
2019 Health Improvement Plan



Lakes Regional
Healthcare

An Avera Partner

Table of Contents

| | |
|----|--------------------------------------|
| 1 | Hospital Profile |
| 2 | Community Served by Hospital |
| 3 | Prioritized Significant Health Needs |
| 4 | Resources |
| 6 | Behavioral Health |
| 8 | Chronic Disease |
| 10 | Other |



Hospital Profile

Lakes Regional Healthcare (LRH) had its beginning in the 1920s with the initiative of Mrs. A.D. Hurd, a registered nurse and whose husband had recently died, when she opened her home as a hospital. Known as the “Hurd Hospital,” healthcare services were offered for a few years but due to inadequate facilities, eventually closed. In 1933, a registered nurse named Lydia Madson opened her home at 607 Lake Street in Spirit Lake for patient care and minor surgeries. The following year, Dr. Donald Rodawig Sr. helped expand the facility to accommodate most surgical procedures which were common at the time. It continued to be used in this manner until 1945 when Dr. Rodawig purchased the property from Lydia Madson and remodeled it into a seven-bed hospital with a nursery and emergency rooms. Then in 1946, Dr. Rodawig Sr. and Dr. Phil Scott bought the mansion across the street which had originally been the home of Senator L.E. Francis. This home was known as “The Pillars” at the time of Drs. Rodawig and Scott’s purchase and was owned by the daughter of Marcus Snyder, a man who came to Dickinson County in 1877 and was one of the county’s first bankers. The doctors remodeled the home into a 16-bed hospital and it became known as the Marcus Snyder Memorial Hospital. In the mid-1950s, expansion was needed, and a group of community leaders began to explore the feasibility of opening a county hospital. A corporation was formed, a fund drive was undertaken, a bond issue was passed, and construction of a new hospital was started. In June of 1959, the doors of Dickinson County Memorial Hospital opened.

Throughout the years, the Medical Staff and Board of Trustees have recognized the importance of meeting the need for quality healthcare services in our community. In 1969, a new emergency room and radiology area were added. In 1976, the hospital building was remodeled and the building’s size was doubled. In 1985, the emergency room and radiology waiting room were enlarged and a CT scanner was added. In 1996, LRH completed a major expansion and renovation project, including new emergency and surgery facilities, a new medical office building, a new lobby, and substantial renovations throughout the hospital. In 2000, the Community Health Center in Milford was opened. In 2002, the hospital’s name changed to “Lakes Regional Healthcare” to more accurately reflect the services provided and the expanded geographic area served. In 2004, LRH underwent a construction and remodeling project to provide single occupancy patient rooms, an education center, and additional space for future needs. In 2012, LRH entered into a Joint Venture arrangement with Avera to integrate the primary care clinics. In 2013, LRH became part of the Avera System of care as an Avera Partner. In 2014, the hospital remodeled and constructed a new Surgery Center, Birth Center, Critical Care Unit and East Lobby. In 2015, LRH joined four other communities in applying to become a Medicare Shared Savings Program Accountable Care Organization. In 2016, LRH added the Mako robot to increase scope of practice with joint and bone surgeries and reduce access to needed care.

Hospital Profile (continued)

In 2017, LRH remodeled the radiology department, making rooms more accessible to patients, as well as added a new CT scanner and 3-D mammography. In 2018, LRH added the DaVinci robot to accommodate soft tissue surgeries, making its facility the robotic hub of northwestern Iowa. In 2018, the Board of Trustees passed a motion to begin work on a new medical office building that brings the two current family medicine clinics together and updates their space to accommodate changing patient needs.

Today LRH employs 300 individuals in various professional and support staff positions. The medical staff consists of 248 practitioners, of which 178 are physicians. In addition, over 100 hospital volunteers donate time in providing patient comfort and in fundraising activities.

LRH Mission Statement

Improve the health and wellbeing of the people of the Iowa Great Lakes region.

LRH Vision

The place where patients want to come, providers want to practice and people want to work.

LRH Values

Compassion, Courtesy, and Competence

Community Served by the Hospital

The following sections outline the demographics of Dickinson County. They are organized in a non-conventional way that clumps similar categories together based on the social determinants of health (SDOH). Data suggests that an individual's health is affected by more than just healthcare (Park, Roubal, Jovaag, Gennuso, and Catlin., 2015). It is estimated that an individual's health is affected by 20% health care, 30% health behaviors, 40% social and economic factors, and 10% physical environment factors (Booske et al., 2010). Taking care of one's self by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when sick all influence our wellness. Wellness is also determined in part by access to social and economic opportunities; the resources and supports available to local homes, neighborhoods, and communities; the quality of education; the safety of workplaces; the cleanliness of the water, food, and air; and the nature of social interactions and relationships. The conditions in which the community functions explains in part why some Americans are healthier than others and why Americans generally are not as healthy as they could be. As one can see, wellness begins in people's homes, schools, workplaces, neighborhoods, and communities.

The community was defined as residents of Dickinson County. This was chosen as each nearby county has their own hospital and the vast majority of patients are from Dickinson County. The community's definition did not take into account an individual's ability to pay, whether or not they have insurance, or whether they qualify for the hospital's financial aid policy.

Health Improvement Plan

The Health Improvement Plan (HIP) takes the information gathered from the 2019 Community Health Needs Assessment (CHNA) and identifies goals, strategies, and objectives for improving the needs that were identified. This document is intended to be a “living” plan that will be revisited quarterly by a community team to ensure community needs are being addressed.

Each major community need below is explained why it is major, the community resources available, the goal, the strategies, and the metrics associated with this need. The explanation refers to the primary and secondary data gathered in the 2019 CHNA.

2019 CHNA



Prioritized Significant Health Needs

Prioritized significant community health needs were ultimately determined by the CHNA committee through matching community survey input with secondary data gathered. The questions of the survey were placed into rank order based on the number of dissatisfied responses. The top ten questions were then cross-referenced with secondary data. Those which were found to be of concern from both sources were selected as a community need to be further investigated. Focus groups were then used to look into the significant health needs identified and explore potential ways to improve them. The focus groups were attended by community stakeholders that were chosen to represent all facets of the community.

The three major community needs identified from the CHNA were: resources, behavioral health, and chronic disease. The HIP also includes a fourth section, other, that outlines a plan to address other areas of concern that were not investigated in the focus groups.



Significant Health Need: Resources

CHNA survey questions 16, 19, 20, and 22 were clumped together to form the community's major need of resources. The questions and focus groups explored the different issues associated with transportation, community resource communication and location, and affordable housing. (You can select this paragraph to be taken to the 2019 CHNA)

Potentially Available Resources

The Dickinson County Iowa State University Extension office hosts and updates a comprehensive community resource guide. This is easily accessible, free to use and there are paper copies available around the county. The online guide can be found on the ISU Extension and Outreach website linked below. There is also an abbreviated guide that includes only area food resources linked below. The one page guide includes all local spaces for free or heavily reduced food. The guide also includes dates/times, phone numbers, and locations for each of the food hosts. Paper copies of the full and abbreviated guide are available at Dickinson County Public Health, the Dickinson County Courthouse and various businesses throughout Dickinson County.

Resource communication is achieved within the hospital setting via a discharge team that focuses on ensuring patients have the services needed. This team has the community resource guide readily available to them as well as resources within the Avera medical network. Two family medicine clinics, also share one care coordination nurse. The care coordination nurse focuses on getting the patient resources they need. Outside of the hospital, there are multiple organizations that help to find residents available resources, such as:

- Dickinson County Courthouse
- Elderbridge
- Hope Haven
- Local Chambers of Commerce
- Local Churches
- Local City Halls
- Local Hotels
- Local Libraries
- Local Schools
- Lutheran Services of Iowa
- Seasons Center
- Upper Des Moines Opportunity
- Voluntary Action Center

Resource Guide

Food Guide



Significant Health Need: Resources (Continued)

Goals

- By June 2022, LRH will increase the number of community outreach events every year by 5%.
- By June 2022, LRH will increase the percent satisfied with the CHNA survey question, “How satisfied are you with information about how and where to find needed community services such as support groups, food pantries, and other resources?” by 10%.
- Annually, LRH will assist with outreach to increase the number of hits to the community resource guide by 5%.

Strategies

- Identify opportunities for getting the community resource guide posted to local websites such as the YMCA, Explore Okoboji, and Vacation Okoboji.
- The Avera Medical Group Family Medicine clinics will continue Saturday quick care clinics.
- Collaborating with other partners, LRH will assist with updating the community resource guide at least annually.
- The Hunger Coalition will complete a Community Food Assessment (CFA) by January 2020.
- LRH will have monthly social media posts about community resources and community partners.
- LRH will have quarterly public communications that include community resources.
- LRH will have monthly speaking engagements that discuss community resources available .
- LRH will have employees participate in local coalitions, such as Healthy Hometown, Hunger Coalition, Voluntary Action Center, and Community Council.
- LRH will provide annual Hospital staff education about the community resource guide.
- Annual teacher education regarding resource guide in Dickinson County schools.
- LRH will ensure services such as quick care, the hospital, and the family medicine clinics are listed in the resource guide.

Metrics to ensure progress

- Number of physicians to residents.
- Number of community events/speaking engagements per quarter.
- Number of resources in the resource guide.
- Number of social media views per month on community events.
- Number of quick care visits per quarter.
- Number of appointments per quarter at family medicine clinics.

Significant Health Need: Behavioral Health

CHNA survey questions 2, 6, 7, 8, and 18 were clumped to identify the major need of addressing behavioral health. The questions and focus group explored different issues with mental health, substance use disorders, domestic abuse, and sexual education.)You can select this paragraph to be taken to the 2019 CHNA)

Potentially Available Resources

- All Those Yesterdays
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera Coordinated Care Teams
- Avera Farm and Rural Stress Hotline
- Avera Medical Group Providers, Clinics, and Staff
- Boys Town of Iowa
- CAASA
- Catholic Charities
- Champion State of Mind
- Community Health for Dickinson County
- Community Resource Guide
- Elderbridge
- Family Crisis Center
- H.E.A.R.T. Kinnections
- Hope Haven
- Iowa State University Farmers Hotline
- Iowa Substance Abuse Information Center
- Lutheran Services of Iowa
- National Alliance for the Mentally Ill (NAMI)
- Northwest Iowa Care Connections
- Plains Area Mental Health
- Primary and Secondary Educational Organizations
- Seasons Center
- Shade of the Tree
- Support Groups (see community resource guide)
- Jackson Recovery
- Upper Des Moines Opportunity
- Veterans Counseling Center



Significant Health Need: Behavioral Health

(Continued)

Goals

- Through June 2022, LRH will advertise the community resource guide at least once every quarter through its media channels.
- LRH will have at least one community education annually through June 2022 to educate and advocate for the citizens of Dickinson County.
- By June 2022, LRH will improve the percent satisfied responses for: "How satisfied are you with access to mental/behavioral health care within 20 minutes or 30 miles?".

Strategies

- LRH will work with local behavioral health providers to assist them in increasing access to their services.
- LRH will partner with the local schools, Chambers of Commerce, Veterans Affairs, and the YMCA to send out a link to the online community resource guide.
- LRH and the family medicine clinics will have the resource guide available at doctor visits.
- LRH will partner with local food pantries and community tables to distribute the resource guide at their events and promote availability.
- LRH will partner with local tourism websites post about the community resource guide.
- LRH will create a public service announcement for local radio stations regarding the resource guide.
- LRH will distribute resource guide paper copies and business cards to local churches.
- LRH will use eCare Behavioral Health in the clinics and ER.
- LRH will use eER in the ER for patients that are an immediate threat to themselves.
- Providers will comply with the new opioid prescriptions laws that go into effect on 1/1/2020.
- LRH will house a SHIP worker every year to help with Medicare insurance selection and questions.
- LRH will donate meeting space for community support groups.
- LRH staff will use PHQ-9 screening tool at appropriate inpatients, office visits, and home visits.
- LRH will refer all patients that score high on the PHQ-9 for suicide prevention assistance and/or mental health care.
- LRH will assist with providing discrete, confidential access to information on suicide and mental health care (such as posting of information in public restrooms, public bulletin boards, publishing info in the Lakes Shopping news, public service announcements, etc.).

Metrics to ensure progress

- Annual Narcan usage in Dickinson County.
- Yearly primary diagnoses for mental health.
- Yearly emergency room visits for behavioral health.
- eBehavioral health usage in the emergency room and family medicine providers.
- Number of mental health providers.

Significant Health Need: Chronic Disease

CHNA survey question four outlined the major need of chronic disease. This was coupled with the secondary data from the 2018 state of obesity report that showed Dickinson County and the State of Iowa at one of the highest rates of obesity in the US. (You can select this paragraph to be taken to the 2019 CHNA)

Potentially Available Resources

- 5210 Healthy Choices Count
- Care Coordination Nurses
- Community Gardens and Farmer's Markets
- Community Resource Guide
- County Health Rankings
- Dickinson County Food Guide (Appendix C)
- Dickinson County Healthy Hometown initiative
- Dickinson County Hunger Coalition
- Dickinson County Public Health
- Dickinson County Trails
- Diabetes Support Groups at LRH
- Grocery Store Cooking Classes
- Local Food Rescue
- Memory Caregiver Support Group
- School Curriculum
- YMCA



Significant Health Need: Chronic Disease

(Continued)

Goal

- By June 2022, LRH will reduce the incidence of obesity of people 20+ years old in Dickinson County from 28% to 25%.

Strategies

- The community table will be held monthly and LRH will supply the food for at least one of the events.
- LRH will continue to offer the diabetic education program.
- LRH will register as a healthcare and worksite 5210 location through Iowa Healthiest State Initiative.
- LRH will assist with coordinating a location for community members to donate food to others.
- LRH will host or contribute to community wellness activities at least twice per year.
- LRH will fund, through staff time and meeting space, the community Healthy Hometown initiative.
- The Healthy Hometown initiative will work to implement 5210 in the local schools and workplaces.
- Family medicine clinics and care coordinators will collaborate to let patients, providers, and staff know what services are available to them.
- LRH will investigate the use of exercise and food prescriptions.
- LRH will continue to partner with Elderbridge to perform the Fresh Conversations class monthly.
- LRH will continue to offer phase 3 cardiac rehabilitation exercise classes.

Metrics to ensure progress

- Yearly percent of population that is diabetic.
- Yearly percent of population that is obese.
- Yearly percent of population that is physically inactive.
- Yearly fruit and vegetable consumption.
- Annual Wellness Visits.



Other

These are community needs identified to be addressed, but did not fall within the categories of the 3 major concerns. As an anchor institution in the community, LRH will work with community partners to improve aspects it can influence.

Dental Care / Oral Health

- Other organizations are addressing the need
- LRH will share the information regarding the needs with the area iSmile coordinator
- LRH will continue to provide space for a free dental clinic, dental screenings and dental coordination.

Sexually Transmitted Infections (STI)

- Local family medicine clinics provide education to patients and the school district provides student education.
- LRH gives out condoms in public health and at the family medicine provider clinics.
- LRH supplies protection from STI's through offering birth control as well as community education.
- LRH will host a free HIV/Hep C testing clinic yearly.

Affordable Housing

- Local municipalities are attempting to address affordable housing needs.

