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Tri-City Medical Center's Chief of Medical Staff Richard Burruss, top right, addresses the Tri-City Healthcare District's board of directors in a standing-room-only meeting at the hospital Thursday afternoon. (Photo by Jamie Scott Lytle - staff photographer)

OCEANSIDE: Tri-City board punts doctors' proposal

By PAUL SISSON - Staff Writer

OCEANSIDE ---- Calling for more time to "hear the other side of the story" hospital directors decided not to answer calls Thursday from doctors, nurses and employees to explore alternative ways to govern Tri-City Medical Center.

Tri-City Healthcare District board member RoseMarie Reno told the throng that packed the board's meeting room Thursday night that she did not want to vote on a proposal by Chief of Medical Staff Richard Burruss until after she heard a presentation from Ralph Ferguson, chief executive officer of the Association of California Hospital Districts.

"I think it's only prudent that we do hear both sides," Reno said.

The board eventually voted 6-0, with board member Ron Mitchell out of town to attend a conference, to table the proposal until the board's May 28 meeting. Reno said Ferguson has agreed to make his presentation at that meeting.

The board also voted to extend the contract of Interim Chief Executive Officer Larry Anderson for an additional six months at a rate of \$40,000 per month. The contract includes an extra \$120,000 payment if Anderson's contract is canceled before the full six-month contract term ends.

Board member Kathleen Sterling asked that the extra payment, which she called "severance pay," be eliminated from Anderson's contract, but her motion died for lack of a second.

Board members hired Anderson to temporarily replace Arthur Gonzalez, Tri-City's chief executive officer, who has been on paid administrative leave with eight other hospital administrators and directors since Dec. 18. The hospital board still has not announced any

decision on whether Gonzalez and the others will stay or go and has not released the results of a forensic investigation conducted at the hospital after Gonzalez and his team were put on hiatus.

Dr. Richard Burruss and others who spoke Thursday night said it was the action in December, which occurred during a closed-session special meeting, that pushed the hospital's medical staff and many other employees and volunteers to propose that Tri-City look at other ways to govern itself.

Burruss's presentation stated that the number of government hospitals like Tri-City has dwindled nationwide from 1,761 in 1975 to 1,111 in 2007. The emergency room doctor proposed a range of options for a special task force to explore including: Keeping the status quo, de-districting, merger, sale, joint venture and even a "super" hospital district that could come from merging with the Palomar Pomerado Healthcare District to the east.

Burruss said private nonprofit hospitals might work better because their governing boards are appointed, rather than elected, and thus have less chance for political interference.

"You are free from political pressures, you only have one focus," Burruss said.

But he added that the proposal Thursday was not an attempt by Tri-City's medical staff to tell the board what to do.

"We would accept the possibility that this district may be the best model for us, but we'll never know that until we take a good hard look," Burruss said.

Board member George Coulter disagreed with repeated statements that the hospital has stagnated under the current board majority that put Gonzalez on leave.

Coulter noted that under Anderson's leadership, Tri-City has made headway in refinancing its debt and in extending earthquake deadlines that had threatened to close the public hospital's two oldest buildings in 2013. Coulter added that he believes relations between Tri-City's administration and its staff have improved since Dec. 18.

"A lot of good bridges have been built," Coulter said.

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