



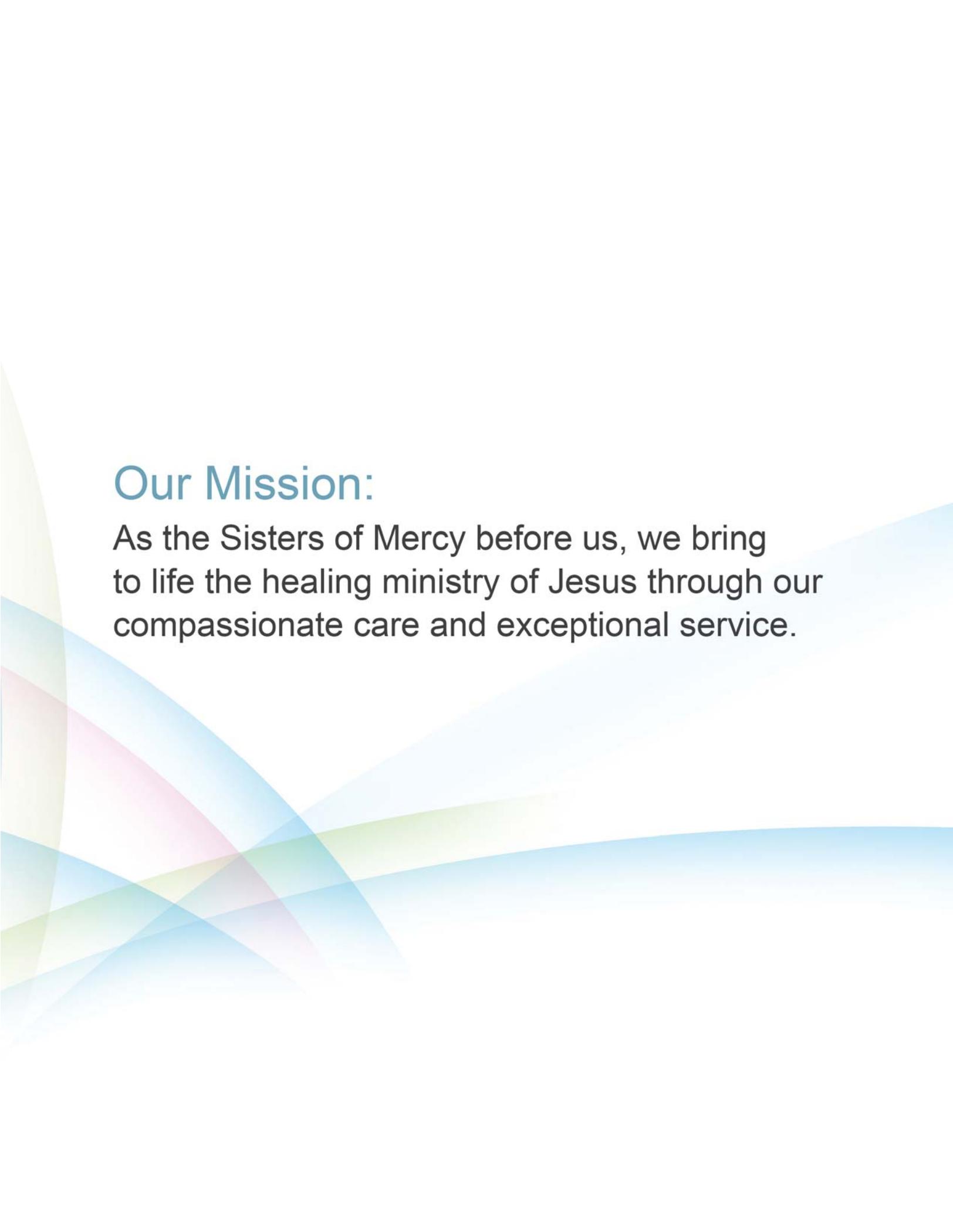
Community Health Improvement Plan

Mercy Hospital
Ozark

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 Ozark 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 Northwest Arkansas. The CHNA identified three prioritized health needs the hospital plans to focus on addressing during the next three years: Access to Care, Behavioral Health, and Nutrition. The complete CHNA report is available electronically at mercy.net/about/community-benefits.

Mercy Hospital Ozark is affiliated with Mercy, one of the largest Catholic health systems in the United States. Located in Ozark, Arkansas, Mercy Hospital Ozark's extended service area includes six zip codes, both rural and suburban settings; however, this stands as the main acute care facility within the region drawing from each of the communities served. The CHIP report will focus on Franklin County, where the acute care facility sits. The full-service hospital has 25 licensed beds and includes an emergency department and three primary clinic locations. On December 19, 1937, Franklin County was formed and named for Benjamin Franklin. The landscape of Franklin County is rugged terrain in the northern half, and rolling farmlands, forested ridges, and isolated mountains in the south. The county claims the first oil strike in Arkansas and sits on vast fields of coal, clay, iron, shale and other minerals; however, agriculture is still the main basis of its economy. Altus, AR has grown to be the winemaking capital in Arkansas. Ozark represents small-town living surrounded by mountains, rivers, forests and lakes. Ozark Lake and the Arkansas River provide plenty of fishing opportunities. Aux Arc Park stretches along the river providing a playground, campsites, boat launching ramps and other facilities for the outdoor enthusiast. Mercy Hospital Ozark is in the process of significant expansion to better meet the health care needs of the region. The roughly \$5 million investment will improve access to excellence in health care, increase economic development, and enhance quality of life throughout the rural Ozark region, when many rural areas are seeing closures. Mercy Hospital Ozark will continue to provide and expand access to care for the community.

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 Ozark 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

Goal 1: Increase access to health care for uninsured and at-risk persons.

PROGRAM 1: Community Health Worker Program
<p>PROGRAM DESCRIPTION: Community Health Workers (CHWs) serve as liaisons/links between health care and community and social services, screening for needs related to social determinants of health, and facilitating access to services and improving the quality and culture competence of care. CHWs work one-on-one with at-risk patients and community members, acting as patient advocates, assisting patients in applying for insurance, Medicaid, and financial assistance and connecting patients with community resources.</p>
<p>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Identify uninsured and at-risk patients and community members in need of assistance in Mercy clinics, emergency department, inpatient settings, community events, and through the use of reports and dashboards. 2. Assist uninsured patients apply for Mercy financial assistance, Medicaid programs, and Marketplace insurance plans. 3. Assist patients without an established primary care provider in establishing care with a primary care clinic or provider. 4. Screen patients for needs related to social determinants of health and connect patients to community resources to meet identified needs. 5. Connect patients with other community resources, including medication resources, as needed.
<p>Short-Term Outcomes:</p> <ol style="list-style-type: none"> 1. By the end of each month, each CHW will have recorded 10 new and 10 ongoing encounters. 2. By the end of each fiscal year for the next three years, each CHW will enroll 25 patients in Mercy financial assistance and 25 in Medicaid. 3. Each CHW will assist at least 50 patient per year with community and medication assistance resources. <p>Medium-Term Outcomes:</p> <ol style="list-style-type: none"> 1. Patients enrolling in CHW program will demonstrate a 25% reduction in ED utilization and reduction inpatient admissions. 2. Patients enrolling in CHW program will demonstrate a 30% reduction in their total bad debt. 3. CHWs will assist patients without a current primary care provider to establish care with a PCP at a Mercy clinic, FQHC, free clinic, or another clinic. <p>Long-Term Outcomes:</p> <ol style="list-style-type: none"> 1. 40% of Mercy patients enrolled saw reduction of malnutrition. 2. 20% of Mercy patients enrolled received housing assistance.
<p>PLAN TO EVALUATE THE IMPACT:</p> <ol style="list-style-type: none"> 1. Track number of new and ongoing encounters conducted by each CHW. (Output)

<ol style="list-style-type: none"> 2. Track number of patients successfully enrolled in Mercy financial assistance, Medicaid, and Marketplace insurance plans. (Short-term) 3. Measure number of patients successfully establishing a primary care home. (Short-term) 4. Record number of patients receiving community resource and medication assistance. (Short-term) 5. Analyze ED utilization and inpatient admissions data for cohort of patients utilizing CHW services. (Medium-term) 6. Analyze pre and post intervention bad debt for cohort of patients utilizing CHW services. (Medium-term)
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</p> <ol style="list-style-type: none"> 1. Salary and benefits for full-time Community Health Worker. 2. Office space and indirect expenses dedicated to CHW work.
<p>COLLABORATIVE PARTNERS:</p> <ol style="list-style-type: none"> 1. Hope Campus 2. Local churches 3. Local clinics 4. Ozark Housing Authority

<p>PROGRAM 2: Mammography Mobile Van</p>
<p>PROGRAM DESCRIPTION: A mammography van that allows patients to have detailed screenings, in a private, comfortable setting in a self-contained vehicle. This van allows Mercy to travel to the uninsured and at-risk patients for convenience and multiple locations in a short period of time.</p>
<p>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Assist women receive a quick, reliable screening. 2. Identify locations that might be more difficult for patients to come for care and bring the van there for services.
<p>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</p> <p><i>Short-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. Each month the mammography van will go to all the critical access hospitals or their service area. <p><i>Medium-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. Increase the number of patients screened by 5% each fiscal year. <p><i>Long-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. 60% of patients will receive follow-up care as needed based on results of screening.
<p>PLAN TO EVALUATE THE IMPACT:</p> <ol style="list-style-type: none"> 1. Track number of patients screened. (Short-term) 2. Track number of technician hours. (Output)
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</p> <ol style="list-style-type: none"> 1. Salary and benefits for radiology staff. 2. Mammography van indirect costs.
<p>COLLABORATIVE PARTNERS:</p>

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|---|
| <ol style="list-style-type: none"> 1. Local schools 2. Local clinics 3. Butterball 4. ATU Ozark |
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Prioritized Need #2:

Goal 1: Increase access to mental health care for uninsured and at-risk persons.

PROGRAM 1: Behavioral Health Strategic Plan
PROGRAM DESCRIPTION: Mercy Hospital Ozark will collaborate with community partners to conduct a current assessment of behavioral health services offered, identify any existing gaps and develop a plan to pilot creative collaborative approaches to meet community behavioral health needs.
<p>ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Conduct an internal inventory of existing Mercy behavioral health services. 2. Conduct an external inventory of existing local community services offered by other health systems, non- profit and for-profit agencies. 3. Review data from any existing community assessments, resource list inventories and other reports. 4. Identify gaps in service, explore Mercy ministry solutions and other best practice options, and develop a plan to pilot a minimum of one initiative.
<p>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</p> <p><i>Short-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY20, the internal and external assessments will be completed. <p><i>Medium-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY21, community need gaps will be identified and a plan, including funding support, will be proposed for pilot initiative(s). <p><i>Long-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY22, the pilot plan, if adopted, will be implemented and initial outcome data presented.
<p>PLAN TO EVALUATE THE IMPACT:</p> <p>Impact evaluation approach will be dependent on program piloted. Measurement tools will include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Number of internal behavioral health programs. 2. Numbers of patients and community members served. 3. Analyses of available outcomes data, for example, utilization, readmission, and change in contribution margin.
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</p> <ol style="list-style-type: none"> 1. Cost of coworker time. 2. Operational budgeted support as appropriate. 3. Grant funding as possible.
<p>COLLABORATIVE PARTNERS:</p> <ol style="list-style-type: none"> 1. To be determined based on pilot program(s) proposed.

Prioritized Need #3: Nutrition

Goal 1: Increase healthy habits for at-risk persons.

PROGRAM 1: Health Seminars
PROGRAM DESCRIPTION: Educational classes for uninsured, at-risk patients, and community members. Classes will vary on topics that are relevant for target audience. There can be a hands-on component to some of the courses as well.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> 1. Identify uninsured and at-risk patients and community members in need of assistance in Mercy clinics, emergency department, inpatient settings, community events, and through the use of reports and dashboards. 2. Assist patients with connecting them to educational materials and resources, as needed. 3. Educate patients on health topics relevant to their life and help create a plan towards better habits.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): Short-Term Outcomes: <ol style="list-style-type: none"> 1. By the end of FY20, create a calendar of health seminars. 2. Connect 10% of attendees with Mercy and community resources. Medium-Term Outcomes: <ol style="list-style-type: none"> 1. 20% increase in knowledge of subject matter based on pre and post tests. Long-Term Outcomes: <ol style="list-style-type: none"> 1. Increase attendance to health seminars by 20%.
PLAN TO EVALUATE THE IMPACT: <ol style="list-style-type: none"> 1. Track number of patients attending each seminar. (Output) 2. Track number of patients referred to CHW from each seminar. (short-term) 3. Analyze ED utilization and inpatient admissions data for cohort of patients utilizing health seminars. (Medium-term)
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: <ol style="list-style-type: none"> 1. Cost of coworker's time 2. Equipment, space, and materials for meetings to be successful
COLLABORATIVE PARTNERS: <ol style="list-style-type: none"> 1. Arkansas Department of Health 2. Local schools and churches 3. Arkansas Hunger Relief Alliance

PROGRAM 2: Physical Fitness Initiative
PROGRAM DESCRIPTION: Create healthy habits to encourage community members and patients to lose weight, increase cardio, and increase strength training.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> 1. Assist patients with physical fitness challenges.

<ol style="list-style-type: none"> 2. Identify patients who might benefit from being encouraged to lose weight. 3. Educate patients on the benefits of physical fitness and healthy weight loss. 4. Assist patients create a plan towards better habits.
<p>ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):</p> <p><i>Short-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY20, create a physical fitness initiative plan. <p><i>Medium-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY21, community needs will be identified and a plan, including funding support, will be proposed for pilot initiative(s). <p><i>Long-Term Outcomes:</i></p> <ol style="list-style-type: none"> 1. By the end of FY22, the pilot plan, if adopted, will be implemented and initial outcome data presented.
<p>PLAN TO EVALUATE THE IMPACT:</p> <ol style="list-style-type: none"> 1. Number of physical fitness initiatives. 2. Number of patients and community members served. 3. Analyses of available outcomes data, for example, utilization, readmission, and change in contribution margin.
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</p> <ol style="list-style-type: none"> 1. Cost of coworker time. 2. Operational budgeted support as appropriate. 3. Grant funding as possible.
<p>COLLABORATIVE PARTNERS:</p> <ol style="list-style-type: none"> 1. To be determined based on pilot program(s) proposed.

III. Other Community Health Programs

Mercy Hospital Ozark 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	Community Health Fairs & Screenings	Persons served
	Community health education talks	Persons served
	Talk and We	Persons served
Health Professions Education	Health professions student education – nursing management, therapy, and lab	Numbers of students

IV. Significant Health Needs Not Being Addressed

A complete description of the health needs prioritization process is available in the CHNA report. Three health issues identified in the 2019 CHNA process—COPD, housing, and unemployment—were not chosen as priority focus areas for development of the current Community Health Improvement Plan due to Mercy’s current lack of resources available to address these needs and the intention to focus on the four prioritized health needs. These issues will be addressed indirectly in implementation strategies developed to meet the prioritized needs in areas that may overlap. For example, efforts to reduce the incidence of type 2 diabetes in the community may also reduce the incidence of heart disease. Additionally, related community partnerships, evidence-based programming, and sources of financial and other resources will be explored during the next three-year CHIP cycle. Mercy Hospital Ozark will consider focusing on these issues should resources become available. Until then, Mercy Hospital Ozark will support, as able, the efforts of partner agencies and organizations currently working to address these needs within the community.

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