



---

# Custer Regional Hospital Community Health Implementation Plan

FY 2017 - 2019

---

Released November 2016  
Custer Regional Hospital – Regional Health

# Executive Letter

Custer Regional Hospital continues to grow and evolve in our commitment to helping patients and communities live well. This past year, Custer Community Health Services, Inc. Board, the City of Custer and Custer Regional Hospital secured continued excellence in healthcare for the community with an agreement that will result in a new, state-of-the-art hospital and clinic being built east of the current location. The new facility will be built with future growth of services and access for patients in mind.

In the effort to help our patients and community live well, Custer Regional Hospital conducts a Community Health Needs Assessment every three years, with the most recent completed in November 2015. This process consists of collaborating with community leaders, public health officials, and other community representatives to identify and target specific health issues significant to our community.



*Veronica Schmidt*  
*President*

This most recent assessment identified the following three priority areas that three Regional Health workgroups are addressing:

- **Access to Healthcare Services:** Focus on developing strategies to support timely access to primary care, specialty care, diagnostics, and inpatient services.
- **Mental Health:** Increase access and awareness of culturally appropriate mental health resources and education.
- **Wellness:** Explore, develop, and support opportunities that will positively impact the health of our community in the areas of physical activity, nutrition, and weight management.

Focusing in these three areas will take us outside of the walls of the hospital and clinic and into the community to further collaborate with our community partners and local stakeholders to educate and prevent, teach and learn, and help our patients and community live well.

---

## TABLE OF CONTENTS

---

About Custer Regional Hospital	4
Community Health Improvement Overview	4
Community Health Needs Assessment Methodology	5
Identified Areas of Opportunity	5
Areas of Opportunity Not Chosen for Action	6
Health Priorities and Strategies July 1, 2016 – June 30, 2019	8
<b>Priority 1:</b> Access to Healthcare Services	8
<b>Priority 2:</b> Mental Health	10
<b>Priority 3:</b> Wellness (Nutrition, Physical Activity, and Weight)	12
Adoption of Community Health Implementation Plan	13
Regional Health System – A Leader in Health Care of the Black Hills	14
Acknowledgements	15

---

## About Custer Regional Hospital

Custer Regional Hospital (CRH), located in Custer, South Dakota, is owned and operated by Regional Health, a tax exempt, community-based organization that is committed to preserving and strengthening health care for the people in the region. The purpose of Regional Health is *helping patients and communities live well*. Regional Health and its affiliates provide health care services to the 380,000 people who live in the Black Hills of South Dakota and the surrounding region, as well as thousands of visitors each year. Regional Health serves a 38-county region comprised of western South Dakota, southeastern Montana, northeastern Wyoming, southwestern North Dakota and northwestern Nebraska.

CRH is one of Regional Health's four rural hospitals; three of which are designated Critical Access Hospitals. Custer Regional Hospital employs more than 170 team members (clinical and non-clinical) and has an inpatient bed capacity of 11.

CRH is dedicated to addressing its outreach objectives of serving the entire community, not only those who come through its doors. Building on a long tradition of service, the hospital utilizes its strengths alongside those of other well-established community partners. This strategy allows the hospital to better understand and reach the most vulnerable sectors of the community, while meeting pressing health care needs. The goal is to improve the community's health status by empowering citizens to make healthy life choices.

## Community Health Improvement Overview

In November 2015, Regional Health contracted with Professional Research Consultants (PRC) to conduct Community Health Needs Assessments (CHNA) for each of its hospital communities including the Custer Regional Hospital service area. The CHNA is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents. The assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

---

## Community Health Needs Assessment Methodology

---

The CHNA report incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

## Identified Areas of Opportunity

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through Custer Regional Hospital's CHNA and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see the complete CHNA report for additional health indicators).

<b>Cancer</b>	<ul style="list-style-type: none"><li>• Cancer is the #2 leading cause of death</li><li>• Cancer Incidence<ul style="list-style-type: none"><li>○ Including Lung Cancer, Female Breast Cancer</li></ul></li><li>• Cervical Cancer Screening</li></ul>
<b>Dementia, Alzheimer's Disease</b>	<ul style="list-style-type: none"><li>• Alzheimer's Disease Deaths</li></ul>
<b>Diabetes</b>	<ul style="list-style-type: none"><li>• <i>Ranked as a top concern in the Online Key Informant Survey</i></li></ul>
<b>Hearing &amp; Vision</b>	<ul style="list-style-type: none"><li>• Regular Eye Exams</li></ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"><li>• Heart disease is the #1 leading cause of death; stroke is the #6 leading cause of death</li><li>• High Blood Cholesterol Prevalence</li><li>• Overall Cardiovascular Risk</li></ul>

<b>Infant Health &amp; Family Planning</b>	<ul style="list-style-type: none"> <li>• Teen Births</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Unintentional Injury Deaths</li> <li>• Seat Belt Usage (Adults)</li> <li>• Firearm-Related Deaths</li> <li>• Firearm Prevalence <ul style="list-style-type: none"> <li>○ Including in Homes with Children</li> </ul> </li> <li>• Violent Crime Rate</li> <li>• <i>Ranked as a top concern in the Online Key Informant Survey</i></li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• “Fair/Poor” Mental Health</li> <li>• Suicide Deaths</li> <li>• <i>Ranked as a top concern in the Online Key Informant Survey</i></li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> <li>• Low Food Access</li> <li>• Overweight &amp; Obesity (Adults)</li> <li>• Medical Advice on Weight</li> <li>• <i>Ranked as a top concern in the Online Key Informant Survey</i></li> </ul>
<b>Potentially Disabling Conditions</b>	<ul style="list-style-type: none"> <li>• Sciatica/Back Pain Prevalence</li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Flu Vaccination (65+)</li> </ul>
<b>Sexually Transmitted Diseases</b>	<ul style="list-style-type: none"> <li>• Gonorrhea Incidence</li> <li>• Chlamydia Incidence</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Cirrhosis/Liver Disease Deaths</li> <li>• Overall Alcohol Use</li> <li>• <i>Ranked as a top concern in the Online Key Informant Survey</i></li> </ul>

### Areas of Opportunity Not Chosen for Action

In acknowledging the wide range of priority health issues revealed through the CHNA process, Custer Regional Hospital determined it could only focus on those which it deemed most pressing, most under-addressed, and most within our ability to influence.

Health Priorities Not Chosen for Action	Reason
<b>Cancer</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the access to healthcare services priority. Awareness activities through the American Cancer Society also currently exist in the community and surrounding area.</i>
<b>Dementia, Including Alzheimer's Disease</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the mental health priority. In addition, there are local licensed skilled nursing facilities providing services to the elderly of the community.</i>
<b>Diabetes</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the Nutrition, Physical Activity and Weight priority.</i>
<b>Hearing &amp; Vision</b>	<i>Limited resources excluded this as an area chosen for action. Other community organizations have infrastructure and programs in place to better meet this need.</i>
<b>Heart Disease &amp; Stroke</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the Nutrition, Physical Activity and Weight priority.</i>
<b>Infant health and Family Planning</b>	<i>Data from the CHNA revealed that teen births were of greatest concern in this area in the community. However, limited resources and lower priority excluded this as an area chosen for action.</i>
<b>Injury &amp; violence</b>	<i>Limited resources excluded this as an area chosen for action.</i>
<b>Potentially Disabling Conditions</b>	<i>This issue will not be addressed as a primary need, but could be impacted through the Nutrition, Physical Activity and Weight and Access to Health Care Services priorities.</i>
<b>Respiratory Diseases</b>	<i>Custer Regional Hospital believes this priority area falls more within the purview of other community resources, including outpatient clinical settings.</i>
<b>Sexually Transmitted Diseases</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the access to healthcare services priority.</i>
<b>Substance Abuse</b>	<i>This issue will not be addressed as a primary need, but will be impacted through the mental health priority.</i>

# Health Priorities and Strategies July 1, 2016 – June 30, 2019

Custer Regional Hospital's Advisory Council reviewed the areas of opportunity from the 2015 CHNA report. Utilizing input from the Council, the Regional Health Network Board of Directors approved the priority areas included in this Community Health Implementation Plan (CHIP). The focus of the hospital's community-based efforts and resources for FY2017-FY2019 is centered on Access to Healthcare Services, Mental Health, and Wellness (Nutrition, Physical Activity, and Weight).

Workgroups comprised of caregivers representing each of the communities served by Regional Health developed the goals, objectives, and strategies for each of the selected priority areas from across the system. The work listed in this plan utilizes a system-based approach along with each community's involvement and input.

Custer Regional Hospital and Regional Health commit to providing the resources necessary to carry out the goals, objectives, and strategies listed in this Community Health Implementation Plan. These resources include leadership and caregiver time and knowledge, financial support, and planning and reporting assistance.



## Priority 1: Access to Healthcare Services

**GOAL:** Evaluate needs and gaps to develop strategies to support timely access to primary care, specialty care, diagnostic, and inpatient services.

### OBJECTIVE 1: IMPROVE PATIENT ACCESS FOR PRIMARY CARE, SPECIALISTS, AND DIAGNOSTIC PROCEDURES

**Anticipated Impact:** Improved patient satisfaction, decrease in patient wait times to see a provider or have a service

#### STRATEGIES:

Optimize scheduling rules, templates, and processes

Standardize scheduling practices

Develop specialist referral criteria

#### **PARTNERS**

**ALL WOMEN COUNT SD  
REGIONAL HEALTH**



## **OBJECTIVE 2: DEVELOP AND IMPLEMENT A COMMUNITY-BASED POPULATION HEALTH PROGRAM**

***Anticipated Impact:*** Patients better directed to appropriate level of care, improved management of resources, and reduced Emergency Department utilization among target population

### **STRATEGIES:**

Build Population Health Infrastructure

Develop Primary Case Management program

Provide education and promotion concerning use of advanced directives

## **OBJECTIVE 3: INVESTIGATE, PLAN, BUILD AND LAUNCH FIRST PHASE OF A DIGITAL HEALTH STRATEGY**

***Anticipated Impact:*** Increased access for patients through digital technology, including access to specialty care

### **STRATEGIES:**

Determine organizational and community needs and solutions options

Develop business plan for the digital health strategy

## **OBJECTIVE 4: SUPPORT ACCESS TO PRIMARY AND PREVENTIVE CARE FOR VULNERABLE POPULATIONS.**

***Anticipated Impact:*** Increase number of patients screened.

### **STRATEGIES:**

Increase support of All Women Count SD program





## Priority 2: Mental Health

**GOAL:** Increase access and awareness of culturally appropriate mental health resources and education.

**OBJECTIVE 1: REDUCE STIGMA OF MENTAL HEALTH AND INCREASE PUBLIC AND PROVIDER AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES AVAILABLE IN THEIR COMMUNITY.**

**Anticipated Impact:** Better understanding of services available, increased website traffic, increased use of 211 Helpline for mental health

### STRATEGIES:

Partner with 211 Helpline to develop a comprehensive list of mental health resources in the service area

Create a community mental health asset map

Develop publicity campaign in partnership with community to reduce stigma of mental health

**OBJECTIVE 2: IMPROVE MENTAL HEALTH SCREENING PROCESS ACROSS THE BLACK HILLS REGION (STARTING WITH REGIONAL HEALTH SYSTEM)**

**Anticipated Impact:** More people seeking services for mental health related issues

### STRATEGIES:

Develop education for providers on importance of screening process

Standardize mental health screening tool

Standardize process for referrals of patients who screen positive

Develop case management program for mental health

### **PARTNERS**

**REGIONAL HEALTH BEHAVIORAL  
HEALTH CENTER**

**211 HELPLINE**

**COMMUNITY SERVICES  
CONNECTION**

**BEHAVIOR MANAGEMENT  
SYSTEM**

### OBJECTIVE 3: EXPLORE ADDING MENTAL HEALTH ACCESS INTO PRIMARY CARE CLINICS

**Anticipated Impact:** More access for vulnerable populations, improved productivity in primary care, improved outcomes

#### STRATEGIES:

Build business case

Explore other access solutions (telehealth, mobile)

#### ***DID YOU KNOW...***

The age-adjusted suicide rate for the CRH service area was 17.1%, significantly higher than the national rate of 12.5%

- 2015 CRH CHNA





### Priority 3: Wellness (Nutrition, Physical Activity, and Weight)

Goal: Explore, develop, and support opportunities that will positively impact the health of our communities.

#### OBJECTIVE 1: INCREASE COMMUNITY AWARENESS OF CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS THAT PROMOTE HEALTHY LIFESTYLE CHOICES

**Anticipated Impact:** Increased participation in health promotion programs and improved health outcomes

#### STRATEGIES:

- Marketing campaign for existing health promotion programs
- Enhance access to the Regional Health Diabetes Prevention Program
- Enhance access to the Better Choices Better Health (BCBH) Program
- Explore partnership with local Native American agency (non-healthcare)

#### OBJECTIVE 2: ENHANCE ACCESS TO ORGANIZED WELL-BEING PROGRAMS AND ACTIVITIES IN THE COMMUNITY

**Anticipated Impact:** Increase in referrals to programs, increased awareness of health risks, increased programming, improved health outcomes

#### STRATEGIES:

- Expand Regional Health Employee Well-being program to offer consulting to organizations in the Rapid City and Spearfish Communities by the end of 2017 and Lead/Deadwood, Custer, and Sturgis communities by end of 2018
- Live Well Black Hills resource support
- Develop toolkit of disease prevention and disease management resources for providers (including referral process)

#### **PARTNERS**

**REGIONAL HEALTH DIABETES  
PREVENTION PROGRAM**

**BETTER CHOICES BETTER HEALTH  
LIVE WELL BLACK HILLS**

# Adoption of Community Health Implementation Plan

On September 27, 2016, the Regional Health Network Board of Directors met and discussed this plan for addressing the selected community health priorities identified through the Community Health Needs Assessment process. Upon review, the Board approved this plan for Custer Regional Hospital and the related resources required to achieve the goals, objectives, and strategies outlined within that work to meet the health needs of the community.



Regional Health is an integrated health care system with the purpose of helping patients and communities live well. The organization, with headquarters in Rapid City, S.D., provides community-based health care in more than 20 communities in two states and 32 specialty areas of medicine. As the largest private employer in western South Dakota, Regional Health is comprised of five hospitals, 24 clinic locations and employs nearly 5,000 physicians and caregivers. Regional Health is committed to the future of medicine, with medical training partnerships, a medical residency program, and more than 130 active research studies.

## Regional Health System – A Leader in Health Care of the Black Hills

### OUR PURPOSE, VISION AND VALUES

#### Our Purpose

Helping Patients and Communities Live Well

#### Our Vision

We aspire to be the best healthcare system in America.

#### Our Values

- Courage
- Integrity
- Compassion
- Innovation
- Mutual respect

#### Our Priorities



Patient & Family  
EXPERIENCE



Culture of Safety  
& Quality CARE



Physician & Caregiver  
EMPOWERMENT



Financial  
STEWARDSHIP



Community  
STEWARDSHIP

# Acknowledgements

Custer Regional Hospital would like to extend a special thank you to the caregivers and community members who contributed to the creation of this plan, your time and input is greatly appreciated.

## ▼ REGIONAL HEALTH COMMUNITY HEALTH ADVISORY COMMITTEE

- Dr. David Klocke, Chief Medical Officer, Regional Health (RH)
- Laura Wightman, Chief Nursing Officer, RH
- Mark Schulte, President, Sturgis Market
- Veronica Schmidt, President, Custer Market
- Larry Veitz, President, Spearfish Market
- Mark Schmidt, President, Lead/Deadwood Market
- John Pierce, Vice President, Rapid City Market
- Michael Latour, Vice President, Rapid City Market
- Jeanne Galbraith, Vice President Quality, Safety, and Risk Management, RH
- Doris Fritts, Executive Director, Same Day Surgery Center (SDSC)
- Jamie Heymans, Community Health Specialist, RH

## ▼ ACCESS TO HEALTH CARE WORKGROUP

- Carol Opgenorth, VP Clinical Optimization - RH
- Marla Venjohn, Director, On Call & Transfer Center- Rapid City Regional Hospital (RCRH)
- Mike Delano, Director Ambulatory – Custer Regional Hospital (CRH)
- Traci Matthew, Director Ambulatory- Lead/Deadwood Regional Hospital (LDRH)
- Sara Snow, Patient Care Coordinator- Sturgis Regional Hospital (STRH)
- Angie Leonard, Senior Director Ambulatory- Spearfish Regional Hospital (SPRH)
- Lana Grout, Director Ambulatory- SPRH Queen City Regional Medical Clinic
- Doris Fritts, Executive Director - SDSC
- Mary Beth McLellan, Manager Med Clinical Ops –Family Residency Clinic

- Angie Pflieger, Manager Ambulatory Clinic –Aspen Regional Medical Clinic
- Jamie Madden, Senior Director Medical Imaging Service – RCRH

## ▼ MENTAL HEALTH WORKGROUP

- Lori Wightman, Chief Nursing Officer - RH
- Becky Martinez, RN - CRH
- Terry Trucano, Social Worker MSW - LDRH
- Carrie Bossman, Social Worker MSW - STRH
- Angie Leonard, Senior Director Ambulatory - SPRH
- Lana Grout, Director Ambulatory - SPRH
- Doris Fritts, Executive Director - SDSC
- Heath Ruml, Surgical Technician - SDSC
- Janel Brown, Director Behavioral Health - RCRH
- Kathy Hill, Accredited Risk Management Director – RH
- Jessica Olson, Executive Director – Wellfully

## ▼ WELLNESS WORKGROUP

- Theresa Ferdinand, Manager Employee Health Well Being - RH
- Lacey Burrell, Clinical Dietitian - CRH
- Michelle Evans, Exercise Physiologist - LDRH
- Amber Kennedy, Physical Therapist - STRH
- Deb Winter, Program Manager Diabetes Education – SPRH
- Kim Hepper, Clinical Dietitian - SPRH
- Doris Fritts, Executive Director - SDSC
- Donna Riley, Program Manager Diabetes Education - RCRH
- Erika Lebeau, Weight Management Team Leader- RCRH
- Jim Rix, Manager Physical Therapy – RCRH