

## **My Hospital Board Trustee Journey**

My hospital board Trustee journey began during my emergency medicine residency and administrative fellowship at Orlando Regional Medical Center (now Orlando Health). During my tenure there, I learned some valuable lessons from my mentors about always doing what is right for patients first, despite other obstacles or distractions. One asset of being an emergency physician that prepares you for being on a hospital board is the experience you gain in developing relationships with all physician specialties on the medical staff and hospital administration. This prepared me to optimize my ability to be an ultimate patient advocate. This has served me well not only during my healthcare career, but also when I served on a Hospital Board. I served on the Richardson Hospital Authority (RHA) board as a member for almost 5 years in the early 2000's. The RHA was a non-taxing, not for profit Authority that owned and operated a 200 bed hospital, urgent care center, three medical offices, a cancer center, and employed physicians in its affiliated 501a, in Richardson, Texas. I was one of eleven voting members on the board; six elected by the city council and five elected by the board. I joined the board initially as an ex-officio member during my year as Chief of the Medical Staff at the hospital, the year prior to being elected by the City.

My initial exposure to the board began about 6 years before joining the board when I was asked to be on the Joint Conference Committee of the board. That committee had representatives from the Medical Executive committee, Board Executive Committee along with the CEO and CNO of the hospital. I was asked to participate on the Joint Conference Committee by the CEO and CNO because of my role and experience as the medical director of the emergency department of the hospital and corporate experience with a national physician practice management company. That said, I think my recruitment for the board was several years in the making by serving on the Joint Conference Committee along with other hospital committees, hospital leadership roles, my clinical role as an emergency physician, and city resident.

Since the emergency department was the front door and face to the community, I brought an honest and welcomed perspective to the other board members trying to understand not only the issues going on in the emergency department but how we could perform better serving the community. I learned a lot from the other board members who had lived in the city for several decades regarding the political realities of a municipality and the history of healthcare in the community. At the time I joined the board, I felt qualified but realized I had much to learn. I felt qualified to represent the city since I lived in the city along with working in the city at the hospital for several years which helped me to understand the community expectations for healthcare. I also felt very comfortable with the financial responsibilities and decisions as a

board member. Even though I had not been a board member of any healthcare organization before, I understood the basics of hospital finance from my formal education in healthcare finance along with having a mentor in previous years teach me about understanding balance sheets, financial statements, and public bond debt.

During my tenure on the board, I also served for almost 2 years on the compliance committee and the finance/audit committee. It was during this time right after the Sarbanes-Oxley passage and the focus on strong board fiduciary governance and compliance. As mentioned above, I felt prepared for my positions on both of these committees and bringing a clinical perspective that was needed for some of the lay board members when trying to understand the impact on patients and medical staff with some of the decisions we made and voted on. We did not have a separate board committee that focused on quality like many of the boards today since this was around the beginning of the most recent quality era that began the focus on value based healthcare. We did however focus on finance, strategic planning, fund raising, and governance of C-suite and medical staff. Our focus on quality came from our governance of several other medical staff committees such as medical executive, patient care, peer review, and credentialing that had some dashboards and metrics report up to the board.

The hospital authority faced several challenges during my tenure on the board. One of the biggest challenges our hospital faced during my tenure was the decision to remain independent and not sell the hospital to another large healthcare system during a time the city encountered financial challenges with the significant downsizing by several telecom companies in the local area which were large employers. The decision not to sell the hospital required us to end our affiliation with that large healthcare system, risking the uncertainty of being independent from a managed care contracting standpoint. Another challenge we faced at that time was the issue of physicians on the medical staff having ownership interest in facilities that competed directly with the hospital. This was at a time before many of the joint ventures that are occurring today with physicians. The one thing I will say about the board members on the board, they were very passionate about the citizens of the city and wanting to provide to best healthcare for the community that was locally governed and influenced. The other challenges included trying to stay competitive in a North Dallas market with several large healthcare systems, especially with the demand for certain physician specialties in a high growth area.

One of my best memories of serving on the board was to finally see the vision that the hospital administration, city officials, and board members had during the early 2000's finally come to life when the new hospital finally open its doors last year. It was the vision of many who say the growth of the city needing not only a new hospital physical plant but also a different location for strategic growth. Several years after I left the board, the hospital authority did ultimately sell the hospital to a large healthcare system in the local area. My saddest day was

when moved away from Texas 18 months ago to pursue another career opportunity and ending my affiliation and clinical practice at the hospital after almost 19 years. In conclusion, I want to say it was a privilege and honor to serve a community for parts of 3 different decades not only as an emergency physician, but also as one of its physician leaders striving to improve the quality of healthcare for its citizens.

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