

## Ensuring Access to Care

### Wagner Community Memorial Hospital – Avera Wagner, S.D.



Wagner is a frontier community of about 1,500 people located in Charles Mix County in south central South Dakota. It is adjacent to the Yankton Sioux Reservation and is 120 miles from the closest major tertiary hospital in Sioux Falls, S.D. The median household income is \$9,118 lower than the median income for South Dakota. The percent of children under 18 years of age living in poverty is substantially higher in Charles Mix County at 33.8 percent compared to 18.5 percent statewide. Total persons living in poverty in Charles Mix County is 2,187, which equates to 24.6 percent of the total population, which is 10.4 percent higher than South Dakota.

Wagner Community Memorial Hospital – Avera (WCMH-A) is a 20-bed critical access hospital (CAH) located in Wagner, S.D., in the county of Charles Mix. In December 1947, the community founded the hospital, which opened in 1951 in an effort to establish permanent health care access to the Wagner area. The current facility opened in 1974. In 2002, Wagner Community Memorial Hospital partnered with Avera Health system in Sioux Falls, S.D., and Avera Sacred Heart Hospital in Yankton, S.D., to become a managed facility.

### Wagner Community Memorial Hospital



The hospital underwent extensive renovations from 2007 to 2012 with the addition of a new inpatient wing, emergency room, hospice room, intensive care room, ambulance bay, pharmacy, nurse's station, physical therapy area and a four-provider clinic. There were also improvements made to outpatient rooms and pre- and post-op rooms. Wagner Community Memorial Hospital – Avera also offers many outpatient services including surgery, specialty clinics and eCare services.

WCMH-A serves a mix of over 80 percent public pay, of which 45 percent is Medicare, 22 percent is Medicaid and 13 percent is Indian Health Service. WCMH-A provides over half of its services to Native Americans and members of the Yankton Sioux Tribe. This mix of diverse cultures, where health care practices and local politics play an intricate role, affects how health care is managed and delivered. The priority of WCMH-A is ensuring access to care while considering the population's formidable social determinants of health.

### Telemedicine

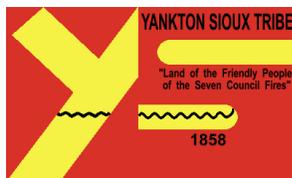
A challenge for WCMH-A is timely and efficient delivery of care. A lack of medical specialties and current diagnostic modalities impedes access. Inclement weather also may restrict access to care and compromise patient safety.

Enter AVERA eCare. In 2009, through a grant from The Leona M. and Harry B. Helmsley Charitable Trust, Avera eCARE launched eCARE Emergency and eCARE Pharmacy for all of

its rural hospitals. eEmergency provided staff an immediate resource through real-time audio/visual consultations with specialty care providers and nurses located at a central hub in Sioux Falls, S.D. The technology allows specialists to evaluate and assess the patient, review laboratory and imaging results, and make decisions or suggest interventions pertinent to the patient condition. Over the next few months following its installation at WCMH-A, eEmergency proved to be an invaluable tool in managing critical cases that may have been too extreme for an ordinary community hospital to handle.

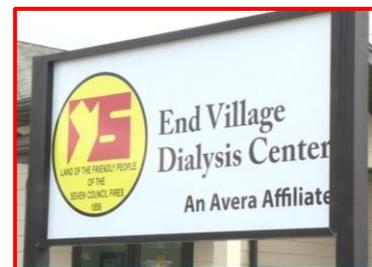
WCMH-A added eICU now referred to as eHospitalist and eConsult. By partnering with Avera eCare, WCMH-A became one of the most technologically advanced CAHs in the state.

## Population Health



The 2013 WCMH-A Community Health Needs Assessment identified a significant need for an upgraded and expanded dialysis unit in the Wagner area. Patients that are not able to get into the current dialysis unit have the option to commute an hour or more to other dialysis units. The Yankton Sioux Tribe epitomized this need for increased capacity with above average diabetes, obesity and other chronic conditions. In the summer of 2015 the Yankton Sioux Tribe Health Director reached out to the WCMH-A to establish a new tribal owned, Avera managed dialysis unit.

The End Village Dialysis Center now offers services that serve the Yankton Sioux Tribe and the surrounding area. It has doubled the capacity of the previous program and serves over 20 patients daily. Improved patient compliance and a higher quality of life are results of the ability to obtain dialysis locally, rather than arranging transportation and commuting one hour one-way.



## Access to Primary Care

The 2013 Community Health Needs Assessment identified a shortage of primary care providers, noting that 11 of the last 12 physicians left within four years of initial employment. Physician recruitment efforts in the past were minimally successful and often came at a staggering cost to the facility.

Therefore, WCMH-A embarked on an ambitious path to “Grow Your Own” to increase providers by recruiting hospital nurses to obtain an advanced degree and become certified nurse practitioners (NP-C). Five registered nurses immediately accepted the challenge. In 2014, the first was certified and started her practice with several to follow.

The success of home-grown NP-Cs has improved emergency department (ED) coverage too. Access to Avera eEmergency and eHospitalist allows NP-Cs to achieve the full potential of their license. WCMH-A is using advanced practice providers for 60 percent of ED call coverage on their way to 80 percent. This has reduced direct ED costs by 25 percent. Inpatient satisfaction

improved from the 33rd to the 99th percentile, and ER services improved from the 60<sup>th</sup> to the 93<sup>rd</sup> percentile while maintaining patient safety.

## Housing and Economic Development



In 2010, WMCH-A engaged in efforts to address a need for senior housing. Leaders established Parkview Villa, Inc. in an effort to rehabilitate a 31-unit elderly housing complex. The corporation applied for and received federal grants and guaranteed loans from the United States Department of Agriculture and the South Dakota Housing Development

Authority. Within two years, Parkview Villa occupancy grew from eight to thirty. The organization re-established a seniors' meal program located in the community room of the apartment complex. Participation has grown and, on average 40 of Wagner's most vulnerable seniors receive a nutritious meal each day.

In 2015, Parkview Villa Inc. accepted the transfer of two more low-income elderly housing complexes, increasing the number of units under its management to 57. With an occupancy rate of over 95%, Parkview Villa Inc. has ensured that seniors of Wagner and the surrounding communities have an affordable and safe place to live.



WMCH-A leaders helped revive a dormant Wagner Area Growth (WAG) non-profit economic development corporation. WAG hired an economic development director and recruited a major variety store chain to locate in the community with a sales tax rebate through the City of Wagner. The greater selection and quality of product resulted in an estimated doubling of retail sales, increased jobs and better economic stability.

## Conclusion

Ensuring access to care is the sum of many parts. In this case, these parts include telehealth, medical homes, professional development, social determinants of health and economic stability. WMCH-A, through its leadership and collaboration with the community and Yankton Sioux Tribe has solidified the delivery of care so that vulnerable populations have access to essential services.