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Special Feature

2010

*12 rising stars
in healthcare
demonstrate
leadership
acumen at
an early age*

UP & COMERS



In an exclusive interview, *Modern Healthcare* reporter Maureen McKinney talks with Jennifer Sinclair, one of the 12 young healthcare executives who make up this year's class of Up & Comers. Sinclair, vice president of finance and chief financial officer at St. Dominic-Jackson (Miss.) Memorial Hospital, discusses the importance of strong leadership and offers some advice for other young healthcare administrators.



Sinclair

To listen to the interview, visit modernhealthcare.com/podcasts.

For more information on how the Up & Comers were chosen, please read this week's editorial on p. 16.

Already making their mark

This class should ease concerns over talent shortage

Hospitals and health systems are facing the prospect of what human resources professionals call the "5/50 crisis"—losing 50% of all management to retirement over the next five years. A shortage of executives ready to step into those roles should sound the alarm for healthcare organizations that need strong leadership in demanding times.

Investing in executive talent management—the process of identifying and developing emerging leaders—is key to confronting this crisis. A recent research project, conducted in conjunction with Witt/Kieffer, focused on best practices in executive talent management in 13 of the nation's leading health systems. The study confirms that organizations that design and execute a comprehensive talent management system turn great leadership into a competitive advantage.

This year's class of Up & Comers are examples of talented young executives who can ease concerns about a future leadership gap in their organizations. Their mission-driven

determination and leadership skills, coupled with the support of mentors and family, have propelled them into positions of increasing scope and responsibility. Their willingness to take on tough issues such as health reform, system integration and patient safety, to name only a few, will help their organizations thrive even during uncertainty.

Witt/Kieffer has been privileged to sponsor the Up & Comers award program for the past 14 years. As the need grows for organizations to manage the leadership succession pipeline, so too does the importance of this long-standing recognition program.

The prospect of a "5/50 crisis" is motivating many healthcare organizations to ramp up development of young talent. We're betting the chance that these Up & Comers are prepared for what's next is 100%.



Gauss

Jim Gauss
President and CEO
Witt/Kieffer



38, administrator, Gorecki Care Center at St. Benedict's Senior Community, St. Cloud, Minn.

Christine Bakke

Inspired by her grandmother's nursing home experience as a young girl, Christine Bakke found her calling. Every week for 13 years, she would visit her grandmother and observe the devotion the nursing home staff showed to residents, as well as the depth of their care.

"When my grandmother passed away, we had her funeral at the nursing home. I remember turning around to look at the nursing home staff, and they were all crying. I couldn't believe people cared that much. That was when I knew what I wanted to do, making a difference in seniors' lives," Bakke says.

Since receiving her bachelor's degree in sociology and her master's in healthcare administration from the University of Minnesota, Bakke, 38, then achieved her license for nursing home care. She is currently the administrator of the 222-bed Gorecki Care Center at St. Benedict's Senior Community, CentraCare Health System in St. Cloud, Minn. Her enthusiasm for serving the seniors of Minnesota is shown in her past and ongoing accomplishments.

Since becoming administrator in 2008, Bakke has received the Step I National Quality Award presented by the American Health Care Association and National Center for Assisted Living, which recognizes providers that have developed a foundation to begin a journey of continuous quality improvement. In 2009, she was awarded the Care Providers of Minnesota's Quality Improvement

Team Award, which acknowledges the use of a continuous quality improvement-based approach to enhance the care of residents.

"I couldn't believe people cared that much. That was when I knew what I wanted to do."

"She is doing a great job at placing herself strategically," says Tom Wachlarowicz, director of Nursing for St. Benedict's Senior Community, CentraCare Health System. "Her drive makes her stand out; she has a great sense to know where the pieces belong."

Bakke's disposition to "not sit still very well" is seen in her continuous passion to improve the lives of seniors. She completed a fellowship with Care Providers of Minnesota's Leading 4 Life in 2009 and is a member of the Care Providers Regulatory Affairs forum and the Legislative forum. She is also the District D chair for the Aging Services of Minnesota, as well as a member of several committees.

Angela Berndt, a longtime friend and former colleague, says she looked to her as a mentor while Bakke was vice president of Older Adult and Support Services for the Mille Lacs Health System in Onamia, Minn. As her boss, Bakke "was always very encouraging" and trusted Angela's ability, challenging her to want more out of her career.

"She dropped everything to help and would ask questions back to help me solve any problems I had, both professionally and personally," Berndt says. "With her encouragement, she really helped me to get to where I am today, letting me know if you fail, that's just part of the journey."

—Tracey Fuller



39, chief operating officer, Kindred Healthcare, Louisville, Ky.

Ben Breier

As a catcher on the University of Pennsylvania's baseball team in the early 1990s, Ben Breier had a unique opportunity that his teammates didn't have: the chance to see every aspect of each ball-game play out in front of him.

Breier—who served as co-captain of that team in his last two years of college—transferred the skill of noticing how individual actions can help advance a team goal in his career as a healthcare executive, most recently at post-acute company Kindred Healthcare in Louisville, Ky.

"When you're playing baseball, it doesn't matter what background anyone comes from," says Breier, 39, who has served as executive vice president and acting president of Kindred's hospital division since March 2008. "You work as a team for one goal: winning a game, winning a season. One thing I take pride in is my ability to relate to people," he adds. "A lot of that stems from athletics and baseball in particular."

In March, Breier was named Kindred's chief operating officer pending the appointment of a president of the company's hospital division.

"He is a young man of incredible integrity and brings a tremendous amount of energy to others," says Paul Diaz, Kindred's president and CEO. "He is a leader in the sense that he inspires others to do more and give more, and to do it in a way that they feel good about themselves and the organization."

"One thing I take pride in is my ability to relate to people. A lot of that stems from athletics."

Before he was named president of Kindred's hospital division, Breier served as president of the company's Peoplefirst rehabilitation division since August 2005.

Before that, he worked at Concentra, where he served as senior vice president of operations from 2003 to 2005 and as vice president of operations from 2001 to 2003. Breier, who holds an MBA and MHA from the University of Miami (Florida), also held management positions at Premier Practice Management and Baptist Health Systems.

Steve Monaghan is executive vice president with Kindred's hospital division in Chicago who has known Breier since he (Breier) worked with the company's Peoplefirst division. Monaghan says it was clear then that Breier was destined for more.

"What comes across is his intellect, his vision, his ability to grasp and understand issues," says Monaghan, who added that the attribute he likes most about Breier is his habit of asking questions until he thoroughly understands a topic. He also says Breier has helped boost the company's presence in social-media outlets.

"Maybe I'm a dinosaur at 48, but he does have a way of thinking about technology and social media that is kind of fun for people," Diaz says about Breier. "He's bringing that to bear. That influences everything from how we are looking at marketing and how we view the company."

—Jessica Zigmond



40, president and CEO,
Cal eConnect,
San Francisco

Carladenise Edwards

Carladenise Edwards is surely an up and comer, but the organization she was recently hired to lead has a long way to go before its own future is assured.

Edwards, 40, has been the president and CEO of Cal eConnect, California's statewide health information exchange, only since July 1.

As the leader of what could be the largest such exchange in the country, Edwards is responsible for managing the \$38.8 million federal grant California received under the American Recovery and Reinvestment Act of 2009 to implement health information exchange services and policies.

In addition, one of her top priorities for 2010 is to develop a workable business plan that will make the exchange financially self-sustainable, even though historically that's been an unsolvable puzzle for many leaders of regional health information organizations or their predecessors for about two decades.

To top it off, Edwards must build her new organization while picking her way through a potential minefield of factions laid by Cal eConnect's two warring predecessors, the older, but now-disbanded CalRHIO, and the upstart California eHealth Collaborative, formed in 2009 as a CalRHIO alternative.

"I do know there are quite a few personalities here, strong personalities, who disagree on what is the best way to go for California," Edwards says. "My idea is to take the lessons learned and keep them in a little book, but keep our eyes on the end prize. So, to the extent that I can, I'm trying to stay away from the personalities as much as possible and concentrating on the business at hand."

Edwards holds a bachelor's degree in sociology and a master's in education specializing in psychological services, both from the University of Pennsylvania, and a doctorate in sociology from the University of Florida.

In 1994, at age 24, she was named assistant dean of the College of Arts and Sciences at Penn, and then worked at HHS in 2001 and 2002, first with the elderly and disabled health programs group for the CMS at HHS, later as a presidential management intern and public health analyst with the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration.

From 2002 to 2005, she did stints in Florida as administrator of the state's Medicaid research policy unit and administrator of its Medicare monitoring unit. She later launched and ran the BAE Co., a management consulting firm to health and social service agencies. During that period, Edwards served as the founding executive director of the South Florida Health Information Initiative, a not-for-profit RHIO. She also served as the founding executive director of then-Gov. Jeb Bush's Health Information Infrastructure Advisory Board.

—Joseph Conn



40, privacy officer,
Fallon Community Health Plan,
Worcester, Mass.

Jeannette Frey

Give Fallon Community Health Plan Privacy Officer Jeannette Frey, 40, a pile of arcane patient-privacy laws to grapple with and you might be surprised by her reaction.

The first thing you'll notice is she isn't intimidated by the jargon, says her boss, Anne Doyle, executive vice president and chief compliance officer for the Worcester, Mass.-based Fallon.

Frey doesn't scratch her head in wonderment over how she'll turn abstract medical privacy laws into procedures and systems Fallon can use to maintain confidentiality on members' health records. Instead, she dives right in with a rare passion for the task.

"She has a wonderful ability to translate complex legal jargon into 'here's what it means to us, and here's how it will translate in terms of what we do,'" Doyle says. "She's done a remarkable job of pairing up with the IT people to put those protections in place so our employees don't have to think, 'Am I sending protected information?'"

Frey says she developed her interest in compliance law while still a night student at Boston's Suffolk University Law School. "I took a compliance class, and I really loved reading regulation and turning it into process and policy for an organization," she says. During that time, Frey also landed a full-time day job with Tufts Health Plan's corporate compliance office. "Part of that involved privacy, and I enjoyed that more than anything else," Frey says.

But while her primary duty is figuring out processes for safeguarding patient privacy, Frey also sees her role as a facilitator of timely care. Her goal, she says, is to always establish systems that, while maintaining privacy, don't complicate or slow the process of getting patients' medical records into the hands of appropriate providers.

"It can make a difference in terms of how easily they can be treated," Frey says.

These days, Frey's big task is helping Fallon navigate the uncharted territory of patient privacy laws under health-care reform.

"That's going to be the immediate challenge, especially with the new breach-notification requirements" under the Health Insurance Portability and Accountability Act of 1996. Frey expects a lot of her time to be devoted to figuring out safe procedures for sharing information with providers that have established accountable care organizations and vendors that are providing specific types of clinical services.

"I think the biggest challenge will be the unknown of what reform will look like," Frey says.

—Shawn Rhea



40, president,
Evanston (Ill.) Hospital

Gerald Gallagher

Gerald “J.P.” Gallagher got started in hospitals early. He spent a summer during high school working in a physician billing office. Culling piles of rejected bills, he checked the accuracy of the ICD-9 code and addresses and so forth, marking a star, circle or triangle to keep track of errors he detected.

Not too many years later, in 2002, Gallagher stepped into his first executive-level position as vice president of operations at Glenbrook Hospital in Glenview, Ill., just as the hospital’s parent was poised to deploy an electronic health-record system. By that point, Gallagher—now 40 and president of the four-campus system’s flagship Evanston Hospital—had taken careful steps to prepare for the challenges in an industry moving rapidly beyond stars and circles.

Mark Neaman, president and CEO of NorthShore University HealthSystem (until 2008 called Evanston Northwestern Healthcare), says the foundation Gallagher built has contributed much to his rise. “Particularly with the changes going on in the health-care field, those analytical skills—not just dollar signs, financial skills—become very important,” Neaman says.

After graduating from Princeton University, Gallagher completed the Coro Fellows Program, which offers leadership training in public affairs. He spent much of the nine-month program with the public health department in St. Louis, talking to drug addicts

“It was a field going through a lot of change, a field where I could contribute.”

and prostitutes as the city faced a syphilis outbreak, then worked with SSM Health Care to land funding for child and family preventive services.

“The valuable part of that experience was working in a hospital with an administrative team and committed physicians and nurses,” Gallagher says. “It was a field going

through a lot of change, a field where I could contribute.” Next was a stint with the Lewin Group, a healthcare consulting group, which he thought of as an opportunity to learn from clients, most of them large academic medical centers, though the work itself was less than glamorous. “I was the data grunt doing the spreadsheets,” he says.

Next he earned an MBA from the Wharton School of the University of Pennsylvania, and he then diverged sharply from his classmates who jumped into high-paying Wall Street jobs. Gallagher took a one-year position as an administrative fellow with Advocate Health Care, Oak Brook, Ill., where he spent an additional two years gaining experience in operations and leadership.

After two years as COO at NorthShore’s Glenbrook Hospital Gallagher moved to Evanston Hospital, where he replaced longtime President Ray Grady in 2008. The system was shedding an 80-year academic affiliation with Northwestern University and forging a new one with the University of Chicago, an experience Gallagher says reinforced for the importance of candor and an ability to “understand which issues were critical and which ones, if you had the right partner, you could agree to figure out as you went along.”

—Gregg Blesch



39, president and CEO, Medical
Center of Aurora (Colo.) and
Centennial Medical Plaza

John Hill

John Hill has quite a story to tell.

Hill, 39, took over as president and CEO of the 303-bed Medical Center of Aurora (Colo.) and Centennial Medical Plaza in April 2007 after working 3½ years as chief operating officer of HCA’s 542-bed Medical City Dallas Hospital.

According to Carol Gregory, chief nursing officer at Medical City Dallas Hospital and formerly vice president and chief nursing officer for Medical Center of Aurora and Centennial Medical Plaza, Hill’s leadership style is characterized by frequent contact with employees with quarterly forums and frequent “Chat and Chew” informal lunches where Hill is known for telling stories that always reflect back on the organization’s mission and values—or, as Hill puts it, “to remind ourselves why we come to work every day.”

“Storytelling is part of my leadership style,” Hill explains. “The way I use it is to support behaviors.”

Hill jokes that no one has asked him to stop telling stories, so he’s going to continue to do so. “It’s fun for me,” he says. “I’ve always been drawn to leaders or speakers who could illustrate a principle with vivid examples and I’ve just adopted that.”

The father of six, Hill gets to rehearse his stories as he recounts each day’s events for his family when he gets home. His 30-minute drive home each day gives him a chance to collect his thoughts about what he’s going to say.

“Storytelling is part of my leadership style. The way I use it is to support behaviors.”

“It’s usually a ‘this is what we were doing today’ talk,” Hill says, and he tells his kids about “miracles performed” and other heartwarming episodes. His oldest daughter spent time observing the events at the neonatal intensive-care unit during a take-your-child-to-work day, Hill says, and she

always asks him about how many babies are in the nursery, how many were delivered that day, and how many are in the NICU.

“She always wants to do know if they’re doing well,” he says.

Hill began his career as the administrator of an ophthalmology surgical practice in Flagstaff, Ariz., in 1994, and Gregory believes this experience has helped him understand the physician mindset while other members on staff appreciate his humble demeanor.

“I remember being struck by the humility he showed in talking about himself at his first employee forum and feeling that, if he was humble like that, he was going to be well received—that was my first opinion,” Gregory says.

Initial impressions aside, Gregory says the first time she really recognized Hill had “unbelievable skills” is when department leaders were called in to discuss strategic plans for the different service lines at the medical center and medical plaza.

“The questions that he asked made people think more deeply than they had before,” Gregory recalls. “Even though he’s young and this is his first time around (as CEO), I thought he is definitely the person for the job.”

—Andis Robeznieks



39, CEO, Longview (Texas) Regional Medical Center

Jim Kendrick

Since the ninth grade, just about every step Jim Kendrick has taken led him on the path to being a hospital executive, with one exception: working as a jump master at a bungee-jumping tower.

“That was great, always convincing people to do things they were scared to death to do,” says Kendrick, CEO of Longview (Texas) Regional Medical Center.

Kendrick, 39, says he hasn’t drawn any lessons for healthcare management from the experience, but maybe he learned some of the negotiating skills that Don Lorack saw in Kendrick when they worked together at Hillcrest Health System in Tulsa, Okla.

Lorack, who was CEO of Hillcrest until it was sold in 2004 to Ardent Health Services, Nashville, says Kendrick was instrumental in several deals that built Hillcrest into an integrated delivery system. “Jim literally could do it all,” says Lorack, who became CEO of Anaheim (Calif.) Regional Medical Center in July. “He didn’t need a lot of hands-on support. He just needed a little direction. You passed the ball to Jim, and he just ran with it.”

Kendrick’s parents both worked in healthcare—his mother as a nurse, his father as an administrator and then as an entrepreneur who founded several companies. “I saw the dynamics of what it meant to run a hospital and got to see all of the exciting things that made that role work,” he says.

“I saw the dynamics of what it meant to run a hospital and ... all the exciting things that made that role work.”

For most of the first decade of his career, Kendrick made that role work for Hillcrest, including as chief operating officer of Tulsa Regional Medical Center from January 1999 until the sale to Ardent in August 2004. In the transition from tax-exempt to investor-owned, Kendrick says he saw the discipline that Ardent was bringing to the organization and how helpful it could be for the system. His next move was into an

investor-owned company, Triad Hospitals, working again as a COO at its Wesley Medical Center in Hattiesburg, Miss., for a little over a year before landing his first CEO job at Longview Regional in December 2005. In July 2007, Community Health Systems, Franklin, Tenn., acquired Triad Hospitals.

Michael Portacci, a division president for Community whose portfolio includes Longview Regional, says Kendrick focused on the basics of service, quality and relationships—with employees, the medical staff and the board—to boost admissions by 17% and double operating earnings in his first four years on the job.

Kendrick persuaded the company to invest \$1 million over and above the hospital’s capital plan to buy a daVinci surgical robot, because he had built a relationship with an experienced robotic surgeon who wanted to come to Longview, Portacci says. Kendrick says that adding robotic surgery was necessary to re-focus the hospital’s competitive sights beyond Longview to competitors in nearby Tyler, Texas.

—Vince Galloro



39, CEO, Piedmont Mountainside Hospital, Jasper, Ga.

Mike Robertson

Six years ago, Mike Robertson was running Piedmont Mountainside Hospital’s respiratory therapy department, volunteering for new committees and special projects the hospital’s new owners were announcing, and raising two young children at home with his wife.

So maybe it didn’t sound as if it were the perfect time to start evening classes to get his masters in business administration.

Yet that’s what he did, just weeks after a conversation with his new CEO, Ed Lovern, who mentioned that Robertson might have a shot at a new VP of operations job if he could bring his business acumen up to par with his interpersonal skills and clinical experience.

“It was extremely demanding,” Robertson, 39, says.

But not unprecedented in the Robertson household. His wife, a special education teacher, had gone back to get her master’s while their first child was an infant, and so he says the couple always had an understanding that he might one day do the same.

As it happened, the quick action especially impressed Lovern, who was installed as CEO of the 48-bed hospital in northern Georgia after Atlanta’s Piedmont Healthcare acquired it in 2004. Two years later, Lovern made Robertson the hospital’s new vice president of operations, and in 2008, he succeeded Lovern as top executive at the hospital.

“I’m envious of the numbers that he’s been able to achieve up there,” Lovern says. “He’s done everything that I envisioned we could do.”

“There’s truly a sense of pride, especially as a CEO, that we are delivering that kind of care.”

Today, the small hospital turns a profit, posts employee-satisfaction scores in the 94th percentile, and records patient mortality rates in the 91st percentile, according to Press Ganey scores. Robertson says his clinical background helps him establish rapport with physicians and hospital staff, who don’t see him as a “bean counter” whose concerns for financial needs outweigh the job of serving patients.

Lovern says the staff also respects Robertson’s roots, growing up in the local community—though Robertson is quick to point out that he grew up in Cherokee County, just south of Pickens County, where Piedmont Mountainside is located.

While growing up, Robertson and his family always traveled to the Atlanta area for hospitalizations, he says, because of the popular notion that small hospitals were “OK for lumps and bumps, but you don’t want to have surgery there.”

Robertson is working to change that notion. The hospital gets high marks from patients for ambulatory surgery care today, and he knows why from personal experience, as he and both of his kids have had surgery there.

“There’s truly a sense of pride, especially as a CEO, to know that we are delivering that kind of care,” he says. “As cliché as it sounds, if it’s not good enough for them, it’s not good enough for our patients.”

—Joe Carlson



38, chief operating officer, George Washington University Hospital, Washington

Kimberly Russo

The word “VIP” conjures up many images of red carpets, bouncers and special backdoor passes. To Kimberly Russo, 38, taking care of a VIP patient on a typical day in the nation’s capital means getting a high profile patient into the hospital without interference from the media or the public.

Russo, who’s been the chief operating officer at George Washington University Hospital in Washington since early 2009, has forged a strong relationship with many individuals and organizations that provide care to government officials on Capitol Hill, including members of Congress and the Senate. Over the past few years, Russo has worked to formalize or streamline GW’s relationship with the offices and organizations that refer the so-called “VIP” patients. These elected officials or other VIPs are short on time, but just like anyone else need to schedule a doctor’s appointment, need access to X-rays or an ultrasound, or a surgeon.

GW works with VIPs to find out what dates and times they’re available “so we can get them in and out” under the most private circumstances possible, she says. As an example, a member of the House may have to fit in a dermatology appointment between votes on the House floor, and it’s up to Russo, in coordination with other care facilities, to make that possible.

“We definitely meet the needs” of these patients, given George Washington’s close proximity to Capitol Hill, not to mention the hospital’s understanding of the needs of these specific individuals. “It’s key that we maintain privacy no matter who it is receiving care at GW Hospital,” says Russo, daughter-in-law to former U.S. Rep. Marty Russo of Illinois.

“She never sleeps, never drops the ball,” says Keith Pray, deputy chief of staff with the Office of Attending Physician, which is tasked with the medical welfare of members of Congress, members of the Supreme Court and other Capitol Hill staff. “Even more important, she treats all patients as VIPs, regardless of whom it is” that’s seeking care, Pray says.

If the patient has a security detail, “then we also have to coordinate with them to the best point of entry to access the hospital,” as well as take specific routes within the hospital to ensure privacy, Russo says.

GW has always served this population, “but I think we’ve been successful at streamlining access and eliminating hassles that were previously in place given the age of technology and exceptional requirements to maintain privacy while providing quality care.”

Outside of day-to-day operations, Russo’s job involves specific planning of events that are unique to Washington, such as inaugural events. Jonathan Reiner, director of the cardiac catheterization laboratory at GW, says preparedness is Russo’s hallmark, a testament to her ability “to plan large strategic moves and at-home planning that involves small details for VIP patients.”

—Jennifer Lubell



38, vice president of finance and chief financial officer, St. Dominic-Jackson (Miss.) Memorial Hospital

Jennifer Sinclair

When Jennifer Sinclair accepted a position as controller of 523-bed St. Dominic-Jackson (Miss.) Memorial Hospital in 2001, she saw it as a good opportunity to gain a foothold at a large, tertiary hospital. And Sinclair, now 38, was adept at jumping when an opportunity presented itself.

Sinclair attended Mississippi State University, taking night classes while working full time as an accounts payable manager at a poultry processing company. She finished her accounting degree in three years, at age 19. On the advice of a mentor, she took a job after graduation as a staff auditor at Ernst & Young at 20, and by 25, she was the director of accounting at 108-bed River Oaks Hospital, Flowood, Miss.

“She’s passionate, driven and very motivated,” says Claude Harbarger, president of St. Dominic’s. “She has the financial capabilities and knowledge, which are the core basics of her job, but she also brings so much integrity and professionalism, too.”

Indeed, nearly a decade after accepting that first position at St. Dominic, Sinclair, who now serves as the hospital’s vice president of finance and chief financial officer, says her work has come to mean much more to her than she had initially expected.

“I feel a real connection to the mission. ... I feel very lucky to be a part of it.”

“I feel a real connection to the mission,” Sinclair says, referring to the hospital’s faith-based outreach and services for the poor. “I feel very lucky to be a part of it.”

As CFO, Sinclair has led an aggressive effort to build up the hospitals’ physician network and acquire urgent-care clinics. Physician alignment is critical, she says, particularly in Jackson’s competitive hospital market. “Building those relationships with physicians is key for us right now,” she says.

She has also ensured that adequate resources are available for St. Dominic’s extensive health information technology projects, which have included implementing a hospital-wide electronic health record, computerized physician order entry and physician documentation. St. Dominic was recently recognized as a Stage 6 facility on HIMSS Analytics’ EMR Adoption Model—the second-highest designation on the scale.

The bill for the hospital’s health IT projects has averaged about \$2 million each year, and Sinclair has kept those projects on target while still maintaining the hospitals’ goal of zero long-term debt on its balance sheet, Harbarger says.

And Sinclair is preparing herself for yet another challenge in the fall when she plans to return to Mississippi State University to earn a master’s degree in business administration. “It’s something I haven’t had a chance to do yet, and I’m looking forward to it.”

—Maureen McKinney



32, chief financial officer, Daughters of Charity Health System, Los Altos, Calif.

Mike Stuart

Mike Stuart got a unique opportunity in 2002, when he was asked to join the newly formed Daughters of Charity Health System.

Stuart, now 32, was working as a healthcare consultant with Deloitte & Touche when Daughters of Charity left Catholic Healthcare West to form its own system that year. The seven-hospital system had a rich 150-year-old mission of serving the poor in California. But it had no system office (it is now based in Los Altos Hills, Calif.), and no central administration.

“It was a start-up situation,” Stuart says.

He joined an eight-member team at the system level, working as a consultant on all aspects of the new organization. After nearly a year, Stuart came on full time. In 2005, he was named vice president of system finance and was promoted to chief financial officer in 2007. Among his achievements are obtaining a first-ever public bond rating for the system.

Charles Plimpton, director of Citi Global Markets, says Stuart “makes decisions easily and wisely. His strategic foundation and vision carry him way beyond simple numbers.”

Stuart is a recent graduate of the Ministry Leadership Center’s Leadership Formation program, a three-year process that develops healthcare leaders in the Catholic tradition. Although he is not

“The challenges are doing more with less and becoming more efficient and nimble.”

Catholic, he says his job at Daughters of Charity suits him perfectly.

“It’s an organization that lives its mission and instills it in all of its associates,” he says.

That mission has become ever more important to the communities it serves during the economic downturn. Daughters of Charity operates in towns in California where the unemployment rate tops the state average of 12%. In one Southern California market, the unemployment rate has reached 20%. Charity care is up 40% over last year across the system, and patient volume has dropped over the past 18 months, though it has stabilized, he says.

Right now, Stuart is working with colleagues toward immediate financial improvement, and also seeking to set up accountable care organizations and pursue other ways to become more integrated.

“The challenges are doing more with less and becoming more efficient and nimble,” he says. “It’s going to be difficult, I can’t understate that.”

He likes a quote from St. Vincent de Paul: “You can’t feed the poor with empty hands.” Vincent de Paul founded Daughters of Charity in 1633. The Daughters started their first social ministry in San Francisco in 1852 and went on to open charitable hospitals around the state.

“It’s our mission to be good stewards of our resources,” Stuart says. “My challenge is to find a way to make the resources available.”

—Rebecca Vesely



35, president and CEO, St. Mary’s Health System, Waterbury, Conn.

Chad Wable

Chad Wable left a recruiting camp for the National Football League roughly a dozen years ago for a career in healthcare, but not the medical degree he had pursued and carefully considered as an undergraduate.

Instead, he returned to West Virginia and turned his attention to healthcare administration.

“I’ll say that a dream is only a dream until you write it down,” Wable says. “A dream becomes a goal when you write it down. I never wrote down that I wanted to be a professional football player, but I did write down that I wanted to be a hospital administrator.”

He swiftly realized that goal, joining the management team at Monongalia Health System in Morgantown, W.Va., after earning a master’s degree in healthcare administration and a master’s in community health education. And when his mentor, Robert Ritz, left Monongalia to become chief executive of St. Mary’s Health System in Waterbury, Conn., Wable soon got the call to join him.

“You could tell he wanted to win,” says Ritz, who Wable first approached in 1998 for a master’s degree project. Ritz, now president and CEO of 465-bed St. John’s Hospital in Springfield, Ill., says Wable brought to his work the discipline and drive that he demonstrated as a competitive athlete.

Wable was swiftly promoted from St. Mary’s director of strategic planning and business development to vice president of ambulatory operations and business development. Ritz says the promotion came as Wable mastered his strategic development duties and sought professional growth. In 2008, Wable became executive vice president of strategy development and system operations, and before the year was over, the then-33-year-old was named president and CEO after Ritz stepped down to head St. John’s.

“I’ve had an interesting path,” says Wable, the son of a nurse and son-in-law of a doctor. “I started off with ambitions to be a physician” and aspired to play professional football, both of which he pursued. Wable, 35, who is married to his high school sweetheart, says talks with his father-in-law contributed to his decision to pursue administration rather than medicine.

At Monongalia Health System, which includes 175-bed Monongalia General Hospital, home healthcare and durable medical equipment services and a rehabilitation hospital, Wable says he gained a wide variety of experience with guidance from Ritz. When Ritz left St. Mary’s in 2008, it was Wable who stepped in to lead ongoing merger negotiations, which the prospective partners abandoned as the economy sank.

Wable has since sought to boost St. Mary’s Hospital’s patient-satisfaction scores and quality measures, and with success. He says that he believes healthcare insiders need to do “everything we can” to attract talented people into medical careers.

—Melanie Evans



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