Leadership Profile

Vice President of Quality & Chief Medical Officer

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Prepared by
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This Position Specification is intended to provide information about United Regional and the position of Vice President of Quality & Chief Medical Officer. It is designed to assist qualified individuals in assessing their interest.
The Opportunity

The Vice President of Quality & Chief Medical Officer (CMO/VPQ) role affirms the importance of key physician leadership in defining and measuring the quality and excellence in healthcare delivery and the mandates and imperatives of accountability in clinical care delivery and outcomes. Accountability is the most compelling trend and it will be driving reimbursement while quality and consistency are both known to be significantly enhanced by greater clinical integration. For acute-facility-based healthcare systems, this integration is inclusive of clinical programs, service lines, post acute and physician practices.

To this end, United Regional Health Care System seeks a CMO/VPQ to lead its pursuit of delivering exceptional, high quality, cost efficient care.

United Regional Health Care System

Overview

United Regional Health Care System, Inc. “(United Regional” or “The System”) is community-based, non-profit healthcare system serving Wichita Falls, Texas and the surrounding rural region of north central Texas. United Regional includes a 325-bed hospital, a multi-specialty physician group, a charitable foundation supporting the System through philanthropic efforts, and several joint ventures and co-management agreements designed to enhance overall healthcare delivery.

By numbers, United Regional provided the following in 2014; these are relatively consistent (± 5%) with the previous year, with the exception of clinic visits (up 18%) and surgeries (down 9%):

- 75,000 ER visits (Increased 30% since 2005)
- 62,000 clinic visits
- 49,000 hospital outpatient visits/observations
- 14,500 hospital admissions
- 8,500 surgeries
- 2,200 births

These services are provided by approximately 2000 employees, 250 physicians, and 300 volunteers, guided by our passion to provide excellence in health care for the communities we serve. In addition, our purpose is to make a positive difference in the lives of others, and we pursue these ideals through our pillars of excellence: people, service, quality, finance, & growth.

United Regional serves as a Level II trauma center, one of only four west of I-35 in Texas. Approximately 75% of our overall patient base stems from Wichita County with another 20% from the eight surrounding Texas counties. We are our region’s primary healthcare resource and one of its largest employers.
From a financial perspective, United Regional enjoys an A1 bond rating from Moody’s Investors Service and an A+ rating from Standard & Poor’s, both of which represent upgrades over the past two years. Our operating revenue is just under $300 million, with an average operating margin of 9.6% over the past five years, as audited. We received designation in October 2012 as a Sole Community Hospital (SCH), which results in $4-$5 million additional annual Medicare reimbursement; since 2012, SCH status has also resulted in additional Tricare reimbursement, but that additional funding is now being substantially reduced. We provide roughly $30 million in charity care costs (not charges) each year, without tax support.

### Operating Statistics – United Regional Health Care System

<table>
<thead>
<tr>
<th>Financial Data (thousands)</th>
<th>FY2014</th>
<th>January 2015</th>
</tr>
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<tbody>
<tr>
<td>Gross Revenues</td>
<td>949,809,000</td>
<td>83,440,000</td>
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<tr>
<td>Net Patient Revenues</td>
<td>306,998,000</td>
<td>24,707,000</td>
</tr>
<tr>
<td>Non-Patient Revenues</td>
<td>3,807,000</td>
<td>116,000</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>310,805,000</td>
<td>24,823,000</td>
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<tr>
<th>Payor Mix</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>48.5%</td>
<td>50.7%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>12.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Commercial/Managed Care</td>
<td>20.0%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>10.0%</td>
<td>8.5%</td>
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<table>
<thead>
<tr>
<th>Utilization Statistics</th>
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<tbody>
<tr>
<td>Licensed Beds</td>
<td>325</td>
<td>325</td>
</tr>
<tr>
<td>Beds in Service</td>
<td>295</td>
<td>295</td>
</tr>
<tr>
<td>Discharges</td>
<td>14,531</td>
<td>1,355</td>
</tr>
<tr>
<td>Patient Days</td>
<td>63,703</td>
<td>6,150</td>
</tr>
<tr>
<td>Inpatient Surgeries</td>
<td>3,001</td>
<td>217</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>14,546</td>
<td>1,335</td>
</tr>
<tr>
<td>Outpatient Surgeries</td>
<td>5,467</td>
<td>464</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>43,799</td>
<td>3,552</td>
</tr>
<tr>
<td>Deliveries</td>
<td>2,144</td>
<td>183</td>
</tr>
<tr>
<td>ER Visits</td>
<td>74,778</td>
<td>6,050</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>175</td>
<td>198</td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>5,352</td>
<td>370</td>
</tr>
<tr>
<td>LOS Total</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>LOS Medicare</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td>LOS Case Mix Adjusted</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>1.32</td>
<td>1.38</td>
</tr>
</tbody>
</table>

Indicative of United Regional’s commitment to our passion, we were named in both 2013 and 2014 as one of Truven Health’s 100 Top Hospitals®. This 20-year program within the healthcare industry bases its annual assessment on a balanced scorecard of clinical processes & outcomes (i.e., quality & safety), patient perspectives, and financial strength. Out of 2,900 U.S. hospitals evaluated, 100 are selected for this honor. In addition, United Regional was one of only 17 (2013) and 14 (2014) among the 100 winners named as Everest Award recipients, signifying the “top 100” rate of improvement (out of the 2,900 hospitals) over past five years.
**History**

United Regional was formed in 1997 via the merger of two separate Wichita Falls hospitals:

- Bethania Hospital, which was owned by the Holy Family of Nazareth Health Ministry of Wichita Falls, formerly known as Bethania Regional Health Care Center ("Bethania"), a Texas non-profit corporation; and

- Wichita General Hospital, which was owned by the Wichita County-City of Wichita Falls, Texas Hospital Board ("City-County Board"), a body corporate and politic organized under the laws of the State of Texas, and had been operated by Wichita General Service Corporation.

After operating these two facilities (located three blocks apart) as a single entity for several years post-merger, we consolidated our hospital operations to a single campus in 2009 with the completion of the Bridwell Tower, located adjacent to the Bethania Building (as the former Bethania Regional Health Care facility is now called). Also as part of the campus consolidation plan, the System renovated significant components of the Bethania Building; in total, the campus consolidation cost over $80 million but succeeded in finally solidifying the physical, financial, operational, and cultural merger of United Regional. The former Wichita General Hospital was razed in 2013.

Subsequent to the addition of the Bridwell Tower, the System also purchased, renovated, and expanded the Barnett Road Medical Building, which houses the primary care component of United Regional Physician Group (URPG); space is also available for lease to non-URPG physicians. United Regional is currently in the process of expanding and renovating our emergency department, to create a new Center for Emergency Care. With the exception of the campus consolidation plan – which was financed through a combination of bonds, operating reserves, and philanthropy – all other facility and equipment investments over the past 10 years have primarily been funded from operations, with some philanthropic assistance.

**Governance**

United Regional is governed by a Board of Directors comprised of 15 to 17 (currently 16) voting members. By bylaws, at least two (but no more than four) of the voting Directors are physicians who are active members of the hospital’s medical staff. The Chair of Wichita County-City of Wichita Falls, Texas Hospital Board (the "WHB", explained further below) and an additional WHB appointee also serve as voting Directors, as does United Regional’s President and CEO. At least twelve (12) of the Directors must be residents of Wichita County. In addition to the voting Directors, the following serve as ex-officio, non-voting members of the Board: the President of the Medical Staff, the Chair of United Regional Physician Group, and the President of United Regional Foundation.

United Regional Physician Group (URPG) is a separately-incorporated non-profit health organization, as defined under Chapter 162.001(b) of the Texas Occupations Code. It is comprised of 30+ physicians/advanced practitioners (and support staff) providing primary care and specialty services in multiple locations and has served as a significant physician recruitment/retention vehicle over the past few years. Although United Regional Health Care
System is URPG’s sole corporate member, URPG has a separate Board of Directors, which – by law – is comprised exclusively of actively-practicing physicians. United Regional Health Care System and its Board of Directors maintains certain reserved powers relative to URPG, particularly regarding financial, organizational and legal matters; the URPG Board of Directors has sole and exclusive authority to 1) establish URPG policies regarding credentialing, quality assurance, utilization review, and peer review and 2) terminate employed physicians (although the URPG Board works closely with management in this regard).

Although United Regional Health Care System has no organizational members, the WHB – by contractual agreements accompanying the 1997 merger – maintains certain reserved powers relative to United Regional. The WHB is a joint county-municipal hospital board, with members appointed by the Wichita County Commissioners Court and the Wichita Falls City Council. Under state statute, the WHB is empowered to operate one or more hospital facilities – including United Regional – within Wichita County but has delegated those operational powers and responsibilities to the United Regional Health Care System Board of Directors. WHB’s reserved powers relate predominantly to certain financial matters (e.g., budget approval, issuance of debt in excess of 2½% of United Regional’s net worth, etc.), organizational, and legal matters. The WHB also has ultimate approval regarding United Regional strategic plans and budgets. The WHB has no taxing authority. Although, in the early 2000s, a relatively contentious relationship existed between the governing bodies of United Regional and WHB, that relationship has greatly improved over the past 10 years, now exhibiting strong mutual respect and support.

**Medical Staff**

The Medical Staff consists of 250 physician members, spanning multiple specialties. In addition to 60 physicians in traditional hospital-based specialties (i.e., Anesthesiology, Emergency Medicine, Pathology, and Radiology), there are 170 active staff members and 20 members within the affiliate, courtesy, military, and provisional categories.

The structure of the organized medical staff is traditional, and the relationship between medical staff leaders and hospital administration is strong, with open communication and bidirectional input. At times, there is an overreliance on management to resolve routine differences/conflicts among individual medical staff members. The President of the Medical Staff serves for two (2) years, and the current President is concluding his second term (i.e., his 4th year) in 2015; the President-Elect is actively engaged and prepared to assume the President position in January 2016.

**Physician Engagement**

United Regional conducts a Physician Engagement Survey every two years to measure the extent to which providers feel a strong partnership/connection with hospital leadership and their physician peers. The last survey was conducted in May 2014, with a 51% participation rate. The highest-performing survey items were related to physicians getting the tools, resources and technologies they need to provide the best care/service for patients, confidence in United Regional administration’s leadership, communication, and an effective scheduling process for operating room services.
Identified opportunities included improved communication/teamwork between staff physicians and hospitalists, providing education on United Regional’s recruitment process, and improved hospital pricing transparency. With physician involvement, action plans have been developed to address each of these opportunities, and improvement initiatives are underway.

**Physician Leadership Academy**

We recognize that engaged physician leadership is critical to our ability to continuously improve and to ensure partnership in driving value (i.e., high quality & service at a reasonable cost) for our patients and health care purchasers. Thus, in 2012, we implemented the Physician Leadership Academy (PLA) and invited approximately fifty (50) physicians with aspirations and/or potential for leadership to participate. The purpose of PLA is to educate and train physician leaders of tomorrow, using curriculum designed to help prepare them for leadership roles such as officers of the medical staff, medical staff committees, medical directors, quality improvement champions and physician executives. Some of the topics covered include conflict resolution, emotional intelligence, communication, legal/regulatory, and quality/performance Improvement.

**Employees**

United Regional employees are some of the most committed in the country. With overall engagement in the 98th percentile nationally, employees strive every day to achieve our passion of providing excellence in health care for the communities we serve. The workforce consists of approximately 2000 employees, of which 140 are in leadership positions (i.e. directors, managers, coordinators).

In addition to employee engagement results reflecting high engagement, as noted above, we are also blessed with strong stability/consistency of staff:

- Overall turnover of 12.3%, which is significantly below the external Texas benchmark of 17.6%.
- RN vacancy rate of 5.6% compared to the external Texas benchmark of 10.5%.
- Retained 96% of high performers in 2014.

**Quality**

United Regional’s philosophy regarding quality may best be summed up via a quote attributed to Renaissance artist Michelangelo, “The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it.” We believe in setting high, measurable goals for all of our pillars – and quality is no exception.

Our quality journey began in earnest in 2007, with an initiative to truly transform quality at United Regional.

The following table reflects key elements of quality, then and now:
<table>
<thead>
<tr>
<th>Element</th>
<th>Then</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Definition</td>
<td>Quality was subjectively &amp; individually defined.</td>
<td>Quality is objectively &amp; organizationally defined (first and foremost, as “absence from harm”).</td>
</tr>
<tr>
<td>Board of Directors’ Responsibility</td>
<td>Quality was not addressed in corporate bylaws as a function/responsibility of the Board, except as it relates to the medical staff.</td>
<td>Quality is specifically delineated as a core responsibility of the Board, in both the bylaws and the Board’s job description.</td>
</tr>
<tr>
<td>Board Quality &amp; Safety Committee</td>
<td>The Board’s “Committee on Professional Affairs” (COPA) served primarily for credentialing/ medical staff issues. COPA was chaired by a physician member of the medical staff and Board.</td>
<td>The Board’s (renamed) “Quality &amp; Safety Committee” (QSC) focuses on all aspects of quality (including, <em>but not limited to</em>, credentialing/ medical staff issues). QSC is chaired by a lay member of the Board, who has quality/process management experience.</td>
</tr>
<tr>
<td>Quality Information</td>
<td>Management provided limited quality data/metrics to COPA &amp; Board, forcing a heavy reliance on anecdotal information (which may or may not have been indicative of the whole).</td>
<td>Management provides more meaningful data, supplemented (but not supplanted) by anecdotal information.</td>
</tr>
<tr>
<td>Ownership of Quality</td>
<td>System leadership (Board and Senior Leadership Team) didn’t “own” quality.</td>
<td>System leadership (Board and Senior Leadership Team) “owns” quality – just as it “owns” finance; fiduciary responsibility and oversight extend to quality.</td>
</tr>
<tr>
<td>CEO’s Quality Engagement</td>
<td>CEO largely delegated quality committees and initiatives to clinical leadership and staff.</td>
<td>CEO actively/visibly supports, and participates in, key quality committees and initiatives.</td>
</tr>
<tr>
<td>Alignment of Incentives</td>
<td>Senior Leadership compensation (i.e., incentives) focused on finance and service.</td>
<td>Senior Leadership compensation (i.e., incentives) includes heavily-weighted quality focus; further, aligned quality goals/incentives are extended throughout organization, from hospital staff to medical directors to contracted services.</td>
</tr>
<tr>
<td>Element</td>
<td>Then</td>
<td>Now</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>Medical Staff</td>
<td>Formal medical staff structure is viewed (by many) as mechanism to ensure “voice of the medical staff” and to protect physicians against hospital initiatives.</td>
<td>Medical staff leaders &amp; structure encourage (do not dictate or limit) quality transformation efforts; both formal and informal, influential physician leaders (i.e., champions) are used to promote quality.</td>
</tr>
<tr>
<td>Quality Champions</td>
<td>Very few physician and/or Board champions exist for quality.</td>
<td>Several physicians (including non-Board members) and Board members (including non-physicians) are quality champions.</td>
</tr>
<tr>
<td>United Regional’s “Uniqueness”</td>
<td>“We’re different”</td>
<td>Evidence-based protocols/best practices are used as a basis for decisions and processes; we believe that we have the capability to demonstrate unparalleled quality.</td>
</tr>
<tr>
<td></td>
<td>“We’re in Wichita Falls”</td>
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</tr>
<tr>
<td></td>
<td>“We’re not Baylor”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[All excuses as to why we couldn't achieve quality excellence.]</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement Objectives</td>
<td>Quality Improvement was largely process- or project-driven.</td>
<td>Quality improvement is outcomes/results- driven, with process as the means to the end, not the end itself. That said, we still allow ourselves to get caught up somewhat in the process itself, without a sense of urgency or focus (so still room for improvement).</td>
</tr>
<tr>
<td>Quality Improvement Activities</td>
<td>Hospital quality and medical staff quality were largely viewed as separate functions/ separate parameters/ separate responsibilities.</td>
<td>Hospital quality and medical staff quality activities are largely integrated, to drive overall performance improvements. That said, we still have great opportunity to expand our system thinking beyond the walls of the hospital, 1) into our employed physician group &amp; 2) throughout the community to truly provide an integrated approach to quality.</td>
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</table>
As outlined above, we have made great strides in quality oversight and improvement; however, there are still significant opportunities for improvement, also as identified above.

As examples, we need/desire:

• A greater sense of urgency with regard to quality improvement initiatives, moving from will to ideas to execution with more speed and focus. To effectively do so, we need to better prioritize and de-fragment our quality initiatives and efforts, ensuring consistent direction and eliminating duplicate/overlapping work.

• Resolution as to what performance improvement framework we will utilize. For years, we have used the Plan, Do, Study, Act approach and debated Lean, Six Sigma, etc., without agreement and/or well-defined need to change. Further, and possibly more importantly, we need to enhance our abilities to appropriately access and utilize improvement tools and analytics with greater capability, confidence, and credibility.

• Expansion of quality initiatives and expectations beyond the hospital walls, driving quality integration throughout the community (including physician offices, post-acute providers, etc.). While we are not yet certain of the approach/timing for full clinical integration (inclusive of shared financial risk for population health), we are fully committed to integration of quality & protocols for the overall improvement of health and health care, leading to both greater effectiveness and efficiency.

As an example of United Regional’s desire to ensure consistently excellent quality and safety, one of our 2015 organizational goals is to reduce the total harm rate by 30%, to no more than 70 (where the total harm rate is defined as the total number of: adverse drug events, catheter-associated urinary tract infections, central line-associated blood stream infections, injuries from falls, obstetrical adverse events, early elective deliveries, pressure ulcers, surgical site infections, venous thromboembolisms, ventilator-associated events).

**Recognitions**

United Regional’s commitment to high quality health care is evidenced in the many program certifications and awards it has received. United Regional’s **Wound Care Center** was the first Texas facility, and only the third independent hospital-based program in the country to achieve the heralded Wound Management Certification from The Joint Commission. The System’s **Joint Replacement Program and Stroke Program** have also received The Joint Commission’s Gold Seal of Approval disease-specific certifications for delivering excellence in patient care and outcomes and exceeding the most stringent quality standards. United Regional’s **Bariatric Surgery Program** is designed as a Center of Excellence by the American Society for Metabolic

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<tr>
<td>Quality Improvement Goals</td>
<td>“Better than average” was good enough; quality objective was, in part, to ensure (minimum) compliance with regulatory agency “rules.”</td>
<td>“The relentless pursuit of perfection”; “zero harm” (with the belief that all harm is ultimately preventable); benchmarking to 90%ile or better.</td>
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</table>
and Bariatric Surgery. The American College of Radiology has named United Regional as a **Breast Imaging Center of Excellence**, and the Society for Cardiovascular Patient Care has awarded **accreditation** to their **Chest Pain Clinic and Heart Failure Clinic**. United Regional also received national recognition with the **100 Top Hospitals®** award given by Truven Health Analytics for two consecutive years. Winners of the award provide the highest quality care in the most efficient manner, maintain top financial stability, and elicit the highest patient perception of care. Performance measures are centered on clinical outcomes, clinical processes, extended patient outcomes, efficiency, financial health, and consumer assessment of care. Hospitals do not apply to win this award or pay to market it – it is an honor achieved solely through the strength of their performance. In addition to being named one of the country’s top hospitals, United Regional was honored as an **Everest Award winner**, also for the second year in a row. This means that, in addition to achieving 100 Top Hospitals status for one year, United Regional has also simultaneously set national benchmarks for the fastest, most consistent long-term improvement as measured over the past five years. According to Truven Health Analytics, hospitals that win this elite award are setting the standard for both long-term improvement and top one-year performance.
The Role: Vice President of Quality & Chief Medical Officer

The Vice President of Quality and Chief Medical Officer provides leadership for hospital and medical staff which results in measurable high-quality patient care driven by system-wide clinical practices, protocols, and standards and delivered with operational and service excellence. In addition, the CMO/VPQ provides leadership, in conjunction with the Chief Operating Officer, for matters pertaining to Joint Commission accreditation, licensing and other regulations, physician recruitment, and clinical informatics.

Reporting to the President and CEO, and in collaboration with the leadership team at United Regional, the CMO/VPQ will be responsible for setting a culture of excellence in the delivery of clinical services. Working with the Senior Leadership Team, Medical Staff, Board of Directors, the Quality and Medical Management Teams and the Medical Staff Office, the CMO/VPQ will establish the direction and priorities for United Regional in enhancing the overall quality, safety, effectiveness and efficiency of healthcare delivery. The CMO/VPQ will provide leadership for the development of system-wide quality improvement, clinical informatics, and medical staff strategies for United Regional. Quality improvement initiatives include, but are not limited to, best practices in disease management programs, clinical protocols and guidelines, and review and improvement of outcomes. The CMO/VPQ will provide advice to the Senior Leadership Team on clinical issues related to resource utilization, utilization review and medical management, quality improvement, risk management, clinical equipment and other issues as appropriate. The CMO/VPQ will evaluate new technologies and treatment protocols to ensure current medical practices and will serve as a key resource and leader in the transformation of clinical information systems, working with the medical and hospital staffs to ensure effective, efficient use of systems to promote safe, high quality care.

The CMO/VPQ will be a dynamic and experienced physician executive whose focus is to provide leadership for the hospital and medical staff which results in measurable high-quality patient care driven by system-wide clinical practices, protocols, and standards and delivered with operational and service excellence.

This opportunity is best suited for an individual who is passionate about advancing outcomes, patient, employee and physician satisfaction, quality and safety; fluent in the transformation of clinical information systems, working with the medical and hospital staffs to ensure the effective and efficient use of advanced information technology systems.

1. Exhibits behaviors consistent with the expectations of a United Regional senior leader, including commitment to passion, purpose, and pillars.

2. Serves as a key member of the Senior Leadership Team (SLT), providing input and support from a quality and medical staff perspective into strategic planning, budgeting, business/program development, and other organizational matters.

3. Provides leadership for the development of system-wide quality improvement, clinical informatics, and medical staff strategies for United Regional. Quality improvement initiatives include, but are not limited to, best practices in disease management programs, clinical protocols and guidelines, and review and improvement of outcomes.
4. Provides advice to the Senior Leadership Team on clinical issues related to resource utilization, utilization review and medical management, quality improvement, risk management, clinical equipment and other issues as appropriate. Evaluates new technologies and treatment protocols to ensure current medical practices.

5. Serves as key resource and leader in the transformation of clinical information systems, working with the medical and hospital staffs to ensure effective, efficient use of systems to promote safe, high quality care.

6. Acts as a liaison to enhance communications between the Medical Staff and the Senior Leadership Team concerning matters related to the practice of medicine and strategic/operational issues affecting the Medical Staff, promoting collaboration, collegiality and communication among Medical Staff members/departments and with administration.

7. Works closely with the Chief Operating Officer, the Chief Nursing Officer, and other leadership to assure compliance with medical staff- and patient care-related Joint Commission and CMS standards and expectations.

8. Works closely with, and serves as a resource to, officers of the Medical Staff to assure compliance with bylaws, rules & regulations, credentialing, peer review, disciplinary and other matters impacting quality and safety.

9. Provides ongoing counsel and advice to the elected officers of the Medical Staff. Facilitates, intervenes and moderates all significant physician/physician, physician/patient, and physician/staff concerns in collaboration with appropriate leadership of both the Medical Staff and hospital administration.

10. Develops and participates in educational programs for medical and hospital staff, in conjunction with CME coordinator.

11. Oversees Quality Management Department (including performance improvement, accreditation, safety/adverse events, and infection control functions); Medical Staff Office (including credentialing and medical staff support functions); and Medical Management Department (including case management, social work, and utilization review functions).

12. Works closely with VP of Organizational Development to improve physician engagement and alignment, including developing & administration of the Physician Leadership Academy.

13. Serves as physician advisor/sponsor for Medical Management, Ethics Committee, Patient Relations Committee, and compliance/risk management activities,

14. Works with Senior Leadership Team, medical staff, and community partners to improve & integrate care across the continuum.
Qualifications

**Education:** MD or equivalent required, MBA/MHA also preferred.

**Experience**

- At least 5 years experience (exclusive of internship/residency) as a practicing physician, preferably in a hospital setting.
- At least 5 years experience in management/leadership at a departmental or organizational level.
- Strong track record of clinical skills and consistent commitment to high standards of patient care.
- Evidence of training and experience in Lean Production, Model for Improvement, or other proven quality improvement methodology.

**Licensure:** State of Texas medical license preferred.

**Skills/Abilities**

- Ability to engage both physicians and non-physicians in collaborative, communicative relationships that enhance the delivery of patient care quality and safety.
- Ability to set and maintain expectations for quality and service standards.
- Ability to use evidence-based quality improvement methodologies for results.
- Ability to manage stress and maintain professionalism in high-pressure situations.
- Ability to make decisions and use independent judgment as needed, while also ensuring appropriate communication and collaboration with others as needed.
- Strong leadership, interpersonal and communication skills.
- Ability to keep abreast of best practices in medical and health care communities.
About Wichita Falls and the Surrounding Community

Wichita Falls is located in the northeast corner of the panhandle/plains area of Texas, with Oklahoma City and Dallas each a two-hour drive away. The city of just over 104,000 people borders the townships of Burkburnett and Iowa Park which add an additional 17,000 residents to the area.

The city gained its name from a Wichita Indian encampment near a small waterfall along the Wichita River. The waterfall was washed away in a flood over one hundred years ago, but a man-made falls stands today, built by the citizens during the city’s centennial in 1986. Wichita Fall’s history can be traced back to the 1860’s when its vast grass-rich prairies and ample water supply drew settlers to the area. Early city fathers brought the railroad to town and began building man-made lakes to increase the usable water supply. The growth of agriculture, as well as the city’s location as a railroad hub, contributed to the community’s early growth and status as the region’s commercial center.

By 1918 the oil boom was upon the Wichita Falls area, attracting thousands of people to the city seeking employment and wealth from the oil rich lands. Within ten years, the population grew from 8,500 to 40,000. A wide variety of business and industry developed on the periphery of the oil industry and laid the foundation for the city’s diverse economy.

Sheppard Air Force Base (SAFB) provides training and facilities to almost 35,000 active duty, retiree and civilian personnel. Sheppard is the headquarters for the European NATO Joint Jet Pilot Training Program. This program is the only one of its kind in the world and trains our allies’ most promising fighter pilots. Sheppard AFB is one of the largest employers in the area.

Wichita Falls’ metropolitan statistical analysis is ranked third in the state for the most manufacturing employment per capita. With 185 manufacturing companies in the greater Wichita Falls area, 14 percent of the workforce is experienced in manufacturing skills which provides an enormous asset in recruiting new industry.

The city offers its residents and visitors a unique blend of culture and western heritage. Wichita Falls enjoys multi-cultural influences from around the world and is home to an impressive roster of Fortune 500 companies and foreign manufacturers from Sweden, France and Switzerland. A strong economy can be attributed primarily to three major sectors: government, manufacturing and healthcare.

Wichita Falls and surrounding communities offer exceptional education opportunities through Public and Private Schools, Higher Education and Technical School Opportunities. Public schools have graduation rates and standardized test scores exceeding both state and national averages.

Outdoors is the place to be enjoying 41 parks, 5 golf courses, 3 public tennis centers, 4 football and 6 soccer venues. Year-round activities can be enjoyed at recreational water sports and campgrounds within easy driving distance.
For additional information, please access the following:

Continuing education institutions include Midwestern State University, American Commercial College, and Vernon College Wichita Falls Campus:
http://www.vernoncollege.edu/

Wichita Falls Convention & Visitors Bureau:
http://wichitafalls.org

City of Wichita Falls:
http://www.wichitafallstx.gov

Wichita Falls Chamber of Commerce & Industry:
http://wichitafallschamber.com

Wichita Falls Museums, Galleries and Historic Sites:

Wichita Falls Symphony Orchestra:
http://www.wfso.org/

On the performing arts scene, Wichita Falls’ Museum and Art Center provides artistic and cultural programs, laser light shows, displays, and a children’s discovery center.
http://www.wfmamsu.org/
Procedure for Candidacy

The search process is currently underway and will continue until the position is filled. Expressions of interest (including a cover letter and resume) or nominations should be submitted electronically to the executive search consultants supporting United Regional in this search to:

**URHSCMO@wittkieffer.com**

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*United Regional values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status or any other status protected by law.*