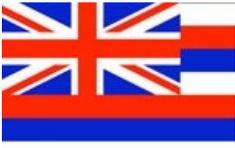


HAWAII HOSPITAL LAYOFFS GOOD NEWS FOR SOME



Earlier in this week we have talked about the closure of two hospitals in Hawaii and the negative impact that it could have on the surrounding area. Here is an excerpt in case you didn't catch it the first time around: "That may be the situation that will be face by the workers at Hawaii Medical Center. 200 of their workers were given a layoff notice on Friday in what is being termed a first wave of layoffs. The layoffs of Hawaii Medical Center are related to the imminent shutdown of not one, but two of the hospitals in the island state. The facilities are on the island of Oahu. The two facilities that are closing come from the Hawaii Medical Center East and the Hawaii Medical Center West facilities. These facilities began the process of total shutdown two days before the Christmas holiday. " Well, as it turns out the bad news for one hospital system may be good news for the workers at rural hospitals in the state. The shutdown of two of the ER's has prevented other facilities from having to cut down on jobs. Take for example the case of Wahiawa General. Before the other hospitals closure the hospital used to see about seven visits coming by ambulance each day but now after the closures they have see almost a tripling on one individual day, according to research presented to the city lawmakers this week. This was actually very good news, and it may save the facility from having to get rid of staff, and cut back on hours, which they were already getting ready to do in the very near future if things did not turn around for them somehow. The leader of the hospital had already talked to two of the unions for the workers at the facility, including the International Longshoreman and Warehouseman's Union and the United Public Workers about the possible staffing changes. Don Olden,CEO of Wahiawa General hospital, told a reporter for KTVV that, "We were no more than two weeks out from doing it." Now the plans to layoff are on hold, because the hospital is currently at capacity. They have even gone so far as to convert hallway spaces and waiting room spaces into patient treatment areas in order to accommodate the new influx of patients. "When we can't admit a patient into the med-surg unit or telemetry, or the intensive care unit then they have to stay in the ER, and the ER gets plugged and they have to go on divert," said Olden to the same reporter. He then went on to talk about the types of payments that the hospital may receive, which affects how the facility is paid on the whole and how a solid mix of payment could help keep jobs in the long term, "So if you have a good mix of HMSA and Medicare you are much better off, if but if you have a high mix of Medicaid, the state funding for reimbursements are just not adequate."

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