Community Health Improvement Plan

Grand Island Regional Medical Center
May 2025

Bryan Health

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Introduction

Community Health Implementation Plan

Grand Island Regional Medical Center (GIRMC) has prepared the following implementation plan to address its 2024 Community Health Needs Assessment (CHNA). This fulfills the requirements established by the Patient Protection and Affordable Care Act requiring nonprofit hospitals to develop implementation plans to address the significant health needs identified in their community health needs assessments.

In this implementation plan, GIRMC will share its strategies to address each of the three significant health needs identified in its community health needs assessment. These strategies detail the actions GIRMC intends to take to address each need and their anticipated impacts; identify the resources GIRMC plans to commit to address each health need; and describe planned collaboration between GIRMC and other facilities or organizations addressing one of the identified health needs.

Grand Island Regional Medical Center is an acute care hospital and is part of Bryan Health, a non-profit, Nebraska-owned and governed health system. For the purposes of this report, the community served includes the city of Grand Island and Hall, Hamilton and Merrick counties – all located in Nebraska.

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Background

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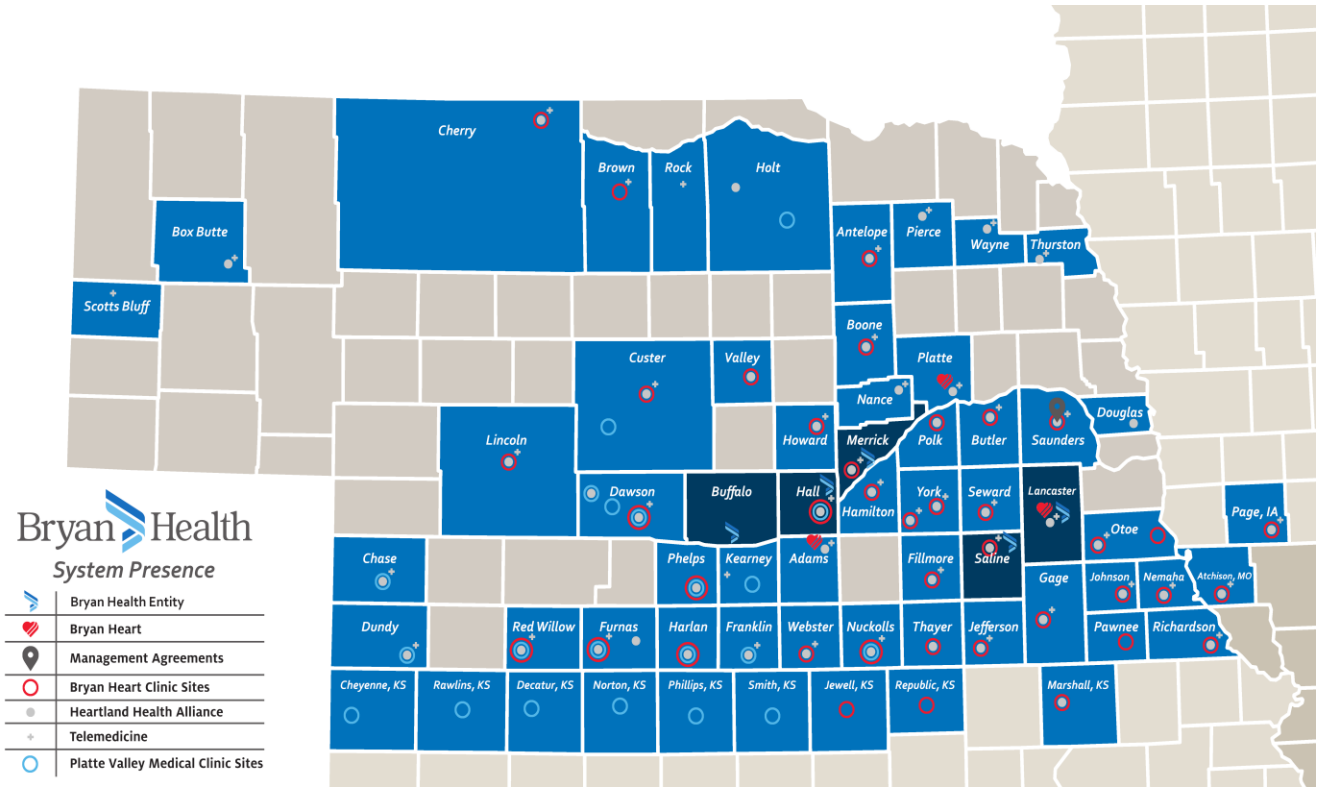
Medical Center & Health System Overview

Who We Are

Grand Island Regional Medical Center (GIRMC), located in Grand Island, Nebraska, is part of Bryan Health, a nonprofit Nebraska-owned health care organization that works to provide care throughout Nebraska. Bryan Health provides a comprehensive range of healthcare services with more than 6,000 staff members and outreach sites that span the state of Nebraska and into Iowa, Kansas and Missouri.



Community Served

70% of GIRMC's patient encounters are from residents of Hall, Hamilton and Merrick counties in Nebraska. The combined population of these three counties in 2022 was 79,650 and is projected to surpass 84,000 by 2050.

Needs Assessment Overview

Community Health Assessment

The community health assessment (CHA) is an aggregation of both primary and secondary data sources, including but not limited to community surveys, universities and research centers and nonprofit and/or governmental organizations. The information is used to identify new and ongoing issues. In doing so, the Central District Health Department (CDHD) and associated community partner organizations can continue (or adjust) Community Health Improvement Plan priorities. Details surrounding the methodology and findings of the Central District Community Health Survey can be found in Grand Island Regional Medical Center's 2024 CHNA.

Survey Distribution

To capture data that is representative of the Central District Region, CDHD partnered with the Multicultural Coalition, City of Grand Island, Grand Island Chamber of Commerce, Central Nebraska Council on Alcoholism and Addictions (CNCAA) and Idea Bank (advertising agency) to expand the distribution of the survey. Distribution methods included: radio promotion, flyers and business cards with QR codes that were distributed to additional partners (not mentioned above) and distribution at community events (i.e., concerts, 4th street festival).

Survey Responses

While this method resulted in 556 responses, respondents were predominately of specific demographic(s), that did not necessarily represent the individuals CDHD regularly serves. In spring 2024, CDHD staff helped collect additional survey responses from community members who speak Spanish, Arabic and Somali, as well as community members with low literacy levels who may not have participated in the online survey. These (58) additional survey responses were obtained to bolster the survey responses from all segments of the Central District community.

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Improvement Strategies

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Overview

Prioritized Significant Health Needs

Through the results of the Community Health Survey as well as other primary research and available data, Grand Island Regional Medical Center has identified three significant health needs within Hall, Hamilton and Merrick Counties that require prioritized focus over the next few years:

Cardiovascular Disease

Cancer Care

Accidents

Three Stages of Response

GIRMC's strategy to respond to these needs will be organized through the three-stage lens of:

Prevention | **Intervention** | **Postvention**

To note, the term postvention is borrowed from the behavioral health realm. In that world, postvention often specifically refers to support given to family and friends of a suicide victim. In the context of this Community Health Implementation Plan, the scope of postvention is expanded to include any care, support or engagement given after an acute health event takes place in a person's life.

Organizing responses in this manner reflects GIRMC's commitment to providing care before, during and after an acute health event takes place.

Cardiovascular Disease

Forecasting the Burden of Cardiovascular Disease

In 2024, The American Heart Association published a study projecting trends in the prevalence of cardiovascular risk factors and the effect they will have on cardiovascular disease and mortality through 2050. This study considered two major demographic shifts taking place in the United States: the aging population and its racial and ethnic diversification. 2030 will mark the first year that all baby boomers will be older than age 65. By the mid-2030s, Americans over 65 will outnumber children for the first time in U.S. history. Over this same time frame, the non-Hispanic white population is expected to shrink, while the Asian, Hispanic, Black, American Indian, Alaskan Native and multiracial populations are expected to grow significantly. The study concluded that without clinical and public health intervention, the prevalence of many cardiovascular risk factors and cardiovascular disease will increase markedly over the next 30 years, with the largest projected growths in the Hispanic and elderly populations.

A Leading Cause of Death in Our Community

Heart disease is the second most common cause of death for Hall, Hamilton and Merrick Counties. From 2018-2020, the death rate from cardiovascular disease was higher in these three counties than in Nebraska as a whole. Nearly 25% of the cardiovascular deaths were considered avoidable and could have been prevented through behavior modification and management of risk factors.

DEATH RATE PER 100,000, ALL GENDERS, AGES, RACES/ETHNICITIES, 2018-2020

	Cardiovascular Disease	Preventable/ Avoidable
Hall	199	46.9
Hamilton	197.1	53.1
Merrick	199.3	45.1
Nebraska	195.9	44

Cardiovascular Disease

Implementation Strategies

Prevention | **Intervention** | **Postvention**

Screening and Early Detection: Early detection allows for timely intervention and treatment. Increasing heart and vascular screenings, including coronary calcium CT scans and peripheral arterial disease screening could significantly improve the prognosis for people with heart disease. GIRMC will promote these screenings by developing referral pathways with local primary care providers, as well as at outreach facilities.

Goal: 10% increase in outpatient calcium CT scans performed in 2024 by 2028.

Quality Metrics for Hypertension in Ambulatory Settings: Uncontrolled hypertension increases the risk of heart disease and stroke, the leading causes of death in the U.S. Proper management of patients with hypertension is a collaborative effort that spans across multiple health service lines. Work is underway to improve high blood pressure control for all patients between ages 18-85 with a diagnosis of hypertension that are seen in the GIRMC ambulatory setting.

Goal: Rate above 72% controlled by the end of 2028.

Bariatric Program: Obesity is a significant and modifiable risk factor for heart disease. The bariatric program at GIRMC involves a multi-disciplinary approach to helping people with obesity-related conditions achieve sustainable weight loss through surgical procedures, along with comprehensive pre- and post-operative support, education and follow-up care.

Goal: 10% increase in support group participation by 2028.

Cardiovascular Disease

On-Site Revascularization Coverage: Prompt treatment is crucial for time-sensitive cardiac events, such as heart attacks. GIRMC ensures a team of skilled cardiologists, nurses and technicians are available 24 hours a day, 7 days a week, to provide immediate intervention for patients with cardiac emergencies. GIRMC works closely with referring facilities and EMS professionals to ensure timely transport and treatment.

Goal: Less than 90 minutes from patient arrival to percutaneous coronary intervention in ST elevation myocardial infarction treatment procedures.

Provider Recruitment: GIRMC has partnered with Bryan Heart to provide inpatient and ambulatory cardiovascular services to the community. The Grand Island location of the Bryan Heart Clinic offers services by vascular and electrophysiology specialists, as well as diagnostic and interventional cardiologists. There is one full-time interventional cardiologist dedicated to this area, and recruitment efforts are underway for an additional interventional cardiologist, which will enable GIRMC to expand services in the community.

Goal: Two full-time interventional cardiologists dedicated to GIRMC by 2028.

Cardiac Rehabilitation: Cardiac rehabilitation (cardiac rehab) is a supervised program that helps people improve their cardiovascular health after a heart event or procedure. This program offers physical activity, education and support for heart-healthy living. GIRMC began offering cardiac rehab in September 2024 and plans to grow the program over the next few years.

Goal: 10% increase from 2026 cardiac rehab enrollment by 2028.

Cancer Care

The Community's Leading Cause of Death

Cancer is the most common cause of death for Hall, Hamilton and Merrick Counties and the second most common in Nebraska. While the cancer mortality rate for these three counties is nearly the same as the rate for the entire state, the cancer incidence rate and the percentage of the population reporting that they had ever been told they had cancer was lower. This indicates a potential delay in diagnosis and treatment in our community.

Perception of Cancer as a Problem in the Community

Respondents of the 2024 Central District Health Department Community Health Assessment survey listed cancer as one of the top three health concerns for their community. Cancer also was one of the most common responses for questions relating to the last major health issue experienced by themselves or their family, and what worries them most about the health of themselves or their family.

Reducing Cancer Risk

Cancer risk can be increased due to family history, medical factors or lifestyle. Lowering the incidence of cancer requires reducing the prevalence of behavioral and environmental factors that increase cancer risk, as well as increasing cancer-related screenings and check-ups.

Patients who are underinsured or uninsured, lack reliable transportation or do not have an established primary care provider are less likely to complete recommended cancer screenings. Barriers to healthy living, such as affordable fresh fruits and vegetables and lack of accessible recreational areas for physical activity were also reported as concerns in the community.

Cancer Care

Implementation Strategies

Prevention | **Intervention** | **Postvention**

Promote Services: Receiving cancer care close to home has the benefit of convenience, comfort, reduced financial burden and greater ability to maintain daily living activities. Targeted messaging is being developed with the goal of increasing awareness of cancer treatments available at GIRMC.

Goal: Publish cancer services marketing materials by 2028.

Increase Mammography Screening: Mammography is the most common screening test used to detect breast cancer. To promote mammograms, GIRMC will distribute educational materials that emphasize the importance of screening. These materials will also detail what the patient can expect, and address potential barriers to screening, such as transportation and cost. GIRMC will work with local primary care offices and other organizations to establish referral pathways, participate in community outreach events and improve access to underserved communities.

Goal: 5% increase in mammography volume year over year.

Cancer Care

Pulmonary Function Testing Services: Pulmonary Function Tests (PFTs) help monitor the response to therapy and determine the best course of treatment for patients affected by lung cancer. GIRMC will increase the use of PFTs by promoting the benefits to local oncologists.

Goal: 5% increase in outpatient PFTs from 2025 to 2028.

Lung Nodule Program: Diagnostic scans can reveal unexpected conditions or problems that are unrelated to the reason the scan was being done. These incidental findings can lead to early detection of a serious condition, potentially improving outcomes. GIRMC has assembled a team that conducts regular reviews on scans that show unexpected lung nodules or masses. These findings and the recommended follow-up are communicated to the patient's provider.

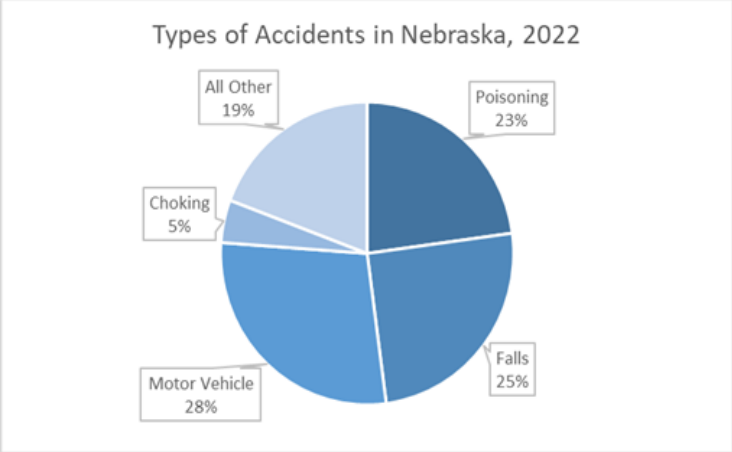
Expanding Support Services: GIRMC will expand access to support services for cancer patients and their families, such as nutrition counseling and transportation, through collaboration with local health organizations and community outreach services.

Goal: More public transportation services available in Grand Island by 2028.

Accidents

Concerning Trends

Accidents are the third leading cause of death in the U.S. However, they are the number one cause of death in children, adolescents and adults younger than 45. "Accident" is a broad term that includes, but is not limited to, motor vehicle crashes, falls, physical assault, gun violence, drug overdoses, poisonings, homicides and suicides. According to the National Safety Council, the rate of accidental deaths in Nebraska has increased over the past 10 years. The top three accidents leading to injury and death are poisoning (including drug overdose), falls and motor vehicle accidents.



Falls

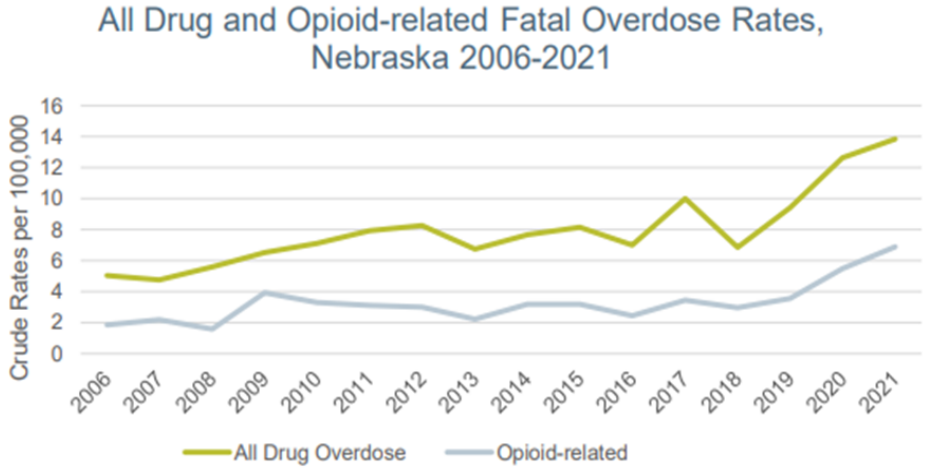
Falls are the leading cause of injury for adults 65 and older.

Motor Vehicle Accidents

According to the Nebraska Department of Transportation, motor vehicle accident fatalities in Nebraska decreased by 3% from 2022 to 2023 and by 7% from 2018 to 2023. While there was an overall decrease in motor vehicle fatalities, the number of All-Terrain Vehicle (ATV) accidents, injuries and fatalities increased dramatically in 2020. A concerning trend is the lack of helmet use in ATV accidents. Of the 63 accidents reported in 2020, only six had worn a helmet.

Drug-Related Accidents and Deaths

Opioid misuse continues to be a national public health crisis, with 75.4% of 2021 drug overdose fatalities in the U.S. involving opioids. Nebraska reported that at least 50% of overdose fatalities during the same timeframe involved an opioid.



Accidents

Implementation Strategies

Prevention | **Intervention** | **Postvention**

Reducing Postoperative Falls at Home: Falls after elective surgery are common and can have serious consequences. Early intervention through education and assessment helps to reduce risks and prevent falls. The GIRMC surgery department provides pre-admission education on creating a safe environment and reducing fall risk to all patients with planned surgeries. Patients admitted to the hospital after elective surgery are evaluated by a physical therapist and referred to care management if post-discharge needs are identified.

Increase Access to Drug and Alcohol Treatment: GIRMC will expand awareness of local substance use treatment programs by providing information on self-referral and other community resources to patients and visitors.

Goal: Create a community resource directory that will be posted in the emergency department waiting room.

Education and Awareness: GIRMC will promote safe behaviors such as helmet use, fall prevention and safe driving through participation in community events. These events give GIRMC the opportunity to equip individuals with knowledge and skills to prevent accidents in their workplaces, homes and communities.

Goal: Participate in two community events each year.

Accidents

Opioid Practice Guidelines: GIRMC follows the CDC Clinical Practice Guidelines for Prescribing Opioids for Pain. A project to reduce concurrent prescribing of multiple opioids and maximize the use of prescription drug monitoring programs is underway.

Goal: Rate of concurrent opioid prescribing under 15% by 2028.

Trauma Program: GIRMC has demonstrated their ability to provide advanced trauma life support and is certified as a Level IV Trauma Center. Collaboration with transferring facilities and EMS providers will continue to promote these services.

Promote Resilience and Recovery: Supporting patients and their loved ones after an acute event is critical to their recovery. This is accomplished by eliminating stressors, encouraging social networks and engaging in healthy coping strategies. A patient's current or previous experience of trauma may affect their ability to engage in health care. Using trauma-informed care (TIC) best practices reduces the effects of traumatic experiences and improves quality of care.

Goal: Integrate the six guiding principles of TIC into emergency services by 2028.

Appendix

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Sources

Chapter 1: Background

Medical Center & Health System Overview

Community Served

Source: Center for Public Affairs Research, University of Nebraska at Omaha 2015. Nebraska County Population Projections: 2010 to 2050. https://digitalcommons.unomaha.edu/cparpublications/258.

Needs Assessment Overview

Source: Central District Health Department, Community Health Assessment, 2024.

Chapter 2: Improvement Strategies

Overview – Prioritized Significant Health Needs

Source: Bryan Health Subject Matter Experts

Health Need: Cardiovascular Disease

Forecasting the Burden of Cardiovascular Disease

Source: *Forecasting the Economic Burden of Cardiovascular Disease and Stroke in the United States*. A Presidential Advisory From the American Heart Association, Circulation, 150, 4, (e89-e101), 2024.

A Leading Cause of Death in Our Community

Source: Premature Death | County Health Rankings & Roadmaps

Implementation Strategies

Source: Bryan Health Subject Matter Experts

Sources

Health Need: Cancer Care

The Community's Leading Cause of Death

Source: U.S. Cancer Statistics Working Group. *U.S. Cancer Statistics Data Visualizations Tool*, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in November 2023.

Perceptions of Cancer as a Problem in the Community

Source: Central District Health Department, Community Health Assessment, 2024.

Reducing Cancer Risk

Source: Central District Health Department, Community Health Assessment, 2024.

Implementation Strategies

Source: Bryan Health Subject Matter Experts

Health Need: Accidents

Concerning Trends

Source: National Safety Council. Deaths by State - Injury Facts (nsc.org)

Falls

Source: Center for Disease Control, Older Adult Falls Data | Older Adult Fall Prevention | CDC

Motor Vehicle Accidents

Source: Nebraska Department of Transportation, year-end-tollrep-2023.pdf (nebraska.gov), atvcrashdata.pdf (nebraska.gov)

Drug Related Accidents and Deaths

Source:https://dhhs.ne.gov/DOP%20document%20library/SER-2021.pdf

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