



# "Adding New Service Lines to Our CAH Facility"

**Background**

**Vision**

**Experience**

**Ada Bair, CEO**

Memorial Hospital, Carthage, IL

**Jim Easter, Principal**

Ehc, Nashville, TN

November 10, 2022





# Learning Objectives For Today

- Adding **Service Lines** to A **Critical Access Hospital (CAH)** Program
- Exploring New Programs and Services to Our **Rural CAH Campus**
- Ways to **Test the Market** and Benchmark Options
- Considering Oncology As A **New Service** (Pros, Cons and Key Attributes)
- Planning, Design and Construction for **Oncology**



# Introductions and Background

- Ada Bair's Background
- Jim Easter's Background

*Common Themes impacting our work in healthcare.  
Our Approach to Today's Presentation.*




Q1: Jim, we've known each other for many years, how did facility planning start off and evolve on projects working with Memorial (QHR, Georgetown, Carthage, other as appropriate, etc)?

- Background With UT/MD Anderson In Houston (Also UTMB)
- Joining HCA and Transition to QHR
- Work With Small, Rural Hospitals in Ohio
- Introduction to Charlie Bair
- Work With Ada Bair in Georgetown
- Extensive Experience With CAH Facilities
- Change In The Wind To Ambulatory Care




# Q2: Ada, how has master planning (MP) helped your TEAM IN HEALTHCARE OPERATIONS as well as board decisions, staff awareness, budgeting, IT, fund raising and managing change?

- Moving to Carthage
- CAH Conversion
- Early Days of Programming, Planning and Design (Site Selection)
- Growth, Change, New People, Services, Concepts and Design
- Funding and Compliance Issues
- From Those Early Days Until Today



Q3: Jim, how does what YOU DO AS A PLANNER differ from architecture or does it differ at all? Why would a rural or CAH facility find value in “researching new programs”. Are CAH's changing? Might this impact our future financial status...if yes, how?

- Brains Before Bricks and Mortar
- Form Follows Function, Follows Funding
- Managing Pre-Design
- Goals, Facts, Concepts and “Real” Needs
- Function, Form, Economy and Time (Faster, More Efficient, Convenient)
- The CAH Status As a Role Model for Today’s Environment



Q4: Ada, you've recently faced a couple operational and facility/asset challenges, could you describe how **PLANNING, FUNCTIONAL PROGRAMMING, and MASTER PLANNING (MP)** helped out with leadership choices?

- Getting The Old Hospital Replaced
- Adding Memory Care and Senior Care
- Expanding the Campus With the MOB/Clinic Outreach Programs
- Considering the Village Concept and How That Might Work
- Expanding the Current Facility, Updating the Master Plan (MP)
- Considering New Services Within the Community and On Site (OR/OB)

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### What NRHA event are you most excited to attend this year?

I'm really looking forward to the Annual Rural Health Conference — it will be great to see everyone and have the ability to reconnect to other people who are passionate about rural health issues. I've been to 16 Annual Conferences at this point, but one of the most memorable was in 2007, when we went to Anchorage and had the opportunity to tour some of those small Native Alaskan villages in the health care system. It was absolutely eye opening.

### Finally, we really love your Rural Health Voice podcast — can you tell us how it got started?

In 2017, my board president at the time was a self-proclaimed podcast junkie. She came to me out of the blue one day and said, "Beth, we should have a podcast." I applied for one of the NRHA grants to the State Association Council for special technical assistance, and I got the grant — which is cool, except then I had to start a podcast. We launched it in September 2018, and we are now 72 episodes in. We have talked about travel nurses, LGBTQ+ issues in rural communities, substance use disorders, transportation, broadband, vaccines — not just COVID but also HPV and meningitis — just a little bit of everything. It has turned out really well, and I love doing it. ■

*This interview has been edited for length and clarity.*



## Exploring radical rural health flexibility

David M. Sheedy, PE, Melinda Pogwizd, AIA, and Zach Frush, AIA

Rural health care often conjures images of shuttered hospitals and the slow exodus of the young to urban areas. Yet each rural community has its own unique identity with its own challenges and opportunities. The independent spirit that fuels rural America presents opportunities to develop unique and innovative solutions to the obstacles faced by rural health care providers.

NRHA member Merrick Medical Center (MMC) is a critical access hospital in Central City, Neb., pop. 3,000. MMC has long served the community's health needs and as the area's main employer and economic linchpin. As part of NRHA member Bryan Health System, MMC aims to keep high-quality care local so patients



do not have to travel to Lincoln for treatment — a 90-minute drive one way.

Like rural hospitals, rural hospitals designed for inpatient care but found ambulatory care was rapidly becoming the mainstay of their business. MMC's existing campus had limitations for future development due to aging infrastructure, lack of patient privacy and rooms for complex modern medical equipment and staff workflow. Additionally, with only four providers in the community and a detached, non-adjacent outpatient building, staff members were commuting between facilities throughout the day to serve outpatient, inpatient, and emergency patients.

After acquiring 22.4 acres of land from the Dinsdale family, MMC embarked on a journey to create a new \$27 million facility. The goal of the new facility was to provide a comprehensive care experience using on enhancing wellness and offering comprehensive health care for its underserved community. Designed by NRHA member Kahler Slater and built by April 2022, the 51,307 square-foot hospital employs a radically flexible design, with every

part of the facility optimized for varying levels of acuity, pandemic planning, and surge days using standardization, hybridization, and a move towards non-proprietary technology.

Kahler Slater conducted a strategic analysis to understand current utilization of services, projected need, and translation of market dynamics for each of the services. The analysis revealed several unearthened prominent themes that inspired leaders to think beyond the traditional approach to flexibility. Radical flexibility includes three levels — micro, meso, and macro — to ensure flexibility is built into the DNA of the building.

Flexibility is now the most valuable currency of health care design. In a world where outbreaks of infectious disease are becoming more frequent along with other threats to resiliency such as climate change, disaster, and pandemic, resilience planning is essential. Health care spaces need to be standardized, configurations templated, and spaces assigned as needed.

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Outpatient/ACC

A Campus MP

Location

Adequate Land


Strategy

Risk/Reward/ROI

Rationale Need


Flexibility





5) Jim, you mentioned in the "invitation and proposal to speak" that you and I would talk about ONCOLOGY and CANCER CARE in rural communities, could you elaborate?

- Lessons Learned From MD Anderson and the UT System (UT/MDA)
- Lessons Learned From The Community Health Network (CHN)
- Working As Both An Administrator and A Planner
- Unique Features of Cancer Care (North and South Campus for CHN)
- Applying These Examples to The Rural and CAH Community
- Steps To Follow During The Feasibility Phase (Goals, Objectives, Needs)



Q6: Ada, do you have oncology programs at Memorial, how do/don't they work within your service area? What about ONCOLOGY nursing staffing and tertiary contracts or partnerships?

- Past Experiences
- Current Programs
- Oncology On Our Campus and Within Our Community
- Interface of Programs With Daycare, Mental Health (Pre, Post and Q/A)
- Status of the Hamilton Village Campus
- Moving Forward Into the Future



# Q7: Jim, Are There Steps We Should Follow For Oncology and/or Other New Programs That We Are Adding?

## Step 1: Situation, GOALS and Objectives

Fitting A New Program Into The Service

Added Value Factors For Oncology

Testing The Market

## Step 2: FACT Gathering, Research and Systems Inventory

## Step 3: Test CONCEPTS, ideas and impressions

## Step 4: Test NEEDS with User Input (Consensus Building):

Space

Schedule

Feasibility

## Step 5: Present Findings and Select PRIORITIES

## Step 6: Address ISSUES.

Competition

Recruitment

Technology

## Step 7: Seek APPROVAL of Program, Plan and Priorities (Clarify Issues, If Any)

## Step 8: Start the Project by Selecting The MOST EXPERIENCED A/E/C and Enthusiastic Team



Resource Center

## How to Move from a Reactive to a Proactive Healthcare System

HCOs need to understand that simply investing in new technology will not solve their problems and processes for the long-term. Instead, they need a holistic view on where and how individual technologies and systems can integrate to create efficiencies and also detect the areas that may be too immature for such advancements.

[View the Complimentary eBook](#)

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# Cloud & Data Management (Who To Use and How Much)

# Cyber Management (Resilience and Recovery As Required)

# Recent Info Session (Healthcare Impact Future)



### Layered Cyber Security for Data Protection

**Keep in Mind**  
Internal awareness can reduce risk & improve solutions

**Traditional Data Protection Best Practices**

- Take the Cyber Recovery Assessment
- Deploy a layered data protection approach for all systems, but always include a data protection solution

**Additional Hardening and Protection Features**

- Product specific hardening guides
- Encryption in-flight/at rest, retention lock with Security Officer credentials

**Advanced Protection Services**

- Cyber Recovery Solution, endorsed by Sheltered Harbor
- Dell Tech service offerings: assess, plan, implement

Take the Cyber Recovery Assessment!

### What to look out for in the Public Cloud

**Cloud Promise**

- Agility
- Elasticity
- Security
- Flexibility
- Savings
- Easy

**Desired Outcomes**

- Operational efficiencies
- Simplified management
- Modern architecture
- Eliminate technical debt
- Self-service deployments

**Cloud Reality**

- Unused Resources
- Complex Monitoring
- Inconsistent Security
- Confusing Choices
- Bill Management
- New Skillsets

**The Multi-Cloud Reality**

- Every cloud provider is unique
- Data gravity creates vendor lock in
- Leveraging best-of-breed is difficult
- Moving between clouds can be difficult
- On-Premises access may be required

**Surprise Results**

- Lift-and-shift provides no benefit
- Massive and complicated bills
- Data Protection is more complex
- Moving data is expensive
- Rogue deployments difficult to control

**Surprise Requirements**

- Other technologies are needed
- New administration tasks
- HA/DR requires additional work
- Uncontrolled deployments
- Culture and mindset needs to change

**FLEXIBILITY AND CHOICE – WITH NO LOCK-IN**

### The possibilities of multi-cloud with Dell

Turn multiple clouds into a true multi-cloud strategy that meets business demand

**Co-location with Partner**

**Data Center**

**Edge Environment**

**PUBLIC CLOUD**

**PUBLIC CLOUD**

**FREEDOM OF CHOICE**

**A CONSISTENT EXPERIENCE**

**OPTIMIZED OPERATIONS**

Dell Technologies

# People - First and Foremost In Healthcare

Leadership  
Closure  
Engagement  
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October 19, 2022

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4. Understaffed workforces can't fully activate patients. Here's how Nemours Children's [bolstered patient engagement](#) and reduced no-shows and cancellations with an easy-to-apply solution.
5. Fitch: No rating fallout for CommonSpirit amid cyberattack [Full story](#)
6. MercyOne staff to be paid same as last paycheck due to CommonSpirit ransomware attack [Full story](#)
7. While already at a crisis level, the demand for healthcare workers is projected to continue to grow by nine percent annually through 2030.1 To overcome this, hospitals are looking for innovative solutions and an integrated care approach beyond focusing solely on recruiting and HR functions. [\[Read More\]](#)
8. Renown names former Centura exec as CEO [Full story](#)
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## Q/A/Comments

Emails welcomed

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