

a widely-circulated petition which over 350 persons signed, indicating a willingness to work for keeping the hospital viable and in Winsted. More recently, this group, Friends of Winsted Memorial Hospital, through its initiator Alan DiCara urged in a letter that there be direct community involvement in the long-range strategic planning process of the hospital.

The Work of the Committee. The work of the Committee was organized in three sub-committees; one on publicizing the hospital; one on recruitment of needed physicians; and one devoted to information gathering and research. These subjects reflect some of the major problems which the Hospital must solve, namely;

(a) to introduce the Hospital's services and capabilities to its service area, bringing it up-to-date for those who have not used the Hospital in recent times and those who have tended to use other medical facilities either because they are part of an HMO connected with other hospitals or because they think the hospital is not modern enough. The Winsted Memorial Hospital has a fully board certified staff, modern equipment and can easily take care of 85 to 90% of people's ailments;

(b) to recruit an adequate complement of physicians to replace those who have retired or died and to insure that the number and specialties are sufficient for care of a growing population; and

(c) to make sure the community understands the financial requirements, the rules of the State's regulatory commission, the capital plant needs, now and later - in short, the climate and structures within which the Hospital has to operate. In addition, the Hospital Board of Directors and administration need to listen to what the user community has to say in response. Such a two-way conversation can create common understandings and an environment which is

hospitable to innovations from wherever they may emanate. Here the philosophy of Canada's Frontier College, an institution born in 1899 and still going strong, is to the point: "Tell me and I'll forget; show me I may remember; but involve me and I'll understand."

Publicity Subcommittee. At the time this group began its work, proposing to publish a descriptive brochure about the Hospital and its staff, the Hospital's <sup>public information</sup> effort was not well-organized. It reflected the difficulty of shifting the responsibility for public information from the Winsted hospital to the Holding Company whose marketing committee was to serve the Winsted and Torrington hospitals. This was an unwieldy situation since the subcommittee's focus was to be on the Winsted Memorial Hospital. What helped greatly was a close collaboration with Nason Hamlin, M.D. of Winsted Memorial Hospital and a subsequent connection with the marketing committee of the Winsted hospital, as the Holding Company operation fell apart.

The results bode well for future collaboration between the community and the Hospital: a well-attended March 31, 1990 Tour and Open House at Winsted Memorial Hospital (over 400 persons attended); the publication of a brochure about the Winsted hospital and a directory of physicians; a speakers' bureau; and a log of newsclippings about the Hospital has been started.

Recruitment Subcommittee. This group faced some of the same difficulties with the Holding Company recruitment staff as did the publicity subcommittee. The focus on physician recruitment for the Winsted hospital was diluted and in one instance a candidate for the position of emergency room service, which the Winsted hospital needed to fill badly, was not even told of the existence of the Winsted hospital, much less the open position. Due to the initiative of Hospital medical staff the candidate returned for an interview and seriously considered

the position even though he decided to go elsewhere.

Such behavior created suspicion and negative tensions. The subcommittee cooperated with the Holding Company's recruitment staff by meeting with candidates and hosting them in various ways. As this work was assumed directly by the Winsted hospital recruitment staff, the Advisory Committee's effort receded but the group remained available as needed. In 1990 alone the Hospital and its medical staff have successfully recruited a number of needed physicians. (See Appendix B).

The Winsted Memorial Hospital has also organized a Multi-Specialty Center so that it can serve a wider range of patient needs. Under this plan different specialists would be at the hospital a certain time each week with privileges at the Hospital for a growing number of the participating physicians. (See Appendix B&C for a description of the Center and a list of the specialists involved).

The Hospital is reaching out to a larger patient community, encouraged in part by the Advisory Committee and other members of the community in public meetings and subsequent sessions with the President of Winsted Memorial Hospital, Michael Baxa, who has readily welcomed ideas and comments from the community. Besides publications which inform the public about the Hospital and its resources, the Hospital has concluded an agreement with the health maintenance organization, Connecticare, to add the Winsted hospital to its list of hospitals where its members can receive care.

Information and Research Subcommittee. This group gathered information relevant to buttressing the Hospital as a community asset and to clarifying the events pertaining to the Holding Company and its effect on the Hospital's present and future. In addition, the subcommittee moved to create a basis for understanding the problems which small hospitals face and how to overcome these.

Fred Hyde, M.D., President of the Northeast Hospital Network and the chief executive officer of Windham Hospital in Willimantic, CT was invited to speak to the community in early March 1990. Dr. Hyde outlined the pressures hospitals in general face and small hospitals in particular, the regulatory climate in Connecticut, the role of a community in maintaining a healthy hospital as well as possible routes to financing capital improvements. Strongly in favor of small hospitals, Dr. Hyde emphasized the importance of community involvement and a responsive hospital leadership. He gave examples of how small hospitals can cooperate for group buying, sharing of specialists in medicine with larger hospitals and other aspects of operating a hospital, including training of support staff.

The subcommittee also organized a one-day session for all members of the advisory committee with Dr. Hyde, drawing on his extensive experience in strengthening the health and welfare of small hospitals. His association with Windham Hospital, which had numerous problems several years ago when he assumed responsibility for its operations, produced practical examples for the Winsted situation. Through him the Committee learned about Johnson Memorial Hospital, which had many troubles in the late 1970s and is now on solid ground, contacted its leadership and benefitted from discussions thereof. Its president and the head of its nursing staff, who is preparing a plan of how Johnson Memorial could restore its maternity unit, offered their help.

Because history and traditions are important for continuity and an informed <sup>community</sup> intelligence, the subcommittee invited George Sherwood to prepare a history of the Hospital. This work is in progress.

The Advisory Committee requested documents from the Winsted Memorial leadership, including financial statements of the last five