

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

2021

Background and Process

In 2019, 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 made available to county 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 examined the top health issues gleaned from the survey to arrive at a prioritized list.

The survey and prioritization process looked at 3 main areas: 1) Barriers to Access 2) Risky Behaviors and 3) Health Problems. The two top Barriers to Access are availability to medical specialists and insurance roles or limitations in coverage. The top three Risky Behaviors are drug abuse, alcohol abuse and poor eating habits. The three top Health Problems from the survey are drug abuse, mental health problems and obesity.

During the workgroup prioritization discussion, the group as a whole concurred with the survey results regarding the most prominent health problems in the county as but felt that based upon observation and the results of Risky Behaviors, that alcohol abuse should be added with drug abuse. Comments included the reality the drug and alcohol abuse often coincide with mental health problems. Often, strategies for one will be beneficial for all three issues.

The Community Health Needs Assessment was approved in June of 2019 by the board of trustees of each of the three hospitals mentioned above. The year 2020 started out as what would appear to be a “normal” year but stories about a deadly respiratory infectious disease in other parts of the world began circulating. The first recorded death in the United States occurred in February. On March 12th, the World Health Organization declared the SARS COV-2 virus (COVID-19) a global pandemic. President Trump declared it a national emergency on March 13th and Governor Kelly followed suit for Kansas on March 16th. Since that time, most of all resources have been focused on preventing, diagnosing, treating and vaccinating for COVID-19. This has dominated what our community “needs” in 2020 and throughout 2021. At the same time, with increased vaccination and periods of decreased COVID-19 illness, we tried to return our focus to other health needs.

Action Plan for Barriers to Access

Access to specialists at a Critical Access Hospital like LCH is typically through referral relationships to larger hospitals or through outreach clinics. LCH has had outreach clinics including general surgery,

cardiology, podiatry and behavioral health. The specialty providers provide consultation and even procedures on varying amounts of days per month. Patients are also referred either through the clinic or out of the Emergency Department to those specialty services needed.

Previous action plans have included the addition of an outreach orthopedic clinic at LCH. Fluctuations of orthopedic physician staffing has made this difficult. Dr. Todd Reilly has joined the other physicians and staff at Salina Regional Orthopedic Clinic. Access into that clinic appears to be readily available, even if not as an outpatient specialty clinic here at LCH. The orthopedic clinic provides sports medicine consultation and treatment at Bethany College and Smoky Valley High School.

Unfortunately, our podiatry specialty clinic was discontinued mid-way through 2020 as the Dr. Timson decided to take on a clinic in another community. No replacement podiatry service has been found. On a positive note, a rheumatology specialty clinic with Dr. Ken Baxa has been developed for LCH. He began seeing patients one day per month in February 2021. The demand for rheumatology services has been very high, as he has been scheduled out several months in advance. In October 2021, he expanded his clinic here at LCH to two days per month. He has also begun seeing patients through telemedicine, which should improve speed of access. Behavioral health was available at LCH weekly but in March of 2020, Veridian Behavioral Health changed visits to virtual through telemedicine. They have not been back to LCH but are still available to our community, albeit in Salina or through telemedicine. In early 2022, LCH will reach out to Prairie View Mental Health out of McPherson, to discuss the possibility of on-site visits.

The general surgery specialty clinic had some fluctuations as Dr. Dwane Beckenhauer reduced his surgical practice and discontinued his outreach clinic at LCH. Dr. Jesse Gray started his surgical practice in Salina and at LCH in August of this year, continuing the weekly presence. He has rapidly increased the number of procedures performed here at LCH. We will explore the possibilities of expansion of the types procedures performed at LCH.

In the 2018 Action Plan, telemedicine was discussed as a means of gaining access to specialists. One area of subspecialty consultation is in the area of hospital care. We already partner with Avel eCare in Sioux Falls, South Dakota (previously Avera Health) for Emergency Department consultation. This includes use of an iPad to access Avel eCare if treating emergency COVID-19 patients in our negative air rooms, outside of our emergency department. The 2020 budget contained over \$20,000 for startup of hospitalist consultations with Avera Health through telemedicine. Upon further discussion with the medical staff of LCH, it was determined that the hospitalist consultation with Avera was not needed and would not be significantly utilized. However, since that time, staffing in hospitals across the country has been greatly strained as many staff have chosen to leave their positions, especially in the larger facilities. This has led to a significant challenge in transferring patients to secondary and tertiary facilities – COVID or non-COVID.

With the challenge of transfers, we are seeing longer stays of ER patients and increased admissions of patients at a higher acuity. For these reasons, LCH is reviewing possible service vendors that would provide hospitalist and possibly specialty consultation through telemedicine. This would aid our local medical staff in caring for the higher volume and higher acuity of patient. It is anticipated that this service would be implemented in early 2022.

Access to primary care follow-up through telemedicine was implemented in the first part of fiscal year 2020. Through the first of March, one primary care telemedicine appointment had been performed as part of the pilot project with the Salina Regional Health Center system, using Doxy.me. With the fear and reality of COVID-19, many in-person primary care visits were either cancelled or converted to using telemedicine. By the end of 2020, LCH had performed 900 telemedicine visits. These visits were especially useful with our area nursing homes due to closing down the facilities to outside visitors –

physicians included. Throughout 2021, these primary care telemedicine visits have continued, although at a lower volume. As nursing home access has fluctuated, these types of visits have become crucial to maintain care inside those long term facilities.

In October of 2019, LCH expanded Urgent Care to seven days per week, using the remodeled space just off of the front lobby. The increased access was heavily used as through February, we averaged 391 visits per month. When COVID-19 hit and society “shut down”, our urgent care volume plummeted. As the virus started to creep into central Kansas, the Urgent Care space became the area where we were able to isolate, examine and test those with COVID symptoms. Other Urgent Care patients were seen in the family medicine clinic exam rooms.

As the rate of COVID-19 patients increased in the fall of 2020, our Urgent Care exam and testing for possible COVID-19 was shifted to outside and then into the ambulance bay. This drive up exam and testing was performed seven days per week from the first of November 2020 into February of 2021. For the remainder of 2021, the Urgent Care area has continued to be used for the exam and treatment of acutely ill ambulatory patients where COVID-19 is suspected or at least needs to be ruled out. Two of the Urgent Care rooms have even been made negative air, so the safety to patients and staff is increased.

LCH has continued to provide monoclonal antibody treatments for individuals with COVID-19. Criteria as approved by the FDA were developed and are followed as to who qualifies for treatment. It has been administered with success and with increasing frequency.

Another COVID-19 access point has been vaccines. Vaccine planning commenced late in 2020 and vaccine administration to employees began late in 2020 and to the general public in early 2021. LCH has provided over 2,500 doses of COVID-19 vaccine, with full vaccination of approximately 1,500 individuals. Due to staffing and in an attempt to make efficient use of multi-dose vials, LCH is referring patients to AuBurn Pharmacy or other vaccine locations. This includes booster doses.

LCH Administrator Larry Van Der Wege has also participated in advocacy events with Kansas State Legislative senators and representatives to discuss the expansion of Medicaid in Kansas. In working with the Kansas Hospital Association, it is felt that a solution can be developed to responsibly expand KanCare (Medicaid) to those in our service area who have been unable to afford health insurance. This advocacy effort will continue. For those requiring COVID-19 testing and/or treatment and do not have insurance, LCH has submitted the billing to a federal COVID-19 program for payment versus billing the patient.

Action Plan for Risky Behaviors

Drug and alcohol abuse typically go hand in hand. Part of the action plan will be to continue to perform alcohol and drug screening in the clinic and Emergency Department with referral to the Central Kansas Foundation or other facilities as needed. Standardized evaluation tools in the electronic medical record improve the consistency of screening for these behaviors. These screenings have and will continue to be performed, despite COVID-19.

Another current nationwide challenge is the abuse of opioid medications. The Family Health Care Clinic has adopted policies to monitor and reduce the amount of opioids, as per Center for Disease Control (CDC) guidelines. Improved standardization and policies have been developed in the Emergency Department as well. Luke Rosebraugh, M.D. joined LCH in 2018 and has become certified in prescribing Suboxone for treatment of opioid dependency. He will continue to provide and expand those services.

Our efforts in expansion of services with the Central Kansas Foundation for alcohol and drug dependency as well as efforts in Medically Supervised Weight Management were all diminished by COVID-19.

Patients tended to stay away and so much attention was given to our COVID-19 efforts, that expansion of other programs was not possible. In May of 2021, Greg Lindholm PA-C discontinued his full-time family medicine practice here at LCH. He will continue to see Medically Supervised Weight Management patients one day per week, as will Jade Banning PA-C one afternoon per week. It is anticipated that these volumes can increase in 2022.

Part of the remodel project previously discussed, was the addition of a conference room. Some of the intended use of the room is for education either in person or from a distance, using the state-of-the-art technology in the room. Unfortunately, visitor restrictions have been in place since March of 2020, thus bringing in people for outside education was not possible. We also were limited in our capacity to increase programs. Throughout 2021, our educational offerings were limited. We were able to resume our CNA classes and a Safe Sitter Class – all off-site. It is anticipated that we should be able to resume fall prevention classes, even if off-site.

Action Plan for Health Problems

As stated previously, drug and alcohol abuse have been combined as a health problem. The action plan for these issues have been previously addressed under Risky Behaviors

LCH continues to utilize the services of Prairie View Mental Health services for emergency screening through telemedicine. By using an iPad on a secure application, the mental health screening can be performed from a distance, thus saving the time of a screener to drive to Lindsborg. LCH will continue to utilize their relationships with Prairie View Mental Health and Veridian Behavioral Health to provide mental health care to its patients. Central Kansas Foundation is also utilized to assist those benefitting from a referral for alcohol or drug treatment.

Plans to provide outreach to farmers for suicide prevention did not develop during 2020 due to COVID-19. We also saw a reduction in use of our Medically Supervised Weight Management services, as many outpatient visits were reduced to decrease the risk of COVID-19 transmission. With the addition of COVID vaccines and hopefully a continued reduction in the incidence of COVID-19 cases, we will try and increase these programs. The LCH marketing department is also active in sharing new hotline numbers and other information, as it becomes available through social media and other communication means.

In Closing

This past year and a half has been one of trying to make whatever adjustments were necessary to prevent, diagnose, treat and vaccinate for COVID-19. We hope that 2022 will see COVID-19 becoming more endemic and services returning to a more normal feel.