



WADE MOUNTZ
In First Person: An Oral History

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WADE MOUNTZ

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**Interviewed by Larry Walker
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Edited by Kim M. Garber

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EDITED TRANSCRIPT

LARRY WALKER: Today is December 4, 2008. My name is Larry Walker and we're at the headquarters of Norton Healthcare for this oral history interview of Wade Mountz, president emeritus of Norton Healthcare, the Louisville, Kentucky area's leading hospital and health system and the city's third largest private employer. Norton Healthcare today serves patients in the Louisville metro area, including southern Indiana, and throughout Kentucky.

The 1,857-bed, not-for-profit system includes four large hospitals in Louisville – Norton Hospital, Norton Audubon Hospital, Norton Suburban Hospital and Kosair Children's Hospital, the state's only full-service, freestanding children's hospital, and a fifth is presently under construction and will open in August 2009. The system has eleven Norton immediate care centers, 10,200 employees, 320 employed medical providers at some 68 locations, and nearly 2,000 total physicians on its medical staff.

In a career that has spanned more than four decades in health care administration in Louisville, Wade Mountz has been recognized as one of the healthcare field's most highly-skilled, forward-thinking, innovative and selfless executives. Mr. Mountz joined the John N. Norton Memorial Infirmary in 1950 as an administrative resident. He then became personnel director and assistant administrator, and went on to serve as president and CEO, or its equivalent, of Norton Memorial Infirmary, Norton Hospital, Norton-Children's Hospitals, and NKC, Inc. Wade Mountz spent his entire career focused on improving healthcare and meeting the health needs of Kentuckians. He has served on countless boards, commissions, committees and advisory groups, both in health care and various other fields and he has been honored by numerous organizations for his leadership and service.

Mr. Mountz retired in 1988 after 30 years at the helm of Norton Healthcare's predecessor organizations. He has had a long, rich and distinguished career as a nationally-recognized health care leader. He is sharing some insights of his life and healthcare career with us in this oral history. Mr. Mountz, people around Louisville and Norton Healthcare call you "Mr. Norton." Why do you think you've been given that name?

WADE MOUNTZ: Well, I guess it's because I've lived so long and I've been around here so long. Norton was founded in 1886, that's 122 years ago, and I've been here for 58 of them, so that's one of the reasons. The other is that I have passionately admired it for 58 years. I have revered what we're doing. I've enjoyed every minute of it. I guess that's how the *Mr. Norton* came about. It's been only recently that I've heard more of that, but I do hear it every now and then.

WALKER: Being named to *Modern Healthcare's* Hall of Fame in March 2008 was your second and your most recent Hall of Fame induction – the other being your selection as a 2007 inductee into the University of Kentucky College of Public Health Hall of Fame. You're the only Kentuckian inducted into the *Modern Healthcare* Hall of Fame who spent his entire career working in the state. You join many other notables, including Benjamin Franklin and Clara Barton, and that's some pretty powerful company. What do you think your induction into these two halls means here to the Norton Healthcare family?

MOUNTZ: It's essentially that family that has made this possible. I'm the object that they've selected for the honor, but it's been what we've done here and what I've been able to do as CEO here over the years that has brought that on. I can't say enough about the team that's here and what they've done, particularly in the 20 years since I've been retired.

WALKER: What do you see as the most striking changes that have occurred over the time you've served Norton and the health care field in America?

MOUNTZ: When I came into the field in the late '40s, hospitals were essentially the workplace of physicians and nurses – and they really had priority in most everything. The patient was just sort of there. I mean, we patted them on the head and said, *We'll take care of you. Just relax, and we'll make the decisions for you.* I think that as we've come along, we've begun to think about the patient in a different way. Physicians have, and nurses have, and all the rest of us who are support staff. So I think that's the most significant change we've had in the system.

WALKER: What are some of the changes that you think haven't yet occurred but that need to occur?

MOUNTZ: I think we need a health *system*, which we don't have at this point. We have several pieces of it but it isn't put together like it should be. The other big thing is that patients don't have accountability for their own health – if you look at obesity, for instance, and things like that that are totally preventable and are bringing on waves of diabetes and other things at early ages. We're seeing children now, age 15, who don't have juvenile diabetes but adult-oriented diabetes. So that accountability is something we've got to focus on in a significant kind of way. The other thing is chronic disease. We're spending so much of our money in health care for things that could have been prevented if we'd worked on it—and we haven't worked hard enough on it.

WALKER: Which of your professional accomplishments are you most proud of?

MOUNTZ: That's a tough question to answer. When we were able to walk away from the former home of the Norton Memorial Infirmary and come down to the Medical Center in a new building and a new relationship – a closer working relationship with the university and other medical facilities in this area – that was the most significant thing, considering what it took to do that. It was a monumental task. There were lots of other good things that happened, but that was a big one.

WALKER: You grew up in Winona, Ohio. What about your childhood stands out as an experience that you think is most responsible for the formation of your character?

MOUNTZ: Winona was a very small town. It was close-knit. Everybody knew everybody, and you had better be good because if you got caught doing something, your folks were going to hear about it. You were going to be in trouble. Both of my grandparents lived within two miles of where I lived. We always had in our home an elder of another generation getting care – now in a nursing home, of course, but in those days in the home. I think the cohesiveness and the love and support and concern was just there. I

mean, you couldn't miss that sort of thing. I think that's what's helped me develop some of my characteristics.

WALKER: I would imagine that as you were growing up in Winona there were a few people who were really influential. Tell me, if you would, about one or a few of them and how they shaped the person that you became.

MOUNTZ: My father had just an eighth grade education. He was a salesman in New York State and was away from home a good bit when I was very small. But it was interesting – I didn't know until I was a sophomore in high school that everybody didn't go to college, because it was just—it was talked about. Now, my mother had had a little college. She taught school. She went back and got her degree when she was age 61, so I was the first person in our family to get a college degree and she was the second. Well, I shouldn't say that because my sister got one in the meantime.

But I think that my parents had more to do with it than anybody else, because my father was bound and determined that I was going to be able to have a better life than he thought he'd had. He was an avid reader and I picked up that habit along the way, too, because I've always been an avid reader.

WALKER: When you were in high school you knew that you wanted to be a hospital administrator or wanted to be involved in health care in some way. How did you know that?

MOUNTZ: My mother had a cousin who was a hospital administrator. I grew up during the Depression and particularly the end of the Depression. My dad, as a salesman, had a car. He lost that in 1929. We didn't have a car again until 1936. My mother's cousin worked all during the Depression and had a nice car and so forth, and I thought that just has to be a wonderful – and he was so happy. He loved what he was doing – worked six days, seven days a week. I observed all that because they lived not too far from us. That appealed to me. The other thing, and it's a little ironic now, considering the average administrator is in place about five years these days, but it looked to me like it was a very easy profession to stay in for your career. Of course, I did do that, but that's not the norm, as we know.

WALKER: After you made that decision, you went to attend Baldwin-Wallace College in Ohio.

MOUNTZ: Yes.

WALKER: And also earned your Master's in Hospital Administration at the University of Minnesota in 1951.

MOUNTZ: Yes.

WALKER: What do you remember most about your college experience and how did it influence your early decision to go to work at Norton?

MOUNTZ: I started college. I got one year in before I went into the service and I came back and finished up after World War II. I was married at the time. So my first year was a very typical college experience. I joined a fraternity and moved into a fraternity house the second semester. When I came back after the War, I was married, living with a wife, and it was a very different kind of experience.

In those days, when you got a master of hospital administration, you were going to be a hospital administrator because you didn't do anything else with that degree. There wasn't all the planning and all the things that have gone on in the years since. So there was a personnel internship at St. Luke's in Cleveland¹ and I went there for a year. It was an internship in what we now call human resources but in those days was personnel and I spent six months rotating through departments. I can tell you that you don't understand housekeeping until you've swung a 32-ounce wet mop for eight hours a day. You begin to understand what it's all about. I learned a lot that year. It took me only about a month to know I wanted to be in the hospital field, but it was a wonderful training experience. When I got to Minnesota, there were several people in my class that had never been in a hospital to speak of. They could hardly spell the word. I felt like I really had a leg up on the situation.

WALKER: Do you think that some kind of practical experience should be a requirement before someone attends graduate school in hospital administration?

MOUNTZ: You never can do that afterward, because once you have become a graduate, people can't quite bring themselves to go do that, and people are uncomfortable with you doing that. I used to laugh. A personnel intern was about the lowest form of humanity in the hospital, and nobody minded asking you to do anything or telling you to do something. It isn't quite that way when you join the management staff. People aren't quite that open and welcoming.

I'd go further, frankly. I think most people would be better off if they had some experience before a graduate program, even physicians, doing something for a year or so before they went to medical school. One, it's a kind of a break from the academic grind, and secondly, you get a little older and you get a little more experienced, and you know what the real world is about. So I'd broaden. I think it isn't just for hospital administration; I think it's for most any occupation or profession.

WALKER: You mentioned your time in the service. You enlisted in the Navy the day after you turned 18.

MOUNTZ: Yes.

WALKER: In hopes of becoming a pilot. While you never flew in battle, you gained one advantage from that experience and that was being sent to Oklahoma for training, where you met your wife, Betty. I'm told that when you have accepted all of the many awards that you've been accorded over the years, you always call Betty to the podium. You always point out that it's not a one-man award, it's a two-person award. How did Betty most help you throughout your career?

¹ St. Luke's Hospital, Cleveland, Ohio

MOUNTZ: I grew up in the day when the job was the most important, and the family came second. Now, that's wrong, and I know that now. You know that old German expression, *Too soon old, too late smart?* It took me a long time to understand that I had that mixed up, and I've counseled dozens and dozens of young people in the later years because that's what ought to happen. Our own children are handling it that way. I mean, we have two sons, and they're much more family-oriented than I was.



Betty G. Mountz

divorce these days is the other side of the situation. I think you can do both. I think it can be done and I encourage people to do that.

My wife has been wonderful. In the first place, she's a very gregarious person. I can't tell you how many times we've been to a meeting and I'll see somebody coming up toward us, and I'll say, "What's his wife's name?" She'll say, "Well, that's Marilyn. Don't you remember Marilyn?" Betty was just marvelous at that kind of thing. It's interesting – usually when I bring my wife up to the podium for one of those things, she gets more applause than I do, you know? That's the way it should be. I love it.

WALKER: What do you most remember about your first day on the job as personnel director and assistant administrator at the John N. Norton Memorial Infirmery here in Louisville in 1951?

Betty was there doing all those things. I mean, she was the soccer mom, the chauffeur, the go do this, buy this, and so on. I got to many ball games, for instance, for our kids at halftime that I might have gotten to at the beginning if I hadn't stopped to talk to a physician on the way out the back door, if I had been willing to say, *I'll be back at seven o'clock in the morning. Could we take this up tomorrow? I need to get going.* But I couldn't bring myself to do that, because it just wasn't in my nature at that point. I've changed my whole philosophy about that and I tell people that very plainly.

WALKER: It would appear that the philosophy of attention to detail, of being available to physicians, being available to others, is one of the things that shaped Norton and shaped the people at Norton in the way that it has.

MOUNTZ: I think that's true. I mean, that's the plus side of it. The fact that many of our marriages are ending in

MOUNTZ: How lucky I was to have a job and to be starting to work, finally, after all those years. I was making \$400 a month, and I thought it was a pretty big deal. Of course, I'd been here a year at the time², so I had a lot of relationships with people. Fortunately, I think I built a fair amount of bridges that year. That was very helpful. I had no idea I was going to stay. In fact, my preceptor and my predecessor called me into the office one day. I had gotten a job request for some information, and I went in and said, "Would you mind sending a reference on this, even though they haven't asked you, because I think I might be interested in this job?" He very abruptly said, "Sit down. I want to talk to you." I thought, *Oh, this is gonna do it!* What he said was, "What would you think about staying here?" That's what opened up the discussion. I said, "I'll have to talk to my wife about it," and he said, "Why do you have to talk to her?" There was an age difference in us, too, you understand. But I had never thought of being here. I wanted to get back to Cleveland. Cleveland had giants in the field in those days, in the '40s and '50s, and I wanted to get back there, but there was nothing there at the time, and so here I stayed.

WALKER: Despite the fact that you didn't expect to stay, you spent your entire career here. You mentioned earlier that the average tenure for a CEO these days is around five or six years. What kept you here?

MOUNTZ: If you want to believe my more cynical friends, they said, "Mountz, you never could get another job, could ya?" The truth of the matter is, in the early days, after I'd been here for two or three years, I was getting just a little restless, and I did think I might like to go someplace else. I looked around a little bit and I went on a couple of interviews. What I realized was that at some of the places that I was looking at, I would have had to have done things that I had already done here, and that made me feel as though—why should I move and do it again? By that time I'd gotten comfortable enough that I was making a contribution here and it was fun to do that.

Plus Louisville is a wonderful place to live. We've had a wonderful employee group here. Our medical staff was superb. Our board was very supportive and good. Get all those things together and it makes a pretty attractive situation. That's what I really realized I was in and I thought, *Why do I want to go off and start all this over again?* Because every time you make a change, you start over again.



Wade Mountz in the 1950s

² In an administrative residency program.

WALKER: You created your own wonderful environment that you didn't want to leave.

MOUNTZ: I'd like to think I had a little to do with that but so did a lot of other people—and the timing was right. One of my friends said to me recently, talking about my career, "You were just lucky. You got in at the right time and you got out at the right time." That was a wonderful time in the early '50s. I was the third professionally-trained hospital administrator in Kentucky. The other two had been at this hospital also, doing their residency. I was the third resident here. So the place was sort of set. Of course, there was no place to go but up, because we began to realize that a fellow that ran a filling station today couldn't be running a hospital tomorrow.

WALKER: You've described yourself as "a strong faith-based person." How did your faith influence your leadership style?

MOUNTZ: I am a practicing Christian. I grew up in the church. I have always been proud of the fact that the church has done so many of the social things. This hospital, of course, is a culmination—first with the Episcopal Church but now with four or five churches. We have heritage here from several other faiths. But I think that when you have a strong faith-based heritage, you want to do the right thing, and you want to help people in their travail, if you will, which is what the cornerstone over this hospital used to say, "Come unto me, all ye that travail."

WALKER: Being a health care leader was a way to be able to put that faith into practice in a practical way – to do good works through this organization for a long time.

MOUNTZ: Absolutely. I think that one of the things that has been such a blessing to me is that when you go home at night, you feel like you've done something worthwhile. It's different. I had a dear friend in the Navy who was a very intelligent person. He became an insurance actuary, and at his funeral his daughter said, "My dad's happiest moment of the day was at five thirty, when he got home, away from his job, which he didn't like." To feel like that your whole lifetime is such a tragedy. I loved every minute of mine.

WALKER: You've said that you believe that there are three qualities that are key to being a successful healthcare executive: integrity, vision and respect for everyone. How were you able to instill those leadership qualities in others here at Norton and make those into values that everybody in the organization tried to live?

MOUNTZ: It's that old story – you can't talk the talk unless you walk the walk. You've got to do it yourself. One of my great philosophies is the Golden Rule. I mean, you treat people as you want to be treated. That's what I've tried to do all my career. I don't think it's goody-goody. I think it's just an honest way of dealing with people.

The hospital is organized essentially around trust. We trust the doctors to do the right thing. We trust the nurses to do the right thing. Part of being a professional is having that trust in your relationship. Unfortunately, professions have been tarnished badly in the last two or three decades. Also, you've got to be able to look over the hill a little bit. If you have a role of leadership, you've got to lead, and you can't lead if you don't know where



you're going. You can't encourage people to follow you if they don't think you know where you're going. That's a transparency that you've got to help people understand. I've tried to do that over my career.

WALKER: One of your colleagues tells a story about a reception that you attended for a retiring employee in 1961. The employee was a porter who had worked at Norton for over 40 years. He retired with a watch and a handshake but no retirement program. I'm told that you stayed awake and worried about that employee all night and decided that it was important for Norton to create a pension

program that would be able to provide for employees in retirement. What instilled in you the concern and empathy that was demonstrated in that story?

MOUNTZ: It just hit me in the face at that reception because I was the one that was giving him the watch, that I was shaking his hand and giving him a gold watch—he probably already had a watch of his own—and we gave him a gold watch and said, “Go and enjoy your retirement.” Now, his retirement was going to be Social Security, not much, \$50 a month or something like that. It was a ridiculous figure. It just hit me in the face like a cold washcloth that we have to do something about this.

It took me almost two years to get a pension plan active for the hospital. At that time, there was a feeling in some of the decision makers that you really didn't offer a pension so people could live an enjoyable life, you did it to put golden handcuffs on them so they'd stay with you forever. That's true, but it seemed to me it wasn't the motivation that one ought to have. We got a retirement plan in. They were pretty rare in the hospital industry in those days. I felt very good about it. I think our people are much better taken care of these days than they were then.

WALKER: You exhibited an interesting philosophy of leadership that was revealed in your choice of a parking space. I'm told that you always parked farther away than any other employee. What kind of message were you trying to send?



Employee recognitions were always important occasions

MOUNTZ: That's a matter of walking the walk as well as talking the talk. Parking was always a problem around here. I think it's better these days than it was, but in my early

days and particularly in the old hospital, it was terrible. I won't say I parked the farthest away, but I parked in the same parking lot the employees did, which when we first moved downtown here was two or three blocks away. It was an area we rented. I remember one of the painters one time being quoted as—a new fellow came along, and he said, "I don't know why we have to walk this far to get our car," and the painter looked up and saw me ahead and he said, "See the old man up there? He's walking." He said, "If he can, we can." Well, that's walk the walk in my opinion. It's a tiny little thing, but it's a way to say to people, "We're all in this together. We're equal. I'm no better than you are." It's worked for me.

WALKER: It really brings a different level of meaning to the term walk the walk.

MOUNTZ: It does. Yes, it does!

WALKER: You did the walking every day.

MOUNTZ: I didn't think about that at the time, but it is.

WALKER: I'm also told that you always carried around a long and detailed to-do list. Did you ever succeed in crossing everything off that to-do list?

MOUNTZ: No, no, no, no, no. Once you got something crossed off, there was another one ready for it. I did a fair amount of outside activity in the health care field—in the Kentucky Hospital Association, the American Hospital Association, and the American College of Healthcare Executives. One of the reasons that I did that was I learned so much from other people when in meetings and through talking with them and traveling with them. I would come home always with a list of things. I'm sure some people hated to see me come back because I always had a list of things that we should be thinking about doing if we were going to really look over the hill.

The situation with health care is there's never an end to the game. You're always in it. You're always trying to do better. You're always trying to raise the bar in quality. I used to have an office, when I was personnel director, next to the payroll clerk. I loved the fact that every Friday—we did half the payroll one week and half the next—and every Friday, when she balanced out, she was done and her week was done. She felt a great sense of accomplishment: We balanced out. We're okay. In management you don't ever get to that point. There's something else to be done.

WALKER: When people talk about you they use the word "leader." You're clearly someone who was willing to take some risks for this organization. You were willing to take some risks for yourself and for the community in order to accomplish important work. In some cases your visionary style might have provoked some struggles along the way, but staying a course that other people question always takes courage and strength. How were you able to coalesce your board, your senior leaders, employees, physicians, other community stakeholders behind you to support you in some of these areas that were sure to provoke controversy?

MOUNTZ: One of the qualities that is important is patience – because it takes time. It took us a year to put the consolidation between the Norton Memorial Infirmary and

the Children's Hospital together. It took a small committee of six people, three from each group, to sit for almost a year every week and talk for a couple of hours. Now, we could have hurried that. We could have pushed it and made it happen, but we wouldn't have brought everybody on board willing to do it.

My wife will tell you that I talk too much, but the truth is I have always tried to be a listener and I've tried to make sure that everybody had their chance to make their point. I've seen our board reverse themselves a time or two when an issue would be a 6 to 7 vote, or something like that, and the prevailing side would say, "Well, let's go back and talk about this some more. I mean, why do you think this?" I think that it takes patience to do that. Unfortunately, there's not too much patience in this world.

WALKER: Someone told me that you were one who thought in what he called "system terms." What do you think working and thinking in "system terms" means and what do you think that says as a leadership characteristic?

MOUNTZ: Critical mass has some real advantage. When we had 280 beds, we were able to do some things and there were some things we couldn't do. When the Children's and the Norton consolidated, we had more critical mass, and we were able to do things that we couldn't do before. Now, I don't think that means you have to take over the world with one organization, but I think that there is a critical mass that does make sense. That's where I think "system" came from. Look at what they're doing here now, in the 20 years that I've been retired—I mean, the growth here—it's a system kind of thing. They're able to do many things that they couldn't do if they weren't of that critical mass.



Reviewing planning document with the PM House Supervisor for her input

WALKER: Quality and patient safety are at the forefront of what everybody is working on in health care today. You were a leader in the quality movement before it was much of an agenda item. How did you promote and nurture the idea of quality improvement at Norton Healthcare and also its predecessors?

MOUNTZ: Our key to quality here was my 24-year associate, Jim Petersdorf³, who was the COO and who really began to think in terms of quality. I had always thought about it, but I think that he provided the motivation to really make it happen.

I'll give you an example. At one of the meetings of the medical section, when we were still out in the

³ James R. Petersdorf (1934-1987), was President and CEO of NKC, Inc.

old building, they were talking about pneumonia. One of the doctors said, “I think we probably don’t have enough evidence in treating pneumonia sometimes. I’m sure we get patients in here that haven’t had a chest x-ray either in the doctor’s office before they’re admitted or here.” People kind of pooh-poohed it, saying, “Nobody gets treated for pneumonia if they didn’t have a chest x-ray.”

The next day, this doctor and the chief nurse did a little survey of the pneumonia diagnoses that we had in the hospital that day and about half of them had not had an x-ray. All at once it began to sink in. It was his approach to it, but it helped me realize that what you can’t measure, you don’t know and that we had to start to measure. Of course, that’s been going on and on.

But this was 25 years ago. We were fortunate to have a member of the medical staff who was a candidate for president of the American Medical Association. Unfortunately, he didn’t make it, but he was on the AMA board of trustees, and he took up that cudgel and worked hard. That was the glory of our medical staff – they were willing to do that sort of thing.

Quality is now front and center with everybody, but 25 years ago it took a lot of nerve to say, “I bet there are pneumonia patients in this hospital that haven’t had a chest x-ray.” Everyone thought, “Of course they’ve all had chest x-rays.” But we hadn’t measured it.



Listening to employee opinions is important

Memorial Infirmary. Incidentally, I took a lot of kidding from my colleagues in the field that I was working in an “infirmary” because they kidded me about my “old folks home”. “Infirmary,” as you know, is a wonderful Southern term. In fact, there’s still an institution or two in the South that carries the word “infirmary.” We finally did change it here to “hospital,” but for many years it was “infirmary.”

WALKER: Tell us more about the notion of being an effective listener and using that as a style to coalesce others to do more than they would if they were just following orders.

WALKER: You mentioned earlier that in order to be an effective leader, you have to be an effective listener. Someone I spoke with said about you, “You always had the sense that Wade wanted to listen. He didn’t just listen because he thought he had to. He really wanted to listen.”

MOUNTZ: You learn so much when you listen to other people, because they may know more about it than you do. They’ve looked at it more deeply than you have. There are a hundred reasons why you can learn from listening. I inherited a wonderful board here at the old Norton

MOUNTZ: The Norton Memorial Infirmary was bankrupt essentially in 1938, late '37, and the bank had a note, a mortgage on the property. They told the board and the bishop that they were going to foreclose. The bishop came to a gentleman in the town, who was an Episcopalian, who had a company that bought up bankrupt companies and salvaged the assets, and asked him to take it over. He agreed to do it with one caveat. That was that the bishop get the resignation from every one of the current board members. In two days the bishop had done that. Some of those scars lasted for many years in this community, but the gentleman that was working on it kept maybe six or eight trustees and then added a manager of the finest men's club here in town for his food service experience, someone from the construction industry, two bankers, a lawyer – all those specific things.

So I inherited, when I became administrator, a very knowledgeable board in certain things, all of which focused on the hospital in some way. I realized that they were so knowledgeable that I couldn't take something to them and say, "Here's what we gotta do." I had to say, "Here's what we want to do. How shall we do it?" and then get them to help us make that decision. Same thing with the medical staff, and, of course, the same thing with the employees. That's the way as I said, "Treat them as you want to be treated."

WALKER: People bring up another two words when they describe you and your career – pioneer and innovator. What is the most innovative thing you did?



Viewing a model of the new building, 1970

MOUNTZ: I suppose one of the things that made as much impact as anything, but that doesn't sound like much now, was that when we were planning the new hospital in the late '60s, we determined we'd have all private rooms. This was in the day when you were traveling and you stopped at a motel and saw the sign "modern," that meant there was a toilet in the room. The old hospital had 5-bed wards and 2-bed wards and private rooms. We spent a lot of time and effort and money transferring patients. Everybody started in a 5-bed ward. They had to—we were short of private rooms. So they moved to a semi-private and then to the private room. Each time they did, we did a full checkout, changed all the linens, wiped down all the things, with tremendous expense. We said, "Why don't we have all private rooms?" It didn't cost us very much, we probably were much more efficient, and we certainly made the patients a lot happier.

WALKER: It sounds to me like the words "Why don't we?" were words that you used a lot around here over four decades.



**Celebrating the opening of
the new hospital**

MOUNTZ: As we put together the team, that pretty much transcended the organization. People thought in those terms. When I first came here, there was a feeling of “we’ve always done it that way, and that must be okay because look how many years we’ve been in business.” That’s the worst possible thing you could say to me because I don’t believe that. The other is so practical, and it works, and people like it because they’re participating in it. It’s not hard to sell. It’s easy to sell. But you have to be willing to do it. My predecessor selected the color of paint, for instance, that went in the rooms. I decided if I had to do that, I didn’t want to be a hospital administrator.

WALKER: You were also a pioneer outside of Norton Healthcare, with a handful of other people, in launching Voluntary Hospitals of America (VHA) in the late 1970s.

MOUNTZ: Right.

WALKER: That was a pretty bold undertaking at that time. What were some of the challenges that you recall encountering in implementing that launch?

MOUNTZ: It was a defensive move on our part because we were seeing that the proprietary hospitals, the profit-making, shareholder-owned hospitals, were coming along, and they were buying small hospitals and they were building – they built two in this community. The competition was significant. They had the critical mass because they were a system. They had advantages in purchasing and in recruitment and all kinds of things. A few of us got together – it started out with about half a dozen – and said, “Why don’t we do something like that?” I was the first chairman. I was chairman of it three times, in fact. I spent a year as an interim manager down there, or president, after I retired. It was in Dallas at the time. I thought, if Henry Ford Hospital, if Baylor Medical Center⁴, and other big places like that had concerns about this – we with a much smaller situation needed to be concerned, too. It was amazing what we were able to do. We didn’t do it as a purchasing company – we did it to exchange ideas. VHA was set up very thoughtfully by the fact that the hospitals were far apart – for instance, we were here; the next one was in Indianapolis; the next one was in Cincinnati; the next one was in Knoxville; the next one was on the other side of St. Louis, so we weren’t competitors per se.

By that time, hospitals had become competitive enough that you couldn’t talk to the person across the street the way you could when I went into the field. But it had changed tremendously, and we exchanged ideas and ways to do things. VHA also got into

⁴ Currently Henry Ford Health System, Detroit, Michigan, and Baylor Health Care System, Dallas, Texas.

purchasing. I think their purchasing volume these days is \$27 billion a year. But we got into that sideways. Somebody had a relationship with National Cash Register in Dayton, and NCR said, “We’ll give you 10 percent off of whatever your last printing order was for such-and-so,” statements and things like that. Ten percent. Now, this was in the late ‘70s, when inflation was raging and the cost of paper had gone up three times in the last two years. All at once, it was just like picking fruit off a low tree. We sort of slid into it. Unintended consequences, you know?

WALKER: Good unintended.

MOUNTZ: That’s exactly right. It was a wonderful situation. I think the thing that we had that was the most important was trust with each other because we knew each other. I had just come off the American Hospital Association chairmanship. I had met a lot of people across the country that I respected and we started out reaching from Detroit to Pensacola and from Virginia to, oh—well, we did have two hospitals in the far West, but most of them were right around here. But it was a wonderful arrangement, and it’s been a godsend to the health care field. There are now two large groups in the country, and both are doing very well.

WALKER: The hospital-medical staff relationship has always been a potentially problematic issue for hospital CEOs. Your innovative leadership in setting up immediate care centers with extended hours sparked a revolution among some of the medical community here in Louisville.

MOUNTZ: There was a bit of a revolution about it. I was threatened with suit by more than one group. We had very few family practitioners here at the hospital. This was a specialty hospital, a good community specialty hospital, from many years ahead of me. In 1954 our board, at the request of the medical staff, required that surgical specialists must have board certification three years after their eligibility or they couldn’t practice medicine here. That was revolutionary in 1954. I couldn’t believe what they were able to do, but they did it because the medical staff wanted it that way. It raised the standards considerably.

We didn’t have a large family practice, which is the group you affect most with this. Our internists were our family physicians. We ultimately just asked some of our internists if they would take a position and be a part of this, and they did. All at once, doctors were having to deal with other doctors when they criticized it. We owned the property, and we owned the equipment, but they actually did the practice. But it was a pretty tough time for



Celebrating a Heinz label collection victory with auxillians

a little while. I was not a nice guy in this town with the medical profession.

WALKER: You led the merger of Norton with what was then a struggling Children's Hospital in 1969, creating a new facility that housed both hospitals within the Medical Center. At that time, merging a general hospital and a children's hospital was a unique model and the decision to do that was questioned by a lot of people. What was your vision when you saw the possibilities in that merger, and how were you able to bring others to coalesce around that vision?

MOUNTZ: It was, again, a team effort. I happened to be the administrator but there were lots of other forces at work in the situation: the boards, for instance, very much so. Again, we were looking for a more critical mass. The Children's Hospital was in the Medical Center next to the university. We thought they had some land, and they thought we had some money, and neither of us had either. But together we were able to get the land and the money. There are many things different about adult hospitals and pediatric hospitals. But there isn't much different in accounting and purchasing and housekeeping and dietary – except the diet that you may have for kids and one you have for adults. But it's food, food service, cafeteria for employees. Employees eat the same sort of thing—you don't have to have two cafeterias.

We were able to put enough of those things together to bring to bear some real economies of scale. Where before we had duplicate department heads, all at once we had one department head, by and large better than we had before because we had the same resources to put in one, and we could either have some more efficiency, which we sometimes had, or we could have a better person, or both.

It was a tough sell. It would have been easier, in a way, had it been another adult hospital, but there wasn't any possibility for that in this town, and the Children's was in trouble and needed some assistance. Now, the truth of the matter is that the Children's essentially had a monopoly on pediatric care and still does. It's a very significant producer of revenue.

But the church was a big problem because the Children's Hospital had a very diverse board. They had several denominations other than Episcopal on their board, and they had more diversity than we had in at the Norton. They said, "You can't pull the blanket of the Episcopal church over us." So we said, "Well, okay, we won't do that."

The administrator at the Children's and I talked about it and we decided that we ought to try to do something. We got our two board chairmen together for lunch one day and they decided that it made some sense to go forward. They appointed a small group from each hospital to sit and talk about it.

There were some really funny things that happened. We were about twice as big as the Children's as far as size and resources, and so when we were getting a consultant hired, we said, "We'll pay two-thirds of the consultant." Though they were pretty short of money, they said, "No, you will not. We'll do this half and half."

You know, if you listen to some people in the children's care area, you'd think the operating room doors were just four feet high—I mean that children's hospitals are that different. But they aren't. Now, the equipment is very different, and the procedures are very different, and the people necessary are very different, but there are other things. I mean, the cleaning has to be done just as well in one as in the other and so there were lots of savings. I think it's worked out very well, and it's strengthened both organizations.

WALKER: One of your colleagues told me that the one area that you were unable to find a way to fully integrate was the entrance into the hospital – that there had to be a Children's Hospital entrance and there had to be a Norton Hospital entrance.

MOUNTZ: That was the sensitivity of these two organizations. Now, incidentally, it wouldn't make any difference what you were doing. If you were putting together two automobile clubs or two anything else, there would be great concern about it. What we did was put an entrance on one side – the same lobby, but there were two entrances, and one had a nice sign about the Children's Hospital and its history, and one had a nice sign about the Norton Memorial Infirmary and its history. People could use any door they wanted but the significance of that was unbelievable, and the sensitivity. Now, I can't remember who suggested that, but it was a wonderful idea, and it worked, and there are still two doors to that lobby down there.

WALKER: You were chair of the American Hospital Association in 1975, and your colleagues at that time referred to you as “a true health care visionary.” What stands out as things that were most problematic or the biggest opportunities that you were able to focus on?

MOUNTZ: I think we really focused more on cost containment than anything else that year – voluntary cost containment⁵ – because we were frightened to death that Congress was going to mandate certain regulatory activity that would set ceilings. We tried to get our colleagues across the country to do all they could, from a cost containment standpoint, to show that hospitals could handle it. It was modestly successful. I mean, some worked very hard at it, and others didn't



Portrait from the 1970s

⁵ The Voluntary Effort was an important advocacy project organized by the American Hospital Association in the 1970s. The objective was to avoid imposition of a cap on Medicare reimbursement by demonstrating that hospitals could voluntarily control growth in health care spending.

really work very hard at it. It was not one of the greatest triumphs that I was ever involved in, but we made the effort. Alex McMahon⁶ was the President of the American Hospital Association in those days, and we both hit the stump a good many times about this.

WALKER: You lead Norton in an initiative that at the time was not done that much around the country, and that was managing small town and rural hospitals in outlying areas, under a contract. What impact do you think that had on quality and safety in those communities?

MOUNTZ: I think there were two drivers to that. One was that many of these smaller hospitals were being purchased by the for-profit groups. We were concerned about what that would do to the community aspect of the hospital. Our first one was about 50 miles up the road here. They simply wanted some help that they couldn't afford to have. At first we tried to run it out of what we called the "mother house" in those days, but we found that it was such a unique experience that we needed designated staff who did nothing but that. At one time, we had 23 of those hospitals under contract management or lease.

We had physician recruiting here. One doctor in a small community hospital can make a tremendous difference, particularly if it's a surgeon or some other specialist that they need. But they couldn't afford to have that. In those days, there wasn't as much recruiting assistance as there is now. It's become very commonplace. But we hired a gentleman here who was the assistant director of recruiting for HCA in Nashville, and he was very successful. He helped us here, but he also helped the hospitals that we were managing.

I think we did a real service in those days for those hospitals. Many of them are still in existence. This corporation ultimately sold that aspect off, but it's still in operation, and there are still hospitals that are under contract to it. It's like purchasing. We could help by putting the hospitals in our purchasing contracts. They couldn't get the price break that they could get dealing through our sources. So I thought it was a wonderful thing to do. Again, it's that critical mass we keep talking about. That drove my thinking about systems, that the bigger you were, the more critical mass you had, the better you could do the job.

WALKER: We hear about looking outside of health care to other industries. I'm told that you, going way back, had a curiosity about how other industries worked and how they were able to develop systems to improve quality and contain costs. You assigned Norton executives to go out around the country to look at safety concepts and look outside of health care for new ideas and new solutions. What did that result in?

MOUNTZ: Again, Jim Petersdorf was the point person on that, and he was the one who developed the ideas. I remember talking about it, and he said, "I can't find many hospitals that are doing this kind of thing, but there are lots of people in industry that are doing things." I remember Armstrong Cork and some people that you wouldn't have thought of as being necessarily a leader in quality, and we looked at several others along the way.

⁶ John Alexander McMahon (1921-2008) was President of the American Hospital Association from 1972 until 1986.

Jim put together a team headed, incidentally, by the present CEO that's here. He was an assistant vice president then, on his way up. There were a couple of department heads and a couple of nurses. They did travel around the country, and it's amazing what they found that people were doing. But it almost always relates to measurement. I mean, knowing *what* is quality.

They spent the best part of a year developing what was then our original quality effort. Then they came back, and Jim said, "Put it in place. Make it work." They did. In fact, there's an award that Health Forum and Witt/Kiefer jointly gave – and we got the first one that they gave for quality efforts. That was in 1988 and it was after Jim died, unfortunately. I accepted the award, but it was for Jim Petersdorf, who put that together. He was driving force in that. It took me quite a while to learn what the word "delegate" meant, but when I found out about it – it's a wonderful word. It's amazing how many things you can give somebody else to do, and they do them awfully well.

WALKER: Maybe your next innovative effort should be to write a book called *If Wade Mountz Ran Your Hospital*. You can outsell *If Disney Ran Your Hospital*.

MOUNTZ: No, I don't think so. It takes such a team effort to make it really work. It would be nice to be able to take credit for many of these things, but they were other people's ideas and other people's contributions. We never had as good a team as I always wanted, because we always wanted to get a little better and a little better. We had some great people but there were other people that might have been better.

There aren't very many advantages of growing old, and, as I think you know, I was 84 last week, and I've lived a long time, and I've been retired 20 years, and to see what they've done here in the last 20 years, it's just magnificent. To see the team, because it's the best team we've ever had. I was looking at some figures with Steve Williams⁷ one day, and I said, "Steve, if I'd have had all this information when I was running this place, I'd have only worked half time." He said, "Yeah, I bet!" Technology has made a big difference.

WALKER: You retired as President and CEO of Norton Healthcare for the first time in 1987.

MOUNTZ: Right.

WALKER: After working in one place and doing all the things that you did, what were some of the thoughts and the emotions that you experienced as you packed your desk up and headed out that door on that last day?

MOUNTZ: Jim Petersdorf was succeeding me. We'd worked together for 24 years. He was very strong in finance, which was a place we never really had as good as we'd like, but he carried finance for me. I was an accounting graduate, but, a debit and a credit I hardly remember. I left thinking that Norton Healthcare – then called NKC – was in the best shape it could be. In fact, there was a little profile done by one of the local publications here, and I'll never forget the headline. It said, "Mountz Leaves NKC in Healthy Shape." I

⁷ Stephen A. Williams, President & Chief Executive Officer, Norton Healthcare

thought, *What a wonderful headline!* Fifty-two days later, Jim died of a coronary problem when out for his morning run. That just shattered everything because we'd had no search, we'd had no anything. There was no COO in place. So I left feeling awfully good, and 52 days later it was shattered.

WALKER: That was certainly a short retirement for you. When Jim Petersdorf died, you were then thrust back, right back into your former role as CEO. Leaving, coming back a couple of months later, what challenges did that present to both you and your organization? You had lost, obviously, a good friend,—

MOUNTZ: Oh, yes.

WALKER: —a trusted colleague. You had probably adjusted your mindset to the fact that you were done.

MOUNTZ: Yes.

WALKER: And now here you are, right back in it again.

MOUNTZ: Yes.

WALKER: What went through your mind?

MOUNTZ: A couple of things, and I have to give you a little history in this because two years before, when the decision was made that Jim would succeed me, I was appointed vice chairman of the board and the CEO. Now, the day that happened, I presumed from then on I was working for Jim Petersdorf. I told one of my colleagues one day, who was doing a similar kind of thing, and he said, "I didn't have that in mind." Jim carried for two years the presidency and so there was nothing for me to worry about. I thought it was in great shape and we'd made the transition, and the last two years I was here, I did essentially fund-raising, outside activity and political connections sorts of things. I was not involved in the day-to-day management.

So, that's kind of how it came about. Now, the board chairman asked me within 24 hours to come back, and he said, "You can come back all the way." He said, "There's no reason for you—you're young enough to stay here for a while." My wife and I had talked this over, because I thought that might be a question that was raised, and I kind of said, "You can't put toothpaste back in the tube," because our mindset was that we would do some other things.

When I came back we had four vice presidents here that were carrying significant responsibilities, and I said to them, "I don't plan to get into the day-to-day activities. If you're as good as Jim Petersdorf said you were, then you'll handle your own responsibilities. We don't want any surprises. I don't want to get blindsided by an article in the front page of the *Courier Journal*. If you have a problem and want to talk to me about it, I'm available. I'm not going to sit on your lap." I expect that several months was probably a pretty enjoyable time for them because they were sort of on their own. Ultimately, most of those people, except Steve Williams, have moved on to other places. But I think that it was easy for me

because I didn't try to take the reins and run the place. I tried to just monitor what was going on.

WALKER: You were able to reap the rewards of a philosophy built around listening, involvement, team effort, personal responsibility, measurement, many of those things that you've been talking about, so that when you came back into this role you were able to manage that role in a different style and give these people an opportunity to continue to learn and grow and prepare for the next full-time CEO.

MOUNTZ: That's right, exactly right. It was a very pleasant experience for me, in a way. I mean, I hated it every day when I came in because of the regret with Jim not being here. Jim and I were close personal friends, because we'd lived close together, we rode back and forth a good bit in the car and we could have 20 or 25 minutes of uninterrupted discussion morning and night. It was a wonderful experience.

Jim was totally forthright. He said to me one time, "Why are you so hung up about Dr. X?" I said, "I'm not hung up about Dr. X." He said, "Well, you have mentioned it 12 times in the last 24 hours." I said, "Well, I guess I'm hung up." But for a subordinate to be that forthright with a colleague – it doesn't always happen that way. He was superb.

WALKER: Let's focus a little bit on life after the first career and the second brief career. I've heard that you can be found pushing people around in wheelchairs at the Kentucky State Fair.

MOUNTZ: I'm a Rotarian, have been for 30 years, and I've spent some time on the committee on aging, which is appropriate for me. I understand it pretty well. One of the things we do is volunteer to take disabled people to the fair, which they enjoy. They're all in wheelchairs and have to be pushed around and wouldn't get there if somebody didn't do it. I enjoy doing it, and I've done it several times. I don't know how long I'll keep doing that, but I've been doing it, and it's a nice experience. I think the appreciation that those people express to you for what you're doing is just so marvelous. It makes you feel good.

WALKER: One of your colleagues told me about another aspect of your life. She said that you still read the obituaries in the local newspaper every day. If you see the name of someone that you worked with at Norton, you make a point of attending the funeral to thank the family for the contribution that person had made to the work that Norton does. I'll bet it's really special to people.

MOUNTZ: It is, and I'm doing less of it now, of course. It's been 20 years, and many of these people were older than I was when I knew them here. But I do try to do that. I think it's very gratifying. You can say to people, "I appreciate what your mother did" or "The patients loved her." I think it's helpful to the family in thinking how much their mother was appreciated. It's helpful to the grief process. I'm sincere about it. I do it because I did know them and I did admire what they did. You can't fake that. You have to either do it or not. Sometimes I don't know anybody in the family, but I went to one two or three weeks ago, and I introduced myself, and she said, "Oh, you're Mr. Mountz." She said, "That used to be a household name around our house." It was a daughter. But I love people, and that's one of the ways I can show it.

WALKER: Your resume has page after page of organizations you've been involved with in a leadership position, all voluntary work. But you were involved for decades with one particular organization that I wanted to ask you about, the Pritchard Committee for Academic Excellence, which is a citizens' advocacy organization that works to improve education for all Kentuckians. I'm told that you see a direct connection between education and health and economic vitality. What is that connection and what drove you to want to be involved with the Pritchard Committee?

MOUNTZ: You're absolutely right. Those things are totally connected. Kentucky has had just an odious reputation in education over the years. We still have several counties in this state where less than half the people have a high school diploma. We used to rank 46th or 47th or 48th, and we used to say, "Thank God for" – and I won't mention the states, but there are a couple of them that were below us. The Pritchard Committee just celebrated their 25th anniversary a few weeks ago.

I was involved in it. They put together a little group to look at the future of Kentucky's higher education. We looked at that and realized that many of the problems that colleges were facing were due to the ill-prepared people coming out of K through 12. And then we sort of shifted over to K through 12. We wrote a report, and as often happens, it got put on the shelf, and nobody paid much attention to it. So about two and a half years later, we got together voluntarily, the group that had put the report together, and said, "Let's make something happen." That was in 1983 or 1984.

We've been working hard on it ever since. We got a significant educational reform package through the legislature in 1990. We reorganized the whole educational system, K through 12, and got about a billion dollars extra money. The Pritchard Committee was instrumental, and I happened to be chairman that year. So I was right into it, up to my neck. Now, incidentally, we've gone to 34th but that's just barely average, you know? We've got lots more to go. I spent all day yesterday at a board meeting of this group, because we're still working hard on it.

I guess because so much of our staff in the hospital has to be educated beyond high school, I realized early on how important that was. We had so much trouble recruiting people with the appropriate education. That led me to feel strongly about it, and somehow that got translated into my being on that committee. I've worked very hard on it, and we've had a lot of people that have been supportive of it, and we're making progress. But we aren't anywhere near where we have to be, because everybody else is making progress. Finland, for instance, and Greenland and some places like that are ahead of us in their educational process. It isn't just what's in West Virginia or Indiana. Now it's what's all over the world. So it's an ongoing problem, and I'm going to be doing less with it because I feel like I've done my bit, but the job is far from done. It's like quality and safety in the hospital: It's far from done.

WALKER: What advice would you give to young people who are either thinking about or just beginning their careers in healthcare, this next generation of America's hospital and health systems leaders?

MOUNTZ: I think that we need to have more science. We need to have more technology focus. Because I knew when I was in school that I wanted to be in hospital administration, I took a course in zoology, I took a course in physics. I hated them. I didn't like it at all. But I thought I should know why slides are always blue, you know, and so forth and so on. I did those things, and I think that now it's tremendously important. Just technology in itself is terribly important. I would advise kids to do that. We're talking about science, math and technology now. We call it STEM [science, technology, engineering, mathematics]. I think that we need more rigor in education than we have at the present time. I worry about that because I think that if they come up through the system without rigor, they are probably going to be like that most of their lives, and that's a shame, because rigor and focus are what makes success.

WALKER: You mentioned earlier that you just turned 84. You remain very interested in health care, and I know that you are available to anyone who seeks your advice, because people have told me that they do it regularly. Why do you continue to have this ongoing interest in making a difference?

MOUNTZ: I guess it partially comes from my dad and his philosophy that if a job's worth doing, it's worth doing well. I may be just different in some ways. For instance, we went 15 years in our house, about 20 years ago, without TV. Our life went on fine. We continued to read and do other things. I'm abhorred by people who are much younger, as you say, than I am that really just kind of sit around and don't do much. I mean, it seems such a waste. Life is so exciting these days.

I didn't have a computer until 10 years ago. Now, I had one of the first Wangs in this town, but my secretary did it. I didn't do it. But I thought the world was passing me by. There were things I wasn't able to do and didn't know and wasn't keeping in touch with. I got a computer. It's been one of the thing – two things have changed my life since I retired. One is I was diagnosed with sleep apnea, and I wear a mask at night, and I get a good night's sleep, considering what I used to get when I was awakened. And the other thing is the computer.

We recently moved to a retirement community, not a structured health care facility, but just a group of retired people in an apartment building. I'm just not ready to watch movies at two o'clock in the afternoon on a weekday and so forth, or play Bingo at seven o'clock at night. I mean, there are so many other interesting things to do. Every now and then I hang up the telephone from somebody. I've talked for 30 or 40 minutes, and I think, *Well, I just did another consultation.* Unreimbursed, of course.



Enjoying the joke

Life is still fun for me. Now, I'm fortunate. I do not have any handicaps particularly. I had a malignancy 18 years ago. I have succeeded in remission. I don't have any problem at this point. So I don't have any reason to not do things, and therefore I try to do them. But that's what makes life fun.

WALKER: After 58 years of involvement with Norton in one form or another, what do you hope that your lifetime legacy will be?

MOUNTZ: That's a tough question. I think that I've been so gratified by what has happened to this corporation since I retired. To have two of us who had been here—me, for nearly 40 years; my associate, for 24 – to go away at one time is a serious change in organization. The way it's been picked up and the way they're doing things and the success that they're having is great – to watch people and their careers. You take our CEO, Steve Williams. He was running the smallest hospital in Kentucky when he came to us, and to see what he's doing now – it's just so gratifying to watch those careers of various people that you've nurtured along the way. I think the thing that makes me the happiest here is how well they're doing and how well they're doing it. I'm just so proud. The other thing is, it shows that we're all expendable. We're all expendable. You smile and say, "That's wonderful."

WALKER: Thank you, Mr. Mountz, for sharing some insights into your personal and professional experiences, and the highlights of your distinguished career for this American Hospital Association oral history. I think future generations of healthcare leaders will benefit greatly from learning about the challenges, the successes that you've had, the barriers that you've overcome, and the fun that you've had along the way as well. Thank you also for your significant contributions to the health care field and for the lessons and leadership that you continue to share with your colleagues. I'm confident that decades from now people will still be raising the name of Wade Mountz and talking about the legacy of leadership, the legacy of service, the legacy of performance that you have endowed this field with, and the field owes you a great debt of gratitude for all that you have done.

CHRONOLOGY

- 1924 Born November 19, Winona, OH
- 1943-1945 US Naval Air Corps
- 1946 Married June 3 to Betty G. Wilson
Children: David John (1953), Timothy W. (1955)
- 1948 Baldwin-Wallace College, Berea, OH
Bachelor of Arts
- 1949 St. Luke's Hospital, Cleveland, OH
Personnel Administrative Internship
- 1951 Norton Memorial Infirmary, Louisville, KY
Administrative Residency
- 1951 University of Minnesota, Minneapolis, MN
Master Hospital Administration
- 1951-1969 Norton Memorial Infirmary, Louisville, KY
- 1951-1956 Personnel Director and Assistant Administrator
1956-1958 Assistant Administrator
1958-1969 Administrator
- 1969-1981 Norton-Children's Hospitals, Louisville, KY
President
- 1981-1988 NKC, Inc., Louisville, KY (later renamed Norton Healthcare)
- 1981-1985 President and Chief Executive Officer
1985-1987 Vice Chair and Chief Executive Officer
1987 President Emeritus
1987-1988 Acting Chief Executive Officer

MEMBERSHIPS AND AFFILIATIONS

American College of Healthcare Executives

Chair, Subcommittee on Written Examinations, 1972-1973
Committee on Admissions, 1962-1967
Fellow, 1959-
Life Fellow, 1989-
Member, Subcommittee on Written Examinations, 1967-1974
Regent-Kentucky, 1977-1980

American Hospital Association

Advisory Panel for Urban Hospitals, 1982-1988
BCA-SSA Provider Appeal Panel, 1970-1973
Board of Trustees, 1971-1976
Chair, Committee on Nominations, 1979
Chairman of the Board of Trustees, 1975
Committees and task forces, 1957-1973
Council on Association Services, 1967-1968
Council on Government Relations, 1963-1966
Council on Planning, 1968-1970
Criteria Committee for Selection of AHA President, 1974
Governing Council for Selection of AHA President, 1974
Speaker of the House, 1976
Task Force on Hospital & Blue Cross/Blue Shield Plan Relationships, 1985

American Protestant Hospital Association

Committee on Certification of Chaplains, 1969-1973
President, 1969-1970
Trustee, 1965-1968

Assembly of Episcopal Hospitals and Chaplains

President, 1963-1964

Blue Cross and Blue Shield of Kentucky, Inc.

Chair, Hospital Advisory Committee, 1977-1980
Director, 1977-1980
Executive Committee, 1977-1980

Comprehensive Health Planning Council of Kentucky

Chair, 1973-1979
Vice Chair, 1968-1973

Frontier Nursing service, Wendover, KY

Board of Governors, 1976-1987

Governor's Committee to Study the Career Ladder Plan for Teachers

Chair, 1984-1985

MEMBERSHIPS AND AFFILIATIONS (cont.)

Governor's Statewide Career Ladder for Teachers Commission
Chair, 1985-1987

Health Care Excel, Indianapolis, IN
Board Member, 2008-

Health Care Excel Kentucky
Board Member, 2007-

Humility of Mary Healthcare Corporation, Lorain, OH
Director, 1991-1997
Vice Chair, 1995-1997

Joint Commission on Accreditation of Healthcare Organizations
Board of Commissioners, 1976-1981

Joint Commission on Allied Health Personnel in Ophthalmology, St. Paul, MN
Public Advisor, 1993-2004

Kentucky Advisory Council for Health Facilities
Member, 1960-1973

Kentucky Advisory Council for Medical Assistance
Member, 1963-1967

Kentucky Blue Cross Hospital Plan, Inc.
Executive Committee, 1976
Hospital Advisory Committee, 1971-1976
Hospital Reimbursement Committee, 1968-1969, 1971, 1976
Trustee, 1959-1972, 1976

Kentucky Board of Education (Elementary and Secondary Education)
Member, 1991-1996
Vice Chair, 1994-1996

Kentucky Commission on Families and Children
Chair, 1994-1996

Kentucky Council on Allied Medical Services
Chair, 1959

Kentucky Council on Public Higher Education
Committee on Higher Education in Kentucky's Future, 1979-1981
Health Sciences Advisory Committee, 1972-1980

MEMBERSHIPS AND AFFILIATIONS (cont.)

Kentucky Hospital Association

Chair, Council on Government Relations, 1962-1963
Chair, Council on Legislation, 1968-1969
Council on Administrative Practice, 1955-1958
Council on Government Relations, 1960-1966
Editorial Advisory Committee, 1984-1988
President, 1959-1960
Technical Advisory Committee, Indigent Care, 1962-1966, 1968-1971
Trustee, 1957-1961

Kentucky Physicians Mutual (Blue Shield of Kentucky)

Committee on Merger, 1976
Director, 1974-1976
Long Range Planning Committee, 1976

Kentucky State Health Coordinating Council

Member, 1979-1983

Kentucky Statewide Health Coordinating Council

Chair, 1984-1986
Member, 1984-1989

Kentucky Wesleyan College, Owensboro, KY

Trustee, 1978-2000

Louisville Area Chamber of Commerce

Director, 1976-1978

Louisville Area Chapter, American Red Cross

Board of Trustees, 1961-1974
Chair, Administrative Advisory Committee, 1961-1964
Chair, Finance Committee, 1970
Executive Committee, 1968-1971
Finance Committee, 1964-1973
Personnel Committee, 1967-1968
Vice Chair, Finance Committee, 1968-1969

Louisville Health & Welfare Council

Executive Committee, 1962-1973

Methodist Retirement Homes of Kentucky, Inc.

Board of Directors, 1996-2005
Executive Committee, 1997-2005

Prichard Committee for Academic Excellence

Chair, 1987-1990, and Member, 1983-

MEMBERSHIPS AND AFFILIATIONS (cont.)

Reagan Health Policy Advisory Group
Member, 1980

Rotary Club of Louisville
Member, 1979-

Salvation Army Hospital & Home Advisory Board
Member 1970-1973

Southern Regional Education Board
Commission on Health and Human Services, 1997

St. Mark United Methodist Church
Board of Stewards, 1958-1961, 1966-1968, 1988-1991, 2006-
Board of Trustees, 1971-1972
Chair, Commission of Finance, 1993-1994
Commission of Finance, 1966-1968, 1993-1994, 2007-2009
Founding and Charter Member, 1957-

University of Minnesota Program in Hospital Administration Alumni Association
President, 1966-1967

VHA Enterprises, Inc.
Acting Chair, 1988-1989
Board of Directors, 1985-1989

Voluntary Hospitals of America, Inc.
Acting President/Chief Executive Officer, 1988-1989
Board of Directors, 1977-1989
Chair, 1977-1979, 1983-1984, 1988-1989

AWARDS AND HONORS

- 1971 Distinguished Service Award of the Kentucky Hospital Association
- 1977 R. Haynes Barr Award of the Kentucky Medical Association
- 1980 Honorary Alumni Award of the Ohio State University Alumni Association of the Graduate Program in Hospital and Health Administration
- 1985 Gold Medal Award for Excellence in Hospital Administration of the American College of Healthcare Executives
- 1989 Corning Award of the American Society for Healthcare Planning and Marketing
- 1991 First Visionary Award of the Kentucky Healthcare Strategy Forum (later renamed *The Wade Mountz Visionary Award*)
- 1991 Doctor of Humane Letters, hon. caus. from Kentucky Wesleyan College, Owensboro, KY
- 2000 Gus L. Paris Award of the Kentucky Wesleyan Alumni Association
- 2002 Founders Award of VHA, Inc.
- 2002 Tribute to Excellence Award of the Arthritis Foundation, Kentucky Chapter
- 2003 Statesmanship Award of the Joint Commission on Allied Health Personnel in Ophthalmology, St. Paul, MN
- 2007 Public Health Hall of Fame of the University of Kentucky, College of Public Health
- 2008 Health Care Hall of Fame of *Modern Healthcare* magazine

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