History, popular culture and advances in science and technology are often measured in decades: the space age in the 1950s; the peace movement in the '60s; the digital age in the '90s.

On a much smaller—but by no means insignificant—scale, it’s been two decades that Modern Healthcare has sponsored its annual Up & Comers awards. Witt/Kieffer has had the privilege of co-sponsoring the program for one of those decades.

Ten years, by any human measure, is a substantive period of time. It’s time in which we have been honored to recognize more than 120 young leaders for their remarkable achievements. It’s also time in which these Up & Comers have had the opportunity to extend their reach by touching the lives of patients, connecting with physicians and inspiring employees.

Ten years is next to light years when it comes to medical advances and the delivery of healthcare in this country. Yet the evolution of healthcare would never have been possible without outstanding individuals who commit early in their careers to improve the quality of life. The continuing transformation of healthcare depends on the 2007 class of Up & Comers and similarly talented leaders who are eager to further the mission and vision of their organizations.

This year’s class of Up & Comers is measured by extraordinary contributions to the health and well-being of their communities. They have accomplished early in their careers what many of us strive to achieve over decades. The contributions they have made—and their contributions yet to come—are immeasurable.

VICTORIA BAYLESS

If there’s one thing Victoria “Tori” Bayless is known for, according to her colleagues, it’s her sense of humor. “When you first get to know her, what comes through strongly is her keen sense of humanity coupled with a terrific sense of humor,” says colleague Lisa Hillman, senior vice president and chief development officer for Anne Arundel Health System, Annapolis, Md.

Bayless, 37, is chief operating officer of the system, which includes a 325-bed acute-care hospital, a 40-bed substance-abuse treatment center and an outpatient imaging network. She joined the hospital more than two years ago as vice president for clinical and support services, and has since established an obstetrics hospitalist program, a lung-screening program and recruited a renowned gynecological surgeon to expand the system’s women’s program.

She also helped to develop a “balance scorecard” to measure health system performance in relation to quality and patient safety, service and operations, staffing and financial results. Having a good sense of humor, according to Bayless, helps to break the tension in an otherwise serious atmosphere. “There is never a dull moment in healthcare,” she says. “I always try to do things differently, and try to make sure the workplace is more enjoyable.”

Her attraction to healthcare was almost genetic, as most of her relatives have worked in the field. Bayless received her bachelor’s of science in biology with a minor in community health from Tufts University in Medford, Mass., and her master’s in health services administration from the University of Michigan School of Public Health, Ann Arbor. Before joining Anne Arundel, she served as vice president of clinical services at Washington (D.C.) Hospital Center and parent system Medstar Health for 12 years, where she was also the assistant vice president for surgical services and women’s services, and previously as administrative director for women’s services.

Douglas Abel, chief information officer at Anne Arundel, says Bayless “has a very comprehensive way of looking at things” and has been able to “bring more focus to action” when it comes to her decisionmaking skills. “She cares about what people think and how her decisions will impact them,” Abel says. “She gives credibility and respect to her position.”

Bayless says Anne Arundel Health System is involved in an expansion and she is planning programs to make it more of a regional medical center with more patient outreach for the growing population in the system’s market in Maryland.

“Another aspect of Tori, which surprises people because she is so young, is that she has a deep grasp of healthcare issues across the country,” Hillman says. “She has a broad grasp of where healthcare is today.”

—Tracey Fuller
SAAD EHTISHAM

After Saad Ehtisham’s grandmother was diagnosed with ovarian cancer when he was a young boy, helping take care of her affected his life, giving him a view of healthcare from the caregiver’s perspective. When he was a teenager, he came to the U.S. from Pakistan with dreams of becoming a doctor, and became a premed student at Baylor University in Waco, Texas. He says he soon realized that career wasn’t a good fit for him.

Ehtisham, 37, decided nursing administration was the best path to take, and earned his bachelor’s of science degree in nursing from Texas Woman’s University, Denton. Soon after completing his degree, he began working as a nurse for Baylor Medical Center at Garland (Texas). He was shortly promoted to charge nurse, where he helped increase patient-satisfaction scores by 7% from 1998 to 1999.

In 2000, he earned his master’s degree in business administration and healthcare administration from Texas Woman’s University, and in 2001 joined what’s now Presbyterian Hospital of Denton (Texas) as director of medical and surgical services. There he helped lower the nurse vacancy rate from 40% to 15% within a year, and saw patient-satisfaction scores jump from the 35th percentile to the 95th percentile during that same time.

“My goal is to make sure patients get the best care possible,” Ehtisham says.

In what he says was his “best career move,” he was hired by Angie Marchi, chief executive officer of West Mesa Medical Center, Albuquerque, as chief nursing officer for the startup hospital after his two-year stint at Presbyterian. Just three months later, he became chief operating officer of the acute-care facility, where he coordinated the opening of several specialty clinics and introduced just-in-time inventory concepts. The facility posted net income of $1.5 million within two years—from March 2003 to July 2005—and in nine months, patient satisfaction scores soared from the 13th percentile to the 95th percentile. Under his leadership, West Mesa ranked among the top 5% in the country for patient satisfaction, according to Marchi.

Marchi, now CEO for 218-bed Springs Memorial Hospital in Lancaster, S.C., says she was proud to have worked with Ehtisham.

“Saad is very bright and not afraid to get his hands dirty,” she says. “He is also very honest and won’t beat around the bush.”

Currently, Ehtisham serves as senior vice president for clinical operations and CNO at Via Christi Wichita (Kan.) Health Network, a 1,155-bed not-for-profit Roman Catholic health system. He has held that post since June 2006.

“I want the people of this hospital to make it a better model for the community I live in,” Ehtisham says.

–Tracey Fuller

LORI EVANS

When Hurricanes Katrina and Rita struck the Gulf Coast in the late summer/early fall of 2005, Lori Evans was summoned into action. As senior adviser to David Brailer, HHS’ first national coordinator for health information technology, she was charged with coordinating a system through which providers could have secure access to evacuees’ medication data. She worked with more than 150 representatives from healthcare software companies; pharmacy benefit managers; chain drugstores; local, state and federal agencies; and healthcare providers.

“It was a really fulfilling, hard time,” Evans says. “But I think what helped was trying to focus our energy on something helpful and to cope with the devastation. In the midst of such tragedy, it was a good reminder in why we do what we do.”

Her duties with Brailer’s office also included overseeing development of a national health information network and helping launch regional health information organizations.

Evans, 37, has since become the youngest deputy commissioner for the Office of Health Information Technology Transformation for the New York State Health Department. While she considered the change a “big move” for her, she says the offer to work in New York was “too good to pass up.”

Previously, Evans served as managing director of Manatt Health Solutions in Washington. During that time, she led the health IT practice and helped build a team of 22 health policy and business professionals into a national practice in less than a year, focusing on improving patient safety and quality of healthcare in the U.S. through the use of health IT.

Lammot du Pont, a senior manager at Manatt, was hired by Evans when she was the vice president of the eHealth Initiative in Washington. His theory is “when you find a good boss, you stick with them,” and he consequently followed Evans to Manatt.

“She takes care of the people she works with,” du Pont says. “I never felt pressured by her.”

Evans, who received her bachelor’s degree in biology from Ohio Wesleyan University, Delaware, and her master’s degree in public health from George Washington University, Washington, says taking charge of health IT after the hurricanes struck was one of her most rewarding times. Du Pont thinks Evans was the right person for the job during that time.

“She’s the kind of person who works all hours of the night,” du Pont says. “She has that kind of commitment and the ability and willingness to see things through.”

–Tracey Fuller
LLOYD FORD

When Lloyd Ford first walked in the door of 135-bed Muhlenberg Community Hospital in 2004 as the new chief executive officer, the income statement showed five straight years of losses, with the latest in excess of $1.8 million. The ambulance service alone was losing $480,000 a year. There was a war going on between one group of physicians and the board. And maybe worst of all, Muhlenberg was the last hospital in the Greenville, Ky., area that patients wanted to go to.

Things looked bad. But chatting with nurses in the hallway, Ford heard words of hope. “We love this place,” one said.

“That’s how I knew I had something to work with,” Ford says. He also had a strong medical staff, despite the rancor. “We had all the great primary-care docs here. I’ll put them up against anyone in the state of Kentucky. I just needed to bring them together.”

He set about building a sense of teamwork, not only among the staff and the physicians but also between the hospital and the community. Frequent town-hall meetings kept residents abreast of changes at the hospital and gave them a forum for complaints. Internally, he introduced strategies from the Studer Group and Press Ganey Associates to increase quality as well as patient and employee satisfaction.

Nowadays, the picture has changed. Ford turned around the finances during his first year, going from red ink to black, and he’s increased the margin every year since. He eliminated 73 full-time positions without resorting to layoffs, and has recruited 11 physicians. Surgeries have increased from 100 a month to 287, and a reinstated obstetrics department now has 300 deliveries a year.

The emergency department also has been expanded, and the hospital has a new magnetic-resonance imaging unit.

Until he came to Muhlenberg, Ford had never been involved with a money-losing institution. He started out as an engineer, designing buildings for the federal government, until an encounter with a hospital chief executive led to an operations job at a Michigan healthcare system. He had worked a series of healthcare jobs, most recently as chief operating officer at 138-bed Havasu Regional Medical Center in Lake Havasu City, Ariz., a high-margin, for-profit facility.

Ford is looking toward an entire new building in the next few years, with expanded services like a joint center, a catheterization laboratory, and a women’s and children’s center.

“I want to offer every service except trauma—all the things people are driving an hour or more to get.”

—Elizabeth Gardner

ANAND JOSHI

Anand Joshi was on track to become a physician. It was what he had aimed for since he was a little boy watching his mom, an anesthesiologist, come home for dinner still in her scrubs. But along the way, he earned a business degree—along with his medical degree. As a result, the world lost a doc, but gained a gifted procurement specialist who understands how physicians think and can talk their language.

As clinical procurement director at 2,163-bed New York-Presbyterian Hospital, Joshi leads sourcing efforts that shape a $400 million clinical products budget. He has developed physician preference committees that evaluate new products for high-cost areas like electrophysiology, interventional cardiology, interventional radiology, vascular surgery, and endoscopy—and says those efforts have saved the hospital about $10 million a year over the past three years.

“Almost none of this was my plan,” Joshi says. “The opportunity to do the MBA came up almost two years into my med school time. I thought I’d take a year and see things from a different perspective. Once I was exposed to business elements and introduced to consulting, I migrated away from clinical practice.”

But he completed his M.D. degree anyway, and he says those two letters give him credibility with physicians that pure business types can’t match.

“When you’ve spent two or three years on the floor, you get a sense of what physicians may be thinking about,” he says. His goal in working with physicians isn’t so much to get standardized preferences but to ensure that the hospital gets the maximum value from the physicians’ choices and its own purchasing clout.

“He set about building a sense of teamwork, not only among the staff and the physicians but also between the hospital and the community. Frequent town-hall meetings kept residents abreast of changes at the hospital and gave them a forum for complaints. Internally, he introduced strategies from the Studer Group and Press Ganey Associates to increase quality as well as patient and employee satisfaction.

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“I want to offer every service except trauma—all the things people are driving an hour or more to get.”

—Elizabeth Gardner

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**Special Feature**

**KIP KIRKPATRICK**

If Kip Kirkpatrick had it to do all over again, he says he might become a doctor. As it turns out, though, he’s playing a key role in developing companies that will help patients in many ways.

Kirkpatrick is one of the founders of Water Street Healthcare Partners, Chicago, a fledgling venture capital firm that in its two-year history has already raised $400 million and invested in half a dozen companies in areas such as diagnostic supplies, laboratory services, high-tech patient identification wristbands and device management for medical implants.

Kirkpatrick grew up in Lexington, Ky., and attended Northwestern University, Evanston, Ill., on a full athletic scholarship in basketball. He majored in history, one of his loves, but resisted well-meaning advice that he should study law. “I was always impressed with the businesspeople I knew in Lexington, and I knew I wanted to do something in business,” he says. “I wanted to wear a suit and tie every day and have an office. But law wasn’t a good fit.”

After graduating, Kirkpatrick joined a training program at First Chicago, a bank that also underwrote his MBA at Northwestern’s Kellogg School of Business. He became involved in the bank’s private equity group in 1996, and healthcare began to capture his imagination when the group invested in a division of DuPont that made centrifuges.

“I fell in love with the whole idea of research—new medicines, the human genome project, biology,” Kirkpatrick says. “I was impressed with the size of the market, the fragmentation and the knowledgeable people that I met. It was a great place to invest, but the barriers to entry were significant if you didn’t understand the market.”

They formed a healthcare-specific private equity group at J.P. Morgan Chase & Co., which had acquired First Chicago. But after it grew to $5.5 billion, the group started feeling a little too big.

“We felt like healthcare was a middle-market thing, and the bigger we got, the harder it became to do the small and midsize deals,” Kirkpatrick says. The answer was for him and several colleagues to break off on their own to form Water Street Healthcare Partners. The group invests in companies that already have a track record and just need a boost to get to the next level, where larger companies often acquire them as a strategic move.

Kirkpatrick is excited about the whole field. “There’s never been a wealthier country with an aging population like we have, and there are so many opportunities to help solve those issues,” he says. “It’s difficult to know how it will all shake out, but that’s the fun of this business.”

—Elizabeth Gardner

**ALEX MENDEZ**

At an early age, Alex Mendez learned from his Cuban-born parents the meaning of hard work, loyalty and family.

“We were fortunate because my father had a job with Nestle when he came over. A lot of Cuban professionals couldn’t find work. We were lucky,” says Mendez, whose parents, Elena and Armando, fled to Connecticut from Cuba and Fidel Castro in 1961.

The lessons his parents taught him paid dividends in the fall of 2001 when he was named senior vice president and chief financial officer at Mount Sinai Medical Center in Miami Beach, Fla. He accepted a challenge to help turn around the 685-bed facility from Miami Beach, Fla..

He then went back to the University of Miami and continued to serve the hospital’s president and chief executive officer.

Facing more than $60 million in losses caused by a failed information system conversion and awash in more than $100 million in municipal bond debt, Mount Sinai was in desperate need of a strong CFO, says Sonenreich, the hospital’s president and chief executive officer.

“I was aware Mount Sinai was having financial difficulty before I arrived,” Mendez says. “It was so challenging because...”

The lessons his parents taught him paid dividends in the fall of 2001 when he was named senior vice president and chief financial officer at Mount Sinai Medical Center in Miami Beach, Fla., on a full athletic scholarship from the University of Miami. He graduated in 1989 with a degree in accounting from the University of Miami. He became involved in healthcare while working as a staff auditor with the now defunct accounting firm Laventhol & Horwath.

He then went back to the University of Miami in 1996 for an MBA along with a certificate in healthcare administration as part of the degree.

“I’d like to expand on the role I have here at Mount Sinai and continue to serve the CEO as a strategic adviser,” Mendez says. “I’ve not been someone who has jumped around a lot. I see myself as having a long-term approach. There is something to be said about tenure in a marketplace.”

—Jay Greene
Less than two years into her professional career, Terika Richardson faced her most difficult assignment in 2006 when she closed down a hospital.

“I could write a book about it,” says Richardson, who spent eight months as acting administrator converting North Virginia Community Hospital in Arlington into an urgent-care center. “I was given a chance to work on the opposite end, where you are ending services. It was tough because the physicians, employees and community still had loyalty to the facility.”

It was an eye-opening experience for Richardson, who had wanted to be a doctor since she was 7 years old. “I met this amazing physician. She was sharp, focused and what I thought embodied a woman,” she says. “It was a very tough situation (doctors) were very upset.”

Working with other staffers, Richardson also developed a $7.1 million oncology business plan to increase inpatient and surgical volume and crafted an outpatient-surgery-improvement program that enabled the hospital to increase the number of procedures by becoming more efficient with surgeon turnaround times and first-surgery starts. She also chaired the committee that developed an emergency-preparedness plan that ensured operations, policy, personnel and facility were in regulatory compliance.

But does a background in public health come into conflict with the reality of delivering cost-effective healthcare? “We are faced with a quandary at times because there are so many people without insurance and access to affordable healthcare,” Richardson says. “Our goal and mission as administrators is how to develop competent, cultural care, while keeping it affordable and efficacious.”

—Jay Greene

Choosing this year’s class

As part of the selection process for Modern Healthcare’s 21st annual Up & Comers award program, we issued a call for nominations in our May 7 issue and ran a series of advertisements soliciting nominations through July 6. We extended the deadline to July 13 for late entries. This year, we received 120 nominations, down slightly from last year’s 125 nominations. An editorial review board composed of the magazine’s senior editors reviewed the nominations and selected the 12 recipients who are profiled in this special feature. The profiles were written by Tracey Fuller, a former Modern Healthcare editorial assistant; Elizabeth Gardner, a former Modern Healthcare reporter; Jay Greene, a former Modern Healthcare reporter and regular contributor to Modern Physician, our sister publication; and Linda Wilson, a former Modern Healthcare reporter. If you would like to read about what happened to the 244 Up & Comers we recognized during the first 20 years of the award program, please read our Up & Comers Yearbook, published Sept. 17 along with this regular issue of Modern Healthcare. Thank you.

—David Burda, editor
PATRICK STAPLETON

When Patrick Stapleton became chief executive of the venerable Sherrill House nursing home in 2003, he had one tough act to follow when he took over for longtime long-term-care executive Don Powell.

Not only was Stapleton replacing Powell, who had led the not-for-profit facility in Boston for 35 years, he was stepping into the second year of a five-year, $35 million construction project that totally remade the 96-year-old institution into a comprehensive nursing and rehabilitation center.

But with Powell staying on as construction manager, the native Bostonian took charge and guided the facility through a difficult transition. Powell, who retired in 2004, remains a part-time consultant. “He is like a father to me,” Stapleton says.

This past February, Stapleton breathed a sigh of relief when construction was finally completed—adding 30 beds and 40,000 square feet to the facility. “The biggest challenge was building the facility while still occupying it,” he says.

Sherrill House now offers 196 beds in two 49-bed long-term-care units, one 49-bed unit for Alzheimer’s and dementia patients, and a 49-bed unit for short-term rehabilitation patients.

The short-term rehab unit was Stapleton’s idea. “There was a need in the community, and these patients are higher-acuity, higher-reimbursement and higher-margin,” he says.

In 2006, Sherrill House became one of only 12 long-term-care centers in the U.S. recognized with a Step II National Quality Award from the American Health Care Association/National Center for Assisted Living.

“We have a wonderfully supportive board and a committed staff,” Stapleton says. “I like having the freedom as an entrepreneur. We don’t take a cookie-cutter approach. We can try things, and I am allowed to be flexible.”

For example, Sherrill House was the first nursing home in Boston to place liaisons in every Boston hospital to expedite admissions of patients requiring rehabilitation services.

“A clinical nurse does a chart review and screening on individual patients. Using a BlackBerry, we now can make a decision on accepting patients in minutes rather than hours,” he says.

Stapleton’s interest in healthcare management started during college where he majored in sociology at Salem (Mass.) State College. “I thought about law school, but I saw that as far less interactive. Healthcare allowed me to be in direct contact with people in need,” he says.

After Stapleton finished his graduate degree in healthcare administration at Simmons College in Boston, he worked on an assignment for a consulting firm at a nursing home. “I fell in love with being in charge of a facility,” he says.

—Jay Greene

PAMELA SUTTON-WALLACE

Pamela Sutton-Wallace has scaled the management ladder quickly since joining Duke University Health System in July 1997 as a management fellow.

Sutton-Wallace in June was promoted to chief operating officer and associate vice president for ambulatory-care operations at the three-hospital Duke system in Durham, N.C. In this role, she’s creating a structure to tie together pieces of Duke’s ambulatory operation, including primary-care clinics owned by physicians in the faculty practice as well as other clinics owned by the health system. Ambulatory services also include operations in home care, hospice care, wellness and ambulatory surgery.

The central question, Sutton-Wallace says, is “how do we take an overarching look and then drive standards, performance and quality across all of those” operations. Management is in the early stages of analyzing this issue, she adds.

Before the promotion, Sutton-Wallace spent a year—May 2006 to June 2007—as associate operating officer for perioperative programs. Before that she spent two years as chief of staff for Victor Dzau, president and chief executive officer of the Duke system and chancellor for health affairs at the university.

Dzau, a physician who joined the health system as its CEO in 2003, Chief executive officer, Sherrill House, Boston 37. COO and associate vice president of ambulatory-care operations, Duke University Health System, Durham, N.C.

GEOFFREY P. SIMMONS 39. Chief executive officer, Sherrill House, Boston

37. COO and associate vice president of ambulatory-care operations, Duke University Health System, Durham, N.C.
Debra Sukin has nurtured St. Luke’s Community Medical Center-The Woodlands in Texas since the very beginning. In October 2002, as the hospital’s chief operating officer, she was part of a three-person executive team—which also included the chief executive officer and chief nursing officer—that managed service development and hiring leading up to the opening in March 2003. Sukin also managed construction of the new facility.

Sukin has “an infectious enthusiasm for her work and a very high level of intellectual ability,” says David Fine, president and CEO of the parent organization, St. Luke’s Episcopal Health System in Houston.

In February 2006, Fine promoted Sukin to CEO of the 91-bed suburban medical center in The Woodlands and vice president of the health system.

Since St. Luke’s Community Medical Center opened, Sukin has worked diligently to foster improvement in financial performance and respond to growth.

For example, she oversaw a reduction in bad debt. The hospital’s bad debt had been as high as 22% of monthly net revenue soon after opening in 2003, but had dropped to 12% by January 2005 and 10% in 2007. The dramatic decrease occurred as a result of improved collection of copayments, deductibles and account balances as well as better identification of patients for the hospital’s charity-care program. St. Luke’s also switched collection agencies.

Sukin also made sure that managers of patient registration areas, such as in the emergency department and same-day surgery, had access to daily and monthly reports on collections. The data, which are pulled from the patient-charge information system, allows managers to track actual performance against goals.

Sukin projects much better performance for the hospital in 2007: more than $4 million in net operating income on gross revenue of $295 million.

Sukin also has taken steps in light of the organization’s growth. Because the hospital typically operates at capacity, St. Luke’s is in the midst of a number of expansion projects, including:

- Two $4.5 million, 12,000-square-foot urgent-care centers—one opening in October in The Woodlands and second opening March 2008 in North Houston.
- A $22 million, 91-bed, inpatient tower expected to open in fall 2008 on The Woodlands campus.

“There is not one magic bullet,” Sukin says. “It is a combination of things.”

In 2006, the hospital reported a net loss of $3.5 million on operations and gross revenue of $256.3 million.

Sutton-Wallace from p. 30

2004, says Sutton-Wallace “is committed and passionate about what she does” and “smart—really smart.” Dzau says Sutton-Wallace helped him with intellectual endeavors, such as formulating the institution’s vision, as well as administrative issues such as managing the flow of executives granted an audience with Dzau.

Sutton-Wallace brought the same skill set to the role of associate operating officer for perioperative programs, where she led efforts to improve operating-room efficiency. Within the next 18 months, for example, operating rooms will be equipped with new carts that hold surgical supplies and instruments, customized by physician and procedure. The custom carts will replace the generic carts used today. The generic carts are problematic because each nurse inevitably spends at least an hour every day searching for supplies or instruments preferred by a specific physician but not included on the cart, Sutton-Wallace says. The last-minute dash for supplies routinely delays the start of procedures.

Another change approved during Sutton-Wallace’s tenure in perioperative services: the planned purchase of equipment to clean surgical instruments. The washers—expected to cost between $350,000 and $500,000—will clean 35 trays of instruments per hour, compared with 17 trays per hour with the existing equipment. The faster turnover will increase the number of clean instruments perioperative services can provide daily to surgeons.

“I am creating systems where I am having an impact on the communities that I serve,” Sutton-Wallace says.

—Linda Wilson
KEVIN UNGER

Kevin Unger truly has had a long-term relationship with Poudre Valley Hospital. Unger was born at the Fort Collins, Colo., hospital in 1969, returning in 2001 as vice president of planning and strategic development for the parent company, Poudre Valley Health System. He was named vice president of operations and ambulatory care for the 252-bed flagship Poudre Valley Hospital in March 2003, rising to president and chief executive officer in October 2005.

As the top executive, Unger was quickly thrust into the public spotlight when the parent company announced plans for a new hospital in Loveland, Colo. Leaning on his local connection to Fort Collins during public meetings and one-on-one discussions, he earned the community’s trust, recalls Rulon Stacey, president and CEO of the health system.

Poudre Valley Health System opened 136-bed Medical Center of the Rockies in Loveland in February. Employees of the 82-year-old Poudre Valley Hospital as well as residents of Fort Collins had misgivings about the new hospital’s impact on future investment in Poudre Valley, Stacey says.

Opening the new hospital created “jealousy and silos and conflicts, and he was the exact right person to be there and remind people what our vision is … we are not slighting anybody,” Stacey says. “I remember him saying numerous times, ’I was born at Poudre Valley Hospital. I grew up in Fort Collins. I am a Fort Collins High School graduate. This is me—I am you,’ ” Stacey says.

In addition to soothing concerns about the new facility, Unger has led many achievements at Poudre Valley Hospital, which include:

■ An increase in net patient revenue in 2006 to $383 million on gross patient revenue of $690 million from $340 million in net patient revenue on $575 million in gross patient revenue in the previous year.

■ Nurturing a successful four-specialty robotic surgery program, launched in 2004, which celebrated its 500th procedure on June 19.

■ Leading a $35 million construction program that includes a parking garage, medical office building, expanded surgery suites and a computerized medical-records system.

■ Numerous milestones in the quality realm, including 100% compliance with employee hand-washing procedures and a 30-month run, ended in March, without a significant medication error.

“I am very happy where I am,” Unger says. “I am at a good-sized hospital and really enjoy and love my job.”

—Linda Wilson