Good Shepherd Memorial Hospital: The Women's Health Relocation Proposal

Kent V. Rondeau

ABSTRACT
Jack Hennessey, President and Chief Executive Officer of Good Shepherd Memorial Hospital, is asked if his organization would like to become the new home for gynecology services for the region, including the provision of second-trimester abortions for women with unwanted children. Hennessey believes that the relocation of these services to his hospital would be propitious given the organization’s new mandate in women’s healthcare. Created by the merger of a Catholic maternity hospital and a pediatric hospital, Good Shepherd Memorial Hospital is involved in a strategic planning exercise to determine the newly merged hospital’s new role. It is uncertain how the relocation decision will fit with the new strategic direction taken by the hospital. Various internal and external stakeholders make conflicting demands about where they want the hospital to position itself; some support the decision, while others are vociferously opposed. Hennessey wants to assist his board to make the best possible decision now and for the future, while maintaining board unity, the morale of his staff and effective external relations.

INTRODUCTION/BACKGROUND
It was 4:50 p.m. as Jack Hennessey scrambled to get ready for the 5:00 o’clock meeting of the Board of Good Shepherd Memorial Hospital. As president and chief executive officer of a 460-bed pediatric and women’s hospital, Hennessey knew that he was about to enter the proverbial lion’s den. Never at any time in his five years at Good Shepherd Memorial had he had to tackle such a difficult and potentially explosive issue. At the heart of the matter was a proposal before the board to relocate gynecology services from Gateway Health Sciences Centre to Good Shepherd Memorial.
As Hennessey bolted out of his office and headed up to the board room, he wondered how something as straightforward as the rationalization of a basic health service could quickly become so complex and divisive. He thought back to that day seven months ago when he had lunch with Dr. Bob Armstrong, chairperson of the Department of Obstetrics and Gynecology at nearby Regius University Medical School. It was there that Dr. Armstrong first suggested to him the possibility of relocating gynecology services from Gateway Health Sciences Centre, a large tertiary, teaching, and referral healthcare facility, to Good Shepherd Memorial Hospital. He proposed forming a task force with membership drawn from the Medical School and from the two participating institutions to study the matter in more detail and make recommendations.

It seemed to him at the time that the proposal to relocate and consolidate gynecology services at Good Shepherd Memorial was indeed highly propitious. Three years ago under a reform process introduced by the provincial Department of Health aimed at fostering increased collaboration among institutions in the health sector, the Boards of Good Shepherd Maternity Hospital and the Memorial Hospital for Children agreed formally to merge.

The merger of the two institutions occurred on the premise and understanding that the mission of the new organization would be the healthcare for children, women and families throughout the region. The women's health component was added to what was previously the provision of services to expectant mothers and children, and included services to be offered on site as well as an advocacy role related to the broader issues of women's health. Although the exact definition of what constituted “women's health” was never strictly determined, it was felt that the provision of general gynecological services could provide a basic ingredient in meeting the needs of women now and in the future.

Prior to the merger, Good Shepherd Maternity Hospital was run under the auspices of The Sisters of Holy Charity. After more than a year and a half of informal and formal discussion and analysis, the amalgamation of Good Shepherd and Memorial was "approved" by the Minister of Health. It was at this time that the newly created organization proposed a new and expanded role for itself to “help children and women in the region become the healthiest in the world.” The new Board of Directors, which was crafted from the boards of the two previous institutions, quickly agreed that women's health provided a natural synergy with maternal and pediatric healthcare services. The Sisters of Holy Charity agreed to remain as a key partner in the newly merged institution, with representation on the new board.

**CHANGE PROCESS**

Relocating gynecology services from Gateway to Good Shepherd Memorial seemed to be an obvious move that could potentially result in better quality of care and a more efficient healthcare delivery system. By unifying the core discipline of women's health, obstetrics and gynecology into one physical plant, the special needs of women could best be promoted and enhanced.

In the past few years, the number of maternity beds in the region has been significantly reduced due to decreased patient length-of-stay. Healthy mothers and babies are often
sent home within 24 hours of giving birth. Concurrently, the number of gynecology beds has decreased by more than one-half due to the combined impact associated with changes in gynecological surgical practices and reduced length of hospital stay. These circumstances enable general gynecology to be accommodated at the Memorial site of Good Shepherd Memorial Hospital. Specifically excluded from the proposal are gynecological oncology, emergency department and the pregnancy termination unit, which would all remain at Gateway Health Sciences Centre.

By rationalizing these services at Good Shepherd Memorial Hospital, gynecological and obstetrical care could be re-unified as a single disciple. In the great majority of centres throughout the world, these functions are united. However, the provision of obstetrics and gynecology offered at two separate locations is the result of a historical accident. Current reorganization of programs and services at Gateway Health Sciences Centre, coupled with a new strategic mission developed and promulgated by Good Shepherd Memorial Hospital has provided a unique “window of opportunity” to correct this anomaly to the benefit of patients, families, staff and students. Consolidating gynecology services at Good Shepherd Memorial Hospital with high quality obstetrical care would decrease service fragmentation and increase the continuity of care or women.

The unification of the disciplines of obstetrics and gynecology on one site would also result in the production of a critical mass of expertise in medicine, nursing and allied health professionals. The School of Medicine at Regius University has long maintained that the education of physicians in obstetrics and gynecology would best be facilitated by having interns and residents learn at one site.

Recently, Good Shepherd Memorial Hospital was approached to provide sponsorship and an institutional base for the Regional Centre of Excellence in Women’s Health. Affiliated with Regius University, the Regional Centre of Excellence in Women’s Health is a self-governing entity which, along with four other government-funded establishments, seeks to understand and improve the health status of Canadian women, identify key issues requiring research and investigate and provide analysis, advice and information to government and other health organizations. The Regional Centre is federally funded for six years and is a partnership of academics, researchers, healthcare providers, women’s health organizations and agencies. When approved, the Centre of Excellence would make few resource demands on the hospital beyond the provision of approximately one thousand square feet of space, furnishings and basic utilities.

The proposed relocation of general gynecology service would be placed on the eighth floor of the Memorial site and would occupy both the north and south wings of the floor. The space currently houses the hospital’s foundation, some administrative offices, a reproductive endocrinology laboratory, as well as two rooms where interns and residents can go to sleep or relax during or between shifts.

On average, general gynecology at Gateway uses 16 beds. To better manage this activity with an occupancy rate of 85%, 19 beds would be required. However, this
number of beds would not provide the necessary flexibility to accommodate peak periods of demand. Thus, 25 beds (staffed at 80% occupancy) would be required at Good Shepherd Memorial. The south wing of the floor has a capacity for 27 beds. Currently 86 hours per week of operating room time are utilized for gynecological surgery at Gateway Health Sciences Centre. It is anticipated that this same number of hours would be required in the future. Two operating rooms would be dedicated to gynecology. At night and on weekends, these rooms can be used for emergency services in obstetrics and gynecology.

Gynecology ambulatory services that are being relocated would be situated on the north wing of the eighth floor. This area would not require extensive renovations. A high proportion of gynecology ambulatory services are already located at Good Shepherd Memorial Hospital, and the proposed relocation will unify such services with beneficial results. The north wing of the Memorial site currently houses the reproductive endocrinology laboratory, which will remain in its present location. In addition, an option exists to relocate the six weekly general gynecology clinics, currently operating out of the third floor of the Good Shepherd site, to the eighth floor of the Memorial site.

Some diagnostic equipment associated with general gynecology services would require relocation. Several pieces of major equipment would not be transferred, including the operating room laser, laparoscopic equipment and an operating microscope. The major equipment cost related to relocation is estimated to be $315,000, not including the purchase of an additional ultrasound machine estimated to cost $250,000 to $300,000. In addition, it has been determined that the costs for renovating the eighth floor to accommodate the move will be approximately $65,000.

COMPLICATIONS ARISE
Shortly after Gateway and Good Shepherd Memorial formally began to explore the possibility of relocating gynecology services, Jack Hennessey got a phone call from Sister Roberta McNichol of the Sisters of Holy Charity. Sister McNichol, who was also a member of the Good Shepherd Memorial Board, was very concerned about the possibility of the hospital performing second trimester terminations on women who find themselves carrying a highly compromised fetus with a physical or mental deficiency. Sister McNichol reminded Hennessey of the position of the church on such matters. Although he gave her assurances that a decision in this regard had not yet been taken, he knew that second trimester terminations for a severely physically or mentally compromised fetus was a legally protected procedure for women who request such an alternative. He also knew that providing the procedure was consistent with the hospital’s new role in women’s health, and with the Department of Health’s dictate to offer the service in the region.

Hennessey wanted to maintain the strong ties that the newly merged institution had with the religious order. The Sisters of Holy Charity had a long history of delivering mother and infant health care services to residents of the city and region for over 60 years and had acquired and had established a well-earned reputation for providing outstanding care. The general image that citizens of the region had of their maternity
The merger of Good Shepherd Maternity Hospital and the Memorial Hospital for Children produced a Board of Directors that drew equally from the membership of the boards of the two established organizations. Although everyone on the board worked diligently to discharge their duties to the best of their ability, many were unable to transcend the more narrow and focused interests and orientations of their previous roles. This was characterized, for instance, when board members would vote on issues as a block; often Good Shepherd members would vote one way, while Memorial members would go the other way. One explanation for this pattern of behaviour was the existence of the two operating cultures that existed at the time of the merger. While Good Shepherd Maternity Hospital was considered to be a warm and informal place with a strong sense of loyalty and tradition, the Memorial Hospital for Children had a normative culture that was more entrepreneurial, progressive and business-like.

Although culturally distinct entities, both organizations were able to raise funds in the community with little difficulty. In fact, other institutions in the area were somewhat envious of the strong fundraising campaigns that each was able to mount. The money that was collected was generally used to finance capital equipment and other special projects. In recent years, with cuts in government disbursements to hospitals, both organizations had come to rely on the funds that were raised through their efforts. After the hospitals merged, there was much discussion concerning the ability of the merged institution to maintain its fundraising appeal in the community, especially after women’s health was added to the mandate of the new organization.

Around the same time that the hospital was asked to consider the relocation of gynecology services, the board began a formal planning process to identify a new strategic direction for the organization. Many who participated in the process openly queried whether the health interests of women as opposed to infants and children were truly compatible. Some wondered how women’s health should be defined, especially as it relates to functions outside of the reproductive cycle. One person who had been a long-serving member of the Good Shepherd hospital board vigorously challenged the decision to even aspire to women’s health issues in the first place. His concern was centred on the objection that pursuing women’s health issues was a decision made for “political” reasons. Another participant, a pediatrician, questioned whether women’s health would take the organization away from those activities that it does best: the care of expectant mothers and children. A woman asked how the hospital would permit itself to be involved in a pregnancy termination under any circumstance: “Is it morally compatible to be saving lives on the one hand while taking them on the other?” One individual, who was a member of the hospital foundation’s board, wondered if the organization could maintain its potential to raise funds in the community if it were now engaged in activities outside its historical mandate.

Much of the heated debate at the strategic planning meeting centred on one female board member who vigorously supported the hospital’s evolving commitment to
women’s healthcare, and had been instrumental in promoting the organization as the home for the new Regional Centre of Excellence in Women’s Health. Several participants took strong exception to her uncompromising notion that the advancement of women’s health should hold the highest priority for the hospital. She boldly proclaimed: “When we actively champion the concerns of women in our society, we directly promote the welfare of infants and children.”

The decision to relocate gynecology services was not without its detractors nor obstacles. Some physicians at Good Shepherd Memorial Hospital openly questioned if the hospital had the necessary skills or competence in-house to care for adult and geriatric patients. As most of the expertise with these patients is to be found at Gateway or elsewhere, provisions would have to be made to acquire these human resources for Good Shepherd Memorial. Other support and allied health personnel would have to be transferred to Good Shepherd Memorial from Gateway; a move which would be complicated by differences in union status among affected employee groups.

The relocation of gynecology services would also not completely solve the existing problem of the fragmentation of women’s healthcare services. Certain required activities such as the termination of pregnancy unit, gynecology oncology, colonoscopy service and the emergency department for gynecology would remain at Gateway Health Sciences Centre. For instance, a woman with a gynecology problem admitted to the emergency department at Gateway would still require a transfer to Good Shepherd Memorial before receiving continuing care.

Several gynecologists at Gateway were unhappy about the proposed relocation to Good Shepherd Memorial and made formal representation to the Gateway Board in an effort to get the move blocked. One physician stated: “You can’t deliver effective care to women if you have your services delivered from different locations. It’s crazy to have general gynecology delivered at one site while related activities, such as gynecological oncology, emergency ectopics or urology, are delivered elsewhere.”

A group of surgeons from Good Shepherd Memorial also expressed concern that the relocation of gynecology services would put added demands on the available operating theatres. One stated: “We need to maintain or increase our operating room capacity and its resources for our pediatric population. We should be wary of increasing the scope of our surgical procedures until we adequately address the surgical needs of our regular pediatric patients.”

The relocation of gynecology services from Gateway to Good Shepherd Memorial was also not without system costs. Gateway was in the process of moving into a new facility and undergoing a complex operational review of all of its programs and services. When approached by the Dean of Medicine of Regius University Medical School about the possibility of relocating gynecology services to Good Shepherd Memorial, the board of Gateway was highly receptive. However, more detailed discussions between Hennessey and Mr. Ronald Tupper, the chief executive officer at Gateway, revealed that Gateway would be willing to “give up” gynecology in exchange for adolescent mental health services, a highly regarded and successful program which had been initiated and developed by Memorial Hospital staff. Tupper wanted adolescent mental health services because it was consis-
tent with Gateway’s emerging expertise in mental healthcare. Hennessey believed that by ceding adolescent mental health services to Gateway, the hospital would weaken its claim of providing a complete line of health services to children and adolescents.

THE DECISION POINT
As Hennessey headed up to the board room, he wondered how he might best “manage” the gynecology relocation decision with his board. He knew that his board was divided on the issue and that emotions were running high. Since the merger, he had worked hard with his board to unify them and make them more effective. He didn’t know if this issue could reverse all of the work that he had done. His mind drifted back to the conversation that he had had with Sister McNicol concerning the church’s strict prohibition against the termination of pregnancy under any circumstance. He questioned how the relocation decision would fit into the overall strategic direction of the hospital and the new planning process that it had undertaken. He was unsure how he could persuade the physicians to see the true benefits of the relocation. He was uncertain what the exact costs of the relocation would be in terms of fiscal, human and program resources. He wondered about the damage to the relationship between Gateway and Good Shepherd Memorial if one board should accept the proposal while another decided to reject it. There were no easy answers to resolve the lingering questions that he had, but he knew he had to come up with some answers, and he had to do it soon.

DISCUSSION AND CONCLUSION
The purpose of this case is two-fold. First, it educates readers about the complexity inherent in healthcare planning in a world increasingly characterized by environmental and political uncertainty. Second, the case can be used to strengthen and sharpen the analytic and decision-making skills of “managers-in-training” so that they might better arrive at decisions that are both optimally effective and ethically appropriate. Yet, it must be stated that there is no objectively-derived “ideal” solution to this case. Nevertheless, in order to define an “optimal” solution, Hennessey must clearly identify his decision criteria. Generally speaking, decision criteria can come from two sources: (1) they reflect the decision-maker’s personal values, preferences and beliefs (an individual’s ethical framework) and (2) they incorporate sound planning or business principles (i.e., the maximization of an organizational/system benefit such as internal efficiency, program coherence, stakeholder buy-in, profit, and so on). That is to say, Hennessey’s choice of how to proceed effectively will incorporate those criteria that reflect his ethical values (or those of his institution) and be consistent with the business/economic principles that he believes has greatest importance or salience.

This case can be profitably used as a training exercise in managerial and corporate decision-making by asking participants to identify those criteria that Hennessey should/might use to arrive at an “optimal” solution. Once decision criteria are clearly stated, potential solutions will become more apparent, partly because merely stating them often eliminates from consideration other options. For instance, in order to resolve the predicament/problems confronting Hennessey and Good Shepherd, an “optimal” solution might incorporate the following criteria:

1) The optimal solution will not compromise the stated mission of hospital, nor will
it repudiate the history of the founding hospitals prior to merger;
2) The optimal solution will maximize the coherence of existing programs that are offered by hospital;
3) The optimal solution will maximize the support of key stakeholders including Hennessey, his board, the Gateway hospital board, physicians, women’s groups and other influential parties.

Of course, people will debate which criteria are most appropriate. As a teaching aid, this case will generate discussion on how Hennessey should resolve this predicament for his hospital.

REFERENCES

About the Author
Kent V. Rondeau, PhD, Associate Professor Department of Public Health Sciences, University of Alberta

Authors Note: Although events described in this case are real, identifying names of individuals and organizations have been changed to protect anonymity.