

## Medical center gets facility face-lift, attitude adjustment

**W**hat should you do when your hospital's external structure is decaying and its internal structure is just as dilapidated? How about replace, rebuild and retrain?

That's what HealthTrust Inc. did in Mayfield, KY, when its \$30 million, 107-bed PineLake Medical Center and PineLake Medical Office Building officially replaced Community Hospital. Open since August, PineLake represents the first of 86 affiliated hospitals to receive a major face-lift from the Nashville, TN-based HealthTrust.

Two years ago, executives decided it made more financial sense to build a new facility rather than renovate Community Hospital, says regional vice president Jone Law Koford. They then began re-engineering Community Hospital's systems, cross-training staff and implementing a comprehensive work redesign.

"How many times do you have the opportunity to completely rebuild a hospital?" Koford asks. "To design it from the ground up and redesign processes and tasks?" HealthTrust intends to do it at least twice through 1995, using PineLake as a model.

### Ripe for rehabilitation

HealthTrust realized it had to be ready to integrate with other providers, says Jeffrey C. Hardy, president of the XYDRA Corp., San Anselmo, CA.

Hardy is one of the three consultants who helped get the PineLake project successfully off the ground. But, "You simply cannot integrate a hospital that isn't integrated within itself," he says.

Looking for a likely candidate for rehabilitation, HealthTrust chose its faltering Community Hospital, which suffered from a poor community image and 50 percent patient out-migration rate.

"We had a medical staff with some perceived quality issues, employees who were cold and indifferent, and a 40-year-old facility in which to play this scenario out," says PineLake CEO Harry Alvis. In the old hospital, he acknowledges, "We had failed employees. We didn't offer them proper training or incentives to be better. We didn't provide them with the infrastructure to change."

Today, a new physical plant and staffing efficiencies allow health services at PineLake to be delivered more efficiently, cost-effectively and conveniently. Departments are now decentralized into three basic systems of operation—patient care, patient administration and operations support.

Gone are traditional hospital departments such as admitting, medical records and business. Instead, these functions are consolidated into a clinical support service center, computer-linked to patient care pods and the ad-



joining medical office building.

Approximately half the staff formerly stationed in the business and medical records offices were cross-trained and moved to patient floors. Chart management, concurrent coding and registration functions are also now handled in patient care areas. In fact, clinical support teams are trained to perform virtually all tasks that don't require licensure, freeing clinical staff to spend more time with patients.

### Overcoming obstacles

People were PineLake's biggest obstacle; many didn't want to change, says Alicia Alvis, patient care services director. Some tenured employees from the old facility—with equally tenured "bad habits"—were encouraged to make an "attitude" change, she says. Many others chose to leave.

Despite the resistance, the results are respectable. The medical center saved \$300,000 in the last two years and recaptured at least 5 percent of its market. Nurse satisfaction increased 19 percent in one year, according to surveys. Patient satisfaction, outpatient utilization and physician recruitment are also on the rise.

Because of the redesigns' success, says CEO Alvis, "We expect to have an 85 percent market share in just two more years. And we've just scratched the surface."—*Jill L. Sherer* ■