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## Quincy Medical Center stabilizes under interim CEO

By Jack Encarnacao  
The Patriot Ledger

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Enter John Kastanis, a New York-based hospital turnaround specialist and interim CEO of Quincy Medical Center.

He worked through labor disputes and secured temporary pay cuts, followed the lead of physicians and struck an affiliation deal with Tufts Medical Center and crafted a budget for the fiscal year that began Oct. 1 with a strategy to grow patient volume and break even.

Kastanis said the hospital is projecting \$4.2 million in new revenue this year attributed to new outreach initiatives. It cut \$2.3 million through staff reductions.

The hospital's board of directors is preparing to interview candidates for a permanent CEO, who could be appointed as soon as January. Kastanis, who's made a career as a freelancing interim CEO for struggling hospitals, did not apply.

In this interview with The Patriot Ledger, Kastanis talks about how Quincy Medical Center emerged from a particularly rough year with a plan to find a stability that has proved elusive.

Activity at Quincy Medical Center Wednesday, November 10, 2010, which had financial difficulties before a changeover at the top. John N. Kastanis, the new Interim CEO at the nurses station of the surgical unit.



**You came in on the heels of the resignation of Dr. Gary Gibbons, who was CEO of the hospital for five years. What prompted the change?**

The board definitely had a sense that it was time for a change of leadership. I think the medical staff also felt there was a need for a change. A five-year run is pretty commendable for any leader. We were partnered with another academic medical center (Boston Medical Center). Dr. Gibbons had a relationship with them as well.

**What direction were you given?**

The hospital had some significant labor management issues with the three separate unions. There really was a true need, an immediate need to find another academic partner. Misnomers filtered out into the community about whether the hospital was financially viable, the overall quality of care. These were misnomers that they needed to address very quickly.

**How will the Tufts alliance help with that?**

When you get really sick, there's a tendency to say, 'I want the best.' The tendency is to go to the big city, and there's no need for that. It's incumbent upon community hospitals to convince the communities they serve that there's no compromise for very routine services, and even specialty services that could be done at the community hospital level.

Tufts recognizes that. Their affiliate hospitals, including Quincy, they want to support them at the community level. There's a lot of work we could do right here in a low-cost, high-quality fashion, and you don't have to go into the big city for care

**How did the Tufts deal come together and how will it improve the perception of the hospital?**

Around the fall of 2009 our medical leaders approached Tufts. Really I would give credit to them. Physicians that have lead roles here took it upon themselves to approach Tufts. Then the respective boards started talking as well.

When you have a halo of an academic medical center affiliated with your community hospital, people relate to that. There's a sense that whatever high standards are at this academic medical center, they're not going to be compromised here. The branding and the co-branding that we have available to us now is going to help attract more patients.

But more importantly, the primary-care physicians that operate here are going to be favorably impressed that we have an academic affiliation. When we announce to these primary groups that we have

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the existing staff here, but we also have specialists from Tufts that are available to attend to their patients, they will invariably start referring here.

**What are the hospital's new outreach strategies?**

We've done community assessment. We're recognizing the ever-aging population in Quincy and the growing Asian population. We're hiring staff to reach out into the community and strategically aligning ourselves with the Asian community leaders and with the elderly population. We're investing more in our outreach, we're doing that in a lot of different ways, not just through advertising.

**Is there any more cost cutting planned?**

The cost cutting has been done. Even before this past fiscal year, we were very lean. The main focus right now is building the patient volume back. The new budget calls for some investment. All these new programs I'm referring to need more staff and resources. We're going to spend a little money to realize that volume that we lost.

Disputes with the hospital's unions were partly resolved with pay cuts due to be restored next year. Does the new budget accommodate that?

Yes. These were all extensions of agreements. It's tough when you're talking about benefit reductions or wage reductions, but everybody felt an equal amount of pain this past year. Regardless of whatever disagreements we had, in my opinion union employees here get a lot of credit for understanding the need to cut back on spending.

**Why did the South Shore Hospital affiliation fall through?**

There was some thought that we could quickly align ourselves with South Shore Hospital, but the synergy wasn't there. There was just a lot of concerns that whatever South Shore as a provider was giving to their community, we were doing the same here.

(With Tufts) you have an academic medical center telling us, 'OK, you need to fill in surgical oncology. Well, we have surgeons available. And you want to further build orthopedics.' Talking to South Shore, that was not going to happen.



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