearly 63% of attendees have attended prior ACHD Annual Meetings more than three times; 21% attended for the first time.

To address some specific concerns, one of which is the cost of the Annual Meeting registration and hotel costs, we asked our meeting planner to write an article to explain how those costs are determined. In her article (printed in this edition of the *Connection*), "Behind the Scenes of a Meeting Planner," Christine Chapman explains the negotiation process and all that which is considered in determining the costs.

With respect to this year's Chair's Reception, we will not repeat the Monte Carlo theme; instead, we'll be *Dancing With The Stars!* - a suggestion from District Member, Trish Johnson, R.N., Trustee of Sierra Kings Health Care District. Thank you, Trish, for your suggestion. We should have lots of fun with this one!

Please mark your calendar for October 1-3, 2008 and get board approval - the registration fee will be $600 and hotel rooms are $259/night. We hope to see you at the ACHD 57th Annual Meeting at the U.S. Grant Hotel in San Diego! ▲

The Trip for 2! Gam
the True Story

by Linda Faircloth
Marketing and Communications Director
ACHD

For those who joined the fun at the Exhibitor's tradeshow and played the "Trip For 2!" game, I thought it would be fun to summarize some of the funny, more creative, or down right *wrong* answers to some of the questions. If you recall, players visited the exhibitors and were given hints to help figure out what the acronyms were to several different problems. For instance, the correct answer for the problem, 18 = H on a GC were: holes, golf course. Pretty easy, yes?

Ruth Olson, Trustee at North Sonoma County Hospital District, scores a 100% and wins the big prize—A Trip for 2 worth $2500!

To qualify and be entered into the drawing to win the Trip For 2!, you *had to be a Health Care District Trustee or District executive (employed by the District)*. That disqualified several automatically. In two cases, the entries had *all* the right answers, but was a spouse and was disqualified. Only those entries with all 21 problems solved correctly were entered into the drawing. The rules specifically stated, "Your answers *must* match those on the official answer sheet."

Now, I recognize that I may be stirring up muddy waters here, but a comment was made that someone other than ACHD staff should have "scored" the answers. I would agree that an independent judge would be perceived to be the "most honest" in scoring the answers. But with such strict rules, i.e., answer *must* match, there was little room for discretion by the judge. And I assure you, if the answer didn't match, it didn't qualify for the drawing. That did, however, reduce the number of qualified entries for the drawing significantly, which is probably why the comment came up. However, we'll take that advice for such games in the future. In the interim, read on and you'll see how little discretion the judges needed, and why there were a lot of entries disqualified.

The very first problem to solve, 32=D F at which W F, was the most missed. The answer was degrees, fahrenheit, water, feeezes. Many answers omitted the word "fahrenheit," or used their own acronyms, i.e., "D" and "F", or the degree and water symbols, º and H2O. So, a typical wrong answer for the first problem looked something like this: 32º F at which H2O freezes. Wouldn't any judge mark those wrong?

Secondly, "76 = N of CA HCD" means number of California (or "CA" was accepted as correct) Health Care Districts, not HC Dists., or #, which were also common in many answers.

"11 = P on a F T" is "players," not "positions," on a football team. I don't know...are there 11 positions on a football team? Guess there are if there are 11 players. But that wasn't the answer on the answer sheet. Similarly, the answer for "100 = S in the US S" was "Senators" in the U.S. Senate, not "States" or "Seats." I suppose the same argument could apply here. Close, but again, the answer on the answer sheet was "Senators."

e..

Someone surely must have been trying to fool the judge using an ® symbol for "right" in the problem, "90 = D in a R A." Wrong. I've no clue what that symbol means or even if it is a symbol, but it didn't count for the *right* answer. One up on that one, however, was the wrong answer, "90 days in a *revolving account.*" That may be so, for some. However, "degrees in a right angle" was the correct answer given on the answer sheet.

"8 = S on a S S" means 8 "sides," not "signs" on a stop sign. Our brain can really make us say and write some funny things sometimes, doesn't it!? And 4 = Q in a G does not equal "quarters" in a gallon. Close! One might argue, I suppose, that a gallon could be divvied up into quarters. But that wasn't the right answer. I especially liked the answer, "quarters in a game" though. (I think I may have played that once!) Q in a G stood for "quartz in a gallon."

And finally, it may very well cost you $200 for Park Place in Monopoly, but the correct answer for "200 = D for P G in M" was "dollars for passing go in Monopoly."

That pretty much identifies every incorrect answer that was marked wrong on nearly 80% of the entries. It must be true what "they" say about those games that we used to play when we used to think that we could win, like the Good Housekeeping Sweepstakes. If we don't follow the rules *exactly*, then we're disqualified. Maybe there's a lesson to be learned, here. In any event, it seemed everyone was having fun playing the game, and I'm sure there will be more big prizes at future ACHD Annual Meetings. However, to keep the scoring "official," staff hereby officially submits their resignation as judges... even though hopefully I've convinced you that the judging was indeed fair and dutiful. OK. Enough about that.

Fun, uh? Well, I can assure you that Ruth Olson, a Trustee at North Sonoma County Hospital District had a great time! She won the Trip for 2! prize worth $2500. Yes, a North Sonoman won last year too. But it wasn't Ruth Olson; it was Kurt Hahn. Two lucky winners from Sonoma...maybe the red wine in Sonoma helps more than the heart perform better! I may need to try some of that.

A big congratulations to Ruth! And Good Luck to all next year. Remember, always follow the rules...OK, that doesn't sound like any fun. Never mind. Maybe try some Sonoma red wine instead.

Until next year...! ▲

THANK YOU!

A very special thank you to our primary Annual Meeting Sponsors, Grossmont Healthcare District, BETA Healthcare Group, and ALPHA Fund. These sponsors' substantial financial support helped ACHD provide for the educational workshop sessions, luncheon speaker, and overall meeting program.

ACHD also thanks all those who helped support the Annual Meeting as an ACHD Gold Sponsor—AIG Valic, BRIM Healthcare, HFS Consultants—ACHD Silver Sponsor--G.L. Hicks Financial, Healthcare Resource Group, Tramutola, LLC, and Valley Emergency Physicians--and meeting sponsors and exhibitors. All your support helped make the Annual Meeting the most memorable, enjoyable, educational, and most fun event of the year.

Featured District

Tri-City Medical Center's Emergency Care and Disa

The smoke has now cleared, the ashes have settled and San Diego has survived yet another disaster. The Wild Fires of 2007 showed all of us just how vulnerable we are to disasters.

They can be ster Preparedness Plan at Work

By Jeff Segall
Director of Public Affairs
Tri-City Medical Center

man-made or natural. They can occur when we least expect them. They can impact large numbers of people regardless of income, social status, ethnic background or residential address. And they can happen…..*NOW*!

We saw all that on a peaceful, Santa Ana-windy Sunday afternoon when fires in the south and east county exploded. By 7:19 Monday morning, Tri-City Medical Center initiated *Code Orange*, a federal hospital disaster designation alerting all employees that a significant event has occurred and summoned members of the Medical Center's Incident Command (IC) team to open up its Emergency Operations Center (EOC).

Under *Code Orange*, all normal business is cancelled. Within an hour of opening the EOC, administrators and senior management team members began to assess the situation. By monitoring live television news reports and through direct computer link to the San Diego County Office of Emergency Services, Tri-City's EOC was able to learn, in real time, what the impact of the numerous fires were.

With direct contact to both fire and law enforcement agencies throughout the county, and in immediate contact with the Medical Operations Center, which coordinates the efforts of every hospital in the county, we learned within hours that a number of North County hospitals were either evacuated, being ordered to evacuate, or on emergency room bypass (diversion).

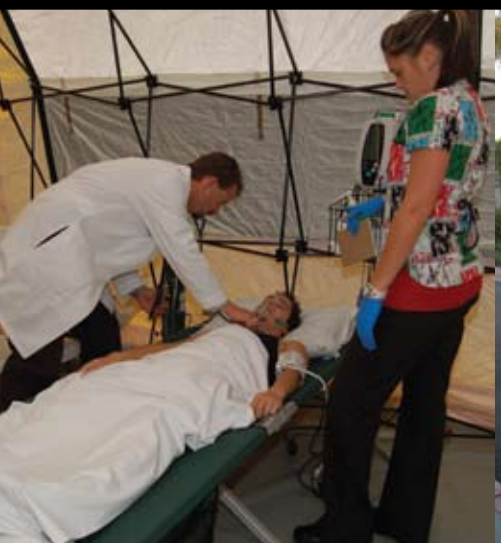
For a time, that made Tri-City one of the only hospitals in North County open to admit patients or take emergency room patients.

In the EOC, the IC team began making strategic decisions, which it continued to do 24/7 until noon on Friday, October 26, when the EOC went into a modified Code Orange response until it was canceled on Sunday morning, October 28th . The Team's number one priority was to make as many beds in the Medical Center available as quickly as possible in anticipation of receiving evacuated patients from other medical facilities as well as receiving fire-related patients—those who had cardio and/or pulmonary ailments caused or exacerbated by the smoke.

One of the first steps to increase bed capacity was to discharge as many non-critical patients who were ready to go home as quickly and safely as possible. A decision was also made to cancel all elective, non-urgent surgeries and procedures. Another strategic decision was to deploy two, 10-person medical surge tents adjacent to the Emergency Department to triage and treat as many of the smoke-related ailments as possible, thereby adding Emergency Room (ER) capacity while ensuring available beds in the ER for more critical patients.

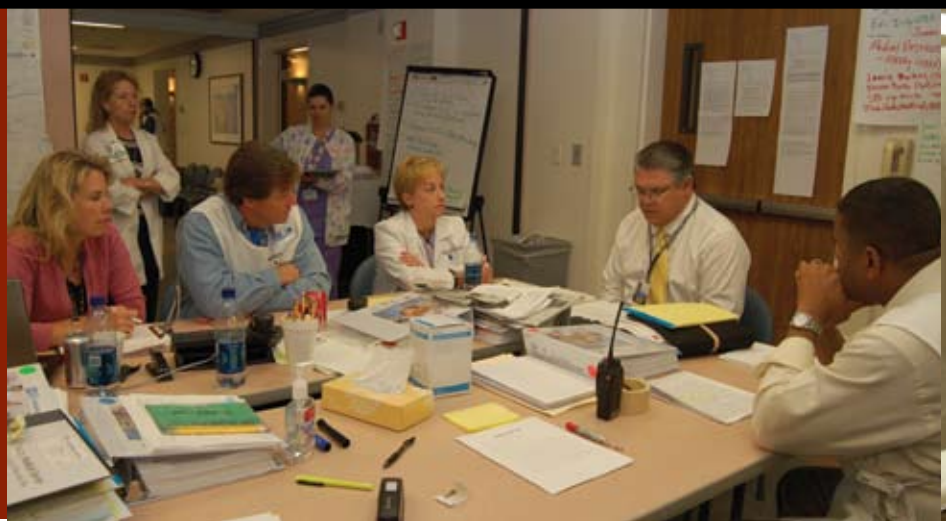
With numerous roads closed in the area and scores of employees, nurses and physicians personally impacted by evacuations of their own property, concurrent deliberate efforts were deployed to ensure proper staffing for all patients—currently in the hospital and

Continued on page 20



OPPOSITE PAGE:Members of the Tri City Medical Center Disaster Response Team manned the Emergency Operations Center.
THIS PAGE: Left: Pulmonary operations manager Kevin McQueen (left) treats a patient in one of two disaster surge tents with EMT Tera Kavanagh. Right: Tri City s EOC personnel made a decision during the early hours of the wild fires to deploy two, 10 person, MASH like surge field tents to accommodate the expected influx of patients.

In the end, all the many hours of disa employe



Left:Tri City Medical Center President and CEO Dr. Art Gonzalez (second from right) provided the medical center s 2,400 employees and medical staff with on going fire and hospital updates throughout the week of the fires. Middle: Dr. Cary Mells, medical director of the Center s ED (left) and Rusty Mansur, ED support services supervisor examine a patient. Right: From the EOC, Dr. Gonzalez kept in close contact with key personnel during the entire Code Orange activation.

Continued from page 19

the potential surge of patients anticipated to come. As such, all training sessions and meetings were postponed to free up critical room space and keep staff available for patient care.

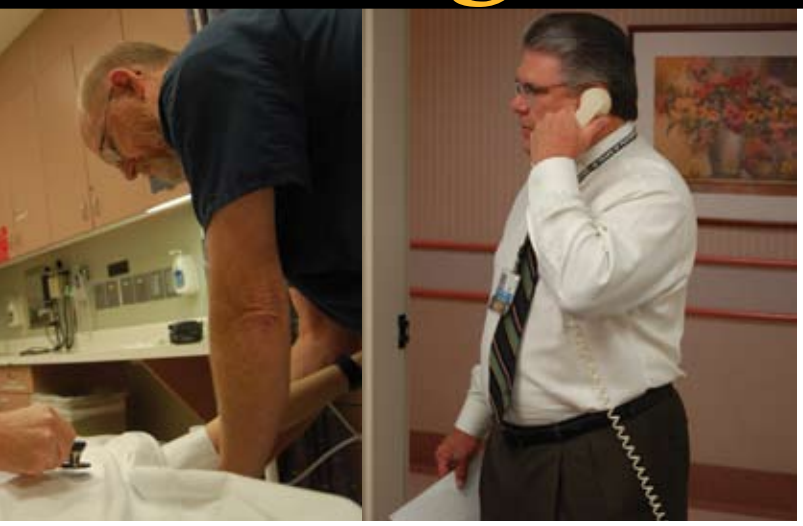
Under *Code Orange*, employees already at the Hospital were required to check with their supervisor or the Incident Command's Labor Pool before leaving for the day to see if they were still needed elsewhere in the Hospital. Off-shift employees contacted the Hospital to advise of their immediate and long-term availability.

In a number of cases the IC made plans to transport stranded employees to the Hospital by using Hospital-marked vans that could cross fire lines.

Medical and routine supplies were also assessed quickly to determine supply on hand and current availability and method to restock. Additional HEPA filters, which filter out contaminates and smoke odors, were immediately ordered as were medication and ventilators anticipated to be used for a potential smoke inhalation surge. Even basic items such as bottled water and bread were assessed and ordered as needed. In fact, the head of Tri-City's Food and Nutrition department personally drove to the local store to purchase bread later in the week because of shipment delays caused by road closures.

Because all San Diego County schools were closed for the week, a serious conflict developed with staff who wanted to report to work, but had to take care of their children. The IC addressed that issue by establishing child care in conference and training rooms at the Hospital. A total of 71 children,

ster drilling and e training at Tri-City paid off.



ranging in age from 3 months to 16 years, were cared for by both Tri-City staff and volunteer teachers from the Carlsbad Unified School District. This allowed parents to provide needed care for patients.

The biggest influx of patients came on Monday with a record 271 patients being treated in the Emergency Department and in the surge tent (roughly 100 more than are treated on a regular day), and 16 inpatients transferred from an evacuated Fallbrook Hospital. Our Neonatal Intensive Care Unit saw a significantly higher number of babies than usual. This increase was generally attributed to premature births caused by fire stress. And the Hospital helped place numerous evacuated skilled nursing facility patients into local facilities.

Many of our staff were impacted directly or indirectly by the 2007 Wild Land Fires. Some employees lost their homes or sustained major property damage. Some spent hours attempting to commute through fire lines and evacuated communities just to get to work. And many worked long hours to provide patients with the same high quality of care Tri-City prides itself on everyday.

In the end, all the many hours of disaster drilling and employee training certainly paid off. Tri-City Medical Center became this community's *center* for emergency care and disaster preparedness. Its response to the disaster was second to none. Everyone associated with the Hospital pulled together to provide superior emergency medical care in this most unfortunate disaster.

North Coastal San Diego County was lucky this time. While the fires caused some deaths, much destruction and a great number of voluntary and mandatory evacuations, the disaster did not have the wide-spread impact other potential disasters could wreak on the region. We were also lucky that the huge number of smoke-related incidents seen four years ago during the Cedar Fire did not materialize.

Nonetheless, Tri-City Medical Center served its community well and was poised to handle a potential surge of patients at a moments notice. That's what years of disaster preparedness training ensures. As such, the Medical Center will continue to drill and train in disaster response and preparedness, giving its community comfort in knowing that *we're always here for them*! ▲

The 2008 Political Landscape

It's in the air virtually everywhere around the Capitol. It's written on the furrowed brows of legislators, staffers and lobbyists alike. And holiday greetings in the Capitol this pass season said it all…a quiet sigh, a shake of the head, and a murmur: "It's going to be an ugly year…." Why the pessimism?

As this goes to press, California's state legislators are returning to Sacramento and preparing to grapple with a likely turbulent legislative session. The causes of this expected turbulence are many – including an apparently intractable General Fund budget deficit, the requirements of some recently passed state budget reform initiatives, protracted debate over healthcare reform, the cumulative impact of term limits and a likely (though not certain) turnover in the leadership of both legislative houses. Add to this brew the tincture of a wide-open Presidential election cycle, and you have the ingredients for a highly unpredictable—if not downright manic—session that could have major implications for Health Care Districts.

A Bad News Budget

The bad news about California's state budget began circulating around the Capitol Building just before Thanksgiving. Rumors pegged the total current year deficit at just over $2 billion, and the projected deficit for the coming fiscal year at $14 billion and climbing. This will necessitate potentially serious cuts in state programs in the current year. Absent a turnaround in state revenues, or major tax increases, state budget writers may be forced to impose draconian cuts in state "discretionary" programs, including health programs.

While state budget deficits are nothing new in Sacramento of late (the deficit under former Governor Davis was significantly higher), finding effective solutions to the problem, both short and long term, could be much more difficult to craft this year. For example, initiatives enacted by voters as part of the FY 2004 state budget deal greatly limit the ability of state budget writers to "raid" local property tax and other funds.

In addition, Proposition 58 gave the Governor the authority to declare a "state fiscal emergency" any time projected deficits reach their current levels. Once declared, the Legislature would then be required to send the governor a balanced budget within 45 days. Should the legislature fail to adopt a balanced budget by the required 2/3 vote within the specified time limit, all other legislative activity would cease. The legislature would be prohibited from considering or acting on any other legislation, or adjourning, until a balanced budget is approved and sent to the Governor.

The problem is, legislative Republicans are resolutely opposed to ANY tax increases to balance the budget, and legislative Democrats are likewise opposed to ANY substantive cuts to discretionary state programs. Furthermore, the leadership in both the Senate and Assembly could be about to change hands. Given the failed passage of Proposition 93 (which would have revamped California's Term Limit law) Senate President Pro Tempore Don Perata and Assembly Speaker Fabian Nunez are now entering their final year in the legislature. Now that the final election results for Proposition 93 are official, the jockeying and behind-the-scenes arm-twisting have begun to determine who will lead the two chambers. This power vacuum, and the increasing polarization between legislative Republicans and Democrats, make any resolution of the state's budget mess before the beginning of the coming fiscal year—much less within the required 45 days—unlikely at best.

Life Support: Healthcare Reform in Limbo

ABX1-1, the healthcare reform proposal crafted by Governor Schwarzenegger and Speaker Nunez, was adopted by the Assembly in last years' Special Session. The bill is now languishing in the Senate. The Senate President Pro-Tempore has declared that he will not move any healthcare reform before the Legislative Analysts' Office completes a fiscal analysis of the bill. This will likely delay any further action on reform for at least 15 – 30 days. Senator Perata's refusal to move the legislation (after months of work by legislative leaders, the Governor and stakeholders) has put a serious kink in the relationship between himself and the Speaker.

Knocking, Gripping & Grinning – Iowa Style

Finally, thanks to the election cycle, it could soon become very difficult to establish a quorum in many legislative committees this year. During the past several months, a number of California's legislators have been spending time on the ground in Iowa, New Hampshire and North Carolina – thumping for votes for their various endorsed Presidential candidates. As the election year progresses, this legislative diaspora is likely to intensify. This will continue through May and June, when our legislators must turn their attention to their own primary elections.

Governor Schwarzenegger officially declared a "state fiscal emergency" with the release of his proposed budget in early January. This has brought nearly all non-budget legislative activity to a halt, at least through the next 60 days. Given that most newly introduced bills take a minimum of 90 days to move through both houses and be sent to the governor, this could leave a large chunk of legislation, including some major legislation sponsored by ACHD this year (more about that later), is stuck indefinitely in legislative limbo.

Our Answer to Inertia and Ideological Gridlock

The forces now coalescing in Sacramento could make 2008 one of the longest and least productive in years. But there is something *we* can provide to help keep our legislators focused on the real problems at hand and avoid near total gridlock this year: Grassroots pressure. It is up to us as voters, and representatives of Health Care Districts, to let our legislators know what issues are of concern to us, that we are focused on what they are doing in Sacramento, and what we need them to accomplish on our behalf. Absent this kind of scrutiny and input from their constituents, legislators are likely to be consumed by the forces of inertia and ideological gridlock that are now taking shape. ▲

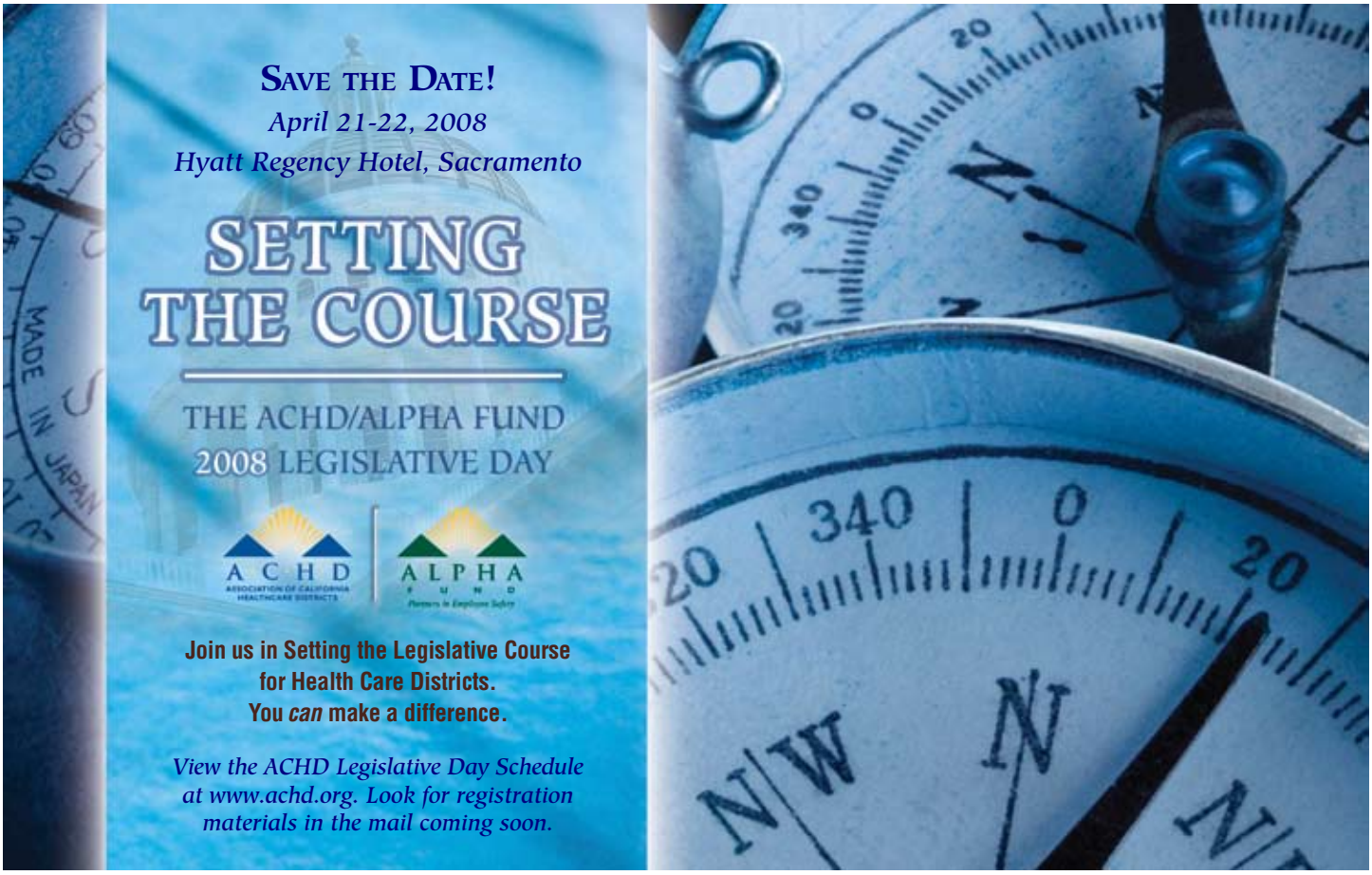
ACHD announces its latest e-newsletter, the *Capitol Connection*

This weekly e-newsletter will help keep you informed, providing you with up-to-date legislative activities that pertain specifically to Health Care Districts.

Also, look for the monthl *e-Connection*, an e-newsle providing monthly legislativ commentary, District News articles, and other timely announcements you'll not want to miss!

Look for these e-newsletters coming to you in your email direct from ACHD. You'll also be able to read these e-newsletters on our website at www.achd.org.

Please call 800-424-2243 if you would like to be added to our database to receive these e-newsletters.



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