

Report: Results from Community Focus Groups

**Ionia Research
Newcastle, Nebraska**

Joseph Nitzke, Ph.D.

November 18, 2011

Tilden Community Hospital & Clinics

Tilden, Nebraska

© 2011 Ionia Research

SUMMARY	4
FINDINGS SUMMARY	4
Importance to the community	4
Medical Staff	4
Facilities	5
Demographics: Special Populations	5
Nature or Quality of Service	6
Concerns	6
Hospital Finances	6
Admin Services and Billing	6
Community perceptions and support	6
Perceptions	6
Community Support	7
Recommendations	7
INTRODUCTION	8
Methodology	8
FINDINGS	9
Importance to the community	9
Economic Impact and Other Services	9
Care for the Elderly	9
Continuing Care	9
Access to Lab and Services	10
Emergency Care	11
Short Term and Emergency Care: Additional Comments	12
Medical Staff	12
Needed for the hospital	14
Recommendation	16
Facilities	16
Services	17
Awareness	17
Services Used	18
Services Needed	18

Distinct Populations and Choice and Services	18
Young Families	18
Senior Citizens.....	19
Choice Factors.....	19
Follow the Staff.....	20
Nature or Quality of Service.....	20
Competitors	21
Traveling to Others, why or how	22
TCH Advantages	22
Concerns	24
Hospital Finances	24
Understanding of finances.....	24
Admin Services and Billing	24
Public Statements	25
Community perceptions and support.....	25
Perceptions	25
Community Support.....	26
Recommendations.....	27
Communications about range of services.....	27
Recruiting Doctors.....	27
Cost Cutting.....	28
Electronic Records.....	28
Billing.....	28
Cardiac Rehabilitation.....	28
Services for Young Families.....	29
A satellite hospital.....	29

SUMMARY

This is a report of findings from four focus groups held in Tilden, Nebraska, for the Tilden Community Hospital. The purpose of these group discussions was for the hospital to better understand the community perception of the hospital's role, how the community feels about the current level of service and what kinds of services it should provide. Included were questions about staffing issues, types of services, facility issues, barriers, and perceptions of service. A primary focus is to discover why community members choose medical/hospital services, why they choose certain locations above others, and how the hospital might meet their needs or play a role in shaping these decisions.

Because this report presents the views of the participants, it may contain errors of fact. In a sense that can be seen as one of the purposes of the discussions, to find out what members of the community know and their corresponding attitudes and beliefs. Some of their comments were based on firsthand experience, but many were based on second hand information, and that information is often filtered through their own beliefs and attitudes. Also, though it is possible that some of the stories actually took place a decade ago, the general focus throughout the discussions was intended to be the recent past and the imminent future. Though this report describes public opinion, then, it should not be interpreted in the same context as a public opinion survey.

FINDINGS SUMMARY

Importance to the community

Sessions opened with a question about the role and importance of Tilden Community Hospital and its clinics. While participants in several groups began commenting about economic impact, patient care and benefits collateral to that were clearly seen as the more important contributions. Emergency services encompassed a variety of situations and age groups. It might mean a child sick in the middle of the night, an injury, a heart attack, or an infection from a fish hook. In some cases, these were treated locally, while in other cases the patient was stabilized pending further transport. To the participants this latter was important because they felt that the time it would take to get to the larger hospital might be critical. The hospital also provided access to labs and specific diagnostic tests, which was seen as important to populations less mobile (the elderly), as well as eliminating or reducing time needed for their travel. Where patients had a procedure or surgery at a hospital in a larger city, participants reported the benefits of being able to recuperate in their own community, closer to friends and family. In all, the benefits described were greater than the sum of their parts, because at the same time participants felt that the nursing care was qualitatively equal to or better than what had been received at other facilities, and it was certainly more personalized.

Medical Staff

Questions from the protocol looked at perceptions of medical staff (at all levels), the nature of interactions, and evidence of satisfaction or dissatisfaction with medical staff. The presence/absence of medical staff affects the degree to which the hospital is supported in the community, and it affects where community members seek care.

Consistent with comments, local medical staff across all levels received high marks, as did doctors who were part-time in the clinic or in the specialty clinics. The greatest concern, however, was the lack of an MD on a regular basis. For the focus group participants, *retention is a core issue, both for physician assistants as well as for medical doctors. Having a medical staff present was seen as important for the success of the clinic and the hospital, and participants consider recruiting medical staff as a high priority.* Without medical staff, they feel that the community, especially its younger members, will seek health care elsewhere and diminish the resources available to TCH.

They did not have strong preferences of a physician assistant vs. an MD for routine care, but as the severity of the symptoms escalate, they are more likely to seek care from an MD.

Facilities

On the one hand, the groups made favorable comments about the facility and how it is cared for; their comments seem to depend on how often they have been in the facility. However, they appreciate that it is not, for the most part, a new facility, and they are aware of renovations and upgrades. Some participants described it as “aged...old and outdated” on the outside, while others added that the interior had been remodeled and was attractive and comfortable.

Participants also commented how the facility had been modernized, that the water system had been updated to meet fire codes, and that electronic files were updated (at a significant cost). Their consensus (several agreed) that the building would be adequate five years from now. One complaint was that they did not see the entrances as accessible, especially for the handicapped or injured patient.

About the facility one participant “[felt] it’s just as important as the school” but at the same time participants across several groups were cautious about building a new hospital or future renovations on the existing facility. Comments from several groups suggest that almost any renovation or major repair would require considerable justification.

Demographics: Special Populations

Comments focused on young families and senior citizens. Participants were asked about specific groups of residents and how their status would affect their choice of medical services. Some, who reported daughters or sons moving back, would likely use the clinic more than the hospital (“if your kid’s sick with a fever or whatever and needs antibiotics”). Most thought that if young families went to *Norfolk* or *Neligh* for medical services (obstetric or pediatric), then they are likely to continue there. Because they have seen an influx of younger families, they recommended that the hospital look at ways providing services to this demographic.

With reference to older residents (“senior citizens”), participants spoke of the advantages of having a hospital in the community. It was a benefit, some thought, that encourages their remaining in the area, noting that even travel to Norfolk is “sometimes a major trip.” According to participants, *senior citizens* use podiatrists and other specialists available through the specialty clinics. Some thought that the building of an assisted living center would be “a huge opportunity for the hospital to experience some type of growth.”

Nature or Quality of Service

In terms of choosing where to go for service, the range of services favors larger facilities. While TCH focuses on essential services, the quality and speed of that service (lack of waiting time) favors TCH. Quality here seems enhanced by a high degree of personal care and attention that, according to participant comments, is not generally received elsewhere.

Concerns

Hospital Finances

One theme was the challenges presented by the costs of healthcare, cost such as malpractice insurance, the cost of providing emergency services to the uninsured, general concerns about the financial stability of the hospital, and, finally, about the cost for updating the facility. In the case of the hospital, participants were struggling to balance the costs of updates or renovations against the number of patients served.

Understanding finances. While participants identified a need for community support, they also expressed concern about the degree to which the public understands, and the degree to which the public should understand, hospital operations and finances. One recommendation was for making presentations about finances more public, thus improving communication and understanding of this key issue.

Admin Services and Billing

Billings were identified as a major concern across different groups. On the one hand, participants suspected that the time to bill negatively impacted the cash flow of the hospital, and on the other it profoundly irritated its customers.

Some participants suggested that this might be common to health care in general; most acknowledged that when asked, that hospital staff tried to be helpful (“But they’re very nice in trying to help you out.”) in resolving and explaining billing problems. Others added, however, that the same (time between service and billing) was not true of the clinic, “My Clinic bills haven’t been that way.”

Community perceptions and support

Comments about hospital leadership sometimes came in response to questions and at the end of the meeting. Those that were favorable, both for the administration and the board.

Perceptions

Perceptions about the hospital and the clinic emerge throughout the groups. Some of those that tend to be more global in character are described here.

Several participants discussed whether or not the hospital is necessary or critical to the community. It is, in their view, necessary to the “older” people in the community, but they are not sure that younger residents feel the same way. In part, that is a reflection of how services at the hospital were more extensive in the past and more involved with the care in the families living there. Younger families, on the other hand, seek care (beginning with obstetrics) in nearby communities. The general consensus of

the focus group participants was summed up, “I would almost say it’s extremely important to have it; more than necessary. This town wouldn’t be what it is without the hospital and its services. It’s critical to have it here for the life of our community.”

Community Support

Also in response to questions about community support, participants had mixed views about hospital finances, and they were unsure whether the revenue streams covered the costs of operation. Some cannot see how, in the face of inflating costs in the health sector, the hospital can be self-supporting (and of course that also depends on the definition of self supporting). One example is the voted sales tax (1%), which was seen as a strong indicator of community support. Added to that is community support for fund raising campaigns, though participants expressed the expectation that needs identified and subsequent spending will be the result of a careful and inclusive process. Also, one participant pointed out that the most important support comes from utilizing TCH services when community members choose the hospital and its clinics rather than going elsewhere. Finally, participants from several of the groups, when talking about community support, made positive comments about the hospital leadership. A sample comment is at the end of this section.

Recommendations

Participants were asked for recommendations for TCH to improve services as it plans for the next 5-10 years. One response was to make a continuous effort to communicate more details (when and where) services are available. They urged the hospital to keep up to date on the emergency services it provides, though at the same time they encouraged it to reduce costs whenever possible (citing examples of similar measures taken at a nearby hospital).

In terms of services and capacity, several participants saw the need for electronic record keeping and the need to improve billing practices. In addition to emergency services, participants suggested that the hospital add a “cardiac rehab” unit, and, for patients at the younger end of the spectrum, additional services for young families moving into the area. Finally, though, they want the hospital to have a specific plan and timetables for recruiting physicians (“a plan with steps and timelines that is shared with the community”).

INTRODUCTION

This is a report of findings from four focus groups held in Tilden, Nebraska, for the Tilden Community Hospital and clinics. The purpose of these group discussions was for the hospital to better understand the community perception of the hospital's role, how the community feels about the current level of service and what kinds of services it should provide. Included are questions about staffing issues, types of services, facility issues, barriers, and perceptions of service. A primary focus is to discover why community members choose medical/hospital services, why they choose certain locations above others, and how the hospital might meet their needs or play a role in shaping these decisions.

Methodology

Participants were selected and recruited by hospital staff. The four groups were relatively homogeneous with respect to age, gender, and lifestyle. Each of the sessions was held at the library in Tilden in mid-September, 2011 (Sept. 12, 14, 15, and 19). The sessions, which lasted between 70-90 minutes, were audio taped and those tapes were transcribed by a third party contractor hired by Ionia Research. The analysis of the transcriptions was facilitated by the qualitative software NVivo, which is designed to assist with the organization and analysis of unstructured information such as that obtained with open-ended questions in interviews and focus groups. .

Several versions of the protocol were developed, with the earliest providing rationale for each of the questions and subsequent probes. Later versions were edited for brevity, and supporting comments and rationale were deleted.

The general topics in the protocol include:

- How the hospital and its clinics are perceived in the community.
- What are the factors in choosing medical care in the communities?
- Medical Staff (Perceptions, evidence of satisfaction/ dissatisfaction with current staff, quality of care
- Facilities, Clinics and Services
- Topics related to planning, needs for the future, problems and services

This report, again, summarizes and reports responses to discussion questions, often in the words of the participants. In one sense that can be evaluated according to the volume of their responses. In another context, however, important insights may have been presented by just one participant. Also, there are differing points of view among the participants. They did not always agree in their views of the hospital, its role, and even the quality of services, at least those provided by specific practitioners.

Finally, participant comments are sometimes edited in this report for clarity and sometimes to maintain a level of confidentiality. Within quotes those sections are indicated with brackets [...]. Also, at some times these really were conversations between participants, and these were kept together in a paragraph format.

FINDINGS

Importance to the community

These were responses to the question about the role of the hospital in the community. In different groups a different response came up first, and, more than that, it depended on various roles within the group; that is, in some groups individual participants, because of their role in the community or experience on the hospital board, were seen as authorities. Sometimes they answered first, and at other times (but not always), participants might have deferred to them as a resource.

Economic Impact and Other Services

Although most of the themes in response to the opening question were about services, a few, and in one case the initial response, was about the economic impact of TCH. One participant described it as a “major employer,” affecting all other businesses in town. Echoing that, other participants said that without TCH, Tilden “wouldn’t have the doctor’s office [and] probably wouldn’t have much of a pharmacy across the street.”

Even on the aspects of just having the jobs there, it really does make our community unique because there are not that many small towns that have a hospital that have really any services at all. They may have an outreach clinic where you can get in 2 or 3 days a week, but where we have the full hospital here where in an emergency, do most of the things they need to do. Many towns don’t have that.

Care for the Elderly

The hospital provides care and services for the elderly. One concern was its impact (or potential positive impact) on an assisted living facility, “if something were to happen to the hospital, [would that cause problems with] the assisted living facility?” Further, TCH provides adults a trusted source of care for themselves and more specifically for their parents.

I don’t know what we would have done, either. When [my spouse’s] mom fell and was not able to live by herself anymore or we brought her here. We knew what kind of care she would get and she was already coming here for appointments before she fell. It was invaluable for us.

I think the long term as far as Tilden Hospital the concern is primarily older people who need some nursing aid; they feel more confident in going to the hospital than to a nursing home because they can say “I’m in the hospital” not at the nursing home. I think it’s a great mental play for our older residents.

Continuing Care

Another theme was that when community members have services, at another facility, a surgery for example, time for recuperation or rehabilitation is ‘better’ spent at TCH. Often participants asserted that that nursing care was superior at TCH, or equally professional and at least more personal, and (specifically) they consider the physical therapy department as a valuable source of continuing care.

Well it's great if you have your surgery and they can send you back. Yah, your rehab time. Having the hospital is really a necessity for being here because if you've got a parent that's in Omaha or even a child. If they know you can come back to Tilden Hospital, you're going to go home at least a week to ten days sooner. If that wasn't available in Tilden, they wouldn't be able to send you back if you didn't have this hospital here for even that recovery time.

So many people have surgeries [at another hospital] and then they get crummy nurse care; that wouldn't it be awesome if they could get shipped here and get taken care of for a week when they need to lay and rest. Because our nurses are doing great with giving really good care. So it was kind of a neat thought.

I would say it's a great place also for people who have received care at larger facility to then come back to rehab and mending so they can be back in their community as they finish their healing process.

They love the personalization because the nurses know them, they know the nurses and doctors. That means so much to the patient.

What my brother was saying and I think... they were working with Faith Regional for people that went down for maybe minor type surgeries that needs a day or two. But then have it down there and they come bring them back to Tilden and recuperate up here.

Access to Lab and Services

Participants said that the facility was important for the access to labs and services it provides, not only for specific tests but also for the pharmacy.

Access to laboratory facilities, x-ray facilities. It's important to be able to have blood drawn; have x-rays performed; CT Scans performed here in the local community without having to go to a larger facility. So not only emergency services but routine services that one can receive here in town without having to travel.

In addition to routine services (a "blood draw"), they asserted that it offered convenience and savings even if the lab results, for example, needed to be sent to another site for review (digitally). "It saves at least half a day in time, plus the travel." As one participant from a neighboring town said,

Being from out of town...I think it's a great benefit for the people in the surrounding towns. We can get to the clinic, get back to the pharmacy, get our prescription and get back to town within an hour. And if you have to doctor in Norfolk, you have to figure on a half a day. And the hospital too; the hospital does give very good care. I've had personal experiences, me, my husband, our son. People my husband works with, he works in Battle Creek, and the people he works with come to the clinic over in Tilden. And they have an outreach clinic now in Battle Creek, and the workers go there.

And sometime those labs may be linked for emergency services as well.

When we took [my spouse] a week and a half ago up here to the emergency room, there was a [link with] Faith Regional. From their ER, a doctor... recommended the CAT Scan's or whatever they did to her and she was in communication with the doctor at Faith Regional and that's when they decided to go ahead and transport her to Norfolk, so I mean it wasn't like things weren't being done. It took time, they had to do the x-ray, sent that to Norfolk and they read it; did the CAT scan, send that to Norfolk and they read it. But they did it all electronically and the doctor down there was communicating with them up here. So that's good.

Emergency Care

For emergency care, especially for the types of illnesses they were describing, it was important that this care be received within a relatively short period of time. Knowing that it was accessible gave them 'peace of mind.' In another group (talking about a possible coronary), participants said that TCH would be the first choice for making a patient stable and allowing safe transport, "because that 20 minutes to get to Norfolk would be too long."

I think the crucial part of the hospital is emergencies. I think the emergency aspect of our hospital will keep anyone alive until they can get specific care. I served on the hospital board at one time and I think it's very important that the hospital was available for emergency. They may not be able to fix them up here but they can keep them alive until they get to a major clinic.

If you have an emergency or suddenly become sick, it's a ways to drive and I think in that drive things can happen. If you were able to go right here, it would be much safer for the person that needed care. I had a relative that was injured a while back and he was just unbelievable; he was so glad that when he came here to this small hospital and was taken care of instead of having to maybe be transferred on to a larger hospital and he got terrific care.

Another added the need for emergency services and the elderly.

Well for a small town to have a place for its residents to have a place to go to right away for medical emergencies or medical care. To have that convenience, especially for older residence but for anybody...it would hurt a town to not have the hospital.

There was an incident here a few weeks ago, I suppose last month, someone had a cut on their head and they were immediately taken up to the local hospital. And there, they were in their bed and they were being taken care of immediately. Then somebody came with the papers to sign them in. if they would have went to Norfolk or someplace else, you would have not been admitted immediately. You would have had to go through all the procedures. And for something kind of small like that, I mean it's big being a cut on the head needs taken care of.

If you have a heart attack or a cardiac emergency and you go up here first, the main thing is that you have somebody on duty and that's within 15-20 minutes to be there to evaluate you. They're requiring that, that's why some of them [doctors or PAs] are not up here anymore, because they don't want to live in the radius that's prescribed to be here in an emergency.

But it would be devastating if we didn't have that emergency care right there. Woman – If I had to call the ambulance, I would go up here first, even though my doctor is not here, because I want to get treated as soon as I can. Even though my doctor is in Norfolk. [Another] It gives me a piece of mind to have the emergency room there.

Short Term and Emergency Care: Additional Comments

This is similar to the previous category, but it extends across different age groups and different types of services. Participants told stories about needing acute care in the middle of the night, about a life-threatening infection from a fish hook, about a “pick line” and an IV, or a youth with RSV. Through the sessions, there were at least a dozen stories of effective emergency care.

I nailed on a fish hook about 2 years ago and my knee over the course of about 3 days swelled up the size of a basketball, well not quite. It was a weekend, no doctor around, so I went up here to the clinic in the ER. [The PA] came down and seen me and he said you got [mercer, MRSA]; it's life threatening, and within about an hour, he called down to Columbus to an Orthopedic Doctor because they thought they were going to have to open it up and drain it. By the time we hit Columbus, they had my room ready; we were in the door. Without that service up here, I could have lost a leg.

As far as the hospital goes, when my son was just a few months old he ended up with RSV and was in there for 3 or 4 days. The service and care is just ... it's second to none. They did a great job, the nurses; the doctors are great. They have a theme room for kids to help them feel more comfortable. As far as the hospital goes, the care is great. We've had to make late night stops at the emergency room because of an allergic reaction to an antibiotic and they were able to ... basically by the time we get down here, before the nurses get done assessing you, the doctor or the practitioner is in there to do the main care themselves. Like you know, the speed of it is really exceptional.

It's wonderful when you need them. Like [my spouse] came up with pneumonia a few years ago and when I took him there it was nice. They put him right in the hospital and he started getting treatment within 15 minutes. They were giving him antibiotic intravenously. And it was sure nicer than going to Norfolk.

Obviously the medical care that we get here and the emergency services... The purpose of the hospital is to provide medical care to the community and it's a place to come if you've got an emergency or if you've got something that needs acute care in the middle of the night, you can come here and someone will see you. We don't have a full-time doctor, but we do have some mid-level practitioners. So we do have qualified people who do handle certain types of illnesses and injuries.

Medical Staff

Questions from the protocol looked at perceptions of medical staff (at all levels), the nature of interactions, and evidence of satisfaction or dissatisfaction with medical staff. Based on participant

comments, the presence/absence of medical staff affects the degree to which the hospital is supported in the community, and it affects where community members seek care.

Retention

For the focus group participants, retention is a core issue, both for physician assistants as well as for medical doctors. It affects where participants seek care and even how they feel about the hospital and its future (a proxy for community support). Consequently, when they are asked to make recommendations about the hospital's future focus, recruitment and retention of medical staff are a high priority.

The context. Those who were 'long term' residents of the community pointed out that, "We were fortunate to have the same family of doctors here for like 3 generations and then of course, the last one finally retired, so for a long time, we had 2 or 3 doctors. Still we're used to having a doctor, that's part of the problem." Another added, "Also, if you have something that's perceived by you as being serious, you'll want somebody with more background to take care of that. That's just going to be inbred within us." Further, it has an impact on perceptions of the hospital, "That's the real negative, is the continuity of the professional people up there; the degreed people."

Key issues in retention. Participants identified a number of factors which they thought affected retention at the local hospital, including the hours, compensation, and even what was perceived as challenging, and fulfilling, work. Some of their comments follow:

Hours. "The new generation of doctor's doesn't like to be woke up in the middle of the night to run down to the ER. So it's real tough to find that type of doctor with that type of dedication that will staff a small hospital on a full-time basis. There's some out there that will do that, but it's tough to find one."

By contrast, too few patients. *"I don't know if there are enough patients or work here to support a full-time doctor, five or six days a week. I think that's where it falls is like Derek was a PA and he had to find work elsewhere just to make a go. He had to work other places on weekends or just a couple days a week because I don't know right now if there's a demand to be able to support a full-time MD."*

The monotonous nature of the work. A lot of times the PA's that are here, they're not challenged enough in the small community and they're just overworked with the petty little things. And it's just not challenging them enough and they're seeing the same little things over and over again. That responsibility of being on call all the time. The same petty little things, not that they're petty but same the ...just not much to challenge their degree in a small community.

Compensation. That's probably one of the things I see as a negative is that we do have some PA's or Doctors and they seem to come and then get I guess bought up by somebody bigger.

Another...When they get a grant... [they] have to come out and do so much time in a rural hospital and of course then the opportunity happens for them to move on; money talks."

Other Factors: Assisted Living. In several groups, participants talked about the potential for an assisted living facility. They thought that an assisted living facility would be a plus for the community because it would benefit the elderly and it would strengthen the need for a doctor. They looked at the interrelationships between the presence of a doctor and the potential for an assisted living facility, with a potential roster of “another 30 to 50 residents inside that thing. They’re either going to be in assisted living or in apartment style living that’s going to be probably 65 to 85 by the time they move in so there is going to be some need for it down the road just as soon as it gets built.”

Needed for the hospital

Several saw the lack of a doctor as a negative for the hospital. Without a resident MD, they have doubts about the future of the hospital, even when balanced against the perceived need and types of services. They said that without a doctor they are less likely to go there initially in an emergency or for medical care.

I think it would make a huge difference for a hospital to survive. You can have the nicest hospital around but if you don’t have a doctor there.... If you had a good physician, people would bring even their kids. Rather than go to the pediatrician, if you felt comfortable with a good doctor. We still have that window. People are not dead set on the pediatrician if there’s a doctor that you’re comfortable with.

Level: PA vs MD

Within different contexts the participants reported having access to a physician assistant, an MD, selected specialists on a visiting basis, and nursing staff. Generally, the choice of which to see is a function of the type of illness (self-diagnosed), knowing if the diagnosis becomes more complicated, they will be referred to someone more specialized.

On the other hand, there were participants who prefer an MD in part because the fees between the two levels are essentially the same. “If I’m going to pay the MD rates, because rates are the same whether you go to the PA or to the doctor, I might as well spend the time with the doctor instead of the PA, if I’m paying the same money.”

For diagnosis and treatment

Attitudes here are based, in part, on experience. In deciding on preferences, participants speculated about the role of a PA relative to an MD, guessing, that a PA communicates frequently with an MD in a quasi-supervisory relationship. Overall the level of acceptance appears linked to the type of illness.

Experience. Some are satisfied with a Physician Assistant (PA) for most of their medical needs.

For the general stuff; sore throats, ear infections, fevers, nothing you would perceive as life threatening. They send you to somebody else or call in specialists if they see something bad...They tell you to go.

For some people it is a problem. They feel very uncomfortable. I guess I had a lot of confidence in both [PAs]. They’re gone and we got new ones but I think she is a good PA. But I do like [the

new doctor]. I've seen him a couple of times. He's here as an MD but he's here once or twice a week.

Expectations. One participant expressed concerns about using a PA.

I don't mind going to a PA if there is an MD there. When they first started PA's, they had to go talk to the MD before they could finish analyzing you, treating you and prescribing medication. Now that don't happen because there is rarely an MD up here. And that used to never bother me but as I get older, it kind of does. I don't know if things have changed but I thought a PA was a Physician's Assistant who had to answer to the Physician.

In speaking about the choice of physicians, however, the idea was that once referred to an MD, the patient skips seeing the PA after that and goes to the MD. "But the next thing that happens with that is once you get sent to that person, that's the person you go back to. That's kind of the way it is with the O.B. Once they're gone, they're gone."

One other participant found it easier to communicate with a PA.

[MDs] are in such a big hurry that they're in there and they're out of there; before you even get a chance to ask a third of the questions you want to ask on why you're in there. They answer so quick and they're gone. The PA usually would have more time and would answer your questions or ask if you have anymore. *Do you guys find that true too? ...*Response. I think the big medical person doesn't have as much time as the PA. The PA just takes more time with you. [Another] A lot of time they have more responsibility; they're overseeing and don't have as much time but I agree, very much.

Gender

Gender affected choice for a few participants, but not most. The *some* are a few older patients, apparently male toward female PAs. Examples include the granddad who wouldn't go to a female PA for a hernia. Another commented, "For some people I think it does. I think my wife feels much more comfortable with [female PA] than she would with [male PA], as far as her mammography is concerned."

Positive and Negative

Comments about the staff were generally positive, and that includes MDs (X "is a very competent physician), PAs, visiting doctors, and nurses at the hospital and the clinic. Sometimes comments were specific to a department, "*The physical therapy department is the best around.*"

A nurse, for example, is "good with the kids though. And I think she's very smart and very capable at what she does." Some comments about nursing staff were often made in reference to other facilities.

They are very professional staff. They're level of professionalism is no different than in O'Neil. I lived in O'Neil for while and we really don't take second place to them. We're just as good, with what we can provide.

Visiting Docs

I think the older generation, my generation, probably feels pretty comfortable with the doctors coming in [for specialty clinics] ... like the cardiologist coming in from Norfolk. He doesn't come every week. They come like once or twice a month, and they have different specialists that come in from different places and I think my generation feels very comfortable with that.

They talk about it...participants apparently talk about rumors about new staff being hired or sought, and they wonder why staff leave, or if anyone knows why. One suggested conducting exit interview.

Recommendation

When asked for a recommendation for the future, they said the board should have a plan in place for recruiting new doctors. "All you have to do is show the community that there are the steps we're going to do [to attract medical staff]. Here's the goals, and they'll support it. But you've got to show ...[Another] He's right there needs to be a resident doctor."

Facilities

On the one hand, the groups give the facility and how it is cared for good/high marks; and their comments seem to depend on how often they have been in the facility. However, they appreciate that it is not, for the most part, a new facility, and they are aware of renovations and upgrades. Some participants described it as "aged...old and outdated" on the outside, while others added that "it actually doesn't look that bad once you get inside of it.... [another] They put some neat art work in the hall ways and have done the floors and painted and stuff; they try." Within the same group, a participant qualified the *inside look* even more:

They do a good job on the inside and like I said before, they try to dress up the rooms to try to make them feel more comfortable. They're not like walking into a white old hospital room. They have colors and paintings on the wall. They have a children's room with Disney characters. I know they get some stuff from like Disney itself...where they donate to give to the kids that are in there. Like my son had got a little stuffed Mickey Mouse from when he was in there. So the inside I think they do a good job of making what they have look the best they can. As far as the outside goes, the old girl shows its age.

Participants in another group noted that the facility had been "modernized" and that the "water system" had been updated to meet fire codes, and that "three years ago" electronic files were updated at a significant cost. Their consensus (several agreed) that the building would be adequate five years from now ("It's got a brand new roof on it.").

About the facility, one participant "[felt] it's just as important as the school" but at the same time participants across several groups were cautious about a new hospital or future renovations. Members in one group thought the community would *not support* a new facility "unless they have a doctor to go there. Like I said you can have a Taj Mahal facility but if you do not have a doctor there, it isn't *gonna* matter."

Comments from several groups suggest that almost any renovation or major repair would require considerable justification. In one group, a participant “noticed they just put some new windows in which are very nice. But they’re doing all these repairs and that’s nice but are they just going to tear all that down and throw it away now?” That was in the context of what participants have seen happen in other instances (“the VA hospital down in Omaha. They’re working on it constantly and there’s a big study going on and they’re going to bulldoze the whole thing down and build a new one.”) One participant noted that a some in the community were “upset” with the last addition “on the back side of the clinic.”

Accessible

Participants from several groups did not feel the emergency entrance was “inviting” or accessible, and “It’s difficult to take a handicapped [person] to visit the hospital.”

We had to use the emergency entrance when we came here with my son for physical therapy and so he had had an ACL repair. It was winter time and we were going up this steep walk; had to park down low and walk up this ice covered drive way to get to the door where we needed to go in for physical therapy. And you know he’s agile, he’s fine and he made it but (laughing)...but from a physical appearance aspect it wasn’t user friendly or inviting or easy to come up that steep drive way, particular in the winter time to get into the hospital.

Comments appeared to mix together the Clinic and the Hospital. The statement (above) was qualified by another participant, who explained that at the “emergency room, you can drive up in there and you can just get right out by the door,” adding that “the only way right now that I can get into that hospital is through the emergency exit because I can’t do stairs.”

Services

This can be viewed either from the standpoint of the range of services offered and from the satisfaction with those services. Services which respondents had used included the podiatrist, a doctor for specialized procedures (a skin doctor, melanoma removed), diagnostic procedures (mammogram, colonoscopy), CAT Scan, and services for the elderly.

Awareness

To the extent residents are aware of services, participants in several of the groups remarked,

I don’t think people think of it. If you’re used to going to Norfolk, I don’t think you think about it. I didn’t know [this doctor] did colonoscopies until a year or so ago; one of our neighbors went. So I don’t know if everybody knows. I know in the paper it talks about the outreach stuff but I don’t always see that I guess.

A big deal is a lot of people probably don’t know they do a lot of those things. So they just continue on. I’m sure there are some people that would stay in town if they would tell them.

I’ll be honest with you, when I looked at that list [distributed during the focus group], I didn’t even know some of that stuff was offered....But when you get to the EKG’s and the lab and emergency procedures; that is actually the hospital. The rest of it’s the clinic.

One challenge, apparently, is finding a way to effectively community when are where the services are scheduled, with that communication being available when/where patients need to know. In some instances, both the range and the quality are compared to other *small town* hospitals. For example, though in comparison to Osmond “not a lot of care there...I’m hearing we get more here”

Services Used

Several commented on the physical therapy services, both in terms of frequency and in terms of quality. Another commonly used service was the emergency room or short term care.

We use the emergency room. I’m one that took my kids to the pediatrician but we’ve also used the Tilden Hospital as an emergency room too, once for my son and once for my husband. Well, my son was about 3 and we were eating supper and I had frozen peas which I cooked on the plate and he was messing around and stuck one up his nose (laughing). And we couldn’t get it out so anyway my husband took him to the Tilden Hospital and they got it out. So that was very convenient for us; we didn’t have to go to Norfolk to do that. And I like knowing that there was an emergency room in Tilden even though I did doctor in Norfolk, for an emergency just like that.

Others commented on the type and quality of services received.

[Participant A] But my experience was very good. [Participant B] So was mine. [A] I’ve been in the emergency room; I’ve been a patient; we’ve had colonoscopies; we’ve had gallbladder surgery *through* there; we’ve done everything through there. My family is very spoiled by this little hospital. And nothing but good stuff. And we’re both on [a local volunteer organization], my [spouse] and me, and we’ve brought patients through here. And we get all our training through here, that’s another thing; they do trainings for all of the EMS people, through the hospital [Those are] telecast so we don’t have to drive [as far].

Services Needed

They accept a balance between what is possible or doable and what is truly needed in the community. Podiatry, for example, is one that participants expressed an interest in, not knowing it is on the schedule. They did not expect that appendectomies could be performed there, and that most births would be at Norfolk.

Should any be discontinued? No one really thought TCH had services or staff that were not necessary, but they added that if any were discontinued, that would only highlight the need.

Distinct Populations and Choice and Services

Young Families

Participants were asked about specific groups of residents and how their status would affect their choice of medical services. Some, who reported daughters or sons moving back,¹ say those would likely use the clinic more than the hospital (“if your kid’s sick with a fever or whatever and needs antibiotics”). Most

¹ “These kids moving back; having a school up there and having a hospital or clinic here, doesn’t hurt.”

thought that if young families went to *Norfolk* or *Neligh* for medical services (obstetric or pediatric), then they are likely to continue there.

Participants with 'young' families did see advantages to having a local hospital.

I personally have never used it and we haven't taken our kids to the clinic or anything yet. But it's something that we would like to do because our pediatrician is in Norfolk and if the kid is sick in the morning and you call down there, you're lucky to get in within two days. So unless something terrible has happened... but I know we need to try to take more advantage of having it here in town.

They added that with younger families moving back, that this might affect services offered by TCH.

Fifteen years ago there wasn't too many young people in the town. Five years ago, they're starting to come back and there are a lot of younger people in the town. There really are. And it would not be bad advice to give to the hospital that they need to think about that, because if the young families that are moving and staying here and going out; you know there might be enough for them to be able to address the young families and the kids. They might want to look toward that. [Now] they really don't.

To this one participant mentioned the health fair and sessions about safety, such as fire and accident prevention. "So they do try to draw kids in that manner but beyond that, I'm not sure what they offer."

Senior Citizens

With reference to older residents (sometimes called "senior citizens") participants spoke of the advantages of having a hospital in the community. It was a benefit, some thought, that encourages their remaining in the area, noting that even travel to Norfolk is "sometimes a major trip." According to participants, *senior citizens* use podiatrists and other specialists available through the specialty clinics.

I think the older generation, my generation, probably feels pretty comfortable with the doctors coming in from... like the cardiologist coming in from Norfolk, [which isn't] every week [but] once or twice a month. And they have different specialists that come in from different places and I think my generation feels very comfortable with that.

Some thought that the building of an assisted living center would be "a huge opportunity for the hospital to experience some type of growth."

Choice Factors²

What are some of the reasons residents of Tilden and nearby communities would use medical providers outside of Tilden? To some extent, Tilden is a bedroom community with "young people" working in nearby larger communities. Or, they have used specialists in the nearby larger town.

² Within this and the following section, the comments are somewhat repetitive, but have been kept in the document because these recurred so frequently.

I think probably 80% of our young people work out of town. So they're in Norfolk working, they make an appointment in Norfolk. They can run over there, see the doctor and go back to work. Or see them after work. So I think that's part of it. Everybody used to be in town but now they work in Norfolk and so that's why.

They I personally have never used it and we haven't taken our kids to the clinic or anything yet. But it's something that we would like to do because our pediatrician is in Norfolk and if the kid is sick in the morning and you call down there, you're lucky to get in within two days. So unless something terrible has happened... but I know we need to try to take more advantage of having it here in town.

Follow the Staff

Or, they follow a favored provider, which might work both ways, sending people away and bringing them to TCH.

I used to doctor here and when my PA, the gal I used to see, when she transferred, I transferred to Norfolk. I have gone up here a few times when I couldn't get in to mine or when she was gone, but the majority of the time, I go to Norfolk.

I used to live in Norfolk so I always kept my doctor there.

I actually have a sister that comes clear from Stanton to see the Nurse Practitioner here because ... well we were both under her care at Plainview so she transferred all of her records and everything else from Plainview because the practitioner came down here. She thought that much of her.

I know what she's saying too. Your kids are number one and you want...for me a pediatrician sees kids every day so they're probably going to see more things and they see it day in and day out. So that's why I lean that way too a little bit. But when they get to a certain age, it's different. But I agree with you; there's that little thing in your mind that says they see these kids all the time and all these things they go through on a daily and hourly basis.

I'm one of them that changed from here and went to Norfolk. But it was somebody that was here before that I liked that wasn't here anymore, so that's why I left.

Well like when I recuperated from my knee. My doctor is down in Columbus, he did the operation down there. I come back up here. I got in trouble in about two days. My doctor is up in Neligh so I went and saw him and he put me in the hospital in Neligh. He's not affiliated with Tilden Hospital. [Another] That says a lot right there; where your doctor is. Like when people go to Norfolk, what makes them go there rather than here? [Response] Well I went here but all the ones I liked were leaving, so I followed them.

Nature or Quality of Service

As mentioned above, the nature, speed, and quality of service can be a factor. Generally, those work in the favor of TCH, while the range of available services might work in the favor of a larger facility.

For TCH:

Even if you go to the emergency room in [at another hospital], you can wait for 2 or 3 hours to see someone. Where here [at TCH], right away. [Another] And when your kids are sick, you get them in within a couple of hours [Another] I just experienced that...just moved to town and my daughter got sick a couple weeks ago. So I called to make an appointment and they said well just bring her right now. So, Ok...haha! And we're down to the pharmacy at home within 45 minutes. That's the convenience that I like of the clinic. I can't speak for the hospital; I haven't experienced that part yet but having the clinic is [a "huge" advantage].

And for allergies, they could probably give an EpiPen or whatever for a shot or something like that but for most true emergencies, no they probably aren't equipped.

Travel Away:

I think because some of them would be seeking out more specialized things like for pediatrics and that's why I went to Norfolk too because they don't have a gynecologist here. That's when you leave and go somewhere else; when you need something more than what they can give here. But it's been ... all my kids were born here and they can't do that anymore either. And I think that takes away because when you go to Norfolk to have a child, you're probably going to stay with that doctor. We were fortunate enough to have some good PA's that have been here a long time and then they both have left. And that's going to happen

Because I'm an EMT and there's certain injuries that we know and the public probably doesn't what they can handle and what they can't. Because we know what they can't handle and we don't take probably... 99% of our calls we'll take to Norfolk for true emergencies. Because they can't set broken arms and if it's just stitches well that's not a true emergency anyway. So unless it's a huge, huge gash and you've got arteries bleeding or something. But most of our stuff, emergency wise, we do take to Norfolk.

[From a relative newcomer] The clinic is great for ear infections and stuff but I know very little about the hospital so if my kid wakes up with 103 degree fever in the middle of the night, I'm heading to Norfolk. That's just because that's just where we've always gone.

Competitors

Participants framed some of their comments about TCH with references to the competition, other hospitals and clinics where residents might go for services. The "code" one group used for alternative choices were "22 miles" and "13 miles" which they clarified as Norfolk and Neligh. Generally, though, the most commonly chosen hospital was Norfolk for serious illnesses or extended stays.

If any of my family had to be an inpatient, I'd have them go to Norfolk...[because of] access to equipment, specialists. And not because of the care; the nursing care would be fine I'm sure. But access to physicians and specialists. Yep.

If you're talking about sore throats, colds, stuff like that but if you're talking about serious care like if you have pneumonia where you're going to spend extended time in the hospital, I think most people would go to Norfolk. Or for their emergency care; if they had the choice they would go to Norfolk. As far as the clinic and stuff, most of the community would see it as a clinic rather than as a long-stay hospital.

I think a lot of it has to do with relatively we are very close to Norfolk and they have so many different facilities and so such a large variety of capabilities there that they could do literally almost anything that you needed.

Traveling to Others, why or how

As mentioned in other sections of this report, the emergency services provided by TCH were seen as good for stabilizing a patient or determining whether to transport that patient to another facility.

We're unique here actually as far as hospitals go. An EMT [might] pick people up who want to go to Norfolk [or] people who want to go to Neligh and here [TCH]. And depending on where we're at and depending on the patient, we can actually hit under the 25-30 miles, we can actually hit five hospitals, because we have a hospital in Plainview and there's one in Albion... And if they're stable enough to do that, yes we'll go that way. But the benefit [if they are not stable] is we have this hospital here in town that we can get here, get stabilized and then move on. So yes it's really important to have [TCH] there. And then nurses, they seem to know what they're doing. When we roll in it doesn't take long for one of the PA's to show up. So yeah, we are unique for what we've got in this little area.

Again, participants talked about how they went to other cities based on availability of physicians, "I do admit though there are some times when I have a pediatrician in Norfolk that I love and I probably will stay with him just because he's that good to my kids. Yah, I love him and I know that's terrible to say but he's good to my kids"

TCH Advantages

In addition to the ability to stabilize patients in emergency situations, other advantages offered by TCH mentioned:

The outreach part of this hospital is big though too. There are a couple of doctors that come. Doesn't the heart doctor Brandt and the surgeon comes here?

The relationship with Faith Regional and the transfer of electronic medical records and bringing in physicians ("Dr. Dilly is case in point where they cooperated with Faith Regional.")

Some said they had never heard any complaints, especially “about care for the elderly.” Participants described the quality of care as a TCH advantage, putting it in terms of less wait time, personalized care from different types of staff, and facilities that are cleaner.³

My husband visited the ER [at TCH] this week after doing a training exercise and they treated him wonderful. So I mean I have nothing against the care here.

And when my son was little and we started out at a pediatrician in Norfolk, and he just freaked out every time we went there so one time we decided to call the clinic and go here. We never had problems with him here. I think the whole atmosphere; it was very, very busy, cold and they were like an assembly line type. You hurry up get them in, take off the babies clothes and would weight them, put them on a cold scale. They just weren’t personal. And once we started bringing him here; we never have used a doctor in Norfolk since. [Another] You’re not getting that one-on-one were you? [Response] No and he was freaking out. He hated going to the doctor there.

There are 2 hospitals. One is 13 miles and one is 22 miles and I avoid the hospital that’s 22 miles away. But I have utilized this local hospital many times for as I said, x-rays, labs and things like that. So it meets a need; proximity and urgency. You can go get things quickly without having to drive that longer distance.

People know that when they have to go to the other hospitals they’re going to have to wait a little while before they’re going to get seen. You come to these small town hospitals you’re seen immediately. You’re treated immediately. You don’t sit in a waiting room, waiting and waiting, for emergency or anything. You just go right in. And that helps a lot of people; it means a lot to them.

I think everybody that goes up here; they say they love the small town hospital care. You go to Norfolk and you’re just a number. You go down here or Omaha....

It’s so clean. It’s wonderful to see a really clean hospital. You don’t find that in Omaha or Norfolk; not like it is here. It is much cleaner than any other hospital I have ever been in.

But I was [at another hospital with my spouse] yesterday, hit the buzzer; 30 minutes. Not even a nurse. You step out in the hallway, it’s a circle and you can’t even see anybody. [Another] Yes! My husband would wait almost 2 hours for pain medication.

My husband was in [another town] in the nursing home and well from Thanksgiving of last year until in January until we got him up here, the care wasn’t half what it was up here [at TCH]. The nurses were fabulous up here. The Dieticians practically waited on him hand and foot for what he could eat. He lived along time up here.

³ Important note. Participants here referenced specific providers in their statements, those have been edited to provide some anonymity.

Concerns

Hospital Finances

One theme was the challenges presented by the costs of healthcare, such as malpractice insurance, the cost of providing emergency services to the uninsured, general concerns about the financial stability of the hospital, and, finally, about the cost for updating the facility.

I do think the hospital is to the point where we might not be able to keep that hospital without some major repair or updating, and I don't think the city of Tilden can afford that. But I would like to see them look at emergency care, stuff like that. I do think the hospital by itself, [with just] four patients, is not cutting it. We do through everything [other resources] in the pot but if there's something else maybe they can do to improve all that. I don't think we can afford to remodel a whole hospital.

Understanding of finances

While participants identified a need for community support, they also expressed concern about the degree to which the public understands, and the degree to which the public should understand, hospital operations and finances.

The hospital has a [person who comes every quarter] and presents the finances and everything to the hospital. And maybe the hospital should, when he comes to the council, get them out publicly. Because he charts everything: the number of patients, compares last year and two years ago. He does a good job. So maybe the hospital should, when he presents that, get it out to the public. Instead of going out there, have the public come here and listen to the presentation.

Admin Services and Billing

What they, across several groups, identified as a major concern, however, were the billing practices of the hospital; in other words, where those practices affected them directly.

The other thing I think they need to do is improve their billing process; their cash flow. You can go see a doctor and you won't get a bill for a month to month and a half. To keep things moving, you need to get the bills out; and it's not fair to the patient. The patients on a fixed-budget, they want to know where they stand at the end of the month and you don't want that bill to come sneaking up on you two months later.

This is a different subject but a small complaint of mine is that I receive bills from the hospital that are five months old, and that should not be that way in a well run office. I know Medicare is slow and all of that, but when you get a bill that goes back that far and I can't even understand the thing, half the time. It's so convoluted, so I call in and they're very good about sending me a new one to help me figure it out. But I pay a high deductible [supplemental] to go with Medicare, so I'm paying my own bills. So I'm very interested in what I'm paying and I can't make sense of the bill half the time. They are very helpful when I call them, but I would appreciate getting a bill that I could figure out myself and I could if it didn't come five months later.

The only complaint I've ever had was I may get a bill 8 or 9 months after we've been there. And from what I understand, they just don't have the people there that can process all of that. By the time they chart it; bill it; get around to running it through insurance and going back.

I think that's the biggest complaint I've ever heard, 'cause I said "I'm going to a focus group, anything you want to say?" and they say "well billing takes forever and you have to take out a loan if you go to the emergency room."

Some participants suggested that might be common to health care in general; most acknowledged that when asked, that hospital staff tried to be helpful "But they're very nice in trying to help you out." Others added, however, that the same was not true of the clinic, "My Clinic bills haven't been that way."

Public Statements

In one group there were concerns about how the hospital should look in the future, with one participant suggesting that the question sounded similar to "public statements" which were "moving too fast in trying to promote [reference to a construction project]. Like we need to have it happen now instead of saying, let's start making some studies or meetings. Maybe it was just a seed out there but it concerned me." Several others added to that.

I talked to one of the patients up there and she said "Oh my gosh. What's gonna happen if this place closes and where am I going to go?" So I asked her where she got all that from. She said people were talking and I said I didn't get that they were going to close, right now. I mean it would be a while.

The hospital needs to back off a little bit and start slowly letting us know what the condition is and what can be done, and have some meetings that might be positive to improve it. I do realize that part of it is very old and I'm not against it but I agree with what was said.

Comments on which is preeminent: the clinic or the hospital. They have to build the clinic before they can build the hospital. The clinic has to be busy before there's any reason to build a new hospital. [Second] There's no reason to build a hospital at all, In my opinion. [First] They did spend a lot of money making improvements. [Second] But if a clinic can't make it, I don't know how a hospital could. The clinic is new, ten years old. It makes a good clinic, you know you're going to a clinic. So, building a hospital is definitely not going to... you've got to have a doctor.

Community perceptions and support

Perceptions

Perceptions about the hospital and the clinic emerge throughout the groups. Some of those that tend to be more global in character are described here. Several participants discussed whether or not the hospital is necessary or critical to the community. It is, in their view to the "older" people in the community, but they are not sure that younger residents feel the same way. In part, that is a reflection of how services at the hospital were more extensive in the past and more involved with the care in the

families living there. Younger families, on the other hand, seek care (beginning with obstetrics) in nearby communities. The general consensus of the focus group participants was summed up, “I would almost say it’s extremely important to have it; more than necessary. This town wouldn’t be what it is without the hospital and its services. It’s critical to have it here for the life of our community.”

Community Support

Also in response to questions about community support, participants had mixed views about hospital finances, and they were unsure whether the revenue streams covered the costs of operation. Some cannot see how, in the face of inflating costs in the health sector, the hospital can be self-supporting (and of course that also depends on the definition of self supporting). One example of support mentioned is the voted sales tax (1%), which was seen as a strong indicator of community support. Added to that is community support for fund raising campaigns, though participants expressed the expectation that those funds need to be carefully planned for and spent. One participant pointed out that the most important local support comes from utilizing TCH services. Finally, participants from several of the groups, when talking about community support, made positive comments about the hospital leadership. A sample comment is at the end of this section.

I’m extremely proud that the town has it and that we’ve had it for so many years and made it work. I just think that’s wonderful and we should continue that. [Another] They’re doing a good job. [Another] Just need more patients. I like that they have the outreach.

I think the public in general knows it’s tough for rural hospitals, for small town hospitals. And the community itself has been very supportive of the hospital. The hospital in turn gives back to the community by having health fairs and doing public relations events; flu shots. I mean there’s a wealth of stuff they do for the community. It’s a two-way street. It’s a very necessary service in town.

Self supporting. I was at a Council meeting when a presentation was given about how they were going to change how they were doing the billing and the dispensing of drugs. And they had to have this new equipment to do that and the hundreds of thousands of dollars that stuff takes; you know it’s not self-supporting. It can’t be when it costs that much to maintain so it can exist. So I don’t think I ever thought it was really getting enough revenue on its own to run.

Voted Sales Tax. The community feels very strongly about it because we’ve had tax issues where we’ve voted pretty much unanimously in favor of a 1% sales tax to help fund the hospital when times are hard, and they’re still hard and going to get harder with Medicare and Medicaid cutting back. It’s needed.

Additional Community Support. Oh I think they’ve chipped in a lot. As far as willing to donate; I don’t know if you’ll ever find a community like Tilden that really is willing to open their wallets and purses to give to whatever. There’s all kinds of stuff around here that people have needed and I’ve never seen a benefit walk away disappointed. So if they got it out in the community and helped them understand that there is a definite need here, then I don’t they’d ever walk away wishing for more.

Limits to support? It's a pretty fine line there; what they can have and what they can afford to have. They're going to go spend hundreds of thousands of dollars and it's not going to make them any money or no one's going to use it, then my opinion is don't buy the piece of equipment.

Hospital Leadership

I think the administration side of it's really good. From what I understand they're doing a really good job. I don't know what it was like before.... And I think the people that are on the board are fairly knowledgeable of [inaudible]...from just past stuff. I don't think they'll let anything bad happen to it or have lapses in administration, I don't believe.

Recommendations

Participants were asked for recommendations for TCH to improve services as it plans for the next 5-10 years. One response was to make a continuous effort to communicate more details (when and where) services are available. They urged the hospital to keep up to date on the emergency services it provides, though at the same time they encouraged it to reduce costs whenever possible (citing examples of similar measures taken at a nearby hospital).

In terms of services and capacity, several participants saw the need for electronic record keeping and the need to improve billing practices. In addition to emergency services, participants suggested that the hospital add a "cardiac rehab" unit, and for patients at the younger end of the spectrum, additional services for young families moving into the area. Finally, though, they want the hospital to have a specific plan and timetables for recruiting physicians ("a plan with steps and timelines that is shared with the community").

Communications about range of services

People don't know about some of the services available. Or like if they featured somebody different in the paper. Of course I don't know how many people get the local paper, but if there was a feature on a service, I wonder if that would help?

Maybe they ought to put the *[range of services]* in the water bill once in a while...or when in the fall when the EMT have that breakfast, have another flyer that says these are the services we offer....what days of the week they come or how often.

I think a lot of it is just seeing what goes on everyday and they don't advertise what they can do. Like you said, some people didn't know [the doctor] was there [which they qualified]. Even putting a big ad in the paper or put it on the radio and people would still not know.

Recruiting Doctors

We do not have a doctor there 99% of the time. We have PA's, Nurse Practitioners; revolving PA's. I think we need to get a doctor in there and get one that's going to be there more, and more willing to be there. Like [another participant] said, like at night and during the day that can be at the ER. I know it's tough, but that's something they gotta look for.

I think the best thing they can do is when they do go out and search the medical community and recruit is to emphasize the high points of the community. Because this town was just voted the #1 place in Nebraska, or was it the nation, to raise children. That's quite a designation. And we've had a ton of young people move back here with young families. And to impress upon somebody that maybe wants to get out of the hustle of a city and the security of a group practice. That's the downside, because in a practice you have a lot of security.

They need to have a doctor. [Another] I agree. [Another] Maybe two of them but at least one though it would be really hard to get one because one doctor's stuck. I think it would make a huge difference for a hospital to survive. [Another] You can have the nicest hospital around but if you don't have a doctor there.... If you had a good physician, people would bring even their kids rather than go to the pediatrician, if [they] felt comfortable with a good doctor. We still have that window. People are not dead set on the pediatrician if there's a doctor that you're comfortable with. [Another] I would say they need to have some doc's. They need to have at least one by 2015 and maybe two by 2020.

Cost Cutting

Participants who worked at other hospitals detailed a number of steps taken there to cut costs, including shorter work days ("Like we have to go home early now."), earlier dismissal times, cuts in paid time off (PTO). Other participants offered a different point of view, saying that "nurses at a clinic where they have patients all the time is different than the hospital."

Electronic Records

One of the things I think that's going to be in the future, and they're already migrating that way, would be to continue to get more electronic and high-tech. I'm sure that's part of the Obama plan, is to where your records can be available to a physician somewhere in Michigan if need be. I think that's important when you're out traveling, that they could do that, and they're working that direction up here.

Billing

The other thing I think they need to do, being a former board member, is their billing process; their cash flow. You can go see a doctor and you won't get a bill for a month to month and a half. To keep things moving, you need to get the bills out; and it's not fair to the patient. The patients on a fixed-budget, they want to know where they stand at the end of the month and you don't want that bill to come sneaking up on you two months later.

Cardiac Rehabilitation

I've got one question to ask and if I were to ask another person they would say they don't have a cardiac rehab at this hospital. If there was any way to add that, I think it would be a great service to the community. Because especially the elderly people do probably have to make a trip to Norfolk for that and can everybody do that? I was told that they didn't really maybe have a room to put something like this, but I think if they figured something out it might add financial and everything else to the hospital.

Services for Young Families

Fifteen (15) years ago there weren't too many young people in the town. Five years ago, they're starting to come back and there are a lot of younger people in the town. And it would not be bad advice to give to the hospital that they need to think about that. Because if the young families that are moving and staying here and going out; you know there might be enough for them to be able to address the young families and the kids. They might want to look toward that.

A satellite hospital

One participant suggested that the hospital become affiliated with Faith Regional. Participants in several groups brought this up, but were not clear on details of any existing relationship.

I think that's part of it; all the small towns want all the advantages but they still want to be a small town and you can't have both. Realistically, you can't have both. Ideally, to be able to be a small town with those kinds of services, I think they should make a deal with somebody like Faith Regional and have it be a satellite hospital, but I mean where it's going to be a Faith Regional thing and that way we can afford a hospital and its services and its doctors. We're going to have to give up some of our autonomy with that, but you're going to be able to get a facility and the medical stuff. It's not just ok we want just a little bit with Faith Regional; you want it to be like a satellite hospital. Now once again, it's not the Tilden Hospital but you're going to get more medical care.

Rationale. Is it going to cost more money to have Tilden associated [with FRHS] or is it a help? I didn't even know if that was the case; I'd heard it from somebody that we were tied in with Faith Regional., it's a sharing, cooperative thing, I believe.[Another] But is that public? Somebody asked me. I didn't know and hadn't heard it or seen it in print.

Tilden Community Hospitals

Rural Hospitals in North Central Nebraska

July 2011

FOCUS GROUPS PROTOCOL

1. Purpose

2. Other

2. Sessions

2.1 Session Outline

2.2 Session Introduction

QUESTIONS

Perceptions: Hospital/Clinic in the Community

Factors Related to Hospital Choice

Medical staff questions

Facilities, Clinics and Services

Description examples

Looking Ahead

Services

DRAFT

**Ionia Research
58487 887 Rd
Newcastle, Nebraska 68757
Phone: 402-355-9296**

Focus Groups Protocol

1. Purpose

1. **The purpose** of these group discussions is for the hospitals to better understand the community perception of the hospital's role, how the community feels about the current level of service and what kinds of services it should provide. Included are questions about staffing issues, types of services, facility issues, barriers, and perceptions of service.
2. **A primary focus is to discover why community members choose medical/hospital services, why they choose certain locations above others, and how the hospital might meet their needs or play a role in shaping these decisions.**
3. The approach will be to select participants who represent their communities. In a focus group, we will ask them to speak about community perceptions rather than their own. The extent to which we can gain their trust and comfort with the group, we will get them to speak personally.

2. Sessions

2.1 Session Outline

Introductory process for each session will include:

1. Distribute collateral materials, if any.////Confidentiality/release of information. Distribute, have signed, collected. ///Introduce Topic ///Participant introduction/identification. ///Describe sponsorship, purpose of the session, confidentiality, withdrawal from participation. ///Discussion of ground rules for participation, role of facilitator, and limits of discussion re medical history.

2.2 Session Introduction

Before the session the moderator's comments will include:

1. Welcome: Hello, my name is _____. I would like to thank you all for coming out to participate in this group.
2. Note on credentials, establishing moderator as third party who has experience working with rural health agencies and hospitals and who will maintain confidentiality. Re, "a partner in Ionia Research, which is a private consulting firm that engages in contract research services. I formerly was director of the Social Sciences Research Center at Wayne State College...Directed numerous projects for health agencies and departments across Nebraska, especially those in rural areas.
3. Comment to the participants, about speaking in general terms with respect to individuals and their experiences with a hospital/clinic. "Please don't name names (talk about acquaintances, friends, and the like)."
4. Introduce topic and purpose..... Our discussion should last for about an hour to an hour and a half.
5. How results will be reported and to whom.
6. Introductions. Before we go further, we should all introduce ourselves, let's use our first names....Now we have introduced ourselves, let me explain the ground-rules. [Ground rules are detailed; moderator must cover main points, adding details as appropriate.]

GROUND RULES (Put in your own words)

1. WE WANT YOU TO DO THE TALKING.
 - a. We would like everyone to participate, but Please try to talk one at a time.
2. THERE ARE NO RIGHT OR WRONG ANSWERS.
 - a. Don't tell us what you think we might want to hear.
3. ALL OF YOUR COMMENTS ARE CONFIDENTIAL. WHAT IS SAID IN THIS ROOM STAYS HERE.
 - a. We want folks to feel comfortable sharing when sensitive issues come up.
 - b. This session will be **audio recorded**. This will allow us to go back and listen to each group, take notes, and then write a short summary of the findings. I want to reassure you that all of your comments will remain anonymous. We don't identify anyone by name in our report.
4. Your participation is voluntary. You can "pass" on a question that is uncomfortable for you if you like.

Questions

Perceptions: Hospital/Clinic in the Community

How would you describe the relative importance of the Tilden Hospital to your community?

How would you describe the role of TCH in the community?

How does your hospital rank as a source of medical care in your community?

Probe: Let me ask the same question about the clinics?

To what extent does the community feel it is necessary to have a hospital in Tilden?

To what extent is the community concerned or vested in the success of the hospital?

Probe: Look for comments about the relative importance to key groups, for example, groups by age or special interest.

Do not prompt (DNP). Look for indications of importance of hospital/medical clinics to the community and explore those comments.

Factors Related to Hospital Choice

(Where people in your community go for medical care)

Can you think of examples where you know that someone from this community went to a different hospital for services?

- facilities, the responses may be related to hospitals, clinics, medical staff, or
- general health care services. If responses are about any of these, follow-up questions will be taken from those sections.

Please tell us about their reasons, what was involved in the decision?

Factors that influence this? What kinds of things contribute to their decision? Look for distinctions between staff, level of service, type or state of facility.

- Which nearby hospitals/clinics provide services for most of the people in your community?
- What other choices are there for this kind of care?
- Which hospital do people in your community look to as their primary source of hospital care?
- Which clinic do people in your community think of as their primary source of medical care?
- Are there others in nearby communities? How far do they travel for care?
- Are these decisions related to types of care they are seeking? For example, does it vary by age and the types of medical services are needed for younger or older adults?

(Even if most common response is TCH, will explore for other possible.)

To what extent is there a perception that TCH cannot meet certain needs? Are there services provided that do not fit the community [this is in your opinion]? What services should it add?

Decision Process¹

How do they make a decision when choosing a hospital or a clinic?

Probe: Who might be involved in a decision? Is it based on a recommendation? Is it based on experience? What a friend says? A medical opinion?

[If a service offered locally] What would make you get services with us? What issues could we address that would affect their choices?

Probes: What are some of the factors that influence this? What kinds of things contribute to their decision? Look for staff or facilities in discussion of reasons.

Medical staff questions

Medical staff.

Providers

I asked about going to hospitals in other communities, what about seeing physicians outside of those at the Tilden Hospitals or clinics? Can you talk about instances of that? What are some of the reasons? How common is it?

Quality of care.

- 1) What are the community perceptions of the medical staff who reside in your community? How does that apply to medical staff who come here for special clinics?
- 2) Alternate to #1: What are positive comments you have heard about medical staff?
- 3) What is the general experience in the interactions with the medical staff here? How about your experience?
- 4) Probe: Explore responses for comments about: medical knowledge, professionalism, compassion.

Presence or days of service.

- 5) What are some of the advantages or disadvantages to having providers live in the community? If this is the community perception, how does that relate to your own experience?
- 6) What is a reasonable expectation for the presence of medical staff in your community? Does the community see a need for a physician 5 days/week? Your perspective?

Gender and Skill/Certification level

- 7) Do you feel comfortable seeing a Physician Assistant or Nurse Practitioner? Preferences: You see a PA, how do they compare that with a 'regular MD' or, What are the positives and negatives of the kind of staff you have here?
- 8) Generally, what is the comfort level for seeing a female practitioner or a male practitioner?

¹ Factors can be emotional one or based on certain criteria. Emotional might be, for example, reaction to staff or impressions of facility. Criteria might be based on available data or indications of excellence. There is overlap, but the point would be to see how hospitals can help them make an informed decision.

Facilities, Clinics and Services

Specialty Clinics. *In each setting, moderator proposes developing a one page chart (several copies, hand-held) that can be passed around and serve as a prompt for the next question. It can be a listing of services provided by the hospital, 'regular' clinics and mobile clinics. This listing will enumerate all, even though it is possible that participants are not aware of these.*

Do you think people know about these services?

Tilden Community Hospital, with its combination of clinics, mobile clinics, and hospital services, has put together a cross section of services and staff for the community. What are some of the needs the hospital has been unable to meet? What services should it seek to provide that it is not providing at this time? Are there services that should or could be discontinued?

What medical services do you feel are necessary to be provided locally? For those services that are sought outside of the community, does it make a difference (or would it) if those were offered locally?

What other services should they offer?

Would you like to see surgery performed locally? (Note: implications for facility.)

Facility

Overall, what is the community perception of the facility?

Looking Ahead

Let's talk about how health care will look in the future for your community (community health care)? What should the hospital do to prepare for 2015, 2020? What do you see as some of the challenges? What would be some of the positive things that might happen? What might be negatives? What should the hospital be doing to address these problems? To what extent would the community support these (respondent mentioned) proposals?

From the viewpoint of those in your community, what [of all the possibilities] would get the most support? Which would receive the least support, or even criticism?²

Would the community support a new medical complex in Tilden?

Services

Services. How would the community react to having surgeries performed locally?

What is the role of the hospital in issues related to community development or even area development? Is the hospital a necessary part of development efforts?

² In terms of a new complex, what is most needed? What would, of all the possibilities, what would get the most support? How about criticism?