



Community Health Needs Assessment

2016

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Heart of America Medical Center

Heart of America Medical Center provides crucial medical services to more than 13,000 people within a 50-mile radius of Rugby, North Dakota. HAMC is the largest employer in Rugby with approximately 330 employees.

Heart of America Medical Center was founded in 1910 by a group of dedicated ministers and is sustained by Good Samaritan Hospital Association, a non-denominational, non-profit organization supported by 32 area churches.

Today the Good Samaritan Hospital Association, doing business as Heart of America Medical Center, includes a 20-bed critical access hospital, surgical suite, and an 80-bed nursing facility. Haaland Estates, the association's 68-bed basic care facility and assisted living apartments, first opened as an intermediate care nursing home in 1962.

Johnson Clinic, founded in 1933 by Dr. Olafur W. Johnson, merged with Heart of America Medical Center to form Heart of America Johnson Clinics in 2010. The

Heart of America Medical Center Emergency Department is staffed 24 hours a day by a team of physicians, physician assistants, family nurse practitioners, and registered nurses trained in emergency medicine. The registered nurses are certified in basic and advanced cardiac life support, pediatric advanced life support, and trauma nursing. Lab, radiology, respiratory therapy, anesthesia, and surgical staff are on call 24 hours a day.

Each year HAMC Emergency Department treats approximately 3,000 patients. Designated as a Level V Trauma Center by the ND State Trauma Committee, HAMC is equipped to handle medical emergencies ranging from lacerations to life-threatening illnesses and injuries. All beds are equipped with cardiac/respiratory monitors, which transmit data to nurses' stations for constant, visual monitoring of each patient's status.

Other support services include physical therapy, occupational therapy, speech therapy, cardiac and pulmonary rehab, digital mammography, MRIs, CT Scans, nuclear medicine, ultrasounds, diabetic education, and dietary counseling.

The mission of the Heart of America Medical Center is:

To deliver compassionate care by advancing the physical and spiritual wellbeing of the communities we serve through smart medicine and exceptional service.

Community Assessment Process

In May 2011, Brad Gibbens created a report for the Heart of America Medical Center based on information gathered at the Community Health Forum held March 31, 2011. HAMC wanted to expand this assessment with additional surveys and focus groups.

During the summer of 2012, an employee of Heart of America Center, Amanda Loughman, volunteered to begin the assessment process. After several meetings with the CEO of HAMC, Jeffrey Lingerfelt, an assessment plan was in place.

The first step in the assessment was to gather focus groups to interview. Three to four focus groups would be needed, and each focus group was to be unique from the others. It was decided to have one focus group for senior citizens over 65 to target Medicare; the second group was for middle-aged business owners/managers; and the third group was for mothers of young children. Linda Duchscher, volunteer coordinator, and Dani Schell, marketing coordinator, were asked to join the Community Assessment Team. Linda Duchscher did most of the recruitment work for the focus groups. HAMC was able to recruit 27 people to participate, including the Rugby mayor. The focus groups included nine males and eighteen females, ranging from age 40 to over 80. The focus groups were held November 13th and 14th for 90 minutes each. The facilitators of the focus groups were Amanda Loughman and Dani Schell.

Another step in the assessment was to survey health care professionals. Health care professionals included physicians, physician assistants, registered nurses, licensed practical nurses, lab techs, radiology techs, and therapists. These surveys were handed out shortly before the focus groups were held and were due back by November 16. The response rate to the health care professional survey was 31%. Responses from the focus groups and professional survey were used to compile a community-wide survey.

The community-wide survey created was two pages front and back. The survey included twelve demographic questions, a service awareness section, and participants were asked to choose their top choices for services and programs needed.

The community-wide survey was delayed for mailing until after the holiday season passed. There was a concern that many residents would be busy with the holidays and a survey in the mail would be easily misplaced or forgotten. Approximately 1800 surveys were mailed December 28th with a deadline of January 11th. The response rate on the community survey was approximately 18%. Survey results were compiled by Amanda Loughman. The results were presented to Jeffrey Lingerfelt, CEO, for analysis and implementation planning.

In 2014, Maddock and its surrounding area received a similar mail survey. 987 surveys were mailed and approximately 22% were returned.

In 2015, Dunseith and its surrounding area received the same mail survey. 1123 surveys were mailed and only 5.8% were returned.

In 2016, a Strengths-Weaknesses-Opportunities-Threats (SWOT) meeting was held for board members, providers, top management, and key community members from the Chamber of Commerce, radio station, and newspaper. The SWOT helped identify and prioritize needs for the near future. These results are discussed later in the report.

Addressing Needs

Heart of America Medical Center used the information from the surveys to prioritize needs based on responses. HAMC has already addressed some of these needs and expects to address several more within the next several months.

NEW: Psych

One area of need is psych. HAMC is now able to provide psych through telepsych services contracted through several companies. HAMC is looking into the near future possibility of a face-to-face psych provider as well.

NEW: Dunseith Radiology

Radiology is once again available in Dunseith after many community requests for this service.

NEW: Community Care Expansion

Community Care guidelines have expanded from 200% of FPG to 250% of FPG. HAMC is interested in expanding this further to 300% in the future.

NEW: Cancer Care Suite

HAMC is developing a Cancer Care Suite with the help of a USDA grant. HAMC will be able to provide chemotherapy starting in spring 2017.

Hospice Program

The need for hospice was expressed through the results. HAMC realizes their hospice program was not active when needed this past year. The goal is to reactivate the program, and HAMC has already designated a new Hospice director to begin accepting admissions.

UPDATE: The Hospice program continues to be busy and successful. Nurses and aides are now fully employed in this department along with the full-time director/RN. The area covered is vast in North Dakota.

Diabetes Education

HAMC has been looking for ways to establish diabetic education in Rugby for several years. In July 2011, HAMC recruited a certified diabetic educator to the area. With her assistance, HAMC received its AADE Accreditation in May 2012. However, HAMC's diabetic education resigned in September 2012. During the time the surveys were sent out, the diabetes education was not a full-time program. Both diabetes and obesity was named as big concerns in Rugby. The need for diabetic education was obvious. HAMC

is pleased to announce that the diabetic education program is back to full-time status as of March 11th with the addition of a new diabetic educator.

UPDATE: Diabetes Education has expanded with telemed services and continues to find ways to perform community benefits. The clinic pharmacy is starting a program to give free diabetic test strips for those eligible under federal poverty guidelines.

Internal Medicine Specialists

Internal Medicine was the highest requested specialty based on the community surveys received. HAMC is currently expecting two internal medicine specialists to begin in late August or September 2013.

UPDATE: HAMC is still looking for an internal medicine specialist.

Shortage of Providers

HAMC has faced the need for more providers for years, and this is a problem many rural hospitals face. HAMC is excited for the return of a previous family practice physician expected to start in early June 2013. In March 2013, HAMC welcomed a new nurse practitioner to their Dunseith Clinic site.

UPDATE: The NP in Dunseith resigned in 2016, but we were able to hire a replacement. We lost our Maddock NP as well in the past three years, but we were able to hire a replacement. Therefore, shortage at the satellite clinics does not exist. We are experiencing a shortage in Rugby with a retiring MD and an MD on maternity leave. We are currently filling one MD position with a locum. We are recruiting another MD to cover the MD retiring, and will continue to find a possible second surgeon to assist in the need of surrounding communities.

ER Abuse

HAMC feels that the ER abuse concerns seen in the professional survey are partly due to shortage of providers and patients not able to get clinic appointments. HAMC has been restructuring the ER department. Beginning April 1, 2013, HAMC will have one physician and two nurse practitioners staffing the ER. They will also be available to see the clinic overflow when not seeing ER patients. This new restructuring will allow patients to be seen in the clinic setting rather than the ER in non-emergent situations.

UPDATE: HAMC is trying not to overflow the ER providers to the clinic for Medicare cost report purposes. However, Maddock is now open five days a week, which allows more clinic hours for non-emergent situations.

SWOT Analysis

In 2016, Board Members, providers, top management, and key community members were invited to a SWOT (Strengths, Weaknesses, Opportunities, and Threats) retreat in Bottineau for one weekend. Key members from the community were from the Chamber of Commerce Director, Pierce County Tribune, and the local radio station.

Prior to the SWOT, each invitee received a survey. The results of the survey are:

What are the organization's three greatest strengths?

- Need. As you know healthcare is an important facet in everyone's life and in a community. Rugby is fortunate to have such a provider
- Small enough to be nimble within the marketplace and evolve as the needs of the community change.
- Respect. The organization is well thought of and has the right leadership to build on that respect.
- Have invested in leadership development and training
- Have a variety and fairly broad spectrum of services to offer
- Working relationships with Clinic providers and HAMC have overall improved
- Geographic Location to other facilities and on Highway 2
- Technological advances that we already have. Epic, MRI, CT and 340b
- Employees care and want the facility to stay viable
- Our location is prime
- We offer a number of different services
- Loyal community, board and employees
- Geographical advantage
- Strong provider support
- Geographically strong (we have the ability to be successful with the population available to us)
- Agile. We can see outcomes quickly by making key changes quickly.
- Personalized care we can offer.
- Location
- 340b
- Variety of services and levels of care we provide
- Quality providers and staff – well respected throughout the community and state
- Our Foundation
- Staff
- Location, as in geographic location
- Services provided
- Services we offer for the size of our community
- I feel we are very proactive – when we see a need we do our best to take care of it

- Good team work – I feel the Majority of our employees are about HAMC and that we have good people who work here.
- I feel we have very strong community support by our community and we have three very good Boards including the Hospital Board, the Foundation Board and the Auxiliary Board. They are all truly committed to this facility and their roles.
- Hospital in a small town with great Doctors, great surgical staff, Nurse Practitioners all so fantastic
- Clinic
- Community support with historic importance
- Great staff
- Distance from other larger hospitals

What are the organization's three most significant weaknesses?

- The size of the marketplace thus limited finances to take chances
- Small town familiarity can create complacency in service
- Attracting Doctors who have spent 4 years in college, 4 years in med school and up to 8 years or more in residency and could have spent close to 2 hundred thousand dollars or more for their education to come to a small town plus well trained and needed support staff. That town needs to have an understanding of ambiance, amenities, fellowship and charm. It is also important to have honest dialogue with the powers that be on why candidates choose not to come to Rugby. Not for the sake of criticizing but for the sake of understanding and hopefully evolving.
- Have not held leadership accountable for results that are controllable.
- Do not have the workforce to cover employment needs.
- Speaking from our past approach, we seem to be quite fragmented, we fail to see ourselves as one organization that is very much intertwined in the ebb and flow in our daily affairs. We seem to quickly forget what we do, or do not do, in one area directly or indirectly impacts other parts of our service organization. We tend to highly focus on one are, almost to the point of abating the others; while at the same time, some areas have been in great need of attention of process/system improvement and issues been completely avoided.
- Lack of wanting to change to current trends
- Facility needs updating
- Tough to find capable staffing
- Local perception that patient information is not safe.
- Our facility is dated, patients want new, neat, fresh...not dated and pieced together
- Employees who tear down the organization and don't take pride in their jobs
- Lack of knowledge to deal with new regulations/reimbursement
- Recruitment of providers
- Revenue for capital improvements
- Employee Turnover

- Financial Performance (top heavy in management, overstaffed in some nursing departments and high contract costs in others)
- Recruitment
- Not able to keep patients due to providers
- HR support / Purchasing
- Lack of employee education (besides BLS, ACLS, etc.)
- Lack of workforce to cover needs
- Lack of Physician specialists coming to our facility
- Silos between departments – critical of each other without truly understanding situation
- Recruitment of additional staff, providers, nurses, cnas, housekeeping (etc.)
- Aging population
- Work force shortage/turn over which leads to contract help.
- This facility – I feel we need an update which is sad because I feel we have tried so hard to keep it “updated” but is it time for a new facility? ☹
- Professionalism/ownership of managers
- Lack of sufficient revenue
- Attaining and keeping quality staff
- Keeping up with financial and governmental changes

What are the three greatest opportunities that the organization may be able to capitalize on (e.g. community relationships, partnerships with other providers, information technology, service expansion, etc.)?

- Utilizing existing infrastructure like the train to create unique marketing opportunities outside of Rugby
- Partnership. Being the largest employer the hospital needs to have direct input on the ever changing landscape of Rugby and where the emphasis needs to be so the hospital can compete. A small town hospital not only needs to sell their organization to future hires but the need to sell the town. If not, even if someone chooses to come to work it is thought of as a pit stop in their career and their involvement in the community will reflect that temporary perspective. I often wonder why HAMC is not represented on the JDA board and I would love to partner with the organization to help attract and retain their workforce
- The ability to think outside the box to solve problems rather than looking to the status quo
- To provide better, higher quality and broader services to this area
- Proved Specialty service to individuals with Mental Health needs in this community.
- Continue to seek out new programs with revenue producing capabilities.
- Expanding service lines. Clinic and Therapies can expand to other communities
- Trinity is losing ground. Need to pick up some pieces if it is nursing or Providers
- Walk-in Clinic hours to avoid ED misuse

- If we could get more specialists to visit, even if just a couple times a month, Peds, OB, Oncology...
- Increase reimbursable services that are unique to the area (i.e. chemotherapy, surgery, urology, etc.)
- Integration of all health professionals to create a more efficient delivery of services (paramedics, pharmacy, PT, etc.)
- Increase education to community about the importance of “local healthcare”
- Provider partnerships. (Bring in specialists and more surgeons, oncology, cardiology, rheumatology, etc.) This would allow us to expand other programs like 340B.
- Affiliate with a larger hospital to gain efficiencies in IT, billing, coding, and finance (not just efficiencies but accuracy as well)
- Benefits in revenue and quality from the ACO (Tons of opportunity if we do it right!)
- Tuition reimbursement
- Work with Chamber, to have leadership program
- Telemedicine
- ACO – population health. Involve our community, chamber and EDA and JDA for expansion.
- 340 B.
- Good relationships with other facilities – current contracts already in place for telemedicine/IT etc. Use this to help with some areas of need or for expansion in some areas such as Chemotherapy – Specialty Surgery – more telemedicine etc.
- Partnerships with smaller local organizations, such as clinics in Rolette, Rolla, Cando, etc.
- Expanded clinical services, if able to recruit other providers
- Technology
- Employee recruitment
- Expansion of services
- I truly believe working with our own community.
- Informing our community more.
- Service expansion
- Distance providers using technology

What are the three most significant threats facing the hospital (e.g. regulation, competition, workforce shortage, ACA, etc.)?

- Litigation thus the cost of insurance and other related expenses.
- Limited workforce and the difficulty it is to attract a workforce that would be excited to come to a small town with small town limitations.
- Collections. Giving service to the non-insured and under insured and not being able to collect for it.
- Provider & workforce shortage

- Regulation/payment
- Quality/public perception/efficient resource utilization
- Workforce shortage (Pay is what people look at. Not so much as to everything else they get. Dollar in hand)
- Tough to keep up with having to do more with less money
- Perception that bigger is better
- Larger entities refuse to refer to us even if our patients are closer
- Unable to compete with larger entities for workforce
- Government regulation
- Lack of providers
- Contract labor
- Financial mismanagement
- Recruitment
- Regulation (bundled payments, quality based reimbursement)
- VBP
- No training to improve HAMC employee skills
- Not replacing old equipment
- Healthcare staff shortages in all areas. Baby boomers retirement age without adequate replacement staff numbers and/or experience. Need to pay more attention to work/life balance.
- Payment incentives from volume to value – bundled payments etc
- Financial burden of updating and maintaining building and equipment and keeping up with wages.
- Finances
- Staffing trends and lack of staff
- Rising costs
- Work force shortage
- Facility updates
- Competition
- Competition with larger hospitals
- Easy to drive else where

Critical Issues

Please rank the importance of addressing the following issues, using a scale of:

Critical (1)

Somewhat important (2)

Not important (3)

Not sure (4)

(Responses have been tallied.)

	Critical	Somewhat important	Not important	Not Sure
Physician retention	10	2		
Physician recruitment	11	1		
Marketing Services	7	5		
Community Perception	7	3		
Regulatory Reform and Compliance	10	1	1	
Quality	10	2		
Competition	3	5	3	1
Aging Workforce	4	8		
Financial Viability	11	1		
Electronic Medical Record	5	5	1	1
Advanced Technologies	5	5	1	1
Population Health Management	6	4	1	1
Integrated Health Care Delivery System	7	2	1	2
Price Transparency	2	6	3	1
Quality Result Transparency to the Public	7	2	3	
Other: "Organization to have input on the needs of the community that lies beyond health care"	1			

What other issues are important to be considered in ensuring the future success of the organization?

- I believe creating niche markets are important for any small entity to survive against larger markets. Identify what needs are not being met specifically and create a program that addresses those needs. Working with the community leaders to create a small town atmosphere that will attract workers not discourage workers from accepting positions offered.
- We need to have employees willing and able to adapt at a rapid pace. The main advantage of a small facility is the ability to adapt and try new processes.
- Improve expand the function of support departments, i.e. maintenance, HR. These departments need to treat every department at HAMC like their customers. They should make the jobs of each department easier by having not just a willing attitude but the scope of their responsibility should cover all things related to their purpose and not leave certain aspects to the dept. managers. They should be full service departments.
- I question the accuracy of our billing department. Are we capturing all of the dollars available to us? Or do we leave money on the table? Do we have the expertise (skill and training) to ensure this? Good departmental management is all for nothing if we don't capture all the profit for the work we've done. This would be a big advantage of an affiliation with a larger hospital.
- Administration, board, management and providers have to be on the same page as far as mission, vision, values and actions taken. Anything else, tells our employees that is it all "optional" and not important and gives the community reason to look for fault. We need to have our opinions – and make our concerns known in meetings etc. – but in the end, we have to be a united front. There is too much change in healthcare right now to not work together
- Staffing is a huge concern
- Costs of staffing
- I feel there has to be some decisions made first and foremost regarding the financial stability of this organization and how we can get out of the red and into the black.

Mission and Vision

Will our mission and vision continue to be appropriate and viable in the year 2016-2017? If not, how do you believe the mission and vision should be different?

- Smart Medicine & Exceptional Service- I believe it to be appropriate/ whether or not it will be viable will be up to us! Employer of choice- I believe it is appropriate. With the current unemployment rate as low as it is; everyone's competing for the many of the same workforce. We have spent an extreme \$\$ amount on advertisement this past year. Yet we are getting marginal candidates at best. We

need to be known as the “provider of choice” to attract the “cream of the crop” workforce and better utilization of financial resources. Our current approach to staff recruitment is very expensive not effective.

- I believe it is appropriate and viable.
- I believe it appropriate. I think we can do a better job of fulfilling these.
- Mission – yes, but need to keep the staff smart
- Vision – good wording, need work
- I don’t know that we really need to change them as much as we need to embrace them.
- Yes I think that mission of the organization has not changed and we will continue to work to achieve that.
- I feel we need to a meet first to discuss changes, etc., and at that point look at our mission and vision statements.

The Retreat

What do you want to accomplish at the retreat?

- Identify, celebrate and build on what is working well?
- Identify what is not working.
- Develop strategies and plans to implement changes that will achieve desired results.
- Hold all responsible parties accountable for identified specific results.
- Get a better understanding of what we can do to solidify our future as a regional healthcare leader, and make plans that can actually be executed. I want this to be productive, with people knowing what their specific roles are, not wishful thinking ideas like LDI’s.
- Identify the top three goals that will lead to financial stability
- Would like to feel confident that we can improve our stake in the community and become a viable organization that will attract skilled providers. Then to practice transparency by having all employees involved or at least informed of the direction the organization will be taking.
- Teamwork on actions taken.
- Come up with good ideas
- Align our goals.
- Hopefully come up with ways to improve and expand in ways we can afford
- A definite plan/vision of where this facility is going and where it will be in the next five years.
- Just learn what the members of "front line" are thinking.

The SWOT began with four presentations from top management. Two managers presented on each of the four sections of SWOT. After the presentation, certain possibilities to SWOT for HAMC was presented and each attendee voted on their top three in each category. The results of the SWOT:

Strengths

1. Community
 - a. Community support (11)
 - b. Longevity (1)
 - c. Stability (1)
 - d. Supportive
 - e. Unique
 - f. Sense of pride
 - g. Need
 - h. Engaged Board (1)
 - i. Organizational management
2. My Health
3. ACO (3)
4. Progressive and nimble (1)
 - a. ACO (3 more)
 - b. 340B (21)
 - c. EPIC
 - d. Meaningful Use
 - e. PQRS
 - f. Care Everywhere
5. Communication access
6. Independence (4)
7. Excellent Staff – ALL (9)
 - a. PT (3)
 - b. Singing nursing staff
 - c. Creativity
 - d. Midwest work ethic
8. Physical plant (2)
9. Foundation (3)
 - a. Auxiliary
 - b. Volunteers
10. Great location- Centrally located on planet (4)
11. Personnel (6)
 - a. Creative staff
 - b. Passionate (1)
 - c. Longevity
 - d. Commitment
 - e. Responsibility
 - f. Relationships

- g. Kindness
- 12. Services (8)
 - a. PT (2)
 - i. Dry needling
 - b. Pharm/Retail Pharm
 - c. Hospice (3)
 - d. OT
 - i. Lymphedema
 - e. MRI
 - f. Surgery
 - g. Ophthalmology/Podiatry
 - h. Acute-Swing-Basic Care-Assisted Living-Hospice-Homecare
 - i. MyHealth
 - j. Treatment Room
 - k. EMS
 - i. Billing
 - ii. Education/Intercepts
 - l. Cardiac/Pulmonary Rehab (1)
 - m. Telemedicine (7)
 - n. Stress test
 - o. Day care (2)
 - p. Speech therapy
 - q. Diabetes Ed
 - r. DME
 - s. ER-provider on site
 - t. RT
- 13. Quality Providers (9)
 - a. Large number of providers
 - b. General surgeon
 - c. Women's health
 - d. Stress test
 - e. Prenatal
 - f. Opioid rehab
 - g. Jail contract
 - h. Balanced and integrate
 - i. Personable/caring
 - j. Access/availability
 - k. Collective years of experience (1)
 - l. Award winning (1)
 - m. Satellite clinics
 - i. Rugby/Maddock/Dunseith

Weaknesses

- 1. Financial instability (6)

2. Care Center Contract labor (1)
3. Staff Shortage (9)
4. Level of expertise
 - a. Education requirements
5. Employee Turnover (12)
6. Affordable housing (2)
7. Child care (4)
8. Market place infiltration
9. Physician Recruitment (6)
10. Career Ladder
 - a. Encourage self-improvement
11. Provider appreciation
12. Stuck in the past
13. Motivation
14. Bad Debt (2)
 - a. Community backlash upon collection
 - b. Lack of accountability
15. Communication (6)
16. Board of Directors-Election outdated; changes needed
17. Mental Health (5)
18. Leverage strengths of community businesses
19. ER Entrance (6)
20. Physical plant (8)
 - a. Lack of privacy
 - b. No canopy @ ER entrance

Threats

1. CAH Revenue from Medicare (15)
 - a. Volume vs value
2. Get more patients (5)
3. OIG Swing bed (1)
4. Un/Under insured
 - a. Poor insurance communication (6)
5. High salaries
6. EPIC (cream of crap)
7. Nursing shortage (13)
8. Lack of cross training (9)
 - a. Too particular of shift work (1)
 - b. Entitlement (3)
9. Exclusion from Network
10. Bundled payments (14)
 - a. Patient becomes self-pay (Swing bed)
11. Insurance picking what to pay for (7)

Opportunities

1. PT in Dunseith (2)
 - a. PIC Lines
2. New provider services-Botox (6)
3. Case Management (5)
 - a. EPIC-DC vs readmit
 - b. Informatics
4. Recruitment/Retention (1)
 - a. Vesting Retirement (9)
 - b. Self-education/improvement (3)
 - c. Housing (8)
 - d. Wage adjustment survey (able to use)
5. Community Services
 - a. Daycare (8)
 - b. Weight management program
 - c. PT expansion (1)
 - d. Career promotion in school systems (outlying communities also) (2)
 - e. 340B (12)
 - f. VA hospital (11)
 - g. Chemo (19)
6. Telemedicine (8)
7. Community reputation
8. Partnership w/ larger organization (1)
9. Centralize continuing education (3)

Focus Groups

The demographics of the focus groups were:

- | | |
|---|--|
| <p>1. Age of participant:</p> <p>40-54 - <u>10</u></p> <p>55-64 - <u>6</u></p> <p>65-up - <u>11</u></p> | <p>3 – <u>3</u></p> <p>4 - <u>2</u></p> |
| <p>2. Gender of participant:</p> <p>Male - <u>9</u></p> <p>Female - <u>18</u></p> | <p>8. Ages of household members (excluding participant):</p> <p>Under 18 - <u>14</u></p> <p>18-29 - <u>2</u></p> <p>30-39 - <u>1</u></p> <p>40-54 - <u>9</u></p> <p>55-64 - <u>6</u></p> <p>65-up - <u>8</u></p> |
| <p>3. Highest level of education:</p> <p>High School diploma/GED - <u>5</u></p> <p>Some college - <u>8</u></p> <p>Associate's Degree - <u>1</u></p> <p>Bachelor's Degree - <u>9</u></p> <p>Master's Degree of higher - <u>4</u></p> | <p>9. Considers health:</p> <p>Excellent - <u>11</u></p> <p>Good - <u>14</u></p> <p>Fair - <u>2</u></p> |
| <p>4. Current marital status:</p> <p>Single/Never married - <u>2</u></p> <p>Widowed - <u>1</u></p> <p>Married - <u>24</u></p> | <p>10. Last physical exam:</p> <p>Within the last year - <u>15</u></p> <p>1-2 years ago - <u>11</u></p> <p>2-5 years ago - <u>1</u></p> |
| <p>5. Household income:</p> <p>25k – 50k - <u>3</u></p> <p>50k – 100k - <u>17</u></p> <p>Above 100k - <u>5</u></p> <p>No response - <u>2</u></p> | <p>11. Last dental exam:</p> <p>Within the last year - <u>20</u></p> <p>1-2 years ago - <u>6</u></p> <p>2-5 years ago - <u>1</u></p> |
| <p>6. Occupation:</p> <p>Housewife/Homemaker - <u>4</u></p> <p>Business owner/manager – <u>9</u></p> <p>Assistant/Secretarial - <u>1</u></p> <p>Teacher/Coach – <u>2</u></p> <p>Farmer - <u>1</u></p> <p>Retired - <u>8</u></p> <p>Accounting – <u>1</u></p> <p>Physical Therapist - <u>1</u></p> | <p>12. Types of insurance:</p> <p>Health only – <u>19</u></p> <p>Health and Vision – <u>3</u></p> <p>Health and Dental - <u>2</u></p> <p>Health, Dental, and Vision – <u>3</u></p> |
| <p>7. Household size (excluding participant):</p> <p>0 – <u>3</u></p> <p>1 – <u>15</u></p> <p>2 – <u>4</u></p> | <p>13. Insurance providers:</p> <p>Medicare & Medica – <u>1</u></p> <p>Medicare & HAHP – <u>1</u></p> <p>Medicare & BCBS – <u>6</u></p> <p>Medicare & Thrivent – <u>1</u></p> <p>BCBS & Guardian – <u>1</u></p> <p>BCBS – <u>14</u></p> <p>HAHP - <u>3</u></p> |

The focus group was conducted with several open-ended questions regarding the healthcare in the community. The following comments are anonymous but were made during a focus group:

What is causing residents to leave the area for services that could be done here?

There were a couple of concerns about privacy, or knowing everyone too well, for sensitive exams (urology, colonoscopy, etc.). One person stated that she still goes to her dentist in Devils Lake after she moved to Rugby because her history is there. Mothers are taking their babies and children out of town to where they delivered the baby because the pediatrician is familiar with their case. Mostly, residents are going out of town for services because they were referred to a specialist.

What services are residents being referred out of town for? (most often expressed *)**

Obstetrics***	Heart & Lung
Prenatal services***	Pain Center
Pediatricians***	Back Surgeries
Internal Medicine***	Dialysis
Cardiology***	Monocular
Rheumatology	Ear/Nose/Throat
Dermatology	Allergies
Oncology	Neurologist
Orthopedics	Neuro-ophthalmology
Bone & Joint	Urologist for children

What services other than specialties do we need in Rugby?

Home Health
Expand or promote Hospice more
Parenting classes, breastfeeding classes, Wellness classes

What are other concerns or suggestions?

We could start sending out wellness check reminders from the clinic. Another hospital is sending out reminders to our mammogram patients that may not even have HAMC listed as a provider.

ER is not confidential or laid-out correctly. There is too much traffic coming through and no privacy for grieving or concerned family members.

Contract staff does not follow AIDET.

Neither ER nor Clinic is child friendly. Perhaps have one ER room and one clinic room decorated to comfort a child waiting for the doctor. It may attract more mothers to bring children for wellness checks.

We don't have enough physicians. Sometimes patients cannot get an appointment and must go to ER. They would like to be able to have a family doctor that they see every time. Some patients prefer the MD over the PA, which is not always available.

If Rugby lost their healthcare, many residents would move away. Elderly stay in this community because of the services we offer.

We need a payment or bill explanation at time of service. People are too surprised when they receive a separate professional billing from a different location and city they don't even recognize. The place they will be receiving the bill from later should be explained to them before hand so they will expect the bill.

Education to Medicare patients on what their coverage will cover, how many days, services, etc.

Haaland Estates is much appreciated.

HAMC has never breached confidentiality. HAMC was highly rated on privacy of our patients.

Our vision center is too overpriced compared to other towns. This is causing Rugby residents to shop out of town.

We are teaching our young couples starting families to shop out of town. If we are sending our young expectant mothers out of town for prenatal and to deliver, she will become familiar with those doctors and nurses and will seek that place for all health care for her entire family. And since they are traveling for healthcare, they will make appointments for dental and vision just to get everything done in one trip.

Sometimes a business has to do things that are not very profitable to bring business in for the profitable services.

Spend a little more to get the best doctors, and business will come to you.

Young families may be choosing not to move to Rugby because there is no OB.

Why are specialists able to go to smaller towns, but we can't get them?

Are the satellite clinics necessary, or are they taking too much of the doctor's time?

Doctors coming out of school are choosing specialties instead of becoming a general practitioner, which is causing a shortage.

In sensitive areas, such as receiving chemo, patients would like to have the same nurse do the procedure and do it right so they are comfortable. Maybe allow nurses to specialize in these areas?

Health Care Professional Survey

How could your workplace be improved to better meet the needs of the patients?

Evening extended clinic hours to decrease non-emergency ER visits

We get burned out from having the same swingbed pts - especially for 100 days - staff more

Home health - home visits after discharge

Outpatient services or infusion clinic separately staffed (for example: chemo, antibiotic infusions). Promote that people do not have to travel.

Would be nice to have volunteer show people not familiar with the building (like a transporter) show them around or where to go. The volunteer now just sits at the desk.

Offer OB

Provide after hour clinic & on weekends

Provide OB service

Have more specialists (cardiology, oncology, ENT)

Evening/after hour clinic.

Specialist visiting for better follow-up care and possibly do some procedures here.

Many have asked us about using OB again - is difficult but we should be promoting Peds.

Promote infusions/injections.

More Home Health/Visiting Nurse to prevent re-admits

Offering outside options, extended care & assurance of assistance post discharge

We need more funding and our own staff to care for residents - decrease contract staff

Communication between department. For example, LTC with surgery & surgery with LTC is now a work in progress

To have a radiologist on staff would be a great benefit - we have the work load to support them

It would be better if we had an x-ray table that was adjustable in height

We need a new CT machine, and room could be updated

New stress machine

We could use handicap bathroom in lab

Family bathroom by Acute

We need privacy in the lab drawing area

Better handicap restrooms

More info to public that we can do their outside lab orders - no need to travel to Minot, Bismarck, DL, etc for routine testing. Have commercials providing info not just for surgery or radiology or clinic.

Wellness center open more hours

More nusteps. People waiting for them M-W-F due to cardiac rehab busy.

A handicap restroom would be a real plus

A handicap accessible door into the lab would come in handy for many elderly & wheelchair patients.

We are in need of a radiology room that is efficient and more safety conscience of our pts at this point it is very difficult for our patients to get off and on our x-ray table. This equipment is very old and the newer models all have tables that go up and down.

I would like HAMC to have an insurance advocate/informate to review what their benefits are relating to what services they are receiving @ HAMC

Floors need to be redone in pt rooms. Bar to hold onto along hallways - one of our patients will end up falling due to it.

There are safety concerns with the carpet in exam rooms, which is also an infection risk

More user friendly EMR

We need more providers

Get another doctor & better housekeeper who keeps the clinic clean

Handrails on hallway

Carpet in exam room replaced

Exam rooms cleaned properly

More space - admitting area's too small & only have 3.

Computer program that works, more computers @ nurses' station

Exam rooms clean and presentable to clients & family

Lower the threshold on the entry door

Double provider coverage would help

Interior of Dunseith clinic needs a "facelift"

More phone lines into clinic - 5 at least

Chairs in the exam rooms with arm rests

More space for charts

The ability to record messages regarding hours etc. on the incoming phone lines

Help residents maneuver thru the maze of medical care, insurance, and available services in our county

What resources would help you better meet the health needs of the patients?

More education for staff for mental health issues, especially post suicide attempt.

Internal medicine physicians!!!

More staff members

Home services - to prevent readmissions

More monies available to low-income people set up in a manner where they still have some responsibility to pay.

Offer OB

Better computer system

Provide education for patients with CHF

Provide education for diabetes

Specialists could be visiting (cardiac, cancer, ENT, Ortho, continue Optamology & Urology). Internal medicine would help in house

Is the idea of dialysis something to consider again?

Further community needs outside the facility

Psychologist - many residents need speciality evals in this area & must be transported, usually by family to get evals & treated

Psych doctor present to help with referrals or medication changes.

A Rad-table that lowered - easier for pts & techs

Adjustable table in x-ray room

MRI machine for stroke protocol patients

As of getting an MRI machine, will more than likely need one more full-time tech!

We should have a survey for residents to fill out on Lab only so we know how they feel

Wellness programs

More doctors especially internal med

A wheelchair in the lab or at admissions at all times would help the patients get to the next station.

Financial support for new radiology table.

More computers, printers, & phones at our work stations

Better/closer access to specialists

We need a baby scale

Better phone systems & computer systems that work

More computers & phone @ stations & systems that work

Need more Drs - OB, peds, Internal Med

More computers

Mammography clinic

New baby scale

X-large wheel chair

Xray and lab available at time of services

What health programming do the residents of our community need?

More education on proper use of ER & what is an "emergency".

Suicide awareness to the public.

Home health

Post-hospital stay visits

Walk-in clinics to decrease non-emergent ER visits

People need to be educated on how and when to use the clinic/ER. They run to the doctor too often without even trying OTC items

OB

CHF support group with education

Support group for people with cancer

Support group for people caring for disabled people - like Alzheimer's

It would be helpful to have an OB/GYN in this city

Diabetes & Cardiac Support Groups we have - could expand on & add increased chronic disease management

Re-start CA Support groups

More on community safety & Peds issues

Home care, med admin, baths, ADL

Most residents depend on Medicaid

More information regarding home health.

Info on all over wellness/fitness - obesity is causing a health care crisis in our country

Education on diet & exercise

Informed on upcoming events via the paper or radio

Home Health Care

Hospice Care

Diabetic care

Chemo transport

Obesity program

More diabetic education for patients

Youth wellness programs

Home health

More community education

Better diabetic teaching

Better transportation for our elderly pts

Education on pain management

Diabetes education

Vaccine education

Home inspections - welfare of children education

More physicians

Education on new laws

OB care

Shuttle service from outside area to facility for elderly & disabled

Drug abuse, smoking, alcohol

Vaccines

Safety, nutrition

Diabetic education

Dietician

Physical Therapy

What populations are underserved?

Pediatrics

Those with mental health issues

Obstetrics/diabetes/hospice/cancer groups

People who have no insurance - usually younger people

The elderly

Pregnant women

OB & Peds. By losing OB, we lose a lot of Peds. When we delivered the baby in the

ER, the mom said "I wish you did Peds here - I'd rather bring my kids here" and we replied "We do!"

Elderly

Residents with psych needs - our physicians will send res to a pediatricist for toes but don't want to consult a psych for behaviors?

Middle class - people who have quit taking out insurance because of rising costs

Rural population

The elderly

Children

Pregnant women - no babies born here at HAMC!!

Those without insurance - can't afford healthcare

Uninsured or with financial issues

Elderly pts - because of transportation

Dunseith & Belcourt area - poverty area

Elderly

Children

Pregnant females

Elderly

Elderly

Obstetrics patients

Diabetics

Elderly

Self-employed

What prevents patients from getting the health care they need?

Not enough population to make us efficient

Not completely knowledgeable

Lack of experience with staff

Cost

Work schedules

Specialist needs

Lack of physicians - people don't always want to see a PA or have multiple complex issues

Money

Transportation

Transportation

Easy access to services

No physicians

Money

Transportation

Many should be in LTC but can't afford it and don't qualify for MA

Lack of insurance

Limited resources and inconvenience for specialties

No coverage or none for residents/community - high insurance rates

Uninsured, unable to afford it

Finding people to get them to their appointments (drivers)

The weather

The rising costs of insurance, gas, groceries, meds - it's hard for them due to their income

Help get people to clinic and hospital

Not enough providers - but am aware of how hard it is to recruit providers & how hard Jim is trying

Not knowing what services HAMC provides (wound care, post chemo labs, etc.)

Not enough docs

Need internal med for elderly patients

Diagnosis needs to be seen by MD instead of PA

Cost - co-pays, deductibles, meds, etc.

The expense of healthcare

\$ - if they do not have health insurance, they may not seek the care they need.

Forgot the appt date/time

Not able to understand the doctor

Transportation

Do not have rides to get to their appts

Medicare

No physicians to do care & deliveries

Transportation from areas outside of Rugby

Transportation

Finances

Knowledge barriers

Transportation

Cost of medication

What do you see as the three most important health issues in our community?

Suicide awareness - especially young adults/adolescents

Misuse of antibiotics - not taking as prescribed

Over prescribed/easy access to narcotics - drug seeking behaviors

Home health to prevent hospital readmissions

Clinic/hospital physicians to keep people from seeking care elsewhere. Physician recruitment and retention is HUGE.

Falls for seniors

People have no idea what medication they take & will just skip their important meds some days & then end up in the hospital

Education for the public on a regular basis/Diabetes education/COPD/Stroke/MI, etc.

Maybe Drs could occasionally give talks in community for education including ER dr/surgeon/family practice

Need more physicians is the bottom line - & specialists

Too many people using the ER as a convenience and coming in because they can't wait for an appointment

Drug seeking people who want narcotics to use or sell

Transportation for the older people who don't drive and who don't have family here, especially after hours or on weekends

Not enough doctors

Need internal med doctor to keep more business at home

Patients want to see their own doctors on weekends; not locums

The elderly having to travel for appointments with specialists

The increased amount of people without health insurance and higher deductibles

Maintaining the hospital's ability to provide surgical services

Geriatric care

OB/GYN

Diabetes - need to expand process we have in place

Elderly - assistance/follow-up at home

Wellness - community & staff ed & care

Need free preventative care - lack of insurance causes pts to wait too long for medical care

Lack of maternity/delivery & maternal care

The increase of population, lack of decent housing for young families

Preventative health

Accepting psych as a medical problem - should be treated no different than CHF

OB-GYN - many babies have been born here in last 5 years. OBGYN contracts in Bottineau from Trinity to do prenats. I would have taken advantage of this. I always wanted my Dr. to know me better than a month before I have my kids. But traveling for prenatal visits gets really old! Ok not to deliver here, but just to have the opportunity to get to know your physician better & have a specialist care for you. Not that I don't trust current physicians. But this does seem to be the way medicine is going.

Common illness: cold, flu, eye infections recently

Obesity

Diabetes

Drug & alcoholism

Overweight/diabetes

Alcohol/drug abuse

Falls with elderly patients

Obesity

Drug & alcoholism

Diabetes

Diabetes

Cancer

Thyroid

Drinking/smoking/texting while driving/drunken driving/no seatbelts

Retention of employees (hospital & clinic)

Keeping existing services - we offer a nice range of services for a small hospital and need to keep what we offer in place

Keeping services affordable for the community.

Get docs - internal med and general to keep people here

Obesity program

More availability to get appointments with physician of choice

Need affordable healthcare/timely and accurate billing/affordable insurance

Lack of internal med & specialty dr. Lots of travel involved in referrals

Lack of speciality services in internal medicine, orthopedics, alceurology (sp?)

Prevention of disease programs

Access to excellent care in ER/trauma services

What is the future for Medicare patients?	Over weight
Not enough doctors in rural area	Respiratory
Not enough pts to keep our acute unit up & going - are nurses jobs going to be cut?	Shortage of doctors
What's going to happen to our health insurance benefits?	Care of our aging population
Lack of providers	Care of OB patients & the babies/children
Aging population increases demand for services	Orthopedic (Bones & Joints) physicians, skin care - dermatologist, Diabetes education
Aging physical plant - lack of funding to replace equipment/infrastructure	Alcohol & drug abuse including prescription meds
Pain med abuse, alcohol & other drug abuse	Obesity
Children behind on immunizations & well child exams	Diabetes
Obesity	Diabetes & Obesity
Diabetes	Hypertension & Smoking
	OB service for prenatal gals

Are there any other comments you would like to make regarding health care in our community?

Need to continue with diabetic education

Collect upfront \$ since self pay visits up & continue to have increased charity care (unpaid bills)

Specialists @ clinic (cardiology, OB, etc...) to see patients 1-2 times a month

Billing for services as being a paying customer - we don't get our bills for 8 - 16 months after the services. It's frustrating as you think your bill is paid & then here comes another one from 9 months ago. Have heard this from many others.

I think the healthcare in our community is great for our size. We have good doctors and PAs here, although we could use more. Would be nice to have an after hours outpatient clinic again. I don't see this happening, though (no one to staff it). I also feel the clinic, hospital, dental offices need to be strict on their payment plans, so if people can't pay right away they have options. Some people come to the ER, just so they don't have to pay the bill.

It is very good

Would like to see an internal medicine provider

We hear a lot of times patients are unable to get to appointments in clinic due to the decreased number of providers in the Rugby clinic

Would like to see the hospital more involved in providing exercise and health classes in the community, especially with the elderly

We are in a bind with our current lack of providers. Much work is being done here & I know what a challenge this is. But ultimately patients go where their Dr. is. We have to promote what we do have & keep on working hard @ Dr. recruitment. With elderly population in small communities - would be nice to have enough providers to cover more satellite clinics.

It would be nice to have a walk-in clinic on weekends instead of using ER for minor conditions. Also would like to see Rugby get an OB doctor here due to the increase in young couples and babies.

I often wonder if there was a way to convey to the public the abuse of the ER system. How it causes our health care cost to rise. Unfortunately, it's abused by the very people who don't pay their bills.

We have a wonderful facility that is capable of taking care of the surrounding area with very capable physicians and staff!

I feel that our hours of operation should also include clinic to be open on Sat. That would make less people coming into the ER for simple colds, flu, etc. and calling dept. staff in on call. We pay out a lot of money to an on call ER doctor and other dept. staff.

Rugby hospital is a wonderful place with wonderful talented staff. Acute care has a great bunch of nurses prepared to serve. People are going to other towns because of not enough docs here. And need specialized care.

It would be nice to see a flexible specimen collection plan where one of the lab employees would go into the home when the patient is bed ridden or doesn't have a ride or the weather is bad. We do this now on a very limited basis but I think there is a way we could actually charge for this service & insurance may pay.

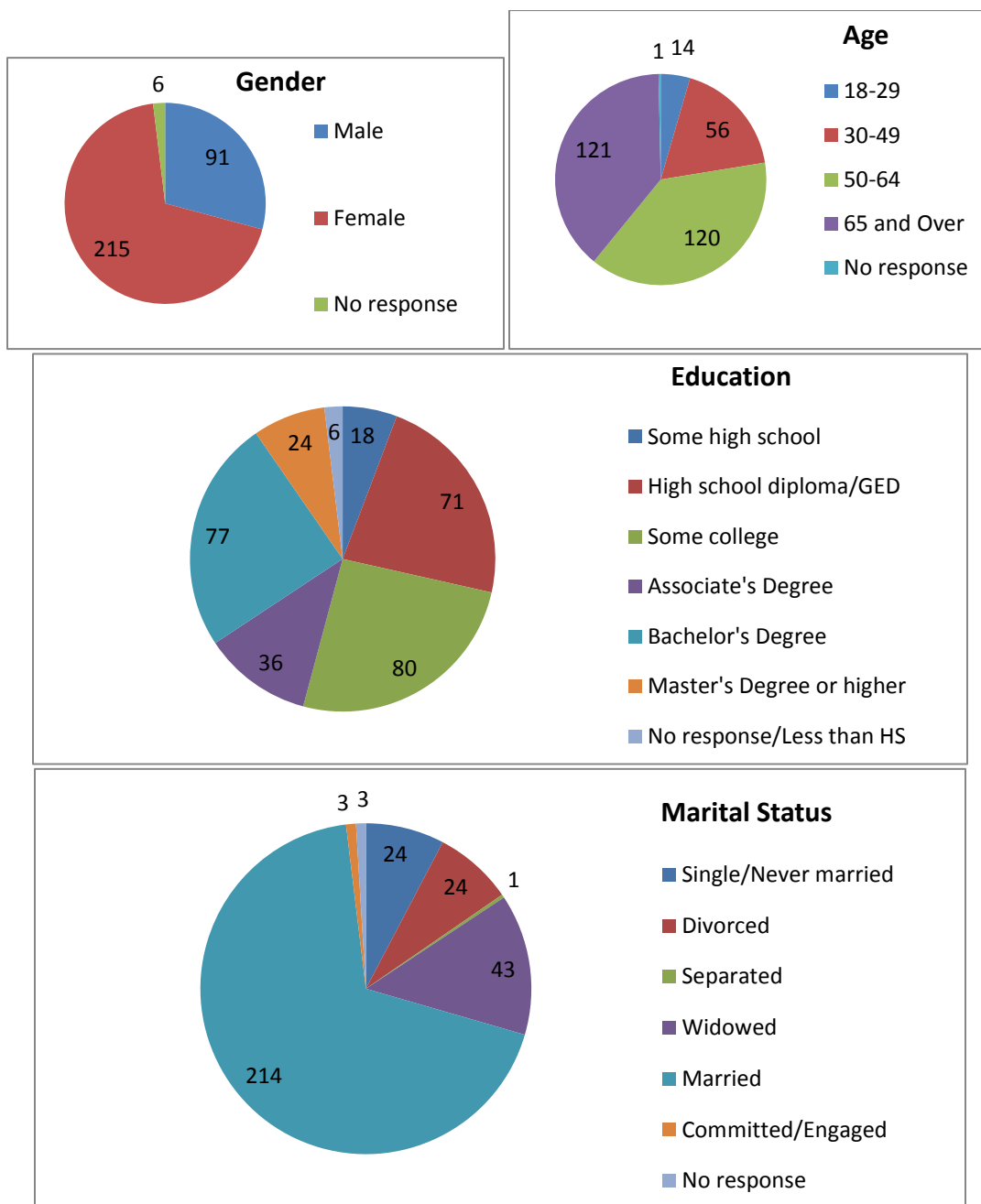
Help control pain med misuse; provide help to alcoholics & drug users; more providers needed

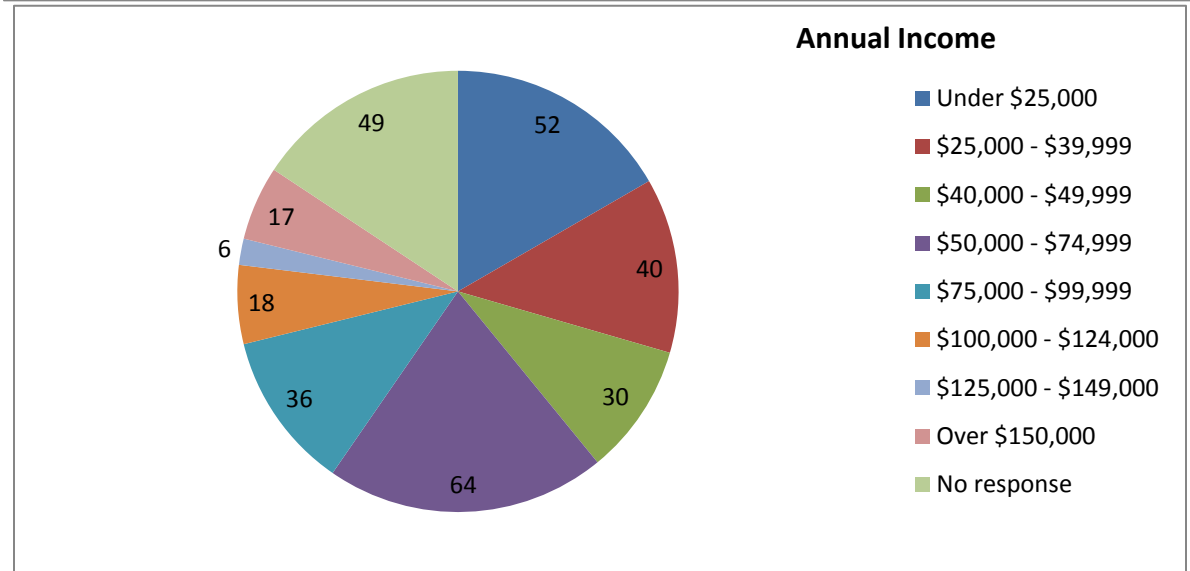
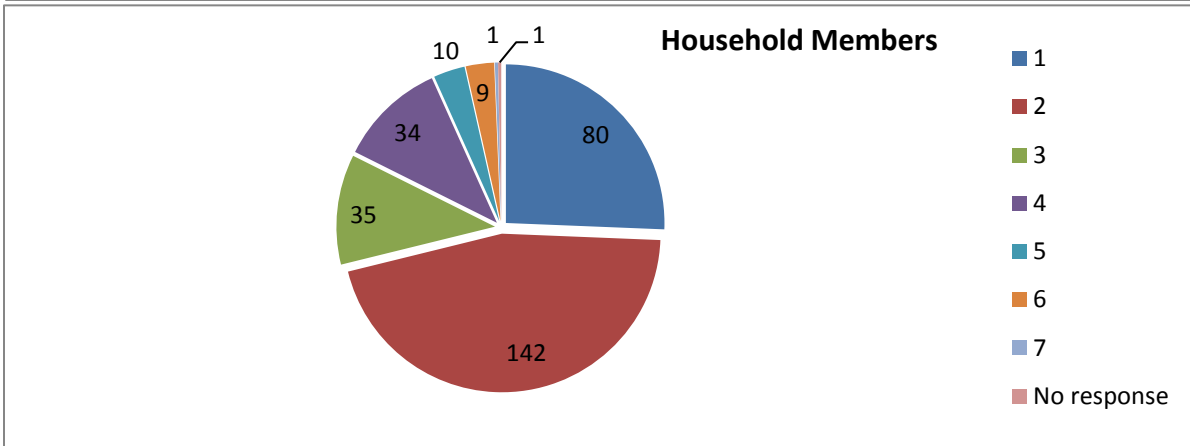
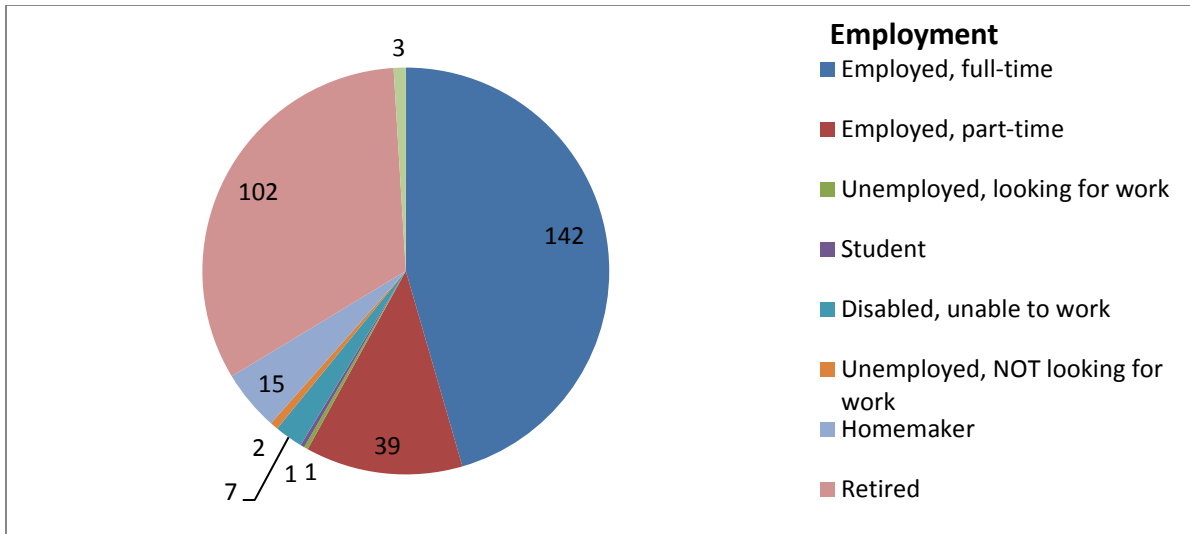
Our clinic has a wonderful front entrance but back in the hallway & exam rooms are hazardous with walkers and need to be cleaned. There is dust everywhere. Rooms need to be painted and staff is willing but are not getting the ok to do it.

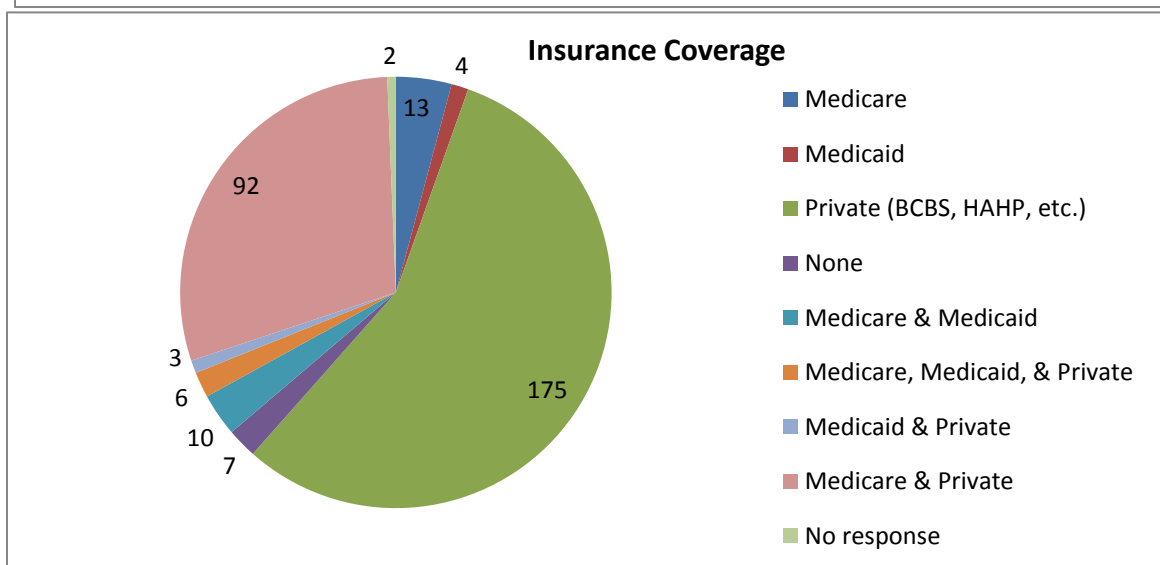
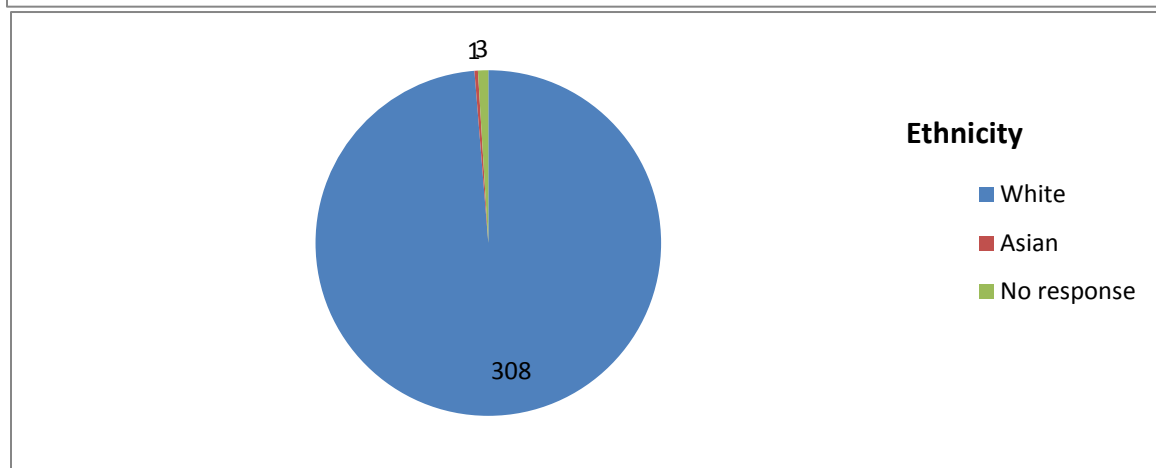
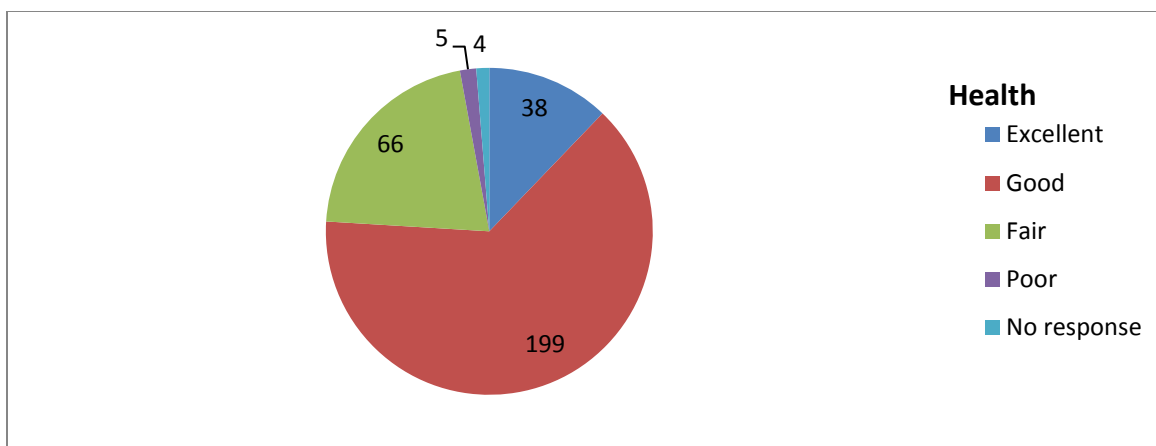
It would be a great service if patients could see specialists closer to home for OB, cardiology, etc. - if specialists could come to Rugby periodically (or another community close than Minot, etc.)

I believe our staff does an excellent job with what we have available. Every day we wish we had more resources for these patients.

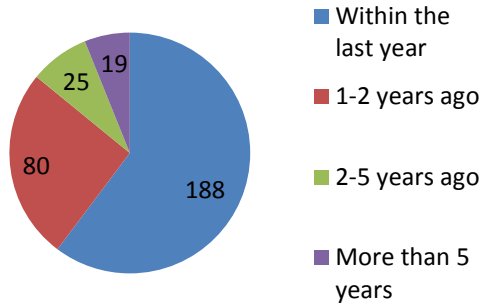
Rugby Community Survey Results



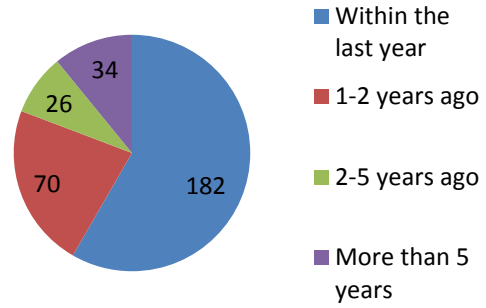




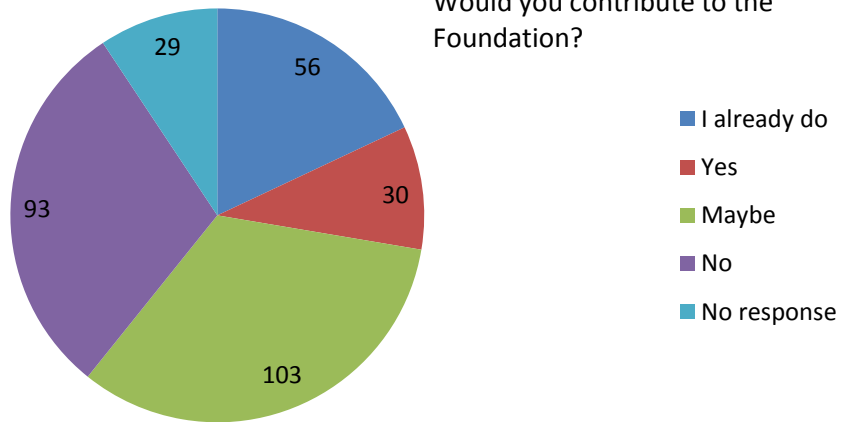
Last Physical Exam



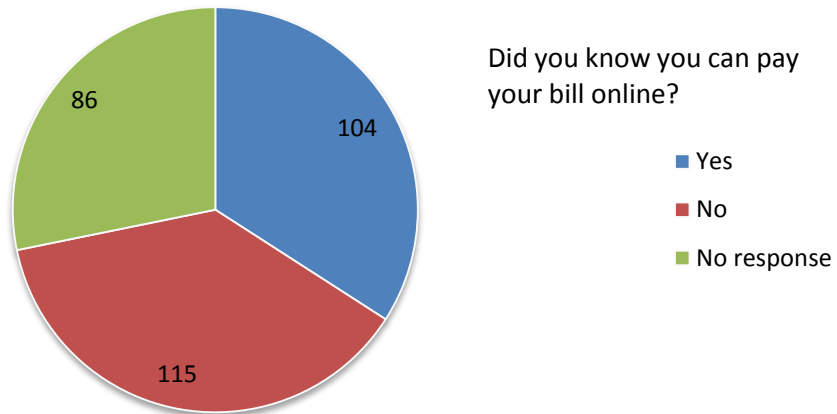
Last Dental Exam



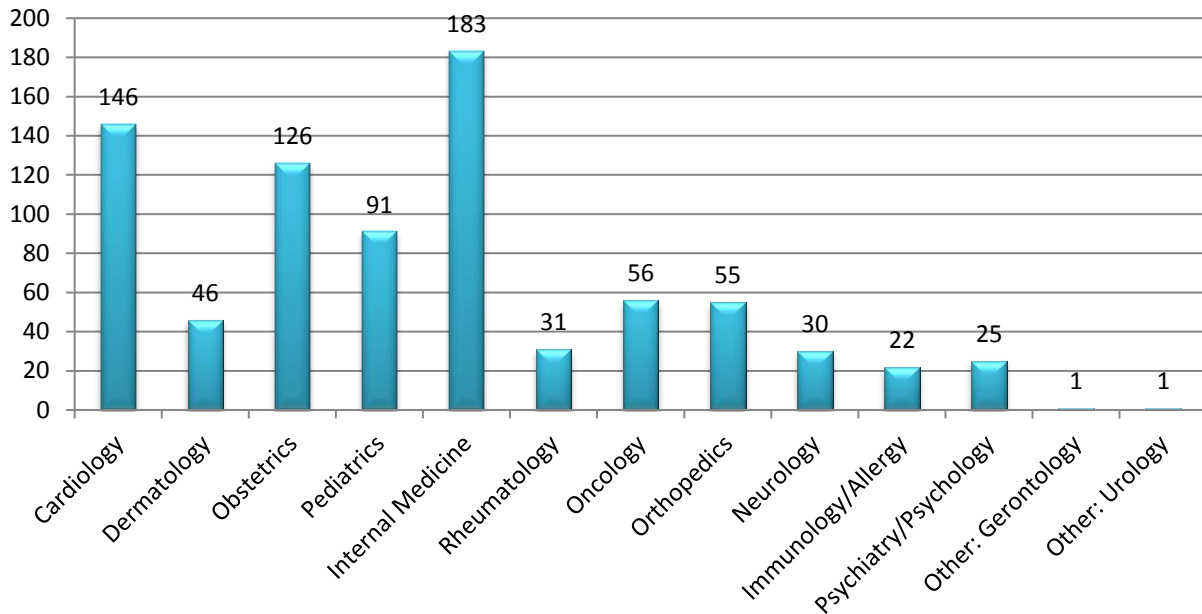
Would you contribute to the Foundation?



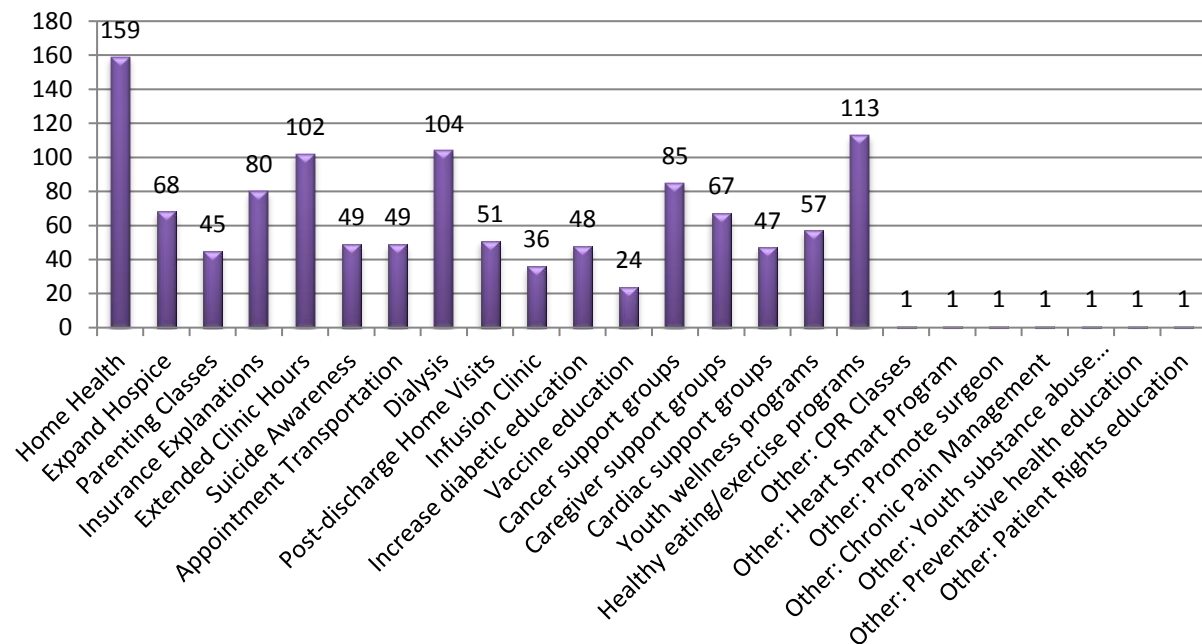
Did you know you can pay your bill online?



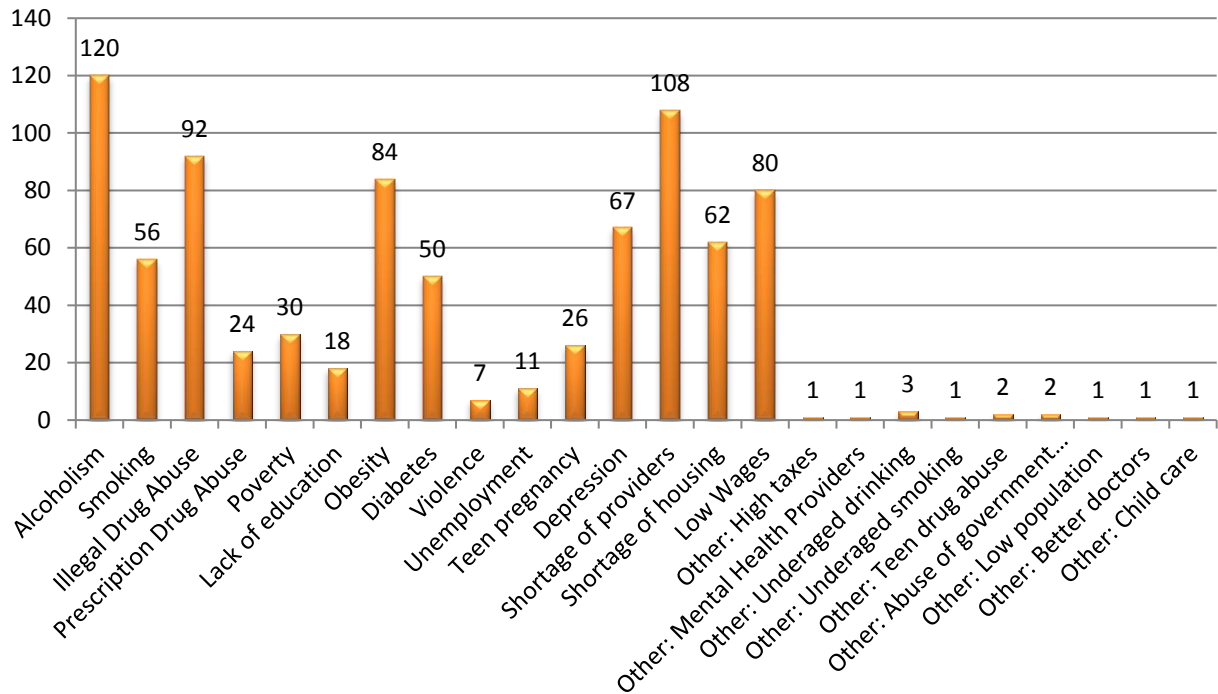
Which specialty is most needed in Rugby?



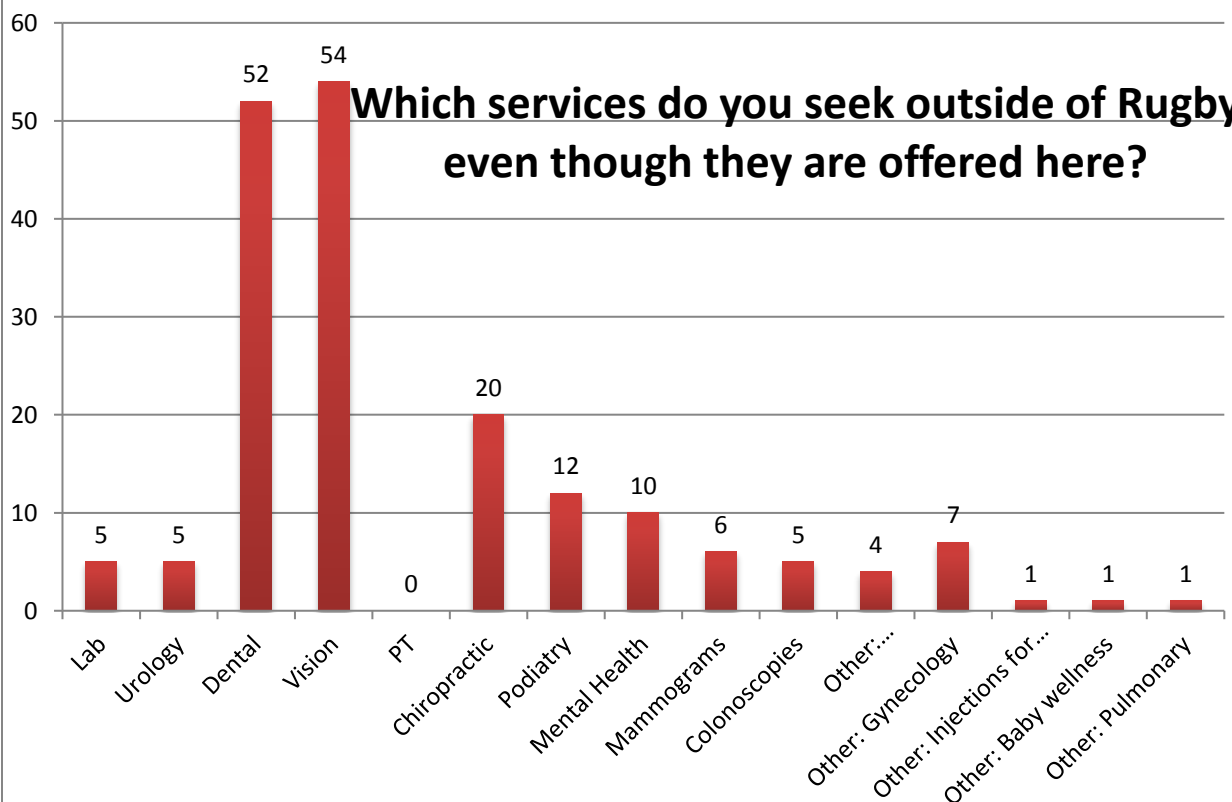
Which service/education/program is most needed in Rugby?



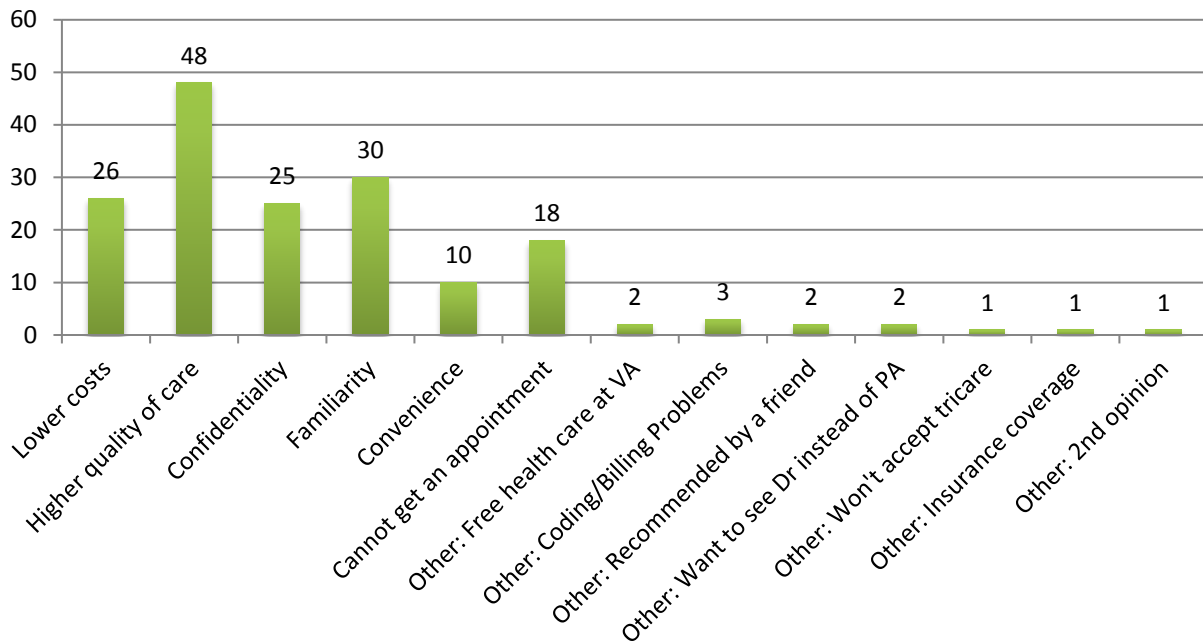
What is the biggest concern in Rugby?



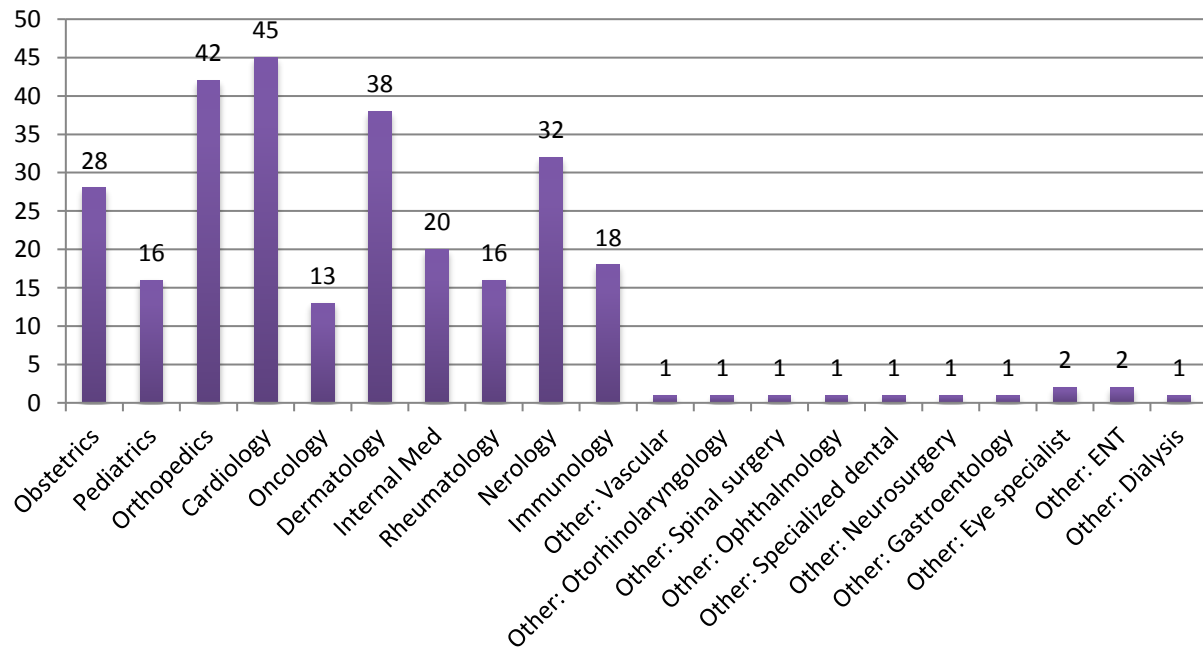
Which services do you seek outside of Rugby even though they are offered here?



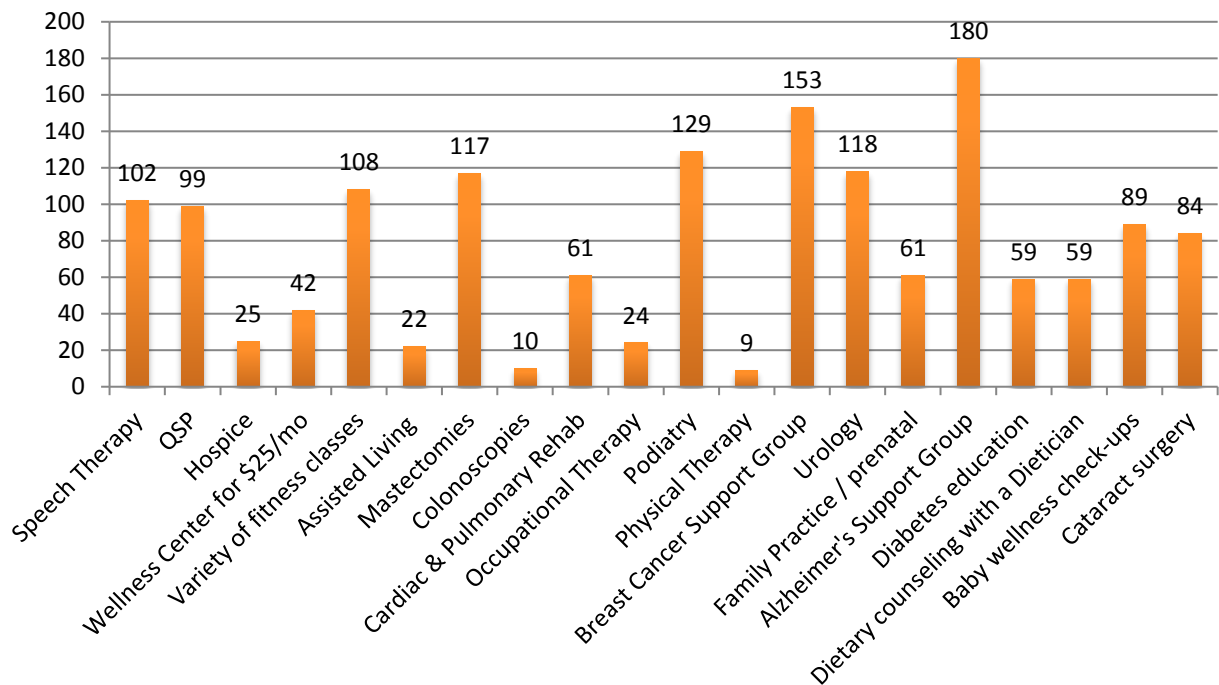
Reasons for seeking services outside of Rugby that are offered here



Which services do you seek outside of Rugby because they are not offered here?

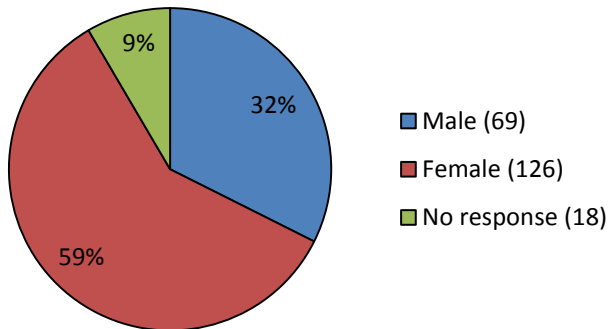


Services participants were not aware Rugby offered

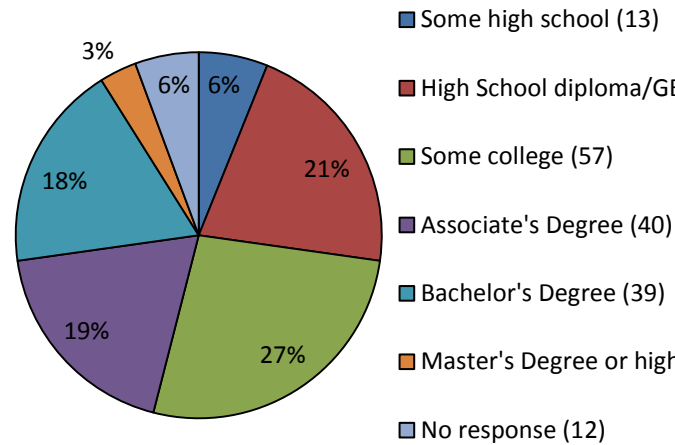


Maddock Community Survey Results

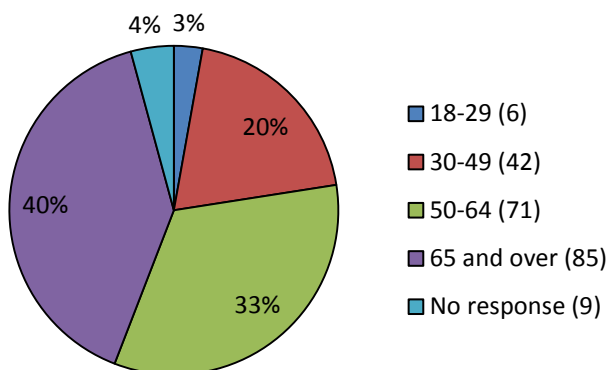
Sex



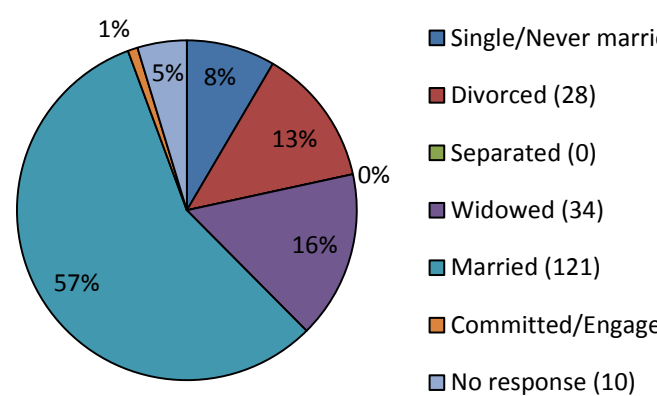
Education



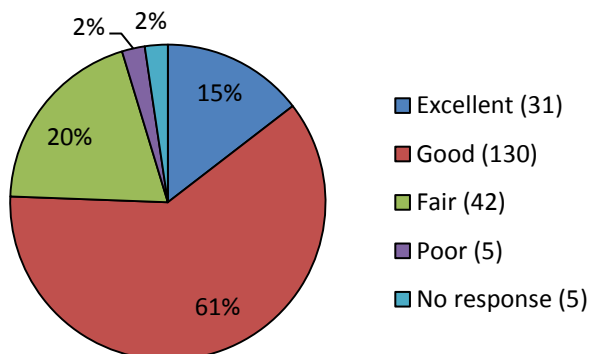
Age



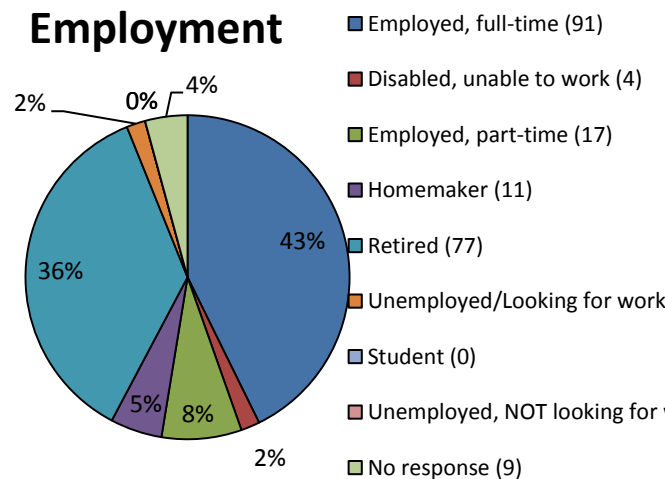
Marital Status



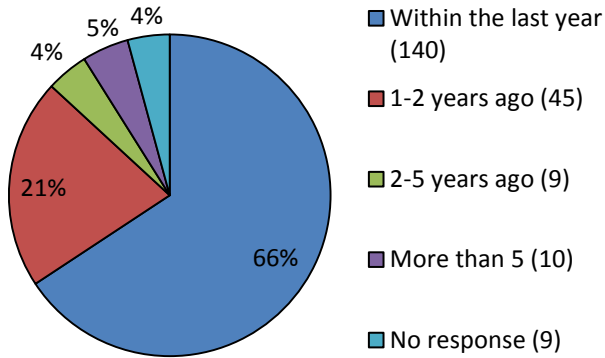
Personal Health Rating



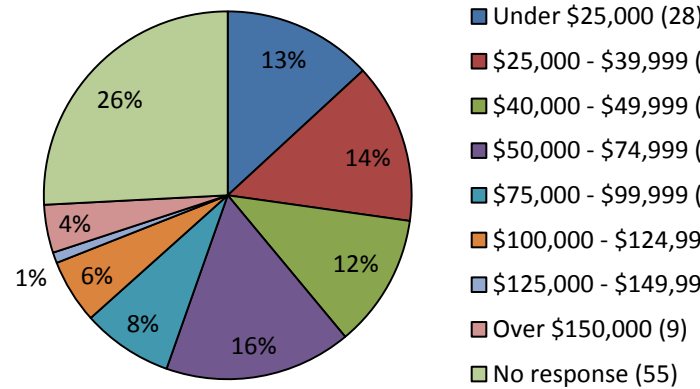
Employment



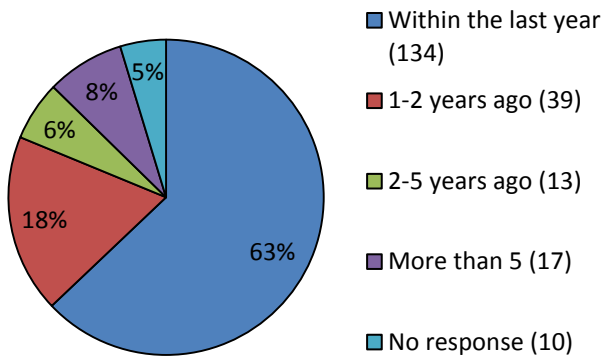
Last Physical



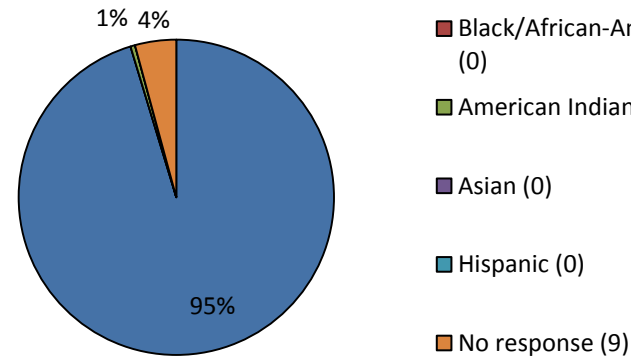
Income



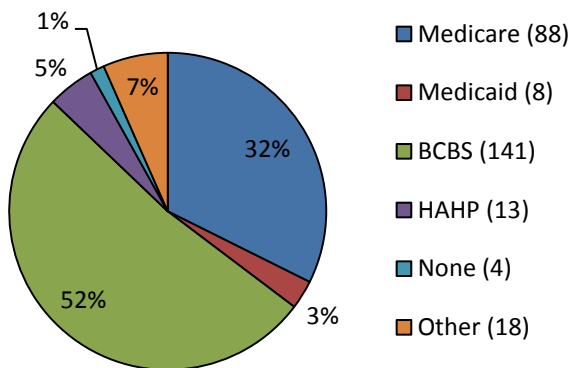
Last Dental Exam



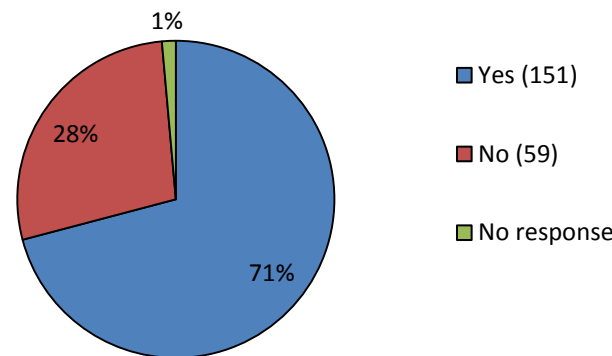
Ethnicity



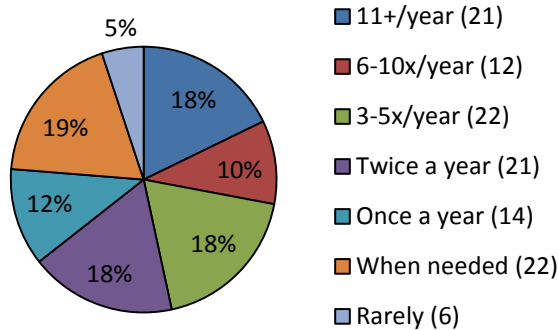
Health Insurance



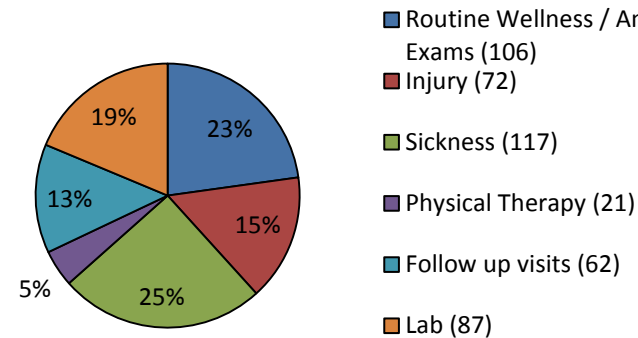
Do you use the Maddock Clinic?



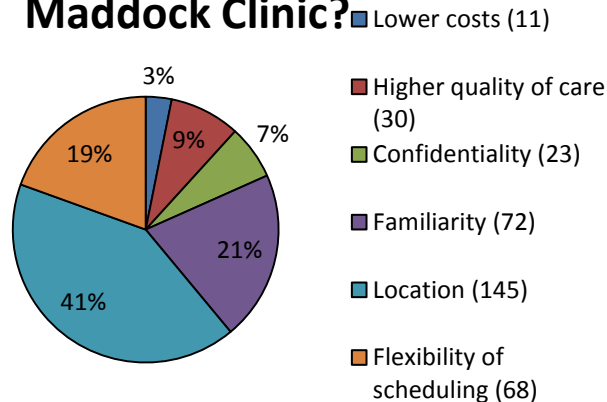
How frequently do you use the Maddock Clinic?



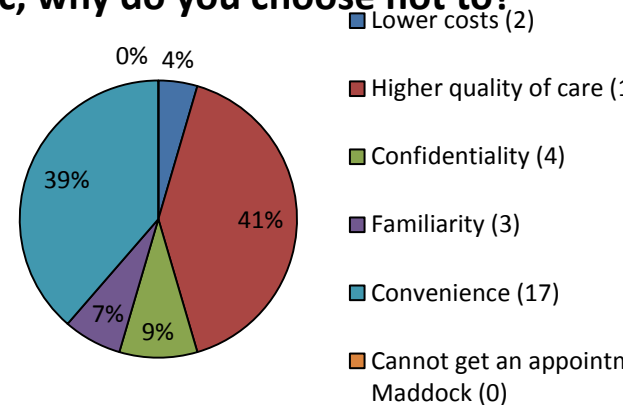
What services do you use at the Maddock Clinic?



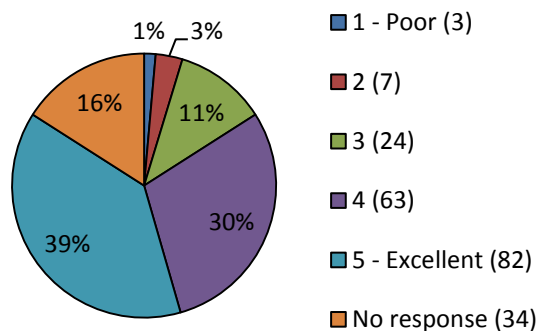
Why do you choose the Maddock Clinic?



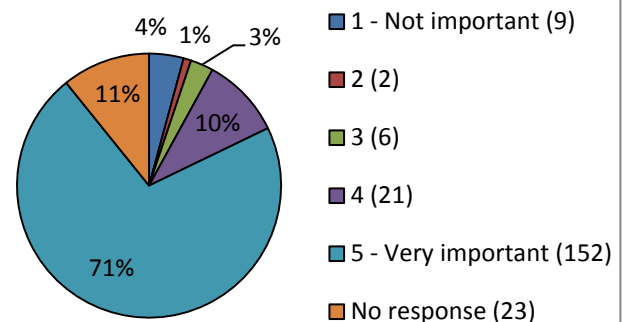
If you do not use the Maddock Clinic, why do you choose not to?

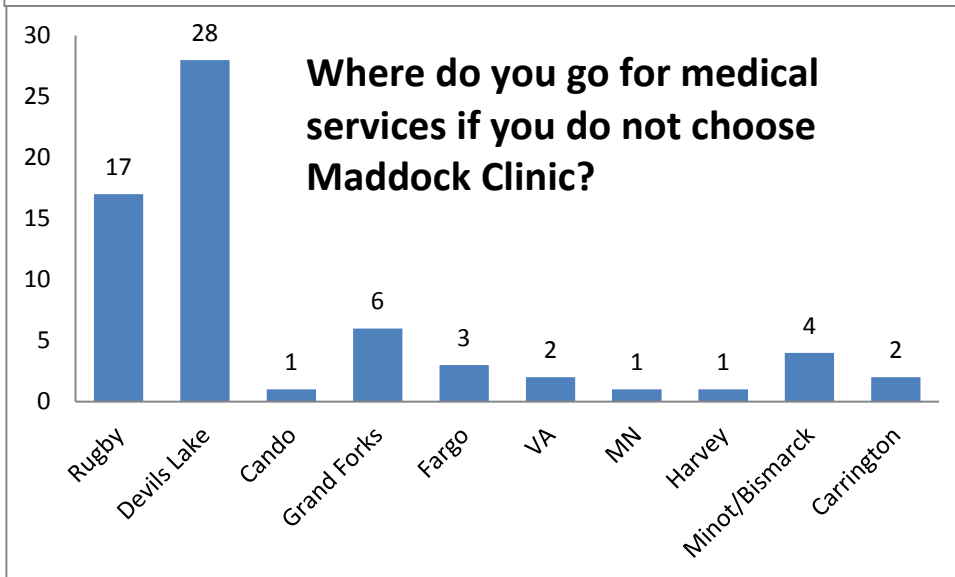
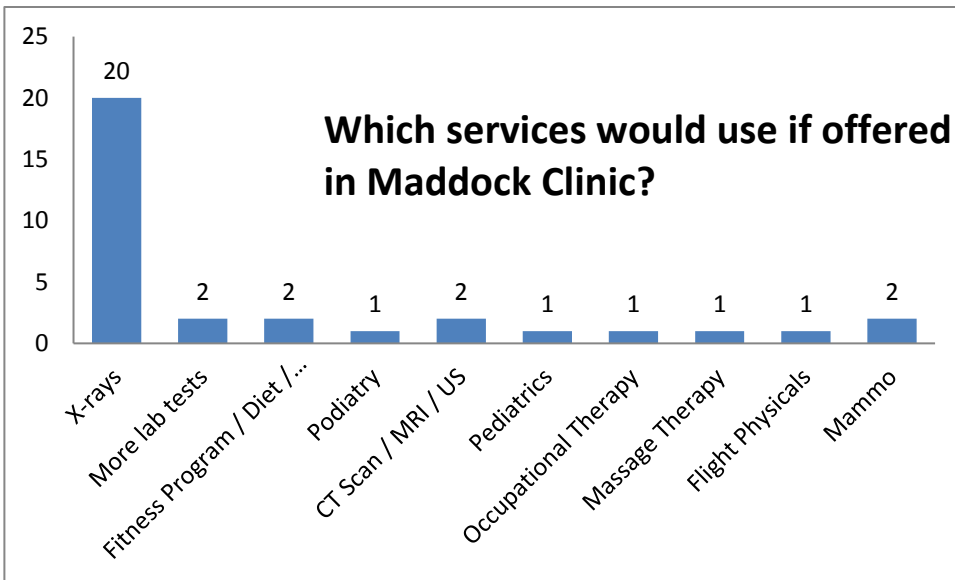


How do you rate the Maddock Clinic?



How important to you is the Maddock Clinic?





Comments:

If the clinic ever closed, I would go to Devils Lake clinic
I went to Rugby for years until very few doctors, only could see nurse practioners - some very rude nurse practioners, possibly overworked? Heart of America forgot what made the facility it once was. Until you get that back, Rugby is certain to have a second rate hospital, sorry.
If Maddock Clinic closes, we'll go to Devils Lake clinic.
I have always received good care, the staff is great. It is absolutely essential to have our clinic. Long trips to other medical institutions could mean even loss of life. We must keep our clinic.
Keep open - if closing one, close Dunseith Clinic. They are not busy and staff are doing crafts, etc. on work time.
The clinic needs to stay in Maddock. My family has three young kids and parents that both work and use it routinely when the kids are sick and cannot take half a day to travel out of town.
Very important when we live so far away from bigger towns with hospitals.
Our loyalty isto Maddock. Rugby does a nice job and has been good to us when needed, however, if Maddock closes, we would seek care in the Devils Lake / Grand Forks area as that is where our family is. We have no one in Rugby / Minot area unfortunately.
Would go to Devils Lake if Maddock Clinic closed.
One never knows when you'll need one local.
Couldn't be a better place, doc, and nurses. We are far from other clinics so you better not think of closing it. Nurses and doctors are super, very friendly place. We wouldn't go to another clinic....makes the clinic the best place around and we have older people. Need this clinic.
Harvey or Carrington is closer than driving to Rugby. I hear complaints of the slow referral process. Benson county needs a medical facility. The Maddock Clinic is extremely important to the Memorial Home and our elderly population.
Preferred former staff wish they could have remained, not forced out for unwillingness to work in other locations and to be able to work part time as worked for years. Distance, availability, to be closer to home. If numbers are down, do you need 4 people (staff) there at a time?
The staff has been fantastic. I would not travel elsewhere in order to receive the services provided in Maddock.
Maddock Clinic did not take our private insurance. The community (senior home) and others need to have quality care in town.
Brighten it up. Rural health is important, farming built this country.
Used to use Maddock for years. Excellent service, no problems with anything until I heard lots of problems at Rugby. Dr. Seiler is no longer going to hospital. Dr. Selland fired, others fired, sounds like administration decisions not good for anyone. Meet Leeds people in Altru that were Rugby clients when Leeds clinic closed. Lots of them moved to Devils Lake or Cando for services. I would be Maddock people will go to Harvey.

Wonderful people are working there, plus very thorough exams. To hospital/clinic board members and hospital administration, instead of trying to close the Maddock Clinic, you should be spending your time and resources improving morale with your staff and trying to recruit more patients (who is next to be fired? Does not build confidence with the staff or with the patients). Though your indiscriminate firings of the last few years, many of whom I had dealing with and found them to be very helpful and caring, you have lost a number of patients to other clinics. Many of us are about the same distance from the other clinics as we are from Maddock or Rugby. If you close Maddock, you will lose more patients including me, who has been using Rugby clinics or satellites most of my life. Bottom line, fewer patients, less money. I imagine that this goes in the wastebasket, but at least I will have had my say.

Only problem I have with HAMC is the Administrator. Heard a lot of negative things. I think the board needs to look into the turnover.

Easier to just go to Harvey or Devils Lake for better care.

It is so convenient to have our clinic in Maddock and you can't find a more caring and friendly staff who are very competent, convenient, and the staff goes the extra mile to provide wonderful service. I can't praise them enough.

Even though I personally don't use it, small towns need health care as long as feasible or possible.

We need the clinic. Satisfied.

At age 78, I do not like to drive long distances or I'm in heavy traffic or unfamiliar road. Most convenient for me and many other elderly residents. If the Maddock Clinic were to close, I think many people would go to Devils Lake for health care services as there is a greater variety of shopping opportunities than there are in Rugby or would go to whichever clinic would be closer whether it would be Towner or wherever.

As we age, it becomes increasingly difficult to travel to out of town healthcare.

Don't like the fact that Tracy was pushed out. Everyone loved her there at Maddock, we always call Maddock first because it is closest and drug store is available.

Didn't know existed.

Elderly patients.

Our staff is next to none, Maddock is hands down over Rugby any day. Why would we want to drive 50 miles or more to pull out a sliver? Come on.

If this clinic closes, it would mean a shut down of other businesses.

Provider experience is not there.

Would not be fair to rate a clinic I do not use.

I did all the time until you got rid of Linda Gillingson. That was a major downfall for the Johnson Clinic system and losing Tracy Kallenbach was another downfall. Poor management of some very good people. Services, Ms. Gillingson was an excellent PA, was a 5, now maybe a 3.

My husband and I have always gone there. Now my husband is in long term in Devils Lake because of the closeness of relatives.

Location is the main reason.

I had a hip replacement, and needed more than Maddock Clinic could provide.

I have doctored in Devils Lake for more than 30 years and have family living there. Since I do not use the clinic I am not qualified to rate the services it provides. The clinic is vitally important to the community. The clinic provides jobs, helps support our local drug store and brings people into the community. If the clinic were to close, it would be a great loss to the community.

Like family, distance to travel for many is not really available.

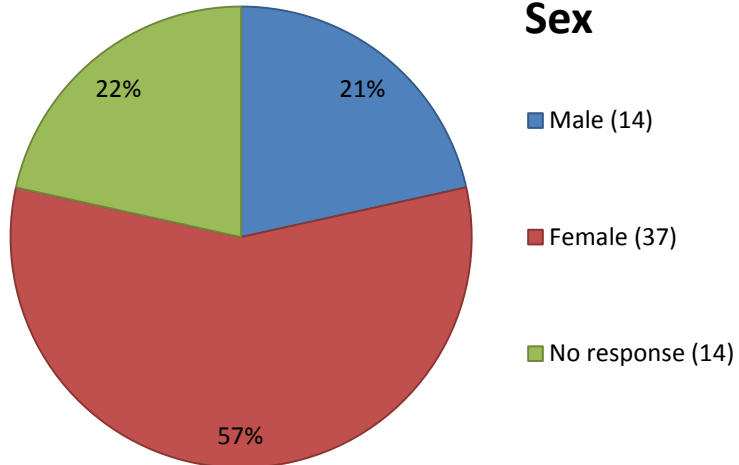
Very important
A must.
Should be open 5 days a week. Important to have for our nursing home and elderly people of our community.
Very important to the people who live in that area.
Everyone is so nice.
Children born in Devils Lake. Although we do not use it, many elderly do.
We are pretty healthy. Do not have great medical needs at this time.
Like my doctor, a small community needs some place to go. We have many elderly people here. Works good to have it next to the Memorial Home.
A lot of elderly in community. Proximity to Memorial Home, Summers Mfg.
They take good care of us. Where would some of the people who don't drive go?
Keri and Dr. Seiler have provided excellent care for our family. Just as the providers of the past did before (Linda, Mary, etc.). If we didn't go to Maddock Clinic, we probably would go to Harvey or Devils Lake or Carrington for doctoring. We would also change our insurance provider from HAHF to probably BCBS.
Don't really know anything about the Maddock Clinic.
Looking for higher quality of care, am now in Rugby.
They've been good to me.
If Maddock closes, we will go to Harvey or Devils Lake.
Love Dr. Seiler. Won't see Keri. I would go for more check-ups if it didn't cost so much.
Always been fast curtious services, thorough exams, and take time to answer questions during my infrequent visits. Extremely important for the elderly who can't/won't drive. Extremely important when need immediate care and essential for Memorial Home.
Need to have more communication with patients and be on top if patients need to be referred if they can't get specialized care. Keri is great.
Very imporant to elderly people not being able to go to appointments out of town. Maddock needs to keep this clinic going.
Wonderful staff
Always friendly and available when you have questions or problems, close and here when we need them, and willing to set up appointments when needed here or in Rugby or Minot.
It saves me 60 miles round trip.
Never seen.
It was great when we went there. They would not accept our BCBS plan which is select choice so we switched to Harvey for insurance. I called Johnson Clinic with my concerns, got no resolution, now I work in Harvey. Will stay with them because of work and insurance.
If you close Maddock, we'll go to Devils Lake for everything.
Many people are not able to travel to other places for everything and we need the convenience of something close by
I appreciate this facility Maddock has both for location and the doctors Maddock has. I appreciate this clinic very much.
I cannot drive and it's the closest for someone to give me a ride.
I think it is good for the people in the area of Maddock. Never use it.

Very helpful in referring, if special services are needed employees are not rude, Maddock has a pharmacy, the clinic brings people to town, other businesses are patronized, do we want to "kill off all small towns"?
Use to live in Cando.
The confidentiality could be better when clerk is talking on phone or talking to patient (ex. Scheduling further testing) it seems the whole waiting room can hear the conversation. The clinic is used, we do have a need with the Memorial Home being next door, it is even more of a need and if everyone has to start going out of town, I guarantee they will go to Devils Lake clinics because there are a lot more places to shop and Maddock people seem to head to Devils Lake. I will not support Heart of America if I have to go for out of town doctoring, I will go to Devils Lake. But I will support HAMC as long as they are in Maddock and only Maddock.
They will send me on if they can't help me. Important to have care here so do not have to travel 50 miles to see a doctor.
Lack of trust in docs and medical staff.
Good clinic to go to. Very important to have a clinic at Maddock.
It's nice to be able to go where people know you and care about you.
Go to Grand Forks for annual physical, only use Maddock for blood pressure checks and cholesterol checks. In the last 3 visits to the Maddock clinic, twice they had the wrong file.
My doctor wants me coming to Rugby.
Simply unfamiliar with where the clinic is and the services offered there.
I used to go for routine wellness but I did not receive a reminder card, so I assume my business is not wanted. This I've taken to another facility where I'm receiving follow ups on a previously diagnosed illness. Maddock Clinic lost top notch local employees a couple of years ago who went up and beyond to care for their patients. Having a clinic is detrimental to a community, the billings that come are very unfriendly, hard to follow. I like to match up to BCBS benefit sheet and this is very difficult to do because such limited info is given on the statement.
Don't know and don't use.
Don't go to Maddock for anything / reason not important to me. As I don't go there but could be very important for those who do go there.
We moved back to Maddock because it's where we raised our family and we have family here. The clinic was deciding factor at our age, we need to have health care available near by.
For those who live in the area, it's more convenient.
Use Maddock Clinic but go to Bismarck chronic pain, Fargo podiatrist, GF dermatologist. Do not like billing format, no explanation of services, billing slow. Asked for a copy of services performed for 6 months and it took 3 months to receive it. We have a long way to drive. Without services and the loss at Memorial Home and local drug store.
When I call for an appointment, for myself or children, I feel like I am a bother for the staff. It is impossible to talk to a nurse or doctor on the phone. Appointments for other facilities take a week or months. They used to take 1-2 days. People return to a business because they are comfortable and like the staff there. We don't feel that way anymore. If we did not have the HAHP we would probably go to DL or Harvey. I do not want to see the Maddock location close the would be one more reason for our people to go to DL, one more loss for another small town.

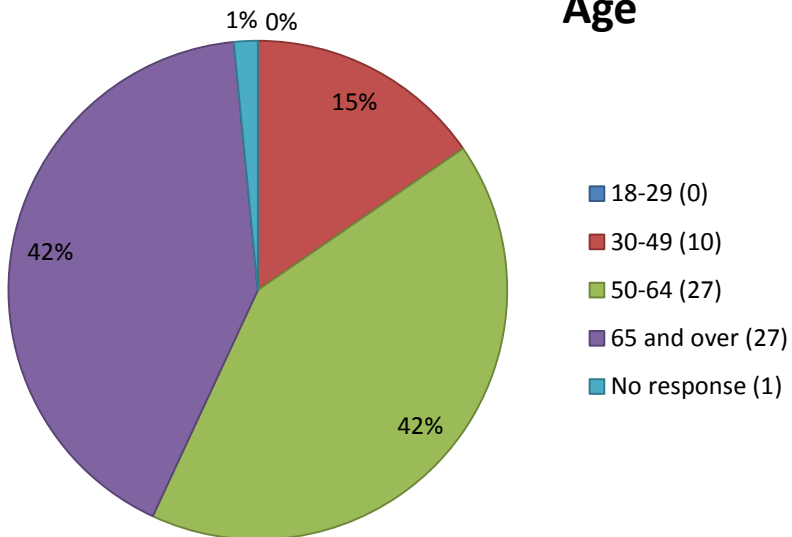
We use the clinic 90% of the time unless we have an ER or major injury.
I have considered changing because I do use Rugby, but also I was very displeased with losing Dr. Selland and other excellent staff such as Cindy Hickman, etc. DL, Maddock, and Rugby are all equal distance from me. It would be a shame when you got the business from Maddock then were to shut it down. Everyone from Rugby will just have to go to Minot.
We used Maddock Clinic for minor things such as labs, etc.
I would probably change providers f I couldn't use a clinic in Maddock
Continued education would be good. I think they need it for the manufacturing and nursing home.
Older community

Dunseith Community Survey Results

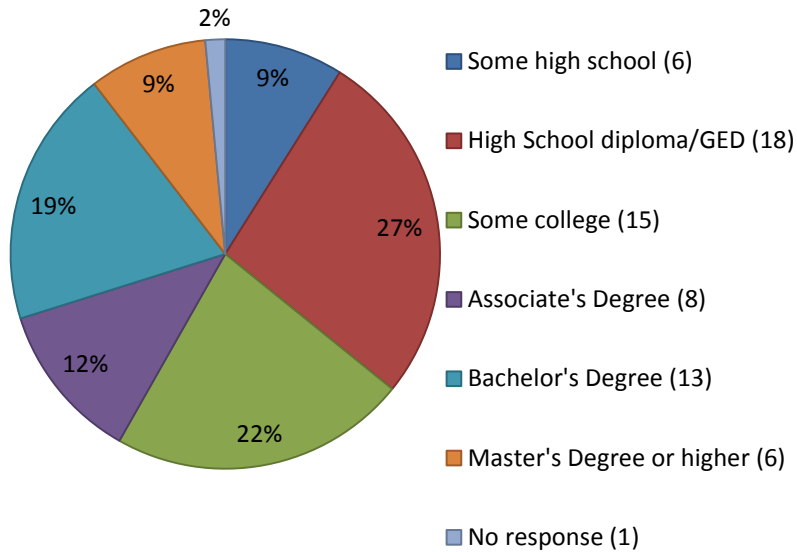
Sex



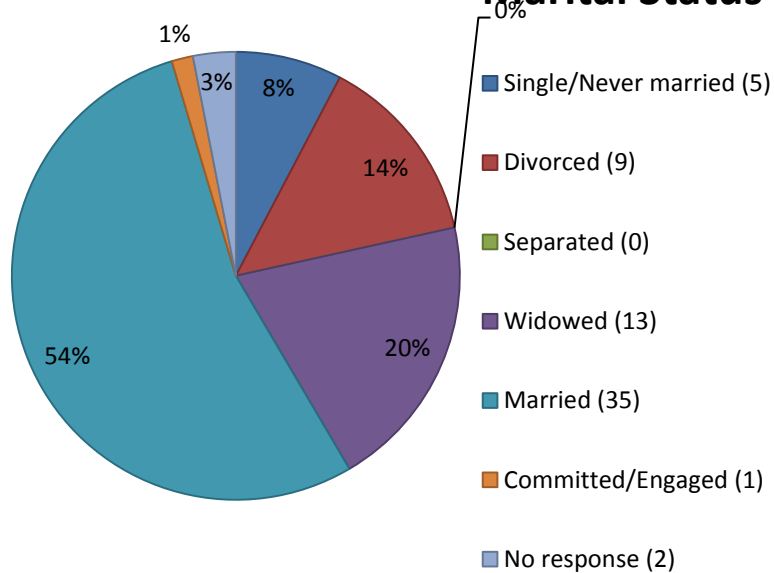
Age



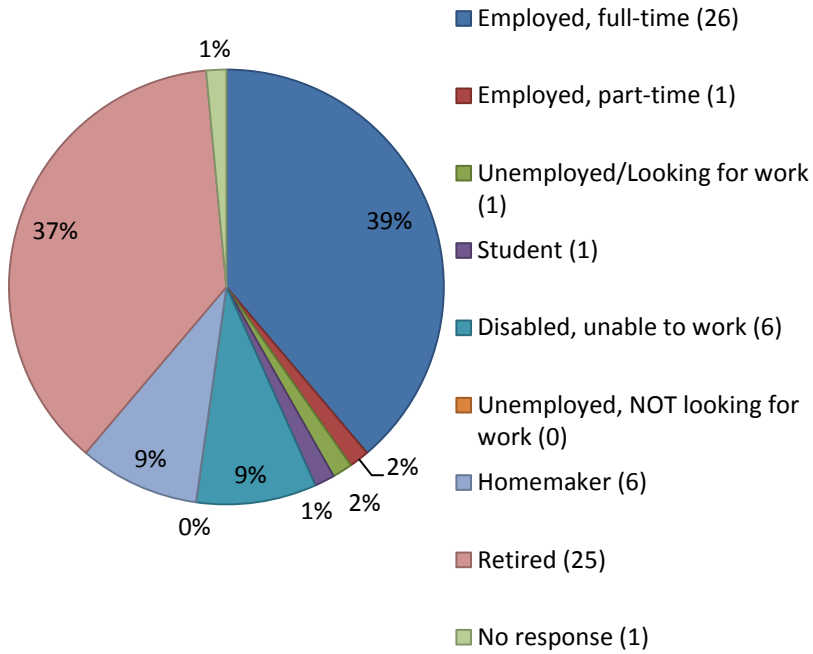
Education



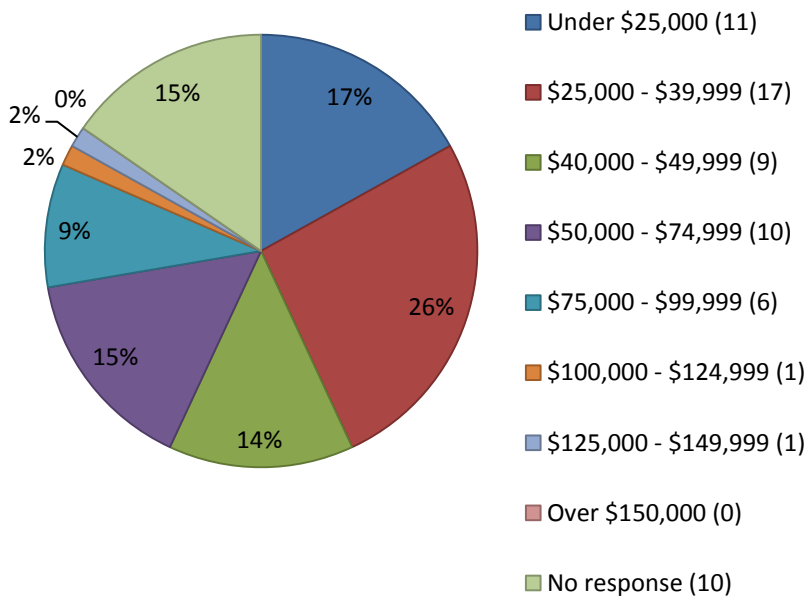
Marital Status

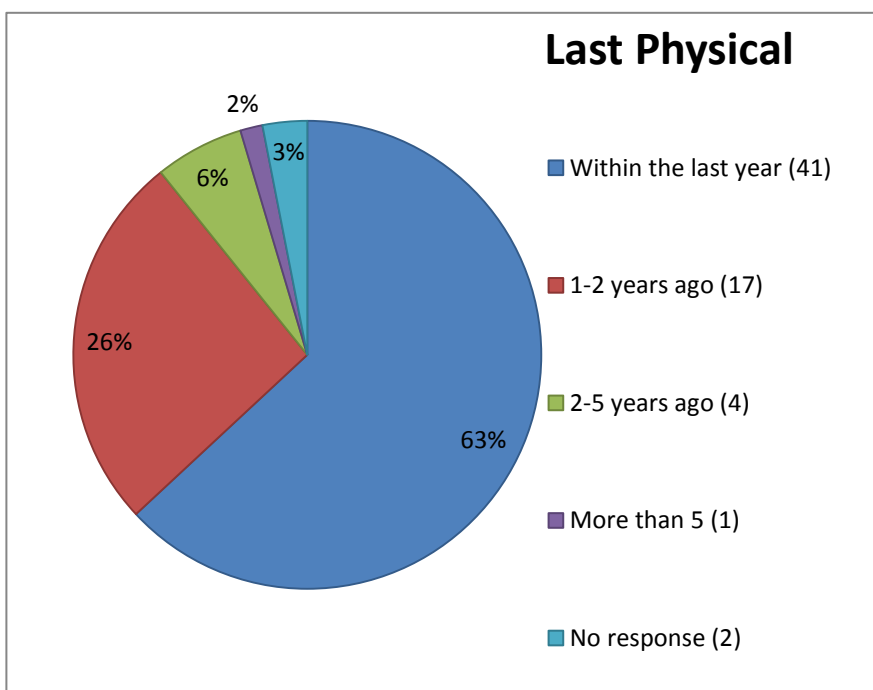
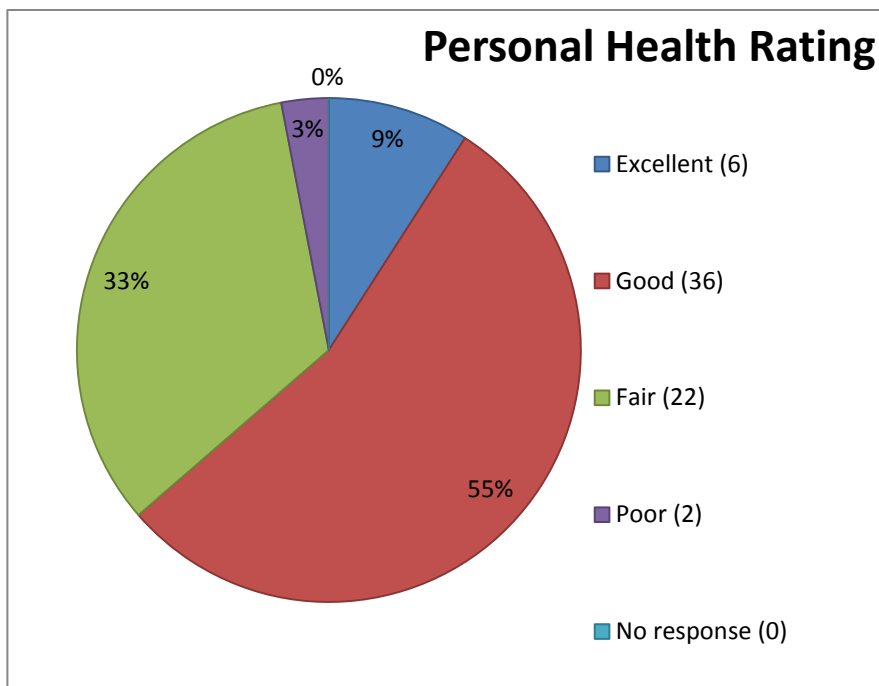


Employment Status

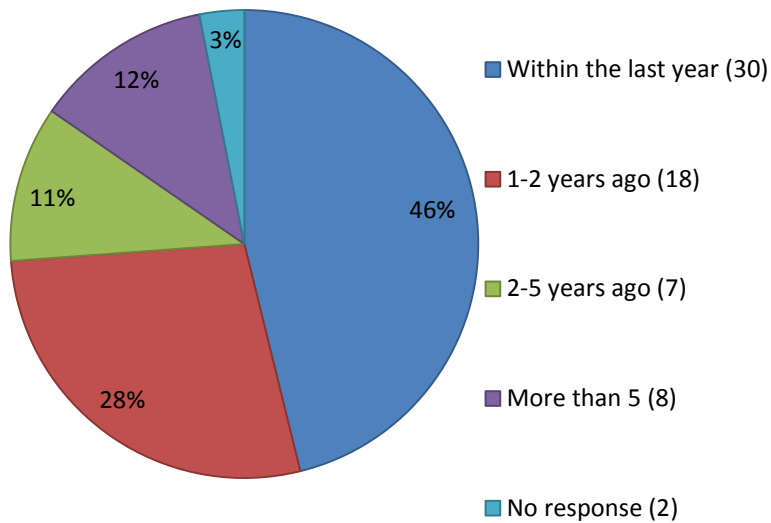


Income Level

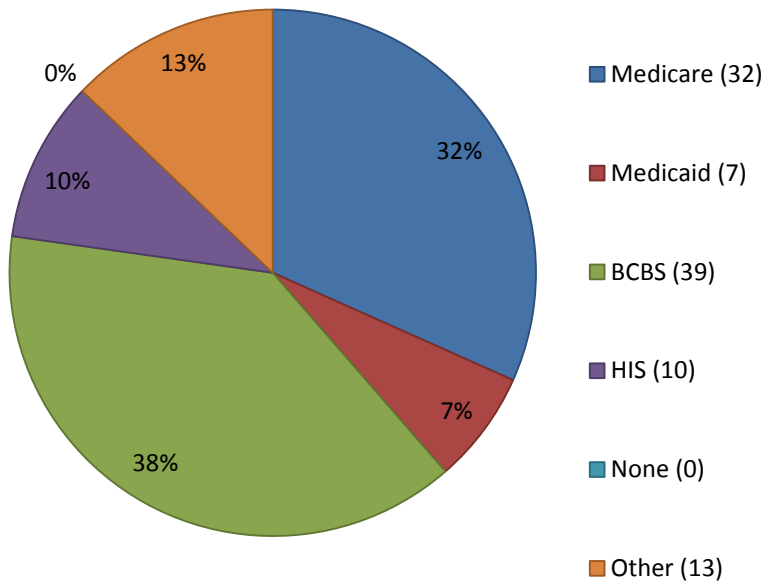


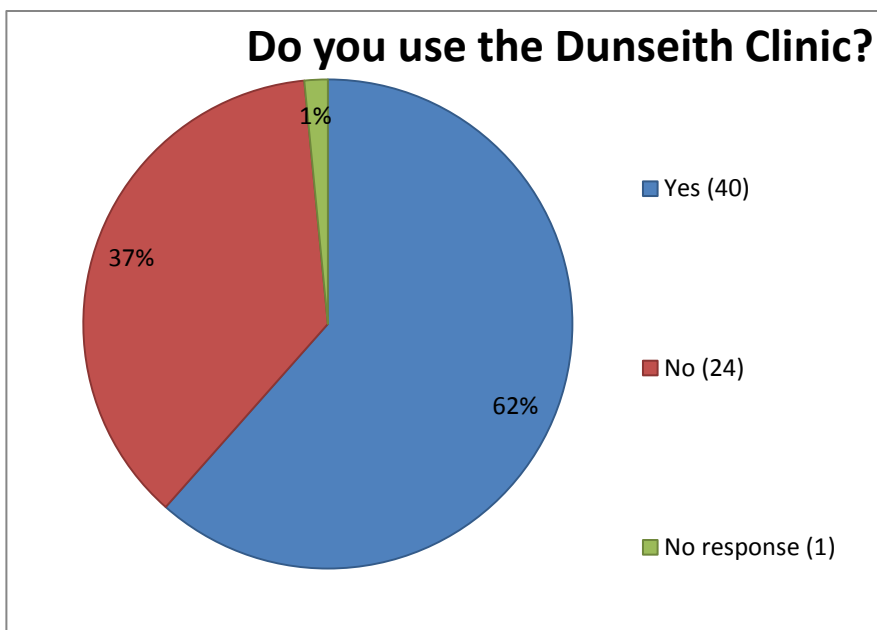
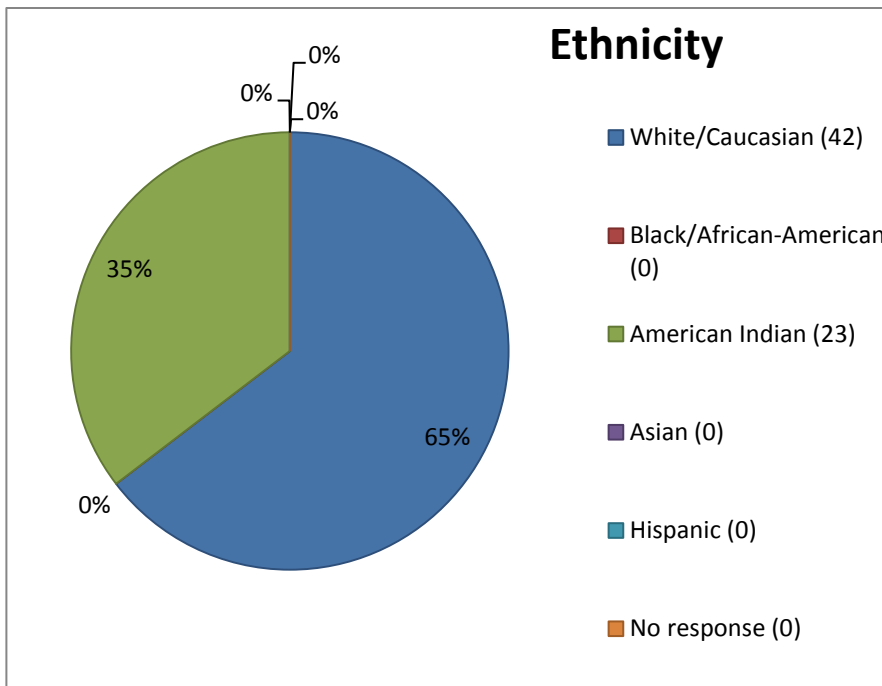


Last Dental Exam

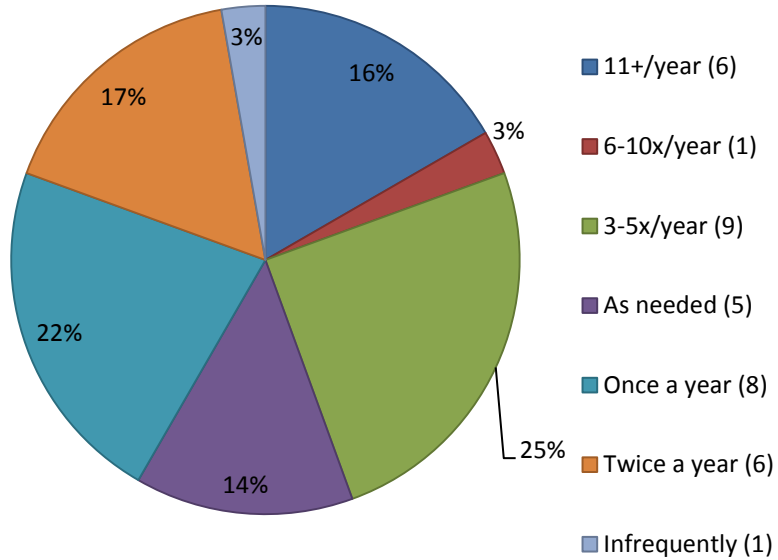


Health Insurance

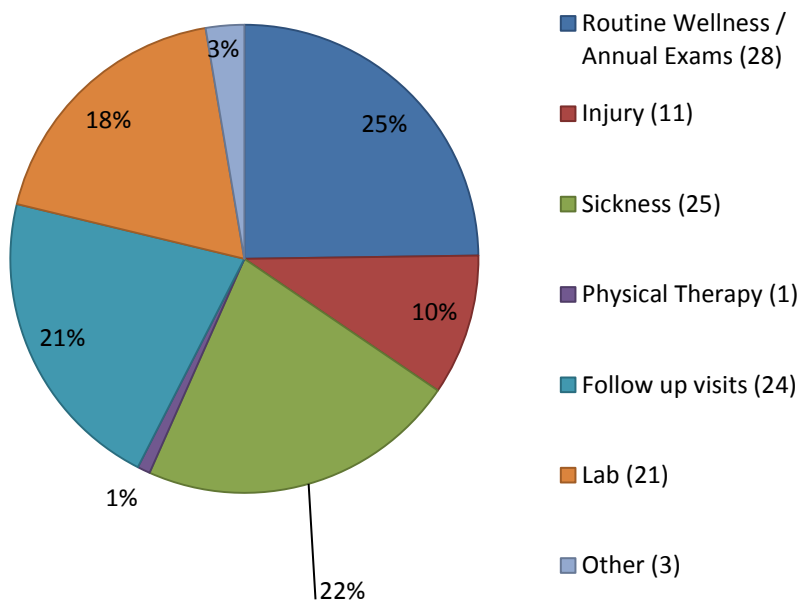


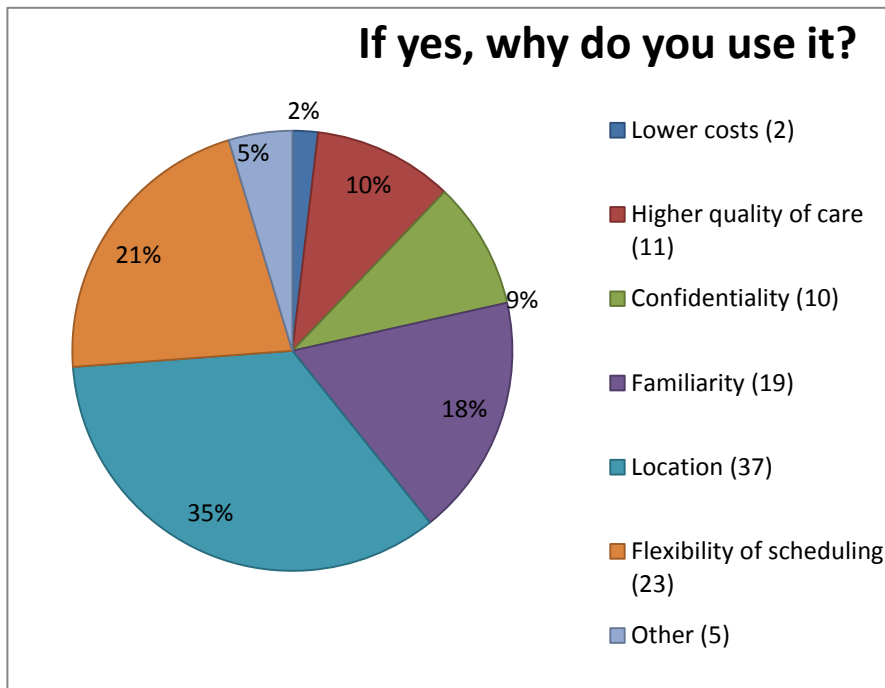
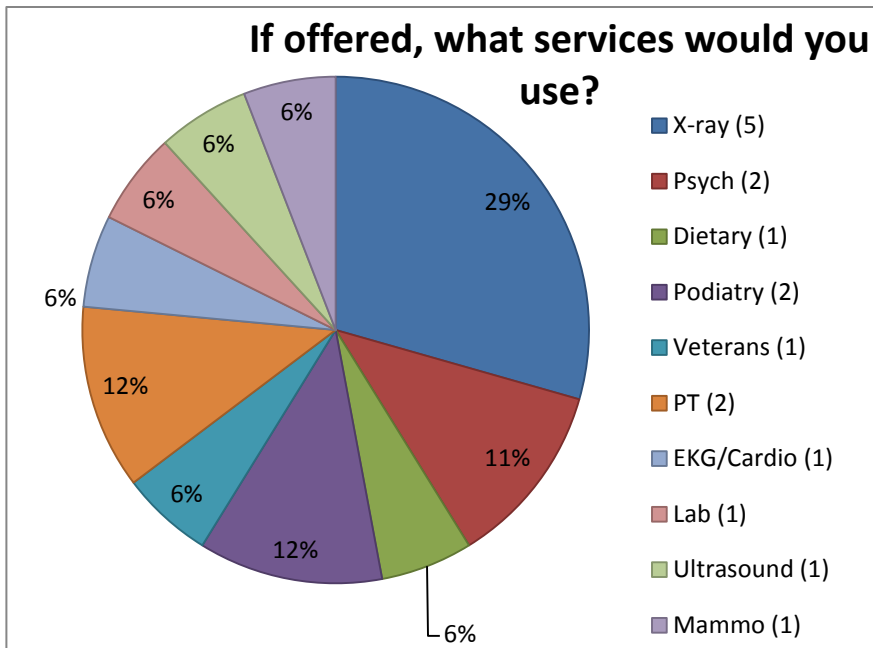


If yes, how frequent?

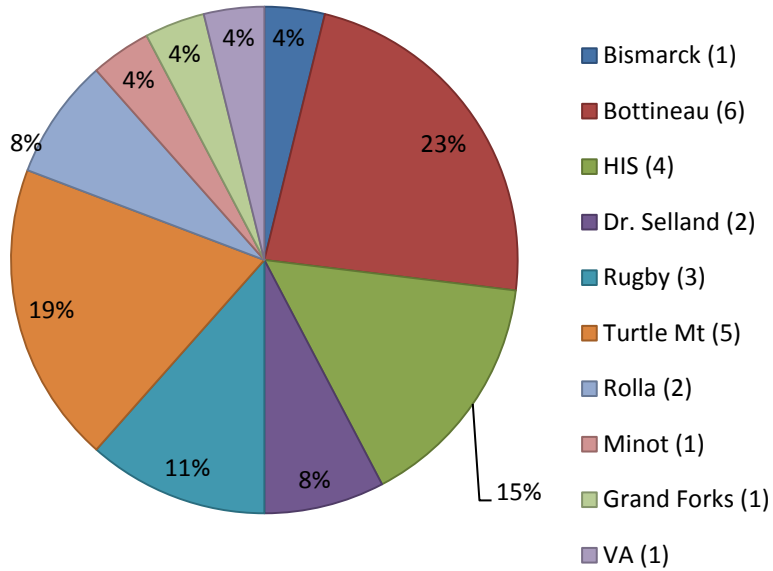


If yes, what services do you use?

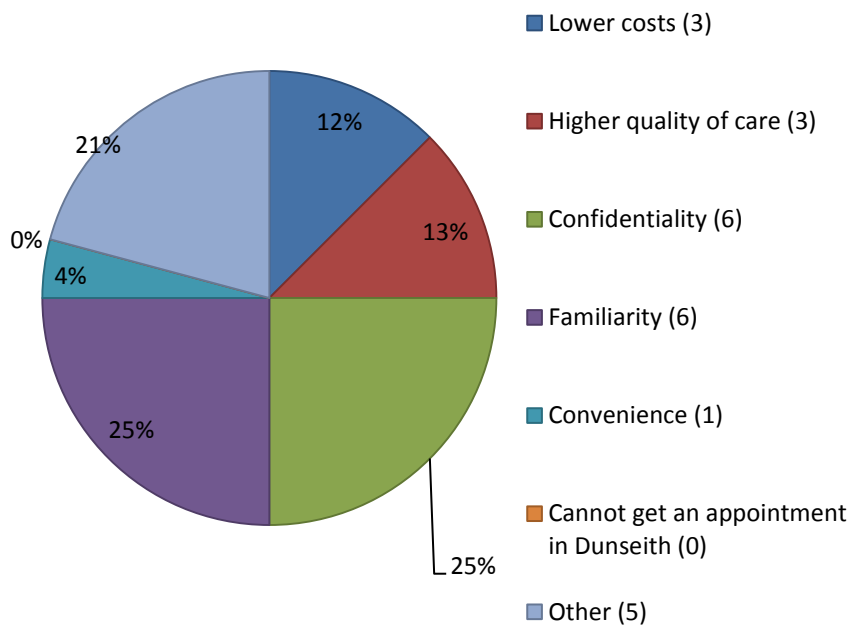




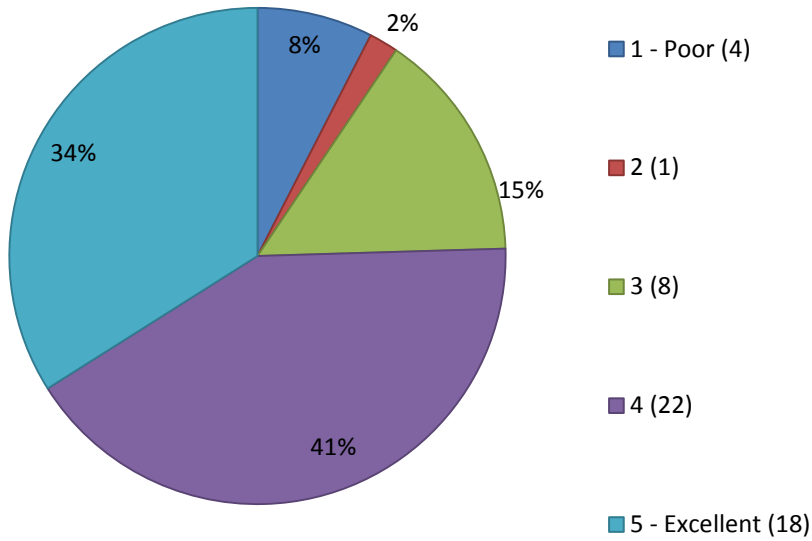
If no, where do you go?



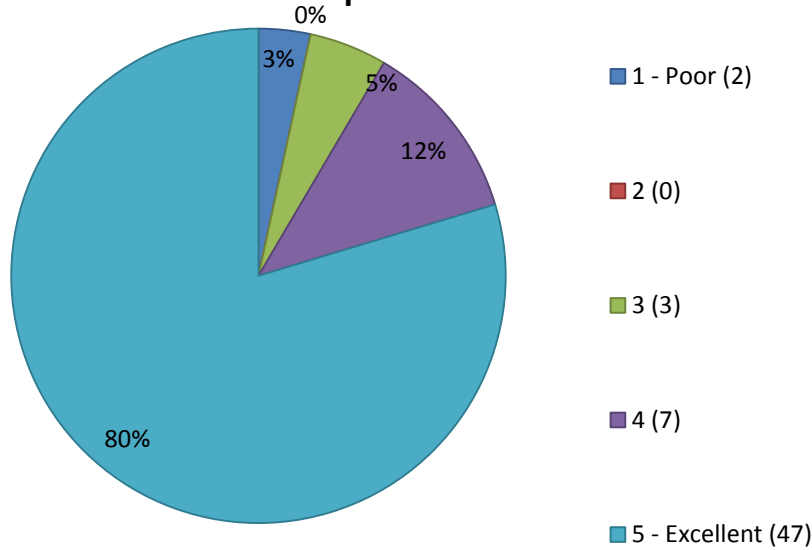
If no, why do you go elsewhere?



How do you rate the Dunseith Clinic?



How important is the Dunseith Clinic?



Comments:			
Doctors never listen to patient's problems & jump to conclusions			
Bandaid place; ER not available			
It was okay until you got rid of the best doctor on staff			
They answer questions; if they don't know they find out			
The team is good			
Wouldn't know			
Excellent service			
No real past experience			
Excellent care and outstanding employees			
Would be very devastating not to have clinic in our community			
Personable care			
Have never been there			
When I see Dr. Selland, I feel confident in what he tells me			
For people who do not have a vehicle			
Two clinics in a small town?????			
I won't be using your clinic			
I think it's a value to the community			
Very important			
The community needs a clinic			
Good for the poor people who receive Medicare and Medicaid. Was told I needed come back.			
Get more doctors			
Availability			
Close; saves lives			
The town needs the presence of medical people			
Being close to this standard of care is priceless			
We have a choice of which doctor we prefer			
You treat your employees terrible so I can't see going there so you can treat me th			

Refused service to me because I did not have Medicaid			
LPNs gossip about people and their records			
Shunned years ago			
Started seeing doctor in Bottineau			
Danielson good			