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Cartersville Medical Center staff looks back on 30 years in operation

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Denise Winston, RRT/HBO Tech, left, and Stephanie Feller, RN, BSN, CWON, with one of the Advanced Wound Healing Center's hyperbaric chambers. The

Advanced Wound Healing Center is a new service addition to the Cartersville Medical Center. SKIP BUTLER/The Daily Tribune News

In September 1985, President Ronald Reagan was in the beginning of his second term in office. "Back to the Future" remained the top grossing film at box offices for most of the month. Don Henley won the award for Video of the Year at the second MTV Video Music Awards, and Eddie Murphy hosted the show sporting a mustache and an oversized sweater.

Such was the American cultural backdrop when Cartersville Medical Center opened its doors for the first time on Highway 41 in Cartersville that month. Now, 30 years later, it is a respected regional medical center, offering a variety of services never before available in Bartow County.

But it could have never existed at all ... that is, had the nonprofit, county-owned Sam Howell Memorial Hospital on Dixie Avenue remained in place.

"It was doing good work, but it was sort of in a stationary position," said John Cowan, MD, referring to the old hospital in its circa-1980 state. Cowan began his career working in SHMH and eventually retired in 2014 from CMC. He said that, prior to the construction and subsequent transition to CMC in the mid-1980s, SHMH was falling behind in terms of up-to-date, high-quality medical facilities.

"The Rome medical community was growing, Marietta was growing, Atlanta was certainly growing," Cowan recalled. "There were a lot of people who thought, 'Well, with medical care that close by, we don't need to invest our resources in building up a medical community in Cartersville.' And it was certainly a valid point of view, one with which I disagreed but an understandable point of view."

Bartow County residents had a choice: go somewhere else to get





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acceptable medical care while the local hospital collapsed from lack of funding, or pay higher taxes and keep up with the times. And after a failed plan to utilize bonds in order to fund an expansion, it looked like the hospital's board of directors was at a dead end. It simply couldn't afford to keep the facility as a public institution.

"The county hospital, it was in financial trouble," said Keith Sandlin, president and CEO of CMC. "It was a pretty dilapidated facility. And the county was really interested in getting out of the hospital business."

A decision had to be made. And the hospital's leadership decided to move forward in the only way they could.

"We were going to have to advance, and if the county did not want to float bonds and be a part of that, [if they] didn't want to do it as a nonprofit county entity, then our only option would be to go with a forprofit company," explained Cowan.

The search was on to find a private company that would purchase the hospital from the county and run it effectively. At the time, and until the early 1990s, Humana — which is now a health insurance company — was in the business of establishing and maintaining hospitals. After consideration of several potential buyers, the county chose Humana as the private successor of SHMH. Humana agreed to purchase, upgrade and manage the hospital. From 1983 to 1985, the company operated out of the SHMH building, and a young Sandlin — previously employed by Humana — made the transition to his current role, which he has held for the last 30 years. When the transition was complete, the brand new CMC was a small operation, but one with the potential for much growth.

And grow it did. According to Sandlin, since 1985, the medical center has grown from 62 to 112 beds; expanded total area from 80,000 square feet to 300,000 square feet (and medical office space from

20,000 square feet to 200,000 square feet); added four operating rooms for a total of eight; added four labor and delivery rooms for a total of eight; added 23 beds to the emergency room for a total of 31; grown from about 20 physicians to over 150; and underwent at least 11 expansions. It is currently owned by Hospital Corporation of America.

The main problem with making the initial jump to the new facility, however, was a state regulation that still applies today. Georgia's Certificate of Need (CON) program is designed to "measure and define need," "control costs," and "guarantee access to healthcare services," according to https://dch.georgia.gov/, the Georgia Department of Community Health's website. It basically requires healthcare facilities to prove that expansion or new construction is necessary. It also allows competing healthcare institutions to weigh in on the decision-making process. Cowan said that construction on CMC didn't begin until about a year after filing for a CON, largely because other healthcare providers in the region opposed it. And if that wasn't enough, some locals were still in opposition to the privatization of the hospital because they feared costs would rise too much.

"The reality is that, yes, probably the cost did go up. But the quality went up astronomically," noted Cowan, pointing out that the old SHMH building simply didn't possess the technology to provide top-notch care. That led to people going elsewhere for better treatment, at least for more complicated issues.

"... In some areas, it would be the same," Cowan continued. "I mean, frankly, if you got your appendix taken out [in Cartersville], and you got it taken out in Atlanta, the outcome [was] going to be the same. The quality was going to be the same. It's a bread-and-butter, easy operation. And there's no magic there. But there were huge numbers of things that we just couldn't do here because we didn't have the

equipment. We weren't set up to do it. ... Now, if you have a stroke, if you have a heart attack, if you have some sort of life and death emergency where seconds and minutes make a huge difference, then coming to the Cartersville hospital, as opposed to having to go to Marietta or Atlanta, or over to Rome ... that's the difference between a good outcome and a bad outcome."

Indeed, the number of people who utilize CMC's services has grown greatly in the past three decades.

"In '85, we had 17 percent market share, which means 17 percent of the Bartow County residents that used the hospital used the local hospital," Sandlin said. "Now, we're at about 65 percent."

Virtually every department and service at the hospital has grown and improved, and new capabilities continue to arise. The Hope Center, CMC's oncology facility, houses radiation therapy services, offers lung cancer screening, has a patient resource center and a healing garden and centralizes a number of services for cancer patients and their families, according to http://cartersvillemedical.com/. Additionally, the hospital offers critical care services, imaging and diagnostic services, a wound healing center, primary care, behavioral health services, diabetes care, neurological services, surgical services, emergency services, occupational health services, women's services, cardiology services, hospitalist services and orthopaedic and spine services.

Sandlin said that a CON has been filed to add seven more beds to the hospital and bring the total to 119. CMC is also attempting to garner a neonatal intensive care unit (NICU) and gain designation of its emergency department as a trauma center. It also continues to recruit needed specialists and sub-specialists, especially those in neurology. Cowan reflected that he never left CMC throughout his career because as he grew as a professional, the hospital grew with him.

"Professionally, everything that I needed and wanted was available

here. And to the extent that new things came along, we were able to adopt those because the hospital grew," he said. "My guess is, had we stayed with the county-operated nonprofit model that we had, we probably would not have this hospital at all now. We would have a much smaller facility that pretty much referred everything out of town and [catered to] people [who are] on the road, people [who] are traveling."

Sharon Mealer, RN, started working for the hospital when it was still SHMH in 1976. Like Cowan, she never went anywhere else to work.

"I started there on night shift, and it took me five years to get off night shift. Because way back then ... there [were] only two RNs in the whole hospital ... " she recalled. "I think my story is very unique, in that ... this has been the only job I've ever had. So on my résumé, I have one job."

Betty Sue Ingram, a current phlebotomist and former laboratory secretary who has stayed with CMC since 1985, said a passion for those around her has kept her working at the hospital.

"The reason I have stayed at CMC for over 30 years is my love for my patients, my community and the staff at CMC," she stated via email. "I enjoy being a part of this great team."

Perhaps such dedication to both the local community is part of the reason CMC has experienced continued expansion over the years. Sandlin certainly thinks so.

"From day one, our focus has been, if we meet the needs of our community, we're going to be successful and our physicians will be successful," he said. "And we have a great responsibility to take care of our community and the residents that live here, so that's been our goal."

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