

Peter J. Betts & Associates, Inc.
8006 Collingwood Court
Bradenton, FL 34201

941/358-6131
www.peterjbetts.com

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Toomas Sorra, M.D.
President of the Board
Concerned Physicians of LICH
554 Henry Street
Brooklyn, NY 11231

Dear Tom,

I enjoyed speaking with you on Friday and hope your trip (to Vermont?) was uneventful and you have started to relax. Thank you for your contact information and especially for the Concerned Physicians of LICH web site. I continue to be very interested in LICH and I have been through a portion of the site and found it full of good information. My, how things have changed since I left! I continue to receive calls from some members of the staff but the extent of the change is a revelation. I know some of your Board members and ask you to please convey my "Hello!" to all of them, particularly to Balendu Vasavada whom I worked with more closely.

I was very disappointed to be pulled out of LICH last December as my wife, Pat, and I were so looking forward to being there for several years (she travels with me). Unlike many in my profession, we do not return home every weekend preferring to get to know the community and to travel over the weekends in and around where we happen to be. We were thoroughly enjoying Brooklyn and were so pleased with how welcome we were made to feel.

I have been in many challenged hospitals over the years and LICH is no exception. Actually, it was in better condition than some as there was a source of funds (I was the interim in 2 hospitals which had less than one day's cash on hand with payroll due when I arrived). LICH also has many resources and assets which could be leveraged to help stabilize it and then used to help achieve a turnaround. I always do an assessment when I accept an engagement, which is then used to create a turnaround plan with specific targets and due dates. I believe in sharing just as much information as I can with the medical staff and employees for, after all, we are all adults and the future of the organization is in our hands. Failure not only costs the community but also each of us and our families and, happily, I have not lost a hospital yet. A turnaround plan may reasonably predict where the organization can be positioned. If all of us know where we are going, and how we are doing along the journey, it is so much easier to get the hard work getting there done.

I was particularly impressed with the staff of LICH. Many employees had been there for decades and were loyal. There is a lot of talent and, even following the staff reduction, they were committed to doing what was needed to be done with less help. Many of the systems required to make the work easier and time more productive needed to be used or developed

and installed. However, there was a willingness and very strong commitment to make LICH work.

Every hospital must depend upon its medical staff for patients as well as clinical quality. A partnership between management and the medical staff is absolutely essential. I like to work with the staff to create a clinical vision (where are we in gastroenterology, where do we need to be, and how do we get there?) and merge it into the strategic plan (capital expenditures, market goals, and vision) so the medical staff and management are all pulling in the same direction. A very strong asset LICH has is its medical staff. The depth and breadth of the clinical specialties, coupled with the teaching programs, was remarkable. A number of physicians who were not on the LICH staff were anxious to join (one could bring 1,000 admissions) and a surgeon presently on the staff could triple his volume with a minor, but doable, change in malpractice coverage. Even more important, the staff was willing to do what it took to achieve a shared vision for LICH, which included some key decisions made by the OR and Medical Executive Committees. I was told some physicians were particularly difficult to work with. Two of these chronically did not show up in the OR on time. I had brief discussions with each and gained their support immediately. One even called me in the morning as he arrived to proudly tell me he was there on time. All that was needed was mutual respect and support, a common vision and hard work. These are good people who could build their service with some support; our goals were the same and all we needed to do was talk and shake hands. They were not difficult to work with at all and I consider them friends.

The community was wonderful as well. I met with some of its leaders who thought so highly of LICH and wanted nothing more than its success. Those I asked to promote LICH to their constituents were happy to do so in their congregations and on TV. It is estimated that 30% of the folks in the area went to Manhattan for hospital care. LICH needed to overcome the cloud of closure and give them a reason to stay closer to home and family. Working together, I saw no reason why the medical staff, employees and community leadership could not get this done.

I was very surprised to learn of the decisions to eliminate residency matches, divert ambulances, close the OR and refuse admissions as these actions were not shared with me or projected in the plans I did see. I am happy to learn of the Concerned Physicians of LICH; and, Judge Demarest's August 20th Order was startling. I am most interested to see what her next decision will be following Labor Day.

Tom, please keep me in the information loop as I am most interested in what develops at LICH. Of course, if there is anything I can do to be of assistance, please let me know.

I hope you enjoy a few days of respite.

Sincerely,



Peter J. Betts, LFACHE
President