

# A Futuristic Healthcare Delivery Campus

BY RHODA WEISS

**I**n overbedded regions, many one-hospital towns live in fear that the hospital will be purchased by neighboring hospitals and closed, thereby forcing community members to travel longer distances to access healthcare services.

But two communities in Massachusetts—Danvers and Beverly—took a different approach by converting an underused facility into a futuristic healthcare delivery campus, serving the entire region. Because members of each community were involved in the transition—through town meetings and focus groups—the success of the program has far exceeded projections.

“In 1989 Hunt Memorial Hospital’s board of trustees realized the municipal hospital in Danvers could not continue as it was,” explains Sue Gustafson, public relations director at nearby Beverly Hospital. “Managed care pressures and the local government’s inability to continue to financially support Hunt resulted in the difficult decision to sell the hospital with the stipulation that the buyer continue emergency services for three years and expand the facility’s use.”

When the town of Danvers began its search for a new owner for Hunt Memorial, Beverly Hospital President Robert Fanning, Jr., and his governing board, medical staff, and managers saw Hunt—a 120-bed hospital, adjacent medical office building, and 120-bed nursing home on 17 acres—as an ideal facility in which to institute a new healthcare delivery concept. In purchasing Hunt Memorial, Beverly’s team developed a plan that would bring new services to Danvers and provide continuing and comprehensive healthcare for surrounding communities, even though all acute care beds would be phased out at the time of the purchase.

“Increasingly, acute care hospitals will serve only the most seriously ill,” says Fanning. “To serve those with less serious illnesses and injuries, we knew we had to develop new models of healthcare delivery that combine quality care with cost-effectiveness. Hunt offered us an opportuni-



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ty to put our design for such care into a visionary array of ambulatory and transitional care services that used and added to the existing infrastructure of the 24-hour emergency department, radiology, and laboratory services.”

## NEW SERVICES

Shortly after Beverly purchased Hunt four years ago, emergency services at Hunt were relocated to its former intensive care unit, with a modest investment made for a new ambulance entrance, lobby, and waiting areas. Also added were imaging services, a breast health center, and cardiopulmonary rehabilitation and sports medicine services. The next major investment was to renovate the former surgery department into three surgical suites, two dedicated ophthalmology suites, and an advanced endoscopy suite.

“Changes didn’t happen overnight,” says Fanning. “We renovated and constructed a surgery department that would be user friendly to surgeons. Too often, hospitals pay less attention to surgeons performing ambulatory procedures than those doing inpatient surgeries. While offering quality care and ensuring patient satisfaction, we also constantly communicate with surgeons through individual meetings, committee presentations, newsletters, and other correspondence to identify ongoing needs, promote their services, and ensure we provide efficient and effective care.” Most of Beverly’s outpatient surgery is now performed at the former Hunt Memorial, renamed the Hunt Center.

Two years ago, Beverly received approval for 60 subacute care beds to be located at the Hunt Center, one of the state’s first subacute hospital-based units. Another project is the New England Rehabilitation Center, a 6,500-square foot addition to Hunt. The center’s therapeutic pool is used not only in rehabilitation, but for a variety of other health services as well. Recent phases of development include the state’s first surgical recovery center, a less costly alternative to traditional inpatient surgical care.

## SPECIALIZED CENTERS

Opened this past spring, a new family practice primary care center illustrates Hunt Center's role as a regional healthcare resource. Family practice residents combine academic studies at their medical school and Beverly Hospital with patient care duties at the Hunt Center and the hospital.

Another successful program at Hunt is the North Shore Menopause Center. According to menopause center Medical Director Rose Osborne, MD, "women still don't always know where to turn as they begin this significant time of life. We are addressing those issues and concerns at the menopause center by providing comprehensive clinical services along with a complete educational and life-style change program."

Seven gynecologists are available for routine examinations, bone density studies, evaluations for hormone replacement therapy and a host of medical issues. A menopause nurse gives women information on menopause and its symptoms. Also, a registered dietitian offers nutrition and weight-loss programs and helps women create their own eating plans and learn the basics of low-fat eating and behavior-modification techniques.

A free lecture series features experts in many fields who discuss issues of importance to women at mid-life. About 130 women and even some men attend each lecture, which includes such titles as "Menopause as a Family Issue," "Holistic Approaches," "Coping with Stress," and "Hormones and Hot Flashes."

For women wishing to talk about changes in their bodies, the center's many weekly support groups—limited to 10 people at \$5 per session—include discussions ranging from personal and family problems caused by menopause to what the word "menopause" means in a woman's life.

## SUCCESS LINKED TO COMMUNICATION

Gustafson believes that the continued success of the Hunt Center is closely tied to communication strategies that involve members of both communities' medical professionals and community members.

While planning the changes to take place, Beverly Hospital held town hall meetings for community members and sponsored informational programs and meetings for physicians; Hunt Center employees, especially those in departments affected by change; and both facilities' boards of directors, volunteers, and other key constituents. In addition, Beverly representatives met with key community decision makers such as the Danvers Town Council and elected

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and appointed officials. Beverly also held focus groups and conducted surveys of physicians and community members who use Hunt Center's services.

"During every stage—from initial discussions, planning, and program development to creating public relations tactics and evaluation mechanisms—we have been unwavering in our intent to constantly communicate to and monitor the needs of members of the medical and general community to ensure we provide the information and services that are needed today and in the future," Gustafson says.

In addition, because Beverly Hospital representatives met with local newspapers' editorial boards and provided them with opinion editorials about the healthcare services changes taking place in Danvers, "the local media were very responsive to publicizing new developments, programs, and services, as well as educational offerings and community events."

## THE HOSPITAL OF THE TWENTY-FIRST CENTURY

Says Phil Jefferson, former chairman of Hunt Memorial Hospital, "In many respects the Hunt Center represents the prototypical use of the hospital of the twenty-first century. The Hunt Center is ideally positioned to function as a vertically integrated provider of healthcare services, complementing Beverly Hospital. In some respects, under a system of capitated reimbursement, the Hunt Center can provide hospital-level care at a much reduced cost in a highly efficient and patient-focused setting." □