

**Community Health Needs Assessment
Implementation Strategy for
Lindsborg Community Hospital**

November 2013

Background and Process

In 2012 and 2013, the leadership of McPherson Hospital in McPherson, Lindsborg Community Hospital in Lindsborg, Mercy Hospital in Moundridge, and the McPherson County Health Department chose to collaborate in creating a community health needs assessment (CHNA). Provisions of the Affordable Care Act (ACA) require charitable hospitals to conduct community health needs assessments every three years, and adopt implementation strategies to meet identified needs.

Further, the Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. This accreditation process also requires a periodic community health assessment.

The service area assessed was McPherson County, Kansas. The assessment combines existing secondary data with information gleaned from a survey of select residents and workgroup feedback representing a broad cross section of organizations from throughout the target area. After reviewing this data and compiling and reviewing existing resources, a list of prioritized needs has been developed.

Needs Identified and Prioritized – Results of the survey indicated perceived health issues in the county. The identified weaknesses were reviewed and prioritized by a workgroup comprised of a cross section of survey respondents from throughout the county. This group met to discuss survey results and explore relevant county secondary data from various sources indicated in this report. The workgroup was split into subgroups and asked to rank the top five health issues gleaned from the survey to arrive at a prioritized list, which is discussed in more detail below.

This CHNA was reviewed and approved in June 2013 by the Boards of the three hospitals mentioned above.

Identified Community Needs from Survey

The following is a comprehensive list of indicated areas of concern from the survey results in each of 4 categories, in order of perceived importance.

Health Issues

- Obesity
- Heart Disease
- Cancer and Diabetes
- Substance Abuse
- Daily Life Stressors

Specific Populations with Inadequate Access to Care

- Low income
- Elderly
- Young Adult
- Disabled
- Children

Barriers to Care

- Ability to pay
- Lack of insurance
- Transportation
- Lack of providers
- Schedule limitations

Perceived Weaknesses in General Areas

- Free fitness options
- Child care options
- Dietary education services
- Access to specialists

Action Plan for Health Issues

It is difficult to create a specific action plan for each issue at this time, as there are many factors involved in each area. Over the next year, the emphasis of Lindsborg Community Hospital (LCH) will be to begin to extract data from the hospital and clinic electronic medical records (EMR) to better understand the number of patients with these different health issues. Then, issue specific action plans can be developed and tracked for the specific populations. Setting goals based upon county-wide data will not be effective.

One health issue that will be addressed over the next year will be substance abuse. LCH will develop assessment and referral strategies with the Central Kansas Foundation in Salina, Kansas to better identify and seek care for individuals with this issue. Specific budgeted amounts are not allocated at this time as a specific plan and cost has not been developed.

Education on each of these health issues will be performed over the next year. Betty Nelson, Director of Marketing and Development has developed a plan for education to people in our service area. She has a plan for 6 events over the 12 month period with a goal of 30-40 people at each event. One such event was held on October 22nd in partnership with students from Bethany College and staff and facilities with USD 400. There has been \$2,500 budgeted for the education events this next year.

One action plan to address the obesity issue is a weight challenge in January of 2014. This twelve week contest will require participants to pay a fee and those teams who achieve the targeted 6%-12% weight loss will split the entry fees. It is anticipated that 75 people will participate and they will receive educational materials and weigh-in assistance from LCH staff.

Action Plan for Specific Populations with Inadequate Access to Care

These will be addressed while discussing barriers to care.

Action Plan for Barriers to Care

Caring for those with low incomes and specifically those without insurance is something we will continue to do. Continuation and enhancement of our financial assistance policy, in accordance with 501(r) regulations, will enable us to provide care to those less financially able to afford care. LCH will also advocate to local and state leaders for the expansion of Medicaid in some form for those populations under 100% of the federal poverty level. For the fiscal year 2013 (Oct 1 - Sept 30), LCH provided \$104,293 in charity care through the financial assistance policy to those without insurance. Also, \$362,299 was the amount of care considered bad debt. Although difficult to predict, for 2014 LCH has budgeted \$61,145 in charity care and \$343,302 in bad debt.

McPherson County is also engaged in an effort to create a clinic in this county for those underserved, especially due to inability to pay. Administrative support has been and will be directed toward this development. No budget has been developed for this initiative at this time as it is still early in development and the amount isn't known. There is a goal to have a clinic for the underserved operational by March of 2015.

Transportation will not be addressed by LCH as it is beyond the finances and abilities to provide transportation to community members. Also, it would conflict with transportation services provided to community members by the Lindsborg Senior Center and Lindsborg and Marquette nursing homes.

Each of the specific populations with inadequate access to care will be better served by LCH in 2014 and beyond with the additional physicians. Dr. Jody Bieker started providing care in the Family Health Care Clinic on Oct 1st of 2013 and Dr. Andrea Eden will begin providing services in February of 2014. These two will join Dr. Ben Dolezal, Miranda Brown APRN and Kelsey Swisher PA-C in providing a full range of family medicine services to patients across the specific populations. For fiscal year 2014, \$1.2 million has been budgeted in the Family Health Care Clinic for salaries, benefits, supplies and equipment to provide services in the clinic.

Schedule limitations should be reduced with the addition of new physicians at LCH. In fiscal year 2013, 9,364 visits were provided in the FHCC and 10,488 are anticipated in 2014. In 2015, the growth in visits should continue, thus demonstrating the improved access to care for people in the Smoky Valley.

LCH will also continue to provide Urgent Care on Saturday and Sunday afternoons. This service provides an avenue for treatment of urgent situations when one's primary care provider is unavailable. It is also at a cost much less than in an Emergency Department. In fiscal year 2013, 561 visits were provided in the LCH Urgent Care clinic and it is anticipated that 618 visits will be performed in 2014. LCH has also budgeted \$36,600 for this service.

Action Plan for Perceived Weaknesses in General Areas

Free fitness options has been attained at LCH as membership fees to the Wellness Center were eliminated starting September 1, 2013. Thus, any person 12 years of age and up can use the Wellness Center by signing a waiver form without charge. The hours were also expanded to enable use from 5:30am to 10pm Monday - Friday and 8am to 10pm on weekends and holidays. A camera for supervision from the registration desk and the addition of another treadmill are changes that have been made since August of 2013. Further expenditures have not been budgeted at this time as wellness attendance personnel will not be utilized.

Child care options will not be addressed as it is beyond the scope and abilities of LCH.

Dietary education will be covered in the educational services provided as discussed earlier.

Access to specialists will be enhanced through the affiliation between LCH and SRHC. Action plans will be developed to improve access to specialists, either through recruitment of specific individual physicians or through use of telemedicine services. No specific plans exist at this time as they are contingent on recruitment and/or telemedicine capabilities in the tertiary centers.

In Closing

A number of areas are being addressed to improve the health of McPherson County and specifically, the LCH service area. We will continue to develop, measure and assess the success of these actions over the next three years.