### A MISSION TO

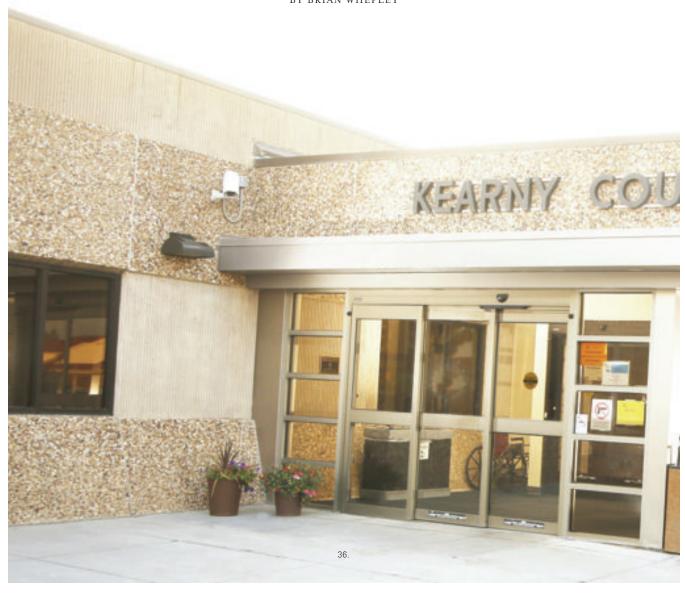
# GROW

RURAL KANSAS HOSPITAL SEEKS TO CHOOSE

ITS OWN DESTINY WITH A FOCUS ON BOTH

SHARED LEADERSHIP AND PURPOSE

BY BRIAN WHEPLEY



A week after Benjamin Anderson took over as the CEO of Kearny County Hospital in June 2013, he learned that one of its four family doctors was leaving.

The departure, a shock to the system for both Anderson and the hospital itself, illustrated one of the many challenges that rural hospitals such as Anderson's face. The demands of delivering health care in a rural setting can be draining. Stability is difficult to achieve and maintain. The smaller the hospital is, the more uncertain its future is.

Like a game of Jenga, one piece removed stresses the remaining ones and can threaten a cascade.

Anderson – in his mid-30s with a trim beard, stylish wide-rimmed glasses, spiky hair and more energy than most can imagine – looks more fitting for the role of a tech start-up CEO than the administrator of a hospital in a county of fewer than 4,000 people.

And in some respects, they might have a similar mentality – security comes through growth.

Strangely enough, though, key approaches for fostering that growth sound less like a business strategy and more like the driving force for a nonprofit – shared leadership and tapping into people's desire to do mission-driven work overseas and at home.

Although hospital officials ultimately filled the doctor's slot, the situation reinforced a belief of Anderson and others that the hospital needed to commit to a "surgical" approach to growth to try to increase the odds of survival in a chaotic health care sector while continuing to meet the medical needs of a region short on health care providers and services.

"We have an opportunity to choose our destiny here. We are looking at a health care delivery system that is sick, and we are vulnerable," Anderson says. "We have

Kearny County Hospital in Lakin, about 230 miles west of Wichita, represents a crucial pillar to the future of a western Kansas county of nearly 4,000 people. The hospital is the largest employer in the county with more than 220 employees, two-thirds of whom live in Kearny County.



two choices: One is surgery, and the other is palliative care. Surgery is painful and expensive and risky but brings with it a good chance of healing and growth and prosperity. Palliative care is just as it sounds: choosing the most painless way to die. We have calculated the risks and believe we are making the right choice."

Rural hospitals face many financial challenges, including that more than half of their incomes typically come from federal programs for the elderly and the poor. The Affordable Care Act delivered another challenge when Kansas, along with a number of other states, decided not to expand Medicaid coverage to many Kansans without insurance. Hospitals have been squeezed because they've seen federal cuts in Medicare subsidies that, because of the state's decision, have not been offset by greater Medicaid payments.

The multifaceted nature of the hospital's approach is intriguing, particularly since the risks it faces are hardly theoretical. Since 2013 began, more than two dozen rural hospitals have closed across the country, according to the North Carolina Rural Health Research Program. Small, rural hospitals have always faced challenges, but the pressures they face have ramped up in a hurry as populations shrink and they're pushed to cut costs and keep patients for shorter amounts of time.

More than convenient doctor's office visits and ready access to an emergency room are at stake if a rural hospital doesn't survive. In communities such as Lakin, 25 miles west of Garden City on U.S. 50/400 and about 40 miles from Colorado on the High Plains, adapting and growing are essential not only to the health of the hospital but to the vitality of the city itself. Quality of life means many things, and close access to health care – whether a trip to the ER or a place nearby for mom when she cannot live on her own any longer – is one of them.

"Communities that lose their hospitals lose their community," says Jon Wheat, a dentist who headed the hospital's board until early in 2013. "You can't recruit teachers, and then your school system goes south."

The current climate has basically left rural institutions with a choice, "grow or die," says Fred Jones, Lakin's city manager for seven years before becoming a water resource manager in Garden City.

For Kearny County Hospital, a small facility in a state with many even smaller ones, growing means serving more patients, adding staff and providing a wider range of services. It means reaching a scale where the hospital has the equipment and expertise – from scanners to doctors to billing and reimbursement specialists – so





that it remains a place patients choose to use. And it needs to be a hospital that has the heft and resources to navigate the changing health care sector and not become a greater burden on county taxpayers. Such an expansion requires leadership that fosters creativity, vision and resources. It involves a volunteer board that sets a big-picture view of the hospital's future but trusts others to carry out the day-to-day mission of caring for the community. It involves doctors, nurses and other providers attracted to the mission, and a chief executive who seeks out partnerships with businesses and other organizations. It involves collaboration among the county commission that funds the hospital, the board that oversees it, the administrators that direct it and the providers who see patients.

And it involves openness about the hospital's moves, successes and failures. That's important, as about 10 percent to 12 percent of the county budget goes to the hospital, and in the past some taxpayers have questioned what they're getting for their money.

"When people don't understand what you're doing, they fill in the blanks," says Rita Stockton, a hospital board member, retired district court clerk and, now, priest of an Episcopal house church.

#### A BIG CHUNK OF THE ECONOMY

The 25-bed hospital and its accompanying 70-person senior living center are big business in the county and in Lakin, which is near enough to Garden City that many residents shop and do much of their other business there. With more than 220 employees, two-thirds of whom live in Kearny County, the hospital is the largest employer, trailed only by the Lakin schools – home of the Broncs. "For us to even have a chance as a county, the two things that hinges on are the school system and the health care," says Jerrad Webb, a Kearny County commissioner and an EMT instructor at Garden City Community College. "The two things that anybody moving to town wants to know about are access to health care and the school system."

Crucial to the hospital's growth is tapping into a deeper purpose that could attract physicians. It recruits doctors and other staff who see medicine as a mission, one they practice primarily in Kearny County, Kansas, but also as far afield as Zimbabwe, Haiti, Ecuador and elsewhere around the globe.





LEFT TO RIGHT: Dr. John Birky, a Kearny County hospital physician, assists student Jaimie Dungan with a female patient in the southern African country of Zimbabwe. Dr. Arlo Reimer and Ken Donahue. a physician's assistant, stand at a nurses station in the hospital: Kevin Hoover, a registered nurse, works with patients in Haiti. The hospital recruits doctors and other staff who see medicine as a mission and provides eight weeks off each year to provide care in places such as Zimbabwe, Haiti, Ecuador and elsewhere. (First and third photos courtesy of Kearny County Hospital)

## "WE HAVE AN OPPORTUNITY TO CHOOSE OUR DESTINY HERE. WE ARE LOOKING AT A HEALTH CARE DELIVERY SYSTEM THAT IS SICK, AND WE ARE VULNERABLE."

#### BENJAMIN ANDERSON

CEO, Kearny County Hospital

Another key piece is Anderson, who was drawn to Lakin's team of mission-driven doctors and a hospital board supportive of stepped-up growth. Raised on the rougher side of California's Bay Area, Anderson went to college in Springfield, Missouri, and ran a student-mentoring and college-placement organization there after graduating. A stretch as a physician recruiter followed, as did the realization that he wanted to be on the other side – hospital management - of the recruiting equation. He and his wife, Kaila, a social worker, felt called to rural and underserved areas, and Kansas - "that big rectangle" - fit the bill. "I think he's taken the framework that was already in place and just made that vision bigger," says Drew Miller, a family practitioner who joined the hospitalowned practice in 2010.

The hospital serves not just Kearny County but a sizable surrounding area that stretches into Colorado. English, Spanish, Burmese, Somali and other languages are heard in its halls and waiting rooms, reflecting the area's farm and ranch heritage, its long-running Hispanic presence and the ever-shifting, heavily immigrant workforce of the Tyson Foods packing plant in nearby Holcomb.

Mothers-to-be need prenatal care and someone to deliver their babies – something all four family doctors do. Diabetes and obesity, as in the rest of the nation, are major and growing problems. Specialists are few, and family practitioners provide a wide variety of care — though the hospital has a rarity for the region, an ear, nose and throat specialist. If residents can get care close to home, whether physical therapy, a colonoscopy or carpal-tunnel surgery, it's a time and money-saver, a stress reducer and a blessing.

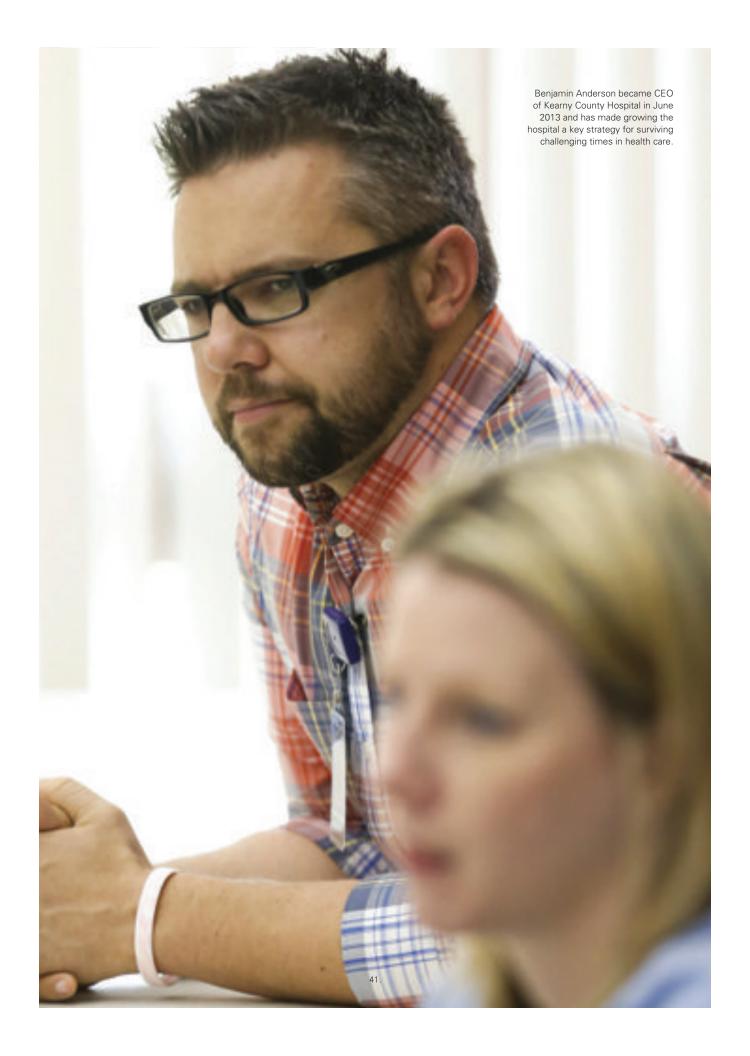
The hospital's plan to meet those medical needs is a three-year effort to increase the staff to six doctors and five or six midlevel providers – physician assistants and nurse practitioners.

The plan, formulated by the administration, board and medical staff after that doctor left in the summer of 2013, is partway there with the hire of a replacement physician in mid-2014.

"For years, our major problem, and it didn't matter whether it was a director of nursing, a financial person or a doctor, no matter what we came up with, we could not recruit to Lakin, Kansas," says Tom Vincent, chairman of the hospital board. "There was always something we couldn't compete with."

"The mission piece put us in the first string," says Shannon McCormick, a county commissioner. "We could start picking off that top tier of student applicants."

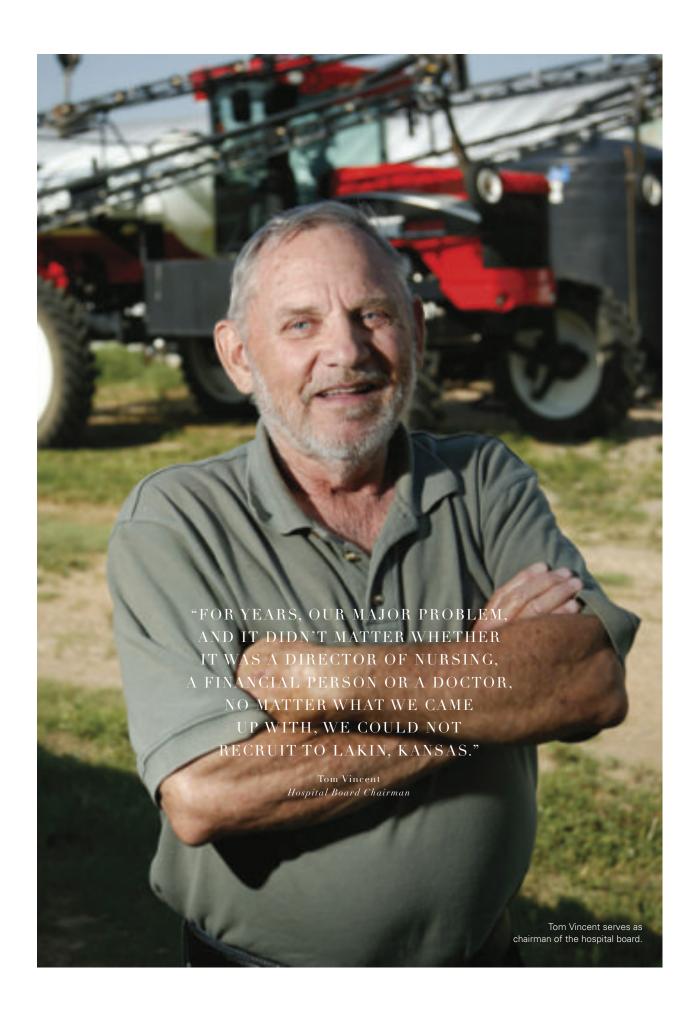
To be an attractive employer for applicants, Kearny County Hospital seeks to tap into what they care about most. It seeks out doctors





Where do you see Kearny County Hospital officials and supporters holding to purpose in this story? What challenges does that create for them? In what ways might hospital officials be acting experimentally in this situation? What leadership interventions do you see occurring?

What's hard about creating a growth mindset? What challenges do you find your own community or organization facing in trying to grow?







and other employees who have a passion to perform medical missions, and it gives them paid time off to do it. The time off is a carrot, but it's that drive to serve that meshes with the hospital's core mission of serving local residents' medical needs.

For many staff, including Anderson, the drive to serve both near and far is fueled by faith – answering the call to serve "the least of these." Although the drive doesn't have to be spiritual, Anderson says, staff must have that commitment.

All of the hospital's family doctors, Anderson and many other staff members have ventured overseas on missions.

"The type of physician who is willing to go overseas and work where there are mud huts is also the type of physician who is more likely to go to rural Kansas where there is dust and wind and no Chipotle," says John Birky, a family doctor who joined the hospital in 2011 and has done missions in Zimbabwe, Egypt and elsewhere.

Besides the medical care they provide, the Birkys, Millers, Andersons and some of the other young professionals drawn to Lakin also deliver something else highly desired by shrinking rural communities: young families with children (and more on the way).

#### PUTTING A TEAM TOGETHER

Part of the hospital's recent success in attracting staff is that it's intent on building a team of people – not just doctors but other providers and staff – committed to service. Word has spread about the mission-driven culture – in place for many years but now building momentum – and the hospital is now getting more applicants than it can hire, Anderson says.

Most young doctors want to practice together – in fact, friends Birky and Miller interviewed as a team. So they won't have to cover every ER call, so they'll have colleagues to bounce ideas off of and learn from, so that they can take a vacation, so they can watch their kids' ballgames. The same goes for nurse practitioners and physician assistants.

The goal of adding staff – "to get a stable medical staff here who were able to put down roots and feel like they were part of the community" – is not new, and has long been supported by the board, says Arlo Reimer, the medical chief of staff who started at the hospital in 2000.

What's changed, though, is intensifying the effort so Lakin's doctors aren't one departing colleague away from burnout.





Dr. Lisa Gilbert looks over reports on a patient; Jerrad Webb is a Kearny County Commissioner and EMT instructor who believes accountability has grown with greater communication between the county commission, hospital board and the administration; Rita Stockton, a hospital board member, says that despite an uncertain future, the board believes the hospital is going in the "right direction."

"The key step is the hospital board itself," McCormick says. "It got really focused on recruiting, not just on doctors but recruiting a CEO," one interested in taking the hospital's existing commitment to mission-focused staff and running with it.

Wheat, the former board chairman, met Anderson when he was CEO at the Ashland Health Center in Ashland, Kansas, and saw a good fit. Anderson took some persuading – Birky and Miller made pitches to him as well. They convinced him that Kearny County had a staff, board and county commission – a team in which he would be one of many catalysts – united in taking the hospital to the next level in a time of great uncertainty in health care.

"Instead of just trying our best to make ends meet and outguess the government, it's his philosophy that you provide the service in an atmosphere that people want to be there and it will all pay out," says Vincent, the current board chairman. "He's got his visions and his projects. But we also need to make sure this stuff is all working, and he's coming up with ways to make it work."

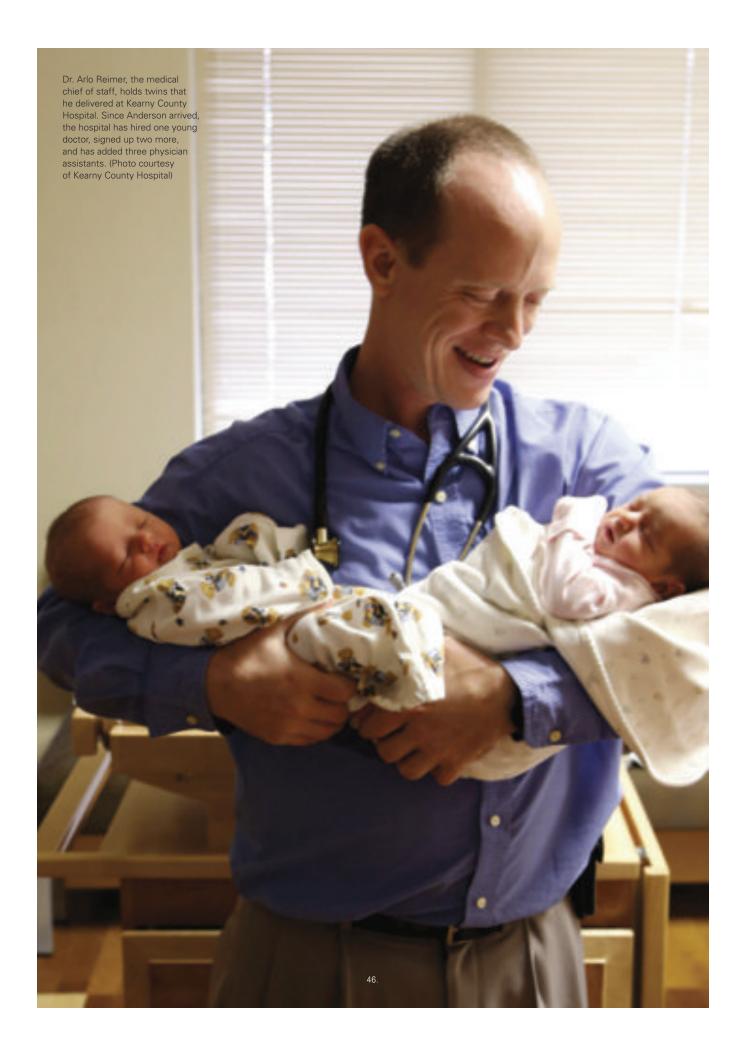
Part of making it work is working with others to set and carry out goals. "Ben has been a great administrator, but it's not just all about him," says Reimer, the chief of staff. "It's more of a team effort, and I feel like that's how the hospital board operates. They don't have their own personal agendas. You can't just dictate it from the top and expect it to fall into place like it does here."

#### SEEING NEEDS AND FILLING THEM

Since Anderson's arrival in Lakin in mid-2013, the hospital has hired one young doctor, Lisa Gilbert, and signed up two more who will start work in August after they have completed international family medicine fellowships at Via Christi Hospital St. Francis in Wichita.

Just as important, the hospital has added three physician assistants who not only see patients but also assist with births and other procedures and help share the emergency room load. Another is coming in September.

Patient visits are up year to year, as are deliveries in the roomy, modern birthing suites. The clinic's not-so-big, toy-filled waiting room is often packed – a good problem. Partnerships with other organizations and hospitals, telemedicine, becoming a hub and supplying outlying spokes with staff and care: All are strategies the hospital increasingly utilizes.



## "THERE ARE ANSWERS OUT THERE. YOU HAVE TO EMBRACE THE CHANGE. YOU CAN'T BE OLD SCHOOL IN HEALTH CARE"

Deborah Stern Vice President of Clinical Services, General Counsel for the Kansas Hospital Association

"There are answers out there," says Deborah Stern, vice president of clinical services and general counsel for the Kansas Hospital Association. "You have to embrace the change. You can't be old school in health care."

"I don't think they're jumping into anything just because they can," says Jones, the former city manager and a Lakin resident. "They are looking at what their patients need. The things they are trying to do are to address a need or concern."

One partnership with Swedish Medical Center in Denver and Tyson Foods brings orthopedists to Lakin twice a month for consultations and surgery. An emphasis will be carpal tunnel surgery, as meatpacking workers are susceptible to the injury because of repetitive motion.

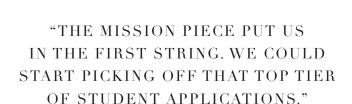
Another relationship, with the closest wound specialist in Wichita, allows that doctor to see patients in Lakin via a telelink, working with a specially trained hospital nurse. That's a way to address the wounds that can come from untreated diabetes. Julie Munson, the ear, nose and throat specialist, visits other western Kansas communities on a regular schedule to see patients.

And Gilbert, the new doctor, has spent two days a week seeing obstetric and other patients at Garden City's United Methodist Mexican Amercan Ministries clinic, which has had trouble recruiting doctors. The partnership with the clinic – whose patients include recent immigrants, longtime residents, the poor, the insured and the uninsured, working people and the unemployed – benefits both the clinic and the hospital.

And it allows Gilbert, a child of missionaries in Africa, to pursue her passions for working with diverse, underserved patients, particularly mothers-to-be. Recently, Gilbert's passion to serve has taken her on a three-month, hospital-sanctioned leave to care for Ebola patients in Liberia and surrounding areas. "What's great about Benjamin's style of leadership is he does his best to find out what your passion is. It doesn't matter whether it's his passion or not," she says.

"Benjamin, or course, wants KCH to succeed, but he also wants the rest of us to succeed, so he has a wonderful ability to balance the needs of his organization with the medical needs of the community," says Julie Wright, United Methodist Mexican American Ministries' chief executive officer. "If he meets the needs of the community, he feels like he's been successful."

The clinic-hospital relationship will soon take another turn. Birky will leave the hospital May 31 to become chief medical officer for United Methodist Mexican American Ministries. "It's a transition KCH strongly supports, as it will stabilize care for some of Kansas' most vulnerable patients," Anderson says.



Shannon McCormick,
Kearny County Commissioner and hardware store owner

#### BE TRANSPARENT TO THE COMMUNITY

With the growth, though, comes questions from residents, as might be expected of a hospital that receives a sizable chunk of taxpayer money and is undergoing change. Responding to the questions prompted by that change has become a big part of the hospital's civic leadership challenge within the community.

In 2006, the same year a voter-approved hospital expansion occurred, repeated public votes were necessary to obtain an increase in the hospital's operating subsidy. Now, Anderson totes a scorecard to hospital board and county commission meetings, tracking measures such as staffing, patient satisfaction and new services. The hospital holds quarterly town hall meetings to explain what it is doing and takes questions – and criticism – about funding and care issues.

Among the questions staff and board members have heard and addressed are:

Why don't all the hospital staff members live in the county? (Housing isn't easy to come by, and sometimes spouses work in another city.) Why did I see a physician assistant instead of the doctor? (So the doctors can concentrate on the more serious cases.)

Are patients from outside the county leeching off the hospital and costing us money? (We

can't turn people away, and we usually get reimbursed by the government or insurers.)

Webb, the commissioner, thinks accountability has grown with greater communication and transparency between the county commission and the hospital board and administration.

"The public has the right to know. The hospital just did a big study on personnel. They found they are overstaffed in some areas and understaffed in others. (Anderson) is willing to admit the faults," Webb says. "I think that's something that has really changed the attitude toward the hospital."

Even with the best efforts to lead with information, "there's a little hesitation and fear that we're getting in over our heads," says Webb, who thinks growth is necessary if the hospital is going to deliver the care the community requires.

Despite all the initiatives and energy, the future remains uncertain. It's an ambiguity that binds the hospital administration, physicians, staff and the community as they try to lead their facility into a secure, prosperous future.

"It is a leap of faith," says board member Stockton, the Episcopal priest, "but we're fairly positive that we're going the right direction."

