

Lee Memorial plans ahead as health leader Hospital system looks past care role

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Should the aging Lee Memorial Hospital be converted to some other use?

Should every hospital room be private?

Should the health system start planning for another expansion at the under-construction Gulf Coast Hospital?

Should Lee Memorial take the lead in boosting Lee County's inadequate mental health services?

Lee Memorial Health System's board of directors and administrators this weekend left a planning session like a TV cliffhanger: Stay tuned for the conclusion of these and other major health-policy decisions.

The officials spent a day and a half drilling through financial projections, community requests for services and goals for workforce development, technology enhancements and physician relations.

The officials are trying to chart Lee Memorial's next 10 years and adjust to their new role as the county's near-exclusive provider of hospital services. Lee Memorial last year bought two competing hospitals, giving it 95 percent of the county's hospital beds.

The retreat didn't yield any decisions or in-depth debate — those will come later — but participants did agree to a significant philosophical switch.

“As we become that ‘monopoly’ I think there's a higher expectation from the community,” board member Richard Akin said.

Directors said they wanted to become more than a hospital operator and take on a

#### ISSUES TO WATCH

- Will Lee Memorial start hiring more of its own doctors? Many private doctors object to the health system hiring its own because it can subsidize their practices and shield them from legal liability, giving them a competitive advantage.

But medical school graduates are increasingly looking for employment rather than private practice, said board chairman Dr. John Donaldson. Moreover, the system might want to consider hiring emergency surgeons to ease the burden on private doctors who are now required to cover the ER, Donaldson said.

- Will the system create more specialized emergency rooms? Already, it sends cardiac, trauma, and pediatric patients to select hospitals. Will it do the same for people with gynecological, gastrointestinal or other ailments? Would that make emergency care more efficient and easier on doctors and patients? Could the system set up an effective patient transport network?

- Can the system keep its supply budget in check? At current spending levels, the system will be short money for capital improvements in the next decade.

- How far will Lee Memorial go in educating future doctors and nurses? Donaldson said a survey of doctors shows they are interested in training medical residents. Lee Memorial administrators are also exploring more nursing education, through partnerships with area colleges and in-house programs, Donaldson said.

- What role will community fund-raising and philanthropy play in expanding Lee Memorial's reach? Administrators say charitable donations are more important than ever.

greater public health, prevention and leadership role.

“We are going to reap the consequences if we are not dealing with the health of the community, even if it is not lucrative, even if it is not profitable,” board member Linda Brown said. “We will have them in our emergency rooms.”

The shift was spurred, in part, by a community visioning exercise, in which residents urged the system to do something about lagging mental health services, gaps in primary care, access to affordable health care and related issues.

“This isn’t a responsibility of Lee Memorial Health System to do this on their own. ... But that Lee Memorial should light the torch and lead the way,” said Dr. Erick Burton, the president of the Lee County Medical Society and one of the visioning project leaders.

Don Seymour, a national hospital consultant, cautioned them against straying from their traditional role, given the complexities of running acute-care hospitals and industry-wide financial hardships.

“You’re in this trap. The county expects you to be all things to all people. But you have to say what’s the best use of this resource?” Seymour said. “You have to be candid with yourself about what your abilities are.”

Lee Memorial will operate on about a 3 percent profit margin for the next decade, said John Wiest, the chief financial officer.

“That is as thin as I would recommend as your chief financial officer,” Wiest said. In spite of projections and fears about Medicare and Medicaid cuts, board members said the mission needed to expand.

“When you talk about hospitals, that’s fragmented to me,” said member Nancy McGovern, a registered nurse. “That’s where we are now. We need to get to a more integrated system.”

Dr. John Donaldson, the board chairman, said prevention could be as simple as educating new mothers when they’re still in the hospital.

### **Big debate to come**

Administrators gave board members a taste of the big facilities questions to come — like what to do about the downtown hospital.

The issues would be many.

Directors will have to decide how much to continue investing in Lee Memorial Hospital, where to build the extra 200 beds that will be needed by 2017, whether to add a children’s wing at HealthPark, and, yes, what to do about heart-attack care at Cape Coral Hospital, a topic that’s been raised in recent months.

Dr. Thomas Presbrey, the head of a physicians leadership council, suggested more consolidation. He argued doctors were exhausted from running from campus to campus.

“We’ve got too many hospital locations with too much high technology equipment. This county does not need five hospitals,” Presbrey said. “This isn’t McDonald’s or Walgreen where it’s best to have one at every corner.”

Burton wondered if doctors would want to convert their privately owned outpatient surgery centers into short-stay facilities, freeing hospital beds and giving doctors a new source of business.

As the discussion centered on Lee Memorial Hospital’s future, board member James Green reminded participants that the neighborhoods around Lee Memorial Hospital were among the sickest, poorest and least likely to have access to medical care.

System President Jim Nathan cut the debate over facilities short because the issue was so complex. He asked Donaldson and Presbrey to get together with doctors to hash out the opportunities and implications of facility changes.

### **Public involvement**

By the retreat’s end, board members said they hoped residents were more engaged and more interested in the health system’s plans.

“I think the biggest thing is the community got involved,” said member Kerry Babb. “We heard what they had to say and it’s important we follow through.”

“I think this is the beginning of what we do next,” member Marilyn Stout said.