

CHI St. Alexius Dickinson Medical Center Dickinson, North Dakota

Community Health Needs Assessment Implementation Plan FY 2016 – 2018



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Mission

The mission of CHI St. Alexius Health Dickinson Medical Center and Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Overview

CHI St. Alexius Health Dickinson Medical Center offers a wide range of services including diagnostics, nutrition services, obstetrics, and a comprehensive range of rehabilitation care for both inpatient and outpatient. The acute care services consist of the medical/surgical/pediatric unit and the intensive care unit. A complete surgical team performs a wide range of specialties, including orthopedics. CHI St. Alexius Health Dickinson Medical Center has a regional dialysis unit that provides chronic in-center hemodialysis for adolescent and adult patients with end-stage renal disease. They also offer a respiratory/sleep diagnostic program.

CHI St. Alexius Health Dickinson Medical Center is part of Catholic Health Initiatives, the second largest Catholic and not-for-profit health care system in the country. Catholic Health Initiatives operates hospitals, long-term care facilities, assisted living facilities, and residential units in nineteen states.

Community Health Needs Assessment

Strategic Plan

Through a joint effort, CHI St. Alexius Health Dickinson Medical Center in Dickinson, ND, and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences conducted a community health needs assessment, to analyze community health-related data and solicit input from community members and health care professionals.

To gather feedback from the community, residents of the health care service area and local health care professionals were given the chance to participate in a survey. Additional information was collected through a Community Group comprised of community leaders as well as through key informant interviews with community leaders.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and help health care leaders begin to identify action needed to address the future delivery of health care in the defined area.

A health needs assessment benefits the community by: collecting timely input from the local community, providers, and staff; providing an analysis of secondary data related to health conditions, risks, and outcomes; compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; engaging community members about the future of health care delivery; and allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years.

In terms of demographics, Stark County does not reflect state averages. However, the percentages of residents under age 18 and of those aged 65 and older both are within a few percentage points of the North Dakota averages. Rates of education are lower than North Dakota averages. The median household income in Stark County in 2013 was \$69,327, which is higher than the state average of North Dakota (\$55,579).

Data compiled by County Health Rankings show that with respect to health outcomes, Stark and the surrounding communities are better than North Dakota as a whole. Stark County ranks fifth out of 49 ranked counties in North Dakota on health outcomes and second on health factors. Stark County falls behind the state rankings on the following reported measures:

- Physical inactivity
- Access to exercise opportunities
- Sufficient numbers of healthcare providers
- Violent crimes and injury deaths

Input from nine community leaders provided via key informant interviews and eleven community group members noted these five needs as the most important:

1. Community and Environmental concern is having enough daycare services available.
2. Health Service concern is about the availability of mental health services.
3. Physical, Mental Health and Substance Abuse (Adult) concern is adult drug use and abuse (including prescription drug abuse).

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4. Youth and Children concern is youth drug use and abuse (including prescription drug abuse).
5. Aging Population concern is about the availability of services for family and friends caring for elderly

Area residents, who took the written or online survey, indicated these five needs/concerns as the most important:

1. Affordable housing
2. Adequate childcare services
3. Job with livable wages
4. Attracting and retaining young families
5. Changes in population size (increases or decreases)

When all participants including key informants, community group members and survey respondents were asked what the good aspects of the county were, it was indicated the top community assets as:

- People are friendly, helpful, supportive
- People who live here are involved in their community
- Feeling of connectedness to people who live here
- Civic pride and hardworking leadership

When all participants including key informants and community group members were asked the level of collaboration and engagement in the community on a rating scale of 1-5 with 1 being no collaboration or community engagement and 5 being excellent collaboration or community engagement, the results were:

<u>Business and Industry</u>	<u>3.6</u>
<u>Clinics Not Affiliated with the Main Health System</u>	<u>3.1</u>
Economic Development Organizations	3.6

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Emergency Services, including Ambulance and Fire	4.4
Human Services	3.5
Social Services	3.1
Hospital (Healthcare System)	4.2
Indian Health Service	2.7
Tribal Health	2.7
Law Enforcement	4.1
Long Term Care, including Nursing Homes and Assisted Living	3.2
Other Local Health Providers, such as Dentists and Chiropractors	3.8
Pharmacies	3.6
Public Health	3.9
Schools	3.8
Faith-Based	4.0

Key objectives and Implementation Strategies

1. Objective: Increase Access for Mental Health Services

Implementation Strategies:

- a. Develop a Strategic Organizational Chart for Mental Health Services in collaboration with the North Dakota Department of Human Services - Badlands Social Services Region VII.

Target Date: August, 2017

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Accountable parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, Joanna Smith Assistant Regional Director Badlands Social Services Region VII.

- b.** Participate in the Mental Health Project Task Force – goal to create a Systemic Behavioral Health Program that encompasses inpatient and outpatient Mental Health Services.

Target Date: May, 2018

Accountable parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, North Dakota Department of Human Services Representatives, State of North Dakota Representatives, CHI St. Alexius Health Bismarck Representatives, and North Dakota Mental Health Providers Representatives.

- c.** Continue to collaborate with North Dakota Department of Human Services and Centers for Rural Health - The University of North Dakota School of Medicine and Health Sciences, for identification of behavioral health financial resources.

Target Date: March, 2017

Accountable parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, Jody Ward Senior Project Coordinator | Center for Rural Health - The University of North Dakota School of Medicine and Health Sciences.

2. Objective: Promote Primary Care Providers Recruitment and Retention Implementation Strategies.

- a.** Continue to collaborate with CHI Provider Recruitment Program for the recruitment of three additional Primary Care Providers

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Target Date: March, 2018

Accountable parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, Francine Kyaw CHI Division Director of Provider Recruitment.

- b.** Collaborate with Long Term Care Facilities and Assisting Living Facilities to identify community health needs related to limited access to Primary Care Services.

Target Date: March, 2017

Accountable Parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, Long Term Care and Assisting Living Facilities Representatives.

- c.** Continue to work with CHI Hospitalist Service Line for identification of patient care needs related to limited access to Primary Care Services

Target Date: March, 2018

Accountable Parties: Reed Reyman President CHI St. Alexius Health Medical Center Dickinson, Amanda Trask CHI Vice President of Hospitalist Service Line

- d.** Continue to promote staff and community education of disease prevention and primary care services available in our community through CHI St. Alexius Health Dickinson Medical Center Service Excellence Program – Oasis Team

Target Date: Oct, 2017

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Accountable Parties: Reed Reyman President CHI St. Alexius Health
Medical Center Dickinson, Service Excellence – Oasis Team
Representatives

- e.** Continue to collaborate with local business to establish CHI St. Alexius Health Dickinson Medical Center as their Designated Medical Provider

Target Date: March, 2018

Accountable Parties: Reed Reyman President CHI St. Alexius Health
Medical Center Dickinson, Jodi Bosch Director of CHI St. Alexius
Health Dickinson Foundation and Communications