

Rural hospitals: Getting the short straw?

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The rural health care facility is ignored by many consulting firms. Considered too small to be a profitable account, hospitals with fewer than 200 beds don't even receive marketing materials from most consulting operations. But rural health care has needs.

Most firms do not understand the dynamics of the rural area. Smaller facilities can't have any waste. They can't tolerate a great deal of specialization. To survive, they must make the most of every asset and minimize every liability.

Rural hospitals tend to have staffing concerns that urban organizations never face. Their difficulty isn't what type of practitioner to hire, but rather finding what type of practitioner is available. In determining ways to redesign a facility, such information must drive decisions. Understanding the limited human resources of many rural areas, care must be taken to develop systems that conserve these vital resources.

Swings in census are a problem for all facilities, but in rural settings staff members do not have the option of working somewhere else part time, or for an agency. Failure to meet the financial needs of staff can lead to migration from the area. Systems designs should determine how to best ensure that sufficient competent staffing is available for each area. This frequently involves the development of "disaster" plans for each unit. The disaster may be a sudden influx of new patients, or the addition of new procedures.

Maintaining competence is another major concern in smaller facilities. With less than 30 deliverity to perform quality care? This same concern can be applied to critical care, trauma and surgical procedures.

Material resources are also a concern in the rural setting. Just-in-time inventory systems work very well where there are warehouses close by and daily deliveries, but daily deliveries to rural area might far outweigh the cost of maintaining stock levels.

Medical equipment and monitoring is also a cost/benefit issue. What is the mission and goal of the hospital? How does proximity to tertiary care impact the need for technology? What is enough? What is too much? This cannot be answered as well as the financial concerns of the hospital. Failure to look at the issue

comprehensively can lead to poor and costly decisions.

Computerization is often an issue in the rural hospital. What little is available has usually been purchased as stand-alone systems by departments, leaving the facility overall with archaic methods of using information. Rural facilities must seek out and support information systems that are designed with smaller hospitals in mind. The cadillac systems with high prices are overkill for most rural facilities.

Small hospitals are not going to go away. The need for quality assistance for these facilities is only going to increase as the healthcare climate continues change. Understanding these unique facilities and helping them meet their challenges will not only help the rural areas in questions, but will also improve the health of the nation.