

Band-Aid Station No More

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All it takes is one bad outcome to damage a community's impression of its local hospital. Without community support, small hospitals struggle to upgrade technology, update facilities and grow service lines. Once hospitals get reputations as "Band-Aid stations" or "big emergency rooms," their future viability may be in jeopardy; people often begin traveling an hour away for routine care because they consider large urban healthcare centers superior to their local facility.

That was the situation Gerard D. Klein walked into when he joined Bucyrus (Ohio) Community Hospital as chief executive officer roughly seven years ago. When asked about the hospital, most members of the community could only talk about the emergency room--and not always favorably, he says. "We were called 'hell on the hill.'"

The community understood that having a hospital was an asset that could help draw businesses and families to the area. But many residents believed the hospital was disconnected from the rest of Bucyrus, didn't listen to the community and did little for the town, says Klein. "We were not a player. And in a small town, being one of the larger employers, not being a player is a serious problem."

In Mississippi, Ray Shoemaker has faced similar challenges at more than one hospital. Tri-Lakes Medical Center in Batesville struggled to recruit clinical staff amid community doubts about the facility's quality, says Shoemaker, Tri-Lakes' former CEO. In addition, citizens in the north part of the county felt abandoned; the community had two hospitals until 1990, but when the hospital in the county's northern section closed, there was "some friction" from residents there, says Shoemaker.

Now CEO at Humphreys County Memorial Hospital in Belzoni, Miss., Shoemaker, also president and CEO of the hospital management company Rural Healthcare Developers, is fighting still more negative community perceptions. Humphreys County, a 25-bed critical-access hospital about 60 miles northwest of Jackson, has a payor mix that is 80 percent Medicare and Medicaid, and is surrounded by three larger healthcare markets--Greenville, Greenwood and Jackson. Ultimately, small hospital leaders like Shoemaker and Klein must change community beliefs about their facilities by enhancing service offerings to keep patients from flocking to those larger markets, says Shoemaker. "Just because we are in a rural community doesn't mean we don't need modern healthcare."

Draw in the community

Both Shoemaker and Klein agree that connecting to community members and listening to what they say is the first step to improving a hospital's image. Both CEOs held community forums, started newsletters and sponsored events to improve their hospitals' links to the people they serve. "In order to build a strong facility, the [community] must be involved on a continuous basis," says Shoemaker.

Tri-Lakes changed the way it approached the community. "We created what we call a five-foot rule, meaning if anyone is within five feet of you, you must speak to them, tell them your name and escort them to their location," says Shoemaker. The hospital--located 45 miles south of Memphis--also offers valet parking and created a follow-up system to speak with family members about the level of care their loved ones received.

In addition, the 110-staffed-bed hospital grew service lines that people were traveling elsewhere to utilize, such as obstetrics and gynecology. "We focused on not only providing those services, but also providing them at a higher quality than our competitors," says Shoemaker. Tri-Lakes added a clinic in the north part of the county and a host of prevention and wellness services, as well.

Shoemaker is wasting no time at Humphreys County. After only a month on the job, he has already met with the community and various subcommittees about the hospital's future. He has begun to re-brand services as "patient's choice." And he would like to add CT and ultrasound equipment, begin disease and wellness programs, expand behavioral health, and possibly even locate an emergency evacuation airlift center there. "In the event that there is something that is truly a trauma, we can get that patient out in a matter of minutes," Shoemaker says.

Fine tune listening skills

For Klein, the first issue he tackled was the shortage of physicians. The community and physicians had been at odds as to whether a physician shortage actually existed, so the hospital board had determined the issue wasn't urgent enough to warrant action, he says. Klein, who had been in town for only a few months, took the opportunity while at dinner with 15 hospital chaplains and their wives to ask how many of them had to leave town to see a physician. Every hand went up. After doing market research, "we found that we were vastly understaffed," he says. "Subsequently, we have added probably seven primary-care physicians and their practices, and all the other practices in town are still full."

Bucyrus also added health education and preventive-care programs based on community feedback. One of the first events, "Buff up Bucyrus," kicked off with an evening picnic and offered educational sessions throughout the summer. "We had 800 people come in and register that night in a town of 15,000. We were dumbfounded by the level of interest that was out there," Klein says.

Today, the community has a much better awareness of the hospital's services beyond the ED. One reason is the hospital's affiliation with the Ohio State Health Network, a group of six hospitals affiliated with the Ohio State University Medical Center. The 25-bed critical-access hospital's top service line now is oncology, followed closely by cardiology, says Klein. The relationship with OSUMC not only helped Bucyrus obtain the physician resources needed to get the programs started, but also helped keep patients in town. People were traveling 60 miles to OSUMC for routine cardiology and medical oncology appointments, he says. "A lot of our competition wasn't with other local hospitals. It was with the city. So we aligned ourselves with the entity that the community seemed to really savor."

Bucyrus, which has not been called "hell on the hill" in a number of years, has increased annual net revenue from \$16 million to \$28 million over the past five years, and is now focusing on a \$19 million addition to its 75-year-old facility. The hospital successfully got HUD funding for \$16.7 million, and the community has already raised 60 percent of the remaining \$2.3 million, says Klein. "Seven years ago, you wouldn't have had a chance in the world of raising that kind of money based on the community's impression of the hospital."

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