



The hospital is a 25 bed Critical Access Hospital. The Primary Service Area consists of seven zip codes, encompassing the communities of _____. The Secondary Service Area consists of three zip codes in the communities of _____. Due to the geography of the area, the hospital is in a unique position to capture all patients within the primary and secondary service areas which total to about 20,000 patient lives.

The hospital partners with the surgical group which provides outpatient clinic space for medical and surgical specialists and is directly across the parking lot from the hospital. All of our new physicians will have clinic space in the groups facilities.

Together, the hospital and clinic provide the following services for the patient population: **24/7 ED, Orthopedic Surgery, General Surgery, Pediatrics, Internal Medicine, Family Medicine, OBGYN, Hospice and Home Health, Rehabilitation, Imaging, Lab, Endoscopy, Ophthalmology, Women’s Health, Cardiology, Anesthesiology, Medical Transport, Hematology/Oncology and Pharmacy.**

Our Needs: The hospital and the group are currently recruiting for a full time General Orthopedic Surgeon to provide services to the surrounding communities.

Hospital Profile

- 25 Licensed Beds – Fully JC Accredited
- NextGen EMR, Galactica PACS
- 8 Bed 24/7 Emergency Department
- 4 Bed ICU
- Private Inpatient Rooms
- 2 Isolation Rooms
- 24/7 Hospitalist Coverage – CC Trained
- 2 Operating Rooms
- 1 GI Suite
- State of the Art Imaging Center
- Office and Clinic Space Across the Street
- 2 Hospital Owned Ambulances

Orthopedic Surgery

General Orthopedic Surgery is currently being provided by Dr. ORS, a Board Certified general Orthopedic Surgeon who has been with the hospital for many years. Dr. ORS sees all general orthopedic cases, but focuses primarily on arthroscopic procedures on the shoulders and knees and full and partial hip and knee replacements. He specializes in the less invasive “anterior” approach for total hip replacements. The majority of Dr. ORS cases are elective and he does about 4 minor trauma cases a month, mostly foot and ankle fractures.

Dr. ORS practice is set up so he sees patients in the clinic 3 days a week, has 2 full days blocked for surgery and takes call 4 days a week (Monday morning to Thursday night). Dr. ORS sees about 70 patients per week in the clinic and averages about 25 surgical cases per month. He spends about 30 minutes in the clinic with new patients and about 15 minutes for follow-ups. *There is currently a 2-3 month wait for new, non-urgent patients to see Dr. ORS.* Though he is not officially “on call” during the weekends, Dr. ORS makes himself available for phone consults with no obligation to come in and if a patient present to the ED on Sunday and can wait for surgery, he will schedule them in on Monday to operate.

Orthopedic Surgery Need

Our goal in the recruitment of a second Orthopedic Surgeon is to achieve 24/7 call coverage for the hospital. According to Dr. ORS and all other members of the staff, the need for a second Orthopedic Surgeon is very clear and he is in full support of the hospital's recruitment efforts. Dr. ORS realizes that his practice will change with the addition of a new Orthopedic Surgeon to the hospital. He is willing to split call 50/50 including weekends, and will also be giving up a number of his clinic patients as the wait time is so long for a consult. Our new Orthopedic Surgeon will have clinic and office space on day one, as well as 2 full day blocks of OR time.

In meeting with the staff, we found that there are upwards of 25 orthopedic cases a month that are leaving the community, and being operated on elsewhere along with a large number of hand and shoulder cases. Between the lack of weekend call coverage, the backlog of clinical patients for Dr. ORS, the retirement of a part-time Orthopedist leaving about 5-7 cases a month, and hand cases that Dr. ORS does not operate on there is room for a second full-time Orthopedic Surgeon. Due to the lack of weekend call coverage at the moment, a large number of orthopedic cases are being shipped out from the ED, or are simply self-transporting to other hospitals, because the patients know that there is no Orthopedic Surgery coverage on the weekends.

Orthopedic Call

Call will be split 50/50 between our new Orthopedic Surgeon and Dr. ORS. Our current model compensates at \$500 per day of call. The hospital has an experienced ED staff that is run by Dr. EM. According to Dr. ORS, the ED staff rarely calls after hours. Dr. ORS stated that he comes in about 5 times a month from 20 days of call. The ED will hold all presents until the morning, unless it is absolutely necessary to call the Orthopedist on call. We also have Teleradiology coverage at night. Due to our somewhat limited surgical capabilities, all major trauma cases are shipped to other facilities so most patients who are held in the ED can be seen in the morning. Once we have orthopedic call coverage on the weekends, our OR staff will be available for weekend surgeries. Though the need is for 50% call, Dr. ORS let us know that call is very light and the best part is: "Most nights, I get paid for nothing but sleep."

Orthopedic Facilities

Office space is available for you on day one in Suite B of the Health Center. Our clinic is fairly small but across the street from the hospital. Your clinic space is shared with a full time General Surgeon and a DPM that works three days a week. The suite has 4 exam rooms and is staffed with 2 Medical Assistants, a coordinator and a receptionist. For surgery, we have two Operating Rooms that are staffed with an experienced surgical team. We also have a full array of imaging equipment on the hospital grounds and full time Radiology for consults.

Hospital Services

Emergency Department

The hospital's Emergency Department is run by Dr. EM, a Board Certified Emergency Medicine physician. Dr. EM has extensive experience in both adult and pediatric ER settings and is an important pillar of our team at the hospital. _____, our RN manages the ED and the ICU. The Emergency Department is staffed 24-hours a day by an experienced team of medical professionals. All Emergency Department physicians are certified in Advanced Cardiac Life Support. Emergency Department registered nurses are certified as Mobile Intensive Care Nurses and are assisted by a two-person team of Emergency Medical Technicians.

Medical consultants are available on-call in various specialties such as Gynecology, Internal Medicine, Obstetrics, Pathology, Pediatrics, Radiology, Neurology and Surgery. Specialists are available in house or via telemedicine. The ED has 8 beds and generally sees around 20 patients per day, about 60% of those patients are Urgent Care. On a busy day the ED can see up to 32 patients.

ICU and Inpatient Services

The hospital has a 4 bed ICU for patients that need acute care. We generally average a census of 2 patients in the ICU, but that can jump up to 4 very quickly according to _____, the Medical Staff Director. In the ICU we have a 2-1 patient to nurse ratio and all of our nurses are used to being very busy. If there are any Pediatric inpatients, they are generally kept in the ICU if there are open beds in order to keep an eye on them.

We have recently contracted with a hospitalist group, _____ that is now providing coverage at the hospital. Our Hospitalists are currently doing 24 hour shifts and living in house at the hospital, but this will soon change to a 7on 7off schedule and eventually to 4 Hospitalists working full time here with fill ins covering the gaps. All of the Hospitalists are Board Certified in either Internal Medicine or Family Medicine and are: procedurally trained, have Critical Care experience, and can co-manage medical and surgical patients with the specialists. The Hospitalist group will not cover the Pediatric or OB Inpatients and the Pediatrician will be responsible for admitting their patients into the ICU. Our inpatient program is high quality and 90% of our patients are discharged by the same physician that admitted them meaning that our average length of stay is relatively low. We do treat high acuity patients here so length of stay can vary, but our average length of stay is around 96 hours. Our Hospitalists are trained in the following procedures: A lines, Central lines, vents, V Cath, A Cath, Arthrocentesis, and Paracentesis among others.

Surgical Support

Our Anesthesia team is headed by Anesthesiologist Dr. ANES, and consists of 1 full time CRNA who has prior experience at Hospital in Oakland and 1 part time CRNA. Dr. ANES has been with the hospital for 21 years and is also our Chief of Staff. Our surgical staff is experienced and _____, RN who is the Manager of Surgical Staff, runs a tight ship.

Operating room time is scheduled in day blocks and our new Orthopedist can expect 2 full day blocks of surgery each week starting on day 1. Our operating rooms do not have the equipment to run two different surgeons at the same time so that is why we run our surgical schedule in alternating day blocks. Our block scheduling priority is based purely on volumes, so the surgeon with the most volume will get scheduling priority. At the moment Dr. ORS has priority over the other surgeons as he has the highest surgical volumes. If your day block is unscheduled less than 7 days prior, the time is opened up for other surgeons to schedule procedures. As long as you have surgeries scheduled on your block days, your time is secured.

Scheduling and Consults – Dr. ANES takes call every other day and is readily available for a consult. He enjoys working closely with the surgeons and feels that communication is the best way to achieve positive outcomes. Dr. ANES stated that he regularly gets called for a consult by Dr. ORS prior to surgery and would like to have a similar relationship with our new Orthopedic Surgeon. The surgical staff is small, but experienced and work well together. Orthopedic surgery is the main surgical service line so our staff is very comfortable with a wide range of orthopedic cases. On a typical case, our Orthopedic Surgeons will have a scrub tech, an RN and Anesthesia specialist. On a good day you will also have a float nurse to assist

if needed. Our staff has availability to operate on the weekend if needed, but generally surgeries that can wait are scheduled on the following Monday.

Surgery Prep – Pre-op starts at the surgeon’s discretion but we generally try to keep with the JC rules of less than 72 hours between pre-op and surgery. The surgeons can call for an Anesthesia consult at any time before the surgery if needed. Dr. ANES can also read EKGs though he admits that he is not a Cardiologist and he cannot catch everything. For Dr. ORS patients, Anesthesia usually sees them for pre-op the day of the surgery if it is scheduled ahead of time. Surgery start time is slated for 8am and surgical staff generally sticks to that timeline. Realistically surgery starts around 8:20am most days.

Common Surgical Cases – The hospital serves an older population base our new surgeon will see a lot of total knee and total hip replacements. Due to the tourism traffic here, we also see a lot of fractured hips and ankles. We do have a Surgical Podiatrist that works 3 days a week, but there is certainly room for a new Orthopedic Surgeon to capture the lower extremity cases if desired. The hospital sends out a lot of hand cases and this market can also be captured by a new Orthopedic Surgeon with an interest in hand surgery. Due to the lumber industry we see a lot of chainsaw accidents and hand trauma that gets shipped out at the moment. We do not have the equipment for complex spine surgeries or severe trauma cases. According to Dr. ANES, “We just don’t have the blood to safely make it through very complex surgeries.”

Physical Therapy

Our Physical Therapy department is very active and is currently in the process of expanding hours of operation and adding more Physical Therapists in order to accommodate increased demand. _____, PT, DPT is the director of the Physical Therapy department and she believes that there is more than enough room in the community for an additional Orthopedic Surgeon. Every member of our Physical Therapy team works both in and outpatient and the department enjoys a close relationship with Dr. ORS. We have 4 Physical Therapists in our department that specialize in:

- Joint replacement surgery; pre and post-surgical, Stroke
- Fractures
- Amputation
- Heart surgery
- Back surgery
- Degenerative Joint disease
- Joint and muscle pain
- Dizziness, balance and fall prevention – gait training
- Sports Injuries
- Headaches and TMJ
- Core and /or pelvic floor weakness
- Auto injuries and Whiplash
- Arthritis

The Physical Therapy department is attached to the hospital and has 3.5 treatment rooms, a full kitchen area, and a myriad of other equipment. PT mentioned lately that she has been using the Pilates reformer for a lot of her patients. In speaking with PT, we found that there are a high number of hand and shoulder post- surgery patients getting Physical Therapy services at MCDH, but having their surgeries done at other hospitals. With the addition of a new Orthopedic Surgeon these cases can be captured by increasing the availability of Orthopedic Surgical coverage from 4 or 5 days a week to 7 days a week.

Imaging Center

Imaging Director

Rich Padilla is a new addition to the Diagnostic Imaging team, but brings with him 30 years of experience running imaging centers. _____ oversees the whole imaging department and his goals are to keep patient satisfaction up and to increase the use of the imaging center by expanding hours of operation and developing relationships with physicians.

Our imaging center was built from the ground up in 2011 in anticipation of greater volumes in the future. The \$7 million, 8,000 square foot facility is state of the art, equipped with the latest technology and Care Stream PACS system. The imaging center is more like one that you would see at a large hospital in a metro area, not what you would expect for a critical access hospital. With the addition of a second Orthopedic Surgeon, our imaging center will be utilized to its full potential and the administration sees the imaging department as a great revenue generator for the hospital.

- Equipment – All equipment was purchased less than 4 years ago
- Toshiba Aquilion 32-Slice CT
- Toshiba MR – Fully digital 1.5 Tesla
- Digital Mammography – GE Senographe Essential
- GE Prodigy Advance Bone Densitometry Unit
- X-Ray – Toshiba Radrex-1 Portable
- Fluoroscopy – Toshiba Kalare System
- Nuclear Imaging

In-house we have Monday-Friday coverage from our Radiologist Dr. RAD and after hours we have Teleradiology from a group based in Florida. Our staff is very experienced with over 40 years of combined experience between our MRI technologists. All of our imaging techs are licensed and certified to provide the highest standard of care.

Ambulance Service

Since 1986, the hospital has owned and operated an advanced life support ambulance. This means that, within the hospital district, when 911 is called for a medical emergency, one of our paramedic/EMT-staffed ambulances responds with what is essentially a mobile emergency room. Our paramedics are licensed by the State of California and certified regionally by _____ EMS. Ongoing training and continuing education keep our crews up-to-date and fully prepared for the wide spectrum of possible medical emergencies. In addition to 911 response, our ambulances serve the important role of transporting patients from our hospital to other facilities. On occasion the coastal weather makes helicopter transport for our most critical patients impossible and one of our ground ambulances is there to fill in the gap.