

FREQUENTLY ASKED QUESTIONS

Maternal & Child Health, Emergency Care, Hospital Financial Performance

This document is an educational resource designed to provide transparent, data-driven answers to recent, frequently asked questions from the community regarding local maternal care and hospital operations. Our goal is to provide clarifications, share the realities of rural healthcare, and reinforce our unwavering commitment to patient safety and compassionate care.

Accessing Care & Emergency Protocols

Q: What is the safest way to get immediate answers to my medical questions during pregnancy?

A: When urgent questions or symptoms arise, the fastest way to get accurate reassurance is to contact your provider's office directly. Direct clinical communication ensures your specific health needs are addressed immediately and accurately.

If it is after hours, calling the hospital's main number at 620-221-2300 can connect you to the physician on call. For medical emergencies, always go straight to the nearest Emergency Department.

Q: How do I know if my symptoms are a medical emergency?

A: While you should always trust your instincts and seek care if something feels wrong, certain "warning sign" symptoms require immediate medical evaluation. Please go straight to the nearest Emergency Department or call 911 if you experience any of the following at any point during your pregnancy:

- **Vaginal Bleeding:** Any spotting or heavy bleeding.
- **Severe Abdominal Pain:** Sharp, severe, or persistent cramping or pain in your stomach or pelvis.
- **Fluid Leakage:** A sudden gush or a continuous trickle of fluid from the vagina (signs your water may have broken).
- **Decreased Fetal Movement:** A noticeable slowing down or sudden stop in your baby's regular kicks and movements.
- **Signs of High Blood Pressure (Preeclampsia):**
 - A severe, persistent headache that doesn't go away with medication.
 - Sudden changes in vision (blurred vision, seeing spots, or flashing lights).
 - Sudden, severe swelling in your face, hands, or fingers.
- **High Fever or Chills:** A fever of 100.4°F (38°C) or higher.

- **Severe Nausea and Vomiting:** Inability to keep any fluids down for more than 24 hours.

Remember: Our Emergency Department is open 24/7/365. If you are experiencing any of these high-risk symptoms, do not delay care by waiting for a clinic call-back or driving out of town—come straight to our ED to be screened and stabilized.

Q: What does it mean when the hospital is on "diversion"?

A: Diversion is a temporary, safety-first protocol used by hospitals nationwide when specific specialized resources—such as our Labor and Delivery unit or specialized anesthesia coverage—reach capacity or are briefly unavailable. It is a tool utilized to ensure patients are directed to the most appropriate level of care for their specific needs at that exact moment.

Diversion applies to ambulance traffic, not foot traffic:

- **For Ambulances (EMS):** Diversion is a communication tool for local paramedics. It tells regional ambulances that our specialized units are full or temporarily unstaffed, allowing them to transport patients directly to an alternative facility that has those specific specialists ready.
- **For Walk-Ins:** Diversion **never** means the hospital doors are locked or that we are closed to the public. If you drive yourself or are brought to our Emergency Department by a loved one, our doors are open. Under federal law, we will **always** provide a Medical Screening Exam and stabilize any emergency medical condition.

Q: Why do hospitals go on diversion? And why has William Newton Hospital been going on diversion lately?

A: Hospitals can go on diversion for several common reasons, including:

- High Patient Census / Bed Shortages
- Staffing Bottlenecks
- Critical Equipment or Infrastructure Failure
- Specialized Provider Gaps

Lately, William Newton Hospital has had to utilize temporary diversions due to the availability of healthcare providers, particularly certified registered nurse anesthetists (CRNAs) and OB-trained physicians.

To safely deliver babies, a hospital must have specialized providers immediately available 24/7 to handle emergency Cesarean sections (C-sections) or epidurals. When an unexpected gap in our call rotation occurs, we cannot legally or ethically admit a laboring patient if we cannot guarantee emergency surgical backup. Rather than compromise a mother's or baby's safety, we temporarily pivot our obstetric unit to diversion status until a qualified specialist is back on-site.

Q: Why can't the hospital post a public notice on social media or your website when you are on diversion?

A: This is a very understandable question, but publicizing temporary operational status changes can compromise patient safety and create dangerous delays in care. There are three critical reasons why we do not publicly broadcast diversion status:

1. **Preventing Tragic Delays in True Emergencies:** If an emergency patient or pregnant mother looks online and sees the word "diversion," they might mistakenly believe our hospital doors are locked and try to drive themselves to a distant facility out of town. In a medical crisis, minutes matter. Because our Emergency Department is always open 24/7/365 to screen and stabilize walk-in patients, a public post could inadvertently cause a patient to bypass the immediate care they need right here.
2. **Rapidly Fluctuating Conditions:** Diversion status is a dynamic, hour-by-hour communication tool used behind the scenes between our hospital coordinators and local EMS/ambulances. A status can change rapidly depending on patient volumes and provider arrivals. Public updates would quickly become outdated, creating dangerous confusion about where to seek care.
3. **Federal Legal Requirements:** Under federal emergency healthcare regulations, the Emergency Medical Treatment & Labor Act (EMTALA), we are strictly prohibited from doing or saying anything that might discourage an individual from coming to the hospital for an emergency medical screening. Publicly advertising a diversion could be viewed as a barrier to care or an attempt to turn patients away, which violates federal law.

Our Promise: We communicate instantly and directly with local emergency responders (EMS) so they know exactly where to take patients in transit. But if you are driving yourself or a loved one, your instruction is always the same: If you have a medical emergency, come straight to our Emergency Department without delay.

Q: If William Newton Hospital is on OB diversion, can the Emergency Department still see me?

A: Yes, absolutely. Our Emergency Department is open 24/7/365 and is fully equipped to care for any medical emergency. Under EMTALA, anyone who presents to our hospital property requesting emergency care will receive a Medical Screening Exam by our clinical team. This screening exam includes expecting mothers to evaluate and stabilize both mom and baby before any next steps or coordinated transfers are determined.

Q: How are local OB/GYN clinics and primary care offices notified about temporary service limitations or diversions?

A: When a temporary service limitation or diversion is initiated, our hospital notifies all local physician offices and clinics. Our providers and their clinical staff review these operational updates and notify any patients who may be impacted. If you are a patient of a local clinic and have an

upcoming delivery window or appointment that might be impacted, your provider's office will communicate with you directly to discuss your care plan. This unified network ensures that your personal physician is always in the loop and that your care remains coordinated, predictable, and safe.

Q: If the Labor & Delivery unit is on diversion, who evaluates pregnant patients who come to the Emergency Department?

A: A common misconception is that a diversion means our specialized OB nursing staff is unavailable. That is not the case. When an expectant mother comes to our Emergency Department, an **OB-trained Registered Nurse** will assess the patient right alongside our emergency clinicians. This ensures that you receive the same medical screening exam and labor assessment in our Emergency Department, as you would if you were admitted directly to our dedicated OB unit.

Q: How is William Newton Hospital ensuring a safe environment for my baby and me?

A: Your safety is our highest priority. Our Labor and Delivery unit is staffed by highly trained, specialized nurses, and we maintain an explicit, internal values system focused on clinical excellence and safety-first communication protocols. We adhere strictly to national maternal care guidelines and work seamlessly with regional transport partners to ensure that if a higher level of care is ever required, the transition is safe, rapid, and perfectly coordinated.

Q: Does William Newton Hospital still offer a "Fast Track" in the Emergency Department?

A: Yes, but we have refined our process to better protect our patients. The Fast Track is not a service guests can request at check-in. We use a medical triage-first model. Federal law requires that every individual who seeks emergency care must receive an official Medical Screening Exam to rule out a life-threatening emergency before any alternative care paths are chosen.

The Fast Track is not an on-demand service that can be requested. Instead, it functions as an internal care process completely within our Emergency Department. A triage nurse will evaluate your medical needs first and determine if your condition fits the criteria for Fast Track. Additionally, it does not have set, posted hours; it is utilized during peak patient volumes and when provider staffing levels allow.

Provider Landscape & Recruitment

Q: Why can't the hospital just hire another anesthesiologist or OB/GYN to solve this permanently?

A: This is a fair question, and it is a goal we are actively working toward every single day. The reality is that independent, rural hospitals nationwide are facing an unprecedented shortage of specialized medical providers. Recruiting dedicated OB/GYNs and certified registered nurse anesthetists (CRNAs) to rural communities takes a significant amount of time, as we are competing with massive urban hospital systems.

We refuse to lower our standards of care just to fill a position quickly. We are actively utilizing advanced recruitment networks, offering competitive partnerships, and working closely with local health coalitions to find long-term, dedicated providers who want to make Cowley County their permanent home. In the meantime, we utilize trusted temporary specialists (locum tenens) to fill coverage gaps as safely and consistently as possible.

Q: What are the hospital's active recruitment efforts to support maternal care?

A: Recruiting healthcare professionals to rural areas is a continuous focus. We are actively pursuing long-term recruitment strategies to expand our provider network, which includes searching for additional specialized OB/GYN providers and securing consistent, dedicated anesthesia coverage to minimize the need for temporary diversion statuses.

Hospital Finances & Billing Transparency

Q: What is the current financial status of William Newton Hospital? Is it stable?

A: Like many independent rural hospitals across Kansas and the nation, William Newton Hospital has faced significant financial headwinds over the last several years. Unlike most rural hospitals, WNH does not receive tax support to help weather the storm. However, thanks to rigorous strategic planning and cost-management efforts, we are successfully closing the gap and moving toward a position of long-term stability.

Between 2021 and 2024, our hospital experienced substantial net operating losses, heavily driven by nationwide spikes in healthcare inflation and a reliance on expensive contractual labor. To protect the hospital's future, leadership took deliberate steps to stabilize operations. As a result, we successfully reduced our net operating losses from a deficit of over \$7.9 million in 2022 down to just \$53,000 in 2025.

The Reality of Obstetric Care in Rural Communities:

The reality of modern healthcare is that obstetric service lines are rarely profitable for independent rural hospitals due to low volume and low reimbursement rates. Hospitals across the nation are choosing to close these units permanently.

As a non-profit community-based hospital, William Newton Hospital does not look at healthcare solely through a profit lens. We believe maternal care is an essential, foundational service for Cowley County and our neighboring regions. However, to maintain a specialized service like labor and delivery, we must first ensure the entire hospital is financially viable. By working aggressively to restore WNH to a healthy financial baseline, we are building the secure foundation necessary to support, protect, and fully sustain our maternal care services for generations to come.

Q: How am I billed if I have to be transferred to another facility?

A: If a higher level of care or specialized resources require a transfer to another facility, you will

receive separate bills for the services provided by each entity. This typically includes a bill from William Newton Hospital for your initial medical screening and stabilization, a bill from the transport service (such as EMS or Eagle Med), and a bill from the receiving hospital in Wichita or the surrounding area. Our financial counselors are always available to help patients navigate this process.

Can I choose to decline the official transport and drive myself? Yes. Every patient has the legal right to make their own healthcare decisions, which includes the right to refuse a hospital-arranged ambulance or air transfer and choose to transport themselves.

Because your safety is our absolute priority, our medical team will always discuss the clinical risks of traveling unmonitored so you can make a fully informed decision. If you choose to drive yourself, our team will still provide a medical screening and stabilize you to the best of our capability before departure, and we will coordinate directly with the receiving hospital so they are ready for your arrival.

Q: Does the hospital send people to jail for unpaid medical bills?

A: No. William Newton Hospital does not pursue criminal charges, and no one goes to jail for outstanding medical debt.

However, like any organization, accounts with long-overdue balances that have not established a payment plan may eventually be referred to a collections agency. This process can include taking the account to civil court, which can result in a legal judgment or a lien.

As a non-profit community hospital, our absolute priority is providing care, not complicating financial hardships. We strongly encourage any patient facing a difficult bill to reach out to us early. We offer robust financial assistance programs, sliding-scale fees, and highly flexible payment plans to work collaboratively with you before an account ever reaches that stage.

Have more questions? Please call 620-221-2300 and request to speak to Administration or the Public Information Officer.