

Community Health Needs Assessment
Frances Mahon Deaconess Hospital
1/2013

Description of the Community Served by FMDH

In general, FMDH provides services to Northeast Montana especially in Valley County and additionally in surrounding Philips, Roosevelt and Daniels Counties. The service areas are determined based on patient volume. The service area is differentiated between a primary service area and a secondary service area. The primary service area is Valley County, which is the county where the hospital is located. Valley county residents account for 62.3% of inpatient discharges and 71.1% of outpatient discharges. The secondary market accounts for 35% of inpatient discharges, which breaks down to 20.9% originating from Roosevelt County, 9.24% in Philips County and 4.83% in Daniels County; 24.6% of outpatients discharges which breaks down to 14.9% in Roosevelt County, 7.7% in Philips County and 1.99% in Daniels County. The data for this analysis was secured through Compdata a third party database that contains all claims data for inpatient and outpatient claims. This data is voluntarily provided by all Montana Hospital Association members to Compdata a division of the Illinois Hospital Association.

Primary Service Market - Valley County

Valley County is 4,920.8 square miles with a population of 6,892 as of July 1, 2008. The population density is 1.4 people for every square mile.ⁱ The area consists of approximately 3,220.7 square miles of farmland.ⁱⁱ

The population has been declining ever since the census data of 1960.ⁱⁱⁱ The population in Valley County was 17,080 then and it has fallen between 33% and 6% every decade over the last three Censuses. (See Table 1) The percent change has slowed, yet there has not been an increase in population growth since before 1960.

Table 1.
Change in the Population of Valley County since 1960

Census Year	Population	% Change from the previous Census
1960	17,080	
1970	11,471	32.8%
1980	10,250	10.6%
1990	8,239	19.6%
2000	7,675	6.8%
2010	7,369	4.0%

According to the NPA Data Services, Inc. Montana Population Projections, Valley County's population will continue to fall over the next 20 years. These projections are based on assumptions about future births, deaths, international and domestic migration.^{iv}

Table 2.
Population Projections of Valley County

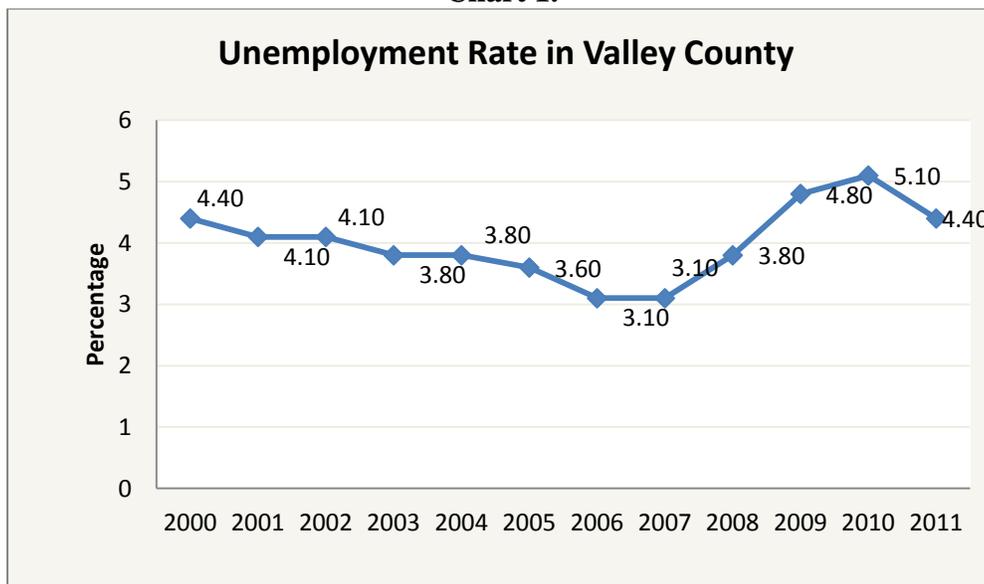
Year	2015	2020	2025	2030
Population Projection	6,180	5,910	5,710	5,650

Economics

The median income per household in Valley County in the year 2010 was \$42,050 and the percentage of the population that fell below the poverty line was approximately 10.1%.^v Valley County has a higher rate of seniors that fall below the poverty level when compared to the state. In Valley County 14 percent of those over 65 fall below poverty compared to nine percent for the state.

Chart 1. provides the unemployment rate in Valley County from 2000-2007. According to the Montana Department of Labor and Industry the unemployment rate for Valley County has gradually dropped between 2000 and 2007.^{vi}

Chart 1.



The most recent County Health profile reported 20.6% (+/-3.4) of the population in Valley County under 65 had no health coverage^{vii}. In 2009, Valley County had an average monthly Medicaid enrollment of 694 people or approximately 10% of the population^{viii}.

Demographics

The population percentage change between 2000 and 2010 was a negative 4.0%. According to the 2010 census, when divided into age categories, the population of Valley County is distributed as approximately 22.9% of the population under the age of 18 years and 7.4% of the population

was between the ages of 18 and 24 years. The majority of the population lies between the ages of 25-44 with 18.9% and between the ages of 45 and 64 with 31.5%. The remaining 20.5 percent are over the age of 64 years.^{ix} In Valley County the population over the age of 5 that have a disability is 19.0%.^x

Extended Service Market- Phillips, Roosevelt and Daniels Counties

The extended service area contains Phillips (5,140 sq mi)^{xi}, Roosevelt (2,356 sq mi)^{xii} and Daniels (1,426 sq mi)^{xiii} counties. According to the 2010 Census the total population of Phillips County was 4,253 people with a density of .8/square mile. The same Census reported Roosevelt County’s population at 10,425 with a density of 4.4/square mile and Daniels County’s population 1,751 with a density of 1.2/square mile. Phillips County contains part of the Fort Belknap Reservation within its borders while Roosevelt County contains part of the Fort Peck Reservation.

The populations of the secondary market counties have also declined since 1960 with the exception of a short period of population growth in Roosevelt County. See table 3..

Table 3.
Change in the Population of Phillips, Roosevelt and Daniels Counties since 1960

Census Year	Phillips County		Roosevelt County		Daniels County	
	Population	% Change	Population	% Change	Population	% Change
1960	6,027		11,731		3,755	
1970	5,386	10.6%	10,365	11.6%	3,083	17.9%
1980	5,367	0.3%	10,467	1.0%	2,835	8.0%
1990	5,163	3.8%	10,999	1.1%	2,266	20.1%
2000	4,601	10.9%	10,620	2.0%	2,017	11.0%
2010	4,253	7.6%	10,425	-1.8%	1,751	13.2%

According to the NPA Data Services, Inc. Montana Population Projections, table 4. illustrates the projected populations between the year 2010 and 2030.^{xiv} These projections are based on assumptions about future births, deaths, international and domestic migration.

Table 4.
Population Projections for Phillips, Roosevelt and Daniels Counties

Year	2015	2020	2025	2030
Phillips County Population Projection	3,800	3,680	3,630	3,610

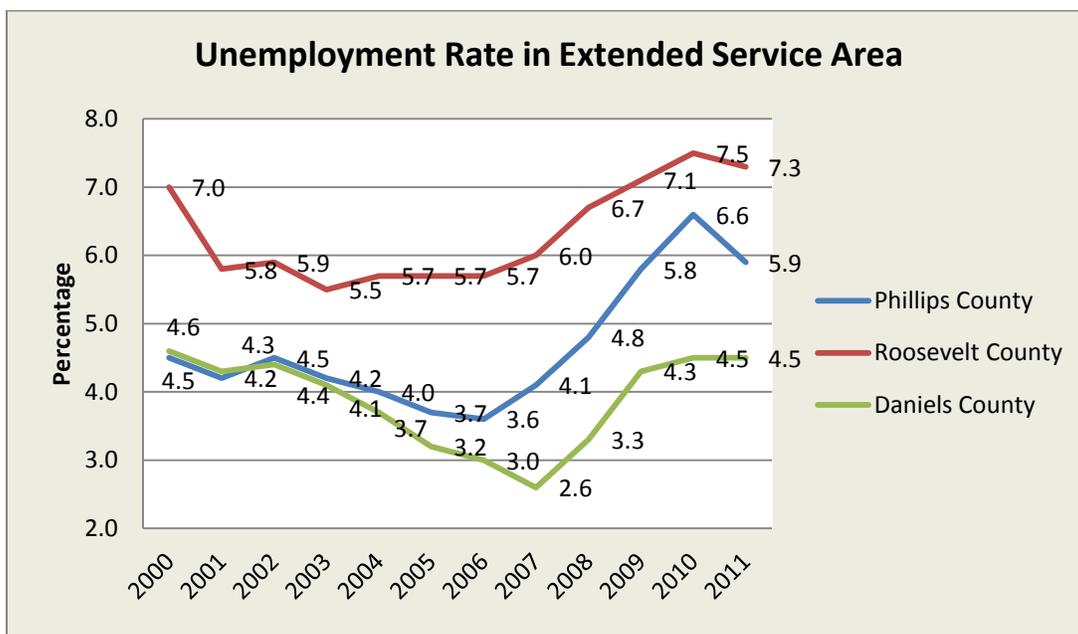
Roosevelt County Population Projection	10,550	10,680	10,880	11,150
Daniels County Population Projection	1,600	1,550	1,530	1,520

Economics

The median income per household in Phillips County in the year 2007 was \$36,453 and the percentage of the population that fell below the poverty line* was approximately 13.5%. Also, in the year 2007 Roosevelt County had a median income per household of 37,451 and the percentage of the population that fell below the poverty line was approximately 21.5%. Daniels County reported a median income per household of \$38,125 in the year 2010 with 14.1% of the population falling below the poverty line*.^{xv}

Chart 2.3 shows the unemployment rate in the extended service areas from 2000-2011.^{xvi}

Chart 2.



Phillips County reports 28.7% of its population's under 65 are without health insurance. In 2009, Phillips County had an average monthly Medicaid enrollment of 434 people or approximately 11% of the population⁸.

For Roosevelt County, the percent of the population under 65 without health insurance is 17.8% (+/-2.3). In 2009, Roosevelt County had an average monthly Medicaid enrollment of 2,668 people or approximately 26% of the population⁸.

Of Daniels County's population under age 65 32.7% (+/-4.1) are without health insurance. In 2009, Daniels County had an average monthly Medicaid enrollment of 109 people or approximately 6% of the population^{xvii}.

Assessment Process and Methods

FMDH used three methods of assessing need. The first and most important method consisted of an evaluation of objective quantitative data regarding the most significant health needs experienced by the patients in the hospital's service area. The second method consisted of conducting a community survey to determine which services were most frequently requested from the community. The last consisted of meetings with directed focus groups, whose purpose was to assess the community's satisfaction with the current service offerings and to determine which additional services may be needed.

Objective Assessment

The objective assessment was conducted through an analysis of the most common diagnosis codes found in our patient population. The sources for this analysis came from internal statistics regarding the prevalence of medical conditions in the patient population as well as the analysis of external statistics namely those published by the Montana State Department of Health and Human Services entitled Data for Community Health Assessments. The assessments for Valley, Daniels, Philips and Roosevelt County were considered as well as the state and Region 1 data.

In the fall of 2010, the Glasgow community in Valley County Montana was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix B). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

Community Survey

In September 2010, surveys were mailed out to the residents of Valley County. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:

- Demographics of respondents
- Hospitals, primary care providers and specialists used and reasons for selection
- Local health care provider usage
- Services preferred locally
- Perception and satisfaction of local health care

Frances Mahon Deaconess Hospital provided the National Rural Health Resource Health Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately

selected, actual surveys returned from each population area varied, which may result in slightly less proportional results.)

Four focus groups were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Glasgow area to seek health care services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

In September, the community health services survey, a cover letter from the National Rural Health Resource Center with hospital Chief Executive Officer's signature on Frances Mahon Deaconess Hospital's letter head and a postage paid reply envelope were mailed to 800 randomly selected residents in the targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that Frances Mahon Deaconess Hospital would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Directed Focus Groups

Four focus groups were held in Glasgow and surrounding areas in July and October 2010. Focus group participants were identified as people living in the Frances Mahon Deaconess Hospital's service area. Each individual received an invitation to participate.

Approximately 43 people participated in the four focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens, mental health representatives and local community members. The first focus group was held in Fort Peck, second was held in Glasgow, the third in Opheim and fourth was held in Nashua. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix D). The questions and discussions at the first three focus groups were led by Kristin Juliar with the Montana Office of Rural Health. The fourth focus group was facilitated by Frances Mahon Deaconess staff.

Input from Service area Special Interest Representatives

FMDH sought input from various groups throughout the community that have special knowledge regarding the needs of various groups within the service area. These groups were identified through input from FMDH leadership as well as the FMDH Board of Trustees based on discussion of population demographics from the US Census as well as internal sources. The identified groups were contacted and meetings were established with appropriate members of FMDH leadership. Notes were taken during the meeting and summary documents were developed to capture the information from the meetings. The following constitutes a list of the meetings that were conducted and the appropriate information regarding the parties consulted and the topics discussed. The pertinent findings from the meetings will be discussed in the next section.

Mental Health Professionals:

Randall Holom, Frances Mahon Deaconess Hospital (FMDH) CEO, Dr. Gordon Bell and Ellen Guttenberg, COO, met with Frank Lane, Executive Director and Mary Hughes, Office Manager of the Glasgow, MT office of the Eastern Montana Mental Health Center (EMMHC) on August 29, 2012 at 9:00 AM. The purpose of the discussion was to obtain input from the mental health providers in the area in relation to the grant funded project to which participation has been offered to FMDH through the University of Montana Area Health Education Center department and to explore other issues or needs on which FMDH and the EMMHC can collaborate.

Indian Health Services and Secondary Market Area Representatives:

Randall Holom, Frances Mahon Deaconess Hospital (FMDH) CEO, met with Peg Norgaard, CEO of North East Montana Health Services (NEMHS), Julie Beemer, Service Unit Director of the Wolf Point and Poplar Montana Indian Health Services (IHS) Service Unit, and Audrey Stromberg, CEO of Roosevelt Health Center (RHC) on August 2, 2012, at 3:30 pm in the Poplar Community Hospital conference room. This meeting was arranged by NEMHS as part of their Community Health Needs Assessment process and the discussion was lead by Kristin Juliar from the Montana Office of Rural Health. Also in attendance was Julie Middleton from the Office of Rural Health.

Secondary Market Area Representatives:

Randall Holom, Frances Mahon Deaconess Hospital (FMDH) CEO, met with Ward VanWichen, CEO of Phillips County Hospital (PHC) on July 20, 2012, at 12:15 PM in Malta, Montana. Mr. Holom reminded Mr. VanWichen of the reason he had requested the meeting explaining that FMDH was attempting to augment the data it collected through a Community Health Services Development project to assure the information

used in the Community Health Needs Assessment now required of charitable hospitals is of current relevance.

Public Health Services:

Randall Holom, CEO of Frances Mahon Deaconess Hospital, met with Vickie Bell, RN, Director of the Valley County Public Health Department, and with two additional Registered Nurse employees, Ella Tweeten and Carla Thompson, at the Public Health office. The purpose of this meeting was to gather qualitative information from the local Public Health officials regarding the most important health issues facing the community Valley County Public Health and FMDH collectively serve.

Educational Professionals:

Randall Holom, Frances Mahon Deaconess Hospital (FMDH) CEO, met with Marj Markle, Principle of the Glasgow High School and Mike Zoannie, Principle of the Glasgow Middle School on October 16, 2012 at 2:30 PM. The purpose of the discussion was to obtain input from the school leadership regarding their perceptions of the health needs of the student and teacher populations that they lead.

Community Health Needs

FMDH differentiates between a need for services and a request for services. A need for services is based on quantifiable evidence that suggests a significant health related issue exists in the service area. A request for services is based on patient demand that may be expressed in a variety of ways. FMDH ascertained the community need through an assessment of the Community Health Assessment published by the Department of Health and Human Services for each county in the service area. The requested services were compiled through the use of a community survey and a series of focus groups with patients from the service area as well as community groups and experts with special knowledge of particular portions of the service area.

Needs

The subsequent section comprises those healthcare services for which quantifiable evidence exists to support the need for the service.

Diabetes Services: There is a demonstrable need for diabetic care in the service area as evidenced by the following statistics:

- Valley County has a higher incidence of diabetes than the state of Montana with the rate per 100,000 for Valley County being 133.5 compared to the state rate of 115.4.
- Valley County has a higher mortality rate for diabetes than the state with 77.4 per 100,000 for the county and 27.1 per 100,000 for the state.
- Phillips County has a higher incidence of diabetes when compared to the state with a rate of 165.5 per 100,000 compared to 115.4 for the state.
- Roosevelt County has a higher prevalence of diabetes compared to the state with a prevalence of 12.9 % for the county compared to 6.2% for the state.
- Roosevelt County has a higher incidence of diabetes when compared to the state with a rate of 353.4 per 100,000 compared to 115.4 for the state.
- Roosevelt County has a higher mortality rate for diabetes than the state with 74.1 per 100,000 for the county and 27.1 per 100,000 for the state.
- Daniels County has a higher incidence of diabetes when compared to the state with a rate of 156.4 per 100,000 compared to 115.4 for the state.
- Daniels County has a higher mortality rate for diabetes than the state with 70.2 per 100,000 for the county and 27.1 per 100,000 for the state.

Obstetrical/Prenatal/Natal Care and Education: There is a demonstrable need for obstetrical services particularly in Roosevelt County as evidence by the following statistics. Additionally

education may be warranted in Valley County regarding risky behaviors during pregnancy. The following is a summary of the statistics relevant to these services.

- Valley County experiences a higher rate of maternal smoking during pregnancy with a rate of 20.6% of live births compared to 18.3% for the state.
- Roosevelt County has a higher infant mortality rate than the state with a rate of 10.6 per 1,000 compared to a rate of 6.1 per 1,000 for the state.
- Roosevelt County has a lower percentage of prenatal care starting in the first trimester than the state with a rate of 63.7 percent compared to 83.9 percent.
- Roosevelt County has a higher rate of births to adolescents (15-17) with a rate of 53.3 per 1,000 compared to 29.2 per 1,000 for the state.
- Roosevelt County has a higher rate of low birth weight live births than the state with a rate of 7.8 percent compared to 7.3 percent.
- Roosevelt County has a higher child mortality rate compared to the state with a rate of 64.1 per 100,000 for the county and 18.4 per 100,000 for the state.
- Roosevelt County has a higher neonatal (under 28 days) mortality rate than the state with a rate of 7.0 per 1,000 live births compared to 3.3 per 1,000.
- Roosevelt County has a higher percentage of gestational diabetes with a rate of 4.9 percent for the county and 2.5 percent for the state.
- Roosevelt County has a higher percentage of maternal smoking with a rate of 32.4 percent for the county and 18.3 percent for the state.
- Roosevelt County has a higher percentage of pre-term births (<37 weeks) when compared to the state with 14.2 percent of births for the county and 10.1 percent for the state.

Cancer Care and Prevention Services: There is a demonstrably higher mortality rate for cancer in the majority of the services area. This increased mortality rate suggests a need for services related to cancer prevention, screening and treatment. The need for cancer related services is supported by the following mortality rates and screening statistics.

- Eastern Montana women score lower in 3 year Pap Test rates with a rate of 79.5 percent for the region and 83.0 percent for the state for women over 18.
- Eastern Montana women have a lower two year mammogram rate than the state with 69.2 percent for the region compared to 71.9 percent of the state. (women over 40)
- Eastern Montana has a lower rate of colorectal cancer screening for both two year occult blood and sigmoid or colonoscopy with rates of 21.8 percent and 44.8 percent compared to state rates of 25.3 percent and 54.3 percent.
- Eastern Montana has a higher incidence of breast cancer with 127.1 per 100,000 compared to 119.5 per 100,000 for the state.

- Eastern Montana has a higher incidence of colorectal cancer with a rate of 59.9 per 100,000 compared to 44.2 per 100,000.
- Eastern Montana has a higher incidence of lung cancer with a rate of 68.2 per 100,000 compared to 64.7 per 100,000.
- Valley County has a higher mortality rate due to cancer than the state with a rate of 238 per 100,000 compared to 200.9 per 100,000.
- Phillips County has a higher mortality rate for cancer than the state with a rate of 295.3 per 100,000 compared to a rate of 200.9 per 100,000.
- Daniels County has a higher mortality rate for cancer than the state with a rate of 362.7 per 100,000 compared to a rate of 200.9 per 100,000.

Emergency Medical Services: There are a significant number of accidents and injuries in both the primary service area as well as a majority of the secondary service area. These accidents and injuries suggest a need for emergency medical services such as ambulance, emergency department and trauma care. The need for these services is evidenced by the following statistics.

- Residents of Eastern Montana fail to wear seatbelts at a higher rate than the state with 83.1 percent reporting always or nearly always using a seatbelt compared to 88.4 percent for the state.
- Valley County has a higher mortality rate for unintentional injuries than the state with 60.2 per 100,000 for the county and 58.8 per 100,000 for the state.
- Phillips County has a higher mortality rate for unintentional injuries when compared to the state with a death rate of 80.1 per 100,000 compared to a rate of 58.8 per 100,000.
- Roosevelt County has a higher mortality rate for unintentional injuries when compared to the state with a death rate of 91.6 per 100,000 compared to a rate of 58.8 per 100,000.
- Valley County has a higher percent of motor vehicle accidents crashes involving alcohol than the state average with 13.8% for the county and 10% for the state.
- Phillips County has a higher mortality rate for motor vehicle death when compared to the state with a death rate of 45 per 100,000 compared to a rate of 25.6 per 100,000 for the state.
- Phillips County has a higher mortality rate for work-related injuries when compared to the state with a death rate of 5 per 100,000 compared to a rate of 3.7 per 100,000.
- Roosevelt County has a higher mortality rate for motor vehicle death when compared to the state with a death rate of 37 per 100,000 compared to a rate of 25.6 per 100,000 for the state.

Cerebrovascular Disease/Stroke Care Services: Cerebrovascular disease including stroke is a significant issue in each of the service areas. Given the highly specialized and time sensitive

nature of care related to cerebrovascular disease the data suggests that services targeted toward this condition may be warranted.

- Valley County has a higher mortality rate than the state average for cerebrovascular diseases, such as stroke, than the state with a rate of 57.3 per 100,000 for Valley County and 49.7 per 100,000 for the state.
- Phillips County has a higher incidence of stroke when compared to the state with a rate of 202.3 per 100,000 for Phillips County compared to 182.2 per 100,000 for the state.
- Roosevelt County has a higher prevalence of stroke compared to the state with a prevalence of 3.2 % for the county compared to 2.5% for the state.
- Roosevelt County has a higher incidence of stroke when compared to the state with a rate of 196.5 per 100,000 for Roosevelt County compared to 182.2 per 100,000 for the state.
- Roosevelt County has a higher mortality rate for cerebrovascular disease when compared to the state with a death rate of 81.9 per 100,000 compared to a rate of 49.7 per 100,000.
- Daniels County has a higher mortality rate for cerebrovascular disease when compared to the state with a death rate of 81.9 per 100,000 compared to a rate of 49.7 per 100,000.

Chronic Liver Disease Services: Chronic liver disease is an issue in two service area counties including the primary service area. When compared to the disparity in incidence with other identified needs, the need is less pronounced than others.

- Valley County has a higher mortality rate for chronic liver disease and cirrhosis than the state with 17.2 per 100,000 for the county and 12.7 per 100,000 for the state.
- Phillips County has a higher mortality rate for chronic liver disease and cirrhosis when compared to the state with a death rate of 20 per 100,000 compared to a rate of 12.7 per 100,000.
- Roosevelt County has a higher mortality rate for chronic liver disease and cirrhosis when compared to the state with a death rate of 48.7 per 100,000 compared to a rate of 12.7 per 100,000.

Substance Abuse Services: While chronic liver disease does not demonstrate a great need on its own, it does lend itself to the picture regarding substance abuse in the service area. The effects of substance abuse are found in individual counties with increased mortality rates for chronic liver disease, increase occurrences of alcohol related motor vehicle accidents and an increased drug-related mortality rate. Further analysis of risky behaviors for the Eastern Montana Region demonstrates higher rates of risky behaviors such as binge drinking and tobacco use.

- Eastern Montana has a higher rate of tobacco use for all age groups except those over 65 particularly in those aged 18-44 with a rate for the region of 27.2 percent compared to 23.4 percent for the state.
- Eastern Montana has a higher rate of binge drinking for all age groups except those over 65 when compared to the state particularly in those aged 18-44 with 34.0 percent participating in binge drinking compared to 24.5 percent for the state.
- Valley County has a higher mortality rate for chronic liver disease and cirrhosis than the state with 17.2 per 100,000 for the county and 12.7 per 100,000 for the state.
- Phillips County has a higher mortality rate for chronic liver disease and cirrhosis when compared to the state with a death rate of 20 per 100,000 compared to a rate of 12.7 per 100,000.
- Roosevelt County has a higher percentage of motor vehicle accidents involving alcohol with a rate of 23.6 percent for the county and 10.0 percent for the state.
- Roosevelt County has a higher drug-related mortality rate than the state with 15.6 per 100,000 for the county and 13.8 per 100,000 for the state.
- Roosevelt County has a higher mortality rate for chronic liver disease and cirrhosis when compared to the state with a death rate of 48.7 per 100,000 compared to a rate of 12.7 per 100,000.
- Daniels County has a higher percentage of motor vehicle accidents involving alcohol with a rate of 12.1 percent for the county and 10.0 percent for the state.
- Daniels County has a higher drug-related mortality rate than the state with 35.1 per 100,000 for the county and 13.8 per 100,000 for the state.

Respiratory Disease Services: Respiratory diseases such as Pneumonia, asthma and chronic lower respiratory disease represent a problem for each of the counties in the service area particularly Daniels County.

- Eastern Montana has a lower pneumococcal Pneumonia immunization rate for adults over 65 with a rate of 68.7 percent compared to 70.7 percent for the state.
- Valley County has a higher mortality rate for chronic lower respiratory disease than the state with 68.8 per 100,000 for the county and 63.9 per 100,000 for the state.
- Phillips County has a higher incidence of asthma when compared to the state with a rate of 90.5 per 100,000 compared to 71.7 per 100,000 for the state.
- Phillips County has a higher mortality rate for chronic lower respiratory disease when compared to the state with a death rate of 110.1 per 100,000 compared to a rate of 63.9 per 100,000.
- Roosevelt County has a higher incidence of asthma when compared to the state with a rate of 109.2 per 100,000 compared to 71.7 per 100,000 for the state.

- Daniels County has a higher incidence of asthma when compared to the state with a rate of 87.3 per 100,000 compared to 71.7 per 100,000 for the state.
- Daniels County has a higher mortality rate for pneumonia influenza than the state with 35.1 per 100,000 for the county and 19.0 per 100,000 for the state.
- Daniels County has a higher mortality rate for chronic lower respiratory disease when compared to the state with a death rate of 93.6 per 100,000 compared to a rate of 63.9 per 100,000.

Cardiovascular Services: The service area experience higher incidence and mortality rates for cardiovascular diseases. Mortality rates are higher in Valley, Roosevelt and Phillips County, with Roosevelt County also experiencing an increased rate of both incidence and prevalence of AMI.

- Valley County has a higher mortality rate for heart disease than the state with 349.8 per 100,000 for the county and 198.0 per 100,000 for the state.
- Phillips County has a higher mortality rate for heart disease when compared to the state with a death rate of 260.3 per 100,000 compared to a rate of 198.0 per 100,000.
- Roosevelt County has a higher prevalence of acute myocardial infarction (AMI) compared to the state with a prevalence of 5.0 % for the county compared to 4.1% for the state.
- Roosevelt County has a higher incidence of AMI when compared to the state with a rate of 225.9 per 100,000 compared to 147.3 per 100,000 for the state.
- Roosevelt County has a higher mortality rate for heart disease when compared to the state with a death rate of 233.9 per 100,000 compared to a rate of 198.0 per 100,000.
- Daniels County has a higher mortality rate for heart disease when compared to the state with a death rate of 292.5 per 100,000 compared to a rate of 198.0 per 100,000.

Social and Mental Health Services: Factors that negatively affect the social and mental well-being of service area residents exist in all service area counties. These factors range from non-violent offenses such as abuse and neglect to violent offenses such as domestic abuse and rape.

- Valley County has a higher three year rate of nonviolent family offenses (abandonment, neglect etc) than the state with a rate of 101.9 per 100,000 compared to 76.5 per 100,000 for the state.
- Valley County has a higher three year rate of sex offenses than the state with a rate of 87.3 per 100,000 compared to 82.2 per 100,000 for the state.
- Phillips County has a higher rate of non-violent family offenses (neglect, abandonment, etc) than the state with a rate of 339.4 per 100,000 compared to a state rate of 76.5 per 100,000.

- Phillips County has a higher rate of domestic abuse than the state with a rate of 517.5 per 100,000 compared to a rate of 438.6 per 100,000 for the state.
- Phillips County has a higher rate of sex offenses than the state with a rate of 118.8 per 100,000 compared to the 82.2 per 100,000 for the state.
- Roosevelt County has a higher rate of non-violent family offenses (neglect, abandonment, etc) than the state with a rate of 170.6 per 100,000 compared to a state rate of 76.5 per 100,000.
- Roosevelt County has a higher homicide rate compared to the state with a rate of 19.5 per 100,000 compared to 3.3 per 100,000 for the state.
- Daniels County has a higher rate of non-violent family offenses (neglect, abandonment, etc) than the state with a rate of 124.2 per 100,000 compared to a state rate of 76.5 per 100,000.
- Daniels County has a higher suicide rate compared to the state with a rate of 23.4 per 100,000 compared to 20.3 per 100,000 for the state.

Infectious Diseases Services: Increased incidence in infectious diseases exists in the secondary market, especially Roosevelt County. These diseases include those transmitted behaviorally as well as through exposure to environmental hazards.

- Phillips County has a much higher incidence of salmonellosis than the state with a rate of 25.6 per 100,000 compared to the state rate of 13.5 per 100,000.
- Roosevelt County has a much higher incidence of chlamydia than the state with a rate of 1645.4 per 100,000 compared to the state rate of 321.4 per 100,000.
- Roosevelt County has a much higher incidence of pertussis than the state with a rate of 9.9 per 100,000 compared to the state rate of 8.7 per 100,000.
- Roosevelt County has a much higher incidence of salmonellosis than the state with a rate of 19.8 per 100,000 compared to the state rate of 13.5 per 100,000.

Lifestyle Services: Healthy body-weight and sound nutrition are highly influential in health maintenance and promotion. As the national focus in healthcare turns toward wellness and prevention risk factors related to obesity and nutrition become increasingly important.

- Eastern Montana residents report inadequate fruit and vegetable consumption at rates greater than the state, though both rates are quite astounding. The rate of inadequate fruit and vegetable consumption in Eastern Montana is 77 percent compared to 75.8 percent for the state.

- The greatest disparities in fruit and vegetable consumption lie in the over 65 age category and the 45 to 64 age category with 72.1 percent and 78 percent compared to 68.9 percent and 76.3 percent.
- Eastern Montanans participate in less physical activity than the rest of the state with 27.9 percent reporting no leisure time physical activity compared to 20.7 percent for the state.
 - The greatest disparities in physical activity lie in the over 65 age category and the 45 to 64 age category with 39.7 percent and 28.4 percent compared to 31 percent and 21 percent reporting no leisure time physical activity.
- Eastern Montana experiences an obesity rate that is greater than the state with 26.8 percent compared to 21.6 percent being considered obese.
 - The age groups with the most significant obesity problem include the 18 to 44 cohort and the 45 to 64 cohort with 25.7 percent and 31 percent compared to 19.4 percent and 25.4 percent respectively.

Requests

The following section summarizes the request for health care services that come from non-quantifiable sources such as community surveys, community focus groups and input from sources with knowledge of service area populations.

Cardiovascular Services: A recurrent theme in the survey and the community based focus groups was a desire for increased access to care provided by a cardiologist and for associated services and education.

- The community survey suggested a community desire for access to a medical provider specializing in Cardiology.
- The community survey suggested a significant community health concern regarding heart disease.
- Focus group participants requested cardiology services.
- Focus groups requested education relating to cardiac health.

Allergy/Immunology Services: The survey revealed a request for Allergy related services and education. This request was not supported by any of the focus groups or special population representatives.

- The community survey suggested a community desire for access to a medical provider specializing in Allergy/Immunology.
- The community survey revealed community interest in education regarding allergies.

Cancer Care and Prevention Services: Cancer was a significant issue for the public as well as those serving the Native American population.

- The community survey suggested a significant community health concern regarding cancer.
- Focus group requested radiation therapy.
- Professionals representing the Native American Populations in the service area reported a high rate of cancer in the communities served.

Alcohol and Substance Abuse: Alcohol abuse in particular was a recurrent theme in the community survey, focus group, meetings with Native American population representatives and public health officials.

- The community survey suggested a significant community health concern regarding alcohol/substance abuse.
- Focus groups requested services for alcohol/substance abuse.
- Professionals representing the Native American Populations in the service area reported problems regarding healthy behaviors including substance abuse.
- Professionals representing the Native American Populations in the service area reported that the tribal substance abuse program is lacking and ineffective.
- Public Health Officials reported a significant problem in Valley County regarding underage drinking and purported link to a rise in the prevalence of sexually transmitted diseases.

Diabetes Services: Were a concern for community members that responded to the survey, particularly education regarding the disease.

- The community survey suggested a significant community health concern regarding diabetes.
- The community survey revealed community interest in education regarding diabetes.

Lifestyle Services: A need for programs that both promote provide tools for health lifestyle choices primarily those related to diet and exercise was requested by multiple groups.

- The community survey revealed community interest in education regarding diet and exercise.
- Focus groups requested education relating to lifestyle (diet and exercise).

- Professionals representing the Native American Populations in the service area reported problems regarding healthy behaviors including diet and exercise
- Professionals representing the Native American Populations in the service area reported the impact of poverty on obesity.
- Public Health Officials reported a significant problem in Valley County regarding obesity and the lack of programs available to address the problem across varied ages and socio-economic backgrounds.
- Glasgow School Officials reported significant concerns related to dietary issues and obesity. Obesity is a problem at the high school but less so at the younger levels. Officials cite poor nutrition at home resulting in poor dietary choices at school.
- Glasgow School Officials reported interest in developing health and wellness programs in cooperation with local healthcare providers.

Elder Care Services: Services for the elderly were of particular concern for the community as well as for public health officials.

- The community survey revealed community interest in education regarding topics relevant to aging and the elderly.
- Focus groups requested services for seniors including assistance in transportation as well as specialty medical services tailored to this group.
- Public Health Officials reported a significant problem in Valley County regarding elderly adult medication management. Services that were previously provided by Valley County Public Health to seniors living at home have been suspended for financial reasons. The Public Health Nurses report that this is an important service for the elderly population.

Dialysis Services: Requests for dialysis services came from both the community and from Public Health.

- The community focus group requested dialysis services.
- Community members have approached the FMDH Board of Trustees requesting dialysis services.
- Public Health Officials reported a significant problem in Valley County regarding a need for dialysis services.

Mental Health Services: Mental Health Services were a major concern particularly for the Glasgow Schools as well as the local mental health providers and members of our secondary service area.

- Mental health professionals responsible for care in the service area discussed challenges relating to medication management namely not having enough providers that are licensed to dispense psychotropic drugs. A provider such as an Advanced Practice Registered Nurse could fill this role.
- Mental health professionals responsible for care in the service area provided insight regarding challenges involved in the commitment process and the lag time between identifying a patient in crisis and the completion of the necessary legal proceedings to have the patient committed.
- Professionals representing the secondary service area in Phillips County reported a need for mental health services that was supported by community work groups to bolster the services currently available.
- Glasgow School Officials reported significant concerns related to mental and behavioral healthcare services for local youth. Officials are seeing more signs of depression, anxiety and other emotional issues in as early as sixth grade. Officials also reported that students are experiencing more environmental stressors than previous generations.
- Glasgow School Officials reported significant concerns related to student absenteeism due to assaults.
- Glasgow School Officials reported significant concerns related to an increased need for seasonally appropriate clothing and proper heating in the home. School officials suspected that this was attributable to new families being drawn to the area by oil activity.
- Glasgow School Officials reported significant concerns related to primarily female students physically maturing at younger ages. Maturation that usually occurred in 7th and 8th grade is happening in 4th and 5th grade. Students do not have the mental or emotional maturity to handle these changes.
- Glasgow School Officials reported significant concerns related to poor student hygiene and overall cleanliness.
- Glasgow School Officials reported significant concerns related to an increase in mental, behavioral and/or emotional issues amongst staff. Officials cited an increased pressure on staff to perform to community standards and an increase in depression as significant mental health issues.
- Glasgow School Officials reported significant concerns related to increases in physical injuries related to poor decision making and students inability to appropriately manage their emotions.

Hospice Services: End of life services are frequently requested by members of the community in the primary service area as well as the secondary service area. These requests are further supported by a stated need from Public Health Officials.

- Community members have approached the FMDH Board of Trustees requesting hospice services.
- Professionals representing the Native American Populations in the service area reported a need for hospice services as well as end of life planning.
- Professionals representing the secondary service area in Phillips County reported a perceived community need for hospice services.
- Public Health Officials reported a significant problem in Valley County regarding a need for hospice services.

Emergency Medical Services: Representatives from organizations serving the secondary service areas described serious challenges with relation to Emergency Transport Services.

- Professionals representing the Native American Populations in the service area reported challenges regarding emergency medical services, especially transport services.
- Professionals representing the secondary service area in Phillips County reported a need for emergency medical services, especially ambulance transport services. The service area representative reported that ambulance services were run by volunteers and were consequently not reliable and only available for major traumas and/or car accidents.

Additional Observations and Requests: The following requests were singular in nature. They were documented through the request accumulation process but the individual requests were not corroborated by subsequent requests.

- The community survey suggested a community desire for access to a medical provider specializing in Dermatology.
- The community survey suggested a community desire for access to a medical provider specializing in Dentistry.
- The community survey suggested a community desire for improved access to care through increasing the availability of primary care providers.
- The community survey suggested a significant community health concern regarding stroke.
- The community focus groups requested ophthalmology services.
- The community focus groups requested internal medicine services.
- Professionals representing the Native American Populations in the service area reported difficulties with managing patients with chronic pain. The professionals suspected abuse from narcotic seeking patients is influencing the care being provided to legitimate pain patients.

- Professionals representing the Native American Populations in the service area reported an increase in sexually transmitted diseases including gonorrhea and hepatitis C. The professionals were concerned that the increase in these diseases could lead to an increase in the prevalence of HIV.
- Professionals representing the Native American Populations in the service area reported problems with regard to health services provided in the educational setting. This involved primarily a program run by the tribes that is outside of IHS and does not follow regulations.
- Professionals representing the secondary service area in Phillips County reported a perceived community need for more primary care providers.
- Public Health Officials reported a significant problem in Valley County regarding immunizations and parental reluctance to seek immunizations due to discredited studies suggesting a correlation between immunizations and autism and media focus on criticism of immunization programs.
- Glasgow School Officials reported significant concerns related to an increase in sports related injuries.

Existing Health Care Facilities And Resources

Health care services are available in the following locations:

- Valley County Health Department
 - Family Planning Services – Staffed by a Family Nurse Practitioner one day per month for women’s health and family planning services.
 - Population health management and surveillance.
 - Immunization Clinics – Staffed by three RNs two days per week offering a comprehensive battery of recommended immunizations.
- Glasgow Eye Care
 - Optical Services – Staffed two days per week on a rotating basis by two Optometrists and one Optician providing general optical care and corrective eyewear.
- The Eye Clinic
 - Optical Services – Staffed three days per week by an Optometrist and one Optician providing general optical care and corrective eyewear. Ophthalmological services are offered monthly from a visiting specialist from Williston.
- Joseph Reyling, DDS
 - Staffed five days per week by a Dentist and a Dental Hygienist providing general dental care services and orthodonture maintenance.
- Charles Wilson, DDS
 - Staffed five days per week by a Dentist and a Dental Hygienist providing general dental care services and orthodonture maintenance.
- Healing Touch Chiropractic
 - Staffed five days per week by a licensed Chiropractor providing general chiropractic services.
- Shopko Pharmacy
 - Staffed six days per week by three registered pharmacists, providing general prescription dispensing and counseling.
- Western Drug
 - Staffed six days per week by two registered pharmacists, providing general

prescription dispensing and counseling.

- Stat Air Ambulance
 - Ambulance Services – Staffed by five RNs and three EMTs that provide transportation and emergency care of the sick and injured of all ages with the exception of neonates. The service a fixed wing air ambulance which is licensed by the Emergency Medical Services Bureau of the Montana Department of Public Health and Human Services.
- Eastern Montana Mental Health Center
 - Mental Health Services – Staffed by licensed counselors and social workers with regional coverage by a Psychologist, services are available five days per week with additional on call services provided.
- Frances Mahon Deaconess Hospital
 - Patient care services at FMDH are designed to ensure the delivery of safe, effective and timely care and treatment consistent with the mission, vision and values of the facility. As such, patient services will be planned, coordinated, provided, and supervised by professional health care providers who recognize the unique physical, emotional and spiritual needs of each person. Patient care services are those departments, both inpatient and outpatient, that have direct contact with patients. Patient support is provided by a variety of individuals and departments who support the care provided by the hands-on care providers. Quality at FMDH is outcome oriented, care is patient-centered and the ultimate goal of the health care team is to "do the right things right the first time." Even though quality is defined by the customer, the facility is responsible for educating the community, as well as its own staff, that quality is an improvement opportunity. Appropriate and well planned use of the facility's resources - human, financial, technological - must be made in order to achieve the best possible outcome. Directors must assist the staff in doing the best job possible by eliminating those barriers which prevent employees from providing quality service. Standards of patient care are monitored through the Performance Improvement process as defined by hospital leadership.
 - **Patient Care Units**
 - Medical/Surgical Nursing (includes the Respite Room)
 - Intensive Care Unit
 - Swing Beds (Skilled or Intermediate)
 - Nursery
 - Peri-Anesthesia Care Unit
 - Outpatient Surgery

- Emergency Department
 - Labor and Delivery
 - Surgical Services
- **Patient Care Services**
 - Ambulance Services
 - Anesthesia Services
 - Audiology
 - Cardiac Rehab
 - Discharge Planning/Social Services
 - Home Oxygen Services
 - Nutrition Services/Dietary Services
 - Outpatient Clinics includes Visiting Specialist Clinics
 - Laboratory Services
 - Occupational Therapy
 - Pain Management Services
 - Pharmacy
 - Physical Therapy
 - Radiology
- **Physician Clinics**
 - Glasgow Clinic
 - Milk River OB/Gyn Clinic
 - Hi-Line Medical Services doing business as:
 - FMDH Orthopedics and Sports Medicine
 - Hi-Line General Surgery
 -
- ***Ambulance Services:**
 - Scope of Care: FMDH Ambulance Services provide transportation and emergency care of the sick and injured of all ages. The service includes STAT Ambulance, a ground transport, basic life support (BLS) service which is licensed by the Emergency Medical Services Bureau of the Montana Department of Public Health and Human Services.
 - Services Provided: Transportation and emergency medical care is provided by STAT Ambulance Service in Fort Peck, Glasgow, Hinsdale and Lustre. Cardiac monitoring and defibrillation services are also offered from the Fort Peck, Glasgow and Hinsdale locations
 - Skill Level of Providers: FMDH Ambulance Services is under the direction of a member of the FMDH Medical Staff. STAT Ambulance Service is staffed by on-call EMT's whose level of training includes 1st Responder Ambulance (FR-A), Emergency Medical Technician (EMT). The EMT's scope of practice is determined by the Montana Pre-hospital Treatment Protocols

issued by the EMS Bureau and approved by the Montana Board of Medical Examiners.

▪ ***Audiology**

- Scope of Care: The Audiologist assesses all patients of any age for hearing needs. Based on audiological findings, appropriate referrals are made to physicians or other necessary professionals. The Audiologist also works with all patients of any age who are identified as having a hearing loss. Their individual needs and lifestyle are considered and appropriate amplification is selected, fitted, and monitored to ensure beneficial results.
- Services Provided: FMDH Audiology provides the following services:
 - Diagnostic audiological evaluations for age two through geriatrics. Diagnostic OAE's, ABR's and ENG's are not performed at this facility.
 - Industrial and newborn hearing screening.
 - Preschool screening, Community Child Find screening, and school screening in conjunction with the Office of Public Instruction.
 - Audiological support for the ENT specialists in Glasgow and Malta.
 - Report writing and distribution to physicians, parents and schools.
 - Appropriate referrals are made as needed to professionals.
 - Hearing aid selection, fitting and verification for those with hearing loss.
- Skill Level of Personnel: Audiologist who is licensed by the State of Montana Speech Language Pathology and Audiology Board, and the State of Montana Hearing Aid Dispenser Board provides the services. Services are provided 3-5 days a week though time may be spent in other locations such as satellite clinics and schools.

▪ **Dietary Services:**

- Scope of Services: Dietary Services provides comprehensive nutrition services to meet the nutrition needs of our public and medical communities. These services are provided daily through patient meal trays and nourishments in cooperation with the Nutrition Care team, (patients, families, dieticians, physician, nursing, pharmacy, and other health care personnel) in an age and diagnosis specific manner.
- The Dietary Services department also provides the Patient Advocate service. This service is to enhance the caregiver/patient relationship by promoting a facility wide

relationship through daily interactions with employees representing the non-medical disciplines of the hospital. This service is to demonstrate to the patients of our facility a caring attitude, to be proactive in meeting patient's needs and to build an understanding that FMDH care team is willing to go beyond the normal call of duty to meet patient needs.

- Skill Level of Providers: The Dietary Director has successfully completed a Dietary Director's Association approved course of study.

▪ ***Discharge Planning/Social Services:**

- Scope of Services: Discharge Planning: Patients, of any age, are assessed for discharge needs by the Discharge Planner. A discharge plan is then developed by the Discharge Planner in collaboration with the patient, family, physician and other members of the health care team.
- Social Services: The Social Services Designee (SSD) sees those patients, of any age who have been identified as being high risk. Their needs are assessed as relates to the discharge planning processes, the need for psychosocial intervention or financial concerns.
- Services Provided: The Discharge Planner/SSD coordinates all members of the health care team to ensure that the patient has access to education on disease, diet, advanced directives and rehabilitation programs, adaptive equipment and community services and resources.
- Skill Level of Personnel: The services of discharge planning and social services are provided by experienced RN's who are licensed by the State of Montana

▪ ***Emergency Department:**

- Scope of Care: The Emergency Department provides evaluation and treatment to patients of all ages and levels of illness 24 hours a day.
- Services Provided: Emergency Department (ED) patients are initially assessed by the nurse who determines treatment urgency and placement within the ED. The ED provider evaluates the patient and orders diagnostic testing and treatment based on patient needs. Emergency patients are evaluated for response to treatment and are admitted to the hospital, transferred to another facility or discharged with follow-up instructions as appropriate.
- Skill Level of Personnel: The department is staffed with registered nurses licensed in the State of Montana who have successfully completed BLS and ACLS. RN's must demonstrate competency in the performance of specialized ED

skills during initial orientation then annually based on performance improvement activities and recommendations. The ED Provider coverage is provided by local or contract physicians and physician extenders.

▪ **FMDH Orthopaedics and Sports Medicine:**

- Scope of Services: The FMDH Orthopaedics and Sports Medicine is a clinic located within the facility organized under FMDH's wholly owned for profit subsidiary (Hi-Line Medical Services). The Marketing Director is principally responsible for directing the operation of the clinic. A designated physician within the clinic is responsible for the medical direction. The FMDH Orthopaedics and Sports Medicine Clinic provides orthopaedic health care to patients without regard to race, creed, color, sex, ages, religion, handicaps or financial status on an outpatient basis. The clinic is open from 0800 to 1700 M-R 0800-1200F.
- Services Provided: FMDH Orthopaedics and Sports Medicine specializes in the evaluation and treatment of diseases, injuries and deformities of the musculoskeletal system, through the use of medical and surgical procedures.
- Skill Level of Personnel: The FMDH Orthopaedics and Sports Medicine Clinic is staffed with an RN to provide necessary patient care. Providers include an Orthopaedic Surgeon and a Physician Assistant. All professional staff (Medical and nursing) are licensed by the state of Montana. The business office is staffed by personnel who have received on the job training to perform specific job duties which include medical records, coding and billing. A customer service representative is available to book appointments for patients and register patients on admission.

▪ ***General Surgery:**

- Scope of Services: Hi-Line General Surgery is a clinic located within the facility organized under FMDH's wholly owned for profit subsidiary (Hi-Line Medical Services). The Marketing Director is principally responsible for directing the operation of the clinic. A designated physician within the clinic is responsible for the medical direction. Hi-Line General Surgery provides general surgical healthcare to patients without regard to race, creed, color, sex, ages, religion, handicaps or financial status on an outpatient basis. The clinic is open from 0830 to 1700 M-F.
- Services Provided: Hi-Line General Surgery offers evaluation and surgical treatment of diseases involving abdominal organs,

thyroid, and breasts and the evaluation and treatment of injury due to trauma.

- Skill Level of Personnel: Hi-Line General Surgery is staffed with one RN, LPN, or Medical Assistant to provide necessary patient care. Providers include a General Surgeon. All professional staff (Medical and nursing) are licensed by the state of Montana. The business office is staffed by personnel who have received on the job training to perform specific job duties which include medical records, coding and billing. A customer service representative is available to book appointments for patients and register patients on admission.

▪ **Glasgow Clinic:**

- Scope of Services: The Glasgow Clinic is a Rural Health Clinic located within the facility. The Chief Operating Officer is principally responsible for directing the operation of the clinic. A designated physician within the clinic is responsible for the medical direction. The Glasgow Clinic provides preventative and primary health care to patients without regard to race, creed, color, sex, ages, religion, handicaps or financial status on an outpatient basis. The Glasgow Clinic is open from 0830 hrs to 1700hrs weekdays and is closed on holidays as designated by FMDH policy.
- Services Provided: Family medicine includes care provided for newborns, pediatrics, adolescents, adults and obstetrics including postpartum care. The clinic provides allergy injections as deemed necessary. The clinic has an internal medicine doctor who provides specialty care for patients age 16 and over.
- Skill Level of Personnel: The Glasgow Clinic is staffed with RNs, LPNs and medical assistants to provide necessary patient care. Providers include Family Practice, Internal Medicine, Family Nurse Practitioner, and a Physician Assistant. All professional staff (Medical and nursing) are licensed by the state of Montana. The business office and medical records departments within the Glasgow Clinic are staffed by personnel who have received on the job training to perform specific job duties which include medical records, coding and billing. Customer service representatives are available to book appointments for patients. They are responsible for scheduling appointments and registering patients on admission. Each provider has their own nurse or medical assistant who is responsible for work-up as well as to return telephone calls to patients who have left messages.

▪ ***Home Oxygen/DME:**

- Scope of Care: The purpose of the program is to provide equipment that allows patients to return or remain in the home environment for as long as possible. This department sees all age groups with the majority of the patients being elderly.
 - Services Provided: The department sells or rents and maintains home oxygen delivery equipment. Walkers and canes are available through Physical Therapy and Home Oxygen/DME bills for these services. Standard wheelchairs and beds are available for sale or rent.
 - Skill Level of Personnel: The department is staffed by personnel who provide maintenance and delivery services. Two Home Oxygen drivers set up and deliver oxygen concentrators, portable oxygen systems, nebulizers, wheel chairs and hospital beds. This staff also provides education to patient and families regarding appropriate use of this equipment. One Registered Nurse provides setup and education regarding use of BiPAP and CPAP equipment.
- **Infection Control:**
 - Scope of Care: The role of the Infection Control Department is to promote practices that aid in the prevention of infectious diseases, identify and analyze the occurrence of health care-associated infections, acts as consultant to department Directors about issues relating to infection control, ensure compliance with state and federal regulations relating to infection control and disseminates information about infection control to staff.
 - Skill level: Licensed Registered Nurse or Clinical Laboratory Scientist.
 - Hours of Operation: Forty hours per week; schedule varies.
- ***Laboratory and Pathology Services:**
 - Scope of Care: The Laboratory Department provides diagnostic laboratory testing services for all age groups. The Laboratory Department does the diagnostic laboratory work on blood, urine and other body fluids. These tests include work in:
 - Arterial Blood Gases
 - Bacteriology
 - Coagulation
 - Chemistry
 - General Immunology Testing
 - Hematology
 - Therapeutic Drugs
 - Thyroid Studies
 - Transfusion Services

- Urinalysis

- Laboratory tests that cannot be performed locally are sent to approved Reference Labs.
- Pathology services are provided by pathologists from Billings Clinic in Billings, MT. Pathology and surgical specimens are mailed to Billings for processing. A Pathologist provides on-site services once a quarter consultation services to the Laboratory personnel and the physicians. The laboratory also has phone contact with the pathologists in Billings for consultations or answers to any questions. Billings Clinic Pathology Department is College of American Pathologists accredited.
- Skill Level of Personnel: All Clinical Laboratory Scientists and Clinical Laboratory Technicians are licensed with the State of Montana. The staff is committed to performing high quality work to assist the physicians in making the proper diagnosis. A phlebotomist has completed an on-the-job training program and works to assist the Clinical Laboratory Scientists and Technicians with blood draws. The department receptionist is responsible for initiating forms and other paperwork by which patients are identified, charged and recorded during outpatient visits. Our Laboratory is accredited by COLA.
- Hours of Operation: The laboratory is staffed from 0630 to 1730, Monday through Friday and 0630 to 1030 on Saturdays, Sundays & holidays. After hours on-call staff are available to provide lab services 24 hours per day.

- ***Milk River OB/GYN**

- Scope of Services: The Milk River OB/GYN office is located within the facility. The Marketing Director is principally responsible for directing the operation of the clinic. A designated physician within the clinic is responsible for the medical direction. Milk River OB/GYN provides obstetrical and gynecological healthcare to women without regard to race, creed, color, sex, age, religion, handicaps or financial status on an outpatient basis. Milk River OB/GYN is open from 9am to 4pm weekdays.
- Services Provided: Obstetrical and Gynecological services. Obstetrical services include ante-partum, delivery, surgical services, and postpartum services. Gynecological services include preventive healthcare, specialty care and surgical services.
- Skill Level of Personnel: Milk River OB/GYN is staffed with a Montana Licensed Practical Nurse to provide necessary patient care. She is also responsible for work-up as well as

phone triage, and returning telephone calls to patients who have left messages. Our medical provider is an Obstetrician/Gynecologist, licensed in the State of Montana, and is certified by the American Board of Obstetrics and Gynecology and a fellow in the American College of Obstetrics and Gynecology. The office manager/receptionist has been trained to perform specific job duties which include medical records, coding and billing.

▪ ***Nutrition Services:**

- **Scope of Services:** The Registered Dietitians (RD) provide consultant services in the areas of nutrition assessment, medical nutrition therapy, food service management, wellness and community education to Glasgow and its surrounding communities. The Nutrition Services department provides a full spectrum of nutrition support, consultation, counseling, and instruction to patients, families, physician, nursing and other health care personnel.
- **Skill Level of Personnel:** Registered Dietitians (RD) are licensed by the State of Montana and have successfully completed requirements and testing of the Commission on Dietetic Registration.

▪ ***Nursing Services (Inpatient):**

- **Inpatient Nursing Services** is under the direction of the Director of Nursing. The Director of Nursing is responsible for the nursing professional standards of the organization, responsible for the standards of care and practice, performance assessment and improvement, policies and procedures, personnel competency, and nursing licensure within the Nursing Department. Collaborative activities have been established to ensure that these responsibilities are addressed in all areas throughout the organization where nursing care is provided.
- **Scope of Care:** The Inpatient Nursing Service is responsible for providing nursing care for patients on an inpatient or outpatient basis in one of the following specialties; L&D, Nursery, Emergency Department, Medical, Surgical, Intensive Care, and Skilled Nursing. Patients receive the appropriate level of nursing care regardless of location in the facility.
- **Services Provided:** The department is responsible for utilizing the nursing process to provide patient care. Patient care is delivered according to the Montana Nurse Practice Act and the American Nurses Association Standards of Clinical Nursing Practice, following the requirements set by the State of Montana, The Joint Commission and FMDH liability carrier.

- Skill Level of Providers: The Department of Nursing staff includes Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Nurse Assistants (CNA), and Ward Clerks.
 - The RN may be a graduate of an accredited 2 year, 3 year or 4 year school of nursing, there being no difference in clinical practice based on education level. The RN prescribes delegates and coordinates the nursing care through delegation of responsibilities to the LPN or CNA in accordance with their education and training.
 - The nursing personnel are cross-trained according to the needs of the department and are provided individualized orientations which are based on previous experiences, personal preferences and departmental need. Competencies have been developed and are required prior to a staff member functioning independently within a patient care area.
- ***Outpatient Clinics:**
 - Scope of Care: FMDH has numerous clinics which includes primary care, and many specialists from larger medical facilities. The Visiting specialists that come from other facilities include ENT, Cardiology, Orthopedic Spine, Pulmonology, Pediatric Pulmonology, Allergy/Immunology, Dermatology, Hematology/Oncology, Urology, and Podiatry. Additional specialty clinics provided via telemedicine include: Neurology, Cardiology, Nephrology and Rheumatology. Appointments are scheduled either by the scheduling personnel or the specific physician's office staff.
 - Skill Level/Staffing Plan: Specialty clinics are staffed by an RN, receptionist/unit secretary and overseen by the Outpatient Services Director. Some of the specialists staff their clinics with their own nursing personnel. The RN must have a current State of Montana license, and be BLS certified.
 - ***Outpatient Infusion:**
 - Scope of Care: FMDH Infusion Dept. provides services for same day infusions and injections. Referrals are obtained by local providers, visiting specialists and or distant providers. Appointments are scheduled by contacting the Outpatient Clinic scheduling personnel, the attending RN, or Outpatient Services Director.
 - Skill Level/Staffing Plan: The Outpatient Infusion Dept is staffed by RN's. The RN must have a current State of Montana license and be BLS certified.
 - ***Pharmacy:**

- Scope of Care: The pharmacy service provides pharmaceutical services for all ages of hospital patients. The department also includes a retail pharmacy that provides services to the public.
 - Services Provided: The department provides all forms of medications including TPN and chemotherapy. The staff is responsible for processing medication orders. The pharmacist provides review of patient's medication profiles and patient education as indicated.
 - Skill Level of Personnel: The pharmacy director is a State of Montana registered Pharmacist. Additionally, the department is staffed with technicians who receive on-the-job training under the direction of the pharmacist to receive certification and are registered with the Montana Board of Pharmacy.
- ***Rehabilitation Services: (Includes Physical Therapy, Occupational Therapy and Cardiac Rehabilitation)**
- Scope of Care: The Physical Therapy (PT) and Occupational Therapy (OT) Department provides inpatient and outpatient services to promote or restore the functional mobility of individuals with physical impairments through the use of physical means. The department functions primarily as an outpatient department whereby approximately 75% of the patient load is outpatient. The department serves all age groups.
 - The caseload of the PT department is primarily orthopaedic, such as musculo- skeletal injuries which would include total joint replacements, along with various back problems, such as low back pain, disc pathology, C-spine injuries, as well as knee and shoulder injuries. The OT Department services a large pediatric population as well as orthopaedic upper extremity problems.
 - Services Provided: PT Services include exercise supervision, gait training, neuromuscular re-ed, whirlpools, mobilization, ultrasound, hot/cold packs, traction, hydrotherapy, and electrical stimulation, as well as high voltage stimulation. OT services include neuromuscular re-ed, splinting, ADL training, ROM, Strengthening, re-integration into home/work.
 - Skill Level of Personnel: All Physical Therapists (PT), the Physical Therapy Assistant (PTA), the Occupational Therapist (OT) and the Occupational Therapy Assistant (OTA) are licensed by the State of Montana.
 - Staffing Plan: One full time PT and one part time PT. The PT's are supported by one PTA and one Office Manager. The Occupational Therapy (OT) Department has one part time OT and one full time OT Assistant. The OT Department co-utilizes the Office Manager.

- ***Cardiac Rehabilitation:**
 - Scope of Care: Cardiac Rehabilitation is a 12 week outpatient program designed for those adults who have had a heart event such as an MI, Angioplasty with stent, Coronary Artery Bypass Graft, valve repair or replacement, heart transplant, and stable angina. The primary goal of cardiac rehab is to help each client build up cardiopulmonary strength to prevent further cardiac problems and prevent post-heart attack hospital admissions and complications.
 - Services Provided: Cardiac Rehabilitation is a two phase multidisciplinary program. Phase II involves consultations with physicians, dietitians, pharmacists, and physical therapists. The 12 week comprehensive program is designed to help clients develop a healthier lifestyle. Education for clients and family is offered, with special assistance for the individual needs of client. Following the 12 week initial phase (Phase II), a maintenance phase (Phase III) is available with continued supervised exercise for as long as the client wishes to continue.
 - Skill Level of Personnel/Staffing Plan: Cardiac Rehabilitation is staffed by one or two Registered Nurses and a Cardiac Rehabilitation Technician with training and education in cardiac rehabilitation. The clients exercise Monday, Wednesday and Friday in a monitored environment following a progressive aerobic exercise plan.

- ***Retail Pharmacy**
 - Scope of Services: 5th Avenue Pharmacy and Gift is a retail pharmacy located within the facility organized under FMDH's wholly owned for profit subsidiary (Hi-Line Medical Services). The Marketing Director is principally responsible for directing the operation of the pharmacy. A designated pharmacist within the pharmacy is responsible for the medical direction. 5th Avenue Pharmacy provides retail pharmacy services to patients without regard to race, creed, color, sex, ages, religion, handicaps or financial status on an outpatient basis. The pharmacy is open from 0830to 1700 M-F.
 - Services Provided: 5th Avenue Pharmacy and Gift offers dispensing and consultation for the use of prescription medications as well as over the counter medications. In addition to these clinical services the pharmacy also offers a variety of giftware.
 - Skill Level of Personnel: 5th Avenue Pharmacy and Gift is staffed with one Registered Pharmacist and 3 Certified Pharmacy Technicians to provide necessary dispensing services. All professional staff (Pharmacist and Technician)

are licensed by the state of Montana. The business office is staffed by personnel who have received on the job training to perform specific job duties which include patient accounting and billing. Two customer service representatives are available to assist customers with over the counter and giftware sales.

▪ ***Radiology:**

- Scope of Care: The Radiology Department offers radiology services 24 hours a day to all patients. Range of treatments comprises diagnostic procedures, invasive and non-invasive techniques, and modalities using ionizing and non ionizing radiation, with or without the use of contrast medias.
- Services Provided: Services include CT scanning, MRI, DEXA, Ultrasound (US), Nuclear Medicine, Mammography and X-ray/Fluoroscopy, with X-ray procedures constituting the majority of the daily procedural load. Related services include QA monitoring and evaluation in each sub-department; quality control; image interpretation and dictation for FMDH as well as neighboring hospitals; scheduling and supply ordering; equipment purchasing; film processing; and continuing education. A PACS (Picture Archiving Communication System) is utilized in the department to store and retrieve images and allows the facility to transmit images to other radiologists for interpretation as needed.
- Skill Level of Providers: All individuals providing diagnostic radiology services without supervision or direction have appropriate delineated clinical privileges. All individuals who provide technical diagnostic radiology services are licensed or registered and have the appropriate training and competence. The overall staff includes a board certified radiologist, registered technologists, which include special imaging technologist and staff technologists who are trained in some of the specialty areas and a secretary. The department secretary is responsible for initiating forms and other paperwork by which patients are identified, charged and recorded during outpatient visits

▪ ***Surgical Services:**

- Scope of Care: The Department of Surgical Services (DSS) is responsible for providing care to patients of all ages and acuity undergoing elective or emergency surgery or procedures. This department consists of Outpatient Surgery (OPS), Operating Room (OR), Perianesthesia Care Unit (PACU), Sterile Processing (S/P), and Endoscopy Lab (which includes outpatient procedures requiring IV conscious sedation).
- Services Provided: The DSS interfaces with all other hospital Departments with the common goal to provide quality patient

care. Surgical, procedural and anesthetic care are delivered in cooperation with area surgeons according to professional and organizational standards in a safe and confidential manner.

- Skill Level of Personnel: The DSS includes RN, LPN, specially trained Technicians and Unit Assistant. Nursing care is supervised by the DSS Director and is the responsibility of the RN. Anesthesia care is provided by Certified Registered Nurse Anesthetists.
- The RN may be a graduate of a 2 year, 3 year, or 4 year accredited school of nursing, there being no difference in clinical practice based on education level. The RN coordinates the nursing care through delegation of responsibilities to the LPN or Tech in accordance with their education and training.
- The DSS personnel are cross trained according to the needs of the department and are provided individualized competency based orientation, which is based on predetermined standards by the facility.
- The RNs and LPNs must have current State of Montana license, and be BLS certified. The Techs and unit assistant must have current BLS certification.

ⁱ Population Division, U.S. Census Bureau, Table 1: Annual Estimates of the Population for Counties of Montana: April 1, 2000 to July 1, 2008 (CO-EST2008-01-30), Released, March 19, 2009

ⁱⁱ Demographic and Economic Information for Valley County, Montana Department of Labor and Industry Research Analysis Bureau, April 2009, http://www.ourfactsyourfuture.org/admin/uploadedPublications/3494_CF09_Valley.pdf, Page 5 (Total acres/640 acres per sq mile = total sq miles)

ⁱⁱⁱ US Bureau of the Census, Decennial Censuses of Population, Population of Counties in Montana 1980 to 2000, Updated by Montana Department of Commerce in 2000, Reviews May 6 2009

^{iv} Demographic Database, Economic Projections Series, NPA Data Services, Inc., Arlington, VA ,Census and Economic Information Center, Montana Dept. of Commerce, Helena, with permission from NPA Data Services, Inc., 11/08, http://www.ceic.mt.gov/Demog/project/proj_mt_pop_total_08.pdf

^v U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, <http://quickfacts.census.gov/qfd/states/30/30105.html>, Reviewed May 12, 2009

^{vi} Demographic and Economic Information for Valley County, Montana Department of Labor and Industry Research Analysis Bureau, June 2012, http://www.ourfactsyourfuture.org/admin/uploadedPublications/3494_cf-valley.pdf

^{vii} Data for Community Health Assessments for Valley County, Montana Department of Health and Human Services, February 2011, <http://www.dphhs.mt.gov/publichealth/epidemiology/documents/ValleyCommunityHealthAssessments.pdf>

^{viii} The Montana Medicaid Program, Report to 2011 Legislature, January 2011, <http://www.dphhs.mt.gov/2011biennialreport/mtmedicaidreport.pdf>.

^{ix} U.S. Census Bureau, Census 2000 Summary File 1, Matrices PCT12 and P13, Reviewed May 6, 2009, http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US30&-_box_head_nbr=GCT-P5&-ds_name=DEC_2000_SF1_U&-format=ST-2

^x CEIC Data Map Library, US Census Bureau, Last Revised May 6, 2009, Reviewed May 7, 2009, http://www.ceic.mt.gov/data_maps.asp

^{xi} Phillips County Health Profile, Montana Department of Public Health and Human Services, October 2004, Page 71

^{xii} Roosevelt County Health Profile, Montana Department of Public Health and Human Services, October 2004, Page 85

^{xiii} Daniels County Health Profile, Montana Department of Public Health and Human Services, October 2004, Page 19

^{xiv} Census and Economic Information Center, Montana Dept. of Commerce, Helena, with permission from NPA Data Services, Inc., 11/08, http://www.ceic.mt.gov/Demog/project/proj_mt_pop_total_08.pdf

^{xv} U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, <http://quickfacts.census.gov/qfd/states/30/30019.html>, Reviewed June 17, 2009

^{xvi} Economic Research, FRED Federal Reserve Economic Data, November 2012, <http://research.stlouisfed.org/fred2/categories/27308>.

^{xvii} The Montana Medicaid Program, Report to 2011 Legislature, January 2011, <http://www.dphhs.mt.gov/2011biennialreport/mtmedicaidreport.pdf>.