

# Rice County, Kansas Community Health Needs Assessment

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Hospital District No.1  
of Rice County



Rice County  
Health Department

**April 2013**

Rice Community Healthcare Foundation  
Lyons, KS

## Summary

### Background and Process

In October of 2012, Rice County Kansas began its effort to conduct a comprehensive community health needs assessment. This was intended to serve multiple purposes, including:

- Increase knowledge of community health needs and resources
- Create a common understanding of the priorities of the community's health needs
- Enhance relationships and mutual understanding among stakeholders
- Provide a basis upon which community stakeholders can make decisions about how to contribute to improving the health of the community
- Provide rationale for current and potential funders to support efforts to improve the health of the community
- Create opportunities for collaborations in delivery of services to the community
- Provide guidance to the hospital and local health department for how it can best align its services and community benefit programs to best meet the needs of the community

The Patient Protection and Affordable Care Act (ACA) requires 501(c)3 hospitals to conduct a CHNA every three years representing a broad interest of the community, and to adopt an implementation strategy to address identified community needs.

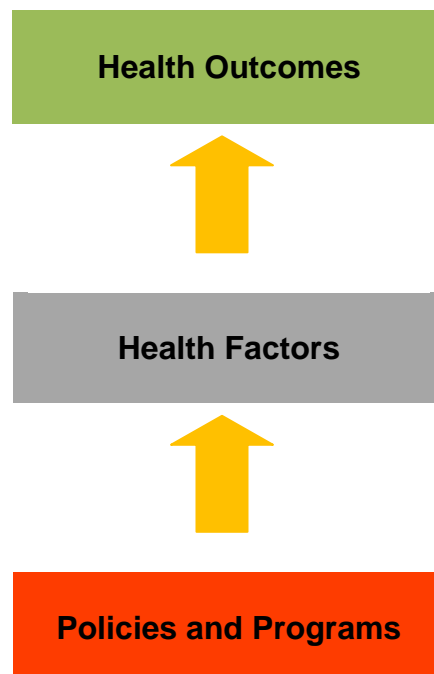
The 2013 CHNA brings together a variety of health status information. This assessment was conducted in a partnership with Hospital District No.1 of Rice and the Rice County Health Department, and coordinated by the Rice Community Healthcare Foundation. With the support of the Rice County Commissioners and the governing board of Hospital District No.1 of Rice County (Attachment A), a core group consisting of representatives of RCDH and the Rice County Health Department, an assessment was developed with the goal of optimizing opportunities to hear from a broad base of the community. Multiple methods were used as a means of identifying convergent themes that represent community issues experienced by those in the Rice County service area.

Between December 2012 and March 2013, a number of data collection methods were implemented. Interviews were conducted with the administrators of the hospital and health department, and key representative groups were identified as local partners. A series of public forums took place at five sites. Each event was promoted to allow for optimal awareness, attendance, participation and engagement in the assessment process. The mission and purpose for the hospital and health department was

discussed in detail and information was provided identifying services available in Rice County. Dialogue was established to discuss services, what the county does well, what should be done differently, as well as the option for additional comments.

A survey was conducted to provide every household the opportunity for feedback and information. Key indicators were compiled across domains including health factors, clinical care, social and economic factors and physical environment to gain a better understanding of the community needs. To provide a broad base of participation, surveys were sent to each resident represented by the zip codes of eight communities, reaching not only every household in Rice County, but also those beyond the county boundaries. A total of 4,359 surveys were mailed, garnering a response rate of 17%.

The *County Health Rankings* data was also shared at each community forum and utilized by the core group. The *County Health Rankings* program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes (mortality and morbidity) are influenced by a set of health factors (health behaviors, clinical care, social and economic factors, physical environment). Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

**KANSAS HEALTH Matters** was also a utilized resource. This is a one stop source of non-biased data and information about community health in Kansas. It is intended to help hospitals, health departments, policy makers, community planners and members learn about issues, identify improvements and collaborate for positive change.

Because of such overwhelming participation across a broad base of the community in the survey process, **Sterling Services**, a local organization skilled in the area of data entry and mail processing was utilized for organization of survey information.

### **CHNA Collaborating Partners**

- **Hospital District No. 1 of Rice County (Rice County District Hospital – RCDH)**
- **Rice County Health Department**
- **Rice Community Healthcare Foundation**

### **RCDH**

#### **Profile:**

The primary mission of the hospital is *to serve patients and families with compassionate healthcare beyond expectations.*

Hospital District No. 1, Rice County voting district is a designated part of Rice County. The location of the physical plant of the hospital is 619 South Clark Avenue, Lyons. Lyons is the county seat of the County of Rice. The service area is not only all of Rice County, but many patrons from outside of the county, as evidenced by census and patient billing records. Rice County has a population of 10,076. The service area includes patients from Rice County and from neighboring counties of Reno, Ellsworth, Barton and McPherson. Articles of Incorporation and Bylaws of RCDH are on file with the Kansas Secretary of State. The hospital is governed by a board of seven directors elected by constituents within the district. This board meets monthly to guide the direction of the hospital and lead staff in the major policy, management and fiscal decisions required.

#### **History:**

The hospital district was established in 1956. A new facility was completed in 1959 with the move of thirteen patients from the older building. RCDH has provided quality healthcare to the people of the area over its long history. The facility has been maintained and updated over the years and has undergone major renovation projects in 1964, 1980 and most recently, 2009, with a \$9.5 million renovation of the Critical Access Facility. The hospital is a key element of the economic base of the county and plays a vital role in maintaining and attracting residents to the area. It has approximately 162 employees and an annual payroll of \$7.2 million.

Throughout its 50+ year history, RCDH has received numerous awards commending staff, volunteers and facilities. None is more coveted than the patient surveys over the years. These surveys focus on areas that include inpatient, outpatient, emergency room and clinic services. RCDH consistently scores in the 90<sup>th</sup> percentile in all categories.

In 2010, the Kansas Department of Commerce named 26 Regional Business Excellence Award winners and 105 Merit Award winners as part of Business Appreciation Month, the Department's annual celebration of Kansas businesses and their contributions to their communities and the state economy. RCDH was the recipient of a Regional Business Award in the Hospital/Non-Profit category.

### **Services:**

#### **Emergency Care 24/7**

#### **Laboratory**

General Testing • Lipid Profiles • PSA  
Blood Bank Services • DOT Collection  
Pre-employment/Random Drug Screening

#### **Family Birth Center**

Childbirth Education • Pre-natal Care • Obstetrics

#### **Rehabilitation Services**

Aquatic Pool Therapy • Physical Therapy  
Occupational Therapy • Speech Therapy  
Lymphedema Clinic • Wheelchair Fitting Clinic

#### **Surgery**

General Surgeries • Hernia Repairs • Biopsies  
Laparoscopic Gall Bladder & Appendix Removals  
Colonoscopies • Upper GI Procedures  
Hysterectomies • Tubal Ligations • C-Sections

#### **Radiology**

Mammograms • MRI • X-Ray • CT Scans  
Ultrasound • Bone Density Studies

#### **Respiratory Therapy**

Arterial Blood Gas Test • Oxygen Therapy  
Pulse Oximetry • Bronchodilator Therapy  
Chest Physiotherapy • Outpatient Treatments  
Pulmonary Function Testing

#### **Outpatient Clinic**

IV Therapy • Specialty Clinics

#### **Cardiac Rehab**

#### **Swing Bed**

## **Noble Place Independent Living**

### **Community Outreach & Enrichment**

Annual Health Fair • Diabetes Education

Dietary Services • HealthyRC Wellness Challenge

Safe Sitter Class • Couch to 5K Community

Chronic Disease Self-Help Management

Learn to Live Lighter • Life Line

Rice Community Healthcare Foundation

### **Lyons & Sterling Medical Centers**

General Medical • Family Practice • Obstetrics

### **Timeline:**

**1955** -- Issues raised about existing health facility being able to adequately serve community

**April 1, 1957**-- RCDH established through a resolution passed by Rice County Commissioners

**March 19, 1958** -- Construction began for a new hospital

**May 13, 1959** -- 13 patients moved from old hospital to new facility

**1964** -- South wing (commonly referred to as 4-hall) added, increasing patient capacity by 18 rooms

**1980** -- Several additions completed, including a new emergency/trauma area, respiratory therapy and physical therapy departments, a new ambulance garage, a new kitchen facility and remodeling of the dietary area, remodeling of the administration and surgical areas, remodeling of the radiology department, and two additions to the existing patient care areas

**1980** -- Meals-On-Wheels program established through hospital dietary services

**May 1985** -- Swing Bed program fully certified

**October 1985** – Hospital Dietary department began meal preparation for prisoners at Rice County jail

**1990** -- Rice Community Healthcare Foundation established to help sustain access to local healthcare and to serve the healthcare needs of Rice County

**1992** – Hospital opened 12 independent living apartments called Noble Place

**1996** -- Preferred Home Care of Rice County, a home health agency, started by the hospital

**2000** -- Swing Bed Activity Center added

**2001** -- Critical Access Hospital certification received

**2003** – Laundry facility constructed on-site to provide local sanitation services

**2006** – Governing board approved renovation of hospital facility and update of infrastructure

**2008** – Phase 1 renovations completed, including obstetrics and administration areas

**Fall 2008** – RCHF inaugurated Community Grants Program

**Spring 2009** –RCDH and RCHF, working through the community engagement process of Kansas Rural Health Works conducted a health needs assessment for Rice County

April 2009 – Family Health Clinic opened at the hospital  
June 2009 – RCDH starts its own rehabilitation services, no longer contracting outside agency for local physical therapy services  
June 2009 – \$9.5 million renovation and construction project completed; over 500 citizens participated in rededication and 50<sup>th</sup> anniversary celebration with U.S. Representative Jerry Moran as the keynote speaker  
2010 – RCDH received the Business Excellence Award from the Kansas Department of Commerce  
March 2010– U.S. Congress passed the Patient Protection and Affordable Care Act  
2011 – Cardiac Rehabilitation program established  
March 2011 – Bob Mullen retired as hospital administrator; George Stover hired as new CEO  
May 2011 – Sterling Medical Center acquired by RCDH; RCDH assumed ownership of practices of Drs. James Decker, Kristi Darnauer and Stacy Dashiell  
August 2011 – HealthyRC initiative launched to promote local services of RCDH and RCHF  
Summer 2011 –Electronic medical records process implemented at RCDH  
January 2012 – Lyons Medical Center acquired by RCDH; RCDH assumed ownership of the practice of Dr. Roger Tobias  
January 2012 – Outpatient Clinic opened at RCDH; podiatry services offered locally  
April 2012 – Lyons Medical Center building acquired by RCDH  
April 2012 – MRI services added  
Summer 2012 – HealthyRC Wellness Challenge helped 85 Rice County residents lose a total of 662.9 pounds over 12 weeks; 40 challengers completed the Fitness5K  
July 2012 – New chemistry analyzer installed in hospital laboratory, serving RCDH and both clinics  
Fall 2012 – HealthyRC Wellness Challenge began in September and wraps up in December; 67 Fitness5K competitors raised money for the RCHF Pink Fund  
Fall 2012 – Urology and cardiology services added at the Outpatient Clinic  
October 2012 – Dr. Thomas R. Plumeri joined Lyons Medical Center  
October 2012 – Family Birth Center recognized for providing quality care in a national survey by the Centers for Disease Control and Prevention  
November 2012 – Rice Community Healthcare Foundation awards more than \$22,650 in grants to fund community projects to improve health  
April 6, 2013 – Rice County Health Fair from 8am-1pm at Celebration Centre; Lab analyses, carotid doppler screenings, pulmonary function tests, blood pressure evaluations and other services offered to the general public

**Rice County Health Department  
Profile:**

The mission of the health department is *to promote and protect the health of Rice County residents through education, using public health functions of promotion, prevention, and protection.* The vision of the health department is *healthy communities for all people.*

The Rice County Health Department is a recognized entity within the governmental structure of Rice County, Kansas, and a nine person board serves as an advisory group for its activities. The function of the Rice County Health Department is consistent to the concept of health as defined by the World Health Organization as a “state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic, or social condition.” To this end, the health department is committed to providing a high quality of health care essential to the improvement of physical, mental, and social conditions in the community.

Recognizing the interdependence of health services in the community, the health department is obligated to cooperative efforts with other resources for the betterment of healthcare systems. The health department continually seeks new ways and means of being responsive to ever-changing community needs. It also believes the value of consumer participation in planning and implementing broader service programs. An adjunct to the concept is the essential role of evaluations of the health department services. Furthermore, the health department respects the autonomy of the patient and family to make decisions and choices affecting the present and future health status.

**Services:**

<b>Program Title</b>	<b>Program Description</b>	<b>State Statute(s)</b>
Communicable Disease	Investigation and follow-up of all reportable communicable diseases, lab specimen collection, treatment, assurance, compliance assessment. Also, investigation and management of all disease outbreaks.	65-301
Human Health Hazards	Investigation and follow-up of human health hazard complaints. Work in conjunction with other agencies such as law enforcement, SRS, and zoning as applicable.	65-242 65-244
Immunizations	All state-mandated vaccines are administered; some adult vaccines are available; influenza clinics for the public; TB testing; Hepatitis b and tetanus vaccinations.	65-508, -519



Animal Bite Investigation (Rabies Prevention)	Investigation and follow-up of all reported animal bites occurring within the county. This includes working with bite victims to ensure proper treatment and prophylaxis for rabies is received when necessary; working with animal owners to ensure quarantine orders are complied with. Involves working with veterinary clinics and law enforcement when necessary.	65-242 65-244
Maternal Child Health and Healthy Start/Home Visitor	Health promotion and case management for pregnant women, intensive nutrition counseling, referrals to physicians and other professionals as needed (e.g. mental health, domestic violence). KanBe Healthy physicals for qualified children. Pre – and post- delivery visitation and referrals by trained HSHV. Injury prevention programs are provided for ages 0-19.	65-1248 43-158
Emergency Preparedness (Formerly called Bioterrorism)	Assure all public health staff in command and general positions in the Incident Command Structure for a public health emergency are trained in ICS (Incident Command System), familiar with the Public Health Emergency Plan (PHEP) and can take appropriate response actions such as setting up and operating a mass clinic. Responsible for updating PHEP and exercising portions of the PHEP. Educating the community about emergency preparedness.	48-929
Pandemic Flu	Notably implemented in 2009-2010 with the emergence of H1N1 novel influenza. Funded mass distribution of vaccine and supplies to immunize large population, educate the masses, prevent spread of disease, provide safe storage of vaccine, maintain adequate staff to man outreach and standing clinics.	65-301 48-929
Lead Poisoning and Exposure	Offer lead screening to children at Kan Be Healthy appointments, WIC, and Head Start. Adult lead screenings available by appointment. Follow-up of all abnormal blood tests; home visits and environmental home inspections as necessary to determine sources of blood lead poisoning in children.	65-242 65-244
WIC (Women, Infants and Children)	USDA program which provides supplemental nutrition and health services to eligible women and children. Consists of health and nutrition screening and assessment, checks for designated nutritious foods, nutrition and health counseling and education, referrals to community resources.	P.L. 108-265

Chronic Disease Risk Reduction	A cooperative program under Barton County that promotes tobacco cessation, exercise, consumption of fruits and vegetables, and obesity prevention	65-530
Breastfeeding Peer Counselor	Encourages initiation and continuation of breastfeeding through a trained peer counselor and supervisor from the Health Department	65-1248 43-158
Varicella Vaccination Program	Provides free varicella vaccinations to a limited number of children in Rice County to promote the recommended/required second dose to prevent chicken pox.	65-508, -519
Family Planning	A program to support choice of family size and timing of a child's birth. PAP screenings and low-cost prescription birth control as well as STD prevention.	65-1, 158, -1648
Senior Care	Provides limited in-home assisted care to elderly residents in Rice County. Foot care clinic are held monthly at the Health Department.	65-221, -242, -244
Community Health Assessment	A thorough assessment of what community health care needs are present; guides program development and implementation to meet identified needs. Prerequisite to accreditation.	65-415
Flouride Varnish	Flouride varnish will be provided to children ages 12 months – 19 years with a medical card; those without medical cards will pay a fee for this dental health prevention service.	65-242
Children with Special Healthcare Needs	Provide information on available resources to children and youth ages birth to 19 with special healthcare needs.	65-5a12
Community Health Screenings	Available to all Rice County residents on a walk-in basis or by appointment. Includes: blood pressure screening, hemoglobin test, pregnancy testing, STD testing and treatment.	65-242
General Public Health Information	Generalized public health nursing, blood pressure checks/screening/weight checks. And home visits for community members in need and without other resources. All forms of health promotion including health fairs and press releases to the public.	65-242

Rice County Health Department monitors health status and understands health issues facing the community; protects people from health problems and health hazards; gives people information they need to make healthy choices; engages the community to identify and solve health problems; develops public health policies and plans; enforces public health laws and regulations; helps people receive health services; maintains a competent public health workforce; evaluates and improves programs and interventions; contributes to and applies the evidence base of public health. It relies on grants, donations, fees for services and tax levy funds to provide services.

## **Rice Community Healthcare Foundation**

### **Profile:**

The mission of the Rice Community Healthcare Foundation is *to improve health and inspire philanthropy.*

Established in 1990 as a philanthropic affiliate of RCDH, the Healthcare Foundation is a 501(c)3 organization. A nine person board of directors, representing local communities, oversees the operation and activities of the foundation to serve the people of Rice County. Its role is to provide support to healthcare and to enhance the provision of medical services in Rice County. The Rice Community Healthcare Foundation is a separate non-profit organization not involved in the administration of any health care agency in Rice County. In all its policies and operation, the Foundation is guided by the greater good of the community and its paramount concern for quality healthcare.

The Healthcare Foundation closely monitors health needs and works to develop partnerships and provide resources to address needs in the community. The foundation offers community grants annually to fund qualifying projects and programs for organizations that serve Rice County and are consistent with the mission to improve health.

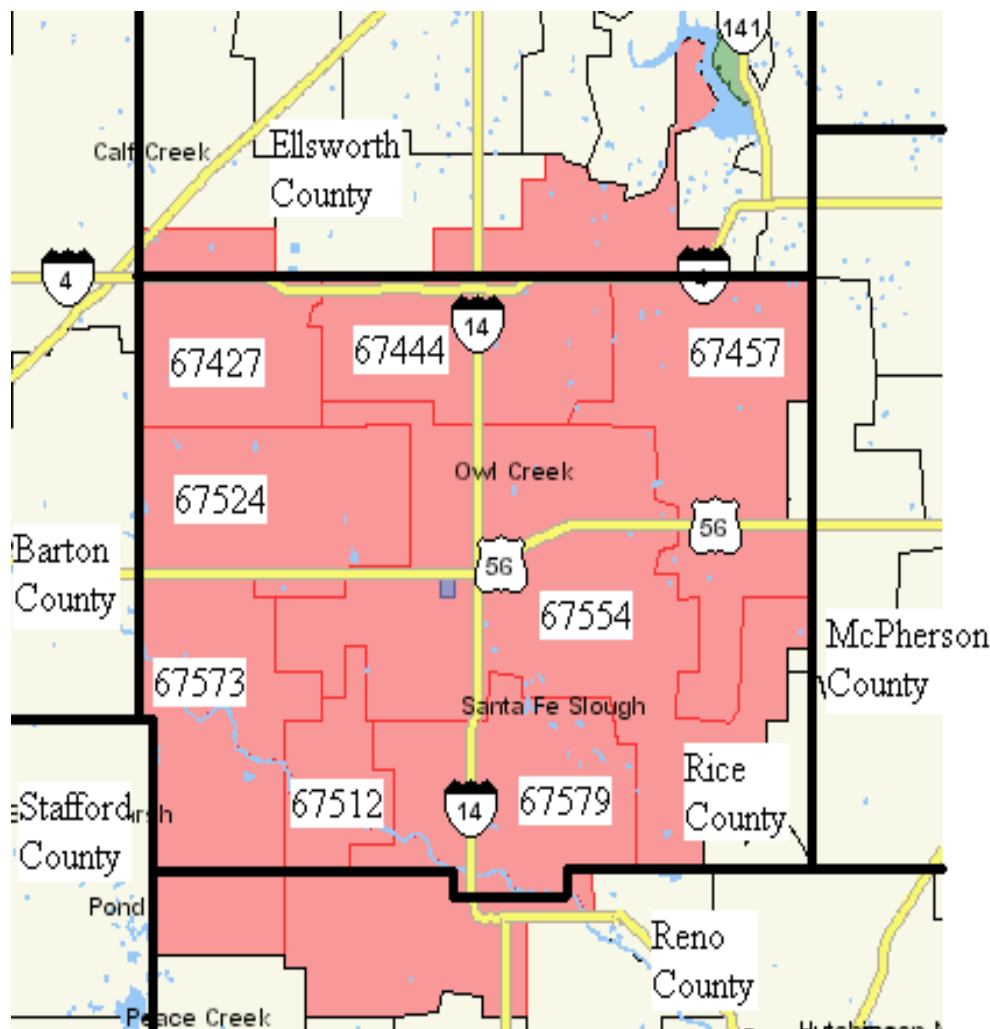
The executive director of the foundation served as the coordinator and facilitator for this CHNA process. With over 20 years as a certified quality process instructor and trained corporate statistical process control facilitator on a domestic and international level, this employee has a diverse background including work with employees, regulatory officers, corporate executives, students, customers and suppliers; and also served on a Kansas Hospital Association task force to help develop a community toolbox for conducting the CHNA. Extensive work with quality improvement utilizing Malcolm Baldrige Quality Award guidelines and Deming principles has been an asset in providing consultation to other organizations and facilitating this CHNA process for Rice County. Previous experience initiating a community engagement process for health needs in Rice County completed in 2009, and working in partnership with Kansas Rural Health Works also served as an asset for conducting this CHNA process.

Because of such overwhelming participation across a broad base of the community in the survey process, **Sterling Services**, a local organization skilled in the area of data entry and mail processing was utilized for managing the survey information.

Existing health care facilities and other resources available can be found in the *Rice County Health Services Directory* which can be found as Attachment B.

### Community Description

The service area for purposes of this needs assessment is defined as the population of Rice County. This service area is not only all of Rice County, but many patrons from outside of the county, as evidenced by census and patient billing records. Rice County has a population of 10,076. The service area includes patients from Rice County and from neighboring counties of Reno, Ellsworth, Barton and McPherson, primarily just across county lines. As a district hospital and a county health department, the work of providing services that benefit the community is core to our purpose. While encouraged by laws and regulations that require non-profit tax-exempt hospitals to provide services to those in need, our common mission is for the health of the community. The map below shows Rice County, encompassing the eight community zip codes and the areas beyond the county boundaries as the service area:



Rice County demographics, according to County Health Rankings, data supplied by State of Kansas:

Rice County, Kansas | County Health Rankings & Roadmaps  
**Rice (RC)**

	<b>Rice County</b>	<b>Kansas</b>
<b>Demographics</b>		
Population	10,076	2,871,238
% below 18 years of age	24%	25%
% 65 and older	18%	13%
% Non-Hispanic African American	1%	6%
% American Indian and Alaskan Native	1%	1%
% Asian	0%	3%
% Native Hawaiian/Other Pacific Islander	0%	0%
% Hispanic	11%	11%
% Non-Hispanic white	85%	78%
% not proficient in English	1%	2%
% Females	50%	50%
% Rural	64%	26%

**Needs Identified:**

Convergent themes were selected from results achieved by input from citizens at five community forums (Bushton, KS; Chase/Raymond, KS; Little River, KS; Lyons, KS; Sterling/Alden, KS); results of a mailed survey with a 17% response rate, providing every single household the opportunity for input, and results of the *County Health Ranking* data with regard to health outcomes, health factors, health behaviors, clinical care, social and economic factors and physical environment. All residents were provided the opportunity to participate and events were promoted through face-to-face invitations, local media, social media, fliers, faith and civic organization inclusion.

**Convergent themes of needs to address:**

Members of the core group reviewed survey data, findings from community forums, and information from County Health Rankings. The following needs were identified as more important based upon the following criteria: 1) the number of people affected, 2) severity of the problem, 3) the health system’s ability to impact, and 4) the extent to which organizations are meeting the need:

- Information gaps, including limited knowledge of available health and other services, especially for mental health resources, specialty services and domestic violence
- Increase healthcare specialty services
- Inadequate transportation linking people to services
- Obesity, nutrition and physical activity as related to overall health and wellness and prevention of chronic diseases, such as diabetes, high blood pressure, heart disease, etc.
- Substance abuse
- Immunizations and vaccinations
- Insurance and billing, as related to healthcare services; being uninformed about charity care

### **Prioritized Needs to Address by RCDH and Rice County Health Department**

- 1) Information gaps, i.e. increase knowledge of available health and other services, especially for mental health resources, specialty services and domestic violence
- 2) Increase specialty services and local access to care
- 3) Health and wellness programs
- 4) Improved insurance and billing information, as related to healthcare services; with special regard for Medicaid enrollment and charity care assistance
- 5) Inadequate transportation linking people to services
- 6) Immunizations and vaccinations
- 7) Substance abuse

### **Acknowledgement of Strengths:**

Participants noted numerous strengths, such as access to care and the increase of outpatient clinic services at the local hospital. The quality of the health department was noted, as were the hospital and clinic facilities, some of the recreation facilities, recreation opportunities provided in the communities, the health fair, wellness programs provided by hospital staff, healthcare foundation. Although the CHNA indicated that more services and awareness of available services is needed, the availability of services and support was acknowledged. It was noted that for our rural area, we have done well with the resources available to provide access to care and services for all ages, regardless of race, income and education level.

**Needs RCDH will not address (as a primary role):**

After reviewing the needs, the core group identified the extent to which other organizations were already strategizing to meet specific concerns, such as:

**Immunizations and vaccinations**

While RCDH will continue, with diligence, its role in providing immunizations and vaccinations at each of its clinic locations, the Rice County Health Department has the dominant responsibility in addressing this area of need through several programs it has in place to service the county.

**Substance abuse**

At this time, RCDH is not implementing any new programs to reduce substance abuse in the county, as a county coalition already exists and this is their primary area of concern. The Rice County Coalition for Children and Families regularly works in partnership with services, including the Regional Prevention Center, to address substance abuse. This group recently announced the receipt of a grant in collaboration with the Rice County Sheriff's Department to prevent underage drinking, and it continues to focus on this important concern.

**Implementation Strategy:**

In order to address needs identified in the CHNA, the core group has ascertained the areas to be addressed and selected leaders to focus on each area. These leaders will establish teams to collaborate with organizations and resources in our community to implement strategies for addressing the identified health needs.

The CHNA Logic Models outline the problems, strategies, activities, and desired outcomes for each of the five priority health needs identified. These logic models constitute our CHNA Implementation Plan. We understand this Implementation Plan to be a "living document" and subject to ongoing revision and enhancement. To ensure an effective response to our community's health needs, these enhancements will require ongoing financial commitment.

We also anticipate some overlap in our efforts. Many of the strategies and activities outlined in the logic models address risk factors associated with multiple identified needs. For example, strategies to promote health and wellness will affect obesity as well as heart disease. These strategies also might have a positive impact on mental health, as will strategies to reduce substance abuse. Further, we expect many of these strategies will closely align with the wellness plans of our community partners. The governing board of Hospital District No.1 of Rice County approved the CHNA report and implementation strategy at its regular monthly meeting April 15, 2013 (Attachment C).

See the logic model(s):

**CHNA LOGIC MODEL - RCDH**

<i>Problem/Need</i>	<i>Community Partners/ Collaborating Organizations</i>	<i>Strategies</i>	<i>Outcome(s)</i>
Information gaps, including limited knowledge of available health and other services, especially for mental health resources, specialty services and domestic violence	<ul style="list-style-type: none"> <li>• RCDH public relations</li> <li>• Rice County Health Department</li> <li>• The Center for Counseling &amp; Consultation</li> </ul>		
Increase specialty services and local access to care	<ul style="list-style-type: none"> <li>• RCDH administration</li> </ul>		
Health and wellness	<ul style="list-style-type: none"> <li>• RCDH diabetes educator</li> <li>• Rice Community Healthcare Foundation</li> <li>• Community recreation commissions</li> </ul>		
Improved insurance and billing information, as related to healthcare services, and with special regard for Medicaid enrollment and charity care assistance	<ul style="list-style-type: none"> <li>• RCDH CFO and business office manager</li> <li>• Rice County Council on Aging</li> </ul>		
Inadequate transportation linking people to services	<ul style="list-style-type: none"> <li>• RCDH Administration</li> <li>• Rice County Council on Aging</li> </ul>		



**Attachment A:**

Hospital governing board minutes, Nov. 19, 2012.



619 South Clark  
P.O. Box 828  
Lyons, KS 67554

**GOVERNING BOARD MEETING**

November 19, 2012

Present:

Sheri Bennett, Chairman  
Joan Davison, Vice Chairman  
Lindsay Schmidt, Board Member  
Bill Edwards, Board Member  
Galen Deutsch, Treasurer

Terry David, Secretary  
Dan Shanelec, Legal Counsel  
George Stover, Administrator  
Terry Pound, Business Manager  
Cherry Hodges, Recording Secretary

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Sheri Bennett called the meeting to order at 7:00 p.m.

George Stover introduced Tiffany Williams as the new laboratory manager.

Guests present were Herman Hoffman, Mary Konen, Penny Wires and Kim Williams.

Mary Konen, Penny Wires and Kim Williams introduced the employee wellness program to the board members and presented them all with pedometers.

Herman Hoffman gave a maintenance and engineering update on the hospital and some future plans for Lyons Medical Center.

Terry David moved to approve the minutes of the October 17, 2012 regular board meeting. Seconded by Galen Deutsch, the motion passed.

Terry Pound and George Stover presented the financial and statistical reports for the month of October 2012. The hospital experienced an excess of expenses over revenue in the amount of \$141,457.81. Joan Davison moved to accept the reports with a second by Bill Edwards. The motion passed.

Bill Edwards moved to approve the Accounts Payable for October in the amount of \$527,246.65. Seconded by Joan Davison, the motion carried.

Terry David moved to dissolve the 403(b) employee investment plan effective November 1, 2012. Seconded by Galen Deutsch, the motion carried.

George Stover discussed an employee survey he would like to start after the first of the year.

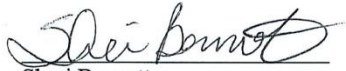
Terry David moved to give \$30 gift certificates to all hospital employees for Christmas. Seconded by Lindsay Schmidt, the motion carried.


George Stover, Donna Myers and Terry Pound attended the Kansas Hospital Association yearly convention on November 14 – 16, 2012. George gave a report on the convention.

Susan Sankey applied for a grant from KDHE to offset the expenses for the Community Needs Assessment that will need to be done. The hospital received a grant for \$4,000. Joan Davison moved to approve the hospital conducting a Community Needs Assessment that will be due by April 30, 2013

Meeting adjourned at 9:00 p.m.

Respectfully submitted,

  
Sheri Bennett  
Chairman

  
Cherry Hodges  
Recording Secretary

**Attachment B:**

2012 Rice County Health Services Directory (as compiled by the Office of Local Government, Department of Agricultural Economics, K-State Research and Extension, May 2012)

<https://www.myctb.org/wst/kansashealthmatters/community/Lists/NeedsAssessments/Attachments/87/Rice%20Report%20FINAL.pdf>

**Attachment C:**

The governing board of Hospital District No.1 of Rice County approved the CHNA report and implementation strategy at its regular monthly meeting April 15, 2013.  
Hospital governing board minutes, Apr. 15, 2013.



619 South Clark  
P.O. Box 828  
Lyons, KS 67554

## GOVERNING BOARD MEETING

April 15, 2013

Present:

Sheri Bennett, Chairman	Lindsay Schmidt, Board Member
Joan Davison, Vice Chairman	George Stover, Administrator
Terry David, Secretary	Terry Pound, Business Manager
Galen Deutsch, Treasurer	Dan Shanellec, Legal Counsel
Bill Edwards, Board Member	Cherry Hodges, Recording Secretary

Sheri Bennett called the meeting to order at 7:00 p.m.

Guests present were Dr. Stacy Dashiell and Susan Sankey.

Galen Deutsch moved to approve the corrected minutes of the March 16, 2013 regular board meeting. Seconded by Joan Davison, the motion passed.

Susan Sankey presented the completed draft of the Community Health Needs Assessment. After some interactive discussions, Joan Davison moved to accept the Community Health Needs Assessment Report. On a second from Galen Deutsch, the motion carried. Terry David moved to accept the implementation strategy to meet the needs identified through the Community Health Needs Assessment. Seconded by Bill Edwards, the motion carried.

Terry Pound and George Stover presented the financial and statistical reports for the month of March 2013. The hospital experienced an excess of expenses over revenue in the amount of \$275,376.34. Galen Deutsch moved to accept the reports with a second by Lindsay Schmidt. The motion passed.

Terry David moved to approve the Accounts Payable for March in the amount of \$443,930.28. Seconded by Lindsay Schmidt, the motion carried.

Terry Pound presented the 2013- 2014 Annual Operating Budget. After some discussion, Bill Edwards moved to accept the budget. Seconded by Joan Davison, the motion carried.

George Stover presented the 2013 – 2014 Proposed Capital Budget. Lindsay Schmidt moved to accept the Capital Budget. On a second from Galen Deutsch, the motion carried.

Terry David moved to enter into a nursing scholarship with Kaycee Brown for the amount of \$1,000 a semester for one year. Kaycee will be entering Barton County

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Community College to earn her RN degree. In return, Kaycee will be obligated to work one year as an RN for the hospital. Seconded by Bill Edwards, the motion carried.

George Stover reported on the Health Fair that was held Saturday, April 13.

Everyone received the email from Jill Nichols about the Ethanol Plant tax abatement. They are not in our tax district, so it doesn't apply to the hospital.

At 9:30 p.m. on a motion by Joan Davison and a second from Galen Deutsch, the board voted to go into executive session to discuss topics considered confidential to the attorney/client relationship and to include George Stover, Terry Pound and Dan Shanelec in the executive session; and to return to open meeting at 9:50 p.m. The motion carried.

At 9:50 p.m., the meeting reconvened. No action was taken.

At 9:51 p.m. on a motion by Joan Davison and a second from Galen Deutsch, the board voted to go into executive session to discuss personnel matters of non-elected personnel and to include George Stover and Dan Shanelec in the executive session; and to return to open meeting at 9:55 p.m. The motion carried.

At 9:55 p.m., the meeting reconvened. No action was taken.

Meeting adjourned at 9:57 p.m.

Respectfully submitted,

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Sheri Bennett  
Chairman

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Cherry Hodges  
Recording Secretary