

Idaho State Journal, Sunday, Oct. 12, 2008 – by Yann Ranaivo (4 pages)

Rural hospital recruits staff from community

Steve Hill came to Montpelier in the mid-1990s to teach science at Bear Lake High School. After his teaching duties were finished for the day, he spent his after school hours setting up labs for the next day. Hill, 40, now sets up labs every morning — for Bear Lake Memorial Hospital.

Hill, who holds a master's degree in biology, began teaching semester-long classes at Bear Lake

Memorial in 2001, introducing high school seniors to medical sciences. The instruction was part of the hospital's "Grow Our Own" program, a self-growth program aimed at filling critical medical staff needs with local residents.

In 2004, Hill left his high school employment to join the hospital staff on a full-time basis. Hill splits his duties between teaching high school students for the program in the spring semester, and working as a medical technician the rest of the time.

For the past two decades, the hospital has plucked citizens of Montpelier like Hill to fill needed vacancies. The program defrays schooling costs and pays stipends to provide participants with the necessary education. It's been

a success, allowing the hiring of critical staff without burning dollars in the expensive recruiting game in which bigger hospitals have a pronounced advantage.

Rod Jacobson, the hospital's administrator, said the program has allowed the hospital to train and hire health professionals who previously had no experience in the medical field.

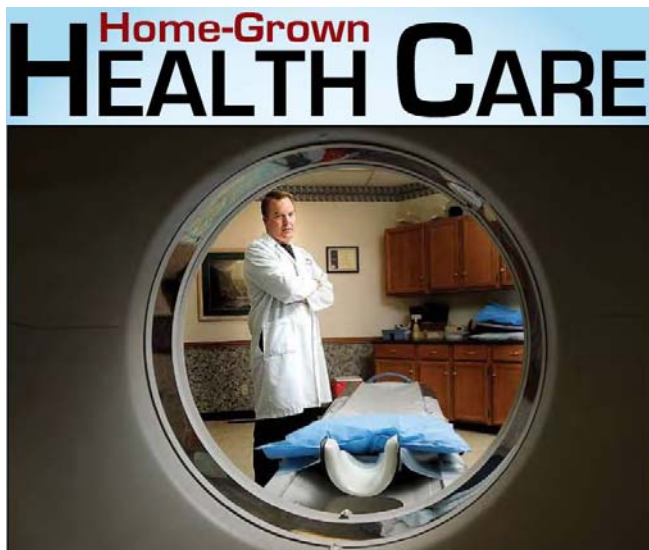
Jacobson's "Grow Your Own" system has had about 100 recruits since he started it in the late 1980s. Some of the health-care professionals who came through the program previously worked in such diverse fields as sales, public transportation and the insurance industry.

Jacobson said the hospital looks for qualified local residents and offers them a new career with Bear Lake Memorial. Jacobson said hiring locals is cost-effective because it means the hospital does not have to pay hefty recruiting fees for potential staff with pre-existing medical experience.

He said most hospitals recruit health professionals who usually are not native to the local area. That methodology can be expensive and frustrating.

"The recruiting fees and turnover rate would be a big part of the equation," he said. "Typically if we bring somebody out of the area, they have no roots here, and in a couple of years, they're off to bigger and better things."

Rural health care 1



Jacobson said metropolitan hospitals usually pay 50 percent of a newly recruited employee's first-year salary. As example, he said such hospitals usually spend about \$200,000 on hiring radiologists, who earn an average of \$400,000 annually, and pay nurses about \$25,000 in recruitment fees. "I've never paid a recruiting fee for any of those in the last 18 years," Jacobson said.

Although Hill is now a hospital employee, he is still an educator, and has been the chief catalyst in interesting high school students in a hometown medical career. Every spring, Hill oversees the student curriculum. Half of the semester, students learn to draw blood from rubber arms, graduating to actual donors, including Hill himself and then each other. The second half of the semester exposes the students to other duties performed by technicians and doctors.

"We got these kids right in high school and we bring them here where they get paired up with medical professionals," Hill said.

During the rest of the year, Hill is a medical technician and is part of a small team that works within the confines of a hospital laboratory. When Hill decided to join the program in 2002, he began taking classes at Idaho State University to earn the necessary credits with the hospital paying for his course work. Because he holds a master's in biology, he was able to forego some of the general health science course work.

Hill received the credits for becoming a medical technician in 2004 and began his work full-time with the hospital. His day now begins at 6:30 a.m., and instead of rulers and chalk, he carries needles.

After getting the lab ready for the new work day, he walks through the hospital's halls, visiting with patients and drawing blood for tests. Throughout the rest of the day, Hill helps staff his department's laboratory while tending to incoming outpatients.

Like many departments in the hospital, Hill and his colleagues perform a range of duties which would normally be split between several departments in a larger hospital. Besides drawing blood, Hill's department performs blood tests, chemistry work and microbiology. Faced with the economic challenges of being a rural hospital, many of Bear Lake Memorial's staff of 225 employees are trained to multitask.

Hill's department, which employs four lab technicians, does all the hospital's blood work, essentially working as a hematology department. "Here we have to do a little bit of everything," Hill said. "And we're all generalists."

Like many rural hospitals, funding is an ever-present issue. Bear Lake Memorial receives no funding from the county; its commission's main involvement is to appoint the hospital's board members.

Jacobson said a large portion of the hospital's revenue comes from its nursing home residents, surgeries, assisted-living center and general care. Because it is a public hospital, Bear Lake Memorial must admit noninsured patients and still remain within the confines of its \$18 million annual budget. Because the budget is so tight, every element must be scrutinized, and recruiting of medical staff is no exception.

By recruiting locally, Jacobson said the hospital expends less than 1 percent of its annual budget bringing in new staff. It has spent up to \$80,000 in a year to educate future employees. The hospital will spend about \$37,000 this year on tuition costs and stipends.

Recruiting locally does not mean the hospital doesn't carefully scrutinize applicants. The hospital selects about 10 to 15 recruits every year and enrolls them into nearby universities to earn necessary credits.

he majority of the program's enrollees end up taking courses at ISU or Weber State University in Ogden,
Rural health care 2

Utah. Jacobson said most future nurses and physical therapists enroll at ISU, while technicians usually take courses at Weber. Jacobson said the hospital recruits mostly nontraditional students and gives them a \$500 monthly stipend to live on. Some students are able to live in Montpelier and maintain part-time jobs. Others must relocate to Pocatello or Ogden.

The program covers about 75 percent of tuition and fees, in addition to offering potential scholarships. A committee decides the scholarship applicants' eligibility for financial aid.

Jacobson said the hospital can concentrate on filling urgently needed positions within the hospital. Most students in the program have filled lab technician and nursing positions, but some have trained to fill positions in the hospital's radiology department by doing course work on X-rays and ultrasound.

Marty Farmer, the director for the hospital's radiology department, earned a bachelor's in radiographic science from Weber. He has been with the hospital for more than 10 years. Previously, he worked in insurance sales.

Farmer said he came to the hospital because he was interested in the medical field. He initially volunteered at the hospital before enrolling in the program to become full-time staff.

"I kept on bothering (Jacobson), and they realized that they could use an extra guy," he said. "I let them know that I was interested in working here."

Nicky Sparks, director of the hospital's nursing department, used to drive bus and first heard about the program 15 years ago via a radio commercial. Thirteen applicants applied, and the group was winnowed down to four.

The Idaho Legislature's Interim Committee on Medical Education has, in recent months, focused on identifying the health care issues facing the state. The committee first met in August and reviewed a report commissioned by the Legislature which re-asserted the need for more doctors in the state and more efficient medical education in Idaho. Idaho ranks 49th in the per capita number of doctors and has no statebased medical program.

The committee invited a small number of rural hospital administrators to discuss their operations and existing programs. Jacobson was among those invited.

Jacobson, who has spent 28 years with Bear Lake Memorial, believes his program has proven itself, particularly in the face of declining public dollars and insufficient health care funding. He presented his hospital's model to Gov. C.L. "Butch" Otter, state lawmakers, Board of Education members and a trio of university presidents during a trip to Boise early last month.

Jacobson spoke of his program's successes, highlighting hospital employees who had been enticed to switch careers, and explaining the benefits of self-growth over recruitment.

He told the assemblage that Bear Lake Memorial does not possess the recruitment clout of larger hospitals, due to budget and geographic constraints. He told the group that the hospital's self-growth program grew from necessity, drawing questions from the committee.

"Is what Bear Lake (does) typical of what small hospitals around the state do?" asked Rep. John Rusche, D-Lewiston. "I think it's universal," Jacobson said. "Where does your money come to fund that?" asked Milford Terrell, a State Board of Education member.

"We just build it within our own budget, but it's cheaper than other options," Jacobson said.

Jacobson left the meeting with the committee agreeing that the self-growth program works. Idaho's health
Rural health care 3

care woes, however, will not be easily solved.

Meanwhile, Jacobson said he will continue to select Montpelier residents and groom them for specific needs in the hospital's ranks.

"The best way to get an employee is to find one that lives here and already has the skill," he said.