Community Health Improvement Plan

Mercy Hospital Springfield Communities

Fiscal Year 2019 - 2021

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.

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I. Introduction

Mercy Springfield (Mercy SGF) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in June 2019. The CHNA considered 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 Springfield. The CHNA identified three prioritized health needs the hospital plans to focus on addressing during the next three years: Cardiovascular Disease, Lung Disease and Awareness of Mental Health disease. The complete CHNA report is available electronically at mercy.net/about/community-benefits. Mercy SGF is affiliated with Mercy, one of the largest Catholic health systems in the United States. Located in Springfield, Missouri, Mercy includes more than 40 acute care, managed and specialty (heart, children's, orthopedic and rehab) hospitals, 900 physician practices and outpatient facilities, 45,000 co-workers and 2,400 Mercy Clinic physicians in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has clinics, outpatient services and outreach ministries in Arkansas, Louisiana, Mississippi and Texas. Mercy Springfield named one of the top five large U.S. health systems from 2016 to 2019 by IBM Watson Health, in addition, Mercy's IT division, Mercy Technology Services, and Mercy Virtual commercially serve providers and patients from coast to coast. Mercy SGF, a Level I Emergency Trauma Center for Missouri and Arkansas, the only Level II Pediatric Trauma Center for Arkansas and the region's only burn unit, has 947 beds and approximately 5,798 coworkers.

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 SGF 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: Cardiovascular Disease

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

PROGRAM 1: **Community Health Worker**
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 MSU Care Free community clinic and financial assistance and connecting patients with community resources.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Identify uninsured and at-risk patients and community members in need of assistance in Mercy clinics, emergency department, inpatient settings, community events, and using reports and dashboards. 2. Assist uninsured patients apply for Mercy financial assistance. 3. Assist patients without an established primary care provider in establishing care with MSU Care Clinic. 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.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. By the end of each fiscal year for the next three years, each CHW will enroll 50 patients in Mercy financial assistance, and 20 in MSU Care Clinic. 2. 90% of new patients to each CHW without a primary care provider will establish care with MSU Care, FQHC, free clinic, or other clinic within 6 months. 3. Each CHW will assist at least 50 patients per year with community and medication assistance resources. ***Medium-Term Outcomes:*** 1. Patients enrolling in CHW program will demonstrate reduced ED utilization by 10% and reduced inpatient admissions by 10%. 2. Patients enrolling in CHW program will demonstrate a reduction in their total bad debt 10%. ***Long-Term Outcomes:***

1. Patients enrolling in CHW program will have improved health outcomes, improved well-being, and demonstrate improvement in measures of social determinants of health.

PLAN TO EVALUATE THE IMPACT:

1. Track number of new and ongoing encounters conducted by each CHW. (Output)
2. Track number of patients successfully enrolled in Mercy financial assistance. (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)

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Salary and benefits for full-time Community Health Worker.
2. Office space and indirect expenses dedicated to CHW work.

COLLABORATIVE PARTNERS:

1. Missouri State University
2. Salvation Army
3. Dream Center
4. Harmony House

PROGRAM 2: Mercy Charitable Pharmacy

PROGRAM DESCRIPTION: The Mercy Charitable Pharmacy will help un-insured patients receive medications for chronic illnesses, acute illnesses, and others as medications become available through the Dispensary of Hope.

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

1. Identify uninsured patients that meet the guidelines for the pharmacy to provide medications per case if we have medications on-hand.
2. Refer patients that come to the pharmacy to a CHW to connect them with health insurance and other resources as needed per patient.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. By the end of the fiscal year, an informational sheet/website will be distributed to remind Mercy co-workers about the program.
2. By the end of the fiscal year, 50 prescriptions will utilize the pharmacy by outreach, informational sheet, meetings, and medication email list.

Medium-Term Outcomes:

1. Patients receiving medications from the pharmacy will demonstrate a 10% reduction in ED utilization and reduction inpatient admissions.
2. Patients receiving medications from the pharmacy will demonstrate a 5% reduction in their total bad debt.

Long-Term Outcome:

1.10% of patients seen at the Mercy Charitable Pharmacy will be referred to the Community Health Worker program.

PLAN TO EVALUATE THE IMPACT:

1. Track number of co-workers on email list for medication list
2. Track number of patients served.
3. Analyze ED utilization and inpatient admissions data for cohort of patients utilizing pharmacy services.
4. Analyze pre- and post-intervention bad debt for cohort of patients utilizing pharmacy services.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Salary and benefits for part-time pharmacist.
2. Yearly membership to Dispensary of Hope for medications.
3. Office space and indirect expenses dedicated to pharmacist work.

COLLABORATIVE PARTNERS:

1. Dispensary of Hope
2. MSU Care
3. Mercy Case Management

Goal 2: Increase access to healthy food for uninsured and at-risk persons.

PROGRAM 3: **Red Door Market**

PROGRAM DESCRIPTION: The Red Door Market is a service available for Mercy co-workers. Through this ministry, we can assist with **emergency food** for those finding themselves in a crisis. This service is available to co-workers, but will expand to food insecure patients as well within the next three years

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

1. Promote and communicate the process for accessing food
2. Increase total referrals

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. 10 referrals to WIC
2. Increased awareness and external partners by 3 partners or 5 clinics

Medium-Term Outcomes:

1. Increase number of users by 10%

Long-Term Outcomes:

1. Decrease readmittance rates by 10%.

PLAN TO EVALUATE THE IMPACT:

1. Track and measure all coworkers who utilize the Red Door Market
2. Measure all Community Resources that are partnered with coworkers including WIC
3. Track and Measure all patients that identify as food insecure in EPIC
4. Track and Measure those patient's readmissions.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Space
2. CHW staff hours
3. Materials

COLLABORATIVE PARTNERS:

1. WIC
2. Mercy outpatient Clinics
3. Mercy Woman with A Mission
4. Ozarks Food Harvest

Prioritized Need #2: Lung Disease

Goal 1: Reduce Tobacco use

PROGRAM 1: **Tobacco 21 Ordinance**

PROGRAM DESCRIPTION:

Raising the minimum age of legal access (MLA) of all tobacco products from 18 to 21 years of age, will prevent nicotine dependence in teenagers and young adults and, according the Institute of Medicine, will decrease initiation of youth smoking, decrease overall smoking rates, and increase the number of on-time births and newborns with a healthy weight. Passing the Tobacco 21 ordinance in Greene county and the surrounding Springfield communities counties.

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

1.Engage and Participate in Efforts to Create T21 laws in SW Missouri.

2.Provide education regarding such issues as tobacco use, vaping, related risk factors and prevention strategies and cessation.

3.Promote and support evidence -based cessation and related co-morbidities programs, services and treatments within the Mercy system and community at large.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1.Increase awareness of the law that bans anyone under the age of 21 to purchase tobacco products.

2.Distribute pamphlets and educational materials to community members regarding the dangers of tobacco use.

3.Changes in skills, attitudes, and knowledge dangers of vaping in school age children

Medium-Term Outcomes:

1.Fewer minors under the age of 21 will be using tobacco products by 10%

2.Increase the number of tobacco cessation program participants by 10%

3.Reduce the number of coworkers that smoke by 10%

Long-Term Outcomes:

1.Fivecities will adopt Tobacco 21 initiatives

2.Two counties will adopt Tobacco 21 initiatives

PLAN TO EVALUATE THE IMPACT:

1. Maintain communication with City and County officials for adoption of Tobacco 21.
2. Collaborate with SGCHD for current and future numbers of minor tobacco users.
3. Partnership with Mercy tobacco cessation team.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Staff hours
2. Materials
3. Tobacco cessation professional

COLLABORATIVE PARTNERS:

1. Springfield Greene County Health Department
2. Cox Hospital
3. Tobacco Free Missouri

Goal 2: Increase Vaccines for the uninsured and vulnerable

PROGRAM 3: **Pneumococcal Vaccines for the Chronically Ill and Vulnerable**

PROGRAM DESCRIPTION: PPSV23 is recommended in smokers, diabetic patients, patients with COPD or asthma, patients with chronic liver disease, and heart disease. This describes a large portion of the Uninsured, underinsured and vulnerable population. Most of the Patients that are discharged from the hospital and become patients at MSU Care Clinic fit these criteria. After careful review of the at-risk population of patients at MSU Care, it was found that 40% were at even higher risk and needed the Pneumococcal Vaccine.

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

MSU Care currently uses the Merck Patient Assistance Program for vaccines. We fill out paperwork for each patient vaccinated, and because our patients are uninsured and low-income, receive replacement doses. However, the replenishment shipments happen once monthly. So, to maintain the same pace of vaccine reviews each month, we will purchase an additional 20 doses so that we do not have "off" months while waiting for replenishment shipping.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

1. Improved vaccination rates for PPSV23 by 10% for uninsured MSU Care patients at the highest risk for Pneumonia due to smoking, diabetes, COPD or asthma, chronic liver disease, and heart disease.
2. 100% of patients that require PPSV23 receive documentation explaining risk and benefits.

Medium-Term Outcomes:

1. Reduction in readmittance hospitalizations for pneumonia by 10%.

Long-Term Outcomes:

1. 100% PPSV23 vaccination for all MSU Care Clinic patients.

PLAN TO EVALUATE THE IMPACT:

1. The MSU Care pharmacist runs monthly reports to track number of vaccines administered and recommended to track the success of the program
2. Hospitalizations and readmissions of the patient population getting the vaccinations.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Analyst staff hours
2. CHW staff hours

COLLABORATIVE PARTNERS:

1. MSU Care
2. Foundation
3. Merk Patient Assistance Program

Prioritized Need #3: Mental Health Disease

Goal 1: Increase Awareness of Mental Health Disease

PROGRAM 1: **Adult Mental Health First Aid Program**
PROGRAM DESCRIPTION: Train as many coworkers and community members as possible in the Community Partnership program of Mental Health First aid. Adult Mental Health First Aid is a public education program which introduces participants to risk factors and warning signs of mental health problems in adults, builds understanding of their impact, and overviews common treatments. Adult Mental Health First Aid is an 8-hour course, which uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer, social, and self-help care. The program also teaches about risk factors and warning signs of illnesses like anxiety, depression, schizophrenia, bipolar disorder, and addictions.
ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: Will work closely with Community Partnership of the Ozarks to set up 4 scheduled days for coworkers and community members to be trained in the program. This 8-hour course for coworkers and community members will take place on the hospital campus. Mercy meeting space will be donated to use for the program.
ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES): ***Short-Term Outcomes:*** 1. The program will be advertised to coworkers and community members alike. 2. Partner with 3 community organizations to offer this program to coworkers and community members. 3. First program offered in spring of 2020 with one each quarter ***Medium-Term Outcomes:*** 1. Pre- and posttests to track change in knowledge regarding Mental health 2.At least 200 people will be impacted. ***Long-Term Outcomes:*** 1. One year post annual review to measure stigma change
PLAN TO EVALUATE THE IMPACT: 1. Number of coworker and community members that sign up for the program 2. Changes in knowledge according to the pre- and posttests 3. Changes in attitude according to the one-year annual review.
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: 1. Time, resources, funds, indirect expenses
COLLABORATIVE PARTNERS: 1. Community Partnership of the Ozarks

III. Other Community Health Programs

Mercy Springfield 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		Persons served
	Diabetes Support Group	Persons served
		Persons served, cost of services
	Community Health Fairs & Screenings	Persons served
	Community health education talks	Persons served
	Healthy for Life	Persons served
	Hospital medication assistance program	Persons served
	MSU Care Clinic	Persons served, cost of services
Health Professions Education		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	Lifeline	Cost of services
Community Building Activities – Workforce Development		Number of students

		Number of students
		Number of students
Community Building Activities – Environmental Improvements		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. Three health issues identified in the 2019 CHNA process—heart disease, cancer, and substance abuse—were not chosen as priority focus areas for development of the current Community Health Improvement Plan due 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 NWA will consider focusing on these issues should resources become available. Until then, Mercy NWA will support, as able, the efforts of partner agencies and organizations currently working to address these needs within the community.

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