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Creating the Fairy Tale

How St. Mary's Hospital survived consolidation and came out on top

By Lynn McVey, BS, RT

Article available online at: <http://www.rt-image.com/1126FairyTale>

Once upon a time, in the fair city of Passaic, in the kingdom of New Jersey, there lived three lovely hospitals. The first hospital was a small Catholic hospital. The second hospital was a small Jewish hospital. And the third hospital was a big non-denominational hospital. The townsfolk loved these three hospitals and kept them hustling and bustling with patients.

Life was prosperous for many, many years.

But, as time went by, the townsfolk did not seem to need their hospitals as much. The hospitals became less and less busy. One year, the little Jewish hospital bought the big non-denominational hospital.

Now, there were only two lovely hospitals left in the city of Passaic.

The big Jewish hospital and the little Catholic hospital were kept busy, hustling and bustling for several years. But, once again, as time went by, fewer and fewer townsfolk seemed to need the two hospitals as much. So one year, the little Catholic hospital bought the big Jewish hospital.

Now, only one lovely hospital remained in the city of Passaic. And they all lived happily ever after.

Yet, the end of that story is only the beginning of another.

On March 1, 2007, in a city where three hospitals once co-existed, only one remained. That morning, the Passaic newspaper headlines read: "And Then There Was One."

This is a story of uncertain and tumultuous times. This is a story of tears, sweaty palms and sleepless nights. But, it is also a story of how one radiology department created a fairy tale team – the likes of which has never been seen before.

Most might think that consolidating three hospital radiology departments into one would be a daunting, if not a completely disheartening, task. But, the team leading radiology at the new St. Mary's Hospital thought differently.

Assembling a Quality Team

When it came to employees, there was now more supply than demand. We knew all the players at all three facilities and were given only one instruction: "Pick the best and the brightest." Here was a once-in-a-lifetime opportunity to skim the cream off the top and create a radiology "dream team."

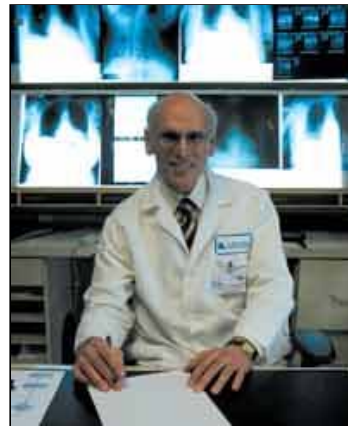
During the first consolidation, our biggest mistake had been selecting staff based only on their hospital affiliation. The purchasing hospital wanted all their staff to be kept on-board with almost no exceptions. This time, we insisted on selecting staff according to their performance.

Having overseen both departments from May 2005 until March 2007, I was in the unique position of being able to quickly and accurately identify the star players on each team. Using performance as the basis for staff selection made the greatest difference in our overall success as a newly integrated department.

On March 1, 2007, the best and the brightest walked into the



The St. Mary's Hospital radiology staff



Charles Herbstman, MD, director, department of radiology (Erik Ramos)



Attending physician Ahmed Mekkawy, MD, reviews a patient's CT scan of the chest.



Interventional radiologist Michael Edwards, MD, reviews a patient's results.

radiology department at the new St. Mary's Hospital at 350 Boulevard. Everybody was handed a bagel and a buddy. Buddies – staff members who already worked at 350 Boulevard and were familiar with the facility – helped acclimate the staffers from the other hospital to the department and hospital.

Sharing this type of information as quickly as possible was key to getting the new team members situated and up-to-speed.

For half the staff, it was their first day in the building. For the other half, it was their first day with the new management/leadership team. It was both a very exciting, but very nerve-wracking, day. Nonetheless, from the very first day, radiology was a fully functioning department. Part of the reason was that radiology had the benefit of learning from past mistakes.

For example, while other departments bought new software systems and new equipment, radiology did not. We learned our lesson during the first consolidation: Make as few changes as possible during this crucial period. The time for software and equipment changes is not in the beginning of a major transition. There will be plenty of time to make changes later.

Prior to the big day, we researched how to best handle transitions. We discovered the "Layoff Survivors' Lament." It is the surviving employees' perception that the staff members who were laid off actually received a "soft landing" – severance plans, outplacement, counseling and a lot of communication.

Lay-off survivors, like themselves, on the other hand, only had more work to shoulder, with little information or communication – other than that they should be grateful just to have a job. This is born out by statistics: 46 percent of laid-off staff feel their employers handled it well, while only 37 percent of employees retained feel they were handled well.

We did not want that to be the case in radiology. The best resolution to Survivors' Lament is communication, communication, communication.

We posted daily, then weekly, updates to keep everyone "in-the-know." We met as often as possible. However, we found that direct and open communication with the employees was most effective.

Meetings tend to be generalized and unidirectional by nature. Individual, face-to-face dialogues are personal and address issues specifically and immediately. We practice that with an "open-door" policy.

The open-door policy also resulted in a surprising benefit to management. Since our office is in the core of a work area, we can overhear the staff's conversations all day long. Our initial intention was to be immediately accessible to intervene during problems, but the best benefit turned out to be hearing the laughter.

Not only did we pick the best and brightest, we picked staff that treats one another and their patients amazingly well. A harsh word is never overheard, but playfulness is a joy to eavesdrop.

This was a great morale booster and motivator for management, which in turn led to greater staff satisfaction overall.

Good Results

Clashing cultures was a hospitalwide issue, very similar to the rivalry between New Jersey's own gangs, the Jets and Sharks.

In the beginning, each employee took the side of their originating facility. Everyone held onto their own labels. People found out, "What hospital are you from?" before any discussions began. The two cultures were very different, posing a tremendous challenge. A smaller facility with less activity allows for less stress and better opportunities for positive, high-quality interactions with customers.

On the flipside, a busy facility is more productive, but has less time for that extra TLC. This difference was rampant at first, but the cultures have now melded into one, while retaining the best of both institutions: efficient, quality service.



Susan Rubinoff, MD, associate director, department of radiology

Top 10 Tips for Succeeding in a Transitioning Environment

1. Make as few changes to technology and infrastructure as possible.
2. Make personnel selections based on service-excellence, performance-based skills. Basic technical skills can always be augmented later on.
3. Leadership personalities will be under the microscope, so keep cool, calm and collected – pretend it's just another day.
4. Stay on-site as many hours as possible – bring your pajamas for the first few days.
5. Create a staffing plan that has at least one incumbent on every shift in every imaging area.
6. Distribute maps and telephone directories to all staff members.
7. Post your home, office and cell phone numbers everywhere, and then implant your cell phone under your skin for at least three months.
8. Call your biggest referrers and solicit suggestions for improvement.
9. Make the rounds: Walk through all areas in and out of radiology.
10. Every department is going to be extraordinarily busy, so pretend you're all alone. Roll up your sleeves, pack up your car, and move those boxes yourself. Fetch the toilet paper and refill your own bathrooms. There is no time to act helpless during a transition.

— L. M.

Hospital Profile

St. Mary's Hospital is the primary provider of quality healthcare to the Passaic and Bergen communities in New Jersey, as well as to areas of Essex and Hudson counties. It is a nonprofit acute care hospital, offering a broad range of healthcare services and community outreach programs.

St. Mary's Hospital is a center of excellence for cardiology, oncology, behavioral health, and women and children services. The hospital has more than 550 physicians, and employs approximately 1,600 New Jersey residents. St. Mary's Hospital is sponsored by the Sisters of Charity of Saint Elizabeth, Convent Station, N.J.

Licensed Beds – 307, includes:

During our third transitional month, we experienced two extremely painful resignations of two of our top performers. Thankfully, one changed his mind. The peaks and valleys of activity were swinging wildly.

Patients were either lined up in the hallway, or you could hear a pin drop. To show perspective, the volume in the new department was triple the volume of the smaller hospital's and twice that of the larger institution's. So the activity level is much different for everyone.

It has been six months (as of presstime) since our consolidation and things have settled down nicely. The data collected shows that the perception of the new radiology department is favorable with the public and the medical staff.

Today, radiology receives letters from satisfied patients and compliments from the medical staff, and laughter is heard daily throughout the department.

We are now moving forward with growth projects, such as service excellence, revenue cycle and similar initiatives. All staff members have successfully transitioned.

Every day, it seems more like a long-established department. It is funny to recall that only six months ago everybody felt like it was their original birthday; we were all so brand new in this brand new environment.

Picking "the best and the brightest" staff contributed most to our overall success. Our transitional phase has come to an end, and now it is business as usual. These days, it is rare to hear a conversation about the consolidation. The transition seems like years ago.

— Lynn McVey, BS, RT, is administrative director of the department of radiology at St. Mary's Hospital, in Passaic, N.J. She is attending graduate school at the College of St. Elizabeth in Morristown, N.J., where her focus is the crisis and chaos in today's hospitals. Questions and comments can be directed to editorial@rt-image.com.

- 213 – Medical/Surgical
- 16 – OB/GYN
- 10 – Pediatric
- 25 – ICU/CCU
- 5 – Intermediate Bassinets
- 23 – Adult Acute Psychiatric (Voluntary)
- 15 – Adult Acute Psychiatric (Involuntary)

Off-Site Facilities

SMH Behavioral Health Program,
211 Pennington Avenue, Passaic, NJ
In-patient psychiatric center

The Seton Center, 530 Main Avenue, Passaic, NJ
Main headquarters of the Behavioral Health Program**

23 Colfax Avenue, Pompton Lakes, NJ
Program for Assertive Community Treatment (PACT II)
Integrated Case Management Services (ICMS)

Family Health Center, 148 Eighth Street, Passaic, NJ
Adult and pediatric clinic

***There are seven additional sites, located throughout Clifton and Passaic, housing specialized residence programming for the Behavioral Health Program.*

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