

Public forum held for critical access designation

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LAKE COUNTY -- A public forum on the Board of Supervisor's Tuesday agenda saw a packed room with standing room only for some of the more than 100 citizens who showed up to hear a discussion between supervisors, the public and Sutter Lakeside Hospital (SLH) administration on the hospital's recent decision to convert to a critical access hospital (CAH).

The status would allow the hospital to receive higher Medicare reimbursements but require the hospital reduce its inpatient bed capacity from 69 to 25.

Inpatient beds are those typically reserved for more critical medical conditions that require up to a four-day stay.

The average daily census is 24.7, and the hospital has never had a census over 44, according to SLH CEO Kelly Mather, who addressed the Board of Supervisors and the dozen or so citizens who gave their input, many of whom voiced concern about having to face a transfer if a bed were not available at SLH.

Mather said the status would allow the hospital to more immediately place patients where they need to be. "If someone comes into the ER (emergency room) we're no longer going to keep them in an inpatient bed for a day until transferring," Mather said. Instead, patients would be transferred immediately.

The hospital says they need the status because currently, only one out of five Medicare patients bills are paid in full to the hospital, and as a result, SLH would "likely lose \$5 million" in 2008 without CAH status, which would increase Medicare payments so that four out of five of those patients' bills would be paid in full to the hospital.

The hospital operates at \$62 million net revenue at a deficit of \$1 million. The increased reimbursement from Medicare would bring in a minimum of \$3 million for the hospital.

Supervisor Anthony Farrington said he spoke for his constituents when he asked, "Why is SLH willing to subsidize those capital improvements (a new center in Middletown and new office building at the Lakeport campus) when we're losing our core services such as dialysis?"

Mather said the dialysis center is closing because the population in Lake County does not exist to support it. "He's struggling. He [the doctor] has had to take other types of business to keep it going."

Another aspect of the hospital that would change under critical-access is how surgeries are scheduled. Surgeries typically are stacked one after the other in one day of the week.

With critical-access, in order to maintain free beds under the 25-bed limit, surgeries would be spread out over several days to ensure a more even inpatient bed occupancy rate.

Mather said the majority of out-of-county transfers are for patients who need a higher level of care. SLH has an average of one transfer per day. Under critical-access, the "worst case scenario is 200 more [transfers] per year. Some of those patients could go to skilled nursing," Mather said. The hospital has contracted to keep eight beds available at Lakeport Skilled Nursing at all times for acute care patients from SLH.

The additional transfers would affect area fire departments, which about four years ago became the primary provider of ambulatory services, according to Lakeport Fire Captain Bob Ray, who spoke at Tuesday's forum and said he had met with Mather earlier that day.

"It's not that we couldn't handle it [additional transfers] we want to know what the impact is going to be, to see if we need to make changes," Ray said.

He said the questions the fire department had "hadn't been answered" but that "they've assured us they will be giving us that information. Unfortunately they're not able to tell me what the impacts will be," Ray said.

After SLH switches to critical-access, which is expected in March, Lake County's two hospitals will both have that status, meaning the county will be limited to 50 inpatient beds. Redbud Community Hospital became critical-access in 2005.

The forum lasted from 1:30 p.m. until about 5 p.m. At the end, the Board of Supervisors decided to put two discussions regarding SLH's critical-access on a future Board of Supervisor's meeting agenda.

The discussions will be about the need for a third-party community health assessment study and the need for a representative from the county to attend SLH's board meetings in order to ensure better communication between the hospital and county officials.

Mather said SLH would be willing to pay half of the cost of the study, but would not hold off on becoming critical-access until the study is conducted.

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