

**Union-Tribune Editorial**

# Tri-City's future

## Hospital board must consider all alternatives

2:00 a.m. April 30, 2009

Tri-City Hospital in Oceanside is at a crossroads. This afternoon the board will be asked to form a task force to study whether there is a better way to operate and govern the taxpayer-owned facility.

Tri-City's medical staff is pushing for a task force of all stakeholders and expert consultants to consider all of Tri-City's options and report back in 90 days. Any proposed change would require both a future board vote and a public vote.

This 300-bed hospital's situation is much more than the result of a board coup on Dec. 18 and ensuing turmoil. It is the product of a broader trend well recognized in the hospital industry.

District hospitals, owned by taxpayers and supported through property tax assessments, were a phenomenon of post-World War II California. The state lacked hospitals but had plenty of returning soldiers in need of health care. The district model got hospitals built, often in rural areas where there were none.

But the district governance model has long since proved unwieldy. Oceanside, Vista and Carlsbad are no longer rural. Privately owned hospital chains provide stiff competition. Taxpayers balk at tax raises to renovate half-century-old plants. District hospitals are disappearing. Of 77 districts in California, 30 no longer own or operate a hospital. Grossmont is gone as an independent hospital. So is Fallbrook.

Recent board actions such as releasing eight top administrators also put Tri-City in play. Doctor recruitment has come to a halt. Philanthropic donations to Tri-City have dropped by half.

Tri-City doctors are worried. They have polled their ranks and conducted focus group sessions with other employees. They believe an overwhelming consensus supports a task force study. These doctors include Richard Burruss, Juan Deza and Marcus Contardo. Each has committed to two years' worth of additional workload as present, future or past chiefs of staff. This, they emphasize, is not a bid for a doctor-owned facility.

What form of ownership or governance makes the most sense? That's the point of the whole task force exercise. Sure, the names of Scripps and Sharp or any number of chains in acquisition mode come to mind. So does a possible affiliation with Palomar Pomerado health care district or arranging for a third party to come in and build an entirely new hospital.

RoseMarie Reno, just deposed as board chairman, likes to think of Tri-City as a “people's hospital, not a doctors' hospital.” But if she truly loves the facility that she has served since 1984, she will realize that a dying hospital serves no one. If the seven board members think about it, they will realize they have a fiduciary responsibility to all stakeholders to ensure Tri-City's future, not just to hold onto 1960s memories.

Tri-City today is a worn-out hospital designed when Eisenhower was president. It has no money for seismic fixes or renovation. It just lost a quarter of its business to a competitor. Tri-City is starting to lose those who care about it, be they doctors, patients or donors.

Directors, authorize the study. The debate and board politics can wait.

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