Community Health Needs Assessment Implementation Plan
2019

Wagner Community Memorial Hospital
Avera

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Wagner, SD 57380
605-384-3611
www.aver.org/wagnerhospital
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Overview

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 History

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 Hospitl 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, main entrance, pharmacy, nurses station, and a four provider clinic. There were also improvements made to outpatient rooms and pre- and post-op rooms.

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. This report outlines the findings of the assessment.
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, Ravinia, Marty, Pickstown, Dante and Greenwood. Charles Mix County is located in the central southern part of South Dakota. 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 within Charles Mix County. Wagner Community Memorial Hospital – Avera determined the focus region would be southern Charles Mix County for the purpose of this CHNA. According to the South Dakota Association of Healthcare Organizations, 2017 Inpatient Origin and Destination study, 88.24 percent of the Wagner hospital discharges came from Charles Mix County.

<table>
<thead>
<tr>
<th>Race &amp; Ethnicity</th>
<th>WCMH-A Area</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>52.74%</td>
<td>85.90%</td>
</tr>
<tr>
<td>American Indian</td>
<td>46.50%</td>
<td>8.70%</td>
</tr>
<tr>
<td>African American</td>
<td>0.30%</td>
<td>1.30%</td>
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<tr>
<td>Asian</td>
<td>0.04%</td>
<td>0.90%</td>
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<tr>
<td>Pacific Islander</td>
<td>0.30%</td>
<td>0%</td>
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<tr>
<td>2 or more</td>
<td>3.28%</td>
<td>2.10%</td>
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<tr>
<td>Hispanic</td>
<td>2.16%</td>
<td>2.70%</td>
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<tr>
<td>Not Hispanic</td>
<td>97.84%</td>
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2017 American Fact Finder, U.S. Census Bureau
### Age

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<td>Under 5</td>
<td>9.24%</td>
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<td>5 to 9 years</td>
<td>8.18%</td>
<td>7.10%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>7.80%</td>
<td>6.70%</td>
</tr>
<tr>
<td>15 to 19 years</td>
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<td>6.60%</td>
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<tr>
<td>20 to 24 years</td>
<td>7.00%</td>
<td>7%</td>
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<tr>
<td>25 to 34 years</td>
<td>10.48%</td>
<td>13.20%</td>
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<td>35 to 44 years</td>
<td>10.08%</td>
<td>11.50%</td>
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<tr>
<td>45 to 54 years</td>
<td>10.44%</td>
<td>12.20%</td>
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<td>55 to 59 years</td>
<td>6.06%</td>
<td>6.90%</td>
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<tr>
<td>60 to 64 years</td>
<td>6.44%</td>
<td>6.90%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>12.10%</td>
<td>8.50%</td>
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<td>75 to 84 years</td>
<td>3.76%</td>
<td>4.60%</td>
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<tr>
<td>85 years and over</td>
<td>1.64%</td>
<td>2.30%</td>
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2017 American Fact Finder, U.S Census Bureau

### Sex

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<tr>
<th></th>
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<tbody>
<tr>
<td>Male</td>
<td>49.68%</td>
<td>50.30%</td>
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<tr>
<td>Female</td>
<td>50.32%</td>
<td>49.70%</td>
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2017 American Fact Finder, U.S Census Bureau

### Federal Poverty Line

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<tr>
<td>29.00%</td>
<td>12.80%</td>
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2017 American Fact Finder, U.S Census Bureau
The CHNA process began in the spring of 2018 with the designation of two CHNA coordinators. A community focus group was formed and met four times as described in the CHNA and determined the following community health needs in order of importance:

1. Mental Health
2. Substance Abuse
3. Diabetes
4. Obesity
5. Violence

After prioritization of needs, an intra-facility department head meeting was held to discuss the implementation plan on June 17th, 2019. The committee set goals to address the needs identified by the Community Health Needs Assessment.
Implementation Plan
Mental Health

1. WCMH-A will continue to provide referrals to appropriate behavioral health services.
   a. Objective: WCMH-A health care employees will be knowledgeable of behavioral health resources available.
      i. Action Plan: Behavioral health resources will be presented at one nurses meeting and one provider meeting bi-annually.
      ii. Resources: WCMH-A Outpatient Services
      iii. Anticipated Impact: Increase referrals to behavioral health services.
   b. Objective: Increase utilization of telemedicine services (eEmergency, eTriage, etc.) for behavioral health referrals.
      i. Action Plan: WCMH-A providers will utilize telemedicine services for behavioral health referrals.
      ii. Resources: WCMH-A Outpatient Services
      iii. Anticipated Impact: Decrease time between referral and outpatient behavioral health evaluation.

2. Continue to provide coordination of critical incident debriefing for staff members of WCMH-A.
   a. Objective: Staff members involved in critical incidents will have debriefing available following an incident.
      i. Action Plan: WCMH-A will provide a counselor at no cost, as needed, for critical incident debriefing for hospital staff and local EMS.
      ii. Resources: eEmergency and Aver Health EAP
      iii. Anticipated Impact: Increase retention of WCMH-A employees and maintain morale and well-being.

3. WCMH-A will continue to employ or contract a full time or part time psychiatric (medication management) and/or a psychologic (counseling) provider.
   a. Objective: Staff or contract a full time or part time psychiatric or psychologic provider in the Wagner Community Clinic.
      i. Action Plan: WCMH-A CEO will reach out to current Advanced Practice Providers and registered nurses currently employed at WCMH-A to explore opportunities to continue education to obtain a psychiatric or psychologic specialty.
      ii. Action Plan: Collaborate with behavioral health services to facilitate a contract and/or employ a psychiatric and/or psychologic provider.
      iii. Resources: Operational funds and fees
      iv. Anticipated Impact: Increase access to behavioral health services at WCMH-A.
Substance Abuse

1. WCMH-A will continue to provide referrals to appropriate substance abuse services.
   a. Objective: WCMH-A health care employees will be knowledgeable of substance abuse resources available.
      i. Action Plan: Substance abuse resources will be presented at one nurses meeting and one provider meeting bi-annually.
      ii. Resources: WCMH-A Outpatient Services, Avera Health Behavioral Health.
      iii. Anticipated Impact: Increase referrals to substance abuse services.
   b. Objective: Increase utilization of telemedicine services (eAddiction, eTriage etc.) for substance abuse referrals.
      i. Action Plan: WCMH-A providers will utilize telemedicine services for substance abuse referrals.
      ii. Resources: eCARE
      iii. Anticipated Impact: Decrease time between referral and outpatient substance abuse evaluation.
Diabetes

1. Continue to provide diabetic education opportunities to the public.
   a. Objective: The public to be provided diabetic education opportunities within the community.
      i. Action Plan: Increase knowledge of diabetes to patients with a diagnosis of diabetes in hopes of increasing the quality of life and decreasing negative effects of diabetes.
      ii. Resources: Educational material, Primary Care Providers, Nurses.
      iii. Anticipated Impact: To provide better diabetic education to our patients and community.

2. Increase referrals to diabetic education programs and resources.
   a. Objective: Refer patients to the diabetic education program to include dietician coordinator.
      i. Action Plan: WCMH-A providers will refer patients who qualify for Indian Health Services to the Indian Health Services diabetic education program.
      ii. Resources: WCMH-A Dietician and Indian Health Services Diabetic Program
      iii. Anticipated Impact: Increase the number of patients who receive formal education.
   b. Objective: Inform diabetic patients of resources to obtain glucose monitor.
      i. Action Plan: WCMH-A nurses will inform patients that glucose monitors are available in town at James Drug for purchase or at Indian Health Services to those who qualify for benefits.
      ii. Resources: WCMH-A operational funds.

3. WCMH-A will strive to produce a standard plan of care for current and future diabetic and pre-diabetic patients.
   a. Objective: Providers will continue to be educated on diabetes and in turn educate their patients and community.
      ii. Action Plan: WCMH-A will look into what it would take to start a diabetic support group that would possibly meet once a month.
      iii. Resources: WCMH-A operational funds.
1. Increase awareness of exercise opportunities in the surrounding area.
   a. Objective: WCMH-A will increase awareness of local exercise opportunities within the area.
      i. Action Plan: WCMH-A will continue to collaborate with the Wagner Health and Wellness Consortium to promote area exercise programs.
      ii. Resources: Employee representative-Wagner Health and Wellness Consortium, primary care providers, nurses.
      iii. Anticipated Impact: Increase public knowledge of exercise opportunities.

2. Increase awareness of a healthy diet.
   a. Objective: WCMH-A providers will continue to educate their patients on a healthy diet.
      i. Action Plan: WCMH-A will coordinate with SDSU Extension to establish healthy cooking and eating education.
      ii. Resources: Educational material, primary care providers, nurses.
      iii. Anticipated Impact: Increase the number of patients who live a healthy lifestyle and receive formal education.
Violence

Violence was indicated to be a top five concern for our communities. We are unable to properly address this issue within our community. Wagner Community Memorial Hospital – Avera does take part in annual competency training which does include a section on violence and how to deal with patients presenting with these issues. Wagner Community Memorial Hospital – Avera also has taken the initiative to undergo active shooter training to better educate our staff on how to protect our patients and themselves as well as working alongside law enforcement if such occurrence would happen.

1. Increase awareness of violence within the surrounding area.
   a. Objective: Disseminate the public's perception of the violence identified in the surrounding area.
      i. Action Plan: WCMH-A will share the communities concerns from the CHNA survey with law enforcement.
      ii. Resources: CHNA survey, law enforcement.
      iii. Anticipated Impact: For law enforcement to collaborate within the communities to reduce the concern of violence.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: 9-17-19
Signature: Chief Executive Officer
Date: 9-17-19