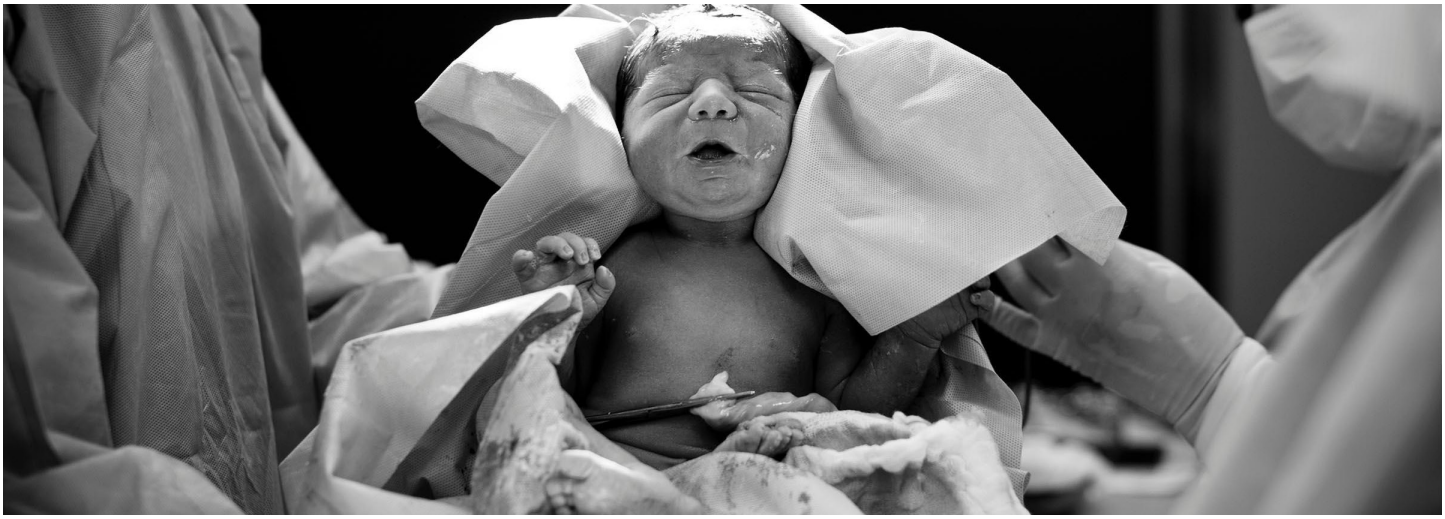

To serve the community, provide cradle-to-grave care

By Erin Graham | March 12, 2019

At a time when many rural hospitals struggle just to keep their doors open, some are doubling down on their commitment to servicing their communities – and even expanding services. Take 25-bed Gibson Area Hospital & Health Services in Central Illinois, which has bucked the trend of dropping OB specialty services. Instead, in 2014 they built and staffed a brand new labor and delivery facility.

Rob Schmitt, CEO, talked with athenaInsight about why Gibson is committed to prenatal care and delivery for the long haul.

Q: Many physicians report feeling burned out, but it's still considered a sign of weakness for them to admit it publicly, much less seek help. How did you overcome this stigma and reach out for guidance?

A: I think it was the realization that there was such a mismatch of what I thought it would be like to be a successful doctor, and what it felt like. I had in my mind, "This is going to be an amazing career." And in a lot of ways, it was. But the gap between that and the reality, what I felt every day, was unsettling.

It was very normal for me to wake up and leave before my kids got up. And I'd get home, oftentimes after dinner, and even in some cases, after they went to bed. That was just my pattern. But I was being successful.

And what I found was that I was starting to get worn down. Not so much physically, but more emotionally. Because when I woke up most days, I felt some degree of pressure, angst, worry – who am I going to let down today? Who might I even hurt due to my lack of focus? Because I had overcommitted to so much. It was like I could not stay charged. I would power through it.

Number two was literally the experience that my family was having of me. If you looked at my patient satisfaction scores, they would be 98 percent. However, if you looked at my family satisfaction scores…they weren't 98 percent. Let me just put it that way.

On top of that, the experience of one of my best friends killing himself – as a medical student – it certainly got my attention. And then one of my partners in my practice killed himself, too. You can read the data on it, but when it's personal, it's different.

Q: Your personal experience led you to create Novant's Health Leadership Development Program. Can you share what makes this program unique?

A: When I took the role about three years ago, this was our mission statement that I wanted to make a reality: We will become world-class at caring for our people, so that they can be world-class at caring for our patients. That was the new drumbeat. And the part about making it a reality is, our people had to feel truly cared for.

We specifically called it a leadership development program because it was about leading from the inside, leading your life. That means know yourself: Know your patterns, know your habits, know your success model, know the impact of you on other people.

And then leading the teams that you work with, both your work teams and your home teams. And eventually, how do you lead the culture of your organization.

Q: Who is on your delivery team?

A: Of course, one of the keys to delivering babies in rural areas is having enough providers to deliver. A lot of hospitals have one or maybe two docs, and that becomes very onerous on their personal lives and on their families.

Here, we have six family practice docs who all deliver and we're adding a seventh. We had as many as nine at one point. And a one-in-nine call rotation for an OB doc is wonderful. About every two months I have to take call? That's great! So that also helps attract, from a recruitment standpoint, other docs.

Q: So many small hospitals are cutting OB because it's a loss center. What's your view of OB both financially and in terms of the community?

A: We're firm believers that if you lose OB, you really start to lose the core of the community hospital. And yes, there's plenty of hospitals that don't deliver babies that are still around and still provide care, but we've been committed to saying, "We're here for you as an organization from the first of your life until you're no longer here." And we've committed money and resources and doctors.

We don't measure success financially. We're not delivering babies because it makes us money. We deliver babies because it's a great service to provide our community. From a pure financial standpoint, we need to deliver 300 babies a year for the service to break even. Fifteen years ago when I came here, we delivered 150 babies a year. We delivered 251 babies last year, so we're getting closer to breaking even, but that's not the driving reason we provide the service.

Q: You've won a Women's Choice Award for your OB services. How important is it for a community hospital to connect with the women in its community, whether it's at birth or otherwise?

A: It's absolutely necessary. The wife/mother/female makes the healthcare decisions, whether it's [for] the family itself, her parents, or his parents. And if you make sure that you connect with the females, make sure they feel safe and that they believe you're a quality organization, then they're going to drive the rest of their family to you.

That's been kind of one of those core beliefs of the hospital. The board has always said, "Happy doctors make a happy hospital." Well, the same thing applies: Happy moms make happy families.

Q: What are the risks in not focusing on recruiting in community OB?

A: For some hospitals, it's just the fact that their medical staff has aged out and they haven't been able to replace them. And the community's like, "Well, if you're not going to have any new docs coming, then I need to go see somebody in another town." If those families start driving somewhere else at the beginning of their family lives, it's hard to get them back.

Erin Graham is a frequent contributor to athenaInsight

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