

King's Daughters' Health
Community Needs Assessment
Hospital Leadership Interviews

Conducted August 2016
With 28 Leaders

Background on KDH Leaders' Interviews

- King's Daughters' Health arranged interviews with 28 top leaders including board members, management staff and medical staff. Each interview averaged between 15 to 30 minutes and asked individuals to rate health issues and to indicate the level of responsibility KDH has on major issues.
- Each individual also had the opportunity to provide comments about health needs and concerns during their individual interview.

KDH Leaders' Opinions on Health Issues in the Communities served *(Using a 7 point scale with 5, 6 and 7 being a major problem; 3 and 4 being a minor problem; 1 and 2 being not a problem)*

	Major Problem	Minor Problem	Not a Problem
Overweight and Obesity	96%	4%	0%
Substance Abuse/Addictions	96%	4%	0%
Tobacco Use	93%	7%	0%
Lack of Physical Activity	89%	11%	0%
Chronic Disease	85%	15%	0%
Mental Health/Suicide	85%	15%	0%
Access to Health Care	81%	15%	4%
Responsible Sexual Behavior	48%	49%	3%
Maternal and Child Health (Teen Pregnancy)	41%	56%	3%
Infectious Disease	41%	44%	15%
Injury and Violence (Domestic Abuse/Sexual Assault)	37%	59%	4%
Special needs/Disabled /Impaired	33%	63%	4%
Occupational and Safety Health	19%	56%	25%
Environmental Quality	15%	59%	26%
Immunization	15%	55%	30%

KDH Leaders' Opinions on KDH's Role in Addressing Issues

Lack of Physical Activity/Overweight & Obesity

- KDH needs to continue to promote events that encourage physical activity such as Girls on the Run and the Run for the Falls.
- KDH needs to offer a comprehensive non-surgery weight loss program to its patients.
- Madison Moves was a great program, but it only lasted for a month. Something needs to be in place every month to motivate and encourage physical activity. We need to be more proactive. One idea is to close Main Street on a Sunday to all traffic and encourage everyone to come down and walk and bring their kids to ride their bikes without worrying about traffic.
- Patients need more information on how to eat right.
- We need to amp up bariatric counseling.
- KDH needs to come up with some type of communication that tells people in the community about all the fitness activities available each month. Space needs to be allocated at the both the hospital and the medical office building to hang posters and promote activities promoting physical activity.
- There is an uptick in morbidly obese women giving birth which increases risks to the infant plus requires two surgeons to be present for a C-Section. There also has to be more attention to the incision site due to risk of infection from the amount of skin that is involved.
- An Obesity Prevention Coordinator is needed that offers nutritional counseling and education starting in our schools.
- There is a definite link between increased childhood obesity and the increase in diabetes.
- We need to focus on our own employees' obesity, so we can "lead by example". Doughnuts do not belong in a hospital's cafeteria.
- We are seeing more morbidly obese patients that are 450 to 500 pounds in weight. Their weight is compounding their health issues.

Tobacco Use

- KDH is lucky to have a tobacco cessation coordinator.
- Education needs to be provided to our youth on vaping and its effects on the mind and body.
- Smoking Cessation programs like Family Connections' "Quit for Baby" program which provides diaper coupons to those who refrain from smoking around their babies need to be embraced and promoted by KDH.

KDH Leaders' Opinions on KDH's Role in Addressing Issues continued...

Substance Abuse/Addictions

- The correlation between mental health and substance abuse was brought up by several individuals.
- Many cited the need for some type of cessation program that offered detoxification since there is no place close by. Patients express that they want to quit, but go back to their habit when there is no where for them to go.
- The majority of those interviewed felt KDH should be in a leadership role when addressing this community issue. However, many felt this leadership role should only be to pull the powers together to systematically address the issue together with a three prong approach of justice, treatment and prevention. Groups that need to be involved include: law enforcement, the health department, mental health providers, the judicial system, churches, the schools etc. The group needs to meet at the minimum of once a month. Meetings twice a year are not enough.
- Several stated that battling substance abuse is not the job of KDH. "KDH's role is not to rehab addicts. KDH does not have the resources or capabilities to deal with it. There is no compensation for it."
- Heroin is very prevalent in the county, but Meth, Bath Salts, Spice and Subutex are also being abused. There has been an uptick lately in Meth.
- Several commented that KDH needs to look at co-sponsoring an in-patient substance abuse treatment facility. Available space was cited at the Madison State Hospital facility.
- "KDH needs to be a leader in pulling everyone together to face this issue. It does not need to contribute to the problem by prescribing drugs that are going to be sold and abused".
- Substance abuse is not just affecting out youth. Several cited that they are seeing old aged addicts using off-street drugs.
- Five of the six beds in the ICU are being filled by drug addicted patients with mental health issues. This leaves only one bed for a medical emergency.
- Nurses, particularly those in the ER, are dealing with more physically violent patients.
- There have been instances in which people are bringing off-street drugs to patients in the hospital.
- Prescription control is key. We need to treat the patient and not the number.
- Substance abuse needs to be looked at first as a social issue versus a health issue.

KDH Leaders' Opinions on KDH's Role in Addressing Issues continued ...

Responsible Sexual Behavior

- KDH needs to work particularly with the Madison Consolidated School System in insuring that education on responsible sexual behavior is being provided students.

Mental Health/Suicide

- Numerous individuals cited the need for an inpatient detox mental health facility in Jefferson County.
- Half of those interviewed felt KDH should take more of a leadership role in regard to Mental Health, while the other half felt KDH should remain in a supporting role by providing education and referrals of appropriate and cost effective treatment facilities for patients.
- Many of those who cited KDH taking a leadership role felt such a role would involve bringing others together to address the issue. They felt that KDH could not address this issue alone.
- All felt that there a definite correlation between substance abuse and mental health, but recognized that there are patients that have solely mental health issues.
- Mental Health is a huge issue in the ER. There is often no place to send them to. If they are able to send them to Bloomington Meadows - there is follow-up with the patient after they are released. For those patients sent to Wellstone, there is no follow-up with patients who then often reappear at the ER.
- There needs to be more digital mental health screening.
- There was frustration expressed about Centerstone being open only two to three days a week for only two hours.
- Many said it would be wonderful if KDH offered psychiatric services. Both in-patient and out-patient were cited.
- Several mentioned that it would be beneficial for KDH to sponsor Public Service Announcements (PSAs) about depression and it's symptoms and where to get help.
- Nurses are being burnt out. They spend hours trying to find a facility for a patient to find there is no space at the facility. This leads to frequent visits by such a patient to the ER in particular and the cycle repeating.
- We need to educate patients on coping skills, so they turn less to drugs and alcohol when stressed or contemplate suicide.

KDH Leaders' Opinions on KDH's Role in Addressing Issues continued...

Injury and Violence

- Several cited an increase in domestic violence which they felt correlated to substance abuse.
- There is no support group in the community for those who have suffered sexual abuse.
- There is no SANE nurse in the area to work with sexual assault victims.

Immunization

- A push to get parents educated on the need for the HPV vaccine was cited by several.

Access to Healthcare

- The majority of those interviewed said KDH has a shortage of primary care providers. Current patients are unable to get into a doctor on a timely basis and new patients are unable to find an available physician.
- The uninsured are using the ER for their medical needs because they cannot get an appointment with a primary care physician.
- Several mentioned the need to opening a Convenient Care at the ER as as part of a triage system.
- The need for doctors who are available for appointments after 5 p.m. was cited by several. At a minimum, extended the convenient care hours so it is "more convenient".
- Since physicians fresh out of medical school are interested in more of a work/life balance, KDH will need to recruit both primary care docs and hospitalists to fill the physician void.
- The need for an urgent care facility and/or a walk-in clinic in downtown Madison was mentioned by a few due to several patients encountering transportation issues.

Maternal & Child Health

- Influx of babies being born addicted.
- Greater than 50% of babies born at KDH were unplanned pregnancies.
- Many mothers are smokers, drug-addicted and/or obese which can affect the child.
- Parents need to be educated on the dangers of four-wheeler accidents.
- Teen mothers in particular need a strong support network . They need to know where to turn for support.

KDH Leaders' Opinions on KDH's Role in Addressing Issues continued...

Infectious Disease

- There has been a definite increase in Hepatitis "C".
- Despite what has occurred in neighboring Scott County, there has not been an increase in HIV cases.
- There has been an uptick in Chlamydia reoccurrences recently.

Occupational & Safety Health

- "Industries are going elsewhere for their Occ Med needs."
- "We need to be better with this. We should be offering education and being more involved with the manufacturers in town. This should be one of our core relationships. They shouldn't have to go out of town."

Special Needs/Disabled/Impaired

- Several patients are not getting the therapy that they need due to insurance issues. AVA therapy for autism patients was one such therapy mentioned.
- The Stratus App on Ipad is helping KDH do a better job communicating with both non-English speaking and hearing impaired patients.
- The need for a support group for parents of children with special needs was mentioned several times.
- Transportation remains an issue. The Lifetime Resources vans do not operate on weekends or after hours.
- A few mentioned the number of group homes in the area and the need for KDH to develop a relationship with each beyond handling any emergencies which may arise.

Chronic Disease

- "We need to work on education and programming addressing physical activity, obesity, tobacco - all contributing factors to chronic health concerns."
- The need for a more collaborative program on diabetes management was mentioned by several.

KDH Leaders' Suggestions for Specialties and Services continued...

Specialties

- Bariatric Surgery (Several stated they are excited that a qualified surgeon is now on staff).
- Cardiology with on-site procedures
- Endocrinology (both pediatric and adult)
- Dermatology
- Psychiatry
- Infectious Disease Specialist
- Full-time Registered Dietician
- Hospitalists

Services

- SANE Nurse
- Obesity Prevention Counselor
- Employ our own Convenient Care doctors. Some of the doctors who float in to cover a weekend are not credentialed to take all the insurances used in our area.
- Collaborative program on diabetes management
- Develop a treatment program dealing with withdrawal.
- A Diet Clinic focusing on lifestyle modifications and promoting a high protein/low carb diet.
- Pain Management Clinic with two or more physicians devoted to it full-time. This would address those in need of narcotic abuse pain plus provide relief to cancer patients in need of help managing their pain and suffering.
- Education for families of elderly patients on elderly care and end of life planning.
- Education for families (particularly children) of cancer care patients.
- Osteoporosis Clinic.
- More heredity cancer screening.
- Depression Counseling.
- More resources/support groups for:
 - Victims of sexual assault
 - Parents of children with special needs

KDH Leaders' Suggestions for Specialties and Services

Services continued....

- Downtown Convenient Care Facility/Walk-in Clinic
- An educational program on how to walk through the medical system to help patients learn more about qualifying for medicaid/medicare. This could potentially help patients seek care before they are faced with a more serious medical issue by not getting themselves checked out in the early stages.

KDH Leaders' Additional Comments

- Several cited the need for a YMCA in the area that offers a pool for fitness activities seven days a week year-round.
- The need for KDH to have more community involvement was mentioned by several individuals. This could be done by sponsoring more community events even as a small sponsor.
- It was expressed by several that KDH should spend less marketing dollars promoting itself and more dollars allocated toward educating the public on health concerns. Running health-minded stories in the Madison Courier was cited as a way of increasing the hospital's community presence.
- The need for better directional signage within the hospital/medical office building was cited.
- An increase in security/police presence was mentioned as a need particularly in the ER.