

# Sister Julie Hyer

## ON THE RECORD...

by Mary Bryant

It certainly isn't surprising that Sister Julie Hyer is proud of the hospital she helps run. For that matter, Hyer says she was in awe of the institution even before she first arrived in Santa Cruz. She says the hospital is wonderful, the people are wonderful, and even though the times are difficult, everything will work itself out.

But isn't she supposed to offer glowing remarks about Dominican Santa Cruz Hospital—isn't that part of her job?

Of course it is. So when she continued talking over

and over again about the extraordinary range of services the county's largest hospital offers, we at *The Post* just had to check it out. Not that we didn't accept her contention, if for no other reason than the fact that we had heard lots of others talk about the same point. But how true was it?

To start off our little investigation, we got a list of Dominican's services (see comparative chart below). Then we called the folks in Sacramento at the Office of State Health Planning and Development (OSHPD). They know us up there because we talk to them a lot, and they are always very helpful.

After a day of research they gave us a list of hospitals about the size as Dominican offering the same major categories of services, like heart surgery, mental health and skilled nursing care. Granted it was a short list—a total of nine in the state. But there was something wrong. The only facility not based in a large urban center with a large market to serve was Desert Hospital in Palm Springs. And comparing Dominican to hospitals in big cities wouldn't be fair. So we called OSHPD again. This time we asked for hospitals in areas with similar population bases.

With this list in hand we



started calling each institution. And, lo and behold, it turned out that Hyer was right. Dominican does offer lots of services—in most cases more than anyone else.

Now this doesn't mean we've checked out the performance criteria of each department, but it does mean that as a small, and somewhat isolated community, we do have

a lot of specialty care in town which is quite unusual.

Still, even with this point made, Hyer has many other questions to answer about Dominican's immediate plans and the future of health care locally, nationally and abroad.

MCP: What are the top three issues or problems facing Dominican today?

SJH: I think I would call

### WHAT WE'VE GOT THEY DON'T... A COMPARISON OF HOSPITAL SERVICES BY REGION

Salinas=Salinas Valley Memorial Hospital

SLO=Sierra Vista Medical Center in San Luis Obispo

Redding=Redding Medical Center

SanBarb=Santa Barbara Cottage Hospital

Source: Phone Survey 6/91 with assistance from the California Office of State Health Planning & Development

DOMINICAN SERVICE SCHEDULE	SALINAS	SLO	REDDING	SAN BARB	DOMINICAN SERVICE SCHEDULE	SALINAS	SLO	REDDING	SAN BARB
CARDIAC CENTER	✓		✓	✓	Chaplain Services	✓	✓	✓	✓
Cardiac Catheterization Lab	✓		✓	✓	Patient Relations	✓	✓	✓	✓
Cardiac Risk Screening			✓	✓	Quality Assurance	✓	✓	✓	✓
Cardiac Surgery	✓		✓	✓	ShareCare for Older Adults <sup>1</sup>			✓	
Cardiac Rehabilitation	✓	✓	✓	✓	Social Services	✓	✓	✓	✓
Coronary Care Unit	✓	✓	✓	✓	OUTREACH SERVICES		✓	✓	✓
DIAGNOSTIC & THERAPEUTIC	✓	✓	✓	✓	Employee Assistance Program		✓	✓	✓
Clinical & Pathology Lab	✓	✓	✓	✓	Home Medical Equipment		✓		✓
Endoscopy	✓	✓	✓	✓	Mammography(MobileQkScrn)		✓	✓	✓
Fitness Assessment Program	✓	✓	✓	✓	Outpatient Pharmacy	✓	✓		
Mammography		✓	✓	✓	Personal Emerg Response Sys	✓		✓	✓
Outpatient Oncology Unit	✓	✓		✓	ALLIED SERVICES			✓	✓
Outpatient Surgery Unit	✓	✓	✓	✓	Cancer Radiation Therapy	✓	✓	✓	✓
Pharmacy	✓	✓	✓	✓	Magnetic Resonance Imagery	✓	✓	✓	✓
Physical Therapy	✓	✓	✓	✓	Surgery Center/Out-Patient		✓	✓	✓
Radiology	✓	✓	✓	✓	EDUCATION	✓	✓	✓	
Respiratory Care	✓	✓	✓	✓	Health&Personal Skills Class		✓	✓	✓
Surgery	✓	✓	✓	✓	Health Information Library	✓	✓		✓
EMERGENCY CARE	✓	✓	✓	✓	Speakers Bureau			✓	✓
MATERNAL/CHILD HEALTH	✓	✓		✓	Tel-Med&Tel-Estate Tapes	✓			
Family Birthing Center	✓	✓		✓	ACUTE REHABILITATION	✓	✓	✓	✓
Gynecology	✓ <sup>2</sup>	✓ <sup>2</sup>		✓	ALCOHOL&DRUG DEPND CY				✓
Infant Hearing Assessment		✓			CARDIOPULMONARY	✓	✓	✓	✓
Intensive Care Nursery	✓	✓		✓	MAMMOGRAPHY		✓	✓	✓
Neonatal Nursery		✓		✓	HOME INFUSION THERAPY				
Pediatrics Unit	✓	✓		✓	OCCUPATIONAL HEALTH		✓		✓
MEDICAL/SURGICAL CARE	✓	✓	✓	✓	OCCUPATIONAL THERAPY	✓	✓	✓	✓
Cancer Care	✓		✓	✓	PHYSICAL THERAPY	✓	✓	✓	✓
Intensive Care Unit	✓	✓	✓	✓	RESTORATIVE CARE UNIT		✓		✓
Med/Surgical&Orthopedicis	✓	✓	✓	✓	SPEECH THERAPY		✓	✓	✓
Neurology/Chronic Respiratory	✓	✓	✓	✓	WORK Evaluation & Hardening		✓		
MENTAL HEALTH UNIT			✓	✓					
PATIENT SUPPORT SERVICES	✓	✓	✓	✓					

1. similar programs 2. limited services Cottage Hospital also offers the following: Paranatal, high-risk care; Pre-surgery admissions unit; Kidney dialysis; Redding Memorial also has laser surgery



them challenges and opportunities, and define them as... the ever growing need and demand of our under-insured population... to maximize someday the opportunity we have now with the acquisition of Community Hospital... and I think the third... is the opportunity of responding to the federal government as they look at the [acquisition]... [to show] that in fact we can return the benefits of such an acquisition and merger to the community.

MCP: You didn't include the challenge by two labor unions to unionize the hospital for the first time. Is this more of an immediate challenge?

SJH: I think that this is part of future greater challenges... The union challenge is an opportunity for the employees to look at... and decide if they need it... This is a phenomenon not [just] here at Dominican... so that's on-going.

*"...mini-hospitals are currently an idea and prototype which has not yet been developed. It may someday be a form or competition to full-service hospitals, like Watsonville and Dominican. In some ways I think that this is just another element of competition..."*

MCP: How about mini-hospitals?

SJH: You know that... mini-hospitals are currently an idea and prototype which has not yet been developed. It may someday be a form of competition to full-service hospitals, like Watsonville and Dominican. In some ways I think that this is just another element of competition and I think we will always be looking at new and different challenges.

MCP: I understand you are currently trying to balance a budget deficit of about \$300,000 per month. How is this work proceeding?

SJH: It appears that this year we will break even, which as you know isn't really breaking even for a hospital with all the new technology to keep up with [in the industry].

MCP: I understand that you are near the end of your downsizing program. Will there be layoffs announced like those that occurred at Watsonville Hospital last summer? How have you balanced income and expenses?

SJH: We have done a number of things over the last few years... And obviously you are always looking at staffing issues and programs

and services... From the time I arrived, anytime a department manager has left we have always looked at the possibility of combining new areas and expanding [another] manager's responsibilities and reducing the size of management. We've also done that in the administrative area, and we also have done this... with staff positions... When a staff position opens... it is not automatically refilled, it has to have a job justification... We have asked our managers... to look at the possibilities of new ways of doing things in order to gain greater efficiency.

MCP: Has Dominican had to laid off workers?

SJH: We have had a small number of positions eliminated, and another number of job classifications have been deleted, even though they weren't currently filled.

MCP: Has this directly affected any employees? In other words, have you handled the reductions entirely

need. You must understand that efficiencies are governed by the payments you receive, so we have to cut the way we do things and cut our expenses. As you wrote in your last edition, nursing to patient ratios have not, in fact, been reduced.

MCP: One efficiency we haven't discussed is how people receive care. For instance, are county-sponsored patients coming to Dominican's emergency room to get services because it is most accessible to them and the

most cost-efficient means of providing these services?

SJH: I think that I would say that it is very expensive... but unfortunately we don't have [county] clinics available at all hours. So individuals do come for emergency care quite inappropriately, and we do in fact care for them.

MCP: Will the role of county government in providing direct services to the indigent population change in the near future?

SJH: I think that is part of the personality or culture of the county... I think here in Santa Cruz the county has a great desire to continue to be a primary provider, and neither Watsonville nor Dominican has really gone [in that direction].

MCP: Does this mean that Dominican might open their own clinic?

SJH: We are talking with a number of our doctors... and analyzing the demand at the emergency

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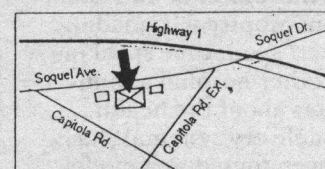
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## SISTER JULIE HYER

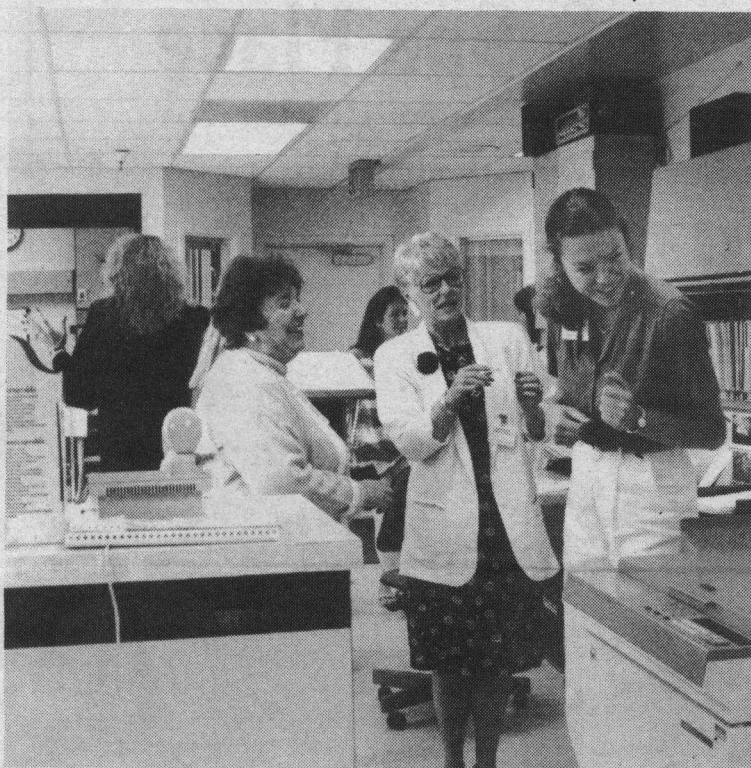
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room to see what types of services are possible to offer at a primary care [clinic] instead of an emergency room... After studying and looking at that we may, with the medical staff, try to provide an alternative service.

MCP: It is said in America there shouldn't be second class citizens, that other people's luxuries are our necessities. Is this going to be true for health care in the future? Or will there be some basic care for some, and extended care for those that can afford it?

system, and as one would expect, it is the poor who are affected by rationing of services to the greatest degree. And, many Canadians who have the means to do so leave Canada to obtain their health care services. Another way that Canada saves dollars in delivering health care is by limiting forms of technology available. For example, the MRI which Dominican has had for almost 6 years is not available in many provinces of Canada.

MCP: In terms of the future locally, how would universal access affect us? What would look different than we have today?



SJH: Across this country health care is delivered by using a two-tier system already. There are many groups who are currently working toward a universal health care plan. This plan will hopefully provide the same level of basic care services to everyone in this country. Of course the exact plan is not in existence, and many groups are struggling to come up with a consensus on a plan that will work.

MCP: In Canada, there are currently waits for certain types of procedures that are not deemed to be emergency operations. Do you believe rationing of medicine will be part of a universal access plan developed?

SJH: I just returned from a conference on health care in Montreal [Canada]. There I spent time speaking with other hospital administrators about the health care delivery system. What has been touted as a model system for this county is currently in crisis.

The fact is rationing, does occur in the Canadian

SJH: Quite honestly I'm not sure that the patient who comes to the emergency room would ever see a difference if we had universal access to health care. All patients who arrive at Dominican and Watsonville Hospitals, and who are in need of emergency services are seen and treated. What universal access would assist is the private citizen obtaining appointments with private physicians in offices and clinics, because their health coverage would adequately provide for payment for these services.

MCP: If you could paint a picture of what Dominican would look like 10 years from now, what would that picture look like?

SJH: I anticipate that Dominican will continue to offer programs and services that meet the health care needs of the people of Santa Cruz. And I expect we will continue to offer a wide range of services and remain on the cutting edge with all future technologies. □