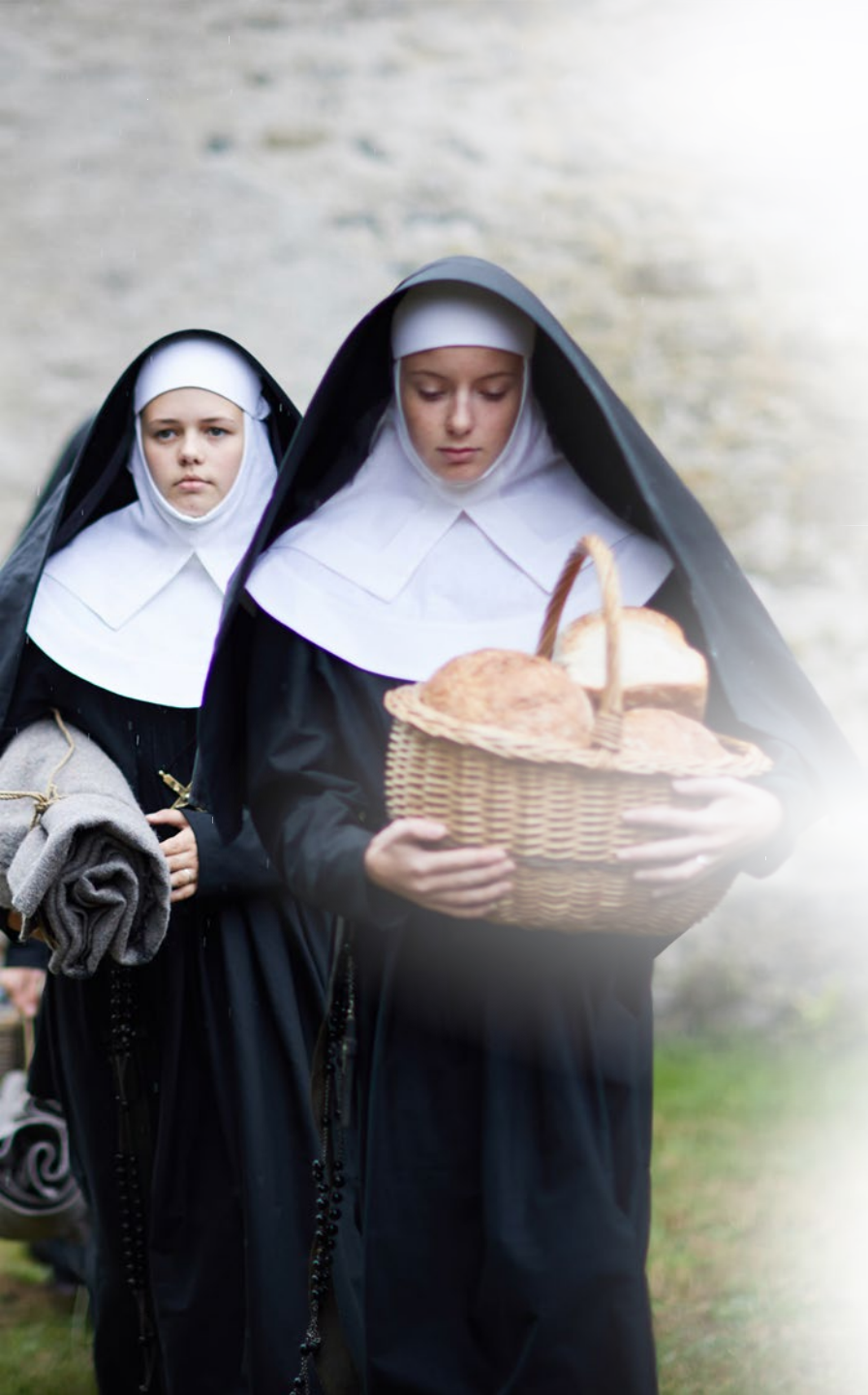
Community Health Improvement Plan

Mercy Hospital Fort Smith

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

Contents

Introduction

Mercy Hospital Fort Smith is a 348-bed acute care hospital located in Fort Smith, Arkansas. As part of Mercy, a large Catholic health system headquartered in St. Louis, the hospital is committed to meeting the health needs of the growing River Valley region. Mercy Fort Smith offers a wide range of services, including a heart and vascular center, a level III Neonatal Intensive Care Unit (NICU), inpatient rehabilitation, outpatient surgery, an emergency department, the Breast Center, Hembree Cancer Center, and Arkansas' first Ronald McDonald House.

The hospital serves the eight-county area of Crawford, Franklin, Johnson, Logan, Polk, Scott, Sebastian, and Yell counties, home to 128,448 residents. The River Valley region has experienced steady growth and increasing diversity in its demographic makeup. While the region benefits from robust healthcare services, disparities in income, access to care, and health outcomes persist, particularly among underserved populations.

Mercy Hospital Fort Smith is actively engaged in community partnerships and initiatives that advance health equity, improve access to care, and promote overall well-being. These efforts reflect Mercy's mission to deliver compassionate care and exceptional service, with special attention to those who are underserved and most vulnerable.

Introduction *(continued)*

Mercy's mission is to deliver "compassionate care and exceptional service" to every community member. In alignment with this mission, Mercy Hospital Fort Smith completed a Community Health Needs Assessment (CHNA) in 2024, which was formally adopted by the Board of Directors in April 2025. The CHNA was developed in collaboration with Sebastian County Health Departments, local organizations, and community stakeholders, including underserved populations.

This Community Health Improvement Plan (CHIP) outlines Mercy Fort Smith's strategy to address identified priorities through coordinated programs, partnerships, and evaluation efforts. Together, the CHNA and CHIP provide a framework for improving health outcomes and reducing disparities in Sebastian County.

This summary also serves as documentation that Mercy Hospital Fort Smith is meeting IRS requirements for conducting a CHNA and CHIP. The full CHNA report is available electronically at mercy.net/about/community-benefits.

Introduction *(continued)*

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

- **Access to Care**
- **Behavioral Health**
- **Diabetes/Obesity**
- **Maternal Health**

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: Access to Care

GOAL

Increase access to health care and community resources for uninsured and at-risk persons.

Prioritized Need #1: Access to Care

Program 1 of 2: 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:

Mercy staff will identify uninsured and at-risk patients who cannot afford discharge medications, transportation, or durable medical equipment, and will coordinate timely prescribing, delivery, and access to needed supplies. Patients will be referred to a Community Health Worker (CHW) for ongoing support, including assistance with establishing care with a primary care provider and connecting to additional community resources as needed.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

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

PROGRAMS AND RESOURCES MERCY 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 Clinic
- Fort Smith Community Health Council

Prioritized Need #1: Access to Care

Program 2 of 2: McAuley Fund

PROGRAM DESCRIPTION:

The McAuley Fund at Mercy Hospital Fort Smith is designed to address financial barriers that hinder patients' ability to manage chronic conditions, access timely care, and achieve long-term health stability. By covering essential expenses such as rent, mortgage, utilities, and transportation, the McAuley Fund empowers vulnerable populations to prioritize their health without the burden of financial crises.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Mercy Hospital Fort Smith will strengthen access to care by providing short-term financial assistance for housing, utilities, and transportation through the McAuley Fund, while also identifying uninsured and at-risk patients at discharge. Community Health Workers will screen for health-related social needs and connect patients to community resources, ensuring holistic support for underserved populations.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increased patient retention in care and follow-up compliance.
- Reduced delays in treatment due to financial hardship.
- Strengthened collaboration between Mercy and community partners to support vulnerable populations.
- Demonstrated improvement in access-to-care indicators among at-risk patients.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Indirect expenses related to managing program.
- Compensation and benefits for Community Health Workers.
- Financial costs are reimbursed by Mercy Foundation.

COLLABORATIVE PARTNERS:

- Antioch Food Bank
- St. Anne's Society
- Crawford and Sebastian County Community Development

Prioritized Need #2: Behavioral Health

GOAL

Increase access to behavioral health services for uninsured and at-risk persons.

Prioritized Need #2: Behavioral Health

Program 1 of 2: 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. Concert Health provides a psychiatric consultant who meets with care managers regularly, reviews patient charts, and makes recommendations for medication and ongoing treatment.

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

Mercy will continue training and educating providers on the use of the care approach, identify gaps in care, and refer patients to Concert Health.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increase patient referrals by 5% each year
- Increase patient satisfaction assessment participation by 10% from previous CHIP cycle

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 Abuse Recovery Program (SURP)

Prioritized Need #2: Behavioral Health

Program 2 of 2: 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 THE HOSPITAL 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

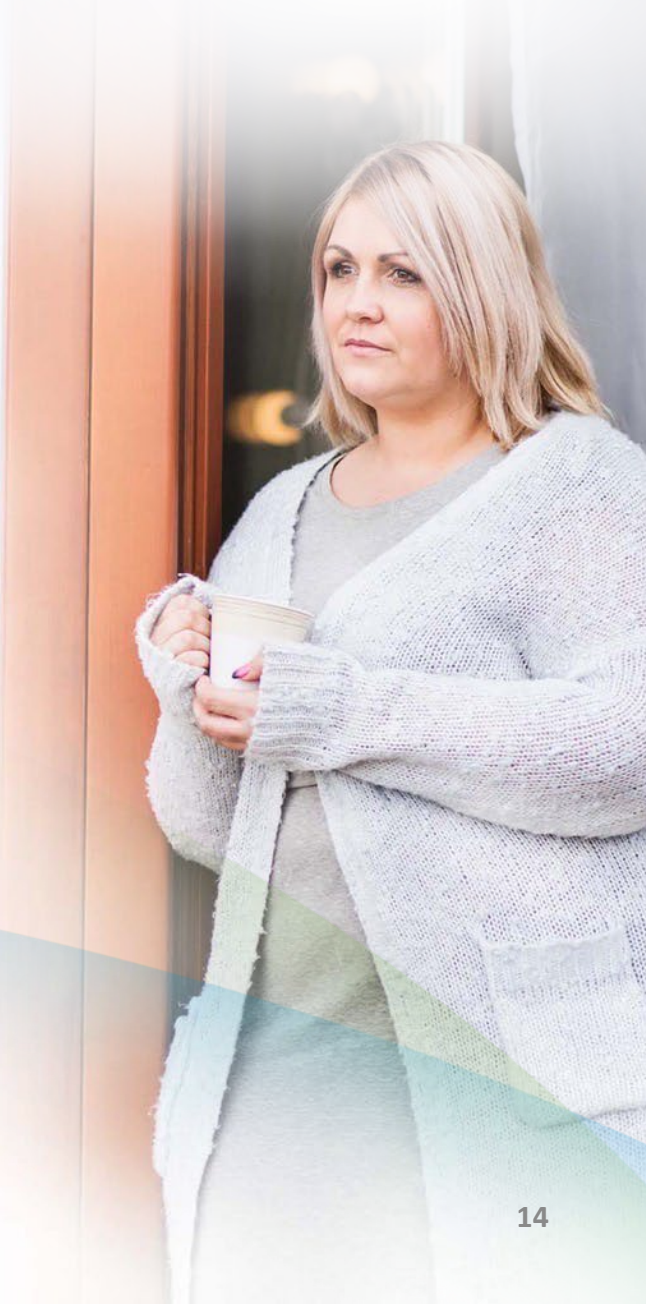
COLLABORATIVE PARTNERS:

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

Prioritized Need #3: Diabetes/Obesity

GOAL

Decrease obesity rates among children and adults through nutrition, education, and active living initiatives.



Prioritized Need #2: Diabetes/Obesity

Program 1 of 1: United in Nutrition

PROGRAM DESCRIPTION:

The United Way United in Nutrition program is a comprehensive initiative aimed at helping families make healthy, affordable food choices. It provides resources and training to teach participants how to shop smarter, use nutrition information, and cook delicious meals on a limited budget. The program is designed to reach moms, dads, grandparents, and caregivers at home or school, addressing the needs of low-income individuals through courses, tours, and flexible lessons.

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

By leveraging the United in Nutrition program, Mercy can bridge the gap between clinical care and community wellness, addressing the root causes of obesity and diabetes through education, empowerment, and access to healthy food. This initiative embodies Mercy's core mission of compassionate service and health equity while fulfilling both community benefit and population health improvement goals.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increase participants' knowledge of healthy and affordable food options through hands-on education and community-based learning.
- Conduct at least one United in Nutrition class per quarter, achieving a 15% increase in total participation throughout the CHIP cycle.
- Increase referrals from patients screened with a positive health-related social need related to food insecurity or nutrition access by 10% over the 3-year CHIP cycle.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Indirect expenses related to managing program.
- Compensation and benefits for Community Health Workers.

COLLABORATIVE PARTNERS:

- United Way of Fort Smith
- Arkansas College of Health Education
- Mercy Fort Smith Diabetes Education and Nutrition Center
- Fort Smith Community Health Council

Prioritized Need #4: Maternal Health

GOAL

Improve maternal and infant health outcomes by increasing access to high-quality prenatal, delivery, and postpartum care.

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Your life is our life's work.

Prioritized Need #4: Maternal Health

Program 1 of 2: McAuley Clinic

PROGRAM DESCRIPTION:

McAuley Clinic provides comprehensive prenatal and behavioral health services for uninsured, underinsured, and Medicaid-eligible patients, ensuring access to quality care and support for expectant mothers facing financial or social barriers. This patient-centered program combines essential clinical care with behavioral health support, education, and resource navigation to promote healthy pregnancies and family well-being. By addressing medical, emotional, and social needs, the program helps mothers prepare for delivery, manage stress, and connect to community resources, advancing maternal health equity in the Fort Smith area.

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

Mercy will enhance prenatal and behavioral health care for vulnerable mothers by providing coordinated services through the McAuley Clinic and community partnerships. A Community Health Worker will assess social needs, strengthen referral pathways, and link patients to education and behavioral health support to improve maternal and infant outcomes.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Improve access to prenatal care for financially and socially vulnerable populations.
- Reduce maternal and infant health disparities by addressing behavioral health and health-related social needs.
- Increase patient engagement and confidence in pregnancy and postpartum care.
- Promote healthier pregnancies and improve birth outcomes through early intervention and continuous support.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Indirect expenses for program needs.
- Compensation and benefits for Community Health Workers.
- Educational materials and patient navigation resources.

COLLABORATIVE PARTNERS:

- Mercy Obstetrics Emergency Department
- Sebastian County Health Department
- Arkansas Maternal Coalition

Prioritized Need #2: Maternal Health

Program 2 of 2: Arkansas Maternal Health Coalition

PROGRAM DESCRIPTION:

In collaboration with the Arkansas Maternal Health Coalition, Mercy is working to improve maternal health outcomes across the region by reducing barriers to care and promoting emotional well-being. The program connects expectant and new mothers to licensed professionals, peer support groups, and educational resources through virtual and in-person sessions from early pregnancy through one year postpartum. Through expressive activities, digital learning tools, and community partnerships, the initiative fosters connection, shared learning, and empowerment. This collaboration aims to improve maternal and infant health outcomes and advance health equity.

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

Mercy will coordinate referrals from clinical and community health staff to programs offered by the Arkansas Maternal Health Coalition, ensuring expectant and postpartum mothers have access to high-quality prenatal, delivery, and postpartum care. A Community Health Worker will assess social needs, strengthen referral pathways, and connect patients to behavioral health support, peer groups, and educational resources to improve maternal and infant outcomes

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Improve access to maternal health and postpartum support resources.
- Improve maternal confidence, social connection, and self-efficacy during the perinatal and postpartum periods.
- Enhance collaboration among healthcare providers and community partners to address health-related social needs.
- Contribute to reductions in postpartum depression and anxiety through early engagement and peer support.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Meeting space and indirect expenses for program needs.
- Compensation and benefits for Community Health Workers.
- Incorporate screening and referrals into hospital discharge workflows.

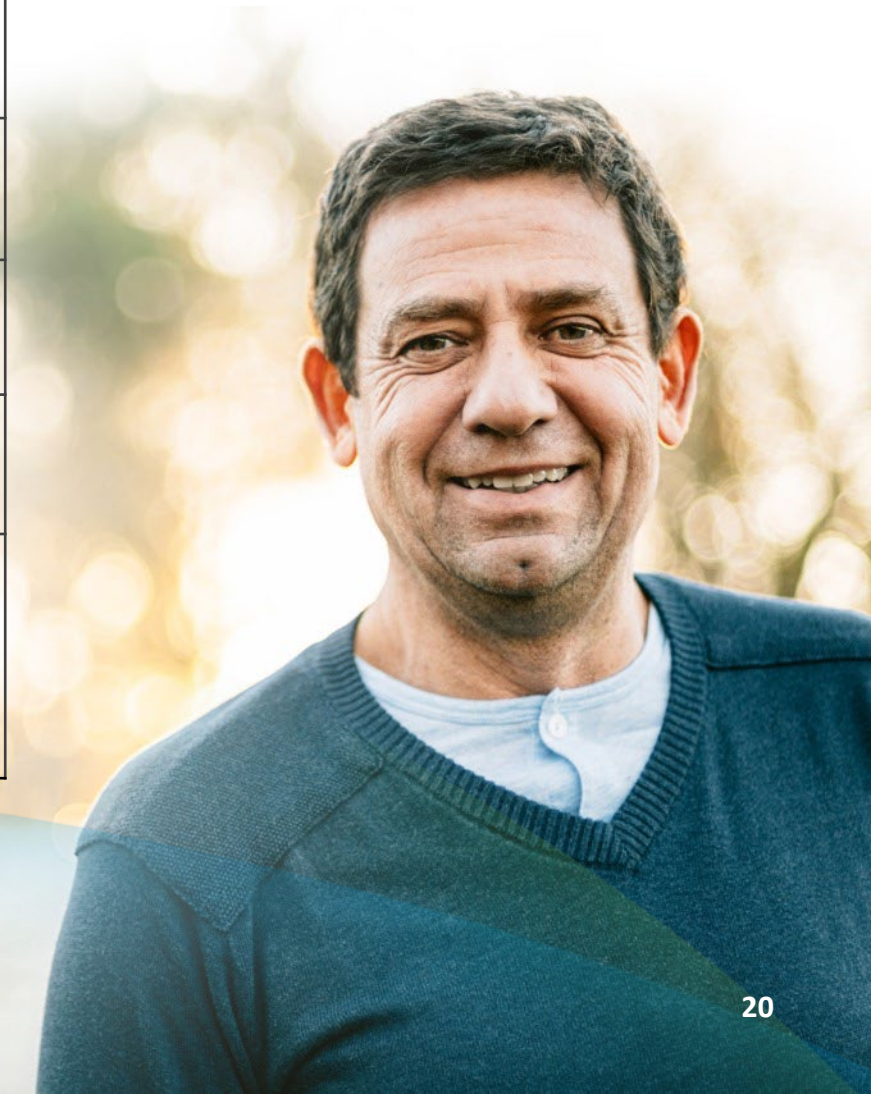
COLLABORATIVE PARTNERS:

- Mercy Clinic McAuley Women’s Health
- Arkansas Maternal Health Coalition
- The Quite Grove

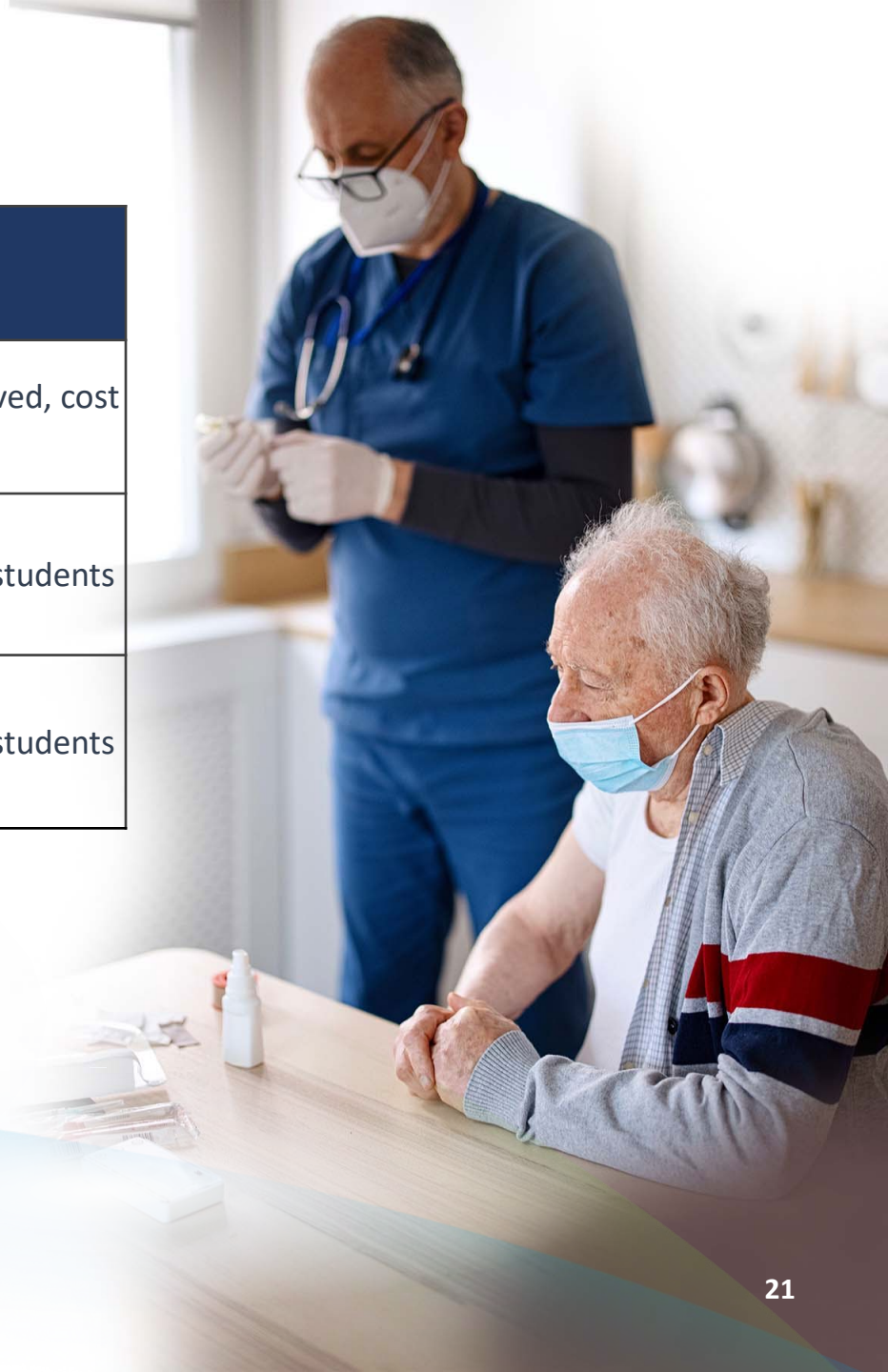
Other Community Health Programs

Mercy Fort Smith 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 healthcare services, enhance the health of the community, advance medical or healthcare 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.

Community Benefit Category	Program	Outcomes Tracked
Community Health Improvement Services	Mercy Transport Van	Cost of Services
	Flu Vaccines	Persons Served
	Ronald McDonald House Family Room	Persons Served
	Stoke Support Group	Persons served
Health Professions Education	Health professions student education including nursing, imaging, therapy, pharmacy, medical student, lab, emergency medical technician and advanced practice nursing	Number of students



Community Benefit Category	Program	Outcomes Tracked
Financial & In-Kind Contributions	Community Building – Cash/In-Kind Contributions	Persons served, cost of services
Community Building – Workforce Development	Volunteen Program	Number of students
	M.A.S.H. program for high school students	Number of students



Significant Health Needs Not Being Addressed

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

- **Transportation**

  Mercy will engage in collaborative efforts with community partners to improve transportation access by supporting referral pathways, resource navigation, and awareness of existing transit services. While recognizing transportation as a key barrier to health and well-being, Mercy will not lead these efforts, as local transit authorities and mobility-focused organizations are better positioned to drive sustainable solutions.

- **Affordable Housing**

  Mercy will support efforts to address housing insecurity by connecting individuals and families to community-based housing resources and programs. While acknowledging the critical role of stable housing in overall health, Mercy will not lead these initiatives, as housing agencies and public health entities are best equipped to implement long-term, systemic solutions. Mercy will maintain partnerships to ensure community members have access to housing assistance information when needs are identified.

Now What

Next Steps

After carefully reviewing the data and mapping existing resources, Mercy FTSM is developing an implementation plan with evidence-based strategies. The plan will be submitted to a committee of appointed members from Mercy Hospital Fort Smith, for their approval. The final version of the CHNA and Implementation Plan will be available to the public on the Mercy Hospital Fort Smith website, **www.mercy.net/communitybenefits**.

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