



St. Andrew's Health Center

SMP Health System

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St. Andrew's Addresses Community Needs

In February of 2009, St. Andrew's Health Center (SAHC) conducted a series of Focus Groups, in which community members of varying ages and occupations participated in community assessment survey groups, facilitated by the UND Center for Rural Health. SAHC is now responding to some issues discussed in the Focus Groups. Two of the issues that participants stated were related to the discontinuation of the obstetrics program at St. Andrew's in 2000 and the possibility of exploring kidney dialysis at SAHC.

Many questions still arise as to *why* St. Andrew's discontinued its obstetrics program. The underlying reason for St. Andrew's, and many other Critical Access Hospitals across the state, is the cost effectiveness and proficiency of the program. In a rural health setting like Bottineau, it is vitally important for operating costs to not greatly outweigh revenue from a particular program. In fact, recent data from the American Hospital Association indicates as little as 6 Critical Access Hospitals and 6 Prospective Payment System Hospitals across the state still operate an OB program, with Valley City being the latest to discontinue their program. Providers in other states with as many as 100 to 200 births a year have gotten out of their OB program due to the inability to control costs and maintain proper OB physician coverage.

In financial assessments of healthcare facilities, it is recommended that hospitals with less than 10 births a month consider discontinuing the service. Here at St. Andrew's, in 1994, 21 babies were delivered. In 1998, 8 babies were delivered at St. Andrew's. The trend continued through 2000 when just 2 babies in 7 months were delivered at the facility. With the number of women choosing other locations for delivery, it became cost prohibitive and the decision by SAHC was made to discontinue the service.

Jodi Atkinson, President/CEO of St. Andrew's Health Center, says, "We got to a point in which the numbers just weren't there. As much as wanted to offer the service, we couldn't financially continue offering OB at St. Andrew's."

A Certified Registered Nurse Anesthetist (CRNA) or anesthesiologist should be on staff during a labor and delivery, and St. Andrew's Health Center does not have either. The Centers for Medicare and Medicaid Services have recently confirmed that on-call costs for a CRNA are not allowable, which would create an even larger financial burden for a rural healthcare facility. A surgeon should also be immediately accessible, as a C-section needs to be available within 15-20 minutes if complications arise.

Labor and delivery are risky services, and fortunately complications are rare. But when they do occur, mothers need appropriate staff available to deal with these situations on a frequent basis. It is in the mother's and the baby's best interest to have labor and delivery at a healthcare facility that works with a larger volume of obstetric patients and has a CRNA or anesthesiologist and an immediately available surgeon on staff.

What about kidney dialysis? Again, the underlying issue in St. Andrew's offering kidney dialysis is financial viability. There are a number of factors that must be in place to operate a kidney dialysis center. For example, a minimum of 14 patients would be needed to make it work. The area used must be an isolated and independent part of the building. Because no space is available to remodel at St. Andrew's, this would require SAHC to build on to the current facility. A water treatment system would be needed for a kidney dialysis center, which would run around \$100,000 to \$120,000. At least five stations would be needed, at a cost of about \$12,000 to \$13,000 each. Lastly, SAHC would need the proper staff to operate a kidney dialysis center,



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which would include ensuring a urologist could visit St. Andrew's frequently. They would also need to maintain staff certified in dialysis, including annual education for personnel.

"Kidney dialysis is something that frequently comes up in surveys of the community," says Atkinson. "We are continuing to monitor the start up and maintenance costs to a kidney dialysis program, but at this time it is not an option for us."

St. Andrew's Health Center conducted a Capital Campaign from 2000 to 2005, which dramatically improved the financial conditions of SAHC. Today they remain viable, even when other Critical Access Hospitals are not so fortunate.

"In order to keep St. Andrew's financially viable, tough decisions must be made in our offerings. We will continue to utilize the survey as part of our strategic planning process and have provided a copy to the EDC," says Atkinson. If there are any questions on the discontinuation of the obstetrics program or questions on kidney dialysis, please contact Jodi Atkinson, President/CEO of St. Andrew's, at 701-228-9300.