



The Health of Central South Dakota

Implementation Strategy/Community Benefit Plan

May 2016



IMPELEMENTATION STRATEGY/COMMUNITY BENEFIT PLAN

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AVERA ST. MARY'S IMPLEMENTATION STRATEGY PLAN

This plan for implementation of the community health needs, as presented above by the Community Health Needs Assessment report, is designed to be a working document to guide Avera St. Mary's Hospital and its community partners to meet the identified community health needs during the next three years. The action plan is ambitious and will take resources, commitment, collaboration and effort. The results will mean a healthier community in Central South Dakota.

Description of what Hospital Will Do:

Avera St. Mary's Hospital is in the process of strategic planning. A facility assessment is underway as well, as is an Assessment by Avera Behavioral Health on the mental health services needed in the area. All three of these planning documents will be utilized to create the Action Plan and to meet the prioritized community health needs. A Cancer Treatment Center, recruitment of physicians including oncologist, psychiatrist, adolescent psychiatrist and other specialists are all part of these strategies and assessments. Avera St. Mary's Hospital will continue to provide Community Benefits and Charity Care, as well as education and support. The Community Health Needs Assessment Implementation Plan is approved by the Governing Board and the Board will expect and receive progress reports at least every May.

Action Plans

Over the next three years, an implementation strategy for each of the three selected priorities will be addressed.

Three-Year Action Plan

Goal 1	Objectives	Measures/Indicators	Specific Actions/ Strategies/Resources
<p>Increase cancer treatment options and services in Central South Dakota.</p>	<p>A) Recruit services of radiation oncologist</p>	<p>A.1 Services arranged or radiation oncologist recruited</p>	<p>A.1 Prepare business plan determining how many days per week oncologist radiology services are needed and recruit a person or a service to meet these needs utilizing Avera Recruiters along with local physicians, hospital staff, and our current cancer treatment center staff</p>
	<p>B) Build Cancer Center</p>	<p>B.1 Cancer Center built and operating</p>	<p>B.1 Linear Accelerator funding is secured through the Leona M. and Harry B. Helmsely Charitable Trust</p>
	<p>C) Education, screenings and support groups will be supported by Community Benefits</p>	<p>C.1 Community benefits and charity care will include services offered for education, for some cancer screenings not covered by other payors, and for the expansion of cancer support groups</p>	<p>C.1 Avera St. Mary's Foundation launches capital campaign for cancer center</p>
	<p>D) Promote Avera Cancer Navigator Program</p>	<p>D.1 Promote new Avera Cancer Navigator Program and begin attracting patients to group-program</p>	<p>3d) Anyone receiving a cancer diagnosis will be contacted by the Avera Navigator Program for support, guidance and education for the patient and family. A 24 hour phone center is available. Strategies to provide breast and other screenings needed and not available because of no payor source will be developed. Cancer support and survivor groups will be facilitated by community sources.</p>

Goal 2	Objectives	Measures/Indicators	Specific Actions/ Strategies/Resources
Reduce chronic disease impacts by decreasing cancer, heart disease, and obesity rates and increasing management, support and education for persons with chronic disease.	A) Increase cancer prevention efforts and decrease the rate of cancer	A.1 County Health Rankings, individual counties	A.1 Support and promote Avera marketing efforts for cancer screening and education outreach
	B) Completing the Circle Project, a collaboration with Avera St. Mary's Hospital, Urban Indian Health and Vilas Pharmacy will help people with diabetes overcome barriers and manage their disease. Diabetes program at the Clinic becomes American Diabetes Association (ADA) Certified.	B.1 Meet measures/indicators of the HRSA grant objectives, through tracking biometrics and annual grant reports now through 8/31/2018. B.2 Diabetes program is certified by ADA. B.3 Diabetes Educators become Certified Diabetes Educators.	B.1 Coordinated Care team RN Coordinator, Clinical Care Specialist, Social Worker and Certified Diabetes educator who will work with the patients and provider to remove the patient's barriers to health care success. Certified program offers education, helps patients with individual goals as well as classes. B.2 Teleconsults continue and expand as needed with specialists. 340 visits and 90 new patients were seen April 2014–December 2015 and the need for education for diabetes patients continues to grow. We will meet this need through personal instruction, classes, teleconsult and specialist visits.

(see next page for goal 2 continuation)

Goal 2 (continued)	Objectives	Measures/Indicators	Specific Actions/ Strategies/Resources
Reduce chronic disease impacts by decreasing cancer, heart disease, and obesity rates	C) Increase heart disease prevention efforts and decrease the rate of heart disease	C.1 County Health Rankings, individual counties	C.1 Support and promote Avera marketing efforts for the Avera Planet Heart program and education outreach
	D) Continue to reduce the proportion of children and adolescents who are considered obese to the Healthy People 2020 initiative target of 14% from the baseline of 15.8% obese and 15.7% overweight in Region 6	D.1 School Height and Weight Report Summary, South Dakota Department of Health, yearly; doh.sd.gov/SchoolWeight ; HealthySD.gov ; Pediatric Nutrition Surveillance System, SD Department of Health	D.1 Healthy Communities/Healthy Youth Coalition continues its 18-year mission to build strong attributes in youth through committees working on Safe Places/Structured Time through Turner Foundation funding of \$50,000 per year. Harvest of the Month program is maintained in the wrap-around approach throughout the community, including schools, afterschool programs, and at The Banquet.
	E) Physicians and community members who have been trained in Healthy Kitchen/Healthy Lives by Harvard TH Chun School of Public Health and the Culinary Institute of America will teach healthy living classes	E.1 People participate in Healthy Kitchen classes and successfully complete assignments and tools. Pre- and post-survey conducted.	E.1 A teaching kitchen is developed, lessons planned and classes held. Location investigation for kitchen includes Avera St. Mary's kitchen and other possible sites.

Goal 3	Objectives	Measures/Indicators	Specific Actions/ Strategies/Resources
Increase mental health services in Central South Dakota	A. Increase psychiatric services in Central South Dakota	A.1 Central South Dakota Mental Health Committee explores psychiatric services needs and opportunities	A.1 Hire full-time psychiatrist
	B. Establish telepsych program, if feasible, at Avera St. Mary's Hospital by June 30, 2019	B.1 Telepsych program is developed, or deemed unfeasible	B.1 Determine if a telehealth program is possible, either independent and/or with eEmergency at Avera St. Mary's Hospital. Determine if mental health assessments can be conducted and establish procedures for doing QMHP mental health assessments quickly and consistently, reducing time in ER and staff call backs or QMHP consults.
	C. Work with Avera Behavioral Health to recruit or place a Psychiatrist and an Adolescent Psychiatrist to serve Central South Dakota by June 30, 2019.	C.1 Psychiatrist is recruited; Adolescent Psychiatrist is recruited and/or provides youth services. C.2 E-consults with AMG University Psychiatric Service are conducted once a week in an afternoon for child psychiatry appointments, with 126 appointments last year.	C.1 Work with Avera physician recruitment and the Avera Behavioral Health to recruit more psychiatric services. C.2. Continue to utilize this service and look to expand to fill the needs.

(see next page for goal 3 continuation)

Goal 3 (continued)	Objectives	Measures/Indicators	Specific Actions/ Strategies/Resources
Increase mental health services in Central South Dakota	D. Develop action plan for Regional Center in Central South Dakota for mental health treatment and services.	D.1 Develop plan and determines funding for area mental health treatment/services facilities to regionalize services.	D.1 Establish a task force to explore all avenues and determine appropriate actions to keep clients safe.
	E. Continue to develop Mental Health Emergency/Crisis Program within the community to best serve persons in crisis in the most compassionate and cost effective manner, working with our community partners of law enforcement, mental health providers, and County governments.	E.1 Coordinate with community partners to find funding and develop appropriate response, possibly another location or mobile crisis team.	E.1 Task force expanded to include NAMI (National Association of Mental Illness) partners, and discussion lead asking all sectors for help in maintaining clients safety.

Next Steps

CHNA Team worked within their committees to develop implementation strategies for each priority with leaders from each of the three teams committed to continued service on CHNA. Each leader is responsible for:

- Finding out what other community organizations are doing regarding the priority
- Organizing or joining a team which include both field professionals and representative community members
- Guiding the work of the team, including development of a work plan
- Establishing metrics including measurable outcomes indicators
- Assuring work is coordinated with other CHNA implementation teams, and
- Communicating appropriately with the community at large

The CHNA Team is developing a community report card including metrics to be published on an annual basis. CHNA Team is committed to conducting another comprehensive needs assessment in three years.

This assessment summary is on the website of Avera St. Mary's Hospital. A copy can be obtained without charge by contacting the administrative office of Avera St. Mary's Hospital at 605-224-3159.

Needs Not Being Addressed and the Reasons

As previously stated, the three major priorities were very evident and very little time was needed to reach these priorities. All unmet needs have been brought to Avera Senior Leadership and were either addressed or referred to the appropriate department or agency. Other assessment issues mentioned included: short-term shelter facility for those of limited means, diverse cultural needs (Native American), detox facilities and programs, barriers (hours, affordability, and availability).


The shelter and detox facilities have been studied by various groups in the past and the end result is a lack of sustainable financing. Until there is a workable plan, we are unable to address these needs in the next few years. However, by further developing mental health support services, we believe that both needs will be constructively impacted and will be further developed during the action process.

Native American "cultural needs" is much more than just one need and simple solutions. As we address the key needs during planning, we will include input and participation by and with the Native American community. The barriers mentioned will be included in any work done regarding hours, affordability and availability for community health needs and benefits of Avera St. Mary's Hospital.

Approval

Each year at their May meeting, the Avera St. Mary's Hospital Governing Board reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit. This report was prepared for the May 19, 2016 meeting of the Governing Board.

Avera St. Mary's Hospital Governing Board Approval:

 Terry S. Johnson, Governing Board Chairman 5/19/16

By Name and Title

Date