

CONSTRUCTION UPDATE

Construction of the new two-story addition and therapy pool continues at a feverish pace. The general contractor, Crossland Construction Company, Inc. and their subcontractors are working to make up time when the early spring rains slowed their progress. As the project nears 50%



Bricklayers on the Job.

completion, the number of trades currently on site has increased to include the general contractor, plumbing, heating and air conditioning, roofing, drywall, electrical, and brick masons. Within the next few weeks they will be joined by the crews to install the fire sprinkler system, windows and EIFS exterior walls.

When the new two story building is completed, currently projected for November 2008, the purchasing, storeroom and laundry and linen departments will be relocated to their new

space on the first floor. Human resources, payroll, accounts payable, Home Health and other personnel currently occupying former patient rooms will move

to new offices on the second floor.

Once the new space has been occupied, the space formerly occupied by the purchasing, storeroom and laundry and linen departments will be available to be renovated as part of the next phase of the hospital renovations into a new outpatient therapy department. The renovated space will allow for outpatient Physical Therapy, Cardiac Rehabilitation, Speech Therapy and Respiratory Therapy services to be provided in a central location that will be

easily accessible for our patients.

Additionally, the former patient rooms vacated by Home Health and other personnel's offices will be renovated and upgraded to provide better lighting, more efficient heating and air conditioning and improved overall appearance of the rooms.

These rooms will be used for additional services provided by the hospital such as Orthopedics, Cardiology, and Urology.

~ By Ray Whitmore, CFO



Walls taking shape



Therapeutic Pool Area

Reception Held for Betty Harrison, HIM Department Manager Celebrating 33 Years of Service



Billie Tomlinson, Chairperson of the McCurtain Memorial Medical Management, Inc. Board congratulates Betty Harrison for 33 years of service at McCurtain Memorial Hospital.



Fellow employees gather to wish Betty well and let her know that she will be missed.



THE CHANGING FACE OF THE HOSPITAL – A PLACE FOR QUITE MEDITATION



The latest addition to the landscaping project began on the front lawn of the hospital last year is a Butterfly Garden. A lot of research and planning went into the plant selection for the Butterfly Garden in order to provide a combination of adult nectar sources and larval host plants to attract the maximum variety of butterfly species and encourage butterflies to remain, reproduce and build populations instead of just passing through. A successful garden allows visitors to appreciate all life history stages. The purpose of the butterfly garden is to provide a soothing retreat for families of our patients and for members of our community.

IN THE SPOTLIGHT – JARED JOHNSON, MMMM, INC. BOARD MEMBER

At the end of each work day, as employees of McCurtain Memorial Hospital are pulling out of the parking lot heading home, more cars begin pulling into the parking lot. They come alone, in couples, and groups, citizens of our community ready to end their day the healthy way by using the McCurtain Memorial Garden Meadows walking track. Jared Johnson is one such citizen. Mr. Johnson, a member of the McCurtain Memorial Board of Directors, and his wife Charlotte, began using the walking track when it was first built in the fall of 2006. Four days a week the couple can be spotted circling the track, sometimes bringing friends and family members along. For the Johnsons,

exercising is not only a way to stay in shape but is also a chance to spend time together, but the health benefits are always a plus. Mr. Johnson stated that since



Jared Johnson, Center, with wife, Charlotte, right and Sister-In-Law, left on McCurtain Memorial Hospital's walking track.

he began using the walking track his pulse rate is the lowest it has ever been. Walking daily has also helped prepare him for his job with the U.S. Forestry

Service. Mr. Johnson has been employed with the U.S. Forestry service for over 33 years. One of the more rigorous aspects of his job requires him to fight wild land forest fires. In order to be certified to fight forest fires, each employee must pass what is referred to as a "Pack Test" which includes a 3 mile hike, carrying a 45 pound pack, and must be completed in 45 minutes or less without running. A feat Mr. Johnson is no doubt aptly prepared for.



Jared Johnson, Board Member

Mr. Johnson has served our community as a member of the McCurtain Memorial Board of Directors for two years. When asked about his experience thus far, Mr. Johnson stated that the attitude of the Board is definitely positive, and each member is devoted to working together to improve the hospital in all areas. Thank you Mr. Johnson, for your hard work and dedication to McCurtain Memorial Hospital and the health of our community.

WHERE HAS ALL THE HELP GONE?

Each time you open the newspaper to the want ads or read a magazine, you are bound to see an advertisement for a nurse. Some areas are offering sign on bonuses up to \$20,000. The need for specialty nurses in areas such as Obstetrics, Intensive Care and the Emergency Department is especially high. Nurses are in great demand, not just in the United States but worldwide.

The nursing shortage is not a new concept. Throughout history, especially since World War II, there has been an increasing shortage. However, in today's world, it is more than just a shortage of nurses, it is a problem with many healthcare professions, combining a broad range of issues that include: steep population growth in several states, a diminishing pipeline of new students, an aging workforce and a baby boom bubble that will require intense health care services. These issues are occurring just as the majority of nurses and others are retiring and job opportunities within health care are expanding.

Nursing is a complex business. Nurses are on the job 24 hours a day, 7 days a week. They are

monitoring your heart on a monitor, watching for critical lab results, looking for changes in your general status. It is a highly visible field yet one that is garnering less interest from those choosing a career path.

Highly visible patient and professional complaints about managed care in the early 1990s have discouraged young people from entering the healthcare profession. These complaints have led many guidance counselors to advise students not to enter the profession. Just as the health care needs of an aging population are increasing, some segments of the public are encouraging students to choose alternative careers

In conjunction with fewer students entering the field, there are fewer Generation X-ers to enter the workforce. The baby boom era (1946-1964) was followed by an 11-year baby bust. As of the 1990 census, there were 77 million American boomers compared with just 44 million Generation Xers, creating the smallest pool of entry-level workers since the 1930s.

The same problems are occurring with physicians. Many healthcare markets are

facing a shortage of physicians just as we are in McCurtain County. This is especially true for cardiology, orthopedics, neurosurgery and radiology.

There are two distinct trends that contribute to this shortage. First, as mentioned previously, the baby boomer generation is reaching retirement age and due to their numbers are increasing demand. On the supply side, the number of physicians entering the workforce is no greater than the number of physicians retiring. Due to a generational shift in work/life balance that priority is family before work, approximately half of these new physicians work 25 percent fewer hours according to a recent survey by Merritt Hawkins, a national physician search firm. The combined result is that it takes multiple physicians to see the same number of patients as a retirement – age doctor.

National surveys indicate that a shortage of 85,000 to 200,000 physicians will occur by 2025, just 16 years from now. Hospitals must invest more to satisfy physician's expectations and develop

innovative, win-win economic relationships with physicians.

Recently, several events have taken place at McCurtain Memorial Hospital in the area of physician recruitment. Benjamin Veltri, MD, a general surgeon, has joined the medical staff and Ardeshia Nia, MD committed to join the staff in the next few weeks as an Internal Medicine Physician.

The Walk-In Health Clinic in Idabel is well on its way to being completed and plans to open the clinic are scheduled for August 2008. The hospital is recruiting two Family Nurse Practitioners to accept patients. Currently, the hospital is looking for a site to replace the Chandler Medical Clinic in Broken Bow which will be staffed with two physicians. The hospital will make an announcement when the new site is found.

In addition to recruiting more primary care physicians in 2009, the hospital recruitment plans also include specialists in Orthopedics, Cardiology and Urology.

But lets get back to nursing for a moment. Recruitment and retention will be one of the largest challenges faced by

McCurtain Memorial Hospital in the years to come. Critical to every hospital's success is the recruitment of quality people for key positions whether it is a nurse or a physician.

How can we combat the nursing shortage? Across the USA, hospitals are focusing on recruitment and retention. They are implementing programs to increase satisfaction of nurses already working and also to entice nurses to come to work. It is estimated the cost of hiring a new nurse is upwards of \$30,000. In a world where the turnover rate is rising, hospitals are looking for ideas to retain nurses in addition to recruiting new ones.

The following are strategies that McCurtain Memorial Hospital has identified to address the nursing shortage:

1. MMH has a scholarship program for employees looking to enter the nursing field or to transition from Licensed Practical Nurse to Registered Nurse.
2. McCurtain Memorial Hospital provides a clinical site for students of Kiamichi Vocational Technical LPN program

and Eastern Oklahoma State College, Idabel Campus RN program.

3. By researching a Nurse Extern program for RN students finishing their first year of studies
4. McCurtain Memorial Hospital developed a Nursing Quality Improvement Team to empower nurses
5. Implementing a nurse mentor program for new graduates.
6. Excellent Benefits package available to all full time employees
7. Wellness program with incentives to lower insurance cost
8. Identify workers in non-nursing roles and fast track them to become nurses.

McCurtain Memorial Hospital firmly believes that our employees are our most important asset. Our survival depends on the best people providing the best care to our customers. We will continue to develop strategies to assure that this happens.

~ By Pam Johnson, RN, CNO
& Frank Drobil, HR Director

THE CHANGING LANDSCAPE....

SUCCEEDING IN THE HEALTHCARE MARKETPLACE

English geologist Sir Charles Lyell in 1830 published the Doctrine Of Uniformitarianism, which stated that slow-moving forces acting over long periods of time shaped the earth. The Appalachian Mountains at one time were taller than the Rockies are today. They are older than the Rockies and have been worn down over the centuries by the forces of nature.

Compared with geological epochs, epidemiologically important changes in the landscape of viral pathogens can be observed in mere eye blinks. In the past 40 years we have seen the emergence of five devastating or potentially devastating viruses or groups of viruses: the highly lethal filoviruses Ebola and Marburg; Arenaviruses such as Lassa in Africa and Machupo in South America; Human Immunodeficiency virus; the Coronavirus that causes acute respiratory syndrome; and an H5 variant of influenza virus

that many experts believe could evolve to cause a pandemic worse than the 1918 pandemic.

It is a changing world. Some changes are so gradual that we don't recognize them; others are so sudden that we are not prepared to deal with them. Most changes, however, are somewhere in the middle. Most failures occur when, even though we have a slow pitch coming toward us, we tend to take our eye off the ball and end up striking out. Consider the automobile industry. How long has Detroit seen the energy crisis coming? Time and time again they ignored the tealeaves. Now General Motors is talking about bankruptcy protection and its stock is at all time lows while its credit rating is junk bond status.

No one can predict exactly what the healthcare delivery system will look like in the short run (5 years) let alone the long term. However, an objective assessment of the trends in critical areas such as physician supply; nurse supply;

social demographics; hospital management and utilization; healthcare economics and quality metrics will provide insight into management of these aspects of our delivery system in the future. This objective assessment allows McCurtain Memorial Hospital to develop strategies through our planning process to enhance our performance and deal with change.

This issue of Landscapes and Portraits deals with change... change in the market place and changes at McCurtain Memorial Hospital designed to address the changes in the marketplace.

Read about our plans and difficulties in recruiting and retaining nurses and physician in an article entitled, "Where has all the help gone?" by Pam Johnson, RN, CNO and Frank Drobil, Human Resources Director. We face a daunting challenge due to change in this area.

Another changing landscape in our service area

centers on our sociodemographics. Read about the impact these changes have on the hospital in an article entitled, "What's in a jar?" by Wanda Adams, Business Office Manager.

The new imperative of Medicare is for hospitals to produce predicable high quality. This is enhanced by Medicare's recent focus on linking reimbursement increases to quality data for both the hospital and its physicians. Deanna Campbell, RN MA Quality Control Director describes what the hospital is accomplishing in the area of quality and patient safety in an article entitled, "The Metrics of Quality".

Hospital s of tomorrow will be greener. Whether it's by making one-time-use products reusable or looking for ways to reduce or recycle. Kena Brown-Allen, Accounting, describes what McCurtain Memorial Hospital is doing to become greener in an article entitled "Green Healthcare Progress Report". ~ By Brit Messer, CEO

THE METRICS OF QUALITY

The measure of quality care has many faces-patient satisfaction, safety, organizational culture. The single most powerful driving force in a culture of quality is ATTITUDE.

Quality improvement is a way of thinking, being, and acting. It is the way McCurtain Memorial Hospital plans services and care, and then tracks the successes and failures. It is the way we look for opportunities to improve every day, and our willingness to take action and sustain a

“Culture of continuous quality care”.

A culture of quality care shatters the urban myth. How many times have we headed to Dallas, Oklahoma City, Texarkana or Tulsa because of the belief that healthcare quality is better in a larger city? The fact is, healthcare quality is determined by the people who provide the service, not by geography.

McCurtain Memorial Hospital utilizes specific criteria for selecting performance measures. At the core are aspects of care and service

which are high risk, high volume, and problem prone. Some of these include falls, medication-verification, C-sections, inductions, tracking of critical lab values, employee accidents, recruitment and retention rates and patient satisfaction, to name only a few.

Every department at McCurtain Memorial develops meaningful performance measures-the lab, imaging, dietary, environmental services, accounting, nursing, medical staff. Without performance measures we would have no way to objectively evaluate

whether we’re meeting our goals of quality care, patient satisfaction and safety. We collect data and then look for characteristics and trends to tell us whether there is a problem or how we might improve a process.

We collect information from Patient Satisfaction Surveys, both internal surveys and the external Press Ganey survey, from employee surveys, from critical incident reports, and from the medical record itself. This information is used to promote quality care and patient satisfaction. Patient

satisfaction is increasingly a component in determining organizational effectiveness.

This is an exciting time to be a part of McCurtain Memorial Hospital, because we are in the process of creating a culture of quality...

- ❖ In the way we’re learning to problem-solve together;
- ❖ In the way we’re learning to talk with each other and with our patients and their families;
- ❖ In the way we’re learning to prevent problems;
- ❖ In the way we continually look for ways to improve

quality of services at all levels, regardless of our job assignments;

- ❖ In having the expectation and attitude that we can and do provide quality care and services; and
- ❖ In embracing the challenge of quality.

Like the game of golf, quality care is measured by accuracy, predictability, consistency, and “love of the game”.

~ By Deanna Campbell,
RN, MSLBP
Quality Control

WHAT'S IN A JAR?

I was working in the front yard last week when I noticed a bolt was missing from my weed-eater. No problem! I knew that I had a mayonnaise jar full of various sizes of nuts and bolts on a shelf in the garage. Off to the garage I went and picked up the dusty container. As I opened the jar to select "just the right sized bolt", I wondered how in the world I had accumulated such a collection! What items gave up those spare parts? Why did I think it was so important to keep each of them? I noticed that several of the bolts were bent and broken so I started to throw the entire jar in the trash and go to the hardware store and buy the right one. As I turned the jar over and over to try to find one that would fit, I suddenly thought of how this mixture of spare parts reminded me of the perplexity of the health care industry.

If one believes everything he reads and hears in the media about hospitals; we are the "Bad Guys". The media screams that hospitals charge unreasonable and inflated prices; then if the patient doesn't pay the bill, the collection agency causes hardships on the unsuspecting hard working Americans! They would have the world to believe that hospitals have the ability to purchase supplies at Wal-Mart or ebay prices - but charge 4 times more than what was paid for the supply item. Some even believe that patients are charged differently according to their payer source. Did you ever stop to think that it is impossible for hospitals to charge the patient for the employees working on the loading dock to get the supplies to the door, the couriers

to get the supplies to the pharmacy, the pharmacist to dispense to the floor and so on? Hospitals do not charge the patient for disposal of hazardous waste, maintenance of the buildings and grounds, 24-hour security, maintenance of the patient's medical records, transporting of patients within the facility, social services, billing for insurances, telephone, television and air conditioning services to each patient room and on and on.

Yes, McCurtain Memorial Hospital is a "not-for-profit" facility but how long would we be able to purchase medical supplies if our facility failed to make any profit whatsoever? Should the physicians direct their patients to other facilities, we would lose business and eventually have to close our doors; not to mention added travel expenses for our patients with the costs of sky rocketing fuel. Yes, the not-for-profit hospitals enjoy the government-granted benefits of a tax-exempt status. But how many patients would complain about the tax-exempt status if they knew that the government, through Medicare, Medicaid, Champus, Workers Compensation and others actually *mandate to the provider* how much the payment will be, how much the patient will pay as well as how much the facility must write off? Some of the amounts we are paid by these governmental agencies oftentimes do not equal our costs let alone our charges.

In a recent testimony before the House Ways & Means Committee, Glenn M. Hackbarth, Chairman, Medicare Payment Advisory Commission

stated that health care spending has been rising more rapidly than growth in national income for many decades; and all indications suggest that it will continue to do so in the future. The continuation of this trend, combined with the retirement of the 1st baby boomers reaching age 66 in the year of 2012 and Medicare's new prescription drug benefit, will lead the Medicare program to require unprecedented shares of Gross Domestic Product (GDP) and federal spending.

With health insurance moving toward greater patient cost sharing, a recent study by Health Affairs indicated a sharp increase in the number of *underinsured* people. Based on indicators of cost exposure relative to income, as of 2007 an estimated 25 million insured people ages 19-64 were underinsured. This is a 60% increase since the estimated 16 million people in 2003.

Recent Census Bureau data demonstrates that the problem of the *uninsured* continued in 2006. According to figures released in August 2007, 47 million people (15.8% of the total U.S. population) were uninsured. In total, 42 percent of U.S. adults were *underinsured* or *uninsured*.

According to Rural Development, Oklahoma Cooperative Extension Service, Oklahoma State University, there are proportionately more elderly, more children living in poverty, higher unemployment and lower incomes in rural areas. Rural people report poorer health and more have chronic health conditions. Rural people are more likely to be uninsured and have fewer

health services available in the town where they live.

don't vote in every election. Yes, most will tell you they

true! All we need to do is look at the results of the 2000 Presidential election to see that every vote counted. The same can be said for both the 2004 Presidential election and the most recent 2008 U.S. Presidential Candidates.

The old saying goes "There is no 'I' in team", and this has never been more accurate than in today's health care environment. So where do we go from here as a county? We must take advantage of opportunities to provide a healthier future for our children and our grandchildren, pave the way and entertain ideas of cultural changes through demographic growth and education and attract new businesses and industries. The hospital recognizes the important role it plays in attracting business, industry, retirees and vacationers. We want to be part of the solution. Modern healthcare delivered in a modern hospital will aid in attracting business and industry, retirees and vacationers to our area.

During the next several months, Barack Obama and John McCain will be debating the economy, the war in Iraq, and healthcare reform. You can make a difference! Let me leave you with this quote by Margaret Mead "Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has."

~ By Wanda Adams, Business Services Director

Table 1

SOCIO-DEMOGRAPHICS OF MCCURTAIN COUNTY

Decreased Projected Population:

State of Oklahoma 2025 = 4,081,400 (18.28% increase from 2000)

McCurtain County 2025 = 22,800 (33.72% decrease from 2000)

Below Median Household Income:

National = \$41,994

Local = \$24,162

Decreasing Labor Force:

McCurtain County 2001 = 15,634

McCurtain County 2007 = 13,543

Increased Traffic Fatalities & Injuries:

McCurtain County 2002 = 414

McCurtain County 2005 = 1,177

Increased Alcohol Related Traffic Fatalities & Injuries:

McCurtain County 2002 = 43

McCurtain County 2005 = 104

High Rate of Persons Living in Poverty (1 = best):

McCurtain County 2001 and 2004 Ranking = 74th out of 77 counties in Oklahoma

High Medicaid Coverage:

McCurtain County 2006 = 28.5 % of total population

State of Oklahoma 2006 = 15.8% of total population

Increased Hospital Charity

McCurtain Memorial Hospital 2001 = \$220,856

McCurtain Memorial Hospital 2008 = \$427,052

Increased Hospital Bad Debts

McCurtain Memorial Hospital 2001 = \$1,494,883

McCurtain Memorial Hospital 2008 = \$3,565,091

Indigent Care

McCurtain Memorial Hospital 2006 = \$2,643

McCurtain Memorial Hospital 2007 = \$22,564

McCurtain Memorial Hospital 2008 = \$288,070

What do all of these statistics have to do with McCurtain County? For many years, McCurtain County has "topped the charts" regarding statistics as indicated in Table 1.

What must we do? We can elect people who show the ability to attack and solve this problem! If you were to poll ten random people on the street, I would expect that over half

have voted, but most will not vote in every election. If you asked them why, I'm sure you will get a number of reasons, but again, the most often heard answer would be because they think their vote doesn't count. Ten years ago one might have been able to say this and mean it. But today, you can't possibly get away with an answer like that because it's simply not