



**Community Health Needs Assessment**

**South Lyon Medical Center**

**Yerington, Nevada**

**June 26, 2012**

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**South Lyon Medical Center / Yerington, Nevada**

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## **Community Health Needs Assessment**

### **South Lyon Medical Center**

#### **Introduction**

Under the recently passed Patient Protection and Affordable Care Act (ACA), nonprofit, tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) every three years that takes into account the broad interests of the community served by the hospital and must include individuals with expertise in public health. The community needs assessment process must be made widely available to the public and produce an action plan developed by the hospital that identifies how the assessment findings are being implemented in a strategic plan (or documentation why assessment findings are not being addressed at this time). Requirements are met only if the organization has conducted community needs assessment in the taxable year starting after March 23, 2010 or the two taxable years immediately preceding the current taxable year.

In order to assist nonprofit CAHs and rural hospitals in Nevada meet these new requirements, the Nevada Office of Rural Health (NORH) and Nevada Rural Hospital Partners (NRHP) will be providing technical assistance to any rural hospital in Nevada interested in undertaking a comprehensive community health care needs assessment. This technical assistance will be supported by grant funding from the Medicare Rural Hospital Flexibility Program (Flex). This CHNA was undertaken by South Lyon Medical Center with the assistance of the NORH, University Center for Economic Development (UCED), and NRHP.

This CHNA involved community focus group sessions and key informant interviews. Primary data collection included the community health survey administration and reports. Secondary data included county-level and sub-county-level community health profiles generated from the 2011 edition of the Nevada Rural and Frontier Health Data Book, Environmental Systems Research Institute (ESRI), NRHP and Center for Health Information Analysis (CHIA), a research center at the University of Nevada Las Vegas. The final report was developed from community health needs assessment findings, recommendations and action plans.

The post-assessment action planning and implementation technical assistance facilitated community focus group sessions and post-assessment community outreach. The dissemination of community health needs assessment results occurred with community residents and rural health care stakeholders. Strategic planning was ongoing with hospital administration and boards along with financial feasibility assessments of new and existing (expanded/modified) service lines for any requesting facility. These financial and technical feasibility assessments may involve any new telehealth services for any requesting facility.

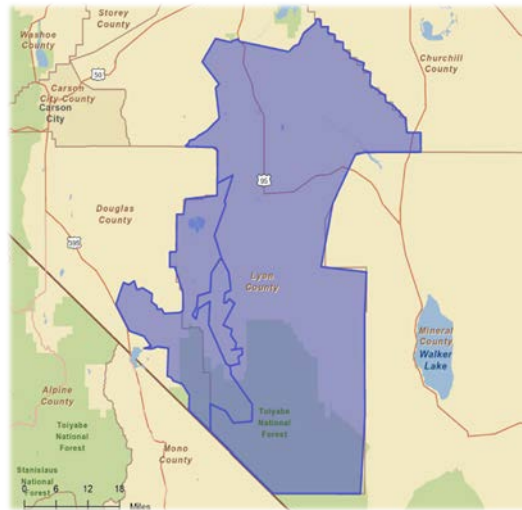
The primary facilitator is John Packham, PhD, Nevada Rural Hospital Flexibility Program, Nevada Office of Rural Health, Director of the Office of Health Workforce Research and Analysis at the University of Nevada School of Medicine.

## Medical Service Area of South Lyon Medical Center

### Definition and Description of the Community Served by South Lyon Medical Center

The primary medical service area for South Lyon Medical Center consists of three zip code tabulation areas: 89430 (Smith Valley), 89444 (Wellington) and 89447 (Yerington). For Wellington, the portion of the zip code tabulation area within Douglas County was also included. See Figure 1 for a map of the primary medical service area considered in this report. This area is 1,098 square miles in size, larger than the state of Rhode Island (1,033).

**Figure 1. Primary Medical Service Area of South Lyon Medical Center  
(Zip codes 89430, 89444, and 89447)**



Source: ESRI Business Analyst On-line

### Existing Health Care Resources and Facilities in South Lyon County

South Lyon Medical Center (SLMC) is a 14-bed acute care non-profit Critical Access Hospital with an attached 49-bed skilled nursing facility located in Yerington, Nevada. The hospital offers non-invasive cardiac monitoring, outpatient infusion and treatments, limited orthopedic and general surgery, ultrasound, C-T and MRI services, as well as general medical and pediatric inpatient services. Physical therapy, respiratory therapy, laboratory, and social services are also offered. The nutritional services department serves approximately 6,600 meals monthly.

Four affiliated clinics serve the area. Three clinics are classified as rural health clinics. Two of these are in Yerington and one is in Smith Valley: (1) Physicians Clinic, an outpatient clinic, with three physicians and an APN (Advanced Practice Nurse); (2) Barnett Clinic for walk-in patients; (3) Smith Valley Physicians Clinic, an outpatient clinic, with one physician and APN. The fourth clinic is a Visiting Physicians Clinic, supplying specialty care from scheduled rotating physicians.

There are two adult group care facilities and one home health care agency that are not affiliated with SLMC.

## Demographic Profile of South Lyon County

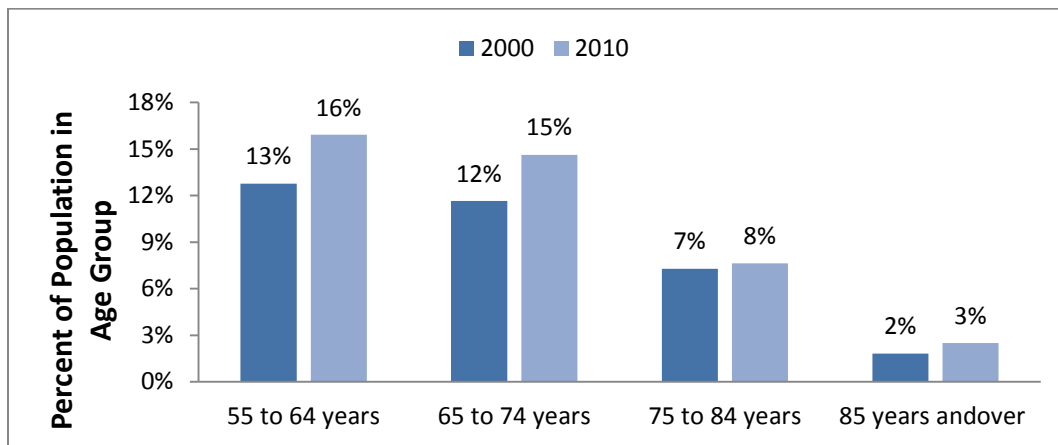
### Total population and trend

According to the Census 2010 data, the population of the SLMC service area was 11,098. The population increased by 111 people or about 1% from the 2000 Census to the 2010 Census. This is in contrast to the overall Nevada growth rate, about 35%, over the same period. Given the impacts of the recession and housing crisis on the state of Nevada, population growth throughout the state is projected to be modest over the next few years. The SLMC service area, however, may experience significant growth in the next few years if plans to reopen a nearby copper mine are carried out. Currently, this area is primarily agricultural.

### Aging trends

The proportion of south Lyon County population aged 65 years and older was 25% in the 2010 Census or 2,750 individuals. This is about twice the proportion of this age group in the national or state population. The ratio of people aged 65 and older compared to people aged 0 to 64 is one to three compared to the ratio of one to seven in Nevada. There is also a higher proportion of the 85 and older group in South Lyon area (3%) as compared to the Nevada population as a whole (1%). See Figure 2 for a comparison of the proportion of the population in each age group 55 and older in Census 2000 and Census 2010. Each of these older cohorts is a larger percentage of the population in 2010 than it was in 2000.

**Figure 2. Percentage of Total Population by Age Group for SLMC Service Area, Census 2000 and Census 2010, Age 55 and Older**



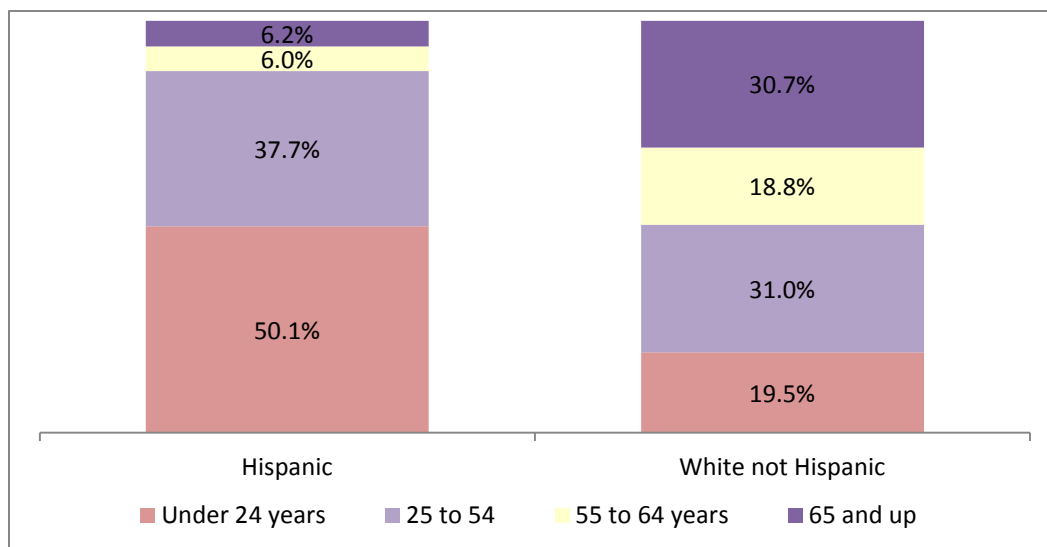
Despite the slow population growth in the SLMC service area, the population 65 and older grew 20%, 468 individuals, from 2000 to 2010. The proportion of individuals aged 55 to 64 increased from 13% to 16% of the population in the SLMC service area over the ten years between Censuses. Given this large baby boomer population, the number of people in the area with Medicare coverage is very likely to continue to increase. If the Anaconda mine reopens, younger cohorts may also increase significantly.

## Diversity

Population diversity increased from year 2000 to 2010. The Hispanic population increased by 134 individuals between years 2000 and 2010. The proportion of Hispanics in the population increased from 16% to 17%. For comparison, the state of Nevada was 27% Hispanic in 2010. The Hispanic population was much younger on average than was the non-Hispanic white population. For example, 31% of the white non-Hispanic population is 65 or older, while only 6% of the Hispanic population is aged 65 or older (see Figure 3). The percentage of non-white population increased from 15% to 19% over the ten year period while 25% of the Nevada population reported being non-white or mixed race.

SLMC service area is a slowly growing population with a large and growing proportion of older individuals. The population also became more diverse. The region's demographic composition is likely to change if the Anaconda mine re-opening proceeds.

**Figure 3. Comparison of SLMC Service Area Population by Age Group and Hispanic Ethnicity, 2010 Census**



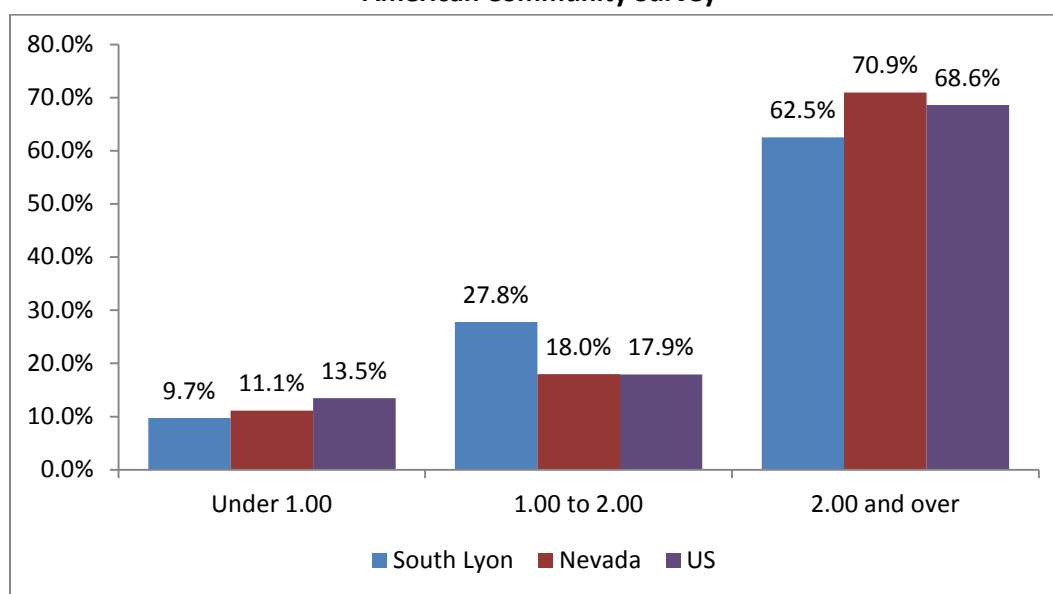
## Social and Economic Profile of SLMC Service Area

The proportion of the population aged 25 and older with high school degrees was comparable to state and national proportions at 84%. From the 2010 census, the proportion of the population aged 25 and older with a Bachelor's degree or higher, was about 13%, lower than Nevada's (21%) proportion and the United States' (28%) proportion. Purchased economic estimates from ESRI indicated that the area households had a median household income about 30% lower than the Nevada median. Because of the older population, a larger proportion of income would be expected to come from non-wage income such as transfer payments (i.e. Social Security, medical benefits) and investments (pensions and retirement funds) as compared to the county as a whole. The percentage of the population living at or below poverty level is estimated to be lower than the national or state average at 10% as compared to Nevada (11%) and the nation (13%). The proportion of the population living between 100% and 200% of

poverty level was higher when compared to national and state proportions (see Figure 4). Almost 28% of population was estimated to have a family income between 100% and 200% of the Federal poverty level as compared to about 18% for Nevada as a whole. ESRI estimated an unemployment rate of 21% in 2010. Unemployment rate in Lyon County was 17.6% as of January 2012, higher than the national rate of 8.6% and the Nevada rate of 12.7%.

In summary, this service area has a large proportion of individuals 65 and older, which means health care planners are heavily affected by any changes in Medicare policy. Incomes are lower than average with a high proportion of households in the 100% to 200% of poverty level income range. The region has been slow growing but has become more diverse over the last decade. A planned mine opening may cause significant population growth and bring in younger families as well as change other demographic, economic and social characteristics of the region.

**Figure 4. Population by Ratio of Income to Federal Poverty Level from 2005 to 2009**  
**American Community Survey**



### **Economic Impact of South Lyon Medical Center**

The presence of a hospital in southern Lyon County with convenient health services and its close-by emergency services are assets in attracting new businesses to the community as well as in retaining and attracting retirees. The hospital keeps health care jobs and dollars re-circulating within the SLMC primary service area. Additional jobs within the region are associated with direct employment and purchases of SLMC. South Lyon Medical Center employs 171 full-time employee equivalents (FTEs) in 2010 with a payroll of \$7.2 million. The indirect effects of the hospital purchases from other businesses in the community as well as the effects of more payroll available to local households were associated with an additional 51 FTE and \$1.6 million in payroll in other businesses within south Lyon County area .

South Lyon Medical Center has an important economic role in addition to its role as health care provider.

## **Community Health Needs Assessment Project**

### **Primary Data Collection and Analysis**

This section describes the process that the Nevada Office of Rural Health (NORH) staff utilized to solicit community input on local health and health care needs in Yerington and south Lyon County, Nevada.

NORH staff met with administration and staff of SLMC to review the CHNA process and schedule the first community input meeting during August and September 2011. For the initial meeting with hospital personnel, NORH outlined the process and phases of the CHNA and provided the hospital with flyers advertising the community meetings, as well as a suggested list of community stakeholders and organizations to contact.

### **Survey Development**

The survey instrument was developed by NORH using models from the Catholic Health Care Association of the United States and the National Center for Rural Health Works. A preliminary draft of the survey was presented to administration for input. NORH designated core questions be included in each survey that would address IRS requirements. Additional questions were subject to the approval of the administration and/or the CHNA committee of the participating hospital. Like other CHNA surveys being developed by NORH, hospital administration was given the opportunity to include questions that addressed unique concerns of the hospital (e.g., utilization of local versus non-local retail pharmacies, whether or not respondents would use pediatric services if available locally). Survey questions were finalized via teleconference with NORH. A twenty question community input survey was designed for the South Lyon Medical Center CHNA.

### **Community Input Meeting 1**

An initial community input meeting for the SLMC CHNA was held on November 9, 2011 at the Lyon County Commissioners Office in Yerington, Nevada. The meeting consisted of a joint presentation by the hospital administration, NORH, and the University Center for Economic Development (UCED), followed by the distribution of community input questionnaires. The presentation included a summary of health care services and community benefits provided by SLMC, a demographic and economic profile of the community prepared by the University Center for Economic Development, a presentation of the economic impact of the participating hospital, and an overview of the CHNA process prepared by NORH staff.

### **Survey Distribution**

At the conclusion of the presentation, attendees received community input questionnaires and if the attendee was amenable to distributing questionnaires; they were given a stack of questionnaires, bundled in groups of 20, to distribute to additional community members or organizations. A link to an identical online version of the survey was also provided. Confidentiality was assured and each paper survey had a corresponding postage-paid envelope addressed to the NORH office. The deadline for the



completion and return of both online and paper surveys was December 16, 2011. Due to low response rates, this deadline was later extended to December 31<sup>st</sup>, 2011.

250 surveys were distributed at the first community input meeting for the CHNA and an online version of the survey with identical questions was made available using Survey Monkey. 105 completed paper surveys were returned to NORH and 31 additional surveys were completed online. Respondents consisted of community members in attendance at the initial community input meetings for the CHNA, as well as additional community members who received a copy of the paper survey or were provided with the link to the online version of the survey. The University of Nevada Institutional Review Board did not require approval of this pilot project because the information was collected for a community health needs assessment rather than research purposes.

### **Community Input Meeting 2**

The second community input meeting for SLMC was held on February 13, 2012 at the Lyon County Commissioners Office. Results of the community input survey were presented by NORH along with service area population health and hospital utilization data compiled by NORH and the UNR UCED. Following the presentation, Dr. John Packham, facilitated a discussion for prioritizing community health needs and services to meet those needs.

Due to low turnout on the part of the community members, the second meeting became the final community input meeting for the CHNA process. However, SLMC administration held a strategic planning meeting within one week of the second community meeting, incorporating the results of the CHNA and the prioritization of needs. NORH staff will be presenting the results of the CHNA survey and secondary analysis to the SLMC hospital board and Lyon County hospital district board of directors in March 2012 for their input on the prioritization of services needed to address gaps identified in the CHNA. NORH staff will work with hospital administration to develop a final implementation plan.

### **Survey Methodology & Measures**

Demographic questions were not included in the core questions provided by NORH to estimate the characteristics of the respondents. The rationale for not including demographic questions is three-fold. First NORH has prior survey administration experience that the inclusion of socio-demographic questions might inhibit potential participants from completing the survey. Second, demographic information was available from other sources. Third, the purpose of the CHNA process was to report on community health needs, not to undertake a bi or multivariate analysis (e.g. socio-demographics and self-report data). South Lyon Medical Center did not elect to add questions related to socio-demographic factors when given the opportunity to revise the survey questionnaire. However, a summary of the demographics for the community at large was developed using secondary data from state and federal data sources. This secondary data was presented at the initial community meeting and is included in the final CHNA report.

### **Community Health and Health Care Needs**

The survey's core questions addressed perceived community health and health care needs. Specific questions addressed the overall health of the participating community (Likert scale), factors that contribute either negatively or positively to the health of the community (open-ended), the top health needs of the community (multiple choice), and factors that promote community health more generally (multiple choice). Toward the end of the survey participants were asked to identify their top concerns about health care in the South Lyon Medical Center service area in an open-ended format.

### **Individual Health and Health Care**

Survey respondents were asked to rate their personal health (Likert). They were also asked to list their primary source for medical information (multiple choice), primary and secondary sources of health insurance coverage (multiple choice), the towns or city where they receive the majority of care (multiple choice), and where they purchase prescription drugs (multiple choice).

### **South Lyon Medical Center Utilization**

Survey respondents were asked whether they had used the services of South Lyon Medical Center (dichotomous), which services they had used (multiple choice), to rate their satisfaction with the services delivered (Likert), and provide the reason(s) for the rating in an open-ended format. Participants were also asked whether they had used the services of another hospital or medical provider (dichotomous) and to select the reasons for doing so from a list of options (multiple choice). Respondents were also asked whether or not they would use pediatric care services in Yerington (dichotomous). Finally, respondents were asked to identify, after reviewing all of the services offered by South Lyon Medical Center and its clinics, any additional services they would like to see offered (open-ended).

### **Analyses**

Assessment data were analyzed using SPSS (IBM Statistics 19) and thematic analysis. Paper surveys were scanned into an Excel database using AUTODATA Scannable Office. For the paper surveys, basic descriptive frequencies were calculated for close-ended questions surveys using SPSS. Data from the online survey (consisting of identical questions to the paper version) were hand entered into an Excel database and merged with data from the scanned surveys. Cumulative frequencies and percentages were then calculated in Excel for the merged datasets. Responses to open-ended questions for both versions of the survey were transcribed into Microsoft Word 2010 and thematic analysis was conducted to determine major issues and health needs.

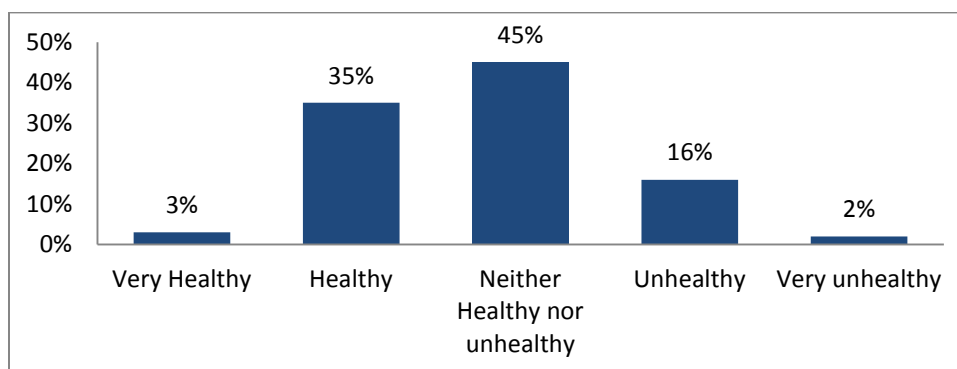
Questionnaire is in the Appendix.

### **Survey Outcomes**

#### **Community Health and Health Care Needs**

The survey's core questions addressed perceived community health and health care needs. While approximately one-third of the respondents (35%) rated the overall health of the community as "healthy," almost half (45%) chose the neutral response of "neither healthy nor unhealthy" (Figure 5). An additional sixteen percent rated the community as "unhealthy" with two percent selecting "very unhealthy."

**Figure 5. In the most general terms, how would you rate the overall health of your community?**



Characteristics of the south Lyon County community contributing to people's health and well-being in a negative way included:

- Distance from more comprehensive medical services and specialists
- Limited local health care services and resources
- Distance from shopping and urban centers
- Dust and wind, air quality
- Chemicals used in farming and mining
- Quality of care concerns
- Depressed economy, unemployment
- Rural isolation, and the cost of living

Respondents cited the following characteristics of the south Lyon County community as contributing to people's health and well-being in a positive way included:

- Small town atmosphere
- Strong sense of community
- Clean air and water
- Open spaces with less congestion and traffic
- Less stress, safety, crime
- Peace and quiet
- Health care facilities, South Lyon Medical Center, doctors
- The weather
- The slow pace relative to urban areas

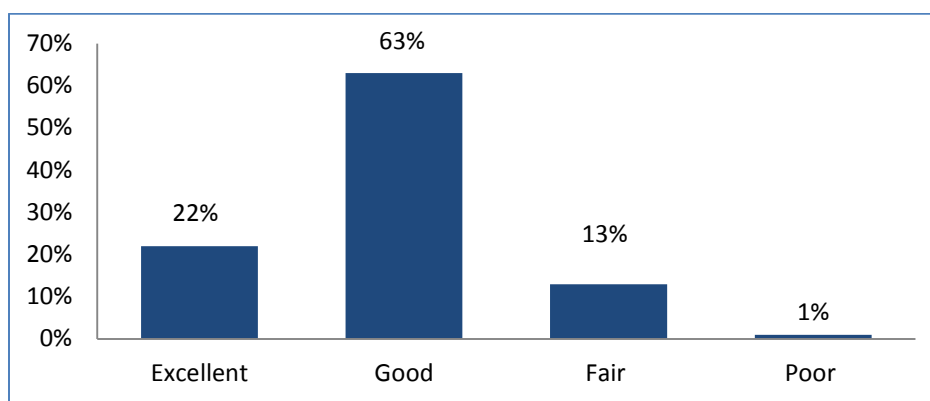
Respondents rated the top health needs people in the community face as: access to health care services (16%), cost of health care (16%), cancers (10%), aging related problems, such as arthritis or hearing loss (8%), and obesity (7%). Respondents cited the following factors as most important for a healthy community and improving the quality of life in the community: access to health care (19%), good jobs and a healthy economy (18%), healthy behaviors and lifestyles (10%), good place to raise children (8%), and strong family life (8%). Respondents identified their top concerns about health care in the south Lyon County community and surrounding area as:

- Limited services
- Lack of specialists
- Quality of care considerations
- Customer service
- Sustainability of South Lyon Medical Center
- Cost of health care

### Individual Health and Health Care Needs

The majority of respondents rated their overall health as “good” (63%) or “excellent” (22%) with 13% reporting “fair” health, and only 1% designating their personal health as “poor.” (Figure 6)

**Figure 6. In general, how would you rate your personal health?**



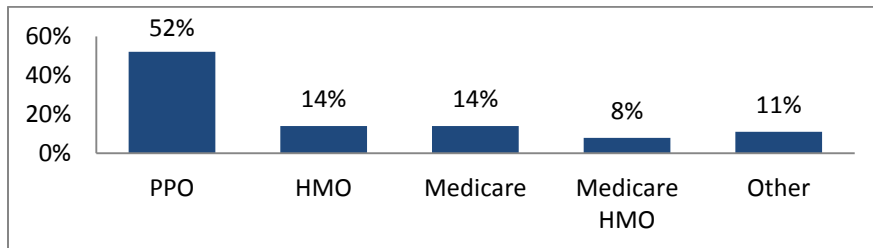
### Health Care Utilization and Health Insurance Coverage

Figure 7 highlights the distribution of health insurance coverage among respondents. Over half of respondents (52%) indicated that they use a Preferred Provider Organization (PPO) as their primary source of health insurance or health coverage (Figure 7). Fourteen percent indicated that their primary source of insurance or coverage was a Health Maintenance Organization (HMO), and another fourteen percent selected Medicare (Traditional fee for service). An additional eight percent selected Medicare HMO as their primary insurance plan. Eleven percent chose “Other.” Of those surveyed:

- 87% have used hospital or clinic services provided by South Lyon Medical Center in the past year

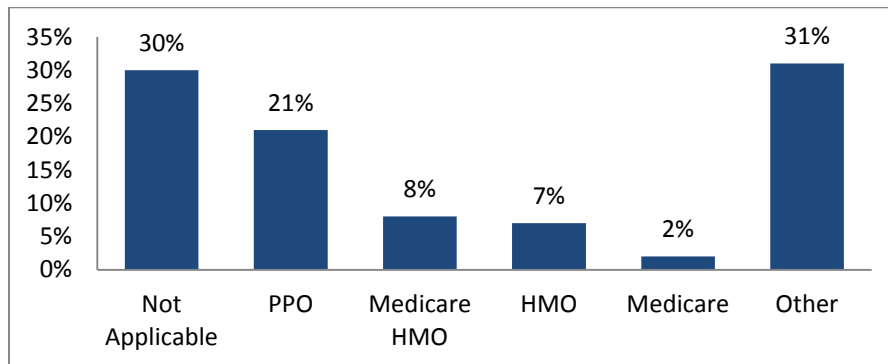
- 66% received care from a hospital or medical provider other than South Lyon Medical Center in the past year
- 23% would use pediatric services in Yerington

**Figure 7. Primary Health Insurance/Health Coverage**



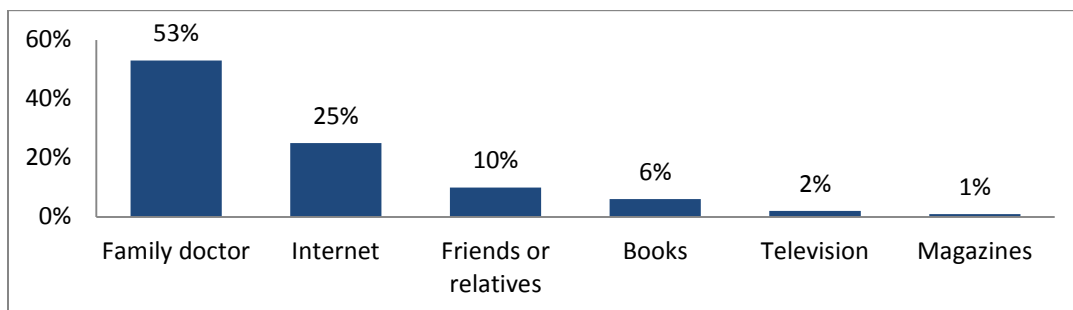
When asked about their secondary source of insurance or supplemental insurance plan, approximately one-third of respondents indicated that secondary coverage did not apply. Twenty-one percent selected PPO, followed by Medicare HMO (8%), HMO (7%), only two percent selecting Medicare (Traditional fee for service). Approximately one-third selected “Other.” (Figure 8)

**Figure 8. Secondary Source of Insurance or Supplemental Payment Plan**



The majority of respondents (53%) indicated that they use their family doctor as their primary source of information. One in four cited the Internet as their primary source for medical information (Figure 9).

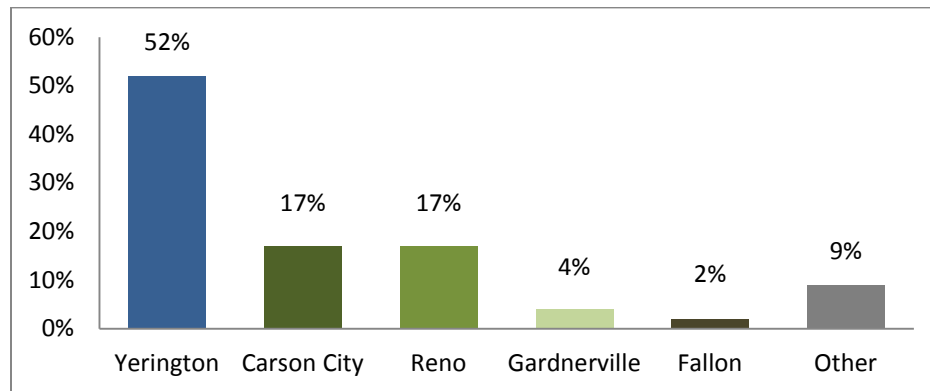
**Figure 9. What is your primary source for medical information?**



### South Lyon Medical Center

The majority of respondents (52%) had used hospital or clinic services provided by South Lyon Medical Center in the past year, followed by a tie between Carson City and Reno (17%) from Figure 10.

**Figure 10. Which one of the following towns or cities do you primarily go to for your health care related needs?**



Those who had visited South Lyon Medical Center accessed the following services: laboratory (17%), clinic services (16%), primary care – physician or nurse practitioner visit (12%), emergency department (11%), flu shots (9%), radiology – X-ray (9%), radiology – mammography (6%), physician referral (4%), radiology – MRI (4%), radiology – CT (3%), physical therapy rehab services (2%), radiology – ultrasound (2%), and blood bank, inpatient hospitalization, IV therapy, respiratory therapy services, long term care, and social services (1%).

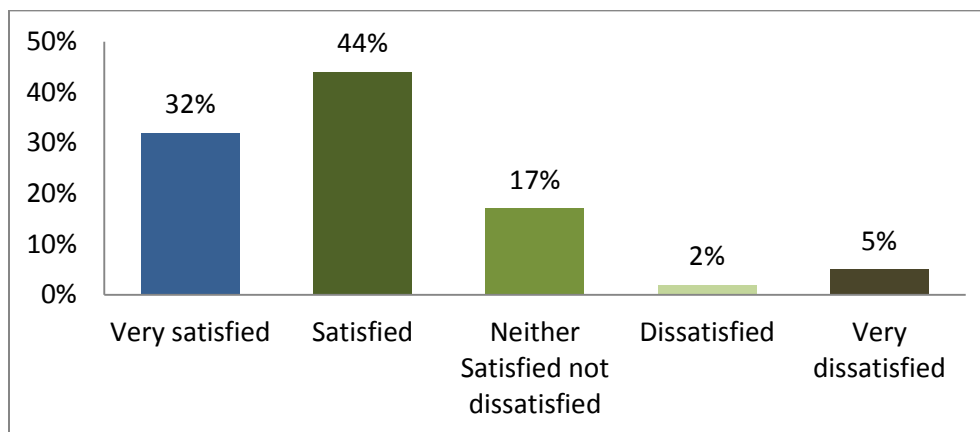
When asked if there were any additional services they would like to see at South Lyon Medical Center respondents cited the following:

- More specialty services
- Improved quality of existing services
- Improved customer service
- Obstetrics and gynecology services
- Dialysis
- Pediatrics
- Cancer care
- Mental health and substance abuse services
- Transportation to and from health care services

Figure 11 highlights that the majority of respondents were satisfied (44%) or very satisfied (32%) with the care they received at SLMC, while seventeen percent were neither satisfied or dissatisfied, and seven percent either dissatisfied (2%) or very dissatisfied (5%). Those who were satisfied with the care they received cited the following reasons for their satisfaction: prompt service, friendly, courteous staff, patient's need were met, good quality of care, caring, knowledgeable doctors, and the excellence of

care provided. Those who were dissatisfied cited: poor customer service, unhappiness with the quality of care provided, and the cost of care.

**Figure 11. Satisfaction with the Services Received at South Lyon Medical Center**



Two-thirds of respondents (66%) had received care from a hospital or medical provider other than South Lyon Medical Center in the past year. Those individuals cited the following reasons for going elsewhere: hospital or specialty services were not available locally (37%), quality of care considerations (18%), referred to another hospital or medical provider by a local physician (18%), confidentiality (6%), insurance coverage (6%), closer or more convenient (4%), out of town when the illness or injury occurred (3%), costs were lower (2%), hospital or medical provider was recommended by a friend or relative (1%), and other (5%). Less than one-fourth of respondents (23%) indicated that they would use pediatric care services in south Lyon County.

### **Secondary Data Collection and Analysis**

Secondary was not collected by the organization performing this community health need assessment report. It was collected by Federal, State and private agencies and retrieved for this report through data set agreements or retrieved from public available sources, e.g. American Community Survey or the U.S. Census Bureau.

### **Market Demand Methodology**

Market demand estimates for health care services and prescription drugs in 2010 were purchased from ESRI Business Analyst Online for the SLMC service area. These estimates were for the adult population 18 and older. ESRI used a national consumer survey and applied the results to target area by using the demographic composition of the region. Market demand was estimated from survey questions about actual visits to the doctor or purchases of prescription drugs. Estimates therefore do not include demand by individuals who could not get services or drugs because they did not have money or insurance to pay for them.

### **Results**

ESRI computed a market potential index comparing the market demand for doctor's visits and prescription drugs across regions within the United States. A market potential index (MPI) of 100 indicates an average demand. The market potential index for the SLMC service area for doctor visits was almost the same as the national average. About 78% of the adult population was estimated to visit a doctor (any type) during the year or about 7,700 individuals. The MPI for certain types of specialists was estimated to be higher, especially for cardiologists (122) and chiropractors (126). Specifically for the prescription drug demand, the three highest MPI were for high blood pressure, high cholesterol and back-pain medications with the MPI 20% higher than the national average.

**Figure 12. South Lyon County 2010 ESRI Estimated Demand for Doctor Visits**

Visited Doctor in last 12 months	Estimated Number of Adults	Percent of Adult Pop	Market Potential Index
Any visit	7,701	78.9%	102
1-3 times	3,151	32.3%	95
4-7 times	2,402	24.6%	110
8+ times	2,148	22.0%	102

Higher than average demand for cardiologists, chiropractors, blood pressure, cholesterol and back pain medication are likely linked to the large senior population.

#### **South Lyon Medical Center Patient Utilization of Inpatient, Emergency Room and Outpatient Services**

This data is from the Center for Health Information Analysis (CHIA), a research center at the University of Nevada Las Vegas (UNLV) within the School of Community Health Sciences. CHIA is contracted by the Nevada Department of Health and Human Services (DHHS), Division of Healthcare Financing and Policy (DHCFP).

#### **Methodology**

Inpatient data was summarized by the major diagnosis categories. The major diagnostic categories (MDC) divided all possible principal diagnoses (from ICD-9 codes) into 25 mutually exclusive diagnosis categories. The diagnoses in each MDC correspond to a single organ system or etiology and in general are associated with a particular medical specialty. MDC 1 to MDC 23 codes are grouped according to principal diagnoses. Patients are assigned to MDC 24 (Multiple Significant Trauma) have at least two significant trauma diagnosis codes (either as principal or secondary) from different body site categories and MDC 25 is reserved for patients with HIV. The major diagnosis categories used for the emergency room and outpatient services data is slightly different as the grouping is determined through the coding structure of the ICD-9 codes.



The number of inpatient stays, emergency room, and outpatient services utilized at South Lyon Medical Center was summarized from the medical data submitted to the State of Nevada for the fiscal year period from July 1, 2010 to June 30, 2011. The South Lyon Medical Center data was divided into three sections: (1) inpatient stays; (2) emergency department visits; and (3) outpatient services. Over 90% of the patients at SLMC were from the defined medical service area. The balance of services utilized came from residents who were from outside of the Yerington, Wellington, and Smith Valley areas.

### South Lyon Medical Center Inpatient Stays

Of the 200 inpatient stays, 93.0% were local residents. The major diagnoses groups for the inpatient data at South Lyon Medical Center is summed in Figure 13.

The top three diagnosis groups:

- Respiratory diagnosis
  - Includes pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism
- Circulatory diagnosis
  - Includes rheumatic fever, heart disease, hypertension, acute myocardial infarction, heart failure, cardiac arrhythmia, and syncope
- Endocrine, nutritional, and metabolic diagnosis
  - Includes thyroid, diabetes, nutritional deficiencies, and other metabolic disorders

The Medicare patient total in Figure 13 highlights the fact that people aged 65 and older were 75.0% of the South Lyon Medical Center inpatient cases. The top three Medicare patients diagnoses are ranked in the same order as the overall categories of respiratory, circulatory, and endocrine. The evenly divided cases between Medicare respiratory and circulatory cases may signal demand from an older population.

**Figure 13. Inpatient Services Utilization at South Lyon Medical Center – 2011**

Major Diagnosis Category	Total	SLMC Service Area Residents		SLMC Service Area Medicare Residents		Out of Area Residents	
		Number	Percent	Number	Percent	Number	Percent
Respiratory	57	51	89.5	38	66.7	6	10.5
Circulatory	39	38	97.4	37	94.9	1	2.6
Endocrine, Nutritional & Metabolic	24	23	95.8	21	87.5	1	4.2
Other	80	74	92.5	54	67.5	6	7.5
Total	200	186	93.0	150	75.0	14	7.0

### South Lyon Medical Center Emergency Department Visits

The major diagnoses categories from the Emergency Department (ED) data at South Lyon Medical Center is presented in Figure 14. The top three major diagnosis categories total 2,343 and were 45.2% of all cases.

Overall ED usage by local residents was 85.3%. Only one in seven visits was by a person from out of the area; a reminder that the hospital serves a more local community.

The top three categories were general in scope:

- Symptoms and ill-defined conditions
  - Broadly defined category for general complaints coming from any part of the body. It is not specific in nature and would be diagnosed at the time of the visit
- Injuries and poisonings
  - Includes fractures, concussions, and sprains
- Metabolic and immunity disorders
  - Includes the thyroid, diabetes, nutritional deficiencies, obesity, immunity deficiencies (not AIDS-HIV), and various disturbances of the metabolism

**Figure 14. Emergency Department Services Utilization at South Lyon Medical Center – 2011**

Major Diagnosis Categories	Total	SLMC Service Area Residents		Out of Area Residents	
		Number	Percent	Number	Percent
Symptoms and Ill-Defined Conditions	904	788	87.2	116	12.8
Injury and Poisoning	891	731	82.0	160	18.0
Metabolic and Immunity Disorders	548	463	84.5	85	15.5
Other	3,106	2,666	85.8	440	14.2
Total	5,449	4,645	85.3	801	14.7

### South Lyon Medical Center Outpatient Services Visits

There was more variation in the utilization of outpatient services and the top categories were expanded to include five major diagnosis group categories.

**Figure 15. Outpatient Services Utilization at South Lyon Medical Center – 2011**

Major Diagnosis Categories	Total	SLMC Service Area Residents		Out of Area Residents	
		Number	Percent	Number	Percent
Specific Procedures and Aftercare	4,639	4,497	96.9	142	3.1
Metabolic and Immunity Disorders	4,392	4,159	94.7	233	5.3
Circulatory System	4,112	3,977	96.7	135	3.3
Symptoms and Ill-Defined Conditions	3,499	3,273	93.5	226	6.5
Musculo Sys & Connective Tissue	1,939	1,833	94.5	106	5.5
Other	9,094	8,440	92.8	654	7.2
Total	27,675	26,179	94.6	1,496	5.4

The high utilization percentages, over 90%, support the benefit of local outpatient services.

- Specific procedures and aftercare
  - Includes follow up visits and continuing care
- Metabolic and immunity disorders
  - Involves the thyroid, diabetes, nutritional deficiencies, obesity, immunity deficiencies (not AIDS-HIV), and various disturbances of the metabolism
- Circulatory
  - Includes rheumatic fever, heart disease, hypertension, and acute myocardial infarction
- Symptoms and ill-defined conditions
  - Broadly defined category for general complaints coming from any part of the body.
- Musculoskeletal system
  - Diagnoses involve arthritis, colitis, uric acid, diabetes, the spine, rheumatism, and bone conditions

The top three categories comprise 64.1% of the services used. Summarizing these activities in general major diagnosis groups point to ongoing care for an older local population, perhaps the data suggests that south Lyon County residents go to their local hospital first.

#### Summary of South Lyon Medical Center Utilization

Figure 16 summarizes the utilization of offered services by department of service. A specific major diagnosis group of interest might be the 57 patients with a respiratory diagnosis, 89.5% from south Lyon County, in Figure 13. Of these 57 patients, the majority were Medicare as a payor source (66.7%) and 10.5% were patients from out of the area. The respiratory diagnoses include pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism. Emergency Department visits and outpatient services show similar trends of the local hospital serving local residents.

**Figure 16. South Lyon Medical Center Utilization by Department of Service – 2011**

Department of Service	Total	South Lyon Medical Center			
		South Lyon County Residents		Out of Area Residents	
		Number	Percent	Number	Percent
Inpatient	200	186	93.0	14	7.0
Emergency Department Visits	5,449	4,648	85.3	801	14.7
Outpatient Services	27,675	26,179	94.6	1,496	5.4

#### SLMC Service Area Residents' Utilization of Inpatient, Emergency Room and Outpatient Services

The second set of findings concerns the travel pattern where the local residents go for their inpatient, emergency room, and outpatient care. The top three diagnosis groups of these people are different from patient major diagnosis groups utilized at SLMC.

## Community Health Needs Assessment - South Lyon Medical Center

### Ranked Utilization:

#### South Lyon Medical Center

1. Respiratory
2. Circulatory
3. Endocrine, Nutritional & Metabolic

#### South Lyon County Service Area Population

1. Musculo-Skeletal System & Connective Tissue
2. Circulatory
3. Digestive

The data shows that SLMC may not meet the health care needs for:

- Musculoskeletal system diagnoses
  - Includes arthritis, colitis, uric acid, diabetes, the spine, rheumatism, and bone conditions
- Digestive
  - Includes colitis, cellulitis, esophagitis, ulcers, Crohn's disease

The data shows that SLMC may meet health care needs for the aging population with:

- Respiratory diagnosis
  - Includes pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism
- Circulatory diagnosis
  - Includes rheumatic fever, heart disease, hypertension, acute myocardial infarction, heart failure, cardiac arrhythmia, and syncope
- Endocrine, nutritional, and metabolic diagnosis
  - Includes thyroid, diabetes, nutritional deficiencies, and other metabolic disorders

Most people (85.2%) went to an out of area hospital; this may be a sign that musculo-skeletal system and connective tissue services are unavailable at South Lyon Medical Center or the availability of service is not known by the community.

**Figure 17. SLMC Service Area Residents Utilization of Inpatient Services – 2011**

Major Diagnosis Groups	Total	South Lyon Medical Center		Out of Area Hospitals		Out of Area Hospitals Medicare Patients	
		Number	Percent	Number	Percent	Number	Percent
Musculo Sys & Connective Tissue	209	10	4.8	199	95.2	91	45.7
Circulatory	187	38	20.3	149	79.7	84	56.4
Digestive	113	12	10.6	101	89.4	50	49.5
Other	748	126	16.8	622	83.2	228	36.7
Total	1,257	186	14.8	1,071	85.2	263	24.6

The high percentages of local residents using out of area hospitals can be viewed as a demand for care. The Medicare patient percentage (24.6%) contrasts with the overall local resident (85.2%) behavior pattern of accessing the local hospital for care. For the musculo-skeletal system and connective tissue, the highest ranked diagnoses, approximately one in two Medicare patients go to South Lyon Medical Center versus 95.2% of local population leaving for out of area hospitals. There are opportunities for

South Lyon Medical Center to examine this data in terms of market share and engage the community into conversations with the hospital about appropriateness and availability of local services.

As for Emergency Department visits and outpatient services, activities show similar trends. In Figure 18, the total emergency department visits by local residents were 8,583 of which 4,648 visits reflects the need for local and timely access to care. Over half of the local residents, 54.2%, went locally for their emergency care. This also points to hospital examination of market share and engaging the community in to conversation about locally supplied services.

**Figure 18. South Lyon County Residents Accessing by Department of Service – 2011**

Department of Service	Total	South Lyon County Residents			
		South Lyon Medical Center		Out of Area Hospitals	
		Number	Percent	Number	Percent
Inpatient Stays	1,257	186	14.8	1,071	85.2
Emergency Department Visits	8,583	4,648	54.2	3,935	45.9
Outpatient Services	43,119	26,179	60.7	16,940	39.9

Figure 18 shows that inpatient care is the only department where most of the south Lyon County residents left to go to an out of the area hospital. The highest utilization, outpatient visits (43,119), shows six of every ten locals, 60.7%, used SLMC. The population of the area is 11,098. This utilization appears good; however, the 16,940 members of the local population who went to other hospitals may signal a drain on South Lyon Medical Center's possible market share.

Emergency department visits, most often diagnosed with general symptoms and ill-defined conditions is one in two people. While this diagnosis is very general in scope, the diagnosis is preliminary in nature and not a final diagnosis. Outpatient services diagnosis were more specific with the top four diagnosis groups being circulatory, musculo-skeletal, metabolic and immunity disorders, followed with symptoms and ill-defined conditions.

- Circulatory
  - Includes rheumatic fever, heart disease, hypertension, and acute myocardial infarction
- Musculoskeletal system diagnoses
  - Includes arthritis, colitis, uric acid, diabetes, the spine, rheumatism, and bone conditions.
- Metabolic and immunity disorders
  - Involves the thyroid, diabetes, nutritional deficiencies, obesity, immunity deficiencies (not AIDS-HIV), and various disturbances of the metabolism.
- Symptoms and ill-defined conditions
  - Broadly defined category for general complaints coming from any part of the body.

### **Summary of Community Health Needs in SLMC Service Area**

Local residents utilize their local hospital for basic care and the first stages of symptom diagnosis. The research data shows local residents going to hospitals out of the area for the majority of inpatient services and half of the ED visits, a large percentage of care. The data presents an opportunity for South Lyon Medical Center to evaluate increasing their market share of primary and maintenance health care for feasibility of delivering additional lines of care. Further analysis would be needed to target and support specialty care and understand the scope and complexity of care needed by the population in the hospital medical service area.

### **Prioritized Community Health Needs Identified in the Assessment**

Inpatient utilization at SLMC (Figure 17)

The top three diagnosis groups

- Circulatory diagnosis (20.3%, 38 cases)
  - Includes rheumatic fever, heart disease, hypertension, acute myocardial infarction, heart failure, cardiac arrhythmia, and syncope
- Digestive (10.6%, 12 cases)
  - Includes colitis, cellulitis, esophagitis, ulcers, Crohn's Disease
- Musculoskeletal system diagnoses (4.8%, <12 cases)
  - Includes arthritis, colitis, uric acid, diabetes, the spine, rheumatism, and bone conditions

Service area utilization at out of area hospitals

- Musculoskeletal system diagnoses (95.2%, 199 cases)
  - Includes arthritis, colitis, uric acid, diabetes, the spine, rheumatism, and bone conditions
- Circulatory (79.7%, 149 cases)
  - Includes rheumatic fever, heart disease, hypertension, and acute myocardial infarction
- Digestive (89.4%, 101 cases)
  - Includes colitis, cellulitis, esophagitis, ulcers, Crohn's Disease

### **Chronic Disease Needs of the SLMC Service Area Population.**

In referencing Figure 19, South Lyon Medical Center meets fifty percent or more of the general population needs for emergency and outpatient care. Figure 19 also shows the general population demand for specific types of services by major diagnosis codes. The varying percentages for inpatient care are signs of certain population needs are met and others go elsewhere perhaps due to complexity of illness, access to specialty care, or lack of knowledge of available local care. The high demand for specific procedures and after care shows the local resident utilization of outpatient services for follow-up care. Locals use their hospital. The hospital has an opportunity to increase utilization in other areas.

**Figure 19. Chronic Disease Needs of SLMC Service Area Residents – 2011**

Major Diagnosis Code	Total	Local Residents			
		South Lyon Medical Center		Out of Area Hospitals	
		Number	Percent	Number	Percent
<b>Inpatient</b>					
Musculoskeletal System	209	10	4.8	199	95.2
Circulatory System	187	38	20.3	149	79.7
Respiratory	138	51	37.0	87	63.0
<b>Emergency Department</b>					
Symptoms and Ill-Defined Conditions	1,611	788	48.9	823	51.1
Injury and Poisoning	1,266	731	57.7	535	42.3
Circulatory System	931	470	50.5	461	49.5
<b>Outpatient Services</b>					
Metabolic and Immunity Disorders	6,668	4,159	62.4	2,509	37.6
Circulatory System	6,159	3,977	64.6	2,182	35.4
Specific Procedures and Aftercare	5,607	4,497	80.2	1,110	19.8

### **Chronic Disease Needs and Other Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups**

Evaluating the uninsured, low-income persons, and minority population needs for health care was estimated from a subset of the CHIA Emergency Department data for the SLMC service area population (zip code 89430 (Smith Valley), 89444 (Wellington), and 89447 (Yerington)). The criteria targeting this population was the UB04 payer codes for charity care, Hill-Burton Free Care, Nevada Medicaid, other Medicaid, self-pay, miscellaneous, county indigent referral, Nevada Medicaid HMO, section 1011 undocumented aliens, and unknown. Self-pay is also a proxy for the uninsured.

A low income population subset was approximated using payer codes defined by UB04 which are charity, Nevada Medicaid, other Medicaid, self-pay, miscellaneous, county indigent referral, Nevada Medicaid HMO, section 1011 undocumented aliens, and unknown. Two-thirds of the low income patient population has an insurance mix involving these categories and over eighty percent (82.2%) have no primary commercial or negotiated insurance.

Analyzing the low-income population subset of the emergency care data reflects that almost fifty percent (49.2%) go to South Lyon Medical Center for their care.

The low-income population primary diagnosis demand (56.8%)

- Symptoms, signs, and ill-defined conditions (20.4%)

- Signaled through the major diagnosis category of category
- Injury and poisonings (25.8%)
- Respiratory diagnosis (10.6%)
  - Includes pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism.

The patients aged less than 18 years vulnerable population demand is for primary care (68.7%)

- Symptoms, signs, and ill-defined conditions (36.9%)
- Injury and poisonings (18.7%)
- Respiratory diagnosis (13.1%)
  - Includes pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism.

The patients aged over 70 years vulnerable population is primary care (59.5%)

- Symptoms, signs, and ill-defined conditions (23.2%)
- Injury and poisonings (23.7%)
- Respiratory diagnosis (12.8%)
  - Includes pneumonia, chronic obstruction pulmonary disease, and pulmonary embolism.

Minority groups play a factor in ED utilization. The patient activity at SLMC reflects these proportions as 20.5% of the ED patients were non-white.

SLMC may meet the majority demand for more specific diagnosis, such as endocrine (96.2% of patients), nervous (85.9% of patients). One in four patients is aged 70 years or older and one in ten patients are under the age of 18. Sixty percent go to SLMC for their care.

The low inpatient capture rate reflects issues of complex services and out of area factors.

### **Information Gaps that Limit South Lyon Medical Center's Ability to Assess All of the Community's Health Needs**

South Lyon County has a population of about 11,098 people. The south Lyon region is situated within a very large county of over 2000 square miles. The population of the northern region of Lyon County is larger than that of the southern region and very different demographically. Because of this, county level data on proportion of uninsured does not adequately replace lower level estimates. CHIA data analyzed above includes only those individuals who did receive treatment for their condition, not those who were unable to obtain treatment.

An estimate of the uninsured rate in south Lyon County was made using the State of Nevada uninsured rates for Hispanics and non-Hispanics by age group. This method gave an estimate of about 18% for south Lyon as compared with the state uninsured rate of about 23%. The chronic disease needs of the population of uninsured and Medicaid patients in south Lyon County are not known.

Other health indicator data such as cancer registries, vital statistics, BRFSS, county health rankings, Medicaid enrollment as well as some American Community Survey data that is available for larger populations or at the county level were also not available for Yerington, Wellington, and Smith Valley.



## **Community Needs and Implementation Strategies**

### **Process for Identifying and Prioritizing Services to Meet the Community Health Needs in South Lyon County**

The South Lyon Medical Center strategic plan addresses the following needs and implementation strategies.

Respondents of the Community Health Needs Assessment Survey identified as their top concerns: limited services, lack of specialists, quality of care considerations, customer service, sustainability of South Lyon Medical Center and cost of health care. In response, South Lyon Medical Center's CEO and his administrative team worked to develop a strategic plan that was reviewed and endorsed by both the facility's operating board and medical staff.

The Strategic Objectives developed as a result of these planning meetings were ranked by priority and are as follows:

- 1) Improve Community Confidence and Awareness
- 2) Improve Customer and Staff Satisfaction
- 3) Improve Informational and Clinical Services
- 4) Improve Efficiency and Manage Costs
- 5) Increase Revenue
- 6) Improve Facilities and Grounds

#### **Objective One**

The SLMC administrative team determined that internal and external marketing, along with community outreach, to be the modifiers improving objective number one. The facility intends to participate in more civic events and gain visibility as a partner in improving the overall health of the community through providing resources and educational opportunities upon request.

#### **Objective Two**

Refining objective number two began with a review of the facility's internal customer service skills. Departments were tasked with implementing a customer service survey to identify strengths and weaknesses. The survey results will be disseminated among hospital personnel promoting cultural changes focusing on the care and treatment of our patients, both socially and clinically. SLMC's CEO has implemented processes identifying areas of employee dissatisfaction. The CEO directed a wage scale review be conducted for possible wage adjustments for some positions whose wages are not competitive in the surrounding market area.

#### **Objective Three**

Objective number three has been embraced with the facility's conversion to electronic health records. This project is currently underway and will bring about the first actual record conversion to an electronic

format on August 1. Although this project is not expected to see completion for over a year, it will provide easier access to patient personal health information in both the informational and clinical settings.

Through the leadership and experience of the facility's CEO, South Lyon Medical Center has sincerely pursued the opportunities afforded through telemedicine. A relationship has been established with Renown Medical Center in Reno, Nevada, that will provide consultation and care from a wide array of specialty physicians. Currently the majority of these specialists are only available in the larger urban settings and gaining access to these services is a hardship for patients. South Lyon Medical Center is currently upgrading its electronic infrastructure to support electronic patient care access through the capabilities of videoconferencing, transmission of still images, e-health including patient portals, and the remote monitoring of vital signs.

#### Objective Four

Improve efficiency and manage costs is part of the facility's overall financial management plan. The CEO, administrative team, and department supervisors are working to reduce risk, standardize purchasing, and utilization staffing efficiently. These actions, together with the facility's philosophy to "go green", is expected to see marked operational improvement.

#### Objective Five

Align with objectives number three and four. Adding telemedicine services together with new radiology and laboratory diagnostic testing is expected to increase utilization and enhance services available to the area residents.

#### Objective Six

Target the improvement of the facility and grounds. The CEO and South Lyon County District Board developed a Facility Master Plan providing for the gradual improvement and upgrade of the facility buildings as funds are available. Recognizing that the original structure was built in the early 1950s, priorities are based on needed upgrades and improving energy efficiency.

### **South Lyon Medical Center's Final Implementation Plan**

South Lyon Medical Center cannot address the following needs with the associated reasons.

The survey also identified services that the community would like to have available at South Lyon Medical Center. These services include: obstetrics and gynecology, dialysis, pediatrics, cancer care, mental health and substance abuse services, and transportation to and from health care services. South Lyon Medical Center has reviewed the feasibility of providing each requested service. Through an association with Banner Churchill in Fallon, Nevada, the facility now provides obstetrics and gynecology services on a limited basis through its specialty clinic.

Due to regulatory, construction, and reimbursement constraints, dialysis and cancer care services have been prohibitive under current economic conditions. Should this become feasible in the future, South Lyon Medical Center will again review the potential of adding these services.

South Lyon Medical Center continues to promote and support mental health services in the area. Current barriers to mental health include availability and accessibility. As federal and state monies continue to see dramatic budget cuts, mental health services in rural areas become scarce.

**Strategy for Making the Community Health Needs Assessment Available to the Community**

The planned dissemination of the CHNA report are the South Lyon Medical Center's website and printed copies available upon request from South Lyon Medical Center. Information has been previously presented in a public meeting held at the county offices on Wednesday February 13<sup>th</sup>, 2012. South Lyon Medical Center representatives have also personally presented the survey results to the hospital auxiliary board and the hospital foundation board.

## Appendices and Notes

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## South Lyon County Community Health Needs Assessment

**Q1. What is it about living in south Lyon County that you feel contributes to people's health and well-being in a positive way? Name the FIRST thing that comes to mind.**

**Q2. What is it about living here that contributes in a negative way?**

**Q3. How would you rate the overall health of your community?**

- ☐ Very healthy    ☐ Healthy    ☐ Neither healthy nor unhealthy    ☐ Unhealthy    ☐ Very unhealthy

**Q4. From the following list and thinking about all of the people you know in south Lyon County – neighbors, friends, co-workers, family – what do you think are the top THREE health needs people face? Please select only THREE responses.**

- |   |  |
|---|--|
| <input type="radio"/> Access to health care services                            | <input type="radio"/> Homicide                                     |
| <input type="radio"/> Aging-related problems, such as arthritis or hearing loss | <input type="radio"/> Immunizations for children                   |
| <input type="radio"/> Alcohol abuse   | <input type="radio"/> Inadequate services for seniors              |
| <input type="radio"/> Cancers   | <input type="radio"/> Infectious diseases, such as hepatitis or TB |
| <input type="radio"/> Child abuse and neglect                                   | <input type="radio"/> Mental illness                               |
| <input type="radio"/> Cost of health care                                       | <input type="radio"/> Motor vehicle accidents                      |
| <input type="radio"/> Dental problems   | <input type="radio"/> Obesity                                      |
| <input type="radio"/> Diabetes  | <input type="radio"/> Rape and sexual assault                      |
| <input type="radio"/> Domestic violence   | <input type="radio"/> Respiratory or lung disease                  |
| <input type="radio"/> Drug abuse  | <input type="radio"/> Sexually Transmitted diseases, including     |
| <input type="radio"/> Exposure to environmental hazards                         | <input type="radio"/> Suicide                                      |
| <input type="radio"/> Food safety   | <input type="radio"/> Teenage pregnancy                            |
| <input type="radio"/> Firearm-related injuries                                  | <input type="radio"/> Tobacco use                                  |
| <input type="radio"/> Heart disease and stroke                                  | <input type="radio"/> Youth/gang Violence                          |
| <input type="radio"/> High blood pressure                                       | <input type="radio"/> Other: _____                                 |



**Q5. From the following list, what do you think are the THREE most important factors for a healthy community and improving the quality of life in your community? Please select only THREE responses.**

- |   |   |
|---|---|
| <input type="radio"/> Access to health care               | <input type="radio"/> Good jobs and healthy economy     |
| <input type="radio"/> Affordable housing                  | <input type="radio"/> Healthy behaviors and lifestyles  |
| <input type="radio"/> Arts and cultural events            | <input type="radio"/> Low adult death and disease rates |
| <input type="radio"/> Clean environment                   | <input type="radio"/> Low infant deaths                 |
| <input type="radio"/> Good place to raise children        | <input type="radio"/> Parks and recreation              |
| <input type="radio"/> Good schools                        | <input type="radio"/> Religious or spiritual values     |
| <input type="radio"/> Low crime and safe neighborhoods    | <input type="radio"/> Strong family life                |
| <input type="radio"/> Low level of child abuse            | <input type="radio"/> Supportive services for seniors   |
| <input type="radio"/> Emergency preparedness              | <input type="radio"/> Other : _____                     |
| <input type="radio"/> Excellent race and ethnic relations |   |

**Q6. In the past year, have you used the hospital or clinic services provided by South Lyon Medical Center?**

- ☐ Yes    ☐ No, if "No", please skip to Question 8

**Q7. What services have you used at South Lyon Medical Center? Check all that apply.**

- |   |  |
|---|--|
| <input type="radio"/> Blood bank                      | <input type="radio"/> Primary Care – Physician or nurse practitioner visit |
| <input type="radio"/> Clinic services                 | <input type="radio"/> Radiology – Mammography                              |
| <input type="radio"/> Emergency department            | <input type="radio"/> Radiology - Ultrasound                               |
| <input type="radio"/> Flu shots                       | <input type="radio"/> Radiology – CT                                       |
| <input type="radio"/> Inpatient hospitalization       | <input type="radio"/> Radiology – x-ray                                    |
| <input type="radio"/> IV therapy                      | <input type="radio"/> Radiology – MRI                                      |
| <input type="radio"/> Laboratory                      | <input type="radio"/> Respiratory therapy services                         |
| <input type="radio"/> Long term care facility         | <input type="radio"/> Social services                                      |
| <input type="radio"/> Physical therapy rehab services | <input type="radio"/> Other _____  |
| <input type="radio"/> Physician referral              |  |

**Q8. How satisfied were you with the services you received at South Lyon Medical Center?**

- ☐ Very satisfied    ☐ Satisfied    ☐ Neither satisfied nor dissatisfied    ☐ Dissatisfied    ☐ Very dissatisfied

**Q9. Why were you satisfied or dissatisfied?**



**Q10. In general, how would you rate your personal health?**

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

**Q11. What is your primary source for medical information? Please select only ONE response.**

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> Books                | <input type="radio"/> Newspaper    |
| <input type="radio"/> Family Doctor        | <input type="radio"/> Radio        |
| <input type="radio"/> Friends or relatives | <input type="radio"/> Television   |
| <input type="radio"/> Internet             | <input type="radio"/> Other: _____ |
| <input type="radio"/> Magazines            |                                    |

**Q12. What is your primary insurance plan? Please select only ONE response.**

- |  |  |
|--|--|
| <input type="radio"/> PPO (Preferred Provider Organization)  | <input type="radio"/> Medicaid HMO                           |
| <input type="radio"/> HMO (Health Maintenance Organization)  | <input type="radio"/> Medicaid (Traditional fee for service) |
| <input type="radio"/> Medicare HMO                           | <input type="radio"/> Other: _____                           |
| <input type="radio"/> Medicare (Traditional fee for service) |  |

**Q13. What is your secondary source of insurance or supplemental payment plan? Check all that apply.**

- |  |  |
|--|--|
| <input type="radio"/> PPO (Preferred Provider Organization)  | <input type="radio"/> Medicaid HMO                           |
| <input type="radio"/> HMO (Health Maintenance Organization)  | <input type="radio"/> Medicaid (Traditional fee for service) |
| <input type="radio"/> Medicare HMO                           | <input type="radio"/> Other: _____                           |
| <input type="radio"/> Medicare (Traditional fee for service) |  |

**Q14. Which one of the following towns or cities do you primarily go to for your health care? Please select only ONE response.**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="radio"/> Yerington   | <input type="radio"/> Gardnerville |
| <input type="radio"/> Reno        | <input type="radio"/> Fallon       |
| <input type="radio"/> Carson City | <input type="radio"/> Other: _____ |

**Q15. Where do you purchase most of your prescription drugs? Please select only ONE.**

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Rex       | <input type="radio"/> Mail in           |
| <input type="radio"/> Scolari's | <input type="radio"/> Other (see below) |





**Q16. Would you use Pediatric Care Services in Yerington?**

- ☐ Yes   ☐ No

**Q17. In the past year, have you received care from a hospital or medical provider other than South Lyon Medical Center?**

- ☐ Yes   ☐ No

**Q18. Why did you choose the services of another hospital or medical provider other than South Lyon Medical Center? Check all that apply.**

- |  |   |
|--|---|
| <input type="radio"/> Closer or more convenient  | <input type="radio"/> Insurance coverage  |
| <input type="radio"/> Confidentiality  | <input type="radio"/> Out of town when the illness or injury occurred                       |
| <input type="radio"/> Costs were lower   | <input type="radio"/> Quality of care considerations  |
| <input type="radio"/> Hospital or medical provider was recommended by a friend or relative | <input type="radio"/> Referred to another hospital or medical provider by a local physician |
| <input type="radio"/> Hospital or specialty services were not available locally            | <input type="radio"/> Other: _____  |

**Q19. What concerns you most about health care in the South Lyon Medical Center service area?**

**Q20. After reviewing all of the services offered by South Lyon Medical Center and its clinics, what other services would you like to see offered?**

Thank you for participating in this community health needs assessment survey. The results of this survey will be discussed at the next community meeting in January at this same location.

If you have any questions about this survey or the community health needs assessment coordinated by the Nevada Office of Rural Health, please contact Dr. John Packham at 775-784-1235 or [jpackham@medicine.nevada.edu](mailto:jpackham@medicine.nevada.edu).

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