



Ferry County Public Hospital District

Improving Health – Saving Lives

Provider scheduling changes

In our June article, we focused on the current and increasing shortage of medical providers in the United States and how it more adversely affects rural areas, especially frontier rural areas like Ferry county. This article provides steps FCPHD is taking to better position itself for our community.

We have looked at our core priority services of our critical access hospital (CAH), and essentially determined two: provide emergency department acute care and primary care services for our area. It is difficult to recruit and retain providers to do both, which is the more traditional rural model, so we are now developing a different model.

After some research and looking at recent trends, we have decided to transition to a new model which separates the emergency room (ER) function from the primary care provider (PCP) function. We have now separated the two functions, basically hospital and clinic, so that now providers will be

dedicated ER and hospitalist services on a four-week rotation of a weekly 24/7 schedule. We call this “ER block scheduling.” Block schedule providers are on a once-every-four-week contract, which allows them self-determined flexibility during the non-contract three week off period.

This means our PCPs will be dedicated to that function only, which should make for a more enticing recruiting and stable working environment for that function. It also enables our block schedule providers the option of doing PCP services during their non-block time.

We hope that this article increases understanding of some challenges we face as we move forward on our mission “To strengthen the health and well-being of our community through partnership and trust.”

Dave Iverson, Sarah Krausse, DiAnne Lundgren, Ron Bacon, Nancy Giddings