

LOCALS GETTING RESTLESS

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Inside the town hall:

Community speakers call for transparency, respect at RMCHCS

The Community Health Action Group convened Dec. 11 at the First United Methodist Church for a town hall meeting concerning Rehoboth McKinley Christian Health Care Services.

Discussions focused on the hospital's current \$9.4 million deficit, the Centers for Medicare and Medicaid Services one star rating for RMCHCS, and the erosion of trust between management and the community.

The meeting began with remarks from Dr. Kathleen De Korne Mezoff, who served as pediatrician at RMCHCS from 1980-2014.

"RMCH is a unique community hospital with a 111-year history of mission and service," Mezoff said. "Through the ups and downs of those years, RMCH has been sustained by the love and dedication of countless people and its ethic of caring."

Operating as a private non-profit hospital, RMCHCS has 60 beds and its property and affairs are managed by a board.

"RMCH is facing a serious viability crisis," Mezoff said. "The strong core of long term nursing and provider staff who actively participated in previous administrations for the past year, has

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been sidelined by the current administration.”

Mezoff said trust and communication have been seriously impaired as nurses and providers saw the safety of patient care undermined by poor staffing and inadequate equipment.

Additionally, daily requests to department directors and interim CEO Don Smithburg fell on deaf ears, in particular at the women’s health clinic, which was briefly closed this past fall and is currently staffed with traveling nurses who are unfamiliar with the community and the culture.

CHAG invited a guest speaker with a background in rural health to give some outside perspective to the community’s concerns.

Dr. Tim Putnam, president and CEO of Margaret Mary Health, a community hospital in Batesville, Ind. has over 30 years’ experience in healthcare. Putnam is a past president of the Indiana Rural Health Association and National Rural Health Association. He is also a certified emergency medical technician.

“Here in Indiana, we just recovered from tornadoes in the region,” Putnam said. “It emphasizes to me how important having access to local healthcare is for people.”

“It’s very difficult work. You cannot call it in. It takes aggressive work every day to make a hospital viable,” Putnam told the town hall attendees. “Just realize that is a hard, difficult job with no easy answers.”

Putnam said a hospital must be ready for anything at any time, and that the cost of that level of readiness is very difficult and expensive, especially when rural hospitals take in less money than urban hospitals.

Local leadership, local involvement, and trust in the community are components from some of the best run rural hospitals, he pointed out, adding that the key to building trust is to have boots

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on the ground.

“I worked as an EMT as CEO. It helped me to understand what challenges people were facing in the middle of the night when they were having a 911 call,” he said. “I think it helped me be a better CEO at times.”

National and state officials are also resources that should be tapped, he said, because they want local hospitals not only to survive, but thrive. Nationally, there are 2,000 rural hospitals.

As former president of NRHA, Putnam said he saw one rural hospital close across America every three weeks prior to the pandemic. From a leadership standpoint, running a hospital is hard.

He gave a qualified positive review to the RMCHCS residency program, admitting that from an administrative standpoint, running it is challenging. In Indiana, he pointed out, every residency creates a financial risk.

“It’s very difficult for hospitals to subsidize that when they’re facing other financial constraints,” he said.

Dr. Constance Liu said the RMCHCS family residency program has attracted strong doctors who trained in places like Contra Costa Health Services, University of California, Los Angeles and the University of New Mexico.

She said another of the positive aspects of RMCHCS, is its staff and physicians, some with 10-20 years of experience and institutional knowledge and deep connections to the community. One of those is Dr. Caleb Lauber, who is currently practicing family medicine outside the hospital, but was the physicians’ chosen representative on the hospital board at one time.

Lauber speaks Navajo, a significant attribute, when considering that the hospital is a major

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service point for those who live nearby in the Navajo Nation and Zuni Pueblo, and that 60 to 70 percent of patients are Native American.

“[RMCHCS] is the only hospital in this area where people who cannot get care at IHS [Indian Health Service] can seek hospital care,” Liu said.

PUBLIC COMMENT

When the meeting opened up for public comment Beatrice Nuñez, a registered nurse, got things started.

“I was a nurse in labor and delivery for almost 38 years. I have been at the Red Rock Clinic for the past year, and at the OB-GYN Department,” she said. “I retired two days ago.”

Nuñez said the decision to retire was a difficult one. She said the key for RMCHCS is local recruitment, retention, and respect.

Dr. Rick Cruz, the EMS medical director for all the sound ambulance services in McKinley County, spoke next. Cruz retired as an ER doctor July 1.

He concentrated on the board of trustees and lack of community representation.

He said a friend of his initially applied to become a board member, but ultimately withdrew his name after learning that he would have to be interviewed by interim CEO Don Smithburg before he could be considered for the board position.

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“That’s kind of weird, the CEO influencing the decision on who gets to be on the board that supervises him,” Cruz said. “It’s not in the by laws.

(At this time there is one local community member on the board. That member was appointed by the McKinley County Board of Commissioners, but does not have voting privileges.)

“The other thing is that the board only meets once every three months,” Cruz said.

Nevertheless, Cruz felt getting together to talk was a good idea.

Nuñez and Cruz were two of the 15 people who made public comments at the meeting.

OUTSIDE THE TOWN HALL

Only four days after the town hall, Liu told the Sun that one possible way to respond to the issues still troubling the group, would be to form an advisory board.

She believed such a body would engage the community and harness creative problem-solving energy to benefit the hospital.

“We can continue to attract strong physicians if we have strong local leadership ... that creates a culture of safety and quality and makes meaningful efforts to work with clinical staff, instead of fostering an atmosphere of fear and retaliation,” she said.

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Retention is one of the concerns that has been brought up again and again.

The group has asked for an independent assessment to learn the reasons people have left the hospital. In interviews with the Sun, interim CEO Don Smithburg and his predecessor, David Conejo, have both pointed to the COVID-19 pandemic as the answer.

But Liu's response to the answer that COVID-19 is causing national staffing problems everywhere, is that it is a "lazy" explanation.

She said there are noticeable trends of long-term staff leaving [RMCHCS], not for higher pay, "but because they find the conditions intolerable."

"In talking to people who have left the hospital voluntarily, we [the Community Health Action Group] have been asking what would bring them back to RMCH," she said. "One hundred percent of the answers [so far] are that they want to see a change in leadership and an environment of safety and quality before they would return."

Gwen Wilson, a former physician's assistant, said she felt some people on the board were disparaging of employees who had left the hospital.

"They left because they were being placed in situations dangerous to patients and to themselves," Wilson said. "They left because they were driven out by the current administration."

"Many of them had decades of work history at RMCH ... for many of them the decision to leave was heart wrenching," Wilson said.

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FURTHER OUTSIDE THE TOWN HALL

Since that meeting, discussions with McKinley County Attorney Doug Decker and County Commissioner Billy Moore, Dist. 1, addressed the topics of retention and the potential of creating an advisory board.

Decker said the Dec. 11 mention of an advisory board by the Community Health Action Group was an idea he had not heard about previously. He wanted to know who would be on the board.

“They [CHAG] also handed out like 20 cards saying that they wanted the county to cancel the CHC [Community Hospitals Corporation] contract and change the board,” he said. “The commission did respond to that one; they said they don’t have any contractual relationship with CHC.

“Our only contract is the lease with RMCHCS,” he said.

Decker said the commissioners are still gathering information and talking to the hospital staff and local citizens, trying to decide whether or not to pull the plug on the lease.

“But once we pull that plug, we may not have a hospital at all, because RMCHCS currently has all the employees and we’d be hard-pressed to get another operator in,” he said. “They’re all aware of that and they have some of the same concerns that the citizens that have been calling them have.”

Moore said the information about an advisory board was discussed, but did not include details, and he is waiting to see a document.

“I haven’t had an opportunity to look at the ins and outs of it, but I don’t see a problem with it as

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far as what I know so far.”

In his comments about attempting to make the hospital work and trying to avoid “starting all over,” Moore said, “from what information we know, they’re very close to getting a permanent CEO in place.

“They’ve been doing interviews and stuff there,” Moore said. “So there will be some changes when that takes place.”

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