



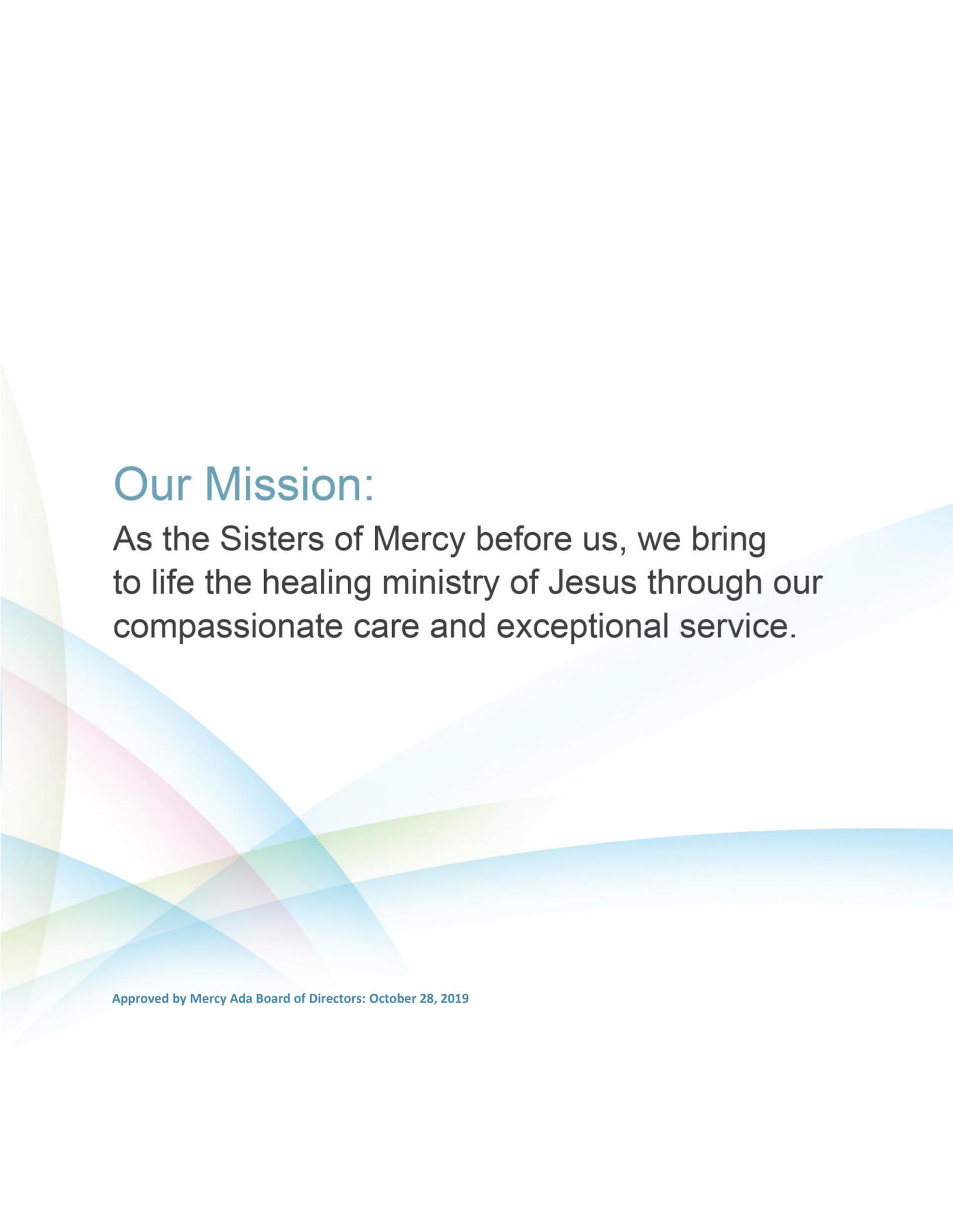
# Community Health Improvement Plan

Mercy Hospital  
Ada

Fiscal Year 2019 - 2021



*Your life is our life's work.*



## Our Mission:

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

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# I. Introduction

Mercy Hospital Ada (Mercy Ada) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in \_\_\_\_\_. The CHNA took into account input from the county health department, community members, members of medically underserved, low-income, and minority populations and various community organizations representing the broad interests of the community of Northwest Arkansas. The CHNA identified four prioritized health needs the hospital plans to focus on addressing during the next three years: Access to Affordable Care, Access to Health Lifestyle Resources and Behavioral Health. The complete CHNA report is available electronically at [mercy.net/about/community-benefits](http://mercy.net/about/community-benefits).

Mercy Ada is affiliated with Mercy, one of the largest Catholic health systems in the United States. Located at 430 North Monte Street in Ada, Oklahoma. Mercy Ada's primary service area spans five counties in Southern Oklahoma: Pontotoc, Garvin, Johnston, Hughes and Seminole. The acute-care hospital has 156 licensed beds and includes a birth center (The Family Center), a cancer center, a wound care center, and an emergency department.

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

## II. Implementation Plan by Prioritized Health Need

Prioritized Need #1: Access to Affordable Health Care.

GOAL 1: To increase availability cardiac care services in Pontotoc County.

<p><b>PROGRAM 1:</b> Engage Oklahoma Heart Hospital (OHH) in providing additional cardiac diagnostic services within Mercy Ada Hospital and Clinics.</p>
<p><b>PROGRAM DESCRIPTION:</b> Heart disease is the number one cause of death for all ages in Pontotoc County. Presently, cardiac services are very limited within Pontotoc County. While persons with resources are able to travel to Norman, OK or Oklahoma City for such services, the elderly and those without resources are unable to access needed cardiac services. Mercy Ada is collaborating with OHH to provide additional cardiac diagnostic services within Mercy Ada Hospital and Clinics.</p>
<p><b>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b></p> <ol style="list-style-type: none"> <li>1. Mercy Ada Administration has negotiated with OHH to embed a full-time cardiologist in a Mercy Ada Clinic.</li> <li>2. Mercy Ada Administration has negotiated with OHH to move their cardiac testing into the Ada Mercy Hospital. Available cardiac services will include:             <ol style="list-style-type: none"> <li>a. Diagnostic Heart Catherization</li> <li>b. Stress Tests</li> <li>c. Echo Cardiograms</li> <li>d. Stress Echo Cardiograms</li> <li>e. Rhythm Management (pacemakers)</li> </ol> </li> </ol>
<p><b>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</b></p> <p><b>Short-Term Outcome:</b></p> <ol style="list-style-type: none"> <li>1. Increase by 25%, the number of patients out-patient cardiac procedures.</li> </ol> <p><b>Medium-Term Outcome:</b></p> <ol style="list-style-type: none"> <li>1. Increase diagnostic testing for underserved patients (Self-Pay) by 10%</li> </ol> <p><b>Long-Term Outcomes:</b></p> <ol style="list-style-type: none"> <li>1. Lower the number of cardiac related ED visits by 10%</li> <li>2. Develop comprehensive plan for additional cardiac services</li> </ol>
<p><b>PLAN TO EVALUATE THE IMPACT:</b></p> <p><b>Short-Term Outcome Evaluation:</b> Monitor the number or outpatient cardiac procedures.</p> <p><b>Medium-Term Outcome Evaluation:</b> Survey patients as to the results of increased cardiac care.</p> <p><b>Long-Term Outcomes Evaluation:</b></p> <ol style="list-style-type: none"> <li>1. Produce planning document outlining expansion of cardiac services.</li> <li>2. Monitor the cardiac death rate in Pontotoc County.</li> </ol>
<p><b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b></p>

1. Mercy co-worker technicians
2. Training co-workers to perform cardiac procedures;
3. Cath Lab and other Equipment

**COLLABORATIVE PARTNERS:** Oklahoma Heart Hospital

**Prioritized Need #1: Access to Affordable Health Care**

**GOAL 2: To increase the rate of cancer survival through early detection.**

**PROGRAM 1: Community Cancer Screenings**

**PROGRAM DESCRIPTION:** Cancer is the second highest cause of death in Pontotoc County. Since early detection results in increased survival, Mercy Hospital Ada strives to organize and offer cancer screenings based on the targeted screening needs of our community and patient population. These screenings are designed to decrease the number of patients with late-stage disease, are consistent with evidence-based national guidelines/interventions and have a formal process developed to follow-up on all positive findings. Planned screenings include:

- Skin Cancer – Skin examination by qualified health professional
- Colorectal Cancer – Distribution of colorectal occult-blood kit
- Prostate Cancer – PSA and Digital Exam by qualified health professional

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

1. Schedule providers, time and place for screening.
2. Provide for the communication of the screening opportunity.
3. Set up registration process.
4. Hold screening event.
5. Notify participants and their health providers of the result of their screening.
6. For those who do not have a provider and have a positive outcome of the test, send list of local medical providers.
7. Provide for a follow-up letter three months after screening.

**ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):**

**Short-Term Outcome:**

Increase at-risk individuals registering for cancer screening by 8%.

**Medium-Term Outcome:**

- Increase number of cancer screenings by 10%
- Increase number of early detections for skin, colorectal and prostate cancers by 10%

**Long-Term Outcomes:**

- Decreased number of patients with late-stage cancers by 10%

**PLAN TO EVALUATE THE IMPACT:**

**Short Term Outcome Evaluation:** Track the number of registrations.

**Medium Term Outcome Evaluation:** Track the amount of educational material distributed.

**Long Term Outcome Evaluation:** Analyze statistics from the Mercy Ada Cancer Clinic.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

- Education on screenings and prevention strategies for the community;
- Marketing for awareness of screening opportunities;
- Supplies and personnel for conducting screenings as well as evaluation of results and follow-up

**COLLABORATIVE PARTNERS:**

- Chickasaw Nation
- People’s Electric Cooperative
- Mercy Clinic Providers
- Central Oklahoma Family Medical Center
- Pontotoc County Health Department
- Compassion Outreach Center

**Prioritized Need #1: Access to Affordable Health Care**

**GOAL 3: To equip non-medical citizens to provide emergency relief.**

**PROGRAM 1: Stop the Bleed**

**PROGRAM DESCRIPTION:** Mercy Ada Area Stop the Bleed Campaign. Launched by the White House, Stop the Bleed is a national awareness campaign and a call to action rolled out by the Department of Homeland Security. Other partners include: Federal Emergency Management Association (FEMA), Federal Bureau of Investigation, and the U.S. Department of Defense. Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in bleeding emergencies before professional help arrives. This program will be especially beneficial in the rural service area of Mercy Ada.

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

1. In October, 2018, Mercy Hospital Ada received a grant with Valley View Foundation for \$22,460 which will purchase 100 Stop the Bleed Control kits and Training Supplies.
2. Provide training to all schools, law enforcement, first responders, and to the public.

**ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):**

The overall goal of Stop the Bleed is to prepare the public to save lives by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and manmade and natural disasters. Success will be evident through the achievement of program goals including:

**Short-Term Outcome:** To provide lifesaving education and equip all our schools and law enforcement officers in the Ada region with bleed control kits.

**Medium-Term Outcome:** Show the skills acquired by citizens in the short-term outcome are still operational one year after the distribution of kits and initial training through 80% on follow-up assessment.

**Long-Term Outcome:** To assess how many kits were used and the circumstances in which the kits were used.

**PLAN TO EVALUATE THE IMPACT:**

**Short-Term Outcome Evaluation:** Track the distribution of kits and the persons trained.

**Medium-Term Outcome Evaluation:** Assess the longevity of the training one year after initial training.

**Long-Term Outcome Evaluation:** Survey the venues and circumstances in which kits were used.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

- 100 Stop the Bleed kits in area schools;
- Mercy Ada EMS will partner with collaborators to provide the needed training free of charge.

**COLLABORATIVE PARTNERS:**

- Federal Emergence Management Association
- Federal Bureau of Investigation
- United States Department of Defense
- Mercy Ada EMS
- Mercy Ada Hospital Emergency Department
- Ada Police Department
- Ada Fire Department
- Pontotoc County Health Department

**Prioritized Need #2: Access to Health Lifestyle Choices**

**GOAL 1: To increase awareness of and provide diabetes support for uninsured and at-risk persons.**

**PROGRAM 1: Diabetes Awareness and Support Group**

**PROGRAM DESCRIPTION:** The Mercy Ada Diabetes Educator will provide diabetes awareness and support for uninsured individuals who utilize the Compassion Outreach Center for their medical needs. These individuals lack the resources to afford diabetes self-management classes held at Mercy or elsewhere leading to a gap in which these individuals have increased visits to the Compassion Outreach Center.

<p>If these individuals continue to lack the knowledge to properly care for themselves it could lead to increase wound care needs, increase adjustments in medications, increased hospitalizations, and possibly death.</p>
<p><b>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b></p> <ol style="list-style-type: none"> <li>1. Raise awareness on the impacts of diabetes</li> <li>2. Raise awareness on the proper use, need, and data of glucose monitoring</li> <li>3. Raise awareness as to the proper action, use, and administration of medications</li> <li>4. Raise awareness as to healthy eating, choices, and portions</li> </ol>
<p><b>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</b></p> <p><b>Short-Term Outcomes:</b> Increased knowledge and diabetes self-care awareness for 25 patients per year.</p> <p><b>Medium-Term Outcomes:</b> Development of a personal program to manage diabetes for 75% of participants in diabetes awareness program.</p> <p><b>Long-Term Outcomes:</b></p> <ol style="list-style-type: none"> <li>1. Decrease mortality due to diabetes by 10%</li> <li>2. Decrease ED admissions due to diabetes by 10%</li> </ol>
<p><b>PLAN TO EVALUATE THE IMPACT:</b></p> <p><b>Short-Term Outcome Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Administer pre-test and post test for participants.</li> <li>• Track attendance at each session.</li> </ul> <p><b>Medium-Term Outcome Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Monitor adherence to each participant’s personal program to manage diabetes.</li> </ul> <p><b>Long-Term Outcome Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Survey participants and, if possible, their providers one year after completion of the program.</li> </ul>
<p><b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b></p> <ol style="list-style-type: none"> <li>1. Meters for glucose monitoring training</li> <li>2. Insulin training pens will be provided for the purpose of educating proper identification, expiration date, storage, disposal, and injection techniques</li> <li>3. Insulin syringes will be provided for the purpose of educating proper identification, expirations date, storage, disposal, and injection techniques</li> <li>4. Saline vials to be used with the insulin syringes</li> <li>5. Injection pads for proper insulin administration</li> <li>6. Plate and various training foods in which to teach healthy eating and the plate method</li> <li>7. Printed materials for each person to take home and keep</li> </ol>
<p><b>COLLABORATIVE PARTNERS:</b></p> <ol style="list-style-type: none"> <li>1. Compassion Outreach Center, Ada, Ok</li> </ol>

**Prioritized Need #2: Access to Health Lifestyle Choices**

**GOAL 2: To increase the number of medical care providers for the Ada and its surrounding communities far into the future.**

**PROGRAM 1: Mercy School Partnership for Career Pathways**

**PROGRAM DESCRIPTION:** The Mercy School Partnership for Career Pathways is a program that will provide the incentive and information needed for students (and their parents) in Ada and in the surrounding area public schools to consider seriously a career in the medical field.

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

1. Mercy Hospital Ada’s medical providers, such as, physicians, nurse practitioners, nurses, pharmacists imaging, lab and surgery techs will develop a curriculum and then serve as guest lecturers in classes in the local public schools.
2. Mercy Hospital Ada will initiate a volunteer and mentorship program with high school students who exhibit interest in medical careers.
3. Mercy Hospital Ada will collaborate with school guidance counselors to provide parents whose sons and daughters are exploring medical career possibilities with information on available avenues for financial aid.
4. Mercy Hospital Ada will collaborate with the Chickasaw Nation and other community partners to provide a High School Medical Career Exploration Day.

**ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):**

***Short-Term Outcome***

1. Mercy will collaborate with Ada schools and other area school districts, as possible, to develop a lesson plan template that mercy reps will use.
2. Mercy will collaborate with the school districts to develop a plan for target specific grade level for appropriate health care lesson and activity.
3. By the end of each fiscal year for the next three years, Mercy Hospital, Ada, will report on the numbers of classes taught and the number of students reached through its various initiatives.

***Medium-Term Outcomes:***

4. Develop a schedule with school site principals, school nurses and other appropriate representatives for implementation of the lessons.
5. Collaborate and work with the district to vertically align lessons to ensure appropriate student growth.
6. Continue to grow the program by adding additional topics and presenters.
7. Students will become more aware of how they can develop a healthier lifestyle for themselves and their families.

***Long-Term Outcomes:***

8. High school counselors have become aware of post-secondary opportunities, application processes and funding sources to further their education in health care.
9. Ada and surrounding area schools will graduate students who will pursue careers in medicine.
10. Mercy Hospital Ada will recruit medical professionals who would have participated in the *Mercy School Partnership for Career Pathways*
11. Students will become adults who are committed to a healthy lifestyle.

**PLAN TO EVALUATE THE IMPACT:**

**Short-Term Outcomes Evaluation:** Track the number of classes taught and students impacted. Plan toward a pre and post tests on the material.

**Medium-Term Outcomes Evaluation:** Track the number of students who choose to participate in a mentorship or internship program.

**Long-Term Outcomes Evaluation:** Survey Mercy presenters, student participants and school teachers/administrators for feedback to drive further instruction.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

- 8. Time, space and personnel for planning the program and program coordination
- 9. Services of the participating physicians, nurse practitioners, nurses, pharmacists as well as imaging, lab and surgery techs.

**COLLABORATIVE PARTNERS:**

- Ada Public Schools for the first year
- Other educational partners, as appropriate, in the 2<sup>nd</sup> and 3<sup>rd</sup> year.

**Prioritized Need 3: Behavioral Health**

**GOAL 1: To implement an Integrated Care Model approach to behavioral health care in the primary care setting.**

**PROGRAM 1: Integrate a Clinical Social Worker in the Mercy Ada Clinics**

**PROGRAM DESCRIPTION:** With the closure of the inpatient behavioral health unit at Mercy Hospital in January 2019, the need for development of a plan for an outpatient remedy to respond to behavioral health emerging needs of the community has been identified in our community health needs assessment. The integrated care model approach will place a licensed clinical social worker into the Mercy Hospital Ada Primary Care Clinic setting. The LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL will be available at the request of the provider to address a variety of issues common to primary care which includes but is not limited to affective conditions such as depression / anxiety, response to physical illness or pain, substance use and abuse, health behavior changes related to obesity, smoking, sleep, medication adherence, and self-management of chronic conditions, as well as, engaging the patient in prevention activities. Primary care provider referral to the LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL will likely occur when the condition exists that the patient and / or family is experiencing difficulties coping with personal, family and / or work life; highly conflictual and / or safety issues are evident in the home; difficulties adapting to medical and chronic health problems including end of life care; inadequate resources, knowledge of formal supports or ability to negotiate services systems. The implementation of this program will depend on securing adequate funding.

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

- 1. Discuss the Integrated Care Model with Mercy Ada Primary Care Providers to obtain their input and needs they have identified related to behavioral health in their practice.
- 2. Identify a medical director for the program.

3. Secure adequate funding from Catherine’s fund of Mercy and other funding sources.
4. Determine billing and documentation requirements and build into charge master / Epic.
5. Hire a Licensed Clinical Social Worker.
6. Identify professional competencies and training needs for the LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL related to integrated behavioral health in primary care.
7. Develop standard work-flow for provision of integrated care.
8. Develop and / or adopt evidence-based screening tools for depression, anxiety, PTSD, alcohol abuse, substance abuse, and domestic violence.
9. Introduce the “How’s Your 5?” concept to primary care providers and nursing co-workers.
10. Primary care provider to provide on-site referral to LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL as patient behavioral health needs are identified.

**ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):**

***Short-Term Outcomes:***

1. Provide behavioral health services to patients presenting to primary care who are at risk of impending or exacerbation of behavioral health symptoms by 10%
2. Provide various behavioral health screenings for 90% of primary care patients enrolled in the program.
3. Provide 20 on-site counseling sessions for patients in the primary care clinic.

***Medium-Term Outcomes:***

1. Measurable reduction in ER admissions related to physical symptoms and co-occurring behavioral health disorders, as well as, behavioral health crisis by 10%
2. Promote changes in unhealthy behaviors such as smoking, drinking, substance use, or overeating which will ultimately reduce long term health care costs by 10%.

***Long-Term Outcomes:***

1. Patient population begins to recognize responsibility for their own personal health and “total wellness” of their physical and mental well-being.
2. Patient population chooses healthier lifestyles resulting in better overall health.
3. Patient population learns coping skills such as relaxation techniques, etc. for reduction of stress / anxiety and other behavioral health issues.
1. Reduction in stigma of “behavioral health” in the community.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

1. The services of a licensed clinical social work to collaborate with physicians, mid-level providers, and nurses in order to provide integrated care in the primary care setting...
2. Materials needed for specific behavioral health screenings, e.g., depression, anxiety, PTSD, alcohol abuse, substance abuse, domestic violence.
3. Training / Competencies related to the integrated care model.

**PLAN TO EVALUATE THE IMPACT:** A number of metrics will be used to evaluate the program may include: number of patients referred to LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL, number of patients seen by LCSW, rate of

patients returning for a second appointment when scheduled for one, number of LCSW/OTHER LICENCED MENTAL HEALTH PROFESSIONAL patients who go to the emergency room, patient surveys, clinic physician surveys and financial metrics.

**COLLABORATIVE PARTNERS:**

11. Chickasaw Nation Medical Services
12. Oklahoma State Department of Health
13. Mental Health Services of Southern Oklahoma – Lighthouse Behavioral Wellness Center

### III. Other Community Health Programs

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

<b>Community Benefit Category</b>	<b>Program</b>	<b>Outcomes Tracked</b>
Ambulance Stand-By	Emergency medical care at a health-related community event.	Cost of Service
Abbas Tables	Local food kitchen.	Volunteer Hours.
Blood Drive	Quarterly blood drives held at Mercy Hospital and the annual Ada community-wide blood drive held at the Ada Agri-Plex and Convention Center.	Volunteer Hours
Cancer Education Program	The Cancer Center provides periodic educational sessions on cancer prevention.	Number of participants.
Community Benefit Operations	Costs associated with tracking community benefit assessment.	Staff costs.
Community Boards	Compassion Outreach Center Board of Directors	Number of Hours
Community Boards	Mama T's (Homeless Shelter) Board of Directors	Meeting Space and Meals Provided.
Diabetes Awareness and Diabetes Support Group	Diabetes Awareness and Support group offered to the uninsured at the Compassion Outreach Center.	Number of participants.
Donations -- Cash	Donations to organizations and programs that would count as community benefit.	Dollar Amount
Donations – Community Support	In-kind services contributed to the community by the staff while on work time and donations of food, equipment and supplies.	Volunteer Hours.
Free Clinic Support	Health Screenings for local high school athletes	Volunteer Hours and Cost of Supplies.

Free Clinic Support	Health Screenings for local Boy Scouts and Girl Scouts.	Volunteer Hours and Cost of Supplies.
Free Clinic Support	Volunteer hours provided by Mercy Ada Physicians and Nurses.	Number of volunteer hours.
Free Clinic Support	Imaging services provided to the Compassion Outreach Center.	Cost of procedures.
	Hospital medication assistance program	Persons served
	Transportation assistance programs	Persons served, cost of services
Health Professions Education	Internal Medicine Residency Program	Number of residents
	Health professions student education – nursing, imaging, therapy, pharmacy, medical student, lab, emergency medical technician, and advanced practice nursing	Numbers of students
Financial and In-Kind Contributions	First Aid and EMS Standby for community walks and runs	Cost of services
Food Donations	In addition to Meals on Wheels, other food donations made, including Guest Trays.	Cost of Food Donations.
Meals on Wheels	Mercy Hospital provides 60 meals per day for five days a week for Ada Community seniors and disabled.	Cost of Meals above recovered cost.
Medical Technology	Students participating in their fifth year of this field are stationed at Mercy Hospital Ada.	Number of Students + number of Mercy Ada mentor hours spent
Nursing Students	Mercy Hospital provides a clinical setting for students enrolled in an outside organization,	Number of Students + number of Mercy Ada mentor hours spent
School Partnership for Career Pathways	Mercy Hospital Ada’s medical providers, such as, physicians, nurse practitioners, nurses, pharmacists, imaging, lab and surgery techs will develop a curriculum and then serve as guest lecturers in classes in the local public schools.	Number of students.
		Cost of project

#### **IV. Significant Health Needs Not Being Addressed**

A complete description of the health needs prioritization process is available in the CHNA report. Under Access to “Affordable Lifestyle Resources,” two need which emerged were lack of healthy food and places to exercise. These were not chosen as priority focus areas for development of the current Community Health Improvement Plan due to Mercy Ada’s current lack of resources available to address these needs and the intention to focus on three other prioritized health needs. In addition, since the completion of the Community Health Needs Assessment the Chickasaw Nation has neared completion of a new and enlarged fitness center.

**9/12/2019**

