

# Garfield County Memorial Hospital

*Creating Home and Caring for Generations*



## Community, Program, and Facilities Planning Final Report

Health Facilities Planning and Development  
February, 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.*
- *Must also promote the District's mission of "Creating Home and Caring for Generations".*

# Garfield County Memorial Hospital Master Planning



- ***Three key criteria will drive any decision making:***
  - 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, and lacks infrastructure (HVAC, etc). 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
- 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.

# Rapid Cycle Workshop (cont.)



## Consolidation (move Clinic to Hospital)

### Major "Pros"

- **Admitting, Billing and medical records can be co-located-which should improve patient access, accuracy and timeliness**
- **Community wanted (earlier for first levy) to consolidate clinic and hospital**
- **Limited dollars for renovation**

# 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).**

# Community Survey (cont.)

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

## 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 screen’ (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%
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."

# Community Survey (cont.)

## Clinic Relocation (cont.)

- **Impact of relocation on health care in County**

Improve	30%
Detract from	13%
No impact	19%
No opinion	38%

- **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 Results (cont.)



## **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 Results (cont.)



## Younger Resident Opinions:

- **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”.**

# Focus Group Results (cont.)



## Younger Resident Opinions (cont.):

- **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 Results (cont.)



## Younger Resident Opinions (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**

# Focus Group Results (cont.)



## Younger Resident Opinions (cont.):

- **“A move for the sake of a move is not worth it”**
- **A process that ultimately allows the seniors to “buy -in”**

# Board Decision Making Process



- **The Board met on January 22, 2002, and considered all of the above material, as well as current census issues.**
  - **Over the past 4 to 6 week period, the acute and swing bed census has been such that it has raised concern over ability of physical plant to accommodate clinic and hospital services.**

# Board Decision Making Process



- **The Board (cont.)**
  - **The addition of the third practitioner is expected to exacerbate this situation.**
  - **For this reason, the Board elected to pursue Option 1-which calls for continued separation of hospital and clinic, but calls out expansion and renovation at both sites.**

# Final Recommendation of Rapid Cycle Task Force



- **Following Board action, the Rapid Cycle Task Force reconvened to finalize a hospital plan which excludes the Clinic.**
- **Pending architecture/engineering input, and final costing, the following recommendation was developed:**

# Final Recommendation of Rapid Cycle Task Force



## **FOR HOSPITAL:**

- Relocate hospital main entrance to current child care area. Child care to move off-site.
- Convert current central supply to lab.
- Convert back hall area to business office, admitting and medical records.
- Convert library to AP, Human resources and staff development.
- Radiology remains intact.
- Locate security/privacy doors at radiology to separate “public functions” from patient care.

# Final Recommendation of Rapid Cycle Task Force



## **FOR HOSPITAL (cont.):**

- **Inpatient areas along main hallway remain. Add toilets/sinks between or within patient rooms  
Number of beds= 9.**
- **Nurses station remains intact.**
- **Create dedicated family waiting area adjacent to ED.**
- **Convert existing admitting and administrative office to centralized conference area (accessible to both acute and long-term care).**

# Final Recommendation of Rapid Cycle Task Force



## **FOR HOSPITAL (cont.):**

- **Convert short hall to dictation and charting and central supply.**
- **Add elevator to gain access to basement.**
- **Relocate therapy functions to basement.**

# Final Recommendation of Rapid Cycle Task Force



## **FOR CLINIC:**

- **Add handicap accessible bathroom**
- **Expand Clinic records space to accommodate needs**
- **Move exam room to WIC Area**
- **Convert WIC Space into a WIC/Exam Room**
- **Add Music to waiting area to improve comfort and privacy**

# Recommendations / Next Steps



- **Undertake process to interview and retain an architect to verify or as needed modify recommendations to:**
  - ensure conformance to State construction review requirements
  - to finalize capital costs for project
  - as needed to develop phasing plan for implementation.
- **Once costs are finalized, develop pro forma financial to quantify anticipated efficiencies/incremental costs.**

# Recommendations / Next Steps



- **For duration of project, it is highly recommended that Garfield retain an in-house project manager. This individual would have overall responsibility (reporting to Administrator) for managing the construction process and the “logistics” of ensuring on-going, non-disruptive hospital operations during the actual on-site construction.**