

Garfield County Memorial Hospital Community, Program, and Facilities Planning



Health Facilities Planning and Development

January, 2003

Garfield County Memorial Hospital Master Planning

- ⌘ *Goal is to create a strategic plan that will guide the District's efforts for the next 3-5 years, and will ensure that the physical facilities of the District meet the community's needs for at least the next 5-10 years*

- ⌘ *Three key criteria will drive any decision making regarding the District:*
 - 1) must advance/improve the quality of the care provided and/or enhance the scope of services offered
 - 2) must result in operational efficiencies (reduced operating costs and/or lower cost per unit of service delivered)
 - 3) must assist the District in generating a positive bottom line from operations. (3% goal)

What we know to date:



- ⌘ **No population growth--but community is aging. Statewide, elderly use hospital services at 5 times the rate of the under-65 population.**
- ⌘ **The existing Hospital physical plant is aging as well. More than sufficient space exists to accommodate community needs, but it is inefficient and poorly laid out.**

Milestones



- ⌘ Oct 2001 Facilities Planning Grant from DOH Office of Rural Health \$12,000
- ⌘ Jan 2002 Community & Staff Focus Groups
- ⌘ Mar 2002 Report on Space and Staffing Needs
- ⌘ Sept 2002 Physical Plant Adjacencies and Efficiencies Review
- ⌘ Sept 2002 Six options for proposed for consideration

Recent Events



- 1. Rapid Cycle Workshop
Dec. 5 & 6, '02**
- 2. Community Telephone Survey –
Jan. 17 & 18**
- 3. Community Focus Groups –
Jan. 21**

Rapid Cycle Workshop Facility Options Defined



Option 1: Consolidate Clinic into Hospital, and relocate and reconfigure various outpatient departments

Option 2: Maintain Clinic and Hospital as separate facilities-- but expand clinic and reconfigure services within the Hospital

Rapid Cycle Workshop (cont.)



Two Locations (Clinic and Hospital)

Major "Pros"

- ☒ No change for patients
- ☒ Eliminate travel up and downstairs, Medical Records, Lab
- ☒ Services delivered closer to patient admission area
- ☒ Admitting, Billing and medical records can be co-located-which should improve patient access, accuracy and timeliness
- ☒ No need for additional parking
- ☒ Limited dollars for renovation
- ☒ Maintains flexibility within the Hospital building for additional changes in future
- ☒ Keep more space as hospital with acute higher reimbursement

Rapid Cycle Workshop (cont.)



Two Locations (Clinic and Hospital)

Cons

- ☒ Continued transportation issues between Clinic and Hospital
- ☒ No opportunity to co-locate admitting, billing and medical records (no efficiencies)
- ☒ No overhead savings from clinic consolidation (estimated at \$12,000 annually)

Rapid Cycle Workshop (cont.)

Consolidation (move Clinic to Hospital)

Major "Pros"

- ☒ Maximizes use of existing hospital building
- ☒ Consolidates all outpatient activities into one location
- ☒ Eliminates the need for patients to travel between hospital and clinic
- ☒ Creates centralized waiting, improves privacy for patients upon admission
- ☒ Provides space for third provider without modifying the clinic.
- ☒ Community wanted (earlier for first levy) to consolidate

Rapid Cycle Workshop (cont.)

Consolidation (move Clinic to Hospital)

Cons

- ❑ Eliminates/reduces opportunity to “flex” the hospital building in the future
- ❑ Eliminates childcare within the hospital (could also be a pro)
- ❑ Parking and access would need to be addressed

Community Survey

Caution: Small sample size (N=53 total) means low statistical power. *Use for impressions only.*

Outpatient Services

- ⌘ Garfield (Hospital and Clinic) enjoys high 'market share' among respondents:
 - Lab = 69%
 - X-ray = 61%
 - PT/OT = 75%
- ⌘ Garfield seems to rate lower for patient satisfaction with these services (N's are very small). From focus groups, this appears to be associated with wait time for results.

Community Survey (cont.)

Caution: Small sample size (N=53 total) means low statistical power. *Use for impressions only.*

Inpatient Hospitalization

- ⌘ 43% of those hospitalized went to Garfield.
- ⌘ Satisfaction again lower? (N's are very small).

ER/Urgent Care

- ⌘ 65% of those using care went to Garfield (+ 5% to Pomeroy Clinic)
- ⌘ Satisfaction maybe lower, but perhaps not significantly (N's are very small).

Community Survey (cont.)



"Top-of-the-Mind" Preferences

- ⌘ Majority would prefer to use Garfield for both outpatient care (30%) and inpatient (42%).
- ⌘ But Tri-State and St. Joe's also definitely 'on the radar' (preferred by 19-25% each).

Community Survey (cont.)

Perceptions of the Hospital

⌘ Perception of overall care available at Garfield

'5' (excellent) 44%

'1 or 2' (poor) 7%

(excludes those w/ no opinion = 15%)

⌘ Over past few years, quality of care at Garfield has -

Improved 34%

Stayed about the same 28%

Declined 8%

(excludes those w/ no opinion = 30%)

Community Survey (cont.)

Primary Care Practitioners

⌘ 67% of those with a regular practitioner go to Pomeroy Clinic.

Perceptions of the Clinic (must have a practitioner at the Clinic, or have used Clinic in past 12 months)

	<u>% Rating '5' (excellent) or '4'</u>
Accessibility	85%
Space's ability to ensure privacy	85%
Layout, design, accommodation for families	83%
Overall appearance	76%
Amount of space for patient care	59%

(excludes those w/ no opinion - very small % for each item)

Community Survey (cont.)

Clinic Relocation

⌘ How likely to use the Clinic if relocated to Hospital campus?

No impact	66%
MORE likely	11%
LESS likely	8%

(excludes those w/ no opinion: 15%)

⌘ Why LESS likely? "Parking/access."

⌘ Impact of relocation on health care in County

Improve	30%
Detract from	13%
No impact	19%

(excludes those w/ no opinion: 38%)

Community Survey (cont.)



Clinic Relocation (cont.)

⌘ Support for relocation if cost is offset by reduced operating expenses

Favor

76%

Oppose

24%

(excludes those w/ no opinion: 38%)

Focus Group Results



- ⌘ **A clear difference of opinion exists between the County elders and the younger residents regarding the best option**
 - ☑ **Elders are concerned about parking and “coming up the hill” for Clinic services.**
 - ☑ **They like the existing arrangement: “if it’s not broken, don’t fix it”**
 - ☑ **Younger residents see clinical, patient care and “customer” advantages of consolidating**
 - ☑ **Both groups want to make sure that the hospital, ER and Clinic continue to exist**

Focus Group Elder Opinions:



- ⌘ Like the location of existing clinic, and use it for primary care--but lots of visits out of town for specialists.
- ⌘ Concerned about expense of relocating.
- ⌘ Have some misinformation/questions. District should develop a newsletter to provide information about billing, employment of medical practitioners, scope of services.
- ⌘ Nursing home is very valuable community resource.

Focus Group Younger Residents:



- ⌘ Very much appreciate the “high touch” personal care from local providers and the fact that the local providers are willing to refer out for specialty care
- ⌘ Want enhanced diagnostics (more immediate results reporting and readings by radiologists, pathologists) at both the clinic and the hospital. “We don’t want to wait”.
- ⌘ Clinic is seen as efficient, waiting is not an issue
- ⌘ The Hospital District is clearly seen as “being on a roll”--lots of improvement and stability in last few years.

Focus Group

Younger Residents, cont:



- ⌘ **Believe that consolidation is the best option, but want data to demonstrate:**
 - ⊗ **Quality of patient care would be maintained or improved**
 - ⊗ **The capital costs are not excessive, and that the District has a means to fund the project**
 - ⊗ **Privacy of hospital patients would not be impacted**
 - ⊗ **Substantial improvement in overall services--especially diagnostics**
 - ⊗ **Parking is addressed**
- ⌘ **“A move for the sake of a move is not worth it”**
- ⌘ **And a process that ultimately allows the seniors to “buy -in”**

Recommendations / Next Steps



- ⌘ **Continue to pursue consolidation--but prior to final decision**
 - ☒ **Convene a community advisory group (mix of elders and younger residents) to address key issues:**
 - Quality of patient care.
 - Capital costs.
 - Privacy of hospital patients
 - Substantial improvement in overall services--especially diagnostics.
 - Parking and access to site.

Recommendations / Next Steps



- ⌘ **Continue to pursue consolidation--but prior to final decision**
 - ☒ **Retain an architect to verify/modify planning assumptions--and, as importantly to understand future options should census exceed estimates.**
 - ☒ **Develop a pro forma financial to quantify anticipated efficiencies.**