

Public Input

4/7/88

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Good evening. My name is Anna Melendez and I work at the Department of Social Services here in Henderson County. My daughter Tiana, attends Hillandale Elementary.

I moved to Henderson County a year and a half ago and was not aware that there wasn't a full time nurse in each school until my daughter needed the assistance of one. I was in disbelief since I have never experienced schools not having a full time nurse to care for our children in each school.

In January of this year, my daughter was diagnosed with Laryngospasm which is a condition where the throat closes up and due to this, she passes out. When Tiana was first diagnosed she would pass out up to 5 times a day. Her episodes became very disruptive in the classroom and the nurse had to be called from the school she was at during that day to come and assist Tiana to go through her episodes. EMS has been called several times because the school didn't know how to handle this condition and they don't have the facilities to assist my daughter. Many times when I was called in to the school, my daughter is on a sofa chair in the office where everyone could see her and know that she's going through her episodes. There's no place at the school where a child can have privacy when they are injured or ill.

She continues to have this medical condition and there are times that the teacher has to assist her, the principal, the school counselor, the lead teacher and the school nurse is being called to assist her. I appreciate everyone involved in assisting my daughter while she goes through this condition, but I feel that it's unfair that there's no facility or a full time nurse to assist in the medical care of our children attending this school and other schools in this county. *I believe that if our children had a full time nurse, it would alleviate much of the burden of medical care that school personnel are not equipped to deal with.*

School nurses are an essential part to our student's success. Please give not only my daughter, but all the children that are going through an ongoing medical condition a chance to succeed and a chance to live their lives like any other children do. We need more school nurses. Please make this a priority. Thank you for your attention and have a good evening.

Boards of directors now need serious commitment

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The days when sitting on the board of a major institution was an honorific that required little knowledge or work are over. Complex institutions with complex work procedures, regulations and rapidly changing technologies require a high degree of knowledge of how an institution works of such board members, and of those who appoint them.

If such concerns are not addressed adequately, the best an institution can expect is to languish in benign neglect.

At worst, you can have the apparent lack of oversight that helped contribute to the situation that has unfolded at Haywood Regional Medical Center.

Lack of oversight by the HRMC board contributed to a breakdown of quality that led to the federal government's decision to end Medicare and Medicaid funding at the hospital Feb. 24. Board members, appointed by Haywood County commissioners, had little to no training in the obligations they were taking on and lacked the knowledge to ask critical questions of the hospital's former CEO, a consultant said.

"There was a time in America, if you were sitting on the board of a hospital, that was an honor," Rick Wade, a spokesman with the American Hospital Association, told a Citizen-Times reporter. "It really wasn't a hard job, but it was an honor. Not any more. It's one of the toughest volunteer jobs in America."

More accountability

Hospital boards are increasingly being held accountable for quality of care and keeping costs in line by regulatory agencies, but the need to be actively and knowledgeably engaged applies to members of all boards of directors who serve in any capacity other than advisory.

In addition to keeping the institution aligned with its mission, values and vision, their responsibilities include long-range planning, hiring the director and evaluating his or her performance, approving the budget, monitoring financial health of the institution, ensuring accountability, evaluating effectiveness and reviewing major program plans and organizational policies.

Board members also need to represent the public to the organization and the organization to the public.

Fulfilling those responsibilities effectively requires a thorough knowledge of how the institution works and a sincere commitment to the institution's mission.

Having effective boards for community institutions begins with the elected officials or others charged with appointing members. Those choices should be made based on the skills and interests of the individuals being considered.

Training is vital

Once chosen, new board members should get the training about their role and about the institution they need to be effective.

New board members should be sure they understand the bylaws that govern an institution and that they are comfortable with them.

For instance, under a section outlining the board's personnel committee, which is charged with

gathering information to create or change personnel policies, Haywood Regional's bylaws warn board members not to interfere with the president and CEO, who has hiring and firing discretion. Board members need to be clear about what such statements mean.

Before agreeing to take on the job, a prospective board member should do some soul-searching about whether he or she cares enough about the institution's mission to devote the time to gain the understanding and insight needed and to actively oversee its activities.

Mission Hospitals' board chairman Jack Cecil spends at least 10 to 12 hours a week working at the hospital. Other Mission board members, who undergo extensive training, say they attend several meetings a month on hospital business.

Not all institutions would require that much time, but prospective board members need to know what the time commitments will be and determine whether they can fulfill them.

HRMC cautionary tale

Institutions throughout the region and those charged with appointing their boards should be paying close attention to the Haywood Regional crisis.

As it demonstrates, having effective boards of such institutions not only makes the difference in whether essential services are available, it impacts a community's economic well-being.

Most critically, a failure of oversight that results in a failure to provide competent service can affect those served in dramatic, life-altering ways and result in tremendous suffering, not to mention legal ramifications.

HRMC board ineffective without training

by Nanci Bompey and Jon Ostendorff

published April 4, 2008 12:15 am

CLYDE – Should Haywood Regional Medical Center survive and recover, it will be up to doctors and nurses to gain the confidence of patients and their families.

But that will only be part of the story. The people surrounding the hospital's boardroom table have as much to do with its health, regulators and hospital experts say.

Sometimes treated as positions of political patronage, board members have broad responsibilities in ensuring quality care — though that fact often gets little attention.

In Haywood Regional's case, regulators said the eight-member board appointed by county commissioners was ill-equipped to handle its responsibility in overseeing a 900-employee operation. The board, which includes doctors, politicians and a former CEO, will need specialized training.

That education may come soon with the hospital board voting Thursday to require that all board members attend training within the next six months.

"Training needs to be done," Chairman Glenn White said. "We will request that the county pay for it. If they don't, we'll still do it."

Barry Bader, a hospital board consultant, said today's board members cannot be effective without education.

"The responsibility is too large and the issues are too complex to expect that even a physician, let alone a lay person, will be able to perform their job effectively without comprehensive

education," he said.

Past problems

Hospital leaders had too little knowledge to ask critical questions of Haywood Regional's former CEO about operations, a consultant and county leaders have said.

The lack of oversight led to a breakdown of quality, which led to the federal government's decision to end Medicare and Medicaid funding at the hospital Feb. 24.

The hospital on Monday sent the Centers for Medicare and Medicaid Services an action plan outlining steps it has taken to fix problems. Interim Chief Executive Officer Al Byers said CMS has told him that inspectors could be at the hospital within seven-10 days of receipt of the application.

If the hospital passes the initial survey, inspectors will return for a full survey following an undefined waiting period. The federal government will restore Medicare funding if the hospital is in compliance, which could bring the return of private insurers such as Blue Cross Blue Shield.

Board Member Mark Clasby and new Chairman Glenn White spent a day recently walking through the hospital's departments and talking to staff, something they were not encouraged to do when CEO David Rice was running the show.

Clasby said there is a thin line between a hospital board overstepping its bounds and a board offering adequate oversight. Board members, who work unpaid, should be careful when getting involved in day-to-day affairs, such as personnel issues, but at the same time they need to know what is happening on the ground, he said.

"You have to have the right atmosphere, the proper work environment and obviously that didn't exist," he said. "You don't want to micromanage, but you have to have that open communication line."

New rules needed

The board's bylaws, in some ways, restrict the critical flow of information.

Under the section outlining the board's personnel committee, which is charged with gathering information to create or change personnel policies, board members are warned not to interfere with the president and CEO, who has hiring and firing discretion.

The bylaws say the committee should "be cautious in contacting any Medical Center personnel so as not to give the impression that it may overrule the decision of the president."

Commissioner Mary Ann Enloe said those kinds of rules, combined with a work environment where information was closely guarded, contributed to Haywood Regional's recent problems.

"They need to be re-written," she said of the bylaws, adding that county government needs to extend more oversight to the board.

Government inspectors said they found employees feared for their jobs should they point out problems.

Another change, said Enloe, could be adding a county commissioner as a non-voting member of the hospital board. Commissioners serve as ex-officio members on most other boards they appoint. And Enloe said a hospital staff member, like a nurse, should be on the board. The board now has two doctors but no one representing nurses or medical technicians.

Garry Wooten, who works in the laboratory at Haywood Regional, is pushing the board for that change. In past attempts to gain a seat on the board, Wooten said he was told that "David (Rice)

wouldn't like it."

"In changing an organization, you have to start at the basic brick and the basic brick is the employees," he said.

Hospital interim CEO Al Byers said three board members already are planning to attend training later this year.

He told commissioners that the training will come from the Institute for Healthcare Improvement in Massachusetts, the local Mountain Area Health Education Center and the WNC Health Network.

Board member Steve Sorrells, who made the motion passed Thursday to extend training to all board members, said he received little, if any, training when he was appointed to the board and he thinks the county should pay for the education that should be required of all board members.

"The county commissioners do have some responsibility to make sure this board is properly trained," he said. "They have to buy into the process."

Sorrells said that would ensure county commissioners don't appoint hospital board members for political reasons.

"It's too big a thing for that," he said.

Board changing roles

"There was a time in America, if you were sitting on the board of a hospital, that was an honor," said Rick Wade, a spokesman with the American Hospital Association. "It really wasn't a hard job, but it was an honor."

"Not anymore. It's one of the toughest volunteer jobs in America," he said.

Regulatory agencies are increasingly holding hospital boards accountable for quality to ensure better patient outcomes and keep costs down, said James Conway, of the Institute for Healthcare Improvement.

Hospital boards across the country have the same responsibilities: quality of care and financial viability of the organization, said Bader, the hospital consultant. "The board should be spending time reviewing quality information at almost every one of its meetings," he said. "The board should be as deeply engaged in quality and knowledgeable of the organization's quality as it is about its finances."

Bader said successful organizations also have a culture that fosters openness and candor, so that physicians, nurses, staff and patients feel comfortable reporting complaints or safety issues.

Local lessons

The board for Mission Hospitals evaluates itself annually and compares its performance to other hospitals around the country. The board sets goals and measures how well it has come in achieving those goals.

Board members are provided with education on areas they have identified as needing improvement, said Mission CEO Joe Damore.

All current board members have come up through Mission's foundation board or served on board committees before being appointed to the hospital board. "Health care is so complex you can't pull a person off the street," said Damore. "We encourage our board not to be shy."

Mission board chairman Jack Cecil spends at least 10-12 hours a week working at the hospital. He said board members need to be able to make that commitment and also be committed to

asking questions and educating themselves about the hospital and health care.

Jerry McKinney, chairman of the board at WestCare, said he is constantly educating himself on the hospital and health care and is in daily communication with WestCare's CEO. A former principal, McKinney has served on various boards in the community and said the hospital board is by far the most demanding.

"It's up to board members to do a lot of self education," McKinney said. "I've learned a lot in the last seven years, but I still know only a small fraction of what I need to know."

WestCare owns Harris Regional Hospital in Sylva, Swain County Hospital and a nursing home facility.

McKinney said while the board must depend on the administration for information, they must also be independent.

"We have a good relationship with the administrative staff but at the same time the final decision rests with the board so there is a separation," he said. "You have got to get a medium between trust and oversight."

"You have to have people that are willing to ask the questions and the hard questions and questions no one wants to hear, and we have that kind of board," McKinney said.

Board member bios

Haywood Regional Medical Center Board of Commissioners:

- **Glenn White**, board chairman.

Background: Retired from management positions in construction materials industry.

Appointed: 2000.

Current term expires: 2009.

- **Jim Stevens**

Background: Retired school system assistant superintendent.

Appointed: 2004.

Current term expires: 2010.

- **Richard Steele**

Background: Urologist. Former Haywood County Medical Society president. Former chief of surgery at Haywood Regional.

Appointed: 2004.

Current term expires: 2010.

- **Henry Nathan**

Background: Partner at Mountain Medical Associates, where he practices gastroenterology.

Former Haywood County Board of Health member.

Appointed: 2008. Replaced Dr. Nancy Freeman, who resigned March 7.

Term expires: 2010.

- **Mark Clasby**

Background: Haywood County Economic Development Commission executive director.

Former CEO of Waynesville-based Cedar Hill Studio, an art gallery and retail business.

Appointed: 2006.

Current term expires: 2009.

- **James "Bob" Browning**

Background: Owner of Browning Storage in Canton.

Appointed: 2006.

Current term expires: 2009.

• **Steve Sorrells**

Background: President of Cold Mountain Nursery.

Appointed: 2005.

Current term expires: 2008.

• **Michael Ray**

Background: Pharmacist. Owner of Crawford/Ray Funeral Home and Memorial Gardens.

Member of Canton Board of Aldermen.

Appointed: 2005.

Term expires: 2008.