



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

Board Bulletin

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Accountability Among Board Members: Part 1

Most would readily agree that community health center (CHC) boards must function as a unit to accomplish the business at hand. However, this is something that is much easier said than done. When diverse individuals come together, they bring many different viewpoints to the table. But in the end, the board must agree on what action is best for the health center. Each member must remember the duty of care, loyalty and obedience and accept the board's decision - even when it differs from his or her own. There is no place on a CHC board for a 'lone ranger'; this kind of behavior can bring great harm to the health center and subject the rest of the board to unwanted litigation. Accountability must be exercised among members to avoid having one or two individuals jeopardize the board, and ultimately, the health center.

Scenarios to Avoid

- ◆ **Day-to-day Operations** - Board members must never get in the day-to-day operations of the health center as it goes against 330 Program Expectations and established board policy. Health center boards have one employee - the CEO. Procedures should be in place that correspond to an organizational chart making it clear the CEO is in charge of daily operations. There should be a designated staff member from the management team to serve as deputy officer when the CEO is away from the health center on leave or outside business.
- ◆ **No Place for the Buddy System** - While interaction with staff is inevitable, board members should avoid any appearance of being a 'buddy' to staff. Staff should not 'report' on health center operations to board members outside of the board meetings. Any information that is shared with a board member outside of the established policies, especially via phone calls at home, cannot even be addressed until proper procedures are followed - which provides an excellent response when approached by a staff member who wants to pull you into a situation.
- ◆ **Red Carpet Syndrome** - While volunteers are greatly appreciated for their service as board members, they must not expect or receive preferential treatment from health center staff. This would not only violate policy but also create a hostile work environment - opening the door for potential lawsuits. All health center patrons should be treated with equal respect, including board members.
- ◆ **Taking Sides** - When sticky situations arise, people tend to 'take sides' and focus on the people involved rather than the issues at hand. It is counterproductive to engage in this behavior as it will not only delay resolution of the initial problem but also create a whole set of new problems that must be addressed. Focus efforts on getting to the facts of the situation rather than jumping on the 'blame bandwagon' - get to the root cause rather than pointing the finger. Having 'camps' or 'cliques' among members is an indicator of a dysfunctional board headed for trouble.
- ◆ **Personal Agendas** - Solid conflict of interest policies must be established to guard against a member who is working in his or her best interest rather than that of the health center. Not all conflicts of interest involve personal financial benefit. Board members pushing their own agendas, who independently speak on behalf of the health center without having the authority or blessing of the full board (e.g., health center expansion plans they desire rather than following the board-approved strategic plan) have violated the three required *Dutys - Care, Loyalty and Obedience* - and must be held accountable.
- ◆ **Public Comments** - One board member, usually the chairperson, should be designated to make public comment. Having multiple spokespersons from the board means that differing stories on the same subject may likely appear in the news - damaging board credibility within the community.

To review OPCA's entire *Board Bulletin* series, visit the 'CHC Boards' section of www.okpca.org.

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