



## Salina Regional Health Center

Joining Forces to Improve Community Cancer Care

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## Salina Regional Health Center

### Joining Forces to Improve Community Cancer Care

**F**or years St. John's Regional Health Center and Asbury-Salina Regional Medical Center had competed for and duplicated services. However, rising costs, decreasing reimbursement, and increased competition from programs beyond Salina necessitated a collective effort in delivering care. Only by joining forces could these two hospitals survive.

Merging these competitors would have been impossible without a mutual commitment to achieve a "greater goal," according to John Broberg, senior vice president for the new Salina Regional Health Center. That greater goal was to improve quality by uniting the best elements of both programs while eliminating costly redundancies.

"Combining hospital resources has allowed Salina Regional Health Center to broaden its range of services without incurring additional expense," said Broberg. For example, the center used proceeds from the sale of duplicate MRI equipment to purchase a new stereotactic breast biopsy machine. Broberg believes that Salina Regional's improved services will attract greater numbers of patients than either hospital could have reached individually.

#### MODELS FOR IMPROVEMENT

Salina Regional's inpatient units and some outpatient services, including radiation oncology, are situated at separate campuses less than two miles apart. Consequently, some fragmentation of care does still exist, conceded Mary Quinley, R.N., B.S.N., O.C.N., oncology director. To limit fragmentation as much as possible, a multidisciplinary task force, comprised of medical and radiation oncologists, nurses, department directors, and marketing staff, was formed to oversee the merger in

progress and recommend areas for improvement.

The task force initiated a benchmarking study to examine four Midwest hospitals' efforts at maintaining continuity of care. All hospitals operated larger cancer programs than Salina Regional and varied in terms of history of merging and number of treatment settings. Above all, Quinley said, "our goal was to study superior programs so that we could enhance our services to the community."

The study revealed Salina Regional's need to improve each patient's link to the system. The task force recommended—and Salina Regional will soon add—a dedicated oncology social worker to guide patients through the various treatment stages. The task force also proposed relocating the radiation oncology department from the outpatient to the inpatient campus to decrease patient travel between campuses. Salina Regional is presently undergoing a strategic planning process that will address the feasibility of this proposal.

For the present, the radiation oncology department remains at Salina Regional's outpatient Penn campus. As the only radiation oncology center in all of Salina, the department has been virtually unaffected by the merger's consolidation efforts, according to Mark Correll, director of radiation oncology. The department's most significant transition occurred prior to the merger in 1990 when both Correll and Claudia Perez-Tamayo, M.D., medical director for radiation oncology, were recruited from the University of Michigan (U-M). Correll and Perez-Tamayo rebuilt the radiation oncology department by incorporating patient treatment methodologies modeled on their experience at U-M. "We have been committed to maintaining radiation

therapy services in Salina at the university level," Correll explained.

That same year the radiation oncology department relocated to a new 8,000 sq. ft. addition and acquired a new dual energy linear accelerator and three-dimensional treatment planning. Acquisition of more sophisticated treatment capability has resulted in more efficient and convenient care for patients.

#### DEVELOPING A NEW IDENTITY

Organizing the physical components of the new cancer program was only half the battle. Developing more unified marketing strategies became Salina Regional's next goal. The multidisciplinary task force studied Salina's patient population and market share and found that while Salina Regional primarily serves a fourteen-county service area, the cancer program attracts patients from thirty-seven counties. "To retain this sizable market share, we needed to identify ourselves as a unified program with a more targeted approach," explained Betsy Wearing, director of marketing.

Since 1979 the hospitals had held joint tumor conferences and cancer and multidisciplinary committees and shared the same medical staff. However, the hospitals were also very competitive in such areas as providing cancer screening services. Marketing efforts to promote cancer services at both hospitals were disjointed and reactive in nature. "One hospital would offer screening, then the other hospital would counteract with a different event around the same time, with minimal coordination involved," said Wearing.

Salina Regional now takes a more thorough approach. The center recently initiated a cancer education and screening program targeting 14,000 area women ages 18 and older. Women received a box of information on breast and cervical

cancers, including American Cancer Society screening guidelines for mammograms, a miniature breast model for practice in detecting lumps, and information on services available to them through the Center for Cancer Care. The center plans to concentrate on a particular form of cancer each year. "We can educate more people with a

targeted, consistent approach," Wearing said.

In March 1996 Salina Regional received its first JCAHO accreditation as a single health care institution and received a higher rating than either St. John's Regional or Asbury-Salina had received independently. For Broberg, Salina Regional's JCAHO rating is an

indication of the merger's success. Broberg believes that the merger was a chance for two established hospitals to start with a clean slate. "The merger was an opportunity to reinvent ourselves with a new mission statement," Broberg said. "We have a chance to redefine our role in the community and beyond." ■

*The not-for-profit Salina Regional Health Center was formed in 1995 with the merger of St. John's Regional Health Center and Asbury-Salina Regional Medical Center. The Center for Cancer Care was established to represent the various oncology services*

*provided at multiple locations. Salina Regional was the first hospital in Kansas to offer three-dimensional dosimetry and remains committed to providing static conformal radiation therapy. Salina Regional primarily serves Salina's 45,000 population plus*

*fourteen surrounding counties.*

#### **VITAL STATISTICS**

- Total system-wide beds: 254
- New analytic cancer patients seen each year: 500
- Managed care penetration in Kansas: 8.4 percent

#### **PATIENT SUPPORT SERVICES**

- The Center for Cancer Care provides educational and other support to cancer patients and their families. Preventive services, such as monthly breast self-exam instruction and free community cancer screenings, are offered annually.
- A portion of Salina Regional's operating margin is donated each year to the Community Health Investment Program, which provides grants to help meet the health and human service needs of the community.
- Salina Regional's Ethics Committee helps patients, their families, and medical professionals cope with difficult decisions.
- Salina Regional works closely with Hospice of Salina, an independent hospice created by St. John's and Asbury-Salina Hospitals.
- Salina Regional offers transportation to patients within a fifty-mile radius of Salina.



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