

Strong community ties net Ron Cork AHA rural hospital leadership award

Strong rural hospital leaders “advocate for their employees, listen to their providers and listen to the community that supports them,” says Ronald Cork, president and CEO of Avera St. Anthony’s Hospital in O’Neill, NE. “Leadership is focused first on the hospital and then into the community, because the hospital and community are closely intertwined in rural America.”

Those attributes of organizational leadership and community commitment earned Cork the AHA’s 2008 Shirley Ann Munroe Leadership Award, which recognizes the accomplishments of small or rural hospital leaders who have improved health care in their communities. He is slated to receive the award today, Jan. 19, at the annual “Rural Health Care Leadership Conference” in Phoenix, an event sponsored by the AHA’s Health Forum affiliate.

Cork has been Avera St. Anthony’s Hospital’s president and CEO for 17 years. The 25-bed critical access hospital (CAH) serves an area of northeastern Nebraska that encompasses about 20,000 people, with O’Neill home to slightly more than 3,000 people.

Cork emphasizes the importance of facility, technology and equipment upgrades as key to the hospital’s success in meeting its community’s health care needs.

A hospital renovation in 2002 expanded

the outpatient clinic, kidney dialysis unit, dietary services, business office and admission areas, as well as cardiac rehabilitation, oncology and rehabilitation services.

Cork also oversaw the opening of the first electronic intensive care unit (e-ICU) in rural Nebraska, giving ICU patients around-the-clock care via telehealth technology.

“I always believed that if you had excellent equipment in a great physical environment, then you could attract the best employees in rural America,” says Cork. It was an asset in the hospital’s recent recruitment of an orthopedic surgeon and a physician’s assistant to help provide sports medicine and joint replacement care.

But workforce shortages are an ongoing challenge – as they are for rural hospitals across America. So is the economic downturn, which comes as Avera St. Anthony’s plans for another expansion that includes building a new medical office and emergency department. “Because of the [hospital] renovations that have taken place over the years and the community support we enjoy, I am optimistic that we can move forward,” Cork says.

To help keep health care local, doctors



CORK

from Kearney, Grand Island and Norfolk, NE, and Yankton, SD, and Sioux City, IA, provide specialty care at the hospital.

“Our goal was to bring those services to our community and make access to specialty care a reality,” Cork says.

Community outreach also is a part of the hospital’s civic fabric. For example, Avera St. Anthony’s in 2000 launched “Hand-I-van,” a transportation service that takes elderly and disabled residents – and others in need – to and from the hospital or health clinics, grocery stores, barbershops, salons and other shops and stops in and around O’Neill and the surrounding area. “We’re their taxi for goods and services,” Cork says.

He believes the public and policymakers appreciate the important health care and economic roles that CAHs – like Avera St. Anthony’s – play in their communities, and as evidence points to Congress’ support for maintaining adequate reimbursements for CAHs. These small rural hospitals are reimbursed under Medicare based on their actual costs to provide care, rather than through prospective payment systems. Congress expanded the program under the 2003 Medicare Modernization Act.

“That was a major statement,” he says, adding that the CAH program “has gone a long way toward solidifying health care for rural Americans.”