Community Health Improvement Plan

Mercy Hospital Booneville

Fiscal Year 2019 - 2021

Mercy

Your life is our life's work.

Our Mission:

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

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I. Introduction

Mercy Hospital Booneville completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in May 2019. The CHNA took into account input from the county health department, community members, members of medically underserved, low-income, and minority populations and various community organizations representing the broad interests of the community of Logan County. The CHNA identified three prioritized health needs the hospital plans to focus on addressing during the next three years: Access to Care, Behavioral Health, and Nutrition. The complete CHNA report is available electronically at mercy.net/forms/community-benefits.

Mercy Hospital Booneville is affiliated with Mercy, one of the largest Catholic health systems in the United States. Located in Booneville, Arkansas, Mercy Hospital Booneville primary service area spans across nine zip codes, both rural and suburban settings; however, this stands as the main acute care facility within the region drawing from each of the communities served. While the focus of the CHIP will be on Logan County. The full-service hospital has 25 licensed beds and includes an emergency department and two primary clinic locations. Logan County is made up of rolling farmland, forested ridges, isolated mountains, and lakes. The county holds a plentiful amount of natural and scenic beauty, including the highest point in Arkansas, Mt. Magazine, which is 2,753 feet high. Mt. Magazine rises from the Ozark National Forest where, on a clear day, you can see up to 40 miles in the distance. The mountain is also within the boundaries of the Mt. Magazine Wildlife Management Area and a part of the Ouachita National Forest, making it one of only two counties in the state to include two national forests. Booneville, one of the two Logan County seats, is a progressive community with a wide range of facilities in addition to the normal municipal services. Its commercial activity consists of retail stores and small industries. Booneville supports a community center, a senior citizens center, a community hospital, and a municipal airport. Recreational facilities include two parks and a baseball complex.

This three-year Community Health Improvement Plan (CHIP), aimed at addressing the prioritized health needs identified in the CHNA, will guide the coordination and targeting of resources, and the planning, implementation and evaluation of both new and existing programs and interventions. The 2019 CHNA and this resulting CHIP will provide the framework for Mercy Hospital Booneville as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.

II. Implementation Plan by Prioritized Health Need

Prioritized Need #1: Access to Care

Goal 1: Increase access to health care for uninsured and at-risk persons.

PROGRAM 1: **Community Health Worker Program**
PROGRAM DESCRIPTION: Community Health Workers (CHWs) serve as liaisons/links between health care and community and social services, screening for needs related to social determinants of health, and facilitating access to services and improving the quality and culture competence of care. CHWs work one-on-one with at-risk patients and community members, acting as patient advocates, assisting patients in applying for insurance, Medicaid, and financial assistance and connecting patients with community resources.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Identify uninsured and at-risk patients and community members in need of assistance in Mercy clinics, emergency department, inpatient settings, community events, and through the use of reports and dashboards. 2. Assist uninsured patients apply for Mercy financial assistance, Medicaid programs, and Marketplace insurance plans. 3. Assist patients without an established primary care provider in establishing care with a primary care clinic or provider. 4. Screen patients for needs related to social determinants of health and connect patients to community resources to meet identified needs. 5. Connect patients with other community resources, including medication resources, as needed.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. By the end of each month, each CHW will have recorded 10 new and 10 ongoing encounters. 2. By the end of each fiscal year for the next three years, each CHW will enroll 25 patients in Mercy financial assistance and 25 in Medicaid. 3. Each CHW will assist at least 50 patient per year with community and medication assistance resources. ***Medium-Term Outcomes:*** 1. Patients enrolling in CHW program will demonstrate a 25% reduction in ED utilization and reduction inpatient admissions. 2. Patients enrolling in CHW program will demonstrate a 30% reduction in their total bad debt. 3. CHWs will assist patients without a current primary care provider to establish care with a PCP at a Mercy clinic, FQHC, free clinic, or another clinic. ***Long-Term Outcomes:*** 1. 40% of Mercy patients enrolled saw reduction of malnutrition. 2. 20% of Mercy patients enrolled received housing assistance.
PLAN TO EVALUATE THE IMPACT:

1. Track number of new and ongoing encounters conducted by each CHW. (Output)
2. Track number of patients successfully enrolled in Mercy financial assistance, Medicaid, and Marketplace insurance plans. (Short-term)
3. Measure number of patients successfully establishing a primary care home. (Short-term)
4. Record number of patients receiving community resource and medication assistance. (Short-term)
5. Analyze ED utilization and inpatient admissions data for cohort of patients utilizing CHW services. (Medium-term)
6. Analyze pre and post intervention bad debt for cohort of patients utilizing CHW services. (Medium-term)

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Salary and benefits for full-time Community Health Worker.
2. Office space and indirect expenses dedicated to CHW work.

COLLABORATIVE PARTNERS:

1. Hope Campus
2. Local Clinics
3. Arkansas Hunger Relief Alliance
4. Booneville Housing Authority

PROGRAM 2: Mammography Mobile Van

PROGRAM DESCRIPTION: A mammography van that allows patients to have detailed screenings, in a private, comfortable setting in a self-contained vehicle. This van allows Mercy to travel to the uninsured and at-risk patients for convenience and multiple locations in a short period of time.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Assist women receive a quick, reliable screening.
2. Identify locations that might be more difficult for patients to come for care and bring the van there for services.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. Each month the mammography van will go to all the critical access hospitals or their service area.

Medium-Term Outcomes:

1. Increase the number of patients screened by 5% each fiscal year.

Long-Term Outcomes:

1. 60% of patients will receive follow-up care as needed based on results of screening.

PLAN TO EVALUATE THE IMPACT:

1. Track number of patients screened. (Short-term)
2. Track number of technician hours. (Output)

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Salary and benefits for radiology staff.
2. Mammography van indirect costs.

COLLABORATIVE PARTNERS:

1. Local schools
2. Local clinics

PROGRAM 3: Mercy School Based Health Clinic in Booneville Public Schools

PROGRAM DESCRIPTION: The purpose of the Booneville School Based Health Clinic is to increase access to provide primary care services to students and staff members of the Booneville School District. The Clinic will act as a resource center for wellness and prevention and maintain a working relationship with a child's primary care provider.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Operate a primary care clinic for students and staff members 5 mornings a week on site at Booneville Elementary School.
2. Create an access point for wellness and prevention on-site.
3. Mercy Community Health Worker will assist families in need to connect to community resources and social services.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. The clinic will begin operating by January 2020, seeing patients 5 days per week in the mornings only.
2. At least 5 patients will be seen per day in the first year.

Medium-Term Outcomes:

1. Increase the number of students and staff members having access to primary care services by 25%.

Long-Term Outcomes:

1. Increase same day appointments by 15% for students and staff members. This will help students not miss school or parents miss work.

PLAN TO EVALUATE THE IMPACT:

1. Track number of patients seen per month in the clinic. (Short-term)
2. Track number of referrals to the community health worker per month from the clinic. (Short-term)
3. Other tracking metrics may be development once clinic is operational.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Cost of nurse practitioner, clinic manager, and community health worker time.
2. Cost of installation of technology at the clinic site.
3. Indirect cost of clinic operations.

COLLABORATIVE PARTNERS:

1. Booneville School District

Prioritized Need #2: Behavioral Health

Goal 1: Increase access to mental health care for uninsured and at-risk persons.

PROGRAM 1: Behavioral Health Strategic Plan
PROGRAM DESCRIPTION: Mercy Fort Smith will collaborate with community partners to conduct a current assessment of behavioral health services offered, identify any existing gaps and develop a plan to pilot creative collaborative approaches to meet community behavioral health needs.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Conduct an internal inventory of existing Mercy behavioral health services. 2. Conduct an external inventory of existing local community services offered by other health systems, non- profit and for-profit agencies. 3. Review data from any existing community assessments, resource list inventories and other reports. 4. Identify gaps in service, explore Mercy ministry solutions and other best practice options, and develop a plan to pilot a minimum of one initiative.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. By the end of FY20, the internal and external assessments will be completed. ***Medium-Term Outcomes:*** 1. By the end of FY21, community need gaps will be identified and a plan, including funding support, will be proposed for pilot initiative(s). ***Long-Term Outcomes:*** 1. By the end of FY22, the pilot plan, if adopted, will be implemented and initial outcome data presented.
PLAN TO EVALUATE THE IMPACT: Impact evaluation approach will be dependent on program piloted. Measurement tools will include, but are not limited to: 1. Number of internal behavioral health programs. 2. Numbers of patients and community members served. 3. Analyses of available outcomes data, for example, utilization, readmission, and change in contribution margin.
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: 1. Cost of coworker time. 2. Operational budgeted support as appropriate. 3. Grant funding as possible.
COLLABORATIVE PARTNERS: 1. To be determined based on pilot program(s) proposed.

Prioritized Need #3: Nutrition

Goal 1: Increase healthy habits for at-risk persons.

PROGRAM 1: **Health Seminars**

PROGRAM DESCRIPTION: Educational classes for uninsured, at-risk patients, and community members. Classes will vary on topics that are relevant for target audience. There can be a hands-on component to some of the courses as well.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Identify uninsured and at-risk patients and community members in need of assistance in Mercy clinics, emergency department, inpatient settings, community events, and through the use of reports and dashboards.
2. Assist patients with connecting them to educational materials and resources, as needed.
3. Educate patients on health topics relevant to their life and help create a plan towards better habits.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. By the end of FY20, create a calendar of health seminars.
2. Connect 10% of attendees with Mercy and community resources.

Medium-Term Outcomes:

1. 20% increase in knowledge of subject matter based on pre and post tests.

Long-Term Outcomes:

1. Increase attendance to health seminars by 20%.

PLAN TO EVALUATE THE IMPACT:

1. Track number of patients attending each seminar. (Output)
2. Track number of patients referred to CHW from each seminar. (short-term)
3. Analyze ED utilization and inpatient admissions data for cohort of patients utilizing health seminars. (Medium-term)

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Cost of coworker's time
2. Equipment, space, and materials for meetings to be successful

COLLABORATIVE PARTNERS:

1. Arkansas Department of Health
2. Local schools and churches
3. Arkansas Hunger Relief Alliance

PROGRAM 2: **Physical Fitness Initiative**

PROGRAM DESCRIPTION: Create healthy habits to encourage community members and patients to lose weight, increase cardio, and increase strength training.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Assist patients with physical fitness challenges.
2. Identify patients who might benefit from being encouraged to lose weight.
3. Educate patients on the benefits of physical fitness and healthy weight loss.

4. Assist patients create a plan towards better habits.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. By the end of FY20, create a physical fitness initiative plan.

Medium-Term Outcomes:

1. By the end of FY21, community needs will be identified and a plan, including funding support, will be proposed for pilot initiative(s).

Long-Term Outcomes:

1. By the end of FY22, the pilot plan, if adopted, will be implemented and initial outcome data presented.

PLAN TO EVALUATE THE IMPACT:

1. Number of physical fitness initiatives.
2. Number of patients and community members served.
3. Analyses of available outcomes data, for example, utilization, readmission, and change in contribution margin.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Cost of coworker time.
2. Operational budgeted support as appropriate.
3. Grant funding as possible.

COLLABORATIVE PARTNERS:

1. To be determined based on pilot program(s) proposed.

III. Other Community Health Programs

Mercy Hospital Booneville conducts other community health programs not linked to a specific prioritized health need. These programs address a community health need and meet at least one of the following community benefit objectives: improve access to health care services, enhance the health of the community, advance medical or health care knowledge or relieve or reduce government burden to improve health. The need for these programs was identified through documentation of demonstrated community need, a request from a public health agency or community group, or the involvement of an unrelated, collaborative tax-exempt or government organization as partners in the activity or program carried out for the express purpose of improving community health. Although this is not an exhaustive list, many of these programs are listed below.

Community Benefit Category	**Program**	**Outcomes Tracked**
Community Health Improvement Services	Flu Shot Clinic	Persons served
	Back-to-School Physicals	Persons served
	Health Fairs- Trauma, Stroke, and Suicide Awareness	Persons served
Health Professions Education	Health professions student education – paramedic	Number of students

IV. Significant Health Needs Not Being Addressed

A complete description of the health needs prioritization process is available in the CHNA report. Three health issues identified in the 2019 CHNA process—COPD, housing, and unemployment —were not chosen as priority focus areas for development of the current Community Health Improvement Plan due to Mercy's current lack of resources available to address these needs and the intention to focus on the four prioritized health needs. These issues will be addressed indirectly in implementation strategies developed to meet the prioritized needs in areas that may overlap. For example, efforts to reduce the incidence of type 2 diabetes in the community may also reduce the incidence of heart disease. Additionally, related community partnerships, evidence-based programming, and sources of financial and other resources will be explored during the next three-year CHIP cycle. Mercy Hospital Booneville will consider focusing on these issues should resources become available. Until then, Mercy Hospital Booneville will support, as able, the efforts of partner agencies and organizations currently working to address these needs within the community.

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