

# Modern Healthcare

THE ONLY HEALTHCARE BUSINESS NEWS WEEKLY

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Special Feature

# 2011

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

## UP & COMERS

### WINNER'S PLAYBOOK PODCAST SERIES

In an exclusive interview, *Modern Healthcare* reporter Ashok Selvam talks with Aric Sharp, CEO of the Quincy (Ill.) Medical Group and one of this year's Up & Comers, 12 executives all age 40 or younger. Sharp talks about issues involving the acquisition of physician practices by hospitals and health systems, as well as challenges healthcare faces as it moves from a volume-based system to a value-based system.

■ To listen to the interview, visit [modernhealthcare.com/podcasts](http://modernhealthcare.com/podcasts)

■ To learn how this year's Up & Comers were chosen, visit [modernhealthcare.com/upandcomers](http://modernhealthcare.com/upandcomers)



Sharp

## Fresh perspectives

*This year's class already has a record of innovation*

The summer of 2011 brought severe heat, violent storms, a stomach-churning legislative session and a Dow Jones tilt-a-whirl. No wonder we're ready for cooler weather, cooler heads and a fresh perspective.

A renewed outlook can be a powerful thing—particularly for healthcare organizations as they face the growing uncertainty of an unsteady economy, health reform and countless other challenges. Hospitals and health systems are pushing to retool and find more efficient ways to move from strategy to execution, and people are the key to making it happen.

What better group to bring an organization's plans to life than the Up & Comers of 2011. They are innovative, optimistic and bring a fresh approach to improving outcomes, reducing costs and aligning

incentives. This year's winners are all the more remarkable given unprecedented demands on the nation's delivery system and the increasing complexity of their jobs. Equally impressive is their unfailing enthusiasm for mission and vision, dedication to caring for patients and commitment to healthier communities.

Witt/Kieffer has been proud to sponsor *Modern Healthcare's* Up & Comers program since 1997. Each year, extraordinary winners emerge who represent the best of young, talented healthcare leaders. We encourage you to read about the exciting, forward-thinking accomplishments of the class of 2011, and imagine the cool new perspectives they might bring to the future of healthcare. That, in itself, is refreshing.



Wardell

*Charles W.B. Wardell III  
President and CEO  
Witt/Kieffer*

Special Feature



39, CEO, Memorial Hermann Southeast Hospital, Houston

Erin Asprec

Singing in a symphony chorus, caring for a young child and running a 268-bed hospital are all in a day's work for Erin Asprec.

As CEO of Memorial Hermann Southeast Hospital, Houston, Asprec, 39, has helped lead a turnaround at Southeast, which once was one of Memorial Hermann Healthcare System's lesser-performing facilities, says Dan Wolterman, president and CEO of the Houston-based system, who nominated Asprec.

"It's just been very impressive. (In) every statistic, she is just a strong, stellar performer," Wolterman says.

And she's performed well by relying on good communication skills, determination and a focus on outcomes, he says. Asprec was one of the first executives to go through a Memorial Hermann leadership training program in 2003 and 2004, which had her working in the system CEO's office, and she made an impression, Wolterman says. "Erin was outstanding, probably the strongest we've had in that position," he says.

Asprec's first major leadership role was working as CEO of Memorial Hermann Heart and Vascular Institute-Texas Medical Center, and she has been CEO of Memorial Hermann Southeast since March 2010. (The Southeast hospital shares a Medicare number with two other Memorial Hermann facilities in Houston—Memorial Hermann Northwest and Memorial Hermann Southwest.)

**"The work is about people; it isn't about the mechanics" of strategy and operations.**

Asprec says she valued her more than five years working at the heart institute on a professional and personal level. Professionally, it was rewarding and she learned her first big lesson about managing: "The work is about people; it isn't about the mechanics" of strategy and operations, she says.

Asprec found it personally rewarding because she suffers from a rare heart condition, giving her a stake in her work. She says her condition, which had her spending a lot of time as a child in hospitals and physicians' offices, and the fact that she's squeamish about blood and her mother is a nurse, led her to pursue healthcare administration as a career. It's where you can make the biggest difference, she says.

Meanwhile, with the help of her husband, her nearby parents and a nanny, Asprec juggles a busy professional life with tending to her child, who's younger than 2 years old, and singing in the Houston Symphony Chorus. "I balance it with having great support," says Asprec, who has sung with the symphony for seven years.

She also plays the piano and violin, but don't count on ever hearing her perform rock 'n' roll or the many variations of country and blues found in Texas. "I'm a classical kind of gal," she says.

—Paul Barr



39, CEO, St. Nicholas Hospital, Sheboygan, Wis.

Andrew Bagnall

Andrew Bagnall was cruising through college on his way to getting a master's degree in healthcare administration in 1998, but he was missing one thing that most other students in his class already had: real-world experience.

Thus, the future up-and-coming hospital CEO took an unpaid internship doing data-mining for the Genesis Health System in Davenport, Iowa, while he finished his master's at nearby St. Ambrose University.

"I felt like I needed to get some projects under my belt and get something I can put on paper so I can understand what I want to do," says Bagnall, 39. "I went to Genesis and asked them if there were any projects I could work on."

Genesis noticed Bagnall's skills and hired him to work full time as a market researcher when he graduated that year. He went on to become a market researcher for University of Iowa Health System, but it was at Bagnall's next employer—Grinnell (Iowa) Regional Medical Center—where he found his footing in the field.

"Andy, he interviews well, and I was just immediately drawn to him," says Todd Linden, president and CEO of Grinnell and a 1995 *Modern Healthcare* Up & Comer himself. "He's one of those natural leaders. He's obviously bright. He has outstanding interpersonal skills; that's probably his greatest strength."

Bagnall's initial job was to serve as administrator of a small outreach center, the Deer Creek Health Center, a joint venture between the University of Iowa Health System and Grinnell in Toledo, Iowa. There, he added visiting clinical specialties to the center's roster, helped in physician recruitment and led a \$100,000 capital campaign to build a wellness and rehab center addition.

Linden quickly realized he wanted Bagnall on his Grinnell staff and hired him to become director of physician services, where the relative healthcare newcomer developed and directed a new physician services organization and led the day-to-day operations of multiple physician clinics. He ended up developing a strong rapport with the physicians in that role partly because of his tendency to talk about physician alignment goals as a partnership, Linden says.

Bagnall worked eight years with Grinnell before becoming CEO of the Select Specialty Hospital in Davenport in 2008. But when Linden got word that Bagnall was applying for the CEO job at St. Nicholas Hospital in Sheboygan, Wis., he says he didn't hesitate to put in a good word for his physician services director.

Bagnall became CEO of the 78-bed hospital in March 2010, 11 years after graduating with his MHA. He says he still draws on the lessons he learned at Grinnell working with physicians.

"I think it helps me now in my role to understand the pressures ... that physicians go through in their practices, which is much different than at a hospital," he says.

—Joe Carlson



**38**, vice president of medical affairs and chief medical officer, New Milford (Conn.) Hospital

## Dr. Frederick Browne

**D**r. Frederick Browne pairs a unique mix of business acumen and research experience in the areas of infectious disease, microbiology and epidemiology for his role as chief medical officer at New Milford (Conn.) Hospital.

The 38-year-old received an undergraduate degree from the University of Connecticut, a medical degree from American University of the Caribbean, an MBA from the University of New Haven and completed a fellowship in infectious diseases at the Yale School of Medicine before joining the hospital as an infectious diseases physician in 2006.

“One of the things that was really appealing to me was trying to explain the benefits of having a good quality program and an epidemiology program,” Browne says.

He was the first infectious disease specialist at New Milford Hospital, where shortly after his arrival he started a program that uses checklists and available data to address ventilator-associated infections in the intensive-care unit. The hospital has not reported a case of ventilator-acquired pneumonia since August 2007.

“We analyzed the problem, collected the data and made sure we looked at what the best practices were, and then instituted that within our facility,” he says. “We’ve been able to keep our numbers for all infections very low based on those initiatives.”

Browne was promoted to vice president of medical affairs and CMO in 2010 prior to the 62-bed hospital’s merger with 325-bed Danbury (Conn.) Hospital in October of that year. The new system is called the Western Connecticut Health Network.

Dr. Matt Miller, CMO at Danbury Hospital, says he met Browne when the hospitals began to plan the merger. Browne now reports to Miller.

“We became partners, in effect, in working with our medical staff and our medical staff leaders to try and figure out how we were going to do this and to make sure we really created a single standard of care for patients in our community,” he says.

Browne’s experience with business and medicine supported the system during the merger.

“The advantage of him both having the medical degree but also some business experience with an MBA has helped us deal with some of the contractual issues with physicians,” Miller says. “He’s bringing some expertise that has been very valuable.”

Browne has also implemented a MRSA surveillance program that was recognized by the Institute for Healthcare Improvement, as well as a physician advisory council and the “Browne Bag Lecture Series,” which brings in experts once a month to talk to medical staff.

“We were moving forward with this merger so it was really important to get the opinion of the medical staff and medical staff thought leaders,” Browne says.

—Jaimy Lee



**34**, vice president and chief nursing officer, St. Joseph’s Hospital Health Center, Syracuse, N.Y.

## AnneMarie Czyz

**C**hildhood illness may have kept AnneMarie Czyz from her dream of joining other kids on the ski slopes, but it also gave her unusual insight into the power of caring and skilled nursing.

After repeated childhood surgeries to remove some benign cysts, it was always nurses who gave her strength and confidence that things would get better for her. By the time Czyz was in ninth grade, she knew she wanted to join them.

Now an advanced-practice nurse and described by colleagues as “a great athlete,” Czyz says her first love—bedside nursing—remains the core of her approach to any position in which she serves.

“Everything I bring to the organization or to the team really comes down to the people,” Czyz says. “Patients matter the most to me.”

In her career at St. Joseph’s Hospital Health Center in Syracuse, N.Y., Czyz moved from a staff nurse in a cardiac-care unit, to a nurse educator and then a nurse manager role. In recent years her positions have advanced into executive leadership at the organization. In 2008, she was named vice president of clinical and educational services and chief nursing officer at the 431-bed hospital and healthcare network.

Moving the now 34-year-old Czyz into the CNO position was highly unusual, as the range of experience required generally takes decades to acquire. But Czyz’s passion and skills also are highly unusual, colleagues say.

“We refer to her as ‘our nurse prodigy,’” says Kathryn Ruscitto, president and CEO of St. Joseph’s, about Czyz’s nursing and management abilities.

Those skills include the ability to integrate her technological savvy in health IT and her expertise with the growing number of federal requirements placed on hospitals to drive improvements in the hospital’s nursing corps. Those efforts are credited with St. Joseph’s continued designation as a Magnet Hospital for Excellence in Nursing by the American Nurses Credentialing Center. It first achieved that status in 2002.

Such accomplishments and lofty praise appear less important to Czyz than the personal touch that first brought her into healthcare.

For example, she follows the management style known as servant leadership, which emphasizes service to others as the primary goal of executives at any level. That approach tracks the Franciscan philosophy of her hospital, which is sponsored by the Sisters of St. Francis.

She puts that thinking into practice, in part, by focusing on carefully listening to others without jumping to assumptions, especially when there is a problem.

“Every time I take the time to do that I can see flags that come up, and it really does provide the insight to make better decisions,” she says. “Situations are never what they first present themselves as.”

—Rich Daly

**“We’ve been able to keep our numbers for all infections very low.”**

**“Everything I bring to the organization ... comes down to the people. Patients matter the most to me.”**

Special Feature



39, president and CEO, Daughters of Charity Services of New Orleans

Michael Griffin

Whether he was a high school student helping to care for his ailing grandfather, an Army reservist preparing the bodies of U.S. service members to return home during Operation Desert Shield/Storm, or the CEO of Daughters of Charity Services of New Orleans grilling steaks and salmon for a leadership team picnic, Michael Griffin has lived the Vincentian philosophy that love requires action—and the belief in the dignity and potential of every human being.

“I think that history of him being directly involved in activities with people who were probably at the lowest shaped his vision of finding services for everybody, and not segmenting them out by those who are educated, or employed, or who have homes,” says Maureen Larkins, vice president of strategic and community affairs at Daughters of Charity Health System. The Daughters of Charity congregation was founded by the French priest St. Vincent de Paul and widow St. Louise de Marillac.

Griffin, who will turn 40 in October, has been described by colleagues and friends as humble, yet unafraid to take a risk; a keen listener who also has a skill for articulating complex topics clearly in a meeting; and a family man who is also dedicated to his career as a health professional, a path he chose at a young age.

“In college, I went into health management as an undergraduate and considered nursing home administration at one time,” Griffin says. “But as I learned about the broader fields of healthcare, I just really thought through where is the best place to put my efforts and attention, especially for the most vulnerable: seniors, kids, the uninsured.”

Since 2008, he has served as president and CEO at the Daughters of Charity Services, which has three health centers.

Sister Bonnie Hoffman, vice president for mission integration at the Daughters of Charity Services, describes Griffin as a bright man with a sense of humor who has a gift for bringing people together.

“He really wants people to give opinions, talk through things,” she says. “Some people like to ask a question, get an answer and move on. Michael likes to talk things through.”

Some of those skills undoubtedly came from watching his parents—both of whom Griffin considers his strongest influences—as he grew up the youngest of three children in Baton Rouge. Griffin’s father, a Methodist minister, worked as a prison chaplain, while his mother worked in administrative services helping college students at Southern University in Baton Rouge, La.

“We’d often wake up with a stranger in the guest room,” Griffin recalls. “And it was a (newly released) prisoner who had nowhere to go, or college student who came in from Chicago or L.A. and had housing issues. They’d stay with us for a few days.”

Today, he applies that same approach of service in his role at Daughters of Charity, Larkins says.

—Jessica Zigmund



38, senior vice president of finance and chief financial officer, Franciscan Alliance, Mishawaka, Ind.

Jennifer Marion

Jennifer Marion credits exposure to accounting in high school for her career in finance, but it was her interest in not-for-profit healthcare that led her to a major Catholic health system, where she has been finance chief for five years.

Marion, 38, joined the Franciscan Alliance in Mishawaka, Ind., in 2000 and after two swift promotions became chief financial officer and senior vice president of finance in 2006, roles she continues to hold.

But Marion was very familiar with the nine-hospital health system, formerly the Sisters of St. Francis Health Services, before she arrived. As a healthcare consultant with PricewaterhouseCoopers she worked closely with the Indiana health system.

Marion moved from the consulting company to her long-time client after the then-CFO at the Franciscan Alliance called with an offer. She accepted—though the switch meant leaving Chicago and nearby family—because of her interest in not-for-profit healthcare, which grew as her career progressed, she says. Marion found not-for-profit healthcare more intriguing than clients in banking, insurance, financial services or investments, she says. She was drawn to the mission of not-for-profit hospitals, she says.

That interest, her expertise and her pragmatic approach are what prompted Richard Gundling, vice president of healthcare financial practices for the Healthcare Financial Management Association, to nominate Marion to the professional group’s principles and practices board. “She has the strategic view and the strong technical knowledge in the accounting area,” Gundling says.

He says Marion will bring a commitment to healthcare and a “strong practical perspective” to the board. Before the HFMA submitted comment to the Internal Revenue Service on the tax-exempt provisions in the Patient Protection and Affordable Care Act, the trade group sought her input, he says.

Marion began her three-year term on the principles and practices board, which evaluates and publishes accounting and financial reporting standards, in June. During her tenure, the board will tackle accounting for federal information technology incentives under the federal stimulus law and how financial statements reflect value-based purchasing revenue.

Faced with continued market pressure to slow health spending, Marion has seen her job expand to include more frequent contact with clinicians. She says the Franciscan Alliance has successfully cut traditional expenses on administrative spending.

“We have done so much to reduce our costs,” she says. But it’s not enough, and further reductions will require close work with physicians to deliver value that insurers demand. “I am really excited about what the future holds.”

—Melanie Evans

**“I just really thought through ... the best place to put my efforts and attention.”**

**“We have done so much to reduce our costs. ... I am really excited about what the future holds.”**



**38**, chief learning officer, University of Mississippi Health Care, Jackson

**Tonya Moore**

**L**earning isn't just a part of a job title for Tonya Moore. It's a way of life. And she didn't need to look far for the inspiration that encouraged her to funnel that passion into the healthcare field.

Moore was a teenager when her mother went back to school for a nursing degree. She specialized in post-partum nursing, and Moore says, "She inspired me by her dedication to her patients, and she had fun stories to tell."

At 38, Moore is a bit younger than her mother was when she sought out her first degree, but Moore's already working on her fourth. She has an associate's, bachelor's and master's degree in nursing, and is a doctoral candidate for a philosophy degree in nursing research at the University of Alabama at Birmingham.

She began as a medical surgical nurse at Parkview Regional Medical Center in Vicksburg, Miss., in 1995, and in 1997 began her long-standing career with the University of Mississippi Medical Center in Jackson. Moore quickly advanced from staff nurse to hold various educator and management positions, even though that wasn't necessarily her plan.

"I always aspired to have an advanced degree, but initially more on the clinical side," she says. "My nursing career path took a nice detour to a clinical nurse educator role that allowed me to step out of direct patient care."

Moore credits the two-year stint as the time when she found her niche—in a position that allowed her to directly influence nurses by making sure they had what they needed to provide quality care.

"It's just a different way of impacting patient care," she says. "I saw that I could impact nurses at that time in a different way, and then I was interested in the formal role of nurse manager and kept continuing."

Continue she did, as a nurse manager, nurse recruiter and health career development program coordinator. In 2009, she was promoted to chief learning officer.

Bringing her clinical background and more than 12 years of experience with the system to the C-suite position, Moore oversees non-clinical learning programs, training and curriculum development. She has also led the expansion of an electronic learning system.

"She is responsible, along with her team, for the amazing resurgence of UMMC as the healthcare employer and provider of choice in Mississippi," says David Putt, CEO of University Hospitals and Health System at University of Mississippi Health Care.

Though Moore spends her workdays helping staff develop their nonclinical abilities, such as improved customer service and communication skills, she isn't out of touch with her own clinical talent.

Through her church, Moore has traveled to Honduras in Central America and Africa's Malawi six times for volunteer-abroad programs, demonstrating her nursing competency "in a less structured environment," she says.

—Nicole Voges



**36**, CEO, Sutter Medical Center, Sacramento, Calif.

**Carrie Owen Plietz**

**I** think patients being at the center of everything you do is the mantra."

That is Carrie Owen Plietz's formula for success, and it has shaped much of her 14-year career, helping her land her first CEO role at the age of 36.

She says she felt a calling toward healthcare, even if it was "not necessarily doing the chemistry," recognizing what she thought were her strengths—"solving problems and bringing people together." Owen Plietz, who holds bachelor's and master's degrees in health administration, spent two years with Bon Secours Richmond (Va.) Health System before arriving at Sacramento, Calif.-based Sutter Health.

During a nine-year stint with California Pacific Medical Center, San Francisco, she was responsible for improving employee and physician-satisfaction rates, as well as what she calls the "never-ending journey to creating the best patient experience possible." The program helped raise patient-satisfaction scores for many departments from the 10th percentile to the 80th and 90th percentiles.

She recalls stories she's heard from patients and family members, and says that, aside from fixing whatever ailment they've come in for, the anecdotes she hears most often are about the doctor who made eye contact while giving an update, the nurse who provided an extra pillow, or the security guard who guided a family member during a stressful time.

**"Patient satisfaction is the way to connect people back to the reason they got into healthcare in the first place."**

"It's the mix of art and science, and patient satisfaction is the way to connect people back to the reason they got into healthcare in the first place," she says.

She left California Pacific as chief administrative officer and headed to affiliate Mills-Peninsula Health System in Burlingame, Calif., where she spent two years as chief operating officer. During that time, she was responsible for the implementation of Sutter's first acute-care electronic health-record system.

With a succession plan in place, she transferred to Sutter Medical Center in January, spending eight months as COO before replacing longtime CEO Tom Gagen on Sept. 1.

She considers creating a paired leadership model—encouraging administrators and physician leaders to work together toward the goal of becoming an accountable care organization—one of her most important initiatives as an administrator.

"Having physician involvement has been an underpinning of my career," Owen Plietz says. "It's always been very important to me, even more so with the medical center I'm with, and the environment we're in now with healthcare reform."

She also brought her passion for patient- and family-centered care to Mills-Peninsula and Sutter Medical Center, installing a Voice of the Patient program that brings caregivers together to review survey results, patient letters and family comments.

—Nicole Voges

Special Feature



38, CEO, Quincy (Ill.) Medical Group

Aric Sharp

Aric Sharp said the magic words in college when he offered to work without pay as a summer intern, but it was his outstanding work that opened doors for him.

Right after Iowa Clinic (Des Moines) CEO C. Edward Brown hired Sharp, Brown gave his unpaid intern a project on an asset-merger transaction. He also gave a paid intern from Duke University an assignment.

“The kid from Duke did OK, but he didn’t blow my socks off,” Brown says. “But then I saw Aric’s work and thought, ‘Oh, God. Now I have to pay him.’”

Diligence and integrity are two qualities Sharp says were necessities during his 11 years at the Iowa Clinic, bringing those traits with him to the Quincy (Ill.) Medical Group, where he’s served as CEO since 2007. Sharp, 38, stressed the important of communication among staff, ensuring a culture of inclusiveness.

“We’ve got to be in touch with those interacting with patients; they’re the ones who generally know and have the best ideas on how to improve things,” he says.

Being available to staff and seeking their input demonstrates accountability. And that’s valuable to Sharp, as accountability makes building a consensus easier and also helps avoid conflict. “It starts with trust. You’ve got to build trust to get interaction for the best solutions,” he says. “You have to be very clear in your communication and what you need to represent.”

**“It starts with trust. You’ve got to build trust to get interaction for the best solutions.”** Quincy felt Sharp’s impact quickly, and hospital officials credit his leadership with improving financial performance. That includes overseeing a 30% increase in clinic revenue, which happened over a 30-month period. Physician group income also grew, while professional overhead dropped.

Sharp spent 11 years at the Iowa Clinic, where he worked as a summer intern and finance analyst while earning his master’s degree in hospital and health administration from Iowa State University in Ames. He also earned his bachelor of business administration in finance in 1995 from Iowa State.

The Iowa Clinic opened in 1994, and working for the clinic in its infancy provided Sharp with a unique opportunity, Brown says. When Sharp left for Quincy, he had already ascended to the role of chief operating officer at the Iowa Clinic. Brown recalls Sharp’s willingness to do anything. That included dressing up as Elvis Presley and taking the stage during a fundraiser for the American Heart Association. Sharp wouldn’t comment on his singing performance.

Sharp grew up in a small town in southeast Iowa with a population of about 1,000. His father was a banker and his mother an educator. He is the youngest of three, and both siblings, coincidentally, also work in healthcare. His brother is a pharmacist and his sister is a nurse.

—Ashok Selvam



36, chief information officer, George Washington University Hospital, Washington

Gretchen Tegethoff

Gretchen Tegethoff has worked her way up through the ranks in the health information technology industry to reach her current position as chief information officer at 339-bed George Washington University Hospital in the nation’s capital.

She may not stop there.

Tegethoff, 36, has been CIO at GWUH since March 2005 and been with for-profit Universal Health Services’ only teaching hospital, in two hitches, for nearly 10 years. As CIO, she is leading the implementation of an electronic health-record system with its first phase set for launch in November. The enterprise-wide installation will replace more than a half dozen “best of breed” systems.

“It’s going to be big bang, everything except full house CPOE, an anesthesia module and kind of our second phase of biomedical device integration,” Tegethoff says.

She has doubled as co-chair of the facility readiness and leadership team for the implementation of the same, remote-hosted EHR system across UHS’ 24 acute-care hospitals.

Tegethoff first came to GWUH as a clinical systems analyst in 2000, working more than three years on such projects as implementing computer systems for labs, blood bank, pharmacy and the obstetrics departments. In between, she served as a technical analyst at STG, Reston, Va., a systems support contractor for the State Department. Before that she held several IT leadership positions as well as writer/editor of protocols and patient summaries of cancer trials for the National Cancer Institute’s website.

Tegethoff was nominated by Richard Correll, head of the College of Healthcare Information Management Executives, “in light of her contributions to the healthcare field, both at her hospital and to the industry as a whole, through her leadership in industry organizations.”

Tegethoff is a member of CHIME, a professional association for CIOs and other health information management leaders, and was elected in 2010 to the organization’s board of trustees.

Tegethoff says that her career arc might not end as a CIO, and that IT might be the career path of choice for some future CEOs.

“A few years back, there were a lot of CIOs becoming COOs,” she says. “I know from my experience here, I report directly to the CEO. He’s unique in that he’s taken the time to really learn IT and see what it does to run the hospital. So we make a great team. And we’ve had a lot of conversations about how IT is intertwined in strategy. It does seem like a logical career path for some who are interested in that.”

And is she interested? “I never pictured myself, when I was a med tech, in the area of computers at all, but once I started moving in that direction, I could see where I wanted to end up,” Tegethoff says. “I’m happy with my position. I like being a CIO. But who’s to say. Maybe it’s a possibility I’d want to strive for one of these days.”

—Joseph Conn



**31**, chief operating officer, Twin Cities Community Hospital, Templeton, Calif.

## Nicholas Tejada

**W**hile many teens spend their time flipping burgers or cutting lawns for extra cash, Nicholas Tejada took a different path. Touting his self-created “director of product disbursement” title at his family’s pharmacy in Wichita, Kan., he earned more than spending money while delivering prescriptions to customers.

“You learn the value of listening to the patients, appreciating that you might be one of the few people they talk to that day,” Tejada says. “They look to you for delivering more than a pill.”

Tejada’s father influenced the way he viewed the customers. The patients don’t want to be there, he would say, so if you can really listen to their needs and leave them with a smile, it can completely change the paradigm for those visits. “From that, it became very clear that I liked the business side of things,” he says.

Tejada got his first taste of hospital administration during an internship at St. Rose Hospital, Hayward, Calif., while he was earning his MHA from the University of Kansas Medical Center. He then spent four years at Catholic Healthcare West; three as the vice president of hospital and ambulatory operations for St. Mary’s Regional Medical Center, Reno, Nev. During that time, he was involved with a project that he considers to be one of his biggest achievements.

St. Mary’s owned a medically integrated fitness center, which Tejada says was struggling to achieve its desired purpose—it wasn’t profitable, either. By leading the hospital through a management company switch, he says the system was starting to see successful patient outreach and financial outcomes.

“It’s something I’m really proud of,” Tejada says. “You start to see beyond just doing the right thing for patients and improving their health, and you see people start to prefer the hospital for the programs, because they know it has that affiliation with the fitness center. It starts to build on itself.”

In May, he left the large Catholic provider for the for-profit Tenet Healthcare Corp., and took on his current role as chief operating officer of Twin Cities Community Hospital, Templeton, Calif., at the age of 31.

Tejada says he couldn’t have achieved so much at such a young age without the support of his wife, Elena. “She has been the best adviser and champion that I could ever have. Certainly, without her support, I would not be where I am today.”

His wife isn’t his only support system, though. Tejada joined the National Forum for Latino Healthcare Executives when he was a student and says that its members mentored and encouraged him in a way that enabled him to compete for C-suite positions. He now serves as a director on the organization’s board.

“Clearly, we in healthcare serve a very diverse population, and that population is best served by having leaders in the organizations who can relate to people of different cultures and ethnicities,” Tejada says.

—Nicole Voges



**34**, chief operating officer, Good Samaritan Hospital, San Jose, Calif.

## Faraaz Yousuf

**F**araaz Yousuf has managed in his short career to gain experience across the country, from the suburbs around the nation’s capital to the for-profit hospital capital of Nashville, from New Orleans after Hurricane Katrina to the West Coast.

Family members in healthcare—aunts who are registered nurses or physicians, as well as a brother who is a physician—led him to the Virginia Commonwealth University master’s in health administration program, Yousuf says. That program counts a very notable graduate in Richard Bracken, chairman and CEO of Nashville-based HCA. Yousuf has worked for HCA since he completed his one-year postgraduate residency at Inova Health System, Falls Church, Va.

Yousuf, 34, mostly worked on strategic planning for Inova, but he was in one of its hospitals when terrorists struck the Pentagon on Sept. 11, 2001, and saw some of the victims come in for treatment, an experience he describes as profound.

Yousuf saw another disaster firsthand working at HCA headquarters, again in a job doing strategic planning and capital project development. His region included HCA’s New Orleans-area operations, and Yousuf was part of the team that flew down on a private jet while the airport was closed to commercial flights and the city was under curfew, he says.

“You saw the desolation. You saw the destruction. Empty buildings and empty sidewalks,” Yousuf says. “We saw signs from upper floors of buildings seeking help.”

From headquarters, Yousuf moved to HCA’s 474-bed Medical City Dallas (Texas) Hospital in 2007, first as an associate administrator and then as vice president of operations.

In January 2010, Yousuf took his current job—chief operating officer of HCA’s 349-bed Good Samaritan Hospital in San Jose, Calif. One challenge at Good Samaritan that was new to Yousuf is managing a unionized workforce, he says.

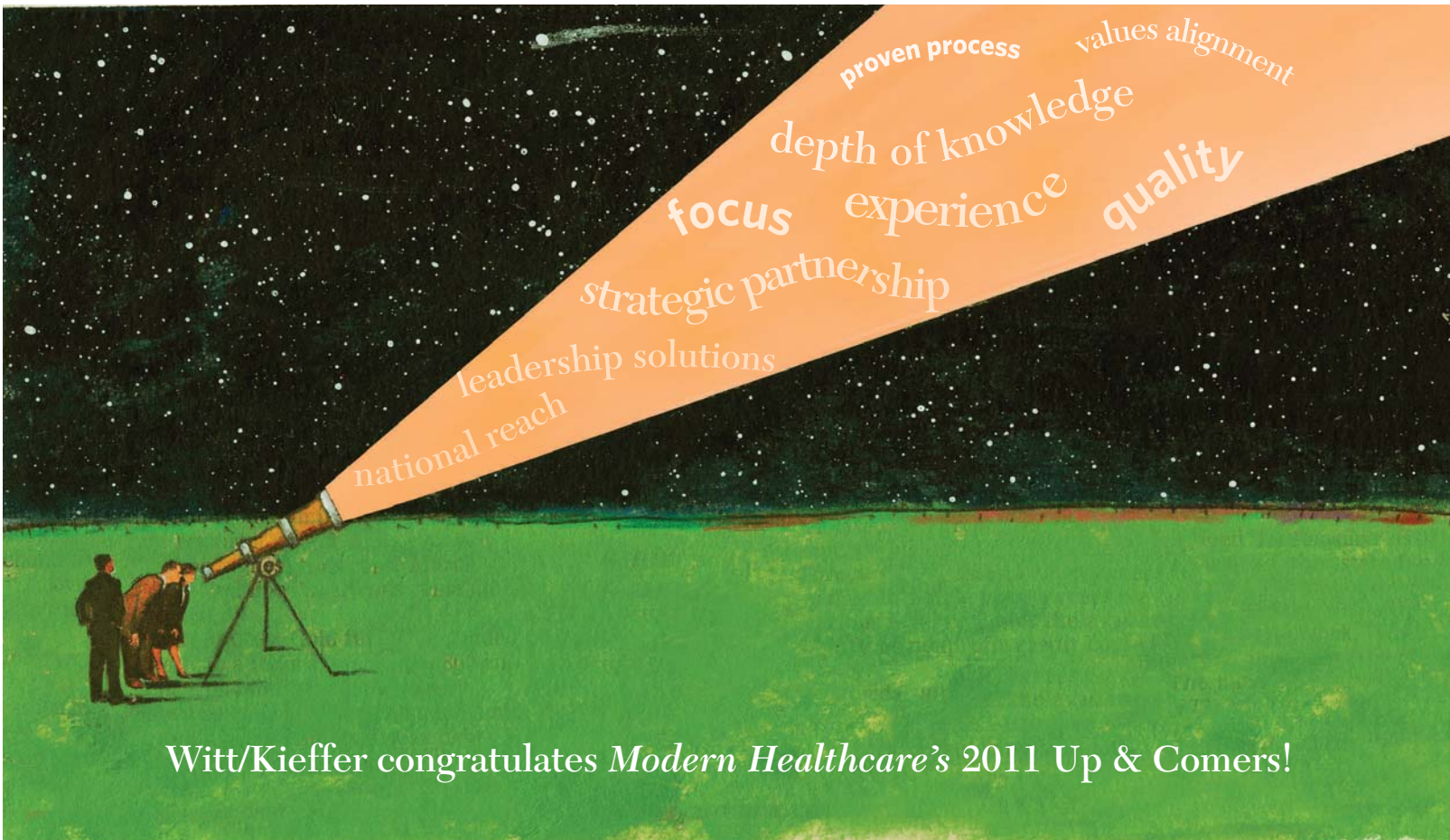
“It’s certainly not easy navigating some of those issues and challenges,” Yousuf says. “You’re managing people, and people always want to do the right thing. That’s where we find common ground.”

Good Samaritan’s CEO, Dr. Paul Beaupre, says Yousuf’s experience at HCA’s headquarters exposed him to a wide variety of markets and different ways to approach, say, a particular service line.

“One of the techniques that he uses very effectively is that he likes to have the contrary view presented at the meeting to ensure that we’re looking at all sides, the pros and the cons of whatever we’re looking at,” Beaupre says. “I think that enriches the conversation.” For example, the hospital is working on forming an oncology partnership with physicians right now, Beaupre says. “While we were in the initial phases of that, he had someone prepare what it would be like if we didn’t go down that road at all, what are the potential pitfalls of pursuing that.”

—Vince Galloro

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