



# Community Health Improvement Plan

Mercy Hospital  
Columbus

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 Columbus completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in April 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. The CHNA identified three prioritized health needs, but the hospital plans to focus on addressing one health issue for the next three years: Cancer. The complete CHNA report is available electronically at [mercy.net/about/community-benefits](http://mercy.net/about/community-benefits).

Mercy Columbus is affiliated with Mercy, one of the largest Catholic health systems in the United States. Columbus, Kansas serves as the county seat of Cherokee County. Columbus was first settled in 1868 and became the intersection of the Saint Louis and San Francisco railroad and the Missouri, Kansas, and Texas railroads. Mining of coal, lead, and zinc as well as trade in agricultural products has supplied the area with business and work even to this day. Two schools are founded in Columbus: The Unified School District 493 and Coffeyville Community College's Columbus Technical Campus.

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 Columbus 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 – Cancer

**Goal 1: Provide cancer screenings, through a Mobile Mammography Unit, that ensures women in the community have access to appropriate breast health services, regardless of ability to pay.**

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| <b>PROGRAM 1: Mobile Mammography Program.</b>  |
| <b>PROGRAM DESCRIPTION:</b> The earlier you can detect breast cancer, the better your chances for successful breast cancer treatment. But we know it can be difficult to find the time to travel to a screening location. The Mercy mammography vehicle travels to locations in all corners of the community, and the actual screening typically takes just 15 minutes, and is performed by registered female technologists.   |
| <b>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"><li>1. Provide the latest advances in digital mammography so patients get clear, detailed images for diagnosis.</li><li>2. Provide a private, comfortable setting that makes the patient experience as pleasant as possible.</li><li>3. Employ Board-certified Mercy radiologists who specialize in breast imaging to examine patients mammography images</li><li>4. Ensure the care on the mobile mammography units is fully accredited by the American College of Radiology.</li><li>5. Work with Mercy foundation to continue to fund the program.</li><li>6. Promote and market the availability of screening opportunities.</li></ol>   |
| <b>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</b> <p><b>Short-Term Outcomes: (first year)</b></p> <ol style="list-style-type: none"><li>1. Increased awareness of vehicles presence in community</li><li>2. Monthly reports on mammograms done</li><li>3. Set a goal to increase mammograms by 12 each month</li><li>4. Quarterly quality and leadership meetings reports Mammogram numbers so we can see if we are climbing in numbers.</li><li>5. Short term outcomes achieved immediately: Easy access to mammograms making early detection possible</li><li>6. 3. Changes in Skills, attitudes and knowledge: As awareness increases, patients are more likely to utilize the mobile unit when they see it sitting in a location. The convenience of it will make it much easier to use and increase the opportunity to women to get the screenings they need.</li></ol> <p><b>Medium-Term Outcomes: (1-2yrs)</b></p> <ol style="list-style-type: none"><li>1. Screen 10% more women within the community's reach</li></ol> |

2. Target self-pay patients
3. Several months after end of Program: Our goal is to have several new locations added to our service area
4. Changes in behavior and decision making: As we approach the one-year mark on each location, we hope to have letters going out to patients that visited us the year before reminding them that it's time to get their screening again this year. This will help us encourage them to get their annual screening and continue their wellness and overall health goals.

**Long-Term Outcomes: (3yrs +)**

1. Decrease the amount of late stage diagnosis by 15% within Southeast Kansas communities
2. Changes in status or health or life conditions: By visiting the same locations and underserved areas year after year, and increasing early detection of breast cancer, we will eventually discover less and less stage 3 and 4 cancers. This has been proven over the last several years already and we should be able to show this by reporting the findings of cases we discover once we have a history to report on.

**PLAN TO EVALUATE THE IMPACT:**

1. Hospital will track, measure, record and indicate whether the growth and outreach efforts of the program are working.

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

1. Time, resources, funds, indirect expenses for the vehicle
2. Staff to operate the mobile unit
3. Provide continued professional development for certified staff
4. Provide necessary equipment and supplies for program outreach

**COLLABORATIVE PARTNERS:**

1. Community Health Center of SEKS, Jay Hatfield Company, Various Mercy departments and leaders,

### III. Other Community Health Programs

Mercy 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.

## IV. Significant Health Needs Not Being Addressed

A complete description of the health needs prioritization process is available in the CHNA report. Mercy Columbus 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 Columbus 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 through community collaborations. Mercy Joplin 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 through community collaborations. Mercy Joplin 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
- **Mental Health:** Mental Health is our third highest identified health need in our community, determined by our CHNA, but there are many factors related to this health problem that will be addressed through community collaborations. Mercy Joplin representatives are actively engaged in community collaborations, such as the Community Health Coalition, that will be addressing this health need in current projects and implementation strategies. Additionally, this health issue will not be resolved as quickly as other health needs that are currently identified in this CHIP



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