



COMMUNITY HEALTH NEEDS ASSESSMENT  
**Implementation Plan**

AVERA MARSHALL REGIONAL MEDICAL CENTER

2016

### **Executive Summary**

Prior to the CHNA, Avera Marshall was, indeed, alert to these specific areas of need. The CHNA helped to validate these presumptions and raise greater awareness about the scale of the health concerns identified in the CHNA. This process also helped to validate efforts that have been ongoing and/or are currently underway to address these health needs. It is significant to consider that work in the area of community health is never “finished” that is, the health needs of the community are subject to change over time and require new and innovative approaches to satisfy unmet and emerging needs. Consequently, Avera Marshall has taken extra steps to ensure the assessment process is sustainable and expansive, and is reflected in this implementation plan. The implementation plan is a 3-year plan depicting the overall work that Avera Marshall plans to do to address its priority issues in the identified communities.

### **Compelled to Care for our Community**

As a faith-based health care organization in the Catholic Christian tradition, Avera Marshall Regional Medical Center’s work of providing services that reflect the needs of our community is central to our identity. While governed by laws and regulations for non-profit tax-exempt hospitals to provide services to those in need, we are ultimately compelled by a desire to extend the healing ministry of Jesus. Our mission and core values call us to make a positive impact in the lives and health of persons and communities.

Avera Marshall is committed to meeting the needs of all who need care regardless of their ability to pay.

In a spirit of charity and justice, Avera exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, creed, national origin or ability to pay... Avera is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values, Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care. (Avera Fiscal Policy #605 Financial Assistance and Billing Practices)

Avera Marshall is in its 65th year of serving the surrounding communities of Lyon County in Southwest Minnesota. From a community hospital that first opened in 1950 to the regional medical center it is today, the steadfast commitment to delivering quality health care to individuals and communities remains strong and at the center of all decisions.

The last decade in particular has brought many changes to the rural health care arena, including changes in reimbursements and insurance, legislative impacts, increased competitive forces, changes in economic status for consumers and the need for partnerships in many areas. Finding ways to lessen gaps in services, be competitively positioned and finding purchasing savings have challenged existing business models.

The quest to be the best health care provider possible has been at the forefront of tough decisions. Avera Marshall has maintained core services, strengthened sophistication through technology and recruited skilled professionals for its team. Avera Marshall continues to have significant impact on the local economy, through jobs, visitors, and overall commerce. Successful recruitment of physician specialists has brought a surge of credibility and access that has not been available to the region before. These successes are built on the premise of continuing to fulfill the mission, vision and values of the organization.

### **Mission**

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

## **Vision**

Avera Marshall will be the leading provider of high quality health care services for the region.

**Ministry:** Avera Marshall participates in the healing ministry of Jesus.

**People:** Avera Marshall will be the partner of choice for employees, physicians and communities.

**Service:** Avera Marshall will exceed the expectations of our customers.

**Quality:** Avera Marshall will lead the industry in clinical performance and innovative care delivery redesign.

**Financial Stewardship:** Avera Marshall will achieve growth in our markets and maintain financial security.

## **Core Values**

In caring together for life, the Avera Marshall community is guided by these Gospel values:

### Compassion

The compassion of Jesus, especially for the poor and the sick of body and spirit, shapes the manner in which health care is delivered by Avera's employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience and healing touch.

### Hospitality

The encounters of Jesus with each person were typified by openness and mutuality. A welcoming presence, attentiveness to needs and a gracious manner seasoned with a sense of humor are expressions of hospitality in and by the Avera community.

### Stewardship

Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera treat persons, organizational power and earth's resources with justice and responsibility. Respect,

truth and integrity are foundational to right relationships among those who serve and those who are served.

## **Definition of Community**

Avera Marshall serves southwest Minnesota, including all people, regardless of age, nationality or economic status. For purposes of this Implementation Plan, community is defined as Lyon County (Primary Service Area) and four surrounding counties of Lincoln, Redwood, Pipestone and Murray, as (Secondary). The cities in Lyon County include Marshall, Minneota, Ghent, Taunton, Lynd, Russell, Cottonwood, Tracy, Balaton and Garvin. Marshall is the county seat with the largest share of population, with the other communities considered micro-communities functioning as their own municipalities.

## **Prioritization**

### **Health Care Priorities**

Identification of priority health needs was accomplished through a facilitated forum of internal stakeholders of Avera Marshall, including the Governance and Foundation Boards, the Avera Medical Group Marshall Leadership Council and the Administrative Council. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, the forum participants were invited to prioritize community health and wellness needs based upon community impact, potential for change, economic feasibility, community assets and alignment with the mission and values of Avera Marshall Regional Medical Center.

Upon completion of the prioritization process, Avera Marshall Regional Medical Center determined the following three community health priority needs:

- Mental Health
- Eldercare and Memory Care Services
- Coordination of Care through Health Teams

## Mental Health

**Why it is important:** Forum groups noted that mental health issues are increasing in our communality, and some suggested that our community is on the verge of a mental health crisis. Although mental health crisis' are handled relatively well in our community, a more proactive, early diagnosis with a systematic approach is needed. Minority populations are very unlikely to seek and receive mental health services. Between the stigma associated with mental illness and inadequate screening by primary care practitioners, identification is often missed. The lack of local mental health providers and lack of available resources for mental health wellness was identified as a major concern during most of the groups. Too few psychiatrists serve the area. Raising awareness during annual physicals and accepting mental health to be equally important as physical health can start the changes towards better mental health. The school districts in our communities are seeing not only students, but parents are also affected by poor mental health which is harmful to the overall wellness of the family unit.

- Eight percent of adults in the identified counties experienced significant depressive symptoms in 2012. Three percent of adults had symptoms of serious psychological distress (although these groups are not mutually exclusive) Individuals with serious mental illnesses were more likely to experience homelessness, lack of insurance coverage, and less social support.
- 33 percent of 9th grade students in the identified counties in the last 12 months feel significant problems with anxiety, nervousness, tension, fear or the feeling that something bad was going to happen. 15 percent of 9th grade students in the identified counties have seriously considered attempting suicide.
- Mental Health diagnosis continues to recur in the top 10 reasons for emergency department visits in Lyon County.

**GOAL:** *Provide access to a full spectrum of mental health services. Provide a collaborative care model involving primary care, mid-level mental health professionals, and qualified community agencies*

*Partners: clinics, mental health providers, public health, employers, schools, civic leaders, police/fire, regional mental health centers*

- Increase the proportion of adults and children with mental health disorders who receive treatment.

- Continue to operate mental health services, including inpatient and outpatient psychiatry programs.
- Further integrate mental health services into Primary Care in order to provide coordinated care for psychiatric patients and expand capacity for mental health issues to be addressed with in clinic settings.
- Increase awareness and reduce stigma around mental health issues.
- Increase involvement with National Alliance on Mental Illness of Minnesota (NAMI).
- Position Avera Marshall Behavioral Health as a Center of Excellence for the practice of Dialectical Behavior Therapy (DBT) as champion for the Zero Suicide initiative.

## Elder Care & Memory Care Services

**Why it is important:** Community forum groups mentioned the need for ample and quality long-term care, respite care, memory care, and homecare services, and were all noted by participants as highly important. Addressing the growing number of dementia patients that are currently being cared for by family members and loved ones in the home setting will be necessary. Participants acknowledged that though these needs were not immediate for everyone, they will impact each person at some point in their lifetime. Participants mentioned the need for a memory care program.

- Higher percent of people utilize nursing homes for care versus home & community care options in the identified counties.
- In the identified counties long term care expenditures are higher than state average; home & community based service expenditures 65+ is lower than Minnesota average.

### **GOAL:** *Provide access to a full spectrum of Elder Care Services*

*Partners: clinics, health providers, public health, employers, schools, civic leaders, police/fire, regional elder care service providers*

- Advance capabilities in eldercare and dementia care services through enhanced training/certification of care givers.
- Implement community education programs for aging populations concerning end of life planning.
- Optimize coordination of eldercare services through effective utilization of long term support services available throughout the region.

- Continue collaboration with partner agencies to assist seniors in obtaining needed services.
- Explore potentialities in developing a memory care clinic.

## Coordination of Care

**Why it is important:** Participants noted continued gaps in care coordination among providers, case managers, and language service providers. Special attention was given to the need for dementia care coordination and for the elderly who are suffering with chronic diseases. A more streamlined, less fragmented, team approach to care is necessary. Care coordination invites enhanced access to care and services with a consistent care team; improved safety, and reliability of care; enhanced health and functioning in those who have a chronic condition; and more cost-effective care. Patient and family experience also tends to improve with a high-functioning primary care team. Growing evidence suggests that to achieve the Triple Aim of improving the experience of care, improving the health of populations, and reducing per-capita costs of health care (Berwick et al., 2008), health care professionals and workers must function interdependently, supporting and communicating with one another, coordinating services efficiently, and focusing their attention on the whole patient.

- In 2015 County health rankings reveals the ratio of population to primary care physicians is 1419:1 for Lyon County and 1113:1 for Minnesota.
- There are portions of Lyon County that are deemed a Health Professional Shortage Area (HSPA) or Medically Underserved Area (MUA) from the Minnesota Department of Health.

**GOAL:** *Optimize access and coordination of care throughout continuum and to accomplish shared goals within and across care setting through enhanced access to care services with a consistent care team approach*

*Partners: clinics, regional health providers, public health, employers, schools, civic leaders, police/fire, community leaders*

- Develop a successful and highly functional team-based care delivery program.
- Maximize Medical Home and Coordinated Care program.
- Optimize referral management processes for greater continuity of care and improve communication through shared decision making processes.



There are needs identified in the Community Health Needs Assessment which Avera Marshall is not directly involved in addressing in this implementation plan. These identified needs include cardiovascular disease, nutritional needs and dental care, and are addressed in a more limited capacity thorough Avera Marshall compared to the capabilities of other community assets.

The proposed implementation strategy was presented for discussion, consideration and approval to the Avera Marshall Board of Directors on May 16th, 2016.