

# Community Health Needs Assessment

## Mercy Hospital Independence

### 2012



**Mercy Hospital Independence**  
Community Health Needs Assessment  
Approved by the Community Hospital Board  
May 1, 2013

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## Introduction

### *Overview of Mercy Hospital Independence*

In 1927, the Sisters of Mercy arrived in Independence, Kansas and purchased West Side Hospital (originally opened in 1910) from a group of physician owners. After two major renovations to its inpatient facility in 1959 and 1997, Mercy Hospital Independence now has a main hospital, an Emergency Department, Family birthplace, Imaging Services Center, a comprehensive Laboratory Services Center, Sleep Center, Outpatient Specialty Clinics, and a MercyKids Immunization Clinic in order to serve the healthcare needs in Southeast Kansas. Mercy Hospital Independence is part of Mercy Health based out of St. Louis, Missouri and is one of three Mercy hospitals in Kansas.

The major services provided by Mercy Hospital Independence are: 24/7 emergency, General Surgery, Orthopedic Surgery, Laboratory Services, PET/CT Scans, Home Care and Hospice, Retail Pharmacy, Convenient Care, Physical Medicine, Outpatient Rehab, Swing Beds, and Care Management.

Equipped with 40 beds, the hospital averages over 1,300 inpatient admissions; 62,000 outpatient visits; and 9,500 emergency department visits annually. As a top local employer, Mercy is supported by a staff of 218 including physicians, nurses, and other staff members. In order to provide high quality medical service while controlling cost, Mercy Hospital Independence, as part of Mercy Health, invested a large amount of capital to establish an integrated electronic health record system. It also contributed over \$1.02 million in community benefits/uncompensated care in FY2012.

Over the years, Mercy has focused on providing convenient access to its quality services. The Mercy Home Care facility in Independence received recognition by being included for the third consecutive year on the 2012 Home Care Elite List of top home care providers in the nation. In 2012 the hospital was honored with a resolution from the Kansas Legislature commending its health care services to the community for the past 125 years. (Lawrence, QingJiang Qu, & Briskin, 2012) In 2013, Mercy Hospice in Independence received Joint Commission Certification.

Our approach to identifying and addressing community health needs is to focus our resources on documented needs, with particular concern for the poor and underserved, and prioritizing those needs with our mission, community master plan, and key strengths. We have a bias for action in developing innovative ideas and implementing responsive programs and are evolving to link our community needs with our clinical services to help build the continuum of care in Southeast Kansas.

Our recently updated community master plan identified four areas of focus for the next few years which includes (1) recruit additional physicians into the area to serve more patients and sicker patients close to home; (2) utilize technology through telemedicine to provide greater access for primary care and specialty services to underserved populations and rural areas; (3) work with local businesses to provide healthcare services on-site and in non-traditional venues

in order to minimize loss work time; (4) focus on the needs of the community by providing targeted services in areas to include obstetrics, diabetes management, geriatric services, and ancillary testing.

As a faith-based healthcare provider, Mercy’s mission is to bring to life the healing ministry of Jesus through compassionate care and exceptional service. Mercy has a long history in the community and we look forward to serving the people of Montgomery and surrounding counties for years to come.

*The Community We Serve*

Mercy Hospital Independence serves Montgomery, Wilson, Elk and Chautauqua counties in Southeast Kansas. An estimated 50,803 people make up our four county service area of which 14% are minorities and 19% are over the age of 65. By 2016, it is estimated that individuals over 65 will be the fastest growing segment of our population.

	2011	2016	% Growth
Total Population	50,803	48,925	-4%
0-17	23%	24%	-3%
18-44 Females	15%	15%	-5%
18-44 Males	15%	16%	-2%
45-64	27%	25%	-10%
65+	19%	21%	4%
<i>Race &amp; Ethnicity</i>			
White	86%	85%	-5%
Black	4%	4%	-2%
American Indian	3%	3%	-3%
Asian/Pacific Islander	1%	1%	10%
Multiracial & Other	3%	4%	6%
Hispanic (of any race)	4%	4%	7%

Thomson Reuters, 2011

These figures from Thomson Reuters show the overwhelming majority of the population is white. Data from the U.S. Census Bureau also shows that counties served have a high rate of individuals and families living below the poverty level, near poverty, and who are considered as “working poor.” Compared to the state average, the counties have remarkably high rates of families with children under five living in poverty and unemployment. This region is noted for having some of the poorest work health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, socioeconomics factors) in the state.

Some concrete demographic characteristics of *Montgomery County* include the following.

- **Socioeconomic Status.** Median household income is \$40,925. 15% of individuals are below poverty. According to KidsCount, The median household income has remained relatively constant in the last five years. Sixty-one percent (61%) of the children are eligible for free and reduced lunch.

- **Age Distribution.** 19% of individuals are age 65 and older. 18% under age 65 are uninsured.
- **Vocational Indicators.** Unemployment = 10.4%. Average travel time to work is 16 minutes.

Some concrete demographic characteristics of *Wilson County* include the following.

- **Socioeconomic Status.** Median household income is \$30,301. 25% of individuals are below poverty. According to KidsCount, the median household income has remained relatively constant in the last five years. Sixty-one percent (61%) of the children are eligible for free and reduced lunch
- **Age Distribution.** 20% of individuals are age 65 and older. 16% under age 65 are uninsured.
- **Vocational Indicators.** Unemployment = 9.5%. Average travel time to work is 15 minutes.

Some concrete demographic characteristics of *Elk County* include the following:

- **Socioeconomic Status.** Median household income is \$34,246. 19% of individuals are below poverty. According to KidsCount, sixty-three percent (63%) of the children are eligible for free and reduced lunch.
- **Age Distribution.** 24% of individuals are age 65 and older.
- **Vocational Indicators.** Unemployment = 7.8 %. Average travel time to work is 31 minutes.

Some concrete demographic characteristics of *Chautauqua County* include the following:

- **Socioeconomic Status.** Median household income is \$35,791. 14.7% of individuals are below poverty. According to KidsCount, sixty-two percent (62%) of the children are eligible for free and reduced lunch
- **Age Distribution.** 24% of individuals are age 65 and older.
- **Vocational Indicators.** Unemployment = 3 %. Average travel time to work is 26 minutes.

Data sources: All from U.S. Census Bureau, except HRSA Rural Eligibility at <http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx> and KidsCount at <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>

The following table presents the 2013 County Health Ranking data for Mercy's service area in Southeast Kansas.

### 2013 Community Health Baseline Data

	National Benchmark	Kansas	Montgomery County	Wilson County	Elk County	Chautauqua County
<b>Health Outcomes</b>			<b>96/102</b>	<b>85/102</b>	<b>101/102</b>	<b>100/102</b>
<b>Premature Death</b> (years of potential life lost before age 75 per 100,000 population)	5,317	6,871	9,138	7,737	10,326	12,789
<b>Poor or fair health</b>	10%	13%	19%	21%	18%	14%
<b>Poor physical health days</b> (average number of physically unhealthy days reported in past 30 days)	2.6	3.0	3.9	3.3	4.7	2.7
<b>Poor mental health days</b> (average number of mentally unhealthy days reported in past 30 days)	2.3	2.9	3.5	3.7		3.3
<b>Low birthweight</b>	6.0%	7.2%	8.8%	7.9%	9.3%	
<b>Health Factors</b>			<b>99/102</b>	<b>101/102</b>	<b>70/102</b>	<b>98/102</b>
<b>Health Behaviors</b>			<b>85/102</b>	<b>93/102</b>	<b>33/102</b>	<b>75/102</b>
<b>Adult Smoking</b>	13%	18%	23%	23%	18%	30%
<b>Adult Obesity</b>	25%	30%	31%	35%	32%	29%
<b>Physical inactivity</b>	21%	24%	32%	27%	29%	27%
<b>Excessive drinking</b>	7%	15%	12%	14%	3%	6%
<b>Motor vehicle crash death rate</b>	10	16	27	30		
<b>Sexually transmitted infections</b> (Chlamydia rate per 100,000 population)	92	337	251	181	104	82
<b>Teen birth rate</b> (Teen birth rate per 1,000 female population, ages 15-19)	21	41	59	60	49	41
<b>Clinical Care</b>			<b>67/102</b>	<b>66/102</b>	<b>98/102</b>	<b>88/102</b>
<b>Primary care physicians</b>	1,067:1	1,411:1	1,965:1	1,343:1	2,878:1	
<b>Preventable hospital stays</b> (hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)	47	67	88	95	66	85
<b>Diabetic screening</b> (percentage of diabetic Medicare enrollees that receive HbA1c screenings)	90%	86%	82%	84%	89%	86%
<b>Mammography screening</b> (percent of female Medicare enrollees that receive mammography screenings)	73%	66%	60%	58%	48%	47%

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Summer 2013

From a strictly community health perspective, the counties in Mercy's service area face multiple significant health issues, including a bottom level ranking for overall health outcomes and health factors. Nearly all values are poorer than the overall state values. Of particular concern is the shortage of primary care physicians (the patient/PCP ratio is significantly poorer than the state average of 1,411:1); the high percentage of adult obesity; the lower than normal ranges of diabetic testing; and the high percentage of sexually transmitted diseases. In practical terms, this means that patients have challenges in gaining timely access to the primary care providers; even greater difficulty seeking specialty consults; and an abnormally high rate of diseases that can be largely controlled through behavior modification, diet and exercise.

## Approach & Methodology

### *Community Health Needs Assessment Background*

We believe:

- Those who live in poverty and are vulnerable have a moral priority for service
- Not-for-profit healthcare has a responsibility to work toward improved health in the communities where we serve
- Health care facilities should actively involve community members, organizations and agencies in their community benefit programs
- Health care organizations must demonstrate the value of their community services
- Commitment to community health improvement should be a priority for all health care organizations

At the center of this needs assessment are the people of our community. Our process involved five steps to ascertain and prioritize the needs identified. The five steps include:

1. Examining existing community health needs assessments through the collection and analysis of quantitative data available in community/public health resources
2. Conduct roundtable discussions with community members
3. Analyze and summarize the data to prioritize the needs
4. Review community benefit activities in place
5. Create an action plan in partnership with the community

For the purposes of this report, steps one through three will be covered with steps four and five to be accomplished by June 30, 2014.

The Mercy Decision-Making Process was also used to ensure a balance between the multiple obligations of Mercy. The following steps comprise the Mercy Decision-Making Process:

1. Begin with prayer asking for God's wisdom and guidance in the deliberation
2. Present the issues and background information
3. Discuss issues from the perspectives of the three categories of obligation of Mercy (good of the community, responsibility to multiple stakeholders, and Mercy's self-interest), always through the lens of the mission and values of the ministry

4. Reflect on factors influencing the decision and prioritize those factors according to the organizational values of Mercy, one's professional values and one's personal values
5. Develop viable alternatives. Surface all possible arguments for and against these alternatives
6. Make a recommendation for a decision
7. Evaluate the process

**Voice of the Community.** During 2010 and 2011, Mercy surveyed a representative sample of the people in the catchment area and asked them questions about community health needs, including perceived problems. A total of 151 individuals participated in these "Voice of the Community" Surveys and represented 14 different communities as shown in Figure 2.

**Figure 1. Sites of Voice of Community Surveys**

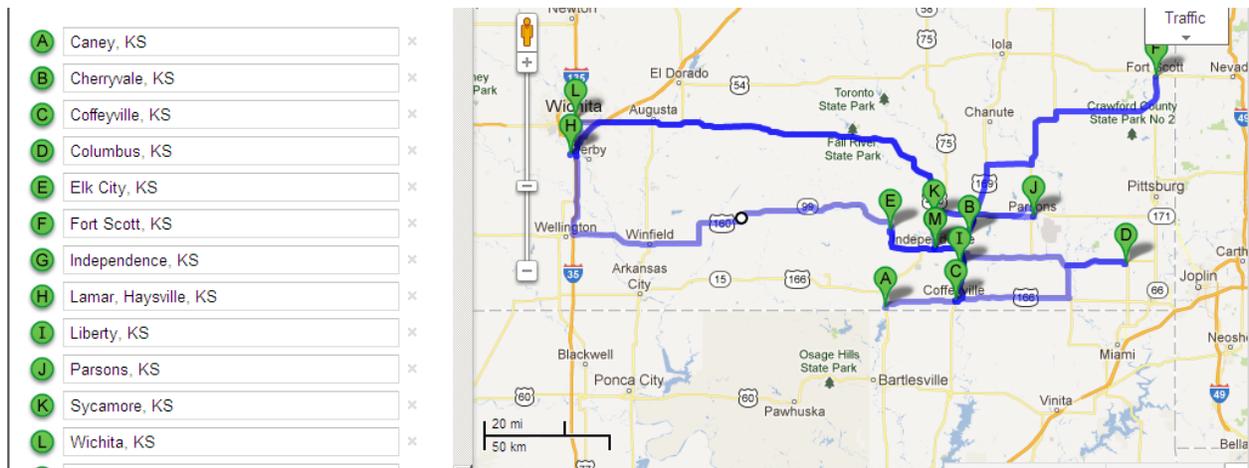


Figure 1 shows a map of the rural communities that were surveyed, using multiple round table focus groups who participated in brainstorming sessions. The 151 participants represented hospital board members (15%), business leaders (34%), physicians (12%) law enforcement officers (3%), legislators (federal, state, and local: 7%), media (print and electronic:7%), religious leaders (4%), school officials (5%), auxiliary volunteers (3%), Mercy employees (3%), and social services personnel (11%). All participants resided in Southeast Kansas.

Collectively, the focus groups generated 217 ideas that recognized the need to improve community health.

The need statements clustered into the following main topic areas: technology, access to specialists, and health education. Listed below are actual comments from the focus group sessions, edited slightly in some cases to clarify the speaker's intent.

**Technology**

- We welcome technology advancements
- Using email and the Internet with physicians will save inpatient costs
- Use electronic communications

- Use web cam services/specialties. More virtual medicine. Patients want this now.
- Progressing in technology is a positive for the future of health care in the community
- Expand capability of technology to allow patients to query health database to receive feedback on care needed and automatically make appointments as needed
- Take services to deprived areas through technology
- Develop a mechanism to notify patient if appoint will be delayed due to physician running behind

### ***Access to Specialists***

- Let's take advantage of expertise elsewhere, e.g., eICU
- We need greater access to specialists
- Increase availability of subspecialties and consultations
- More specialty services in clinics (dermatology, radiation)
- Sometimes we have to leave the community for care; Coffeyville has several specialties that we don't but is the same size community
- Oncology services are not complete; people have to leave town
- Lack specialists sometimes and have to be sent elsewhere
- Increase specialty clinics
- Get specialized radiologists to read MRIs
- Many patients can't drive, including the poor or elderly
- Transportation is a barrier for health care

### ***Health Education***

- Offer management of disease to the community (diabetes, CHF, etc.)
- Make more information available
- Start a school program (eating habits)
- Provide health for those who do not use computers or cannot read
- Make education services available, especially nutrition
- Patient education on EPIC (EHR) to help understand its value

**Voice of the Community Focus Group.** In 2013, a focus group of 11 community leaders including representatives from public health agencies, the Independence school system, the Chamber of Commerce, the public housing authority, and the hospital board along with Mercy health professionals gathered to begin prioritizing community health needs. The following five areas were identified:

- Services for the elderly and disabled to include nutrition and medication education; socialization activities; and transportation for out-of-town appointments
- Easily accessible and affordable health-screenings and immunizations
- Early intervention and healthy lifestyle education for young adults to include nutrition, dangers of smoking, and sexually transmitted diseases
- Diabetes and Obesity – nutrition and exercise education
- Drug abuse – legal and health ramifications

## Findings and Response

The Voice of the Community sessions (2010, 2011, and 2013) reiterated that a gap exists between the regional community health needs and available resources primarily in the areas of medical specialists; health/nutrition education; and coordinated community resources for the most vulnerable of the community. Our community population density is not sufficient to attract multiple specialists, yet periodic needs arise for them. Patients are becoming increasingly interested in wellness and prevention and we lack the health education resources to satisfy those needs. Finally, while there are some support services available for the elderly, disabled, and children – there are still significant gaps in caring for these vulnerable populations. The partnerships and services currently in place include the following:

- Independence Community Chest supports multiple non-profit health and welfare organizations
- Community Access Center is a multi-service agency offering one-stop shop to social services including Financial Assistance Short-Term (FAST) emergency financial help in crisis situations
- Mercy Health for Life Fitness Center, Independence Recreation Commission and the Glen Ash Youth Center offer many opportunities to improve healthy behaviors
- Mercy's women and infant OB clinic works closely with Medicaid recipients to address child and maternal health,
- The local health department offers the WIC program and limited testing and the Safe Kids Coalition helps to prevent unintentional injuries to children and youth
- Montgomery Community Clinic offers access to affordable health care. Mental health and substance abuse services are provided by the Four County Mental Health Outreach program, the Homeless Ministry, CUFS – a church based meal program and the Southeast Kansas Area Agency on Aging
- There are few services available besides the Independence Crime Stoppers, Crisis Resource Center and CASA for Kids to meet the needs of domestic violence, child abuse and neglect and drug trafficking problems

**Community Demand for Needed Health Care.** The quantitative data of public health information highlights the poor health outcomes and contributing factors that influence low rankings against state norms. Perhaps even more telling about the community demand for needed health care comes from the Voice of the Community focus groups. Our community members are encouraging greater health information technology use, especially because it offers multiple benefits. For instance, driven by our community needs assessment, the demand exists for telemedicine in schools, extended care facilities, and industries. Such an initiative literally brings health care to the school, the nursing home or workplace by using technology. It helps keep kids in school, reduces the need for difficult travel for patients in extended care facilities, and reduces health-related absenteeism from work. It provides many families with a point of entry into the health care system other than the hospital emergency room. It enables

a more comprehensive evaluation and treatment regime with multiple informants and builds trust in the community to the point that health literacy becomes a plus. In sum, a commitment to implementing telemedicine in rural communities achieves efficient and cost effective care through lean workflows, decreased waste, increased health monitoring of chronic conditions, electronic medical records, earlier access to primary care, and greater access to specialty care.

Our community members are also asking for an increased focus on Health Education. Mercy has implemented *HealthTeacher*, a classroom based health curriculum, for school systems within the Mercy footprint. The *HealthTeacher* program has been well received and is a positive step toward educating the children of our communities; however, more can be done to educate both children and adults.

Two health issues prevalent in the communities we serve are diabetes and obesity. Diabetes can lower life expectancy by up to 15 years and increase the risk of heart disease 2 to 4 times. It is also the leading cause of kidney failure, lower limb amputations and adult-onset blindness. (U.S. Department of Health & Human Services, 2010) During the past twenty years, obesity rates have increased in the United States; doubling for adults and tripling for children. Obesity affects all populations, regardless of age, sex, race, ethnicity and socioeconomic status.

Comprehension of medication and appropriate usage is becoming more and more of a national concern, especially among the elderly population. Older adults make up 13% of the U.S. population, but consume 35% of all prescription drugs and are at a particularly high risk of serious adverse events due to errors in medication-taking (Leonard Davis Institute of Health Economics – University of Pennsylvania). Prescription drug errors are a major cause of preventable hospitalizations in older adults, yet a substantial proportion of older adults taking such medications do not recall receiving instructions for their use. Establishing education resources and “teach-back” protocols are needed to support this vulnerable population. At the opposite end of the age spectrum is the need for children to have appropriate immunizations at the right time in their lives. With the advances in medical science, children can be protected against more diseases than ever before. Some diseases that once injured or killed thousands of children have been eliminated completely and others are close to being gone – primarily due to safe and effective vaccines (Center for Disease Control). Education for parents is needed along with easily accessible and affordable immunizations.

Support services for Senior citizens and disabled persons are vital for quality of life among this vulnerable population. Adding life to years, not years to life, has been the agenda for the past decade for those committed to productive and successful aging. Policies and programs on aging are increasingly focused on identifying ways to improve quality of life and health status rather than just extending life span. Helping people to increase life expectancy and improve their quality of life is the primary goal of the Healthy People 2010 report. The authors of the Healthy People 2010 report in the *Journals of Gerontology: Biological Sciences and Medical Sciences* stated that optimal nutrition and physical activity make a significant contribution to the overall quality of life at any age and especially for older adults. They went on to say that no single segment of our society can benefit more from regularly performed exercise and improved diet

than elderly adults (Drwenowski, A and Evans, WJ). In addition to the health aspects, support services to include assistance with medication and transportation to medical providers is also needed.

## Creating an Action Plan

As the counties we serve evolve in their health needs, Mercy Hospital Independence will evolve as well by meeting unmet needs within the context of our overall mission, vision, and values. A task force of health leaders and board members has been established to review all of the data from public sources, the comments from our focus group, and the community benefit activities of other agencies and organizations. From this data, and using the Mercy Decision-Making Process, Mercy will create measurable and meaningful partnerships and programs which target the intersection between identified needs of the community and the key strengths of Mercy in Independence. A leadership accountability and organizational structure for ongoing planning, budgeting, implementation and evaluation will be a part of our annual planning process and multi-year strategy.

## Implementation Plan

The Mercy Hospital Independence implementation plan consists of both existing and new strategies that address the health priorities identified through the Community Health Needs Assessment. Mercy Hospital Independence community health priorities are:

1. Access to Care
2. Health Education
3. Obesity/Diabetes
4. Medication/Immunizations
5. Support Services for Seniors

The assessment process revealed a number of community groups and non-profit organizations dedicated to improving both health and social conditions and these organizations will be active partners in the following endeavors to the greatest extent possible.

### **1. Access to Care**

Mercy Hospital Independence is committed to improving access to care for low-income, uninsured, Medicaid, and Senior populations including providing transportation options for patients within the city limits without the ability or means to travel to their medical appointments. In addition, Mercy partners with local churches to identify unmet transportation needs in the community. Mercy also has dedicated financial counseling representatives to assist patients in applying for state and federal services that will be of the maximum benefit to their health. Finally, Mercy will continue to provide Sports Physicals in convenient locations to care for the youth of the community. Examples of upcoming initiatives to improve access to care are as follows:

- Enrolling already eligible and newly-eligible individuals into Medicaid and facilitating well-visits within 90 days of enrollment
- Mercy will continue to partner with local schools to offer sports physicals for student athletes
- Mercy will continue to partner with USD446 to offer telehealth services to students and faculty as part of a pilot project
- Mercy will continue to provide free transportation services as available to individuals in the city of Independence
- Social Workers will continue to problem-solve and assist with providing resources to meet various needs that arise for patients and families during medical treatment such as with transportation, gas, and lodging
- Mercy has a comprehensive Financial Assistance Policy which describes how financial support is provided for medically necessary health care for people who are uninsured or have limited or exhausted benefits

## **2. Health Education**

Health education is an essential element in improving the health of the community with the appropriate information, educational reinforcement, and message. Ultimately, the goal is to increase knowledge related to health, change in behaviors/attitude, and transform unhealthy behaviors to positive behaviors. For the purposes of the community health needs assessment, Mercy Hospital Independence will focus on health education information that is appropriate for school-aged children and messages that are culturally appropriate to targeted high-need populations. Feedback collected from community leaders reiterated the need for schools to provide a framework of information on healthy living, which includes diet, exercise, and nutrition for school-aged children and Mercy responded by providing the *HealthTeacher* curriculum to the school districts in the service area. Health education is also important for adults to identify behaviors that are unhealthy, but also to develop methods and skills needed to motivate change. Mercy is leading by example in the community by offering healthy menu options in the hospital cafeteria and discounting the price of entrees from the “mindful” selections. Community forums around multiple areas of health will continue to be provided as Mercy Hospital Independence helps residents be better prepared in understanding nutrition and participating in an active lifestyle, because the ultimate goal is to change behaviors that will lead to a healthier life.

- Mercy will offer a variety of community education classes on topics such as diabetes, alzheimers, stroke, childbirth, and breastfeeding
- Mercy will continue to be a training center for nursing students
- Mercy will continue to support local non-profit organizations by providing education sessions on taking care of mind, body, and spirit
- Mercy will offer education programs specifically for Women with an emphasis on Women’s Health at all ages
- Mercy will continue to offer *HealthTeacher* education modules to the school systems

### **3. Obesity/Diabetes**

Since 1900, with the exception of one year, cardiovascular disease has been the greatest cause of mortality in America. While cardiovascular disease mortality is declining, it remains a leading cause of hospitalization in older adults. Meanwhile, incidence of obesity and diabetes is on the rise (American Heart Association (AHA). 75% of diabetics die of heart or blood vessel disease, diabetes is among the top leading causes of death in America, and obesity is deeply intertwined with both cardiovascular disease and diabetes (AHA, Mayo Clinic Health Manager). These interrelated difficulties cost our nation hundreds of billions of dollars in both direct expenses as well as indirect expenses such as work missed and years of productivity lost.

- Mercy will continue to support its *Healthification* initiatives to provide healthy food options in the hospital cafeteria as well as education programs on move for life and breathe for life
- Mercy will continue promoting diabetes support groups for patients and family members
- Mercy will partner with area groups to promote healthy living programs such as Weight Watchers and TOPS
- Mercy will take an active role in facilitating community exercise events

### **4. Medication/Immunizations**

It's much easier and more cost-effective to *prevent* a disease than to treat it which is why appropriate immunizations are so important. Immunizations protect us from serious diseases and also prevent the spread of those diseases to others.

- Mercy will continue to offer the influenza immunization at minimal or no charge to co-workers, volunteers, and community members
- Mercy will continue to offer immunizations to children through a weekly *Mercy Kids* clinic
- *Mercy Kids* will continue to educate parents about the importance of childhood immunizations
- Mercy will support Four County Regional Health services in its annual "All About Kids" fair

### **5. Support Services for Seniors**

The region's aging population presents unique challenges for our community. Keeping seniors safe in their homes and helping with transportation issues were cited as needs to be addressed. Creating an environment of optimal well-being for seniors through access to primary care, chronic disease maintenance and prevention, and access to social supports were also seen as needs.

- Mercy will identify ways to partner with the Four County Elder Abuse Coalition to ensure the safety of our Senior Citizens
- Mercy's Home Health and Hospice nurses will continue to provide care for elders, people with dementia, adults with mental and physical disabilities and others who need support during their day with special concern for those who live in low-income housing
- Mercy's Social Workers will continue to educate patients on Advance Directives

- Mercy will establish a palliative care program to improve the experience of patients and families during these times, through fellowships, educational programs and community resources.
- Mercy will continue to explore the use of telemedicine for our elder and rural patients
- Mercy will continue to offer Stephen’s Ministry services for individuals who are facing difficult situations and will develop a “Shepherd’s Watch” program to provide aid and comfort for patients who are actively dying without the presence of friends and family members.

## Resources

Center for Disease Control

<http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx>

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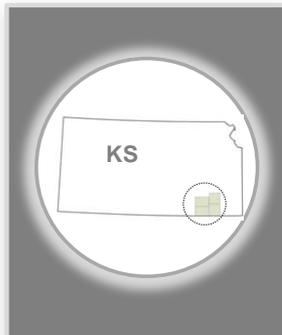


# Independence, KS

Community Needs Assessment

# MERCY SERVICE AREA & LOCATIONS

Independence, KS



The Independence Primary Service Area (PSA) comprises four counties in southeast Kansas

### Mercy Locations



Hospital



Clinic



Urgent/ Convenient Care

