

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

**June 2015**

## **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

## **2014 Review and 2015 Action Plan for Health Issues**

It is difficult to create a specific action plan for each issue, as there are many factors involved in each area. In 2014, the emphasis of Lindsborg Community Hospital (LCH) was 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. Reports targeting specific chronic conditions haven't been developed yet. However, we have developed reports to monitor which Medicare patients are in need of an Annual Wellness Visit or an Initial Medicare Visit. This enables us to provide preventative medicine screenings to these individuals which will assist in maintenance of any chronic conditions. Clinic EMR tools are also being used to monitor and maintain appropriate screening examinations and vaccinations. This will be continued and expanded in 2015.

One health issue that was to be addressed in 2014 was to be substance abuse. With two new physicians to LCH, other practice development priorities took center stage to improve overall access to care. Assessment and referral strategies to Central Kansas Foundation in Salina were not further developed, although referral has been and will continue to be used.

Education on many of these health issues were performed since the inception of our action plan. Betty Nelson, Director of Marketing and Development has organized and performed education to people in our service area.

In the fall of 2013, LCH conducted a mini-health fair in conjunction with the Bethany College students and USD #400's Vision\_Tek. Participants could sit in on any of three forums hosted by Genetics students from Bethany College. Bethany College students led separate forums on "His" and "Her" health as well as a forum on Type II Diabetes. In addition to addressing gender-specific cancers, the "His" and "Her" health forums will also provide participants with an overview of colon cancer. Forums will address in the role of genetics in disease, risk factors for each disease, strategies for prevention, how and when to visit with your medical provider, and the value of self-examination and screening tests.

Interactive, educational stations were available on the topics of osteoporosis, exercise "at any age" and safe sun exposure. Participants may choose to take on-line health assessments to evaluate heart attack and stroke risk, and compare chronological age to 'real age'.

Free blood pressure checks and blood sugar testing, as well as height, weight and BMI (body mass indexing) was available.

One action plan to address the obesity issue was a weight challenge in January of 2014. The 12 week Pound Plunge concluded with 43/46 participants finishing. Ten people achieved a goal of 6-12% weight loss while missing no more than 4 weigh-ins. Weekly tip sheets were distributed with educational tips on exercise, eating, defining lab values, etc.

Two participants were eager to share the results of the pre- and post-Plunge lipid panel and glucose screening. Both proclaimed they didn't think there was any way (female, 17.5#) and (male, 30#) 12 weeks and their respective weight loss could make a difference. Both said they would continue and the man said that the lab results and weight loss actually was motivation to continue. The results were:

- The woman's first recorded blood pressure (bp) was 140/67, ending bp 124/70. Fasting glucose 95 to 89; Triglycerides 143 to 142; Cholesterol 194 to 173; LDL 103 to 88; HDL 62 to 57.
- The man's glucose was 122 down to 94; Triglycerides 163 to 115; Cholesterol 226 to 213; LDL 142 to 141; HDL 51 to 49

In February of 2014, LCH provided women's heart-health information in a local beauty salon, and provided free BP checks and on-line risk assessments.

In May of 2014, LCH added pre-school aged children (about 30) to our annual schedule providing educational tours to second grade students (about 60). In May of 2015, the second grade students toured LCH once again.

Also in May of 2014, Dr. Eden and Ms. Nelson attended the “Mind, Body and Spirit” health fair at Bethany College. This was one of four events involving interaction with Bethany faculty, staff and students in 2014. This event was attended in the fall of 2014, as well.

During the summer of 2014, approximately 70 people received a free skin cancer screening in three different sessions by two of our providers. Assessments were given and information distributed, along with samples of spf30 sunscreen. One event was in Marquette Kansas and two here in Lindsborg.

In September of 2015, LCH is organizing a Safety and Health Fair for the public. The purpose will be to provide health and safety education, provide basic lab screenings along with additional service and support to our community. This will be a new event and planning is underway.

### **2014 Review and 2015 Action Plan for Specific Populations with Inadequate Access to Care**

These will be addressed while discussing barriers to care.

### **2014 Review and 2015 Action Plan for Barriers to Care**

Caring for those with low incomes and specifically those without insurance is something we will continue to do. Enhancement of our financial assistance policy, in accordance with 501(r) regulations, enabled us to provide care to those less financially able to afford care. An automatic deduction of 30% from total charges has been adopted for those individuals without insurance. LCH has also made an increased effort to identify and inform individuals about our Financial Assistance Policy, to encourage completion of application paperwork. For the fiscal year 2014 (Oct 1 - Sept 30), LCH provided \$170,814 in charity care through the financial assistance policy to those without insurance. This is a 64% increase over the previous year. Also, \$295,206 was the amount of care considered bad debt. For 2015 through 8 months, LCH is on pace to incur \$103,380 in charity care and \$473,099 in bad debt.

Several years ago, LCH started the Pink Fund with a purpose to provide funding to pay for cancer screening services for those in our service area without insurance. In September of 2014, the purpose was expanded to provide grants of up to \$500 for those in our service area with a diagnosis of cancer. As of this time, \$1,500 has been granted for those with the diagnosis, to assist with healthcare and related costs of treating this dreaded disease. Up to \$3,000 per year will be granted.

In the Family Health Care Clinic (FHCC), LCH has developed the process for school-aged children to have their activity health assessment forms completed. One option is a

\$35 cash option. It provides just the health assessment and form completion (no medications, labs, etc) but is an economical option for families. This practice started in 2014 and will continue.

Each of the specific populations with inadequate access to care has been better served by LCH in 2014 and beyond with the addition of two physicians. Dr. Jody Bieker started providing care in the Family Health Care Clinic on Oct 1st of 2013 and Dr. Andrea Eden began providing services in February of 2014. These two joined 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 2015, \$1.35 million has been budgeted in the Family Health Care Clinic for salaries, benefits, supplies and equipment to provide services in the clinic.

Schedule limitations have been reduced with the addition of the new physicians at LCH. In fiscal year 2014, 9,662 visits were provided in the FHCC - a 4% increase. In 2015, the FHCC is on pace for over 11,000 visits and this growth in visits should continue, thus demonstrating the improved access to care for people in the Smoky Valley.

In September of 2014, the FHCC began providing childhood immunizations. This service, along with our ability to accept new patients was specifically marketed to those in our service area receiving insurance through KanCare. This is the state Medicaid program.

LCH has continued 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 2014, 599 visits were provided in the LCH Urgent Care clinic and it is on pace for 798 visits in 2015.

#### **2014 Review and 2015 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 second recumbent stepper was purchased in the spring of 2015 to provide additional equipment and reduce wait times.

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. In April of 2015, Mary Ann Carlson, PA-C, began providing Behavioral Health consults in an office at LCH. She is available 3 days per week. Additional specialty clinics have not begun at LCH as they are dependent upon recruitment or telemedicine capabilities. In the remainder of 2015, the telemedicine abilities will be developed to begin providing additional services. Plans are still forming between LCH and SRHC.

### **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 coming years.