

Allen Allen & Eliot, Inc.

Community Health Needs Assessment
for
Big Sandy Medical Center, Inc.

Big Sandy, Montana

August 27, 2015

Prepared by

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EXECUTIVE SUMMARY

Big Sandy Medical Center (BSMC) occupies a unique niche in the overall community life of Big Sandy, Montana. This report describes a community health needs assessment recently performed at the request of the board of directors of BSMC.

This community health needs assessment demonstrates an organization that is both well respected, and appreciated in its community. BSMC delivers health care services that are shown to be important to the community, and which are trusted to be of high quality. The study demonstrates excellent utilization of the local providers, its staff, and its programs.

There are very few instances of health programmatic needs that the organization is not already providing. Statistical evidence gained from this survey will, however, assist the board of directors and administration of BSMC to make informed decisions concerning the possible addition of some services, and the advisability of possibly moving into new areas.

INTRODUCTION

Big Sandy Medical Center is an integrated health care organization, consisting of an 8 bed critical access hospital, a 22 bed nursing home, and a medical practitioner's clinic currently staffed by two physician assistants, which is organized as a Rural Health Clinic. BSMC is located in the town of Big Sandy, Montana, in the north-central part of the state, approximately 75 miles from Great Falls.

Big Sandy is a rural community, with agriculture as the major industry. BSMC is organized as a freestanding non-profit organization which owns its building, but receives the benefit of financial contribution from a hospital taxing district. BSMC has a service area which is generally accepted to be the towns of Big Sandy, Box Elder, Loma, and to a certain extent, Rocky Boy. The town of Ft. Benton, located to the south-west, also has a critical access hospital and nursing home. The town of Havre, to the north-east, has a larger hospital.

In an effort to determine whether the organization is meeting the medical needs of the community, and to correctly position Big Sandy Medical Center in its market, the board of directors and administration commissioned a Community Health Needs Assessment, to be performed by an outside healthcare consultant. The assessment was conducted during the month of July, 2015.

This report details the assessment and results, and generally interprets those results in terms of current medical trends and practice.

METHODOLOGY

Written Questionnaire

In collaboration with BSMC administration, a multiple-question paper questionnaire was developed, which was felt to address the major health issues facing Big Sandy. Specifically, questions were designed to elicit information on whether each of the product lines currently offered by BSMC - hospital, nursing home, outpatient services, and clinic - are currently meeting the community needs, and whether there are needs that are currently unmet.

Additional questions assessed services recognized by the hospital to possibly have impact on hospital or organizational operations, such as the ambulance service, senior services, etc.

Another set of questions assessed the overall health habits of the community, the usage of healthcare services not sponsored by the hospital, and the factors which influence community members' decisions concerning the use of health care.

The written questionnaire was distributed by mail to 690 households in the BSMC service area. 117 questionnaires were returned, representing 18 percent of those distributed. It is noted that 18 percent is an excellent return rate for this kind of survey.

Responses from the written questionnaire were then tabulated, and appropriate methods of presentation established. Finally, the data was compiled so that appropriate conclusions could be drawn.

SUMMARY OF FINDINGS

The following Summary of Findings is a narrative summary of the results of the written survey. The reader should keep in mind that not all questions were answered by all respondents. In some cases, therefore, percentages may be displayed which do not add to 100%. To the greatest extent possible, the results are accompanied by appropriate annotation to describe their relationship to other data, and their interpretation.

Throughout this summary the term “provider” may be used. Unless otherwise indicated, that term is used generically, and in context may actually indicate nurse practitioners, physician assistants, or physicians.

Demographic Distribution and Validation

Age of Respondent
 Number of Responses
 Percentage of All Responses Reporting Age

25-44 yrs	45-64 yrs	65-74 yrs	75 + yrs
20	37	27	30
18 %	33 %	24 %	26 %

Ages of all Persons Represented
 Total Number of Persons Represented
 Percentage of each Age Group of all Persons Represented

< 15 yrs	15-18 yrs	19-24 yrs	25-44 yrs	45-64 yrs	65 + yrs
28	9	5	33	56	64
14 %	5 %	3 %	17 %	29 %	32 %

Gender of Respondent
 Number of Respondents
 Percentage of All Respondents

Female	74	69 %
Male	34	31 %

Primary Payor Source of Respondents
 Number of Respondents
 Percentage of Those Responding

Commercial Insurance	28	31 %
Medicare	49	55 %
Medicaid	4	4 %
No Insurance (Private Pay)	10	11 %

Secondary Payor Mix of Respondents
 Medicare Beneficiaries With / Without Medigap Insurance
 Private Pay Persons With / Without Some Supplemental Insurance

	Commercial Supplement	Medicaid Supplement	NO Supplement
Medicare Beneficiaries (37)	32	1	5
Persons With No Primary Ins (8)	0	0	0

Discussion:

The organization SurburbanStats.org reports the age distribution for the town of Big

Sandy to be:¹ The site does not cite an actual population count, but rather a number of “White” residents (broken out by age group), and a percentage of “Other” residents (7%.) Performing the simple appropriate math calculations, the population of Big Sandy equals 637 persons.

< 15 years	15-19 yrs	20-24 yrs	25-44 yrs	45- 64 yrs	65 + yrs
17 %	7 %	4 %	19 %	31 %	22 %

The gender distribution of responses to this kind of survey is comparable to health needs assessments done in other communities.

The age distribution of respondents demonstrates that an appropriate cross-section of all members of BSMC’s service area responded. Although not all respondents stated their age, the similarity of the percentages reporting indicates that the results appropriately represent all age groups within the community. Few respondents would be expected to be less than 24 years, and the 25-34 age group likely would not have either sufficient experience with the health care system, or strong enough emotions (pro or con) to make responding a high priority. The fact that 50% of the adults responding are from the two oldest age groups indicates that the information sought in this survey was found to be relevant to adults of all ages.

The overall payor mix for BSMC is generally as expected. It is notable that most Medicare beneficiaries have a supplemental insurance plan. This fact should generally enhance BSMC’s financial performance (in comparison with other payor mix scenarios) given the fact that BSMC has correctly positioned its products to optimize Medicare reimbursement.

The survey demonstrates a fairly low number of uninsured persons, including families. BSMC should make a concerted effort to explore all possible options for assisting these families to find some kind of insurance product. Time spent in this kind of effort could reap meaningful financial benefits for BSMC in the future.

The survey represents at least 192 community members, or approximately 30% of the accepted service area population.

Summary:

The survey is a valid representation of the community as a whole.

¹ Source: www.SuburbanStats.org. Estimated, 2014

Hospital Services

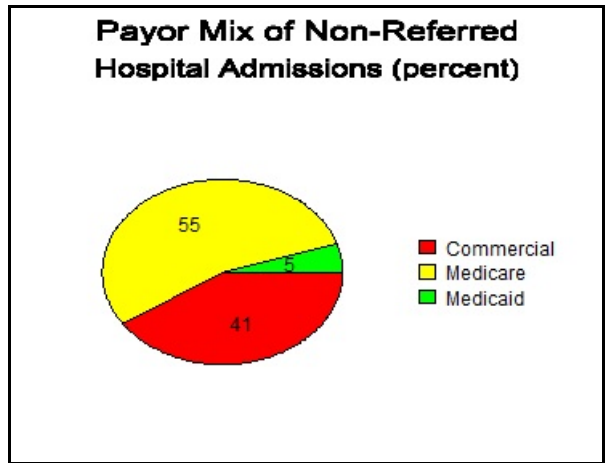
All Hospitalizations Reported by Location
Number of Hospitalizations Reported
Percentage of All Hospitalizations

Location	Number	Percent of Total
Big Sandy	28	31 %
Great Falls	41	45 %
Havre	16	18 %
Ft. Benton	0	0 %
Other	6	7 %
Total	91	

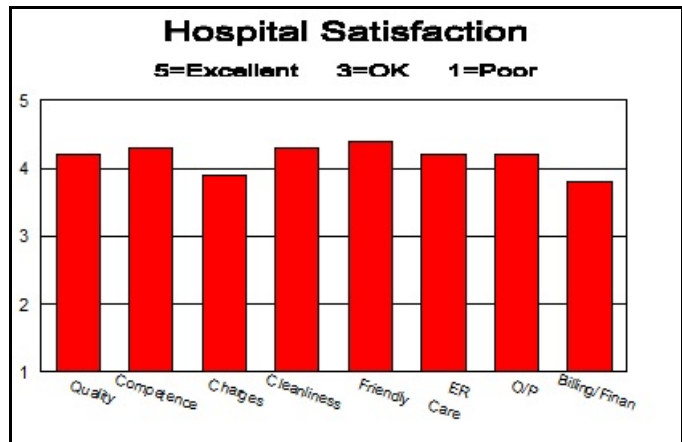
Reasons for Hospitalization in Some Other Location
Number of Responses / Percentage of all Responses

Reason	Number	Percent
Services aren't available in Big Sandy	28	52 %
Referred out by local practitioner *	21	39 %
Quality of hospital is better out of town	2	4 %
Hospital care is cheaper out of town	0	0 %
I have more privacy out of town	1	2 %
My regular doctor is out of town	2	4 %
Other reason for going out of town	0	0 %

* NOTE: 21 respondents checked that they had been referred out by a local practitioner. The actual count of out-of-town hospitalizations cited by these 21 respondents was 38. These 38 hospitalizations are discussed in greater detail below.



Hospital Satisfaction Ratings:



Return to BSMC from another hospitalization:

I was offered a chance to return to Big Sandy hospital, during an out-of-town hospitalization	10
I would return to Big Sandy hospital, if I could, to finish a hospitalization	20

Discussion:

BSMC's critical access hospital is currently capturing 31 % of all hospitalizations which were reported, including specialty hospitalizations. This is similar to the patient-retention rate of other rural Montana hospitals which have significant large-hospital competition near by. This percentage, although appearing low, does indicate general acceptance of BSMC's hospital offerings.

Twenty-one (21) persons reported that they had been referred out for hospitalization at another facility. These referrals totaled thirty-eight (38) hospitalizations. Twenty-five (25) hospitalizations, therefore were not "referred out." Ten (10) of these non-referred hospitalizations were in Havre, nine (9) were in Great Falls, two (2) in Helena, and one (1) each were in Butte, Billings, Missoula, and Ft. Harrison. The Helena, Butte, Billings, Missoula, and Ft. Harrison admissions likely represent either emergency or highly specialized admissions. Nineteen (19) admissions, therefore, or 21% represent hospital admissions that were occasioned by a patient circumventing the Big Sandy medical offerings altogether, or not reporting their data fully and completely. Although 21% is only a moderate number, the organization should consider whether alternative strategies would allow more people to stay in Big Sandy for their hospitalization needs. This will be discussed again, in the section concerning Medical Staff usage.

It is notable that 10 respondents say that they were offered the opportunity to return to Big Sandy to finish hospitalizations that started elsewhere. Of even more importance, is that 20 respondents said that they "would" return to Big Sandy, if they had the chance.

The clear implication is that BSMC is doing a very good job serving the hospitalization needs of the community, but there may be room for improvement.

BSMC does, in fact, score well on all areas of the hospital satisfaction question. Health care consumers rarely express much satisfaction with the financial implications of receiving healthcare. The concepts of "reasonableness of charges" and "billing and financial services" receiving high marks, but slightly below other indicators, is expected.

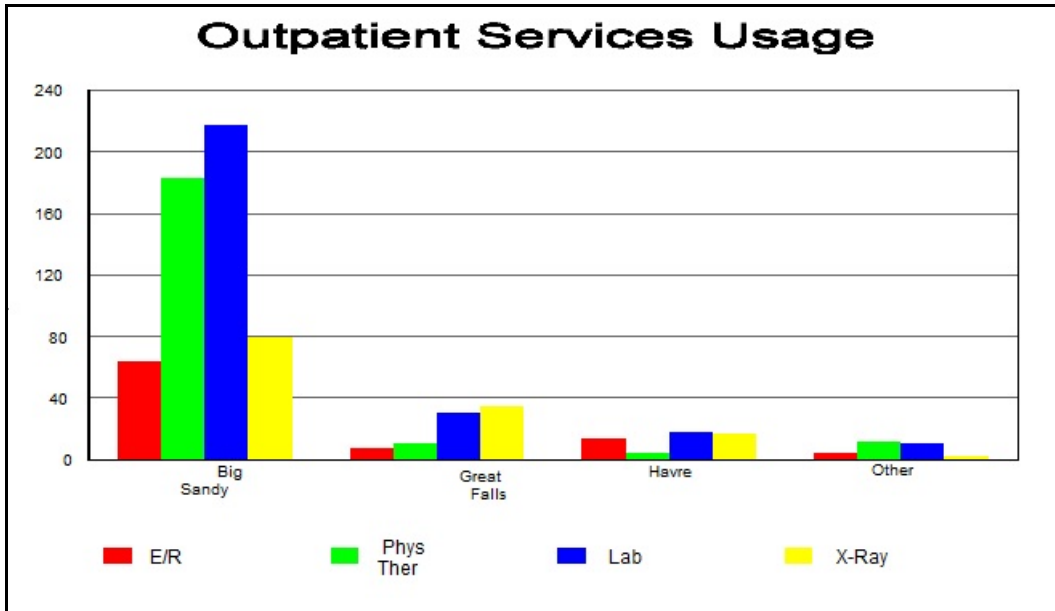
Considering the payor mix demonstrated above (in excess of 80% of all respondents have either Medicare or commercial insurance) there may be some price elasticity available. BSMC could very likely raise its prices on selected services a small percentage, which would bring in a small amount of incremental revenue from the commercially insured outpatients.

One final item bears discussion. By looking at the payor mix of the non-referred hospital admissions, one sees that there is no bias as to one group self-referring out more than another group. This is felt to reinforce the notion that the organization is doing a good job of meeting the needs of the community in terms of hospitalization services.

Summary:

There are no obvious areas related to hospitalization services that BSMC is not currently meeting appropriately.

Outpatient Services



Discussion:

BSMC has a remarkably high retention rate for outpatient services, as demonstrated above. This indicates excellent acceptance of the quality of all outpatient work. The specific “quality of outpatient services” satisfaction score (above) was 4.2. BSMC should capitalize on this success, to further enhance the understanding of community members that BSMC offers excellent care. There were no indications of community need for other traditional outpatient services (occupational therapy, for instance.)

Of note is that two respondents indicated that they use the Veterans Administration for outpatient services. Both respondents made specific note of the fact that it would be helpful for BSMC to arrange to do outpatient testing for the VA.

Summary:

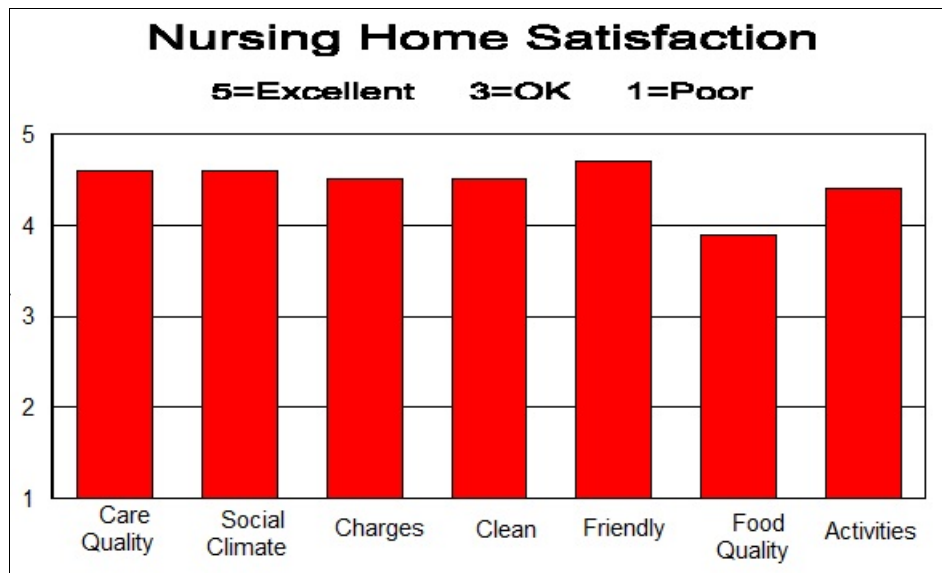
BSMC should consider arranging with the Veterans Administration for the performance of outpatient services. Specifically, laboratory services was demonstrated to be used by one community member. That would indicate that this person has to drive out of town for this service.

Nursing Home Services

Have you/family member resided at the BSMC NH? (Yes)	14
Have you visited someone in the BSMC NH? (Yes)	76

Family members of respondents also live/have lived in nursing homes in Havre (7), Great Falls (6), Malta (2), and one each in Billings, Plentywood, Chinook, and Chester. All but 3 cite that those family members' homes are in those towns. One of those 3 cited cost as a factor, and one individual cited "Just Cuz" as a factor for choosing a nursing home in another town.

Nursing Home Satisfaction Ratings:



Discussion:

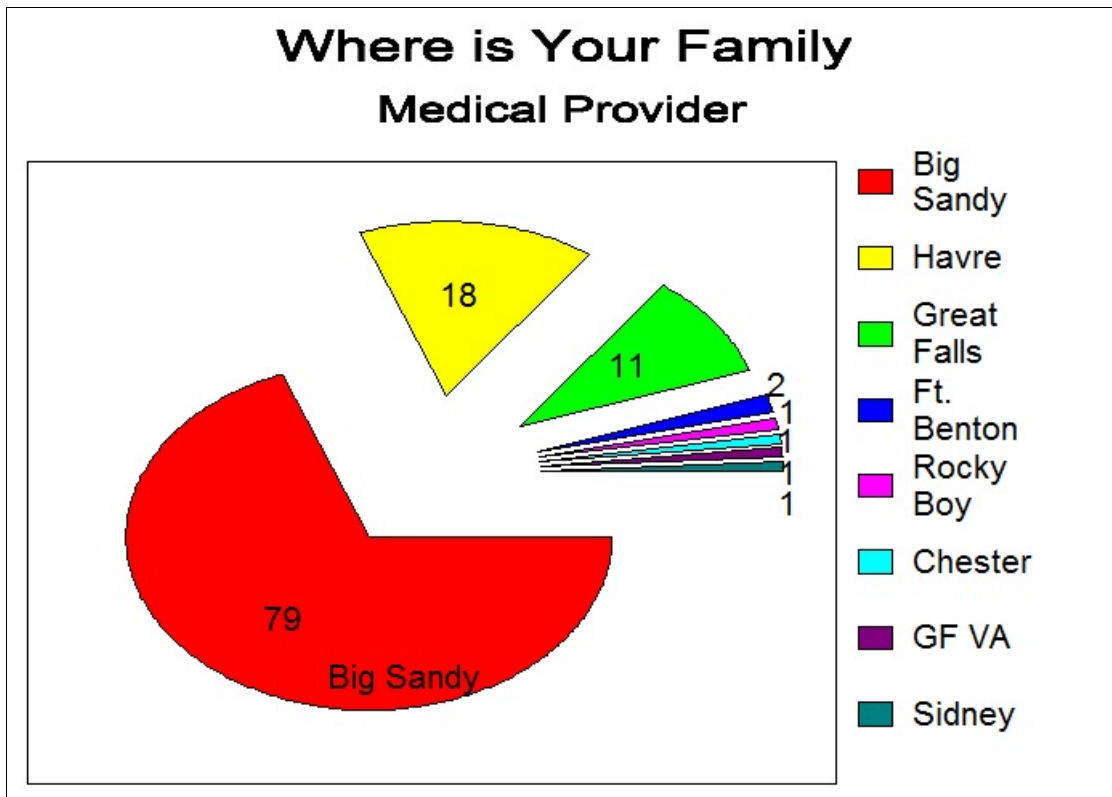
It is clear that the Big Sandy Nursing Home is well accepted in the community, and provides a very valuable service. Sixty-five percent (65%) of all respondents claim to have visited someone in the Big Sandy Nursing Home.

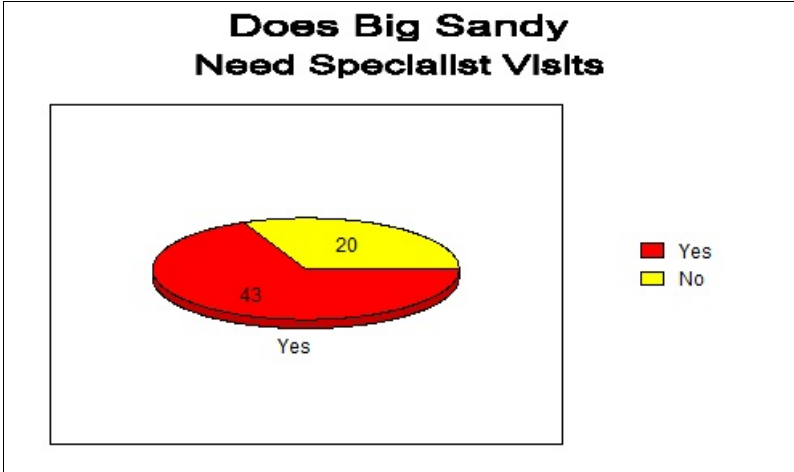
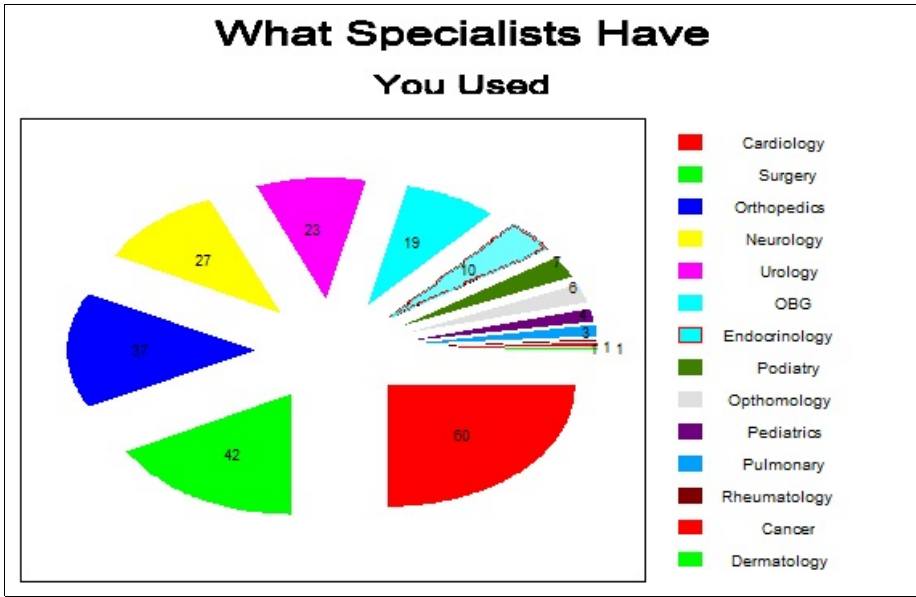
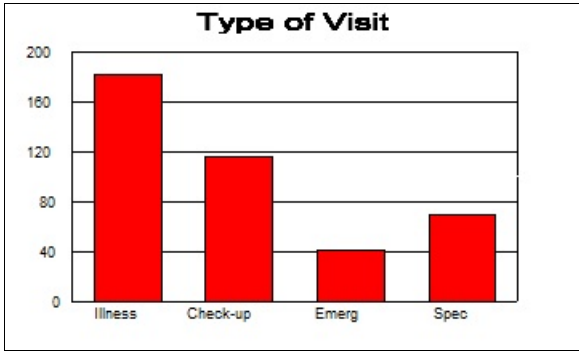
There is no indication of persons in Big Sandy's service area not being able to get into the Big Sandy Nursing Home, if they desire. Satisfaction scores are consistently high.

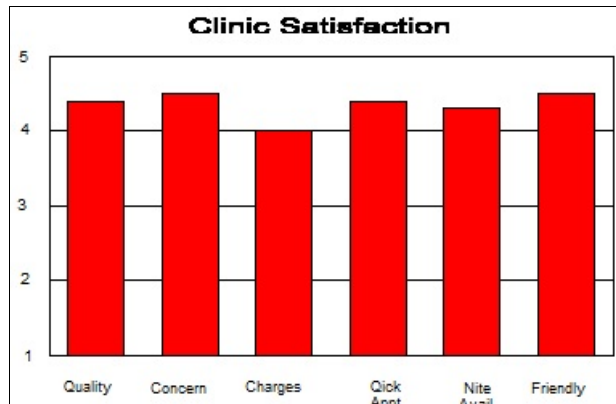
Summary:

There is no indication of any unmet needs concerning nursing home services in the Big Sandy community. A review of other statistics indicates that it is very rare for a person not to be able to enter the BSMC nursing home if they have that need, and otherwise qualify for admission.

Clinic Services / Medical Staff







Discussion:

It is obvious that residents of Big Sandy overwhelmingly claim one or more of the Big Sandy providers to be their regular family provider. Additionally, one can see that Big Sandy providers are visited for both illness and non-illness (“check-up”) services.

Although Big Sandy does not truly have specialist providers coming to the clinic, some patrons view their usage of the BSMC clinic as for “specialist” needs. This has been shown in other settings to be related to the patient’s *perception of why* they are seeking medical care, and not to the actual specialty (or lack thereof) of the provider seen.

Respondents were asked to relate the type of specialists they have used in the past year. The results are as expected, with cardiology, surgery, orthopedics, urology, and obstetrics/gynecology being the most heavily used specialties. The use of the speciality of neurology is much more prevalent in Big Sandy than it is in most other communities of similar size.

Of particular interest is the fact that respondents favor BSMC hosting specialists by a margin of 2:1. Note, however, that a majority of all respondents (54) did not reply to this question.

In general, both the selection of a family medical provider, and the use of medical specialists are as one would expect, given the size and geographical location (relative isolation) of Big Sandy, and considering the age and payor demographics shown above.

Further analysis of the data also shows that most specialist visits were accomplished in Great Falls (189.) Other locations were Havre (2) and Billings (3), with the rest being in unspecified locations. That being said, one can surmise that specialist visits were also accomplished in the same cities cited in the “hospitalizations” section.

The clinic satisfaction scores are particularly strong. Again, these demonstrate overall satisfaction with the clinic offerings.

Summary:

The overall picture of the BSMC clinic services is strongly positive. Most respondents use a medical provider in Big Sandy, and are very satisfied doing so. There is no overtly unmet need demonstrated.

It is notable, however, that 37% of respondents voiced that it would be helpful if specialist physicians came to the BSMC clinic to see patients. BSMC should explore the possibility of encouraging appropriate specialists to come on a regular basis.

Alternative Medical Services

Alternative Medical Service	Respondents using service
Chiropractic	23
Aroma Therapy	12
Midwife	1
Food / Nutrition Supplements	22
Acupuncture	9
Food / Nutritional Therapy	6
Spiritualist Healer	2

Discussion:

In modern American healthcare, some disciplines traditionally considered to be “alternative” continue to be brought into the main stream realm of health care provision. For example, some Montana hospitals have chiropractic physicians associated with their medical staffs. In addition to bringing additional service volumes into the organization, it is felt that such

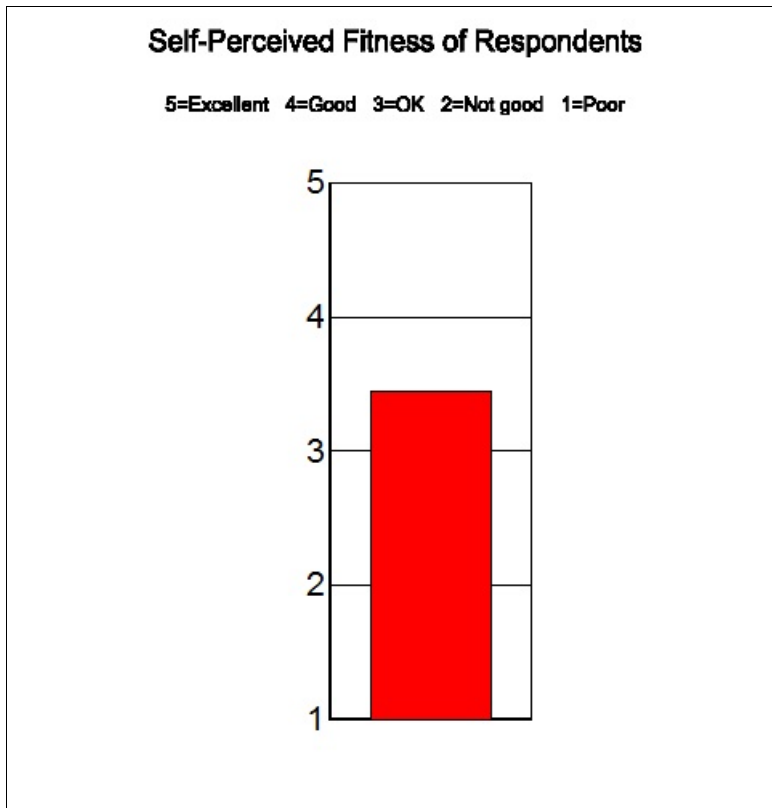
additions allow the organization to more completely fulfill their roles of responsibility for their patients' overall health.

In some areas of Montana, the use of a “spiritualist” or “healer” is part and parcel of a particular spiritual belief, especially among Native American patients. There is no need for that exhibited here.

Summary:

There is no expressed overt need for BSMC to add any of the common alternative medical disciplines to its product line up, at least at the present time. The organization should, however, continue to monitor the trends of the usage of these disciplines, and respond accordingly.

Community Fitness



Health Related Activity	Respondents Participating in Activity
Walking (outside in summer)	73 (62%)
Walking (inside in winter)	45 (38%)
Lift weights, etc.	26 (22%)
Aerobic exercise	16 (14%)
Treadmill	27 (23%)
Stretching / flexibility exercises	41 (35%)
Cardiac or other formal rehab program	11 (9%)
Other strength training	15 (13%)
Running	8 (7%)
Stress reduction	12 (10%)
Take vitamins	82 (70%)
Use food / nutrition supplements	50 (43%)

Discussion:

The self-perceived average fitness level of the respondents was 3.4, or almost halfway between “Good” and “OK.”

Futurists are now predicting that within the next decade, health care organizations’ reimbursement will be, at least partially, tied to some measure of “community health,” rather to the provision of some specific service, or even to the actual outcomes of specific health interventions.

Many of the activities identified as commonly being used are things that BSMC could easily promote and support. As an example, some organizations provide T-shirts for walkers, as rewards for completing a specific number of miles - “BSMC Walkers Club.... 50 Mile Award,” etc. Other organizations sponsor exercise classes, etc.

As noted above, it may well be financially important for BSMC to be actively involved in encouraging healthy lifestyles in the future, should regulators tie some measure of community health to reimbursement.

Summary:

BSMC should investigate what healthy lifestyle activities would most affect the overall health of the community, and invest in support of those activities.

Internet Use

Fifty (50) respondents (43%,) claim to use the internet *to seek medical information*. Eight of those claim to have purchased medical products over the internet, 3 say that they have consulted with a physician on the internet, and 5 claim to have purchased prescription drugs over the internet.

Fourteen respondents have specifically visited the internet web pages of Benefis Hospital, 4 have visited the web site of Northern Montana Hospital in Havre, 1 of a hospital in Missoula, 3 of a hospital in Billings, 12 of the Mayo Clinic, 3 of the website “webmd.com,” and 1 of the website of the Laser Spine Institute (that has 7 clinics nationwide.) Ten respondents who use the internet to seek medical information did not specify having been to any of the web sites listed.

The respondents using the internet to seek medical information displayed the following age breakdown.

	25-44 yrs	45-64 yrs	65-74 yrs	75 + yrs
All respondents	20	37	27	30
Respondents using Internet to seek medical information	11 (55%)	24 (65%)	11 (41%)	4 (13%)

Discussion:

Although the general mantra at BSMC is that “Nobody in Big Sandy uses the internet. It’s not important here,” the data from this study demonstrate otherwise. A majority of persons in each of the 2 youngest adult age groups have, and do, use the internet to seek medical information. More than 40% of the adults in the 65-74 year age group use the internet in this

way. And 13% of all respondents aged 75 years and older, use the internet.

In today’s society it is accepted practice to purchase many products over the internet, including health products, and indeed some prescription drug insurance plans offer a financial incentive for purchasing prescriptions by mail, ordered over the internet.

And finally, although not widely known and understood, BSMC as an organization is responsible to see that a certain percentage of patients do in fact access their own medical records online, and there are financial penalties assessed on organizations that do not meet those goals. (Note that the federal government is presently reassessing the need for penalties, in as much as they take it for granted that patients will want to access their records in this way.)

Summary:

It would be irresponsible of BSMC to continue to not have a viable web-presence, where information concerning health issues could be disseminated to the public, various alternative health issues discussed, and other health and community service issues brought to the public’s attention. That web presence would, by definition, allow patients access to a portal to view their own medical records. BSMC should move toward this goal with all reasonable speed and vigor.

Other Health and Community Services

Service	Respondents indicating use
Ambulance	20 (17%)
Home Health	1 (1%)
Meals on Wheels	11 (9%)
Senior Center	46 (39%)
WIC / Child Immunizations	8 (7%)
In-home Assistant	6 (5%)
Mental Health Services	9 (7%)
Adult Day Care	3 (3%)
Additional Child Care	40 (34%)
Additional Housing	75 (64%)

Twenty respondents reported that they had used the local ambulance service, for a total of 37 times during the last year. As shown above, respondents reported 58 visits to the emergency room. It is logical that most, if not all, of the 37 ambulance trips resulted in emergency room visits. (The exception would be ambulance trips that simply transferred a person to/from their home to some other location. In as much as the ambulance service is not a part of the BSMC service offering, it is not possible to discern what those might have been.)

Only one respondent claimed to have used a home health service in the past year. That service came from Ft. Benton.

A full 39%, or 46 respondents, claim to have utilized the services of the Big Sandy Senior Center during the past year. This is an expected result, given the age demographic of the community.

Eleven respondents claimed to have used meals-on-wheels services in the past year. It is notable that the local meals-on-wheels is a service of the Senior Center.

Eight respondents claimed to have used WIC / child immunization services in the past year.

Six respondents claimed to have used a non-provider-prescribed in-home assistant during the past year. In some locations, this is an important service, however it does not appear to be so in the BSMC area.

Nine respondents claimed to have used mental health services in the past year. Notably, there were 4 respondents that addressed this concern in the comments section.

Three respondents claimed to have used an adult day-care service in the past year. As above, in some other locations, this is a service offering of the health care organization.

And finally, although these are not “health services,” 40 respondents said that Big Sandy needs more child care service, and 75 said that more housing is needed.

Additionally, one respondent related that they have used a hospice service within the last year.

Discussion:

As in the discussion associated with several areas above, the results of this part of the survey give BSMC a very good basis for interacting with community members, with or without

specifically adding new programs.

Functionally, a home health service would be both a huge administrative and financial drain on the organization. All but the largest of organizations have discontinued this service over the past few years. Additionally, it is obvious that in the BSMC service area, neither the patients nor the providers expect that service to be available, and have discovered alternative ways to help people recover from illnesses or injuries.

The ambulance service obviously currently operates very nicely without BSMC intervention. To the extent that the voluntary ambulance service can continue to operate in this manner, it should be encouraged to do so.

The Senior Center and its various offerings provide an important and valuable service, and should be both encouraged and supported to continue to do so.

Although several respondents commented about the need for mental health services, BSMC would be very hard put to actually be able to bring that to fruition as a specific service line. Please see, however, the comment about mental health in the Summary section.

The relative low usage of other services (adult day care, as an example) also highlight services that could be considered, but whether they would actually add value to the community is debatable.

BSMC might, however, consider how the provision of additional child care would impact the community, and whether that would be an appropriate service for the organization. Once those discussions were concluded, then one would have to consider the regulatory issues, along with an appropriate evaluation of the financial impact.

And finally, although BSMC is clearly not the entity of choice to attempt to bring additional housing to Big Sandy, one thing is very clear. The patient base of Big Sandy does read the newspaper, and when an issue such as housing is openly discussed by the leaders of the school system and the hospital system, the populace becomes acutely aware of the issue, and forms an opinion (in this case, agreeing with the hospital and school leaders.) Thus BSMC has demonstrated that it does have an open channel which it can use at will to bring issues of importance concerning community health, to the public.

Summary:

There are no obvious elements of generally accepted community services, health-related or otherwise, that are missing in Big Sandy. That being said, there may be opportunity for BSMC to be meaningfully supportive of the endeavors of others, that contribute in small ways to the overall well-being of community members, or indeed, to community health *per se*.

The single exception here is mental health. It is suggested that BSMC investigate bringing some kind of mental health presence to the community, most likely as a visiting service, like other visiting specialists.

The Senior Center is a vibrant, and active part of the lives of many senior adults in Big Sandy. It is known that a BSMC provider does monthly blood pressure checks, without charge, at the Senior Center. BSMC should consider other ways in which it might extend specific health-related services to the public, through this organization.

Factors that Influence Health Care Purchasing Decisions

The following chart demonstrates the various factors that Big Sandy residents use to decide what health-related services to purchase. **NOTE: Respondents were asked to rate the following, with the Most Important factor rated as #1, and the Least Important factor as #8.**

<i>Factor</i>	<i>Composite Score</i>
Recommendation of my Provider	1.2
Recommendation of a Family Member	1.9
Recommendation of a Friend	2.8
A Newsletter from a Hospital or Provider	4.1
An Educational Seminar by a Provider	4.2
A Newspaper or Magazine Advertisement	5.3
A Television Advertisement	5.6
An Internet Advertisement	6.8

Discussion:

The results of this question are as would be expected, and are similar to the results from other rural Montana facilities. The medical provider, family, and friends of the patient have the most influence in a person’s decision about which service to use.

Summary:

It is clear that an efficient way to disseminate information about health related issues, or healthy lifestyles in general, is by the publication of regular newsletters, or the provision of educational opportunities. BSMC should consider how these might be integrated into its regular operation to bring value to the public.

Comments Received

Thirty-one respondents provided specific comments in the area provided for suggestions of other services that BSMC should offer. The comments were evenly distributed among the age groups. A summarization of all comments is presented below, along with a set of specific quotes. Note that in the summarization below, many respondents made multiple comments, often on different subjects.

Age Group	Number of Respondents
25 - 44 years	10
45 - 64 years	12
65 - 74 years	5
75+ years	4

Programmatic Issues:

- 1 person suggested that BSMC provide an assisted living facility.
- 2 persons suggested that BSMC associate with the Veterans Administration.
- 1 person commented that their confidentiality was breached by the staff of BSMC.
- 1 person suggested that BSMC offer specific wound care services.
- 4 persons suggested that BSMC offer mental health services.
- 1 person suggested that BSMC offer home health services. This was not the person that had previously used home health services from Ft. Benton.
- 2 persons suggested that BSMC offer colonoscopy services.
- 1 person commented that their worker's comp coverage sends them to Great Falls or Havre for services.
- 1 person suggested that BSMC offer tele-medicine services.
- 1 person suggested that BSMC offer specific preventive care services, exercise classes,

and dietary services.

- 1 person suggested that BSMC offer massage and acupuncture.
- 2 persons suggested that BSMC recruit a physician (who would have a clinic practice.)
- 1 person suggested that BSMC offer ultrasound services.
- 1 person commented that BSMC needs a new X-ray machine.
- 1 person commented that the sinks in BSMC's rooms are not wheelchair friendly.
- 1 person commented that BSMC should sponsor a health fair, and provide newspaper articles on health related subjects.
- 1 person suggested that BSMC provide high-school sports physicals.

Concerning specialists that might come to Big Sandy for clinic days, the following were specialists were suggested:

Podiatry

Cardiology

Dermatology

Operational issues:

- 1 person suggested that BSMC should install automatic door openers at 2 entrances.
- 1 person commented that Blue Cross does not pay BSMC as much as it pays hospitals in other communities.
- 1 person commented that billing needs to be more frequent and timely.
- 1 person commented that if a provider does not exhibit knowledge, or doesn't listen to the patient, they don't return to that provider.
- 1 person commented that a specific nurse is rude. (That nurse is no longer employed at BSMC.)
- 1 person commented that they have specialists in other locations that they use.
- 1 person commented that they look on the internet for medical information.

Specific quotes:

"Big Sandy (BSMC) should get a dentist that takes Medicaid and CHIP" (Children's Health Insurance Program, a specific Medicaid program for children.)

"My provider is leaving, and now I won't have anyone. It's scary, and I'm upset."

"We love Krystal."

"I know my provider in Chester."

CONCLUSIONS

Big Sandy Medical Center is currently serving the residents of its service area properly, efficiently, and with apparent high quality health care. The organization is obviously well managed, thoughtfully and consistently governed, and has an appropriate, and professional medical staff.

Several opportunities for BSMC to better serve its community are outlined in the individual sections above. These include, but are not limited to:

- BSMC should investigate how it might associate with the Veteran's Administration, to serve the patients who use that service for health care.
- BSMC should actively investigate how it might have physicians or other providers of selected specialties to hold clinic days at the BSMC facility.
- BSMC should investigate the possibility of bringing some facet of mental health service to the community, most likely as a visiting professional, as above.
- BSMC should closely monitor the trends concerning the integration of "alternative health disciplines" into mainstream hospital/clinic/nursing home healthcare, and be prepared to integrate those services, when indicated.
- BSMC simply must bring its Internet presence up to date, including a viable, and timely web page containing health information and information about the BSMC organization as a whole.
- BSMC should actively support healthy lifestyle activities, which will further the goals of bettering overall community health.
- BSMC should investigate what other community services it might actively or passively support, with the intention of furthering the goals bettering of community health.
- BSMC should devise specific strategies for the timely dissemination of health-related information to the public, such as seminars, newsletters, and newspaper articles by providers.

Additionally, this consultant would like to interject the following:

- In the near future, BSMC will find it increasingly hard to recruit needed health care professionals of all kinds, without better cellular-telephone coverage. BSMC should exert whatever political pressure it can to see this issue addressed.
- The same comment is true for appropriate housing for personnel.

SUMMARY

The board of directors, medical staff and administration of Big Sandy Medical Center are to be congratulated on maintaining such a fine organization. There are very few services lacking from its present offerings. All services are well accepted by the community.

With that in mind, the organization is challenged to always be alert to changing trends, and to be willing to integrate change and the adaptation of new methods, new ideas, and new services into the BSMC organization. This is, in fact, a market driven economy, and any organization which neglects to provide the goods and services which the market desires to purchase, will soon find that business has eroded and community members are not optimally served.