

King's Daughters' Hospital and Health Services Need Assessment Hospital Leadership Interviews

Conducted September 2010
With 30 Leaders

Background on KDHHS Leaders' Interviews

- King's Daughters' Hospital and Health Services arranged interviews with 30 top leaders including Board members, management staff and medical staff. Each interview averaged between 15 to 30 minutes and asked individuals to rate health issues and to indicate the level of responsibility KDHHS has on major issues.
- Each individual also had opportunities to provide comments about health needs and the planning of the new hospital facility.

KDHHS Leaders' Opinions on Health Issues in the Communities served (Using a 7 point scale with 5, 6 and 7 being a major problem; 3 and 4 being a minor problem; 1 and 2 being not a problem)

	Major Problem	Minor Problem	Not a Problem
Tobacco use	96%	4%	0%
Overweight and obesity	93%	7%	0%
Physical activity	81%	19%	0%
Substance abuse / addictions	76%	22%	2%
Mental Health	75%	21%	4%
Chronic disease	74%	22%	4%
Responsible sexual behavior	74%	19%	7%
Maternal and child health (teen pregnancy)	52%	37%	11%
Access to health care	48%	37%	15%
Injury and violence (domestic abuse / sexual assault)	33%	56%	11%
Environmental quality	30%	48%	22%
Special needs / disabled / impaired	26%	52%	22%
Occupational and safety health	22%	48%	30%
Infectious disease	19%	37%	44%
Immunization	15%	33%	52%

KDHHS Leaders' Opinions on KDHHS' Role in Addressing Issues

- Most internal respondents referred to the mission statement to indicate that KDHHS exists to serve the community. Many believe that as one of the largest employers in Jefferson County, KDHHS has additional responsibility to be a good “corporate” citizen. Everyone indicated KDHHS wants to and has a responsibility to serve the community. Many listed a responsibility to educate as part of the responsibility to the community
- The health impact of tobacco use, lack of physical activity and obesity are interrelated, and many cited this while discussing chronic disease. Many mentioned the need for more community wellness programs to address the physical activity/obesity issues. Several cited the need to continue to work with the youth in the community before they develop chronic health issues such as a BMI Challenge in area schools.
- The most frequently mentioned areas in which community members may have unrealistic expectations from KDHHS is the desire for “free services.” Mental Health was another issue mentioned by many as being a KDHHS issue in the minds of public. Several others mentioned the public’s view that KDHHS remaining downtown is vital to Downtown Madison’s economic viability.
- KDHHS leaders pointed out the seemingly large amount of charity care provided to the community, and the majority believed that individuals who need care are not turned away due to lack of health insurance. However, many discussed the issue of patients not taking their meds due to their expense or delaying health care ultimately resulting in more severe conditions and increased health care costs. Many mentioned patients who are using the Emergency Room for their healthcare versus going to a general practitioner.
- Substance abuse, particularly narcotic and prescription drugs, was voiced by many KDHHS leaders as being a major health issue in the community. The lack of substance treatment centers and mental care facilities to refer these type of patients to is a major concern. Many felt the public needs to be aware of how much of an issue substance abuse is in the community i.e. amount of babies born addicted to Meth/detoxification required. The need for further drug education in the school was also mentioned, as well as better communication between KDHHS and the local legal system.
- The lack of Mental Health facilities and Mental Health practitioners was frequently mentioned. Several stated that it takes hours to find a facility to place a patient. For those on suicide watch, this requires one to one patient care which is costly. Many expressed a strong need for a better referral system and more resources. Utilizing tele-medicine was discussed as a potential solution particularly for pediatric patients.
- Many mentioned the need to help educate and guide the elderly in regards to their healthcare particularly those with a chronic disease. Many re-admissions to the hospital because these patients were not compliant with the meds they needed to take or what else they needed to be doing for their healthcare.

KDHHS Leaders' Opinions on KDHHS' Role in Addressing Issues continued...

- Several KDHHS leaders cited that access to health care has been an issue for those new to the community. Several mentioned examples of physicians not taking new patients or being inflexible with their office hours. The need for evening office hours was cited by several individuals. Others mentioned examples where a patient has been healthy for a year and when calling his/her doc for an appointment - finding that the doctor no longer has them listed as his/her patient
- Several KDHHS leaders cited the need for KDHHS to serve as the example in regard to its own employees' health and fitness. The need for the entire campus of the new facility to be non-smoking was cited. A few mentioned the need for the KDHHS smoking policy to be enforced. Many mentioned the need for healthy meals/snacks to be offered in the KDHHS cafeteria. Adding a walking trail to the new campus was also cited.
- A few KDHHS leaders cited the need for KDHHS to explore why cancer statistics are higher in Jefferson County than in adjacent counties.
- Many KDHHS leaders are aware of various grant-funded programs in place, and several discussed the need to have a dedicated staff person in place to explore additional grant opportunities for the organization.
- Several individuals stated that they felt the statistics for domestic violence (both physical and mental abuse) are under reported in the county. They mentioned they have seen instances of such increase as the economy has weakened in the area.
- The need to resume financial funding of the CPR (Creating Positive Relationships) abstinence-based education program was cited by several individuals. Several discussed the need to have a safe sex program for those in high school who are sexually active. The need to educate sexually active youth that they can obtain contraceptives without parental consent from age 14 on was also discussed.
- The need to cover nicotine replacement therapy (NRT) products such as nicotine patches and Chantix and other medications to help people quit using tobacco as part of KDHHS employees' health benefits package was brought up. It was stressed that other businesses in town do cover these medications for employees or reimburse their expense up to a certain amount of money. It was further stressed that if the new campus is tobacco-free, KDHHS needs to be proactive to help employees quit. Otherwise employees will have to travel a larger distance to leave campus to use tobacco affecting productivity. In addition, the 1-800-QUIT-NOW number and grants do provide two weeks of patches and gum, but this resource cannot be accessed by employees who live in Kentucky or in Indiana counties other than Jefferson and Switzerland. Most people need 10-16 weeks to successfully quit smoking using patches/gum/medications versus the two weeks this resource provides.
- Several mentioned that they know of individuals who have gone to other hospitals to have their children due to OB physicians not seeing patients until they are 12 weeks along or more. Other nearby hospitals will see patients sooner in their pregnancy.

KDHHS Leaders' Suggestions for KDHHS for Services, Meeting Needs and/or New Hospital

- Improve KDHHS' image in the community before new hospital is constructed. Use staff members versus management as the "face" of the campaign to tell community why a new hospital is needed.
- Fix the billing issues which have negatively impacted KDHHS.
- Security issue having last names on employee nametags. Suggested having only first name and last initial on name tags such as "John S." Patients are exhibiting more threatening behavior which has made nurses fearful.
- Several expressed need for physicians in the following specialties: cardiology, pulmonology, rheumatology, psychiatry, occupational medicine.
- A few mentioned that they felt "the hospital" wants to keep doing more - when it should be covering the basics better. They cited the need to improve the intensive care area plus the decrease in physicians in cardiology, pulmonology, primary care and neurology. It was expressed that there needs to be just as much concern about the quality of doctors and nurses, as there is on the new building and technology.
- Need for an on-staff psychiatrist or improved referral program for those with mental illness. Hours of staff time are spent finding facilities to refer patients to with open beds.
- Strong need for a recycling "Go Green" program throughout KDHHS was stated by many.
- Add an Occ/Med physician. Those making the suggestion stated that the organization is losing much of this business to facilities in Columbus, Scottsburg and New Albany. Partnering with another facility was also suggested if such a doctor is not added, and that KDHHS review its drug screening fee to be more competitive.
- Bring back a women's health conference to provide proactive health education to area women who are often the health care decision makers for their respective families.
- Build a new cancer center on the new KDHHS campus. The current facility has space limitations and there is a need for such a facility to be next to a hospital due to the issue of transporting biohazard waste and the need for access to a pharmacist.
- Continue youth-based Wellness programs such as "Girls on the Run". Work with schools on providing healthy school lunches.
- Need to offer transportation between MOB and new campus. Several leaders mentioned that patients downtown walk to the present facility. They also cited that some patients have had to wait two hours for "Catch a Ride". Feels that these programs should be expanded since new hospital is not "walkable".

Suggestions for Services, Meeting Needs and/or New Hospital continued...

- Expand tobacco cessation program to include Trimble and Carroll Counties in Kentucky and South Ripley County in Indiana.
- Several individual stated they don't understand why KDHHS isn't waiting to build a new hospital until it can build what it really needs - where more departments can be incorporated onto the campus and the facility fully meets the public's needs.
- Creating an outside meditation garden and/or chapel for patients families at the new campus was suggested by several leaders.
- Need for lactation room or public restroom stall with plug for employees who are breast feeding.
- Enhance the cafeteria at the new hospital by offering various food stations with improved food quality and increased healthy offerings. Offer outside seating adjacent to the cafeteria.
- Expand the hours that the Convenient Care Center is open - needs to be open until Midnight.
- Offer a free clinic where docs volunteer one hour a week.
- Ensure the transition between the two hospitals is carefully planned out. Allow a phased in cut-off for moving patients between facilities versus one finite date. This may be harder on the facility/staff, but better for the community.
- Ensure that health care providers in each area of new facility are allowed to give feedback followed by action for their respected area in the new facility. Make sure what is designed is fully functional.
- Need to insure the new facility gives a good first impression - only have one shot to do such.
- Concern over longer patient floors - may make it tougher to communicate and harder for those patients with walkers to travel over.
- Communicate to employees what comes out of this survey and what is going to be done. Move quickly on what is identified.
- Need to put a contingency plan in place to deal with aging nursing workforce.
- Promote direct access testing more.
- Do not place any departments dealing with the public or the conference center in the basement of the new hospital. Locate conference center, so there is access to the outdoors and ensure there is a strong internet and cell phone signal.