



Operated under lease by Great Plains of Kiowa County, Inc

## **Evaluation of Community Health Needs Assessment (CHNA) 2015**

Great Plains Health Alliance, Inc. dba Kiowa County Memorial Hospital recently completed our 2015 Community Health Needs Assessment. This was done in junction with the Kiowa County Health Department. The Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and then adopt an implementation plan to meet the needs identified by the CHNA. There were 8 priorities listed by the 12 attendees at the public meeting.

**#1. 25% indicated a need to develop child care outside of the hospital** At the current time, the hospital provides free daycare to employees on site, while they are working. This was done following the tornado in 2007. When we opened our temporary tent hospital 2 ½ weeks after the tornado, there was no day care available in Greensburg. We originally opened with 12 slots and when we moved into our building in March 2010, we raised our number of slots to 23. At this time, we have a waiting list for a slot. We have no room for additional children. Also, since this is an employee benefit, under the critical access hospital reimbursement, we are cost reimbursed for any expenses. If we opened to the public, we would lose this reimbursement. We are tax supported and according to the cost report for 2014, loss of this reimbursement could cost taxpayers approximately \$164,320.00 annually. The hospital does not plan to increase our number of spaces.

**#2. 17.9% wanted to see an increase in fundraising/reimbursement** This was not clarified as to what the issue is, but we will try to address reimbursement measures that we take. We strive to continue to operate as a Critical Access Hospital (CAH) since this increases our reimbursement and allows us to operate with less community support. We strive to follow all requirements and operational mandates. We strive to identify any insurance providers used by patients that use our facility. When we identify an entity that we don't have a contract to provide services thru (so we will be an in-network provider for that insurance), we try to work with that insurance provider to become a provider and lessen patient payments out of pocket. We also actively promote our sliding clinic scale and hospital financial assistance programs. We work closely with our coding entity, to accurately provide billing information, so that patient payments are accurate and timely for patient reimbursement.

**#3. 17.9% wanted to see improvement in public transportation for healthcare** As a small community of less than a 1,000, we do not have mass public transportation. However, as a small community, most entities are within walking distance. When we rebuilt, we consolidated the clinic and hospital into one building. We also provide space for a retail pharmacy, so minor health



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services can all be obtained at one site. The outreach clinic is also on site and provides cardiac, dental, vision and neurological care. We work with community service entities that can help to provide transportation. The senior citizen's center has a handicap accessible bus that can be scheduled for use to go to medical appointments. There is the Ministerial Alliance that can be called to try and find ministerial assistance for transportation. There is a local taxi service available, that also accepts medical cards. The local mental health services organization ICHD, also provides transport for many of their clients. For residents of the local assisted living, our provider makes "house calls" once a month to lessen the need for routine visit transport. For critical illness, we also manage the local ambulance service, in order to make emergency service available 24/7. We will explore options to partner with the Senior Citizens and private transportation providers to see if we can offer more choices to patients. The Veteran's Department will also transport patients to needed medical care.

**#4. 17.9% wanted to increase awareness of health Services** We are working with advertising avenues to increase awareness of health services by advertising. Our providers are making visits to the local Senior Citizens center on a monthly basis, to address current medical issues and bring an awareness of our services and providers. We also advertise weekly in our local paper, as to hours of operation. We have met with the newspaper and plan to begin incorporating stories into the newspaper regarding our services and staff. We have hired an administrative assistant to begin PR activities. \$3,000.00 per year will be allocated to PR expenses.

**#5. 10.7% wanted to develop home care service options** We have done feasibility studies previously and home health is not a viable alternative to add to our services. We are committed to educating patients as to what is available. We also work with patients to help them access needed services provided by other entities. We also provide education to them on realistic expectations for their health and needs, and education on how to prepare for those needs. This is done thru discharge planning and in house teaching. The Senior Citizens Center does offer meals on wheels and our providers can refer to them. Our Local health department is also able to help with dietary assistance thru some of the food programs they sponsor. The Health Department also provides foot care to patients.

Other resources we can refer to are:

Home Health – Hospice of the Prairie/Prairie Home Health – Dodge City  
Pratt County Home Health

Southwest Kansas Area Agency on Aging for in home services - Dodge City  
SWKAA can then refer them to Elder Care



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SHICK (Medicare Beneficiaries) We support a staff member to help with prescription needs. We pay her salary 4 hours/week at an approximate yearly cost of \$3200.00 to support this service. We provide office space and computer. She helps with navigating Medicare information.

**#6. 3.6% wanted to increase frequency of visiting specialists** We continue to actively pursue additional specialty services, but realistically we cannot force a relationship with other providers. We currently offer cardiac, eye care, dental care and neurological specialty care on site. KCMH administration has visited with ENT (Dr. Epp), Dermatology (Dr. Marshall), and Orthopedic (Dr. Kovach and Dr. Neel) providers and since those services are available in Pratt, 30 miles away, they have expressed no desire to offer services here. We will continue to explore outpatient specialty services onsite, as well as evaluating the telemedicine options as they become available.

We also work with KU Med Center to offer telemed consulting services with several of their patients. They use the administrative conference room for these meetings at no charge.

**#7. 3.6% wanted more education on adult prevention/wellness** In addition to providing education on discharge planning for inpatients, KCMH providers work with clinic outpatients on proactively managing disease processes and changing lifestyle to enhance patient wellness. This includes smoking cessation, vaccination management and dietary/weight management. The clinic has recently added a nurse educator to work one on one with patients to manage disease processes. She has started with diabetic training, but hopes to branch to other processes as her education evolves. Our Medical Director is also medical director of the Health Department and is able to educate patients on their services as well.

We do have a recreation center in the community. We will explore a partnership with that organization. A future project may be to further develop our walking path at the hospital. We have a lighted path but will look to further develop it. We are going to use 340 B funds to increase fitness activities in the community. We currently are sponsoring a recreation center volleyball team from Greensburg.

We help to sponsor the After Prom with funds, to promote a safe environment for teens following the prom.

Thru our ambulance service staff, CPR classes are offered to the public, including bus drivers, swimming pool staff and hospital staff. They also sponsor a bike rodeo for students. They offer a drunk driving expo, using the drug driving goggles. They also act as stand by for football games, rodeos and other community activities to ensure quick response to any injuries.

We are looking at ways for staff to volunteer with organizations within the community.



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**#8. 3.6% wanted to see evening/weekend clinic hours.**

Evening/weekend hours were evaluated and a patient survey completed by the clinic staff. In evaluating the staff needed to provide this service and with the results of the patient survey, it was determined that this is not a viable option at this time.

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