

We write to thank the county commission for holding off voting on a fourth mill levy for RMCHCS. We are sending this letter to summarize the suggestions of community members at this meeting.

Community members support the use of tax funds to keep our hospital open, but believe that clear measures are needed to ensure that the use of these funds does not merely postpone the hospital's closure but instead spurs a sharp change of course toward recovery.

In all, we suggest that the county commission articulate conditions that need to be met for the use of public funds. These are consensus recommendations from our community, which includes former hospital executives, former physicians with administrative experience, business owners, professionals, and patients.

Hospital executive leadership should provide a written, publicly available recovery plan with a clear timeline and clearly defined metrics to measure progress. A standard 6-month plan might include Quality Assurance mechanisms, specific metrics and timelines for addressing critical financial and recruiting targets.

You may also look to the "100-day plan" method that was utilized by Community Hospital Corporation's prior Chief Finance Officer, who specialized in turnaround. Such plans would ideally include very clear targets, and be very clear about prioritization of issues and how they lead to a path of increased revenue for the hospital. These metrics can be mutually developed between executive leadership, the RMCHCS Board of Trustees, and the county commission.

We recommend an independent evaluation by a third-party company that is well-versed in rural hospital turnaround. This can be implemented very quickly, and can be a very effective way to identify the core issues that are preventing Mr. Whitaker from actualizing turnaround. The assessment report and recommendations should of course be shared with the Board and the commission, and the public. We have recent precedent for this measure: RMCH earlier this year had a contract with the company Rural Health Solutions.

Less a recommendation, and more an acknowledgement - we appreciate that the county commission will be moving forward expeditiously with selections for the Board of Trustees. Local representation will go a long way towards assuring the community that they have a voice and accountability on the Board of Trustees.

Overall, the strong sentiment of community members who presented their thoughts on July 11 is that CHC as a management company is not matched to the task of running our rural hospital. We recommend that the county commission continue to actively assess a path to severing the contract with CHC, and to have clear “triggers” for severing it early.

It is our prediction that CEO Mr. Robert Whitaker will not be able to serve the hospital or community while encumbered by the operational and cultural issues that come with CHC. The above recommendations are offered as a way to mitigate those challenges.

We thank the county commission for their continued work to protect our hospital.

Sincerely (alphabetical order),

Bruce Forman, MD

Frederic Held, MD

Rick Kruis, MD

Connie Liu, MD

Kathy Mezoff, MD

Sara Pikaart, RN

Terrence Sloan, MD

Dylan Solomon, RN

Gwen Wilson, PA

Pam Yardley