Report of St. Andrews Health Center’s Commitment to its Community

St. Andrew’s Health Center has been a part of the community since 1913. Our mission is to provide services to all who come to us for care; this is something that we are very proud of. Our ability to better the lives of those most in need is the core of our beliefs and knowing that we can make a difference in the lives of those we serve. In addition, we believe that through our leadership and presence in the community we have been and will continue to be an essential part of the healthcare delivery team.

St. Andrew’s Health Center is designated as a Critical Access hospital and has had the designation since July 2001. We continue to utilize “The Guide for Planning and Reporting Community Benefit” book that was prepared by the Catholic Health Care Association to help determine what qualifies as a community benefit and participate on webcasts as offered. We attend a variety of educational opportunities throughout the year to provide direction in reporting on our benefits to the community.

Charity Care (Caring Program):

During the past year, we provided $62,796.88 of free care for 10 people. We budget to provide the caring program on an annual basis. St. Andrew’s Health Center utilizes the federal poverty guideline; we go up to 200% of the federal poverty guidelines and utilize a sliding scale that provides a greater opportunity for patients/clients to qualify for free or reduced care ranging. The reduced care ranges from 20% to 100%. Our caring program is made available to all patients and may be viewed on our website: www.standrewshealth.com. Upon completion of an application we review three months of income history and/or annual income tax filing to determine where they qualify within the program guidelines. Once the patient qualifies, the program is in force for the next six months as well as the prior six months. Each participant must then reapply every six months. We also provide the patient(s) with an insurance card to present at the time they are at the registration desk for the service/visit. This has provided a means for the patient(s) to know their coverage dates and what family members are eligible to receive the services free or at a discounted rate. This program was implemented in the health center as well as our rural health clinic. In May of 2009, we enhanced this program to afford individuals with medical expenses in excess of 30% of their gross income who would otherwise not qualify for the Caring Program based on their earnings to qualify for catastrophic charity care and receive a reduction in the cost of their medical services. We have seen changes in the charity care. In January 2014 the State of North Dakota added Medicaid Expansion; more patients are qualifying for this insurance coverage. Medicaid Expansion has had an impact to the number of individuals qualifying for charity; we find that most are qualifying for a sliding scale write off.

We continue to maintain the Community Resource Coordinator (CRC); this person offers assistance to those in need. The CRC offers an array of services in searching for medical/dental coverage for those that are underinsured or uninsured. The CRC maintains our blanket hugs program, and provided approximately 70 free blankets for pediatric patients in need of comforting. The CRS also helps individuals fill out Caring Program paperwork.

In total the CRC provides resources to approximately 100 people in our community and service area; without the resource many of these individuals would have gone with needs unmet.
St. Andrew’s Health Center
Bottineau, North Dakota

We continue to maintain this position within the health center and in the Bottineau County service area. We continue to see an increase in the individual’s out of pocket costs that remain following payments provided by their insurance carriers. With the rise in health care premiums and aging population; families have to make some difficult decisions. The lack of insurance or underinsured has a devastating effect on the people of our community. We are committed to the Catholic Healthcare Initiative on working towards insurance coverage issues for the uninsured and underinsured.

Throughout the year we held food pantry drives and collected funds to give to the school system for children in need of money for milk at snack time. We also have an angel tree within the facility that has a range of ages of boys and girls that are in need of receiving some gifts at Christmas. We do this in collaboration with a service group in our community.

St. Andrews Health Center has a community health needs assessment (CHNA) that was completed in September, 2016 and implementation was started in 2016-2017. We continue to utilize the report and work towards meeting needs as identified within the report. We are in our second year of our 3 year plan. All of the meetings and data collection were completed by UND Center for Rural Health employees (UNDCRH) located in Grand Forks, ND. The CHNA report is posted on our website, www.standrewshealth.com and the most recent update, September 30, 2018 plan is also posted on the same website.

In September 2016, UNDCRH provided a complete report on the needs of the community identified by the survey results. We provided communication back to the leadership group, presented the results at the annual Bottineau Economic Development Corp (EDC), Chamber group, posted it out on our website, original copies to the EDC and public health office and to all department managers and board members for the health center. At the local board level for the health center, we focused in on the greater needs of the community needs assessment that we identified and our plan was to work on those items first. We will continue to utilize the CHNA report and have made the workflow for the implementation plan as part of our strategic plan.

We are working with The Department Managers and a committee of community members, First District Health-Bottineau, Bottineau County Social Services, Dakota College Bottineau (DCB), School Superintendents in Bottineau County, Chamber of Commerce and the EDC on the implementation plan. The five top identified needs that the implementation plan will address are: 1) Availability of Behavioral Health, 2) Availability of Resources to Help the Elderly Stay in Their Homes, 3) Overall Health and Wellness, 4) Availability of Childcare Services, and 5) Attract and Retain Families to the Area. In addition, at our annual total program review, an evaluation of services offered and the options to add new services is done. This process provides an overall review of services offered and a consideration of what we may need to consider discontinuing or adding.

In direct connection to providing area individuals more about wellness and illness prevention, we continue to provide information to the community via specific topics, education events, and advertising about on overall health and wellness. In October, 2017 we hosted a Women’s Wellness Expo and offered a public presentation given by a representative from Trinity Health, Minot, ND on signs and symptoms of strokes in women and the importance of seeking medical attention early. We provide diabetes education sessions to the public 3 times this year. The sessions run for a six week period and are there are 6 classes for each session. We offer a wide range of educational material in the local news paper through our weekly “Healthbeat” feature. The topics have included prescription opioid use, prevention guidelines, stress management, and information about National High Blood Pressure and American Stroke Month. These are just a few examples of ways that we get health and wellness information out to the public.
St. Andrew’s Health Center
Bottineau, North Dakota

Beyond Charity Care
In addition to our free charity care, SAHC has provided many other services to meet the needs of those in Bottineau County and service area: we provide access to clinical practice to the Bottineau and Minot region.

A number of students job shadow in various departments as part of their education requirements. Over the past year we have had students job shadowing or completing internship hours for Pharmacy technician and Nurse Practitioner (NP) programs. We also have the school of nursing students from Dakota College Bottineau at the facility completing practicals during the college school year. We are happy to be a clinical site to Dakota College-Bottineau for the ADN/PN nursing program and UND for the NP program; we have a number of students that utilize St. Andrews Health Center for their clinicals on a day to day basis.

St. Andrew’s Health Center allows for time to educate high school students about potential career opportunities in health care and provides job shadowing opportunities for those interested. We work closely with the Health and Sciences Instructor from the local high school to provide health career access to the students. We also participate in a Scrubs Camp program for junior high students. This was coordinated through St. Andrews Health Center and provides opportunities for students exploring health care options. We also participate in a number of other educational opportunities with students to generate a career in health care; EMT summer school, and 2nd grade tour, just to name a few.

We have provided presentations to members of our community and the surrounding areas/groups to educate them about the health and wellness issues (from the importance of sunscreen use to opioid addictions and resources just to name a couple). We have a weekly Healthbeat article that is printed in our local newspaper; the articles are about the importance of receiving medical testing and signs of symptoms of various diseases. We expanded our service offers to bring blood pressures and wellness profiles to the communities of Westhope, Newburg and Willow City. We collaborated with First District Health-Bottineau in hopes that we would reach more individuals within those communities, while the attendance was low, we will offer this again in the 2018-2019 year in hopes to see more individuals.

Office space and a liaison are provided to the Rural Mental Health Consortium so that we can continue to offer behavioral health services to the community on an outpatient basis. The demand for behavioral health services in the State of North Dakota has grown substantially. We are very pleased to offer this service at the local level and are working strategically to tie this into the identified needs of the CHNA.

St. Andrews Health Center participates in a number of community events/activities that pertain to healthcare and our direct relations to our community; including wellness committee, bio terrorism group, disaster preparedness, co-sponsor a blood drive, blood pressures are offered during a variety of community events such as North Central Electric’s annual meeting held in June, and our annual Hospital week celebration, just to name a few. We offer a free blood pressure screening day every Tuesday. This helps monitor the vascular health of 20 to 30 patients each week. Annually we impact about roughly 1000 people.

St. Andrews Health Center provides conference rooms for local non-profit organizations for meeting use.

St. Andrews Health Center’s provides maintenance for upkeep of the volunteer ambulance grounds and parking lot (i.e. snow removal) and linen services.
Community Leadership

St. Andrew’s Health Center and its team of co-workers strive to increase their level of community involvement. Many of the employees of St. Andrew’s Health Center serve on several local and regional committees working to improve the health and lives of the members of Bottineau County. A comprehensive list of committee memberships is attached to this document, so the community can take advantage of our expertise and involvements of the SAHC employees.

Summary

Mission Statement

St. Andrew’s Health Center, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor and elderly. Through the shared ministry with the laity, St. Andrew’s Health Center participates in the health care mission in the work of healing which is the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the Sister of Mary of the Presentation, we minister to one another and all who come to us for care.

St. Andrew’s Value Statement reads: We show care and compassion through:

Commitment: We strive to provide excellent service to the people of our community by caring for each person’s spiritual, physical and emotional needs.

Respect: Our goal is to protect the privacy and dignity of our patients and one another. We respect those we serve and each other by showing consideration for each person’s values and spirituality.

Trust: We aim to develop trust with our patients by building their confidence in our ability to deliver quality healthcare in an honest and reliable manner.

Teamwork: Working together we create a team atmosphere by which we support one another, remembering we are all equal and all work to fulfill our mission.

As we continue to build upon our Mission Driven Healing Hospitality program; we will continue to strengthen the values, Mission and viability of our organization and meet the needs of our community and the people that we serve.
Managers Volunteer Activities and Community Involvement
2017-2018 Fiscal Year

Jodi Atkinson
Economic Development Corporation Board member
Community Health Needs member
First Lutheran Church Service Group
ND Critical Access Quality Committee
Caring for Children Board
Norsk Hostfest Volunteer-Minot
Lake Metigoshe Lions
Community Disaster Committee-Bottineau County
Rural Mental Health Consortium member and Vice Chair
Volunteer at Community Events

Brenda Aberle
St. Marks Alter Society Group
Volunteer at Community Events

Janel Agnes
St. Mark’s Church Service Group/Altar Society
BOMA Instructor Fargo Diocese
Billings Ovulation Method-USA Board Member
Volunteer for Bottineau High School Volleyball
Volunteer at Community Events

Brenda Arneson
First Lutheran Church Service Group
DCB-SAHC Koehmstedt Scholarship Committee member
Volunteer at Community Events

Bill Dawson
Dakota College at Bottineau IT Committee member

Crystal Grenier
Community member-Community Health Needs Assessment group
Board member-Penelope’s
Bottineau County Coalition group
Turtle Mountain Trail Association (TMTA)
Volunteer at Community Events
St. Andrew’s Health Center
Bottineau, North Dakota

Brandy Hahn
Volunteer at Community Events

Linda Holisky
Bottineau Chamber of Commerce Board of Directors
Volunteer at Community Events

Dennis Lagasse
Knights of Columbus
St. Mark’s Cemetery Grounds Committee
St. Mark’s Greeter, Usher and Gift Bearer
Bottineau Country Club
Dakota College Bottineau Logrollers-President
Dakota College Bottineau Foundation
North Dakota Officials Association
Bio-Terrorism Committee
Local Emergency Planning Committee
Volunteer at Community Events

Jeanne McGuire
Volunteer at Community Events

Sheila Monson
St. Marks Altar Society member
Science Olympiad coach
Volunteer at community events

Molly Palm
Volunteer at Community Events

Keith Pritchard
Bottineau Community Theater
Maintenance of Masonic Island-Lake Metigoshe
Community Presentations-Health
Volunteer at Community Event
St. Andrew’s Health Center
Bottineau, North Dakota

Alfred Sams
EDC member
Community Health Needs Assessment Hospital Representative
Volunteer at Community Events

Karla Spence
Dakota College of Bottineau-Nursing Advisory Council
Bottineau ambulance liaison-SAHC
Bottineau Community Prevention Coalition
Volunteer at Community Events
ND Mission Lifeline and Stroke representative
## St. Andrew's Health Center
### Summary of Quantifiable Community Benefits

**Reporting period:** October 1, 2017 through September 30, 2018

<table>
<thead>
<tr>
<th>Community Benefit Category *</th>
<th>Persons served</th>
<th>community</th>
<th>offsetting</th>
<th>community</th>
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</thead>
<tbody>
<tr>
<td><strong>Benefits for persons living in poverty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Charity care at cost</td>
<td>I</td>
<td>3</td>
<td>10</td>
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<tr>
<td>Unreimbursed costs of public programs</td>
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<td>4</td>
<td>9</td>
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<tr>
<td>Medicaid</td>
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<td></td>
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<tr>
<td>Health professions education</td>
<td>III.B</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>III.C</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions to other community groups</td>
<td>III.E</td>
<td>10</td>
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<td></td>
</tr>
<tr>
<td>Community building activities</td>
<td>III.F</td>
<td>6,11</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total quantifiable benefits for persons living in poverty</strong></td>
<td></td>
<td></td>
<td>19</td>
<td>$736,418</td>
</tr>
</tbody>
</table>

| **Benefits for the broader community** | | | | |
| Community health improvement services | III.A | 6 | 9,504 | $61,449 | $ - | $61,449 |
| Health professions education | III.B | 7 | 1,890 | $239,691 | $45,255 | $194,436 |
| Subsidized health services | III.C | 8 | 27 | $9,569 | $ - | $9,569 |
| Research | III.D | 9 | | | $ - | $ - |
| Cash and in-kind contributions to other community groups | III.E | 10 | 3,013 | $11,127 | $ - | $11,127 |
| Community building activities | III.F | 6,11 | | | $ - | $ - |
| Community benefit operations | III.G | -- | | | $ - | $ - |
| **Total quantifiable benefits for the broader community** | | | 14,407 | $312,267 | $45,255 | $276,581 |

**Total quantifiable community benefits** | | | 14,426 | $1,048,685 | $608,926 | $449,328 |