

RMCH gets on the road to break even

Written by By Holly J. Wagner Sun Correspondent
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The road back to financial and operational health for Rehoboth McKinley Christian Hospital is long and filled with challenges, but management is taking steps on a path of incremental change that will affect staffing, vendor contracts and eventually management.

Interim CEO Bill Patten is excited about measures the hospital's board approved in its Jan. 31 meeting. Adding those to his ongoing efforts to reduce supply and service costs – which he has so far done to the tune of \$38,000 a month – he hopes to get the hospital operating at break even on a day-to-day basis by May or June.

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The hospital will begin a search for a Chief Operations Officer, a new position. The search will include internal and external candidates. Patten has asked staff to develop the job description, create a compensation package and develop the recruitment process in the hope of having the position filled within about six months.

The changes patients are most likely to see are merging the Medical-Surgical Unit with the Intensive Care Unit, which allows nurses to serve both patient categories more efficiently, Patten said; as well as some staffing changes that should open up more appointments. That's good for patients and for the bottom line, as RMCH works to keep patients, and the revenue they generate, local.

The board approved contracts with High Desert Physician Management for two local providers who already work at the hospital: RMCH's only pediatrician, Dr. Michelle A. Stam-McLaren, and podiatrist Dr. Matthew Spiva, who also specializes in wound care. Under the new contract arrangements, more appointments should be available with both doctors.

"[Dr. Spiva is] very busy. From a production perspective, he is our number two physician," Patten said.

The demand stems from the high number of diabetes patients in the area. Because of the associated numbness and neuropathy in lower extremities, diabetes patients may injure themselves without even knowing it.

"It makes what would be simple wounds for you and I into complex wounds for diabetic patients ... that wound turns into an injury that just doesn't want to heal," Patten said.

The board approved hiring a physician assistant or nurse practitioner to help urologist Dr. Christopher Hoover, who works half-time and is booked out for four months, Patten said. The assistant will help expand the practice, which will also support surgical referrals. Hoover will move to a five-day-a-week contract to deal with the backlog.

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J-1 VISAS

Another change is a plan to hire two or three physicians under the J-1 visa program, which gives doctors who want to emigrate to the U.S. preferential treatment when they commit to work in a rural or underserved area for three years.

The first new hire under the effort is expected to be addiction medicine and preventative medicine specialist Dr. Sher-Ali Kahn, who's been in Albuquerque while his residency papers are processed. Patten hopes to have him on board within a couple of months.

"The addiction medicine will be such an important new element for our community. We're really excited about it," Patten said.

A cardiologist – or two, or three – is also on the RMCH wish list.

"It would enhance ability in the emergency department, for hospitalists and surgeons," Patten said. "They could get a local consult to determine that [patients] are OK for surgery."

Another high priority is a gastroenterologist, Patten said, because currently a majority of G.I. work has to be transferred out of town.

FLEX NURSES

Among the measures is a plan to offer voluntary flex positions for three nurses, who would work

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in whatever department has the most need instead of the same department every shift.

They would be guaranteed pay for 36 hours – three shifts – per week, whether they work them or not. Extra shifts would carry overtime wages after 40 hours. For each pay period, two of the nurses would work day shifts and the third would commit to working night shifts, so nobody would be stuck working back-to-back shifts or switching shifts during a pay period.

Nurses who are qualified to float among medical surgery, the ICU and emergency departments will be eligible for an extra \$7.50 per hour; for adding a fourth department, that could go up to an extra \$10 per hour.

“What we are hoping is that some of our current nurses want these positions and then we can recruit for regular schedule nurses. We are very competitive on our salary and benefit structure,” Patten said. “It’s another way to reduce our dependence on travelers.”

Traveling nurses are more expensive than permanent staff. During the pandemic RMCH had as many as 47 traveling nurses, which added up to \$1 million a month.

“When you have 47 traveling nurses and it’s costing you a quarter of a million a week, that adds up pretty quick,” Patten said.

Now that number is down to eight: Five in the emergency department, one in the operating room and one or two in ICU.

LOOKING AHEAD

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In the months ahead, Patten wants to do a staff needs assessment, and develop a recruitment strategy for all levels of employees.

“Across the country, 9% to 15% of the population wants to live in rural America,” he said. “We need to make ourselves attractive to them.”

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