

Dominican Hospital shows off new facilities

By BOB SMITH

Ninety new hospital beds, two operating suites, a host of new labs and special services, including endoscopy and cardio-pulmonary therapy facilities, are nearing completion at Dominican Santa Cruz Hospital.

The hospital held a series of open houses last weekend for employees, donors, contractors and the general public, throwing the \$20 million addition open to the community for an inspection before putting it to work.

The opening culminates a five year effort to expand the hospital from its 150 beds to 240 beds.

Construction crews were still working in parts of the new facility, resealing a defective operating room floor, finishing off part of the outpatient surgery unit and installing phones and other equipment in the new wing when hospital officials hosted news media representatives Thursday morning.

But a 30-bed medical-surgical ward, the endoscopy and cardio-pulmonary facilities, pastoral care and patient relations offices have already been pressed into service.

The outpatient surgery unit was described by Sister Josephine Sullivan, the hospital's board chairman, as the wave of the future as hospitals are pressed to provide high technol-

ogy medical services at lower prices.

By eliminating the need to admit many surgery patients to the hospital as in-patients, costs can be cut by 30-40 percent, unit manager Sue Pacheco said.

The outpatient surgery unit will be used only during the day, with patients admitted to the unit for pre-op evaluations, taken to one of the hospital's operating rooms or a minor surgery room next to the outpatient unit for the operation and then returned to the outpatient unit for a brief recovery and then sent home.

Workers were refinishing one of the operating room floors last week, but charge nurse Jerry Robertson and neurosurgeon Dr. Gail Magid showed off the completed operating room next door.

Cost of the equipment inside the operating room is phenomenal.

The anaesthesiology machine cost \$14,000. The surgery lights — there are two of them — cost \$16,000 each. The operating table costs another \$12,000. An operating room microscope, complete with a special cold light — fiber optics light source cost another \$27,000.

Those were the readily visible items. Concealed in the walls and ceilings of the spotlessly clean room, Dr. Magid said, are thousands of dollars in

special piping, electrical circuits and other equipment needed for today's increasingly complex surgical procedures. "Equipment for a brain tumor operation," Dr. Magid said, "would fill the room (approximately 25 x 25 feet).

Other things bear seemingly astronomical pricetags. A suture can cost 80 cents. If it has microscopically fine thread with equally small needles at each end and is used to suture blood vessels, the cost rises to \$16 each.

The surgeon wears a disposable paper gown. It costs more than a cloth one that could be laundered and recycled, but the risk to the patient of infection is much less.

"The cost of surgery may be rising," Dr. Magid told reporters, "but the quality of surgery has been rising too.

"And Dominican has been at the cutting edge of surgery," he added.

Once surgery is completed, the patient is moved to a new recovery room a few feet away where anesthesiologists and nurses oversee their initial recovery.

Endoscopy is not a new field for the hospital, but it has a new facility in the new north wing. Using fiber optic tubes that can be inserted into the digestive system or the lungs,

doctors can get microscopic views of problems that previously required abdominal surgery to examine. And in the case of a bleeding ulcer, a neodymium: YAG laser can be used to coagulate the bleeding area.

One of the most controversial units when the hospital was

fighting for a certificate of need from the Mid-Coast Health Systems Agency several years ago was its proposal to open a 37 bed skilled nursing facility at the hospital — a move that some saw as directly competitive with the area's convalescent hospitals.

Sister Helen Schill oversees both the restorative care unit (as the skilled nursing facility has been named) and the mental health facility in a separate building next to the hosp-

tial. Patients who no longer need the continuous care that they would receive in a regular hospital unit, but aren't quite ready to go home on their own will be transferred to the RCU, Sister Helen said. They will be responsible for much of their own care although they will be under the supervision of hospital nurses and other trained staff. The average length of stay in the facility will be 25 days.

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