

**CLINCH MEMORIAL HOSPITAL  
COMMUNITY HEALTH NEEDS ASSESSMENT  
SUMMARY  
2013**

**Description of Facility/Area: Clinch Memorial Hospital, Clinch County**

Clinch County is a small rural area located in the Southeastern part of Georgia near the Okefenokee Swamp with a population of 6,798. Clinch Memorial Hospital (CMH) is a non-profit community based Critical Access Hospital (CAH) located in Homerville, Georgia and is the only hospital in the County.

The hospital serves the following small rural towns, Homerville, DuPont, Argyle, Fargo and Cogdell, all located in Clinch County, Georgia. CMH offers a variety of services close to home for those located in the medical service area. Also located in the service area are three Physician's Office Practice and the following existing health care facilities/agencies: Clinch County Health Department, Clinch Healthcare (skilled nursing facility), Unison Behavioral Health, and Clinch Senior Center.

**Community Health Needs Assessment:**

A Community Health Needs Assessment (CHNA) was performed beginning in June 2012 with technical assistance from Georgia Southern University (GSU) under the provisions of a grant provided by the State Office of Rural Health to determine the desired health needs of the community served by Clinch Memorial Hospital.

**Project Structure:**

CMH participated in a 30 minute conference call on June 5, 2012 with the Research Manager from Georgia Southern University (GSU) to initiate the CHNA. Project specifications were discussed, information related to forming a steering group, and a community advisory committee, along with defining the service area was the primary topics. The following individuals from the hospital who later became members of the Steering Group participated on the call: Phillip Cook, (Administrator), Sandra Hughes, (CFO), Wayne Lee, (Director of Nursing), and Janice Register, (Compliance Officer).

Janice Register, (Compliance Officer) for CMH was appointed as the Site Leader for the project. She worked closely with the Research Manager from GSU. The CMH Steering Group Members recruited individuals from the community service area to serve and complete the Steering Group Committee. (Attachment #1: List of Steering Group)

### **Communication:**

The primary source of communication with the GSU group and committee members was email and phone. The GSU group conducted three (3) on site visits with the Steering Group, Community Advisory Committee and Focus Groups.

### **Committee Structure:**

Each member of the Steering Group was asked to make contact with community leaders and/or professionals in the community to serve as Community Advisory Members (CAC) for the project. Once contact was made they were to forward the list to the Site Leader for CMH. The CMH Site Leader made the final contact to relay the specifics of the project and determine if the individuals would be available to serve as an Advisory Member.

This committee consisted of 15 – 25 members representing a cross-section of the community (Clinch County). The individuals contacted by CMH Site Leader and recruited to serve on the CAC were selected because of the following reasons:

- Primary Residence
- Base of Community Interest
- Public Health
- Workforce
- Education System
- School Nurse
- City/County Government
- Local Industry/Business
- Faith Based
- Race/Ethnicity

The CAC list is attached to this document. (Attachment #2)

### **Service (target) Area Defined:**

The medical service area relied on a county-based definition. Hospital zip code data revealed the target service area for CMH was defined as Clinch County. The Steering Group members confirmed the zip code data. (Attachment #3)

### **Site Visits/Meetings:**

After the initial conference call, three (3) community visits (meetings) were scheduled. Each visit had a specific agenda and a PowerPoint presentation by GSU group. The specific purpose of each meeting is outlined below:

Meeting 1: The purpose of the first meeting was:

- Make personal contact with hospital site leader & project team.
- Present information on Patient Protection and Affordable Care Act
- Role of community assessment
- Contract obligations of GSU (grant specifications)
- Data collection
- Defining service area
- Project timeline
- Steering Group & Community Advisory Committee recruitment
- Determine fiscal year end (CMH)

Meeting 2: The purpose of the second meeting was:

- Meet with CAC
- Overview of project activities
- Initiate data collection
- PowerPoint presentation (Community demographics & health related indicators)
- CAC members were given the data collection survey
- Volunteers recruited to participate in focus group

Meeting 3: The purpose of the third meeting was: (two-fold)

- Relay the results of data collection to the community
- Prioritize the issues that emerged from data collection
- PowerPoint presentation overview of the project (data collection, focus groups, etc.)
- Prioritization of emerging issues

### **Data Collection Approaches:**

Primary Data Collection: (Surveys): As mentioned previously, a draft community-based survey was provided during the first site visit. The Steering Group made necessary adjustments to the survey and reported back to GSU. A pilot test was conducted on August 2, 2012; a random sample of nine (9) participants took part in the survey at CMH. The results were sent to GSU team to make the final changes before data collection began August 23, 2012.

413 Surveys were distributed, 348 were completed and returned with a response rate of 84.2%. Surveys were distributed in the following areas:

- Local industry
- School systems
- Faith Based
- Community (Clinch County)

### Primary Data Collection: (Focus Groups):

Three focus groups were conducted (6 to 8 members each); one group consisted of CAC members. The other two groups were composed of community members at-large recruited by CAC members. A series of questions was created prior to conducting the meeting and the meetings were scheduled four weeks after survey data collection began. These meetings were conducted by GSU and after each meeting the facilitator and note taker participated in a debriefing session and completed all field notes. All focus groups were digitally recorded and transcribed.

Secondary Data Collection: The secondary data reports were generated using multiple online sources. The sources of data for the project were:

- Georgia Department of Public Health's (OASIS)
- County Health Rankings
- U.S. Census Bureau
- Georgia Board for Physician Workforce

**Report to Board:**

The CHNA final report was presented to Clinch Memorial Hospital Site Leader on May 2, 2013. A detailed report was presented to Clinch Hospital Authority on May 30, 2013. The following issues emerged from the data collections as health needs for Clinch County:

- Healthcare Access
- Chronic Disease Conditions
- Behavioral Health
- Community Health Education
- Economic Development

The CMH Site Leader informed the Authority that a CHNA Summary & Implementation Strategy would be presented at the June 2013 Hospital Authority meeting for final approval.

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IMPLEMENTATION STRATEGY  
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**HEALTHCARE ACCESS**

Accessibility to health care was a major concern identified by those in the CMH service area. Included in this category are – limited access to primary care physicians, specialists and specialty services. The following Plan of Action has been reviewed and will be implemented as feasible:

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Organization</b>
Limited Primary Care Physicians	<p>Ongoing recruitment efforts are in place to hire a physician for the third physician office practice located in Homerville. This practice is currently utilizing the services of a PA.</p> <p>Recently contracted with an Internal Medicine Physician. Practice opens on June 15, 2013. One employee of this practice is completing their educational degree as a Nurse Practitioner.</p>	Clinch Memorial Hospital
Specialists/Specialty Services	<p>CMH has an in house clinic space that is utilized for specialty services. The hospital continues to negotiate with other specialty services for the in house clinic. The following negotiations are currently being done:</p> <ul style="list-style-type: none"> <li>• Spine Evaluation Clinic under contract to open in 2013</li> <li>• OB/GYN Provider in negotiations for periodic services</li> </ul> <p>Specialty services will be an ongoing project for CMH.</p> <p>The following specialty services are currently offered at CMH:</p> <ul style="list-style-type: none"> <li>• Gastroenterology</li> <li>• Laboratory</li> <li>• Physical Therapy</li> <li>• Podiatry</li> <li>• Radiologic Imaging Center - Include MRI Services</li> <li>• Respiratory Services</li> <li>• Sleep Study</li> <li>• Swing Bed</li> <li>• Speech Therapy</li> <li>• 24 Hour ED with medical service personnel</li> </ul>	<p>Clinch Memorial Hospital</p> <p>Negotiating Services</p>

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**CHRONIC DISEASE CONDITIONS**

The conditions identified in the assessment as a concern were heart disease, stroke, cancer, diabetes, respiratory disease (asthma), HIV/AIDS, and STD's. The following Plan of Action was formulated based on the health needs identified through the survey process. Focus areas include:

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Organization</b>
<p>Chronic Disease Conditions:</p> <ul style="list-style-type: none"> <li>• Heart Disease</li> <li>• Stroke</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Respiratory Disease (asthma)</li> <li>• HIV/AIDS</li> </ul>	<p>CMH plans to hold a Community Health Fair to promote awareness. To further assist the community CMH will provide the following as long as attendance is supported by the community:</p> <ul style="list-style-type: none"> <li>• Support groups &amp; Community Lectures               <ul style="list-style-type: none"> <li>➤ Stroke</li> <li>➤ Heart Disease</li> <li>➤ Diabetes</li> <li>➤ Cancer</li> </ul> </li> <li>• Educational materials, radio and newspaper ads</li> </ul> <p>CMH will continue to offer the following services:</p> <ul style="list-style-type: none"> <li>• Free PSA screenings</li> <li>• Blood sugar checks</li> <li>• Breast Cancer Awareness Month (reduction cost of mammography)</li> </ul> <p>Respiratory Director is trained and certified for methacholine challenge testing.</p> <p>CMH will partner with:</p> <ul style="list-style-type: none"> <li>• Public Health to promote HIV/AIDS awareness and free screenings.</li> <li>• Public school system &amp; Home Health Agencies to promote health &amp; wellness.</li> </ul>	<p style="text-align: center;">CLINCH MEMORIAL HOSPITAL</p> <p style="text-align: center;">Community</p> <p style="text-align: center;">Public Health</p> <p style="text-align: center;">Public School System</p> <p style="text-align: center;">Home Health Agencies</p>

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**Behavioral Health**

The specifics identified were mental health disorders in adults and youth. Needs assessed were long waits for mental health care, access to services, and education on the disorders. The following Plan of Action is recommended:

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Organization</b>
Mental Health Disorders	CMH will partner with Unison Behavioral Health to help promote the local service.	Clinch Memorial Hospital Unison Behavioral Health



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**COMMUNITY HEALTH EDUCATION**

The assessment revealed that the community desired CMH to take the lead role on a wellness program (health initiative) for the community, working with the school system, faith based community and other business in the community. Suggestions identified were, CPR classes, weight loss program, healthy eating programs, health services in Fargo, support groups (cancer, diabetes, depression), and Planned Parenthood (teen pregnancy). The following Plan of Action has been formulated based on the health needs identified through the data collection process.

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Organization</b>
Health/Wellness Program	<p>There needs to be better networking between all agencies and health care providers to inform the community. CMH will partner with local agencies to promote public awareness regarding the identified Health/Wellness issues.</p> <p>CMH will hold a Community Health Fair</p> <p>Services in Fargo: CMH recently trained 7 First Responders. This will allow them to be available immediately to the Fargo community until the County Paramedics can arrive. Due to the limited population in the Fargo community (400 residents) it isn't viable for CMH to provide a physician clinic in this community at this time.</p> <p>Training programs are provided for Fire Fighters, Law Enforcement, Emergency Management and Paramedics/EMS on Healthcare rules and regulations.</p>	<p style="text-align: center;">Clinch Memorial Hospital Local Healthcare Agencies / Providers</p>

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**ECONOMIC DEVELOPMENT**

The assessment revealed the economic viability of the community was a concern. The data also revealed the hospital as one of the foremost assets of the community and suggested the hospital market its services in the community to generate more business to the hospital. Promote financial stability of the hospital, quality patient care services/staff and 24 hour staffed Emergency Department.

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Organization</b>
Market Hospital Services	CMH will use the following avenues to promote and educate the community: <ul style="list-style-type: none"> <li>• Community Health Fair</li> <li>• Create a CMH Website</li> <li>• Publish Hospital Compare scores</li> <li>• Utilize local radio station and newspaper to spotlight               <ul style="list-style-type: none"> <li>➤ Services &amp; patient success stories</li> <li>➤ 24 hour Emergency Department with full Medical personnel</li> <li>➤ Free Screenings &amp; Health Awareness Months for specific conditions</li> </ul> </li> </ul>	Clinch Memorial Hospital

**COMMUNITY HEALTH NEEDS ASSESSMENT – ACTION PLAN**

The formulated action plan will be ongoing and will be reviewed with the Hospital Authority periodically. The processes will be evaluated and revised as indicated to achieve the goals set by the CHNA Advisory Committee. A report will be presented to the Clinch Hospital Authority annually to provide an update of progress toward meeting the goals.

Report prepared by: Janice S. Register June 27, 2013  
CMH Site Leader/Compliance Officer Date

Presented & Approved: Verlin Ritch June 27, 2013  
Chairman Hospital Authority Date