

Community Health Needs Assessment: *Implementation Plan* **2016**



Wagner Community Memorial Hospital

Avera 

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Table of Contents

Executive Summary	3
Mission Statement	3
Hospital Overview	3
Purpose	3
Community Served	4
Implementation Plan Process	6
Implementation Plan	7

Executive Summary

Mission Statement

It is the objective and purpose of Wagner Community Memorial Hospital Avera to provide care and treatment of the sick, to provide care and support of the aged, disabled and indigent and to provide for those in need of hospitalization...regardless of race, color, creed or ability to pay.

Hospital Overview

Wagner Community Memorial Hospital Avera is a 20-bed critical access hospital (CAH) located in Wagner, S.D. in the county of Charles Mix. The hospital was founded on December 17, 1947 in an effort to establish permanent health care access to the Wagner area. The original hospital was opened in 1951 with the current facility opening in 1974. In 2002 Wagner Community Memorial Hospital partnered with Avera Health system and Avera Sacred Heart Hospital in Yankton, S.D. to become a “managed” facility. The hospital has since assumed the Avera logo and name as an identifier of alliance.

The hospital underwent extensive renovations from 2007 to 2012 with the addition of a new inpatient wing, emergency room, hospice room, intensive care room, ambulance bay, entrance, pharmacy, nurse’s station, and a four provider clinic. There were also improvements made to outpatient rooms and pre- and post-op rooms. Wagner Community Memorial Hospital Avera also offers many outreach services including surgery, outreach specialty clinics, and eCare services.

Purpose

Wagner Community Memorial Hospital Avera has conducted a Community Health Needs Assessment (CHNA) to be in compliance with federal regulations for not-for-profit hospitals. A Community Health Needs Assessment report was created to document the results of that assessment. This report will provide details of the hospital’s implementation strategy to address the findings in the assessment.

Community Served

Demographics

Wagner Community Memorial Hospital Avera serves the community of Wagner and approximately half of Charles Mix County, including, but not limited to, Lake Andes, Marty, Ravina, Pickstown, Dante, and Greenwood. Charles Mix County is located in the central southern part of South Dakota, which is located in the Midwest of the United States. Wagner Community Memorial Hospital Avera is located in the south central portion of Charles Mix County. The hospital also serves patients from Delmont, Avon, and other surrounding communities not located in Charles Mix County. Wagner Community Memorial Hospital Avera determined the focus region would be Charles Mix County for the purpose of this CHNA. According to the South Dakota Association of Healthcare Organizations, 2014 Inpatient Origin and Destination Study, 88 percent of the Wagner hospital discharges came from Charles Mix County.

Race & Ethnicity

Race	Data Source	Year	Charles Mix County		South Dakota	
			Number	Percent	Number	Percent
White Alone	USCB	2014	5,917	64.3%	714,496	85.4%
Black or African American	USCB	2014	11	0.1%	12,642	1.5%
American Indian or Alaska Native	USCB	2014	2,987	32.4%	72,016	8.6%
Asian	USCB	2014	17	0.2%	9,433	1.1%
Native Hawaiian or other Pacific Islander	USCB	2014	0	0.0%	229	0.0%
Two or more races	USCB	2014	244	2.6%	20,693	2.5%
Some other race	USCB	2014	33	0.4%	7,199	0.9%
Hispanic or Latino	USCB	2014	207	2.2%	26,459	3.2%
Not Hispanic or Latino	USCB	2014	9,002	97.8%	808,249	96.8%

2014 American Community Survey, U.S. Census Bureau

The table shown above indicates that the largest race in Charles Mix County is Caucasian with 64.3% of individuals being from this race. The second largest race in Charles Mix County is American Indian or Alaska Native at 32.4% total population. The majority of the county is not Hispanic or Latino at 97.8%

Age

Age	Data Source	Year	Charles Mix County		South Dakota	
			Number	Percent	Number	Percent
Under 5	USCB	2014	788	8.6%	59,303	7.1%
5 to 9 years	USCB	2014	807	8.8%	57,691	6.9%
10 to 14 years	USCB	2014	664	7.2%	55,424	6.6%
15 to 19 years	USCB	2014	700	7.6%	57,997	6.9%
20 to 24 years	USCB	2014	490	5.3%	59,689	7.2%
25 to 34 years	USCB	2014	913	9.9%	109,504	13.1%
35 to 44 years	USCB	2014	905	9.8%	94,677	11.3%
45 to 54 years	USCB	2014	1,188	12.9%	111,942	13.4%
55 to 59 years	USCB	2014	587	6.4%	56,790	6.8%
60 to 64 years	USCB	2014	529	5.7%	49,347	5.9%
65 to 74 years	USCB	2014	780	8.5%	62,692	7.5%
75 to 84 years	USCB	2014	562	6.1%	39,912	4.8%
85 years and over	USCB	2014	296	3.2%	19,740	2.4%

2014 American Community Survey, U.S. Census Bureau

Sex

Sex	Data Source	Year	Charles Mix County		South Dakota	
			Number	Percent	Number	Percent
Male	USCB	2014	4,567	49.6%	419,494	50.3%
Female	USCB	2014	4,642	50.4%	415,214	49.7%

2014 American Community Survey, U.S. Census Bureau

The age distribution of Charles Mix County is to some extent different than South Dakota as a whole. Both have the largest percent of the population in the 45 to 54 year range, while Charles Mix County has more children 0 to 19 years old than the state as a whole as well as a higher percentage of elderly adults ages 65 and older. Gender is split fairly even with males making up 49.6 percent of the population and 50.4 percent made up of females.

Socioeconomic Status

Indicators	Data Source	Year	Charles Mix County		South Dakota	
			Number	Percent	Number	Percent
Persons below 100% of Federal Poverty Level	USCB	2014	2,187	24.6%	114,444	14.2%
Children under 18 years old in poverty	USCB	2014	910	33.8%	37,147	18.5%
Median Household Income	USCB	2014	\$41,220	N/A	\$50,338	N/A

2014 American Community Survey, U.S. Census Bureau

The economic state of Charles Mix County is not as stable as the state of South Dakota. The median household income is \$9,118 lower than the median income for South Dakota. The percent of children under 18 years of age living in poverty is substantially higher in Charles Mix County at 33.8 percent compared to 18.5 percent state wide. Total persons living in poverty in Charles Mix County is 2,187 which equates to 24.6 percent of the total population, which is 10.4 percent higher than South Dakota.

Implementation Plan Process

The CHNA process began in the spring of 2016 with the designation of a CNHA coordinator. A community focus group was formed and met four times as described in the CNHA and determined the following community health needs in order of importance:

1. Mental Health Services
2. Diabetic Education
3. Dialysis
4. Teen Pregnancy Prevention
5. Exercise

After prioritization of needs, an intra-facility department head meeting was held to discuss the implementation plan on October 11, 2016. The committee set goals to address the needs identified by the Community Health Needs Assessment.

Implementation Plan

Mental Health Services

1. Goal #1: Provide referrals to appropriate behavioral health services.

1.1. Objective: WCMHA health care employees will be knowledgeable of behavioral health resources available.

1.1.1. Action Plan: Behavioral health resources will be presented at one nurse's meeting and one provider meeting bi-annually.

1.1.2. Resources: WCMHA resource fee.

1.1.3. Anticipated Impact: Increase referrals to behavioral health services.

1.2. Objective: Increase utilization of eEmergency for behavioral health referrals.

1.2.1. Action Plan: WCMHA providers will utilize eEmergency for behavioral health referrals.

1.2.2. Resources: WCMHA resource fee.

1.2.3. Anticipated Impact: Decrease time between referral and outpatient behavioral health evaluation.

2. Goal #2: Provide coordination of critical incident debriefing for staff members of WCMHA.

2.1. Objective: Staff members involved in critical incidents will have debriefing available following an incident.

2.1.1. Action Plan: WCMHA will provide a counselor at no cost, as needed, for critical incident debriefing for hospital staff.

2.1.2. Resources: Provide a room, counselor, and WCMHA resource fee.

2.1.3. Anticipated Impact: Increase retention of hospital employees and maintain morale.

3. Goal #3: WCMHA will employ or contract a full time or part time psychiatric provider within 3 years.

3.1. Objective: Staff or contract a full time or part time psychiatric provider in the Wagner Community Clinic.

3.1.1. Action Plan: WCMHA CEO will reach out to current Advanced Practice Providers and Registered Nurses currently employed at WCMHA with a proposition to continue education to obtain a psychiatric specialty.

3.1.2. Action Plan: Collaborate with behavioral health services to facilitate contract for psychiatric provider.

3.1.3. Resources: Possible tuition reimbursement, staffing fees.

3.1.4. Anticipated Impact: Increase access to behavioral health services at WCMHA.

Diabetic Education

1. Goal #1: Provide diabetic education opportunities to the public.

1.1. *Objective:* The public to be provided diabetic educational opportunities within the community.

1.1.1. *Action Plan:* WCMHA will provide diabetic education at Park View Villa apartments in Wagner.

1.1.1.1. *Resources:* Education Material, WCMHA staffing fees.

1.1.1.2. *Anticipated Impact:* Increase knowledge of diabetes in the elderly population in Wagner.

1.1.2. *Action Plan:* WCMHA will provide diabetic education in a group setting at WCMHA.

1.1.2.1. *Resources:* Provide a room, educational materials, and WCMHA staffing fees.

1.1.2.2. *Anticipated Impact:* Increase knowledge of diabetes to patients with a diagnosis of diabetes in hopes of increasing quality of life and decreasing negative effects of diabetes.

2. Goal #2: Facilitate referral to diabetic education programs and resources.

2.1. *Objective:* Refer patients to the diabetic education program at Indian Health Services for those who qualify for benefits from IHS.

2.1.1. *Action Plan:* WCMHA providers will refer patients who qualify for IHS benefits to the IHS diabetic education program.

2.1.2. *Resources:* WCMHA resource fee.

2.1.3. *Anticipated Impact:* Increase the number of patients who receive formal diabetic education.

2.2. *Objective:* Refer patients to group diabetic education at WCMHA.

2.2.1. *Action Plan:* WCMHA providers will refer patients to the WCMHA group diabetic education program.

2.2.2. *Resources:* WCMHA resource fee.

2.2.3. *Anticipated Impact:* Increase the number of patients who receive formal diabetic education.

2.3. *Objective:* Inform diabetic patients of resources to obtain glucose meter.

2.3.1. *Action Plan:* WCMHA nurses will inform patients that glucose meters are available in town at James Drug for purchase or at IHS, to those who qualify for benefits.

2.3.2. *Resources:* WCMHA resource fee.

2.3.3. *Anticipated Impact:* Increase compliance of glucose monitoring in diabetic patients.

Dialysis

1. Goal #1: Educate the Public about the New Hope Dialysis Center located in Wagner.

1.1. Objective: The public to be knowledgeable of the New Hope Dialysis Center.

1.1.1. Action Plan: WCMHA staff will educate the public about the New Hope Dialysis Center in the form of clinic, outpatient, and inpatient education, when appropriate.

1.1.2. Action Plan: WCMHA will assist with an advertisement in the local newspaper advertising for the New Hope Dialysis Center.

1.1.3. Resources: WCMHA staffing services and newspaper monetary fee.

1.1.4. Anticipated Impact: Possible increase in referrals and utilization of the New Hope Dialysis Center for increase in patient convenience.

2. Goal #2: Continue collaboration with New Hope Dialysis Center.

2.1. Objective: Continued collaboration and cooperation with the New Hope Dialysis Center to ensure continued operation of the center.

2.1.1. Action Plan: WCMHA will continue to provide current services for New Hope Dialysis Center.

2.1.2. Action Plan: WCMHA will consider and evaluate ability to provide further services as requested.

2.1.3. Resources: Staffing fees.

2.1.4. Anticipated Impact: Continuing operation of the New Hope Dialysis Center for patient convenience.

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Teen Pregnancy Prevention

- 1. Goal #1: Provide resources for sexual health education to the community health nurse to provide education to students of Wagner Community School.**
 - 2.2. Objective:* Increase knowledge of sexual health topics to students of Wagner Community School.
 - 2.2.1. Action Plan:* Provide resources for education materials to the community health nurse for educational purposes.
 - 2.2.2. Action Plan:* Provide volunteers to assist the community health nurse with sexual health education.
 - 2.2.3. Resources:* Resource fees and staffing fees.
 - 2.2.4. Anticipated Impact:* Increase knowledge of sexual health topics in an attempt to decrease the teen pregnancy rate in the community.

- 3. Goal #2: Provide education about available resources for sexual health to patients of Wagner Community Memorial Hospital-Avera and Wagner Community Clinic- Avera.**
 - 3.1. Objective:* The public to be knowledgeable of resources available for pregnancy prevention.
 - 3.1.1. Action Plan:* Educate patients about resources available for pregnancy prevention.
 - 3.1.2. Resources:* WCMHA staffing fees.
 - 3.1.3. Anticipated Impact:* Increasing awareness and utilization of resources available for pregnancy prevention.

Exercise

1. Goal #1: Provide education about current exercise opportunities available to patients of Wagner Community Memorial Hospital- Avera and Wagner Community Clinic.

1.1. *Objective:* The public to be knowledgeable of exercise opportunities in the community.

1.1.1. *Action Plan:* WCMH-A will produce and have available a flyer of the exercise options in the community.

1.1.2. *Resources:* Advertisement materials.

1.1.3. *Anticipated Impact:* Increased awareness and utilization of the current exercise options available in the community.

2. Goal #2: Provide exercise class monthly at Park View Villa residents.

2.1. *Objective:* Promote exercise and wellness for the elderly community.

2.1.1. *Action Plan:* WCMH-A staff will provide or contract an exercise class to be provided monthly at Park View Villa.

2.1.2. *Resources:* Resource fees.

2.1.3. *Anticipated Impact:* Increasing exercise opportunities and promotion of wellness for the elderly community.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: November 15, 2016