



Community Benefit

Mercy Ada
Fiscal Year 2015



Your life is our life's work.

mercy.net

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.

Table of Contents

Section	Page Number
Executive Summary	4
Community Served by the Hospital	5
Community Health Needs Assessment Process	7
Community Input	10
Conducting the Needs Assessment	11
Prioritized Significant Community Health Needs	13
Significant Community Health Needs Not Being Addressed	14
Potentially Available Resources	15
Evaluation of Impact	16
Appendices	18

I. Executive Summary

Mercy Hospital Ada is a hospital with 156 licensed beds and serves a nine county area. Mercy is one of two hospitals located in Pontotoc County, Oklahoma with the second hospital owned and operated by the Chickasaw Nation serving exclusively individuals who carry a Certified Degree of Indian Blood (CDIB) card. In December 2015, community roundtable meetings were conducted to dialogue with community members and public health experts about the health needs of the community. Mercy Planning and Research provided analysis of both internal and external demographics, utilization, chronic conditions and health status. The needs assessment process involved review of both quantitative and qualitative information to attain the full scope of the community's needs.

In addition, data from the Pontotoc County Health Department, County Health Rankings, and Oklahoma Health Improvement Plan were included in the development of this Community Health Needs Assessment. This summary is documentation that Mercy Hospital Ada is in compliance with IRS requirements for conducting community health needs assessments.

This report summarizes the need to continue with many of the initiatives identified and implemented in the previous Community Health Needs Assessment as well as embark on programs to address new needs. It is important to note that the multi-year strategic plan of Mercy Hospital Ada is developed in concert with the community health needs as outlined in the following pages and that individuals who are economically poor and/or vulnerable are of particular concern in this assessment.

II. Community Served by the Hospital

The service area of Mercy Hospital Ada is comprised of nine counties (Coal, Garvin, Johnston, Hughes, McClain, Murray, Pontotoc, Pottawatomie and Seminole) with a population of 110,000.

- The main campus includes the hospital and seven medical buildings within one mile of the hospital campus.
- The hospital is a full-service tertiary hospital with 156 licensed beds, 551 co-workers and several clinic locations.
- Nearby community hospitals are located in Tishomingo, Coalgate, Pauls Valley, Seminole, Holdenville and Shawnee.
- Mercy Clinic is a physician-governed group practice comprised of primary care physicians, including several specialists and mid-level practitioners who work alongside the physicians in serving the area. This provider partnership gives patients access to high quality care in with access to an expanded health care team and advanced services.
- Mercy Clinic providers also have access to an electronic health record that is shared at Mercy facilities in four states. Patients may connect to their own health record and their Mercy health team anywhere they connect to the internet through the MyMercy patient portal.

The following graph shows key information about the Ada service area and population. It is anticipated the population will grow over the next five years and that the largest percentage growth will occur within the 65 and older segment. It is important to note the poverty level in the service area is higher than both the state and national average and is anticipated to remain at this static level over the next five years.

POPULATION DEMOGRAPHICS

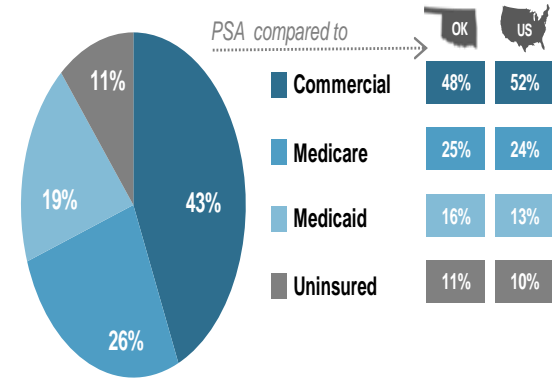
	Primary Service Area			Oklahoma	US
	2015	2020	% Growth	2015	2015
Female Population	55,435	56,228	1%	1,967,420	162,189,591
Male Population	54,549	55,455	2%	1,930,784	157,270,400
Total Population	109,984	111,683	2%	3,898,204	319,459,991
Age Groups					
00-17	24%	24%	0%	24%	23%
18-44	34%	34%	2%	36%	36%
45-64	25%	24%	-5%	25%	26%
65-UP	17%	19%	11%	15%	15%
Race & Ethnicity*					
White	71%	69%	-2%	-	-
Black (African American)	3%	3%	4%	-	-
Asian	1%	1%	32%	-	-
Multiple Races	7%	8%	15%	-	-
Hispanic of Any Race	5%	6%	19%	-	-
Language**					
Only English at Home	95%	95%	2%	90%	79%
Spanish at Home	3%	3%	<1%	7%	13%
All Others	2%	2%	2%	3%	8%
Workforce***					
Armed Forces	<1%	<1%	8%	1%	-
Civilian Employed	53%	53%	2%	57%	-
Civilian Unemployed	4%	4%	2%	4%	-
Not in Labor Force	43%	43%	2%	38%	-
Household Income					
<\$15K	16%	14%	-11%	14%	13%
\$15-25K	14%	13%	-8%	12%	11%
\$25-50K	28%	26%	-3%	27%	24%
\$50-75K	18%	17%	<1%	18%	18%
\$75-100K	11%	11%	5%	11%	12%
\$100K-200K	12%	15%	32%	14%	18%
>\$200K	2%	3%	45%	3%	5%
Families living below poverty level	15%	15%	1%	13%	12%
Education Level****					
Less than High School	6%	6%	2%	5%	6%
Some High School	11%	11%	2%	9%	8%
High School Degree	37%	37%	2%	32%	28%
Some College/Assoc. Degree	29%	29%	2%	33%	31%
Bachelor's Degree or Greater	17%	17%	1%	22%	27%

*Ethnicity not considered for White, Black, Asian or Multiple Races; Hispanic ethnicity includes all races; **Excludes population age <5; ***Excludes population age <16; ****Excludes population age <25 and based on highest level achieved

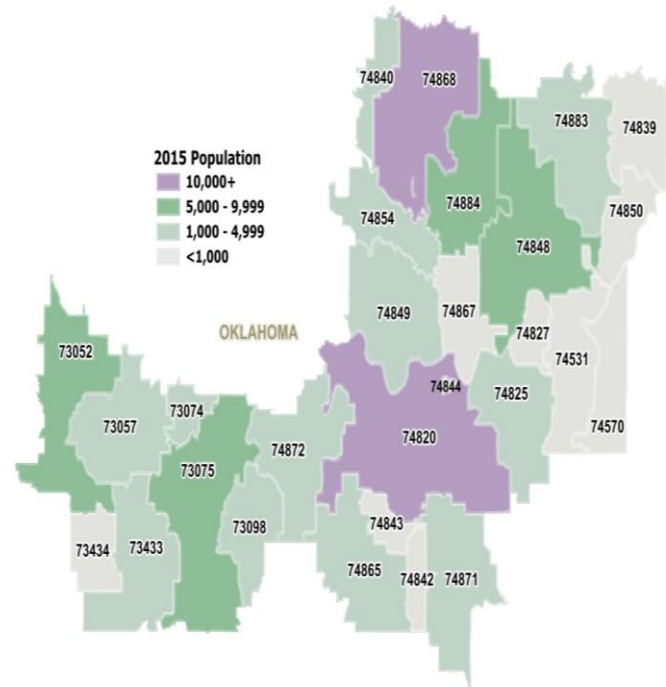
Note: Ada Primary Service Area consists of 26 zip codes in Oklahoma as illustrated in map at right
Source: Sg2 Market Demographics, Nielsen zip code data, 2015

INSURANCE PAYER MIX

The chart below compares the PSA payer mix to that of the state and the US.



Note: Sg2 Insurance Coverage Estimates profile how the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment or group of rooms intended to serve as separate living quarters).
Source: Sg2 Insurance Coverage Estimates, 2015



III. Community Health Needs Assessment Process

The charts below show the Top 10 Inpatient Discharges for Mercy Hospital Ada in FY15, the Top 10 Causes of Death by Age Group and the acute care capacity of hospitals in neighboring communities. Please note that three of the top ten discharges pertain to Women’s and Children’s Services; one pertains to Behavioral Health; and the remaining six pertain to Medical/Surgical issues. Of the Top 10 Causes of Death, Heart Disease, Cancer, Diabetes Mellitus and Unintentional Injury are the most frequent. Finally, Mercy Hospital Ada is approximately double the size of the next largest hospital accessible by the general public in Paul’s Valley, OK (39 miles west of Ada).

B.f. Inpatient Admission (Discharge) Rates, top 10 causes

Sources: Epic Hospital Billing Report, FY15

MERCY HOSPITAL ADA **Inpatient Discharges – Top Ten Causes**

Top Inpatient Discharges
July 1, 2014 – June 30, 2015
 Note: Accounts for 41% of Mercy Hospital Ada’s 3,589 Total Inpatient Discharges

MSDRG Code	MSDRG DESCRIPTION	FY15 Total Discharges	% of Total Discharges	Age Breakouts				
				0-17	18-44	45-64	65-74	75+
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	329	9%	2%	98%	0%	0%	0%
885	PSYCHOSES	296	8%	0%	48%	42%	9%	1%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	255	7%	1%	9%	25%	22%	43%
766	CESAREAN SECTION W/O CC/MCC	124	3%	1%	98%	1%	0%	0%
945	REHABILITATION W CC/MCC	119	3%	0%	3%	24%	18%	55%
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	100	3%	100%	0%	0%	0%	0%
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	74	2%	7%	22%	23%	28%	20%
57	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	61	2%	0%	2%	18%	21%	59%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	56	2%	11%	27%	21%	23%	18%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	55	2%	0%	4%	49%	16%	31%

Source: Epic Hospital Billing Report

Top 10 Causes of Death by Age Group Pontotoc County 2008-2012

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Perinatal Period 10	Other Causes <5	Unintent. Injury 28	Unintent. Injury 23	Unintent. Injury 29	Heart Disease 42	Cancer 82	Heart Disease 379	Heart Disease 496
2	Congenital Anomalies 5		Other Causes 9	Other Causes 24	Heart Disease 14	Cancer 40	Heart Disease 56	Cancer 306	Cancer 306
3	Other Causes 8				Cancer 14	Unintent. Injury 21	Bronchitis/ Emphysema/ Asthma 30	Bronchitis/ Emphysema/ Asthma 126	Bronchitis/ Emphysema/ Asthma 162
4					Other Causes 29	Liver Disease 10	Diabetes Mellitus 16	Stroke 110	Unintent. Injury 153
5						Suicide 8	Unint. Injury 14	Alzheimer's Disease 87	Stroke 128
6						Stroke 5	Stroke 11	Diabetes Mellitus 37	Alzheimer's Disease 88
7						Diabetes Mellitus 5	Liver Disease 10	Influenza/ Pneumonia 37	Diabetes Mellitus 65
8						Other Causes 52	Other Causes 63	Unint. Injury 35	Influenza/ Pneumonia 47
9								Septicemia 26	Liver Disease 40
10								Pneumonitis 22	Septicemia 37

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health

Ada PSA - Population = 109,984; Beds per 10,000 Population = 30.5

Acute Care Hospitals Only

Hospital	Type	Acute Care Beds	City	State	Zip
Alliance Health Seminole	Acute Care	32	Seminole	OK	74868
Chickasaw Nation Medical Center	Acute Care	72	Ada	OK	74820
Holdenville General Hospital	Critical Access	25	Holdenville	OK	74848
Lindsay Municipal Hospital	Acute Care	26	Lindsay	OK	73052
Mercy Hospital Ada	Acute Care	116	Ada	OK	74820
Paul's Valley General Hospital	Acute Care	64	Paul's Valley	OK	73075

Sources: Number of beds – American Hospital Directory online; Population – Sg2 Demographic Estimates

The county health rankings expressed in the table below show that Pontotoc County has more negative health indicators than other communities in Oklahoma and is significantly below the top U.S. performers. The one area where Pontotoc County fares better than other counties in Oklahoma is in access to primary care, specialists and behavioral health. Access to care has been an important initiative of Mercy Hospital Ada the past three years as evidenced by the investment in bringing additional medical

providers to the community.

Health Factors (Overall Rank 34)

Category (Rank)	Pontotoc Co.	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (59)				
<i>Adult Smoking</i>	22%	21-22	14%	20%
<i>Adult Obesity</i>	36%	31-42%	25%	32%
Food Environment Index	6.5		8.3	6.6
<i>Physical Inactivity</i>	34%	29-39%	20%	31%
Access to Exercise Opportunities	67%		91%	69%
Excessive Drinking	13%	12-13%	12%	13%
Alcohol-Impaired Driving Deaths	38%	29-46%	14%	31%
<i>Sexually Transmitted Infections</i>	545		134	479
Teen Births	53	49-58	19	52
Clinical Care (12)				
<i>Uninsured</i>	21%	19-23%	11%	21%
Primary Care Physicians	1,360:1		1,040:1	1,560:1
Dentists	1,650:1		1,340:1	1,760:1
Mental Health Providers	190:1		370:1	270:1
Preventable Hospital Stays	48	42-54	38	63
<i>Diabetic Screening</i>	72%	65-78%	90%	78%
Mammography Screening	59%	52-67%	71%	55%
Social & Economic Factors (31)				
High School Graduation	91%		93%	85%
Some College	59%	54-63%	72%	59%
Unemployment	4.40%		3.50%	4.50%
Children in Poverty	21%	16-27%	13%	22%
<i>Income Inequality</i>	4.8	4.5-5.1	3.7	4.6
Children in a Single-Parent Household	36%	31-41%	21%	34%
Social Associations	15.0		22.1	11.7
<i>Violent Crime Rate</i>	496		59	468
<i>Injury Death</i>	102	88-117	51	88
Physical Environment (21)				
Air-Pollution-Particulate Matter	10.2		9.5	10.3
Drinking Water Violations	No		No	
Severe Housing Problems	15%	13-17%	9%	14%
Driving Alone to Work	85%	84-87%	71%	82%
Long Commute – Driving Alone	14%	12-16%	15%	25%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

IV. Community Input

During the Community Roundtable Meetings, participants were asked to share their thoughts on the biggest health risks in the community, the health services that are needed in the community, and the barriers that exist to accessing healthcare in the community. Following is a summary of the comments received:

What do you see as the biggest health risk in the community?

- The most common answers were diabetes and obesity followed by mental health and cancer
- There was much discussion around the growing concern of substance abuse and addictions and how that impacts the health of the population
- Also, there was much discussion around the need for more Primary Care physicians to care for an aging population as well as to keep unnecessary visits out of the Emergency Department

What health services are needed in the community?

- The most common answers included a larger/more comprehensive cancer center; health education in schools around diabetes and obesity; and substance abuse services that are readily available to the broad population
- Other services mentioned as desirable include dialysis; interventional cardiology; additional mental health services; and an increase in community health education programs

What barriers to healthcare exist in the community?

- The most common answers included education of community members about lifestyle choices and how those choices impacts overall health; lack of transportation for the poor and marginalized; lack of clinics for indigent patients; and pockets of well-meaning community organizations that operate in silos rather than collaboratively
- Other comments included long-held perceptions of quality of care available in the community that may/may not be true today; concern/confusion about reimbursement for hospitals and clinics; and consistent communication about healthcare and health related services across multiple sectors of the community

V. Conducting the Needs Assessment

Beginning in 2015, Mercy Hospital Ada began collecting feedback from the community using Surveys and Community Roundtable Meetings. Forty-four surveys were returned and 40 individuals attended the Community Roundtable Meetings in December 2015. These individuals represented Pontotoc County Health Department; the Chickasaw Nation; local school systems; East Central University; Pontotoc Technology Center; local small business owners; banks; Chamber of Commerce; physician clinics; service organizations including the Alzheimer's Association and Valley View Health and Wellness Foundation; churches; and the Compassion Outreach Center for the uninsured.

VI. Prioritized Significant Community Health Needs

After reviewing all of the information and analyzing the feedback from the Community Roundtable meetings, the community health needs were prioritized based on both quantitative and qualitative measures and using a Nominal Group technique.

As noted in section IV, cancer and diabetes are two of the needs identified by the community. As diabetes is largely influenced by diet and exercise and contributes to many other health issues, continuing to focus on diabetes education, prevention and wellness has the highest potential for long-term systemic impact to the service area. Likewise, cancer is both a physically devastating and financially devastating diagnosis. The presence of a comprehensive cancer center will go a long way to providing high quality of care to patients in the community thereby eliminating the need to travel outside of the community for many cancer services.

In addition, three of the top ten diagnoses for the service area are in Women's and Children's services. The long-term strategic plan of Mercy Hospital Ada includes a renovation of the existing Labor and Delivery space and evaluation of the Pediatrics unit to ensure the appropriate level of care is available to the most vulnerable of our population at all times.

Finally, we will continue to build upon the progress made in recruiting Primary Care Physicians to the community. The presence of these medical providers (both physicians and advanced practitioners) will have the most significant impact on increasing the access to care available to all patients.

In summary, the prioritized health needs identified by Mercy Hospital Ada are:

- Diabetes/Obesity
- Cancer
- Women's & Children's Services
- Access to Care

VII. Significant Community Health Needs Not Being Addressed and Why

As the desire for additional mental health services was mentioned by several participants in the Community Roundtable meetings it is important to note that our ratio of mental health providers to patients is 190:1 which is significantly better than the top U.S. performers at 370:1. Mercy Hospital Ada currently operates a twenty-bed behavioral health unit for adults and geriatric patients and maintains an average daily census of nineteen in that unit. These services will continue; however, the perceived need that there are not enough mental health services available does not match the publically available data which suggests the services available are appropriate and adequate for this community although programs for youth are increasing in demand.

The other significant community health need identified is the need for substance abuse rehabilitation. In this area, Mercy Hospital Ada partners with the Pontotoc County Drug Free Coalition which is a local group of volunteer community members who are collaborating to prevent substance abuse and promote recovery. The coalition is made up of over one hundred members. As this coalition works in conjunction with the County Health Department, Mercy Hospital Ada will continue to provide its support and commitment to the coalition; however, will not be directly involved in providing substance abuse rehabilitation unless it's achieved through care provided by Mercy Hospital or Mercy Clinic in Ada.

VIII. Potentially Available Resources

Moving forward, opportunities to collaborate with the following organizations in the service area exist to better meet the needs of the community:

- Compassion Outreach Center (clinic for the uninsured)
- Ada Public Schools
- Chamber of Commerce
- Chickasaw Nation
- Pontotoc County Drug Free Coalition
- Mama T's Homeless Shelter
- Turning Point Coalition
- Oklahoma Diabetes Coalition
- Oklahoma Project Woman
- Rolling Hills Psychiatric Hospital
- Central Oklahoma Family Medical Center, Inc. (FQHC)

IX. Evaluation of Impact

The Community Health Needs Assessment of 2013 revealed the following health needs: Diabetes; Access to Care; Cancer; Respiratory Disease (including Tobacco Usage); Heart Disease; and Wellness (including obesity, physical fitness and nutrition). Following is a summary of the initiatives for each area that have been addressed over the past three years.

Diabetes

- Multi-session diabetes education classes are offered at no cost to participants. These classes provide diabetes management skills, foot care resources, healthy food selection/preparation as well as heart and fitness information aimed at improved health and quality of life. During the most recent CHNA cycle, Mercy Ada provided over 336 hours of diabetes classes to 348 students
- Type II Diabetes Support group meetings held in collaboration with the staff of the Diabetes Center of the Chickasaw Nation Medical Center
- Diabetes Supplies for Compassion Outreach Center include over \$7,500 provided in supplies and medications for patients without insurance who receive their care free of charge

In this upcoming CHNA cycle, it is anticipated that these programs will continue and be enhanced.

Access to Care

- Meals on Wheels is a program for community seniors and disabled individuals. Mercy Hospital Ada prepares the meals on a daily basis for delivery by volunteers. Mercy Hospital Ada absorbs all costs above the nominal payment from the participants. During the most recent CHNA cycle, Mercy Ada provided over 38,000 meals
- Screenings for prostate, colorectal and breast issues are held at no charge to participants annually
- Compassion Outreach Center is staffed by volunteer nurses and physicians during their hours of operation on the 2nd and 4th Tuesdays of each month. Mercy has committed to encouraging co-workers and physicians to volunteer on their off-hours and providing meals for the clinic patients at least twice each year
- New Primary Care and Speciality Physicians and Advanced Practitioners have been recruited to Ada and surrounding communities and we now have integrated providers in the areas of Family Medicine, Obstetrics/Gynecology, Pediatrics, Pulmonology, Orthopedics, Pain Management,

Emergency Medicine and General Surgery

- The Mercy Hospital Auxiliary and the Mercy Hospital Foundation combined forces to purchase LUCAS compression devices for all ambulances. The LUCAS device is a portable machine that provides chest compressions at a consistent depth and pace for patients in Cardiac arrest. To date, the survival rate has increased from the low teens to over 70%

In this upcoming CHNA cycle, it is anticipated that these programs will continue and be enhanced with a specific focus on recruiting additional primary care and specialty physicians to the community.

Cancer

- Cancer Support Group has been established
- Funds are provided to cancer patients who have to travel a great distance for care. Patients who qualify are provided with gas cards thanks to support from a local health and wellness foundation
- Conversation is ongoing with the Chickasaw Nation about building a comprehensive cancer center. This is part of the upcoming Strategic Plan for Mercy Hospital Ada and will bring one to two full-time Oncologists to the community over the next one to three years

In this upcoming CHNA cycle, it is anticipated that these programs will continue and be enhanced.

Respiratory Disease

- A Better Breathers support group has been established and has monthly meetings for individuals with chronic respiratory conditions
- Mercy Hospital Ada participates in a state-wide tobacco cessation initiative. The hospital and clinic campus is a smoke-free environment and an annual health seminar is held by a Mercy Hospital Ada Pulmonologist on the health effects of tobacco use

In this upcoming CHNA cycle, it is anticipated that these programs will continue.

Heart Disease

- Mercy Hospital Ada actively participates with the American Heart Association on an annual basis
- For the past two years, Mercy Hospital Ada has partnered with the Chickasaw Nation to host a “Wear Red for Women” event designed to educate women about heart disease and to purchase

Automated External Defibrillators (AEDs) everywhere we “work, play, learn, or pray”. Fourteen AEDs have been purchased to date

In this upcoming CHNA cycle, it is anticipated that these programs will continue and be enhanced.

Wellness

- Health Teacher, a comprehensive K-12 curriculum was provided to the school systems to integrate health skills into on-line lesson plans
- Nine Months to Countdown is a class offered to mothers-to-be in their first trimester of pregnancy
- Childbirth Education is covered in four sessions of two hours each and includes labor and delivery techniques as well as anesthesia options. The class also teaches parents about Sudden Infant Death Syndrome (SIDS), care for both mother and baby at home, and post-partum depression
- Mercy Hospital Ada is leading the way in healthy food choices by removing the fryer from the hospital cafeteria

Mercy has discontinued the contract with Health Teacher for their educational material; however, will strengthen the partnership with the local school system to provide education as directed by their specific needs.

X. Appendices

The following individuals participated in the community roundtable discussions in December 2015.

First Name	Last Name	Organization
Tracey	Biles	Mercy & Board Member of Mama T's Homeless Shelter
Tom	Bolitho	Chickasaw Times
Susan	Boyington	Alzheimer's Association
JoAnn	Carpenter, MD	Independent Physician & Mama T's Homeless Shelter Board Member
Bill	Chapman	Valley View Health & Wellness Foundation
Danny	Coats	Mercy & Pontotoc County Drug Free Coalition Board Member
Dakota	Cole	Chickasaw Nation
Jenny	Cypert	Pontotoc Technology Center
Mary	Garber	Mercy
Carl	Gilbert	East Central University
Wendell	Godwin	East Central University
Stacey	Golightly	Pontotoc Technology Center
Sheryl	Goodson	Chickasaw Nation Medical Center
John	Hargrave	East Central University
Angela	Harjo	Pontotoc County Health Department
Karen	Hudson	Ada Chamber of Commerce
Lavonda	Jones	Vision Bank
Laurel	Jordan, DO	Mercy Clinic
Diane	Koorie, RSM	Sisters of Mercy
David	Lassiter	Pontotoc Technology Center
Greg	McCortney	McCortney Pharmacy
Barbara	Miller	Mercy & Chamber of Commerce Board Member
Bill	Nelson	Byng Schools
Darlene	Orman	Mercy Clinic
Heather	Orman	Mercy Clinic
Brian	Parks, DO	Mercy Clinic
Becky	Payton	Mercy
Vicky	Petete	Vision Bank

Shondra	Rhoads	Mercy Clinic
Bryan	Roehl, DO	Mercy Clinic & Mama T's Homeless Shelter Board Member
Belinda	Runnells	Mercy & Kiwanis Club
Bobby	Saunkeah	Chickasaw Nation Medical Center
Rachel	Scott	Mercy Clinic
Barbara	Underwood	Chickasaw Nation Medical Center
Timber	Underwood	Pontotoc County Health Department
Betty	Webber	Pontotoc County Health Department
Lori	Wightman	Mercy
Ebah	Wolf	Mercy Clinic

The following individuals participated in the Mercy Hospital Ada Strategic Planning Committee 2015-2020

First Name	Last Name	Organization
Chris	Anoatubby	Chickasaw Nation
Tracey	Biles	Mercy
Cindy	Carmichael	Mercy
Danny	Coats	Mercy
Audra	Cook, MD	Mercy Clinic
Eugene	Dicksion	Mercy EMS
Mary	Garber	Mercy
Katrina	Godfrey	Mercy
Andy	Hood	Mercy Hospital Auxiliary & Kiwanis
Paula	Kedy	Patient & Ada School System
Chad	King	Small Business Owner
Bill	Lance	Chickasaw Nation
Tre	Landrum, DO	Independent Physician
Marc	McComas	Mercy Clinic
Greg	McCortney	Small Business Owner
Barbara	Miller	Mercy
Bryan	Roehl, DO	Mercy Clinic
Tracy	Sheer	Baptist Village
Karen	Sweeney	Mercy

Betty	Webber	Pontotoc County Health Department
Mark	Weems	Dentist
Lori	Wightman	Mercy
Hershal	Williams	Patient & Pontotoc Technology Center

Mercy
14528 S. Outer Road
Chesterfield, MO 63107



Your life is our life's work.

mercy.net