Community Health Improvement Plan

Your life is our life's work.

Mercy Hospital Carthage

Fiscal Year 2019 - 2021

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 Carthage completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in May 2019. 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 Carthage. The CHNA identified three prioritized health needs the hospital plans to focus on addressing during the next three years: Access to Care, Lung Disease, Cardiovascular Disease and Mental Health. The complete CHNA report is available electronically at mercy.net/about/community-benefits.

Mercy Carthage is affiliated with Mercy, one of the largest Catholic health systems in the United States. After a tornado destroyed Mercy's hospital in Joplin, Mo., Mercy teamed up with McCune-Brooks Regional Hospital in Carthage, Missouri to provide care for residents in both communities as well as the surrounding counties. On Jan. 1, 2012, Mercy assumed operations of the 25-bed Carthage hospital, now known as Mercy Hospital Carthage.

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 Hospital Carthage 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 Care: School Based Health Clinic

Goal 1: Increase access to health care through a school-based health clinic

PROGRAM 1: Provide clinical care to the Carthage school district
PROGRAM DESCRIPTION: Provide quality care to faculty, staff, students, and immediate family members of the school district.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Continue operations of an on-campus school-based clinic for Carthage schools to provide access to health care for their students and staff.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. Provide health and wellness testing and screenings to 10% of the school district 2. Provide necessary vaccines to 10% of students and faculty when needed 3. Increase access to care for faculty/staff/students ***Medium-Term Outcomes:*** 1. Work with Mercy marketing and communications to develop strategic plan for outreach. (annual basis) 2. Create wellness programs to incentivize 20% of faculty and staff of the district to lead a healthy lifestyle 3. Increase access by 10% each school year. ***Long-Term Outcomes:*** 1. Reduce staff sick days by 10% 2. Increase student attendance by 5-10% 3. Become a full time operational clinic by year five.
PLAN TO EVALUATE THE IMPACT: 1. Weekly meetings with staff to review clinic performance measures. 2. Regular meetings with school administrators to share clinic results 3. Track total visits and new patient visits to clinic 4. Develop tracking sheet for various populations that are seen at the clinic
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: 1. Full time staff to manage and operate clinic 2. Fund the appropriate budget for the part time clinic to be successful 3. Provide marketing assistance and dollars to promote the program
COLLABORATIVE PARTNERS:

1. Mercy Clinic Administration, Carthage School District Administration. Local EMS/Fire/Police

Prioritized Need #2: Diabetes

Goal 1: Diabetes Self-Management

PROGRAM 1: Diabetes Self-Management
PROGRAM DESCRIPTION: Improve access to health care and provide chronic disease self-management to our target population by using multidisciplinary teams to address all key functions of diabetes, facilitate integration of chronic care management into the organization's usual system of care, and create a system that provides a patient centered model.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Provide care to the uninsured and underinsured Joplin population that has diabetes 2. Provide resources and educational opportunities for the community
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. Increase access by working with coworkers who are actively engaged in the community. 2. Build relationships with Mercy Health Foundation and Community Benefit leaders, will help raise community awareness of Mercy Diabetes services. 3. Promote two diabetes campaigns per year through marketing campaigns and social media 4. Increase appropriate screenings for pre-diabetics. ***Medium-Term Outcomes:*** 1. Increased completed health exams (specifically – eye, foot, and dental) by 10% 2. Decrease length of inpatient stay to two days. 3. Implement a Diabetes Prevention Program by 2021 4. **Long-Term Outcomes:** 1. Reduce preventable hyperglycemia by 20% by year three of program patients 2. Increase active community participation/attendance in DPP by 20%
PLAN TO EVALUATE THE IMPACT: 1. Initially, the diabetes program will determine potential cost savings of the program. 2. Then, a continual effort will be made on a quarterly to semi-annual basis to review progress and outcomes 3. Participate in the Diabetes team meetings on a monthly or quarterly basis 4. Provide reports to community board on effectiveness of DPP
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: 1. Time, resources, funds, indirect expenses

2.

COLLABORATIVE PARTNERS:

1. Community Clinics, Mercy Northwest Arkansas Community Health for DPP,

Prioritized Need #3: Mental Health

GOAL 1: Provide care to postpartum patients that have an increased risk of depression.

PROGRAM 1: **Depression screenings.**

PROGRAM DESCRIPTION: According to the CDC, we know that in Missouri the prevalence of self-reported symptoms of postpartum depression are 12.8% and on the rise. Mercy Behavioral Health is committed to employing a full time LCSW to provide mental health care services to postpartum patients with depression. The LCSW and Mercy Behavioral Health serves as the point of contact for the patients and manages the program.

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

1. Hire a full time LCSW to work in the Mercy Carthage & Joplin community
2. Identify potential patients with services needed for postpartum depression.
3. Provide outreach to community members and serve as a resource for the program and provide services available to uninsured patients.
4. Provide assistance to patients in navigating appointment scheduling, transportation, and meeting other needs that may be barriers to accessing care.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. Identify five new mothers per quarter that have been provided services for depression
2. Create referral source to Mercy Behavioral Health
3. Create marketing campaign and material to promote program on an annual basis
4. The LCSW will establish care with 50% of new mothers experiencing depression
5. The average first appointment show rate for the program will be greater than 75%.

Medium-Term Outcomes:

1. Promote annual marketing campaign to raise awareness
2. Patients participating will meet with the LCSW/Provider twice per year to better manage their health and well-being.

Long-Term Outcomes:

1. Patients participating in the program will have improved health outcomes and health literacy to be better engaged in their health care decisions.
2. Reduce the prevalence of self-reported symptoms of postpartum depression by 5% in the Joplin community.

PLAN TO EVALUATE THE IMPACT:

1. Track number of LCSW visits. (Output)
2. Track total number of first new patient appointments made. (Short-term)
3. Tabulate demographic profile of patients served. (Short-term)

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
1. Provide 1.0 FTE of staff dedicated to the program. 2. LCSW time, travel, and other indirect expenses needed to deliver care.
COLLABORATIVE PARTNERS: 1. Jasper County Health Department 2. The Alliance of Southwest Missouri 3. Mercy Hospital Joplin – Behavioral Health 4. Mercy Care Management

III. Other Community Health Programs

Mercy Carthage 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.

Community Benefit Category	Program	Outcomes Tracked
Community Health Improvement Services	Bariatric Support Group	Persons served
	Diabetes Support Group	Persons served
	Community Health Fairs & Screenings	Persons served
	Community health education talks	Persons served
Health Professions Education		
Financial and In-Kind Contributions		
Community Building Activities – Workforce Development	Health professions student education – nursing, imaging, therapy, pharmacy, medical student,	Number of students

	lab, emergency medical technician, and advanced practice nursing	
Community Building Activities – Environmental Improvements		Cost of services

IV. Significant Health Needs Not Being Addressed

A complete description of the health needs prioritization process is available in the CHNA report. Mercy Carthage identified the health needs established through the Community Health Needs Assessment and determined that it was best to engage in programs and partnerships that already exist. During this cycle of the Community Health Improvement Plan, Mercy Carthage will not be addressing the following identified health needs:

- **Cardiovascular Disease:** Cardiovascular Disease is an identified need in our community, but there are many factors related to this disease that will be addressed though community collaborations. Mercy Carthage representatives are actively engaged in community collaborations that promote healthier lifestyles to fight this disease. Additionally, this disease will not be resolved as quickly as other health needs that are currently identified in this CHIP

- **Lung Disease:** Lung Disease is our second highest identified health need in our community, but there are many factors related to this disease that will be addressed though community collaborations. Mercy Carthage representatives are actively engaged in community collaborations that promote a tobacco free lifestyle to fight this disease. Additionally, this disease will not be resolved as quickly as other health needs that are currently identified in this CHIP

- **Cancer:** Cancer is a significant health need in our community, but there are many factors related to this disease that will be addressed though our local hospital oncology departments and community collaborations. Mercy Carthage representatives are actively engaged in community collaborations that promoting healthier lifestyles that effect the various diseases of cancer. Mercy Columbus's Mobile Mammography Unit will continue to provide screenings in the Carthage community and look to new opportunities to reach those that are underserved or underinsured. Additionally, this disease will not be resolved as quickly as other health needs that are currently identified in this CHIP

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