Memorial Health Care Systems

Community Health Needs Assessment and Implementation Strategy

June, 2016

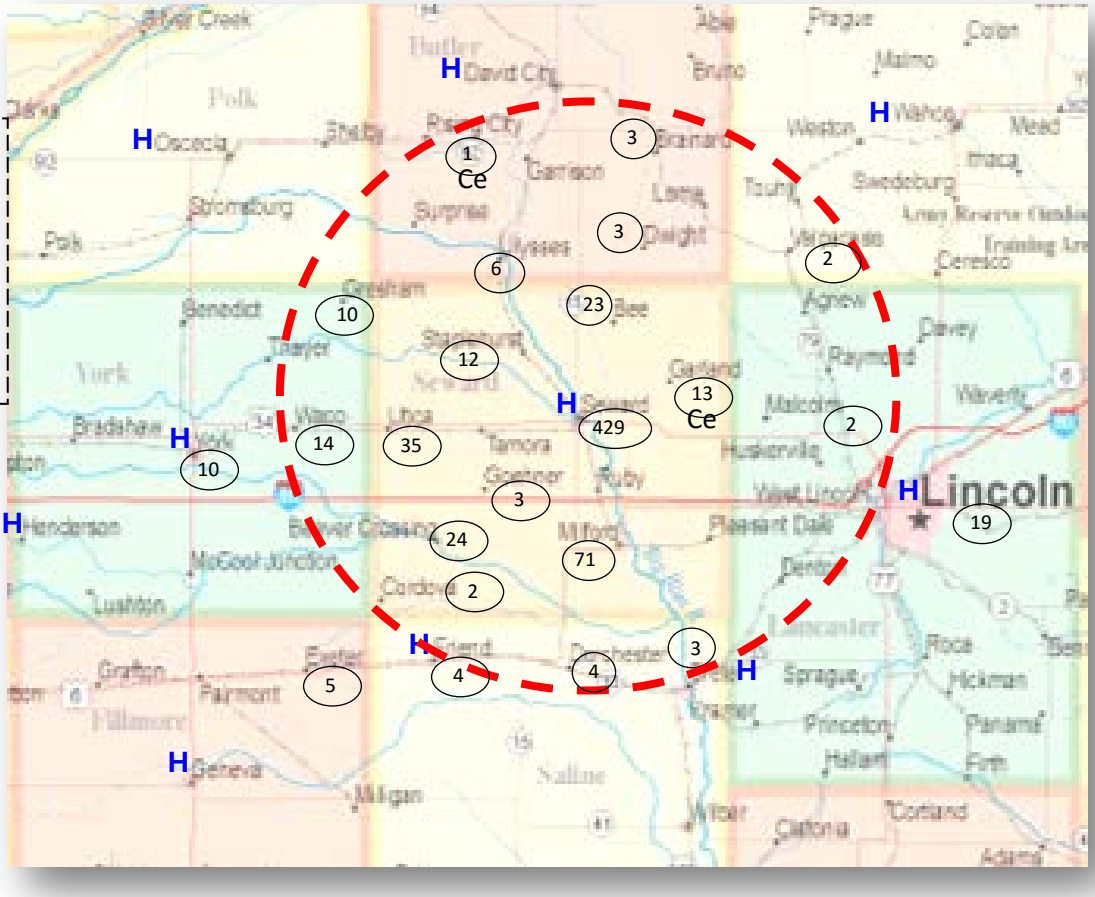
Community Served

Geographic Area

Memorial Hospital is the sole Critical Access Hospital in Seward County, serving a county population of over 17,000 residents. Statistics shown regarding inpatient and outpatient visits (page 3) show Memorial Hospital largely serves the community of Seward, Nebraska.

Inpatient Statistics

Data includes:
OB
Newborns
Skilled
Med Surg
Peds
ICF



696 Inpatient Visits
Reporting dates: 1/1/2015-12/31/2015

25 mile radius

NE Counties			
Seward	602	York	34
Saunders	2	Lancaster	22
Butler	18	Fillmore	5
Gage	1	Hall	1
Saline	11	Otoe	2
		Out of State	**3**

Outpatient Statistics

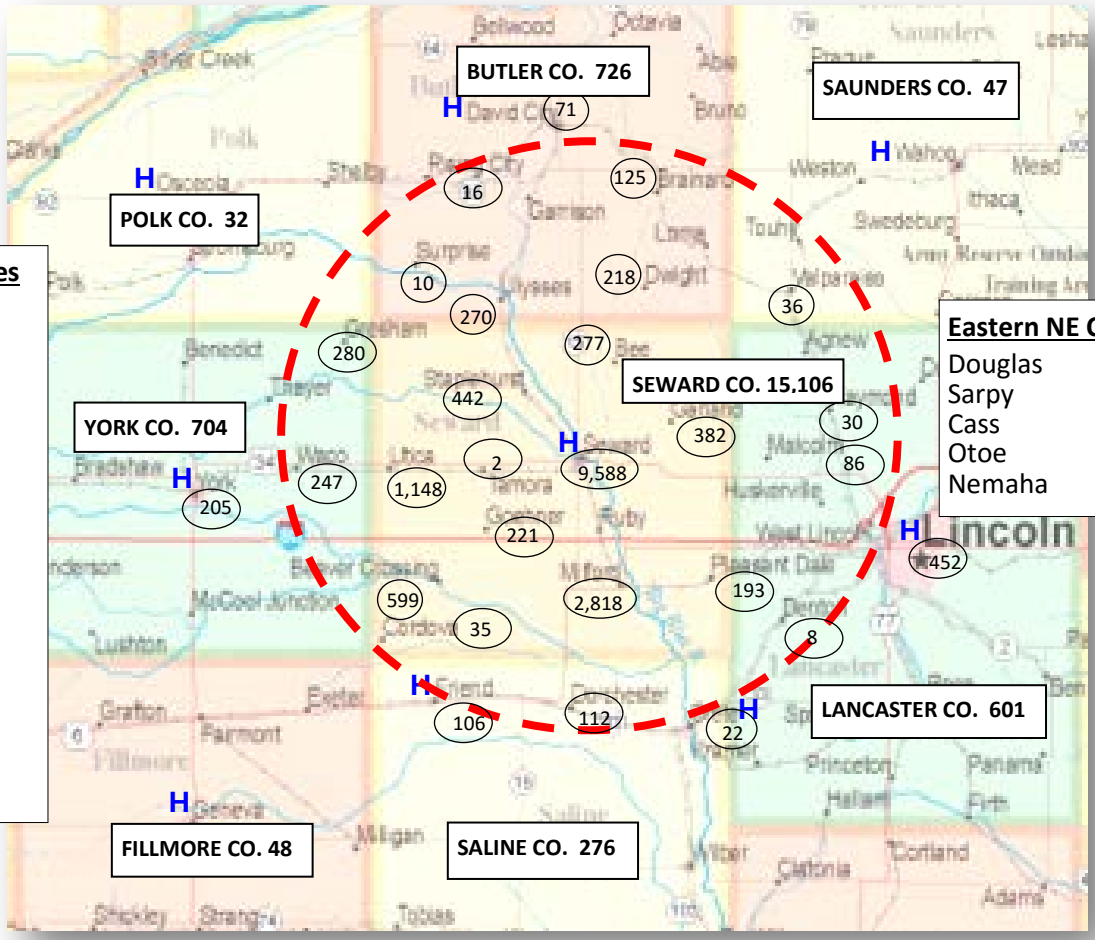
Data includes:
PT/ST/OT
Lab/Blood
Stress Test
Card Rehab
EKG/Peripheral
Respiratory Therapy
Pulmonary Rehab
Radiology
Specialty Clinic
Surgery
Emergency Dept.
Diabetic Ed
Observation

Northern NE Counties

Boone	2	Antelope	1
Cherry	2	Dakota	2
Platte	20	Dixon	1
Colfax	18	Knox	1
Dodge	10	Holt	2
Washington	2	Dawes	1
Madison	16	Box Butte	1
Cuming	1	Pierce	1
Nance	4	Wayne	2
Cedar	2		

Western NE Counties

Merrick	4
Hamilton	26
Clay	3
Howard	31
Hall	34
Adams	11
Custer	21
Buffalo	9
Kearney	4
Dawson	3
Phelps	1
Kimball	1
Morrill	1
Lincoln	3
Keith	2
Scotts Bluff	3
Deuel	2



Eastern NE Counties

Douglas	35
Sarpy	7
Cass	6
Otoe	6
Nemaha	3

18,301 Patient Visits
Reporting dates: 1/1/2015-12/31/2015

Outpatient Visit Percentages:

0-25 miles	94%	(17,249)
Over 25	4%	(755)
Out of State	2%	(297)
Seward County	**83%**	**15,106**

Southern NE Counties

Richardson	1
Thayer	1
Jefferson	7
Gage	16
Nuckolls	1
Webster	1
Franklin	2
Red Willow	4
Furnas	4
Johnson	1

Out of State	297

25 mile radius

Target Populations

The following table outlines the target populations served in the city of Seward and Seward County, Nebraska. Memorial Hospital does not target any specific population groups; but instead targets all residents of the city of Seward and Seward County not excluding medically underserved populations, low-income persons, minority groups, or individuals with chronic disease needs.

United States Census Bureau		
Seward County/Nebraska Quick Facts Statistics		
People	**Seward Co.**	**Nebrask**
Population		
Population estimates, July 1, 2014, (V2014)	17,150	1,881,50
Population estimates base, April 1, 2010, (V2014)	16,750	1,826,34
Population, percent change - April 1, 2010 (estimates base) to July 1, 20	2.4	3.
Population, Census, April 1, 2010	16,750	1,826,34
Age and Sex		
Persons under 5 years, percent, July 1, 2014, (V2014)	5.9	6.
Persons under 18 years, percent, July 1, 2014, (V2014)	23.2	24.
Persons 65 years and over, percent, July 1, 2014, (V2014)	16.6	14.
Female persons, percent, July 1, 2014, (V2014)	48.9	50.
Race and Hispanic Origin		
White alone, percent, July 1, 2014, (V2014) (a)	97.3	89.
Black or African American alone, percent, July 1, 2014, (V2014) (a)	0.5	4.
American Indian and Alaska Native alone, percent, July 1, 2014, (V2014)	0.4	1.
Asian alone, percent, July 1, 2014, (V2014) (a)	0.5	2.
Native Hawaiian & Other Pacific Islander alone, %, July 1, 2014, (V2014)	0.0	0.
Two or More Races, percent, July 1, 2014, (V2014)	1.2	2.
Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	2.3	10.
White alone, not Hispanic or Latino, percent, July 1, 2014, (V2014)	95.3	80.
Population Characteristics		
Veterans, 2010-2014	1,083	137,39
Foreign born persons, percent, 2010-2014	1.4	6.
Housing		
Housing units, July 1, 2014, (V2014)	6,997	814,97
Owner-occupied housing unit rate, 2010-2014	73.3	66.
Median value of owner-occupied housing units, 2010-2014	142,700	130,10
Median selected monthly owner costs -with a mortgage, 2010-2014	1,300	1,27
Median selected monthly owner costs -without a mortgage, 2010-2014	495	46
Median gross rent, 2010-2014	655	72
Building permits, 2014	71	7,60
Families and Living Arrangements		
Households, 2010-2014	6,224	731,34
Persons per household, 2010-2014	2.50	2.4
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2	84.9	83.

Education		
High school grad. or higher, percent of persons age 25 years+, 2010-2014	92.3	90.5
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	26.8	29.0
Health		
With a disability, under age 65 years, percent, 2010-2014	6.1	7.3
Persons without health insurance, under age 65 years, percent	9.1	11.2
Economy		
In civilian labor force, total, % of population age 16 years+, 2010-2014	64.9	70.2
In civilian labor force, female, % of population age 16 years+, 2010-2014	59.3	65.6
Total accommodation and food services sales, 2007 ($1,000) (c)	13,537	2,685,580
Total health care and social assistance receipts/revenue, 2007 ($1,000) (c)	45,499	10,081,011
Total manufacturers shipments, 2007 ($1,000) (c)	D	40,157,999
Total merchant wholesaler sales, 2007 ($1,000) (c)	127,056	24,019,868
Total retail sales, 2007 ($1,000) (c)	109,761	26,486,612
Total retail sales per capita, 2007 (c)	6,662	14,965
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	21.4	18.2
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	59,503	52,400
Per capita income in past 12 months (in 2014 dollars), 2010-2014	27,579	27,339
Persons in poverty, percent	8.2	12.4
Businesses	ounty, Nebraska	Nebraska
Total employer establishments, 2013	439	52,585(1)
Total employment, 2013	5,441	830,073(1)
Total annual payroll, 2013	173,390	33,113,578(1)
Total employment, percent change, 2012-2013	0.3	1.4(1)
Total nonemployer establishments, 2013	1,255	127,427
All firms, 2007	1,276	159,665
Men-owned firms, 2007	383	71,374
Women-owned firms, 2007	355	41,001
Minority-owned firms, 2007	F	8,814
Nonminority-owned firms, 2007	1,106	142,676
Veteran-owned firms, 2007	73	15,933
Nonveteran-owned firms, 2007	981	125,663
Geography	ounty, Nebraska	Nebraska
Population per square mile, 2010	29.3	23.8
Land area in square miles, 2010	571	76,824
FIPS Code	"31159"	"31"

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

(1) Includes data not distributed by county.

(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Process and Methods

Identities and Qualifications of Collaborators

Amy Peterson – Polk County Extension Services

Charlene Dorcey – York Medical Clinic

Cheryl Brown – Henderson Health Care

Cindy Tapphorn – Midwest Covenant Home

Darla Winslow – Polk County Health Department

Deborah Dahlke – Parish Nursing

Deb Kallhoff – Tabitha

Don Naiberk – Butler County Health Care Center

Emily Lutz – York College

Gayle Good – York College

Harrietta Reynolds – Epworth Village

Jaci Foged – Seward County Extension

Janie Fralin – Blue Valley Community Action

Jeanne Schlotfeld - Tabitha

Joe Lorhman – Annie Jeffery Health Care Services

Judy Bors – Memorial Health Care Systems

Katie Pleskac – Butler County Extension

Kelly Gifford – Memorial Health Care Systems

Linda Vandenberg – David City Senior Center

Patti Vincent – York Public School Nurse

Sandra Palmer – St. Joseph's Villa

Tamara Wiens – York General Hospital

Trudy Svoboda – David Place

Descriptions of Meetings and Surveys

In April of 2015, Four Corners Health Department launched a community health assessment project that will have lasting effects for the entire public health system in the district. The purpose of the community health assessment is to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health issues. The assessment focuses on the “local public health system” which includes all entities that contribute to the delivery of public health services within a community. It includes many public, private and voluntary entities, as well as individuals and informal associations. It is the collective efforts of these entities, working together, that are measured in the assessment.

The MAPP Advisory Committee was created to work through this process, individuals representing 22 partner agencies from across the Four Corners District met regularly to work through the MAPP process as seen below.

Background Information

In April of 2015, Four Corners Health Department launched a community health assessment project that will have lasting effects for the entire public health system in the district.

A community-driven process, called MAAP, was chosen to complete the assessment. Mobilizing for Action through Planning and Partnerships (MAAP) is a dynamic process developed by the Centers for Disease Control and Prevention (CDC) and the National Association of City and County Health Officials (NACCHO) that helps communities prioritize public health issues and identify resources for addressing them. Community ownership is the fundamental component of MAAP.

The MAPP project includes four community assessments. In this report, we have focused on the results of the Community Themes and Strengths Assessment which focus on collecting the community's perspective on issues such as health care, education, care for older adults, jobs, support networks, health problems, and risky behaviors. A survey was designed utilizing a sample survey template provided by the NACCHO.

The MAPP Advisory Committee members worked together to distribute paper copies of the surveys at various community meetings such as Rotary and Kiwanis. They were taken to churches, school events, county fairs, etc., and made available at various workplaces. The survey was distributed from May to October 2015. In Seward County, 138 responses were received by the end of the process. The following is a summary of respondents.

How old are you?

Answer Options	Response Percent	Response Count
14-18 years	1.5%	2
19-25 years	4.4%	6
26-39 years	18.4%	25
40-54 years	19.9%	27
55-64 years	22.8%	31
65-80 years	24.3%	33
Over 80 years	8.8%	12
	answered question	136

Which describes your race/ethnicity? Please select just one.

Answer Options	Response Percent	Response Count
White, not Hispanic or Latino	99.3%	137
Hispanic or Latino	0.7%	1
	answered question	138

Information Gaps that Exist

Due to the positive response throughout the community health assessment project, no information gaps were identified.

Identification, Assessment, and Prioritization of Health Needs of the Community

Identified Health Problems

The most important “health problems” identified in the community as a result of the assessment process are:

1. Obesity
2. Cancer
3. Alcohol Abuse
4. Aging Problems
5. Heart Disease and Stroke

What do you think are the three biggest "health problems" in your community? (Please check only three)		
Answer Options	Response Percent	Response Count
Being overweight	49.2%	61
Cancers	31.5%	39
Alcohol abuse	26.6%	33
Aging problems (arthritis, hearing loss, etc.)	26.6%	33
Heart disease and stroke	18.5%	23
	answered question	124

Area Resources

The community of Seward, Nebraska offers a variety of community and health resources:

1. Aging Partners
2. Blue Valley Community Action
3. Four Corners Health Department
4. Nebraska Department of Health and Human Services
5. Senior Centers in Milford, Seward and Utica
6. Meals on Wheels Program
7. Mom's Meals
8. Home delivered meals for Medicaid through the Kiwanis
9. Seward County Emergency Management
10. Seward County Extension Services
11. Memorial Health Care Systems
    a. Memorial Hospital
    b. Memorial Hospital Assisted Living
    c. Seward Family Medical Center
    d. Milford Family Medical Center
    e. Utica Family Medical Center
    f. MHCS Annual Health Fair
12. Ridgewood Rehabilitation and Care Center
13. Brookdale Park Retirement Community – Independent and Assisted Living
14. Greene Place Assisted Living
15. Seward Manor – Independent Retirement Housing
16. Sunrise Country Manor
17. Crestview Care Center
18. Utica Community Care
19. Seward County Transportation
20. Seward Senior Shuttle
21. Hope Crisis Center-Domestic Violence Services
22. Seward County Bridges
23. Blue Valley Behavioral Health
24. Seward Fitness Centers include: Snap Fitness, T's Gym, InMotion

Resources that provide services to Seward area but do not originate from our county include:

1. Hospice-Pathways to Compassion Hospice, Hospice Community Care, HoriSun Hospice, AseraCare Hospice, CHI Health at Home/Hospice, Tabitha, Gentiva
2. Tabitha Health Care Services-Home Health, Voice Care, Hospice
3. Home Health- Angels Care, Interim Home Health, Physician's Choice, Gentiva, PhysMed, Tabitha, Homecare Plus
4. Non-Medical Home Care-Guardian Angels, Home Instead, Right at Home, Caring for People, Community Care, Gentiva, Home Care Plus, Home Instead, Personal Health Care

IMPLEMENTATION STRATEGY

Our Mission:
Memorial Health Care Systems is a community, not-for-profit organization with the mission:

We enhance the quality of life for the individuals in our communities by providing excellence in health care services in the most appropriate settings.

Our Action Plan:
Memorial Hospital has assessed the five health needs identified in the community and describes the strategies and goals for each need below:

IDENTIFIED HEALTH NEED I: OBESITY

Community responses relate to concerns about obesity as a health need. Understanding that nationwide, more than one-third of U.S. adults and 17% of children ages 2-19 are obese *(JAMA),* MHCS recognizes the importance of providing clear, concise, professional patient education to the communities we serve in effort to address health issues relating to obesity.

Obesity Strategies/Goals

A. Strategy: *In 2011, in response to the increasing childhood obesity statistics, MHCS developed and implemented a program with the express purpose of educating children on healthy exercise, nutrition and food choices. Four MHCS employees annually visit all of the 1st through 4th grade public school classrooms in Seward, Milford and Utica to give a vibrant, information-filled presentation entitled 'Blast Off for Healthy Kids.' In first grade, each child receives a "My Plate" portion plate to take home as a reminder of what they learned. The 2nd through 4th graders receive a memento after the program that reinforces the program's message. Parents are given supportive materials that include healthy recipes and information about what their child is learning. The logo is a carrot with the basic tenets of the program and a stand-up banner-carrot is placed at community events as a reminder to parents and children.*

Goal: The "Blast Off for Healthy Kids" MHCS team comprised of three physician assistants, one pharmacist and one cardiac rehab nurse will continue to research nutrition/exercise information and assess the program in order to enhance the curriculum and keep current on best practices for growing healthy children.

B. Strategy: *Fridays for You, monthly community wellness talks hosted by MHCS, include topics such as healthy lifestyle choices, diet and exercise.*

Goal: The challenges of weight management and the importance of understanding the health concerns associated with obesity are factored when determining programming for the monthly MHCS Fridays for You presentations.

C. Strategy: *MHCS has hosted a long-standing diabetic support group that meets on a regular basis during which food, nutrition, exercise and diabetes management are addressed.*

Goal: The MHCS diabetic support group leaders continue to bring in outside presenters for new information and also stay abreast of best practices to share to raise the health and wellness of its members.

In 2015/16, MHCS added a second diabetic program to enhance the community's understanding of pre-diabetes and ways to avoid onset. This program includes 16 one-hour weekly meetings followed by 8 one-hour monthly meetings in effort to avoid diabetes onset through lifestyle changes. Introduced first in the fall of 2015 to MHCS employees and then opened to the public in January 2016, the "MHCS Diabetes Prevention Lifestyle Change Program" is a commitment that is led by a Memorial Hospital nurse and MHCS dietitian. Leaders will continue to monitor and share important information about ways to prevent the onset of diabetes. Upon completion of the first round of the program, leaders will assess the benefit and community interest to assure the program is meeting goals for healthier attendees.

D. Strategy: *Diet and nutrition counseling is available through Memorial Hospital/Memorial Family Medical Centers. This provides the MHCS physicians and physicians of the Memorial Hospital Specialty Clinic with a referral source to aid patients in weight management.*

Goal: Memorial Health Care Systems employs two registered dietitians for the purpose of assuring proper nutrition for patients, residents and staff, and also to respond to referrals from our System and specialty physicians. Awareness efforts will continue to assure referral sources are aware of the available nutrition counseling services.

E. Strategy: *MHCS is committed to supporting the health and wellness efforts of the communities we serve.*

Goal: MHCS partners with many community organizations in support of wellness efforts to enhance population health in our service area. MHCS provides support in the form of MHCS staff time, monetary donations, give-away items and medical professional input to assure success of various events. We will continue to support community organizations in their efforts to enhance the health and wellness of our population.

F. Strategy: *The MHCS annual Health Fair provides the community-at-large with health screenings and education.*

Goal: The annual MHCS Health Fair held each April with an attendance of approximately 1400, provides multiple health and wellness screenings which include effective methods to detect medical concerns associated with obesity. This event is free of charge. Screenings include: blood chemistry to identify unhealthy lipids and cardiac risk ratio, and BMI testing and blood glucose screening. Attendees also visit manned displays representing fitness centers, healthy eating options and the MHCS childhood obesity program.

IDENTIFIED HEALTH NEED II: CANCER

Community responses relate to concerns about cancer incidences. Based on 2012 Nebraska Cancer Registry data, 9,000 invasive cancers were diagnosed among Nebraska residents, ranking ahead of heart disease and accounting for over 3,400 deaths among Nebraska residents.

Cancer Strategies/Goals

A. ***Strategy:*** *Memorial Hospital provides cancer services to area patients appropriate for a critical access hospital. Memorial Hospital staff is trained to administer infusion therapy onsite and the facility is equipped to provide care to patients receiving certain chemotherapy and related cancer treatments close to home.*

Goal: For patient comfort, privacy and safety, MHCS recently completed a new addition that includes two therapy suites, increasing the number of patients who can receive the service simultaneously. Staff will continue to remind referring providers of the availability of this service to those we serve. As a critical access hospital, Memorial Hospital is not a full-cancer care facility, however, we will continue to monitor the needs of cancer patients and enhance the services we provide as appropriate.

B. ***Strategy:*** *A Lincoln oncologist regularly holds clinics at the Memorial Hospital Specialty Clinic giving patients ready access to cancer care close to home.*

Goal: Memorial Hospital will keep the oncologist apprised of the services available to them as they diagnose and treat the patients of our community.

C. ***Strategy:*** *Memorial Hospital offers specific screenings in support of physician diagnostics.*

Goal: Memorial Hospital provides excellent screening resources to our physicians through onsite digital mammography and colonoscopies. Staff will continually undergo training as necessary to assure patient safety and improved patient outcomes.

Mammography services were recently relocated to a newly constructed area providing enhanced patient comfort and privacy. We will continue to assure that this service is available to our community, and that it is staffed with excellent physicians within a comfortable, private environment.

IDENTIFIED HEALTH NEED IV: ALCOHOL ABUSE

Community responses relate to concerns about alcohol abuse. Nebraska statistics show of the drunk driving fatalities in 2011, 28.4% involved drivers with a .8 blood alcohol content or higher (MADD-Nebraska). Nationally, Of the 9,967 people who died in alcohol-impaired driving crashes in 2014, 6,391 (64%) were drivers with a BAC of .08 or higher. The remaining fatalities consisted of 2,752 (28%) motor vehicle occupants and 824 (8%) nonoccupants. These fatalities represent an average of one alcohol-impaired-driving fatality every 53 minutes (NHTSA).

Alcohol Abuse Strategies/Goals

Strategy: *Memorial Hospital is not equipped to provide long term inpatient substance abuse treatment. It is in the best interest of the patient to accept referral as we do not have staff with the expertise in substance abuse treatment.*

Goal: Memorial Hospital staff has worked alongside other community agencies to develop a comprehensive web resource that provides contact information for area health and wellness resources. When an inquiry is made for alcohol abuse support, nine resources are identified and available to medical providers when caring for patients with suspected alcohol abuse issues.

IDENTIFIED HEALTH NEED V: AGING ISSUES

Community responses were received relating to aging issues as a health need. Memorial Health Care Systems recognizes that Seward County is comprised of 16.6% who are 65 years of age or older, higher than 14% in the State of Nebraska. Access to care is important for the aging citizens.

Aging Issues Strategies/Goals

A. **Strategy:** *Senior citizens of Seward County have access to dependable, skilled medical providers which is vital in supporting the community's residents as they age.*

Goal: Memorial Health Care Systems is a regional provider for the citizens of Seward County and its contiguous counties, and employs eleven readily-accessible, highly qualified physicians who specialize in Family Practice. Aiding the MHCS physicians are three physician assistants. These physicians and PAs have practices throughout Seward County, in three free-standing clinics located in Milford, Utica and Seward.

B. **Strategy:** *The community's aging population has access to specialty care within fourteen specialties located in the Memorial Hospital Specialty Physicians Clinic, attached directly to Seward Memorial Hospital. Specialists from Lincoln, Nebraska travel to Seward to hold clinic hours and perform procedures specific to their specialty.*

Goal: MHCS will continue to monitor and recruit physician specialists based on need and specialist availability.

C. **Strategy:** *Memorial Hospital is comprised of 24 swing beds providing inpatient acute care/rehabilitation services to patients of all ages with accessibility to cardiopulmonary, physical, occupational and speech therapy. MHCS Therapy Services provides full outpatient therapy services as well.*

Goal: The therapy department will continue to evaluate its newest service, aquatic therapy, for best practices in geriatric patient rehabilitation.

D. Strategy: *The MHCS Social Services department guides aging patients to obtain appropriate resources, services and living arrangements following hospitalization and/or rehabilitation.*

Goal: The Social Services Department has created a comprehensive list of aging services available to the community. The department will continue to monitor and update the listing as necessary.

E. Strategy: *Seward County nursing homes are required to have medical directors.*

Goal: As a longstanding commitment to the aging population of Seward County, Memorial Health Care Systems physicians serve as medical directors to the four area nursing homes.

F. Strategy: *Cataract surgeries are offered onsite at Memorial Hospital.*

Goal: A common problem that besets the aging population is the development of cataracts. A physician specializing in ophthalmology holds clinics in the Memorial Hospital Specialty Clinic and performs cataract removal surgery at the Hospital on a regular basis. To assure that this services is available on an ongoing basis, the surgical staff will stay vigilant to assure that the surgeon has access to all needed equipment, trained staff and facilities to perform his duties in the safest manner with optimal outcomes.

IDENTIFIED HEALTH NEED VI: Heart Disease and Stroke

Community responses identified heart disease and stroke as a health need. During 2010, approximately 5.9 percent (81,000) of Nebraska adults reported ever being diagnosed with coronary heart disease or have had a heart attack. In 2010, heart disease was the second leading cause of death, behind cancer, and claimed the lives of 3,344 Nebraska residents, accounting for approximately 1 in every 5 deaths. Heart disease is the **leading cause of death** among Nebraskans 55 and older (Ne DHHS).

Heart Disease and Stroke Strategies/Goals

A. Strategy: *The Memorial Hospital Cardiac Rehabilitation Department offers services to those patients affected by heart disease. Following the American Heart Association's guidelines, Memorial Hospital's comprehensive rehab program helps patients recover and rehabilitate from heart events in a controlled, comfortable environment.*

Goal: Memorial Hospital recently completed an addition that included a state-of-the-art cardiac rehab facility complete with new exercise equipment, monitoring equipment and classroom to aid trained nurses as they guide cardiac patients toward healthier lifestyles and strengthened hearts.

B. Strategy: *MHCS provides regular education on heart disease and stroke through publications, presentations, advertising and community education events.*

Goal: MHCS will continue to include educational opportunities relating to the prevention of heart disease and stroke.

C. **Strategy:** *Memorial Hospital's Specialty Physicians Clinic provides the community with the expertise of physicians who specialize in cardiology and cardiovascular services.*

   Goal: MHCS intends to continue this service in effort to provide access to cardiology and cardiovascular medical care close to home.

D. **Strategy:** *The emergency services department of Memorial Hospital is adept at diagnosing, treating, stabilizing and transporting heart and stroke patients when necessary.*

   Goal: Emergency staff will continue to assure that the department is well equipped and staff is prepared to care for emergency patients presenting with cardiac/stroke emergencies.

Memorial Health Care Systems Board Directors

Approval/Signature

The Community Assessment was reviewed and approved by the Memorial Health Care Systems Board of Directors on June 29, 2016. The five (5) health issues identified in the Assessment are currently being met through services in Seward County or through referral.

Steve Kayton, Chairman
MHCS Board of Directors

Form 990 available for review upon request.