



**Strengthening Oklahoma's Safety Net,  
One Community At A Time**

## **Board Bulletin**

**Volume 3, Number 2 • February 2005**

### **Board Interaction With Staff**

Volunteers who are willing to devote time and energy on a community board are generally passionate about the health center work. For board members to fulfill their role in promoting the health center within the community, passion for the mission is essential to be effective. However, this same passion has to be harnessed when it comes to dealing with health center staff. CHC boards govern the health center by setting policy and making sure their one employee, the CEO, successfully implements the policy. CHC boards do not manage the day-to-day operations of the health center. However, with at least 51% of the CHC board being users of health center services, there will be interaction between the board members and staff. Therefore, it is critical that board members fully understand the difference between appropriate and inappropriate dealings with staff. Not only will this help to ensure that you are compliant with both BPHC program expectations and your bylaws, it will also help to protect against possible litigation.

#### ***Interaction Situations***

- ◆ **On-site Visits** - Consumer board members access care the same way all other patients do. There will be interaction throughout the center during a health encounter - from the registration desk to the clinician to the cashier. Staff members should not be made to feel that they are expected to treat board members any differently than all other patients. If staff performance is unacceptable to a board member, it should be dealt with at the next board meeting - as policy dictates. Board members should never reprimand or direct staff other than the CEO. They should also refrain from going to the CEO one at a time with problems. If board members address problems individually rather than as a collective board, the CEO is being told what to do by at least nine different people with nine different perspectives, resulting in chaos rather than order. For boards, all CHC business must be conducted at board meetings.
- ◆ **Board Meetings** - Management team staff (e.g., CFO, COO, Clinical Director) are present at most board meetings to give reports regarding their respective departments. As stewards of the health center, board members are expected to ask questions of the staff. But disciplinary action of staff (other than the CEO) should always be delegated to the CEO - the board's one employee and only conduit between the board and CHC operations.
- ◆ **Strategic Planning** - In addition to the CEO, senior staff should be involved in health center planning. Board members should value what the 'front line' people bring to the planning process. This is the time to request input into determining best courses of action. But board members should be careful not to turn the planning retreat into a venting session. Routine evaluations are the mechanism for addressing performance issues - not the strategic planning retreat.
- ◆ **Health Center Celebrations** - Annual parties, fundraisers, open houses - a time where both board members and staff come together in a social setting. Savvy board members use this time to check the pulse of the organization. But caution should be exercised when visiting with staff. If a board member gives the impression that they are a 'confidante,' staff members may start to take problems to them directly instead of following proper grievance procedures in compliance with policy. Again, this is a window for litigation that should remain closed.
- ◆ **Community Life** - Because of the nature of CHCs, board members are community people - and, in many cases, friends or foes of the people who work for the health center. It is in these situations where board members must exercise the utmost in self-discipline. High performance boards hold each other accountable and will address conflict of interest issues effectively and efficiently to safeguard the health center. If a board member cannot deal with staff in accordance with health center policy, it is time for the other members to take action to protect not only the health center but also fellow board members from legal proceedings.

***Oklahoma Primary Care Association***

***4300 N. Lincoln Blvd., Ste 203, OKC, OK 73105***

***(405) 424-2282, Ext. 104 • Fax (405) 424-1111 • [www.okpca.org](http://www.okpca.org)***

**Funded by Health Resources and Services Administration (HRSA)/Bureau of Primary Health Care (BPHC).**