Community Health Improvement Plan

Mercy Hospital Columbus

Fiscal Year 2026

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.

Our Values

Dignity
Excellence
Justice
Service
Stewardship

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Introduction

Mercy Hospital Columbus is a 25-bed critical access hospital located in Columbus, Kansas. As part of Mercy, a large Catholic health system headquartered in St. Louis, it is on of five hospitals in Mercy's Southwest Missouri and Southeast Kansas Community. Established in 1917, Maude Norton Memorial City Hospital originated from a home donated to the City of Columbus and joined the Sisters of Mercy in 2009. Mercy Hospital Columbus is a community hospital, affiliated with Mercy Hospital Joplin, dedicated to providing high-quality care, delivered by an experienced team of caring professionals, who also happen to be friends and neighbors in the community.

Mercy Hospital Columbus' primary service area is Cherokee County, Kansas. The community is home to a resilient and closely connected rural population and experiences disparities in income, insurance coverage, employment opportunities, and access to health care services which affect overall health. Mercy Hospital Columbus is actively engaged in community partnerships and initiatives that advance health equity, improve access to care, and promote overall well-being in the community.

Introduction *(continued)*

Mercy's mission is to deliver "compassionate care and exceptional service" to every community member. In dedication to this mission, Mercy Hospital Columbus completed a comprehensive Community Health Needs Assessment (CHNA), in partnership with the Ozark's Health Commission and in collaboration with partners throughout the community, that was adopted by the Board of Directors in February 2025.

Since 2016, hospital systems, local public health agencies (LPHAs), and other healthcare partners in the greater Ozarks region have worked together to release comprehensive CHNAs every three years. This collaboration continued with the 2025 CHNA, building on the regional approach introduced in 2022.

The process involved reviewing both quantitative and qualitative data to better understand the health and well being of the community served. It included data from hospitals and the community, in addition to feedback from community partners and residents across the region. The findings reflect the collaborative work of the OHC and its partners, with a continued focus on health equity and using a social drivers of health framework. The full 2025 CHNA report is available electronically at mercy.net/communitybenefits.

Introduction *(continued)*

The 2025 CHNA identified seven top-priorities and of the seven, **three have been chosen as health needs for the Mercy Hospital Columbus community**. We will strive diligently to address these needs with a Health Equity lens over the next three years:

- Behavioral Health
- Chronic Disease
- Nutrition & Physical Activity

This three-year Community Health Improvement Plan (CHIP) will guide the coordination and strategic focus of resources, and the planning, implementation, and evaluation both new and existing programs and interventions. The 2025 CHNA and this resulting CHIP will provide the framework for Mercy Hospital Columbus as we work in collaboration with community partners to improve health and well-being in our community.

As always, we seek to develop a rich and rewarding network of partnerships with our neighbors. We welcome any thoughts you may have on ways to achieve our goal for a healthier community.

Improvement Plan by Prioritized Health Need

Prioritized Need #1: Behavioral Health

GOAL 1

Increase access to behavioral health services for rural and underserved populations in the community.

Prioritized Need #1: Behavioral Health

Program 1 of 3: Collaborative Care

PROGRAM DESCRIPTION:

Supporting primary care providers (family medicine, internal medicine, obstetrics & gynecology, and pediatrics) in providing mental and behavioral health services to patients in need. The model provides a behavioral care manager to interact directly with patients, perform assessments, initiate treatment, and communicate and collaborate with primary care physicians. Collaborative Care provides a psychiatric consultant who meets with care managers regularly, reviews patient charts, and makes recommendations for medication and ongoing treatment.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Mercy will expand the Collaborative Care program availability to Kansas upon identifying gaps in care and promotion of the initiative to the expanded service area. Partnering with the ministry-wide behavioral health hub, a program implementation plan will be initiated in Kansas primary care clinics and training provided on use of the platform for primary care providers. Mercy will monitor and evaluate participation, referrals to Concert Health, and CHW referrals throughout the implementation period and program launch.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Program expansion to Kansas primary care clinics by the end of FY27
- Improved clinical outcomes for patients enrolled in Collaborative Care
- Decrease in PHQ-9 patient scores by 25% from FY26 baseline

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates
- Operational budgeted support as appropriate
- Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Service Line Leadership
- Mercy Virtual Behavioral Health (vBH)
- Substance Use Recovery Program (SURP)

Prioritized Need #1: Behavioral Health

Program 2 of 3: Virtual Behavioral Health (vBH)

PROGRAM DESCRIPTION:

Mercy's Virtual Behavioral Health (vBH) program provides integrated, regional support for patients with behavioral health needs. Based out of local and centralized Ministry locations, vBH co-workers provide virtual and telephonic behavioral health assessments to establish patients' level of care, and facilitate referrals for inpatient, intensive outpatient (IOP), and outpatient services, as well as for basic social needs in their home communities. vBH also provides virtual psychiatric consults to help with medication stabilization related to the exacerbation of behavioral health conditions.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Operate a hub-based model of virtual care, where clinical vBH co-workers respond to incoming referrals, conduct telephonic behavioral health assessments, and facilitate outgoing referrals for ongoing diagnosis, treatment, and support. Collaborate with external partners and behavioral health service providers to ensure a strong regional network for care coordination and social service navigation.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- 10% decrease in hospital readmissions and ED visits by FY28

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates
- Operational budgeted support as appropriate
- Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Service Line Leadership
- Mercy Virtual Behavioral Health (vBH)
- Substance Use Recovery Program (SURP)

Prioritized Need #1: Behavioral Health

Program 3 of 3: Substance Use Recovery Program (SURP)

PROGRAM DESCRIPTION:

Mercy Substance Use Recovery Program (SURP) is an integrated, mission-driven, patient-centric approach to Opioid Use Disorder. SURP will ensure that any patient seeking care through Mercy will be connected to ongoing care for Opioid Use Disorder regardless of geography, clinical setting, or ability to pay. Through a virtual-first care experience, SURP provides Medication-Assisted Therapy (MAT), primarily through buprenorphine, for patients with Opioid Use Disorder. Patients who participate in SURP are also connected to support services, including counseling, behavioral therapies and general primary care, to implement a holistic harm-reduction care model. By offering proactive telephonic outreach and virtual treatment and support options, SURP can increase access to essential behavioral health services and facilitate continuity and ease of care for patients.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

SURP Licensed Clinical Social Workers will outreach and engage with patients, providing necessary direct support as well as referrals and care coordination for treatment and primary care provision. SURP clinicians will facilitate MAT for patients, managing MAT medication prescription and adherence.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Patients reached by SURP will demonstrate a 20% reduction in ED utilization over three years
- Patients reached by SURP will demonstrate a 10% reduction in inpatient readmission over three years

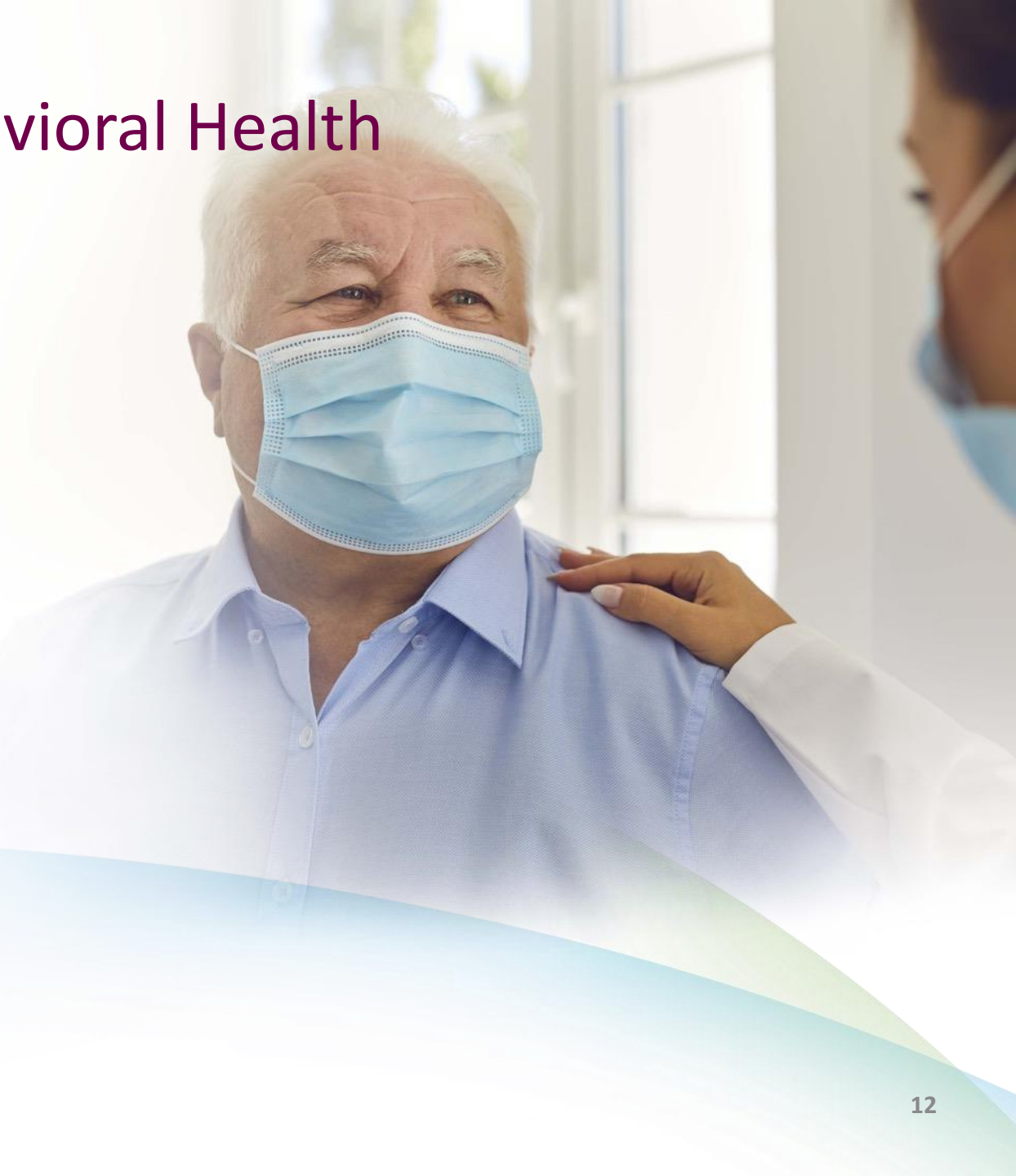
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- SURP staff: providers, psychiatric consultant, and Licensed Clinical Social Workers
- Support and education to identify and facilitate patient referrals
- Staff time and indirect costs necessary to maintain ongoing partnership with BHN

COLLABORATIVE PARTNERS:

- Mercy Virtual Behavioral Health (vBH)

Prioritized Need #1: Behavioral Health



GOAL 2

Increase hospital staff training to improve patient outcomes and reduce stigma around mental health and substance use.

Prioritized Need #1: Behavioral Health

Program 1 of 2: Mental Health First Aid Training

PROGRAM DESCRIPTION:

Mental Health First Aid (MHFA) programs provide comprehensive training to recognize, understand, and respond effectively to mental health challenges and substance use disorders. Mercy Hospital Columbus is encouraging training for hospital staff to understand and help people who may be struggling and help create a more supportive and caring environment for everyone.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Provide training opportunities for certified MHFA training sessions and encourage staff to attend training to help learn how to recognize and support patients with mental health or substance use challenges. Partner with certified curriculum providers to provide ongoing resources or support and track how many individuals complete training, gather feedback from staff on training effectiveness, and listen to patient feedback.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increased staff confidence in managing mental health situations

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Time allocation for training
- Scheduling support for MHFA training sessions
- Leadership endorsement and communication materials

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Services
- Mercy Managers and Supervisors
- Kansas Department for Aging and Disability Services
- Mental Health First Aid Kansas

Prioritized Need #1: Behavioral Health

Program 2 of 2: Trauma-Informed Care Training

PROGRAM DESCRIPTION:

Trauma-Informed Care (TIC) programs provide training and education to guide how to apply a trauma-informed lens to respond to trauma with understanding and support. Mercy Hospital Columbus is promoting a trauma-informed care training opportunity to support hospital and clinic staff in building awareness, understanding, and practical skills related to trauma and its impact on health. Staff are encouraged to participate in state-supported training offered through the Missouri Department of Mental Health (DMH), which is available at no cost and focuses on recognizing signs of trauma, minimizing re-traumatization, and improving patient-provider interactions.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Explore partnerships with DMH and other training organizations to provide recognized, high-quality trauma-informed care education. Encourage staff participation in training and develop a plan to offer incentives, such as recognition, continuing education credits (where applicable), and integration into professional development pathways for staff who complete the training. Mercy Hospital Columbus will track how many staff complete training, gather feedback from individuals trained, and monitor patient satisfaction and well being metrics.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increased staff confidence in managing mental health situations

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Time allocation for training
- Scheduling support for training sessions
- Leadership endorsement and communication materials

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Services
- Mercy Managers and Supervisors
- Kansas Department for Aging and Disability Services
- Trauma-Informed Care Implementation Resource Center

Prioritized Need #2: Chronic Disease

GOAL 1

Reduce chronic disease by addressing underlying social, environmental, and lifestyle factors impacting the community, especially in rural and underserved populations.

Prioritized Need #2: Chronic Disease

Program 1 of 1: Community Health Worker Program

PROGRAM DESCRIPTION:

The Community Health Worker (CHW) Initiative is dedicated to improving health care access and outcomes for underserved communities by bridging gaps between healthcare systems, social services, and the individuals they serve. CHWs engage directly with underserved communities to identify barriers related to social drivers of health, such as transportation, housing, and financial instability, that impact access to care. By fostering trust and cultural humility, this initiative aims to reduce disparities, enhance patient advocacy, and ensure equitable access to comprehensive health care for all community members.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Through personalized support, Mercy CHWs will help community members navigate healthcare services, assist with Medicaid and financial assistance enrollment, understanding health plan benefits, and connect individuals to vital community resources, including medication and social support programs.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Reduced 72-hour return rate
- Reducing readmission rates for focused populations

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Compensation and benefits for Community Health Workers.
- Mileage and travel expenses required for CHW work.
- Office space and indirect expenses dedicated to CHW work.
- CHW Training-Offered by Ministry (or through community partnership)

COLLABORATIVE PARTNERS:

- Mercy Primary Care
- Care Partner Network
- Dispensary of Hope

Prioritized Need #3: Nutrition & Physical Activity

GOAL 1

Enhance nutrition education, physical activity opportunities, and wellness programs through community partnerships and hospital-led improvements in care and support.

Prioritized Need #3: Nutrition & Physical Activity

Program 1 of 1: Food Programs & Services Analysis

PROGRAM DESCRIPTION:

Mercy Hospital Columbus will collaborate with community partners to conduct a comprehensive assessment to map existing food resources (pantries, meal programs, farmers markets, etc.) and identify barriers to access. Results of this assessment will inform, develop, and pilot creative collaborative approaches to address food insecurity, nutrition, and chronic disease management.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Collect information on local food resources, engage community members and patients to understand their needs, partner with local health departments and area organizations, analyze community conditions, food availability, and barriers. Draft recommendations for food access program implementation.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Improved understanding of food resources and capabilities
- Increased programs to improve access to healthy food

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff time and resources for research and data analysis
- Program planning and coordination with community partners

COLLABORATIVE PARTNERS:

- Care Partner Network
- Kansas City University
- Tri-State Community Health Collaborative

Other Community Health Programs

Mercy Hospital Columbus 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 on the next page.

Other Community Health Programs (Continued)

Community Benefit Category	Program	Outcomes Tracked
Community Health Improvement Services	Support Groups	Persons served
	Health fairs, presentations, and screenings	Persons served, cost of services
	Transportation Assistance Programs	Persons served, cost of services
Health Professions Education	Health professions student education nursing, imaging, therapy, pharmacy, medical student, lab, emergency medical technician and advanced practice nursing	Number of students
Financial & In-Kind Contributions	Community Building - Cash/In-kind Contributions	Cost of services
Community Building	Coalition Building/Board Memberships	Cost of services
	Health Careers Clubs	Number of Students

Significant Health Needs Not Being Addressed

In any case of prioritization, there will be some areas of needs that are identified that are not chosen as a priority. Because Mercy Hospital Columbus has limited resources, not every community need will be addressed. Throughout the CHNA process, the following needs arose as community concerns, however, will not be addressed as a top priority because other organizations are more appropriate to address these needs.

- **Cancer**
  While recognizing the significant impact of cancer on the community, it will not be specifically addressed in our priorities and will most likely be impacted through the work in our chronic disease priorities. Many factors related to this disease are also addressed directly through Mercy Cancer Center and community collaborations.

- **Infectious Disease**
  While infectious diseases will not be specifically addressed in our priorities, they will most likely be impacted indirectly through the work in our other community outreach priorities and through collaboration with the local health departments. Because specific services and public health entities are better positioned to drive comprehensive solutions for this need, Mercy will support programs through community partnerships and collaboration to drive initiatives.

- **Dental Care**
  Dental care is an identified health need and a concern in our community, although Mercy Hospital Columbus has limited capacity to impact this area directly, some factors related to this need are impacted indirectly through other programs and priorities. Mercy CHWs are actively engaged in community collaborations that offer access to dental care through partnerships with FQHCs and Kansas City University's Dental School.

- **Unintentional Injuries**
  Unintentional injuries, or accidents, are a growing concern in the Columbus community, and Mercy will continue to address this need through collaborative work. This area will likely be addressed indirectly in areas that may overlap, such as efforts to improve behavioral health may also reduce the occurrence of unintentional injuries.

Now What

Next Steps

After carefully reviewing the data and mapping existing resources, Mercy Hospital Columbus has developed this Community Health Improvement Plan (CHIP) and implementation strategy with evidence-based programs and initiatives that will be monitored and evaluated over the next three years. This summary serves as documentation that Mercy Hospital Columbus is meeting IRS requirements for conducting a CHNA and CHIP (or Implementation Strategy). The full reports are electronically available to the public on the Mercy Hospital Columbus website: **mercy.net/communitybenefits**.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