

Community Health Needs Assessment
Mercy Hospital El Reno
2012



Mercy Hospital El Reno Community Health Assessment

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Mercy Hospital El Reno Community Health Assessment

Executive Summary

These community health assessment and implementation strategy/community benefit plans were developed for El Reno, a community of about 17,000 people in central Oklahoma. It is intended to meet IRS requirements for nonprofit hospitals. It was developed using data from the State of the County's Health Report, the Canadian County Community Needs Assessment 2013, and current US Census data. Implementation strategy and plan were developed collaboratively with the Canadian County Health Department (CCHD) and the El Reno Public School System.

Facility Definition

Mercy Hospital El Reno is a General Medical Surgical Hospital licensed for 48 beds. The average daily census in from June 10, 2012 to present was six. Mercy Hospital El Reno provides a wide range of outpatient services including laboratory, x-ray, CT, Physical Therapy and MRI. Additionally Mercy Hospital El Reno operates an Outpatient Specialty Clinic providing access to visiting physicians representing many specialties.

The emergency department at Mercy Hospital El Reno has five patient care rooms. It is staffed by a Physician or Physician Assistant and an RN twenty four hours a day. During peak hours there is also a Paramedic on duty. The ER has had a total volume of 8339 for FY 2013 YTD resulting in an average monthly volume of 758 and an average daily volume of 25.

The hospital sees both genders and all age ranges. The hospital does not provide obstetric services.

Community Description

El Reno, the county seat for Canadian County, is a city of 17,260 residents located between the Oklahoma City Metropolitan area and the rural areas of western Oklahoma. Mercy Hospital El Reno serves this city and the surrounding rural areas in the west half of Canadian County, and some portions of Kingfisher, Blaine, Caddo and Grady counties. The assessment data presented here addresses Canadian County.

Geography. Canadian County is 905 square miles. El Reno is 79.24 square miles. The county includes both metropolitan and rural areas. There are nine cities/towns in the county; Mercy Hospital El Reno primarily serves El Reno, Calumet, Geary, Okarche and Union City. These are the more rural communities in the western half of the county. Because of it's proximity to the Oklahoma City Metropolitan area many people in El Reno commute to work. In El Reno the mean travel time to work is 19.7 minutes.

Economy. The local economy is heavily dependent on agriculture and energy. The median household income in El Reno is \$45,689. Those below the median income level have been disproportionately impacted by the recent recession; the proportion of the population living below poverty is 15.3%. This is in stark contrast to the county poverty rate of 7.9%.

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Physical environment. Canadian County ranked 60 out of the 77 Oklahoma counties in this category. This indicator includes all aspects of where its citizens live and work (home, buildings, streets, sidewalks and parks). This ranking has declined from 25 out of 77 in 2010 to 60 out of 77 in 2012. Specific issues included in the poor physical environment ranking included:

- Percent of the population who is low income and lives > 1 mile from a grocery store – 13%. This data was not available at the city level, but El Reno may very well have a worse performance on this indicator due to the higher proportion of those living below poverty level.
- Annual ozone air quality grade 5 where a grade of A = 1, B=2, C=3, D=4 and F=6.
- 7984 pounds of recognized carcinogens released into the air in 2011.

Community Health Care (Community Assets)

1. Hospitals - Mercy Hospital El Reno is the only hospital in El Reno.
2. There are four primary care clinics in El Reno
 - a. There are four community based physicians providing primary care.
 - b. Mercy El Reno Clinic does not currently have a community based physician, but does have a full time Physician Assistant and two physicians from the Mustang clinic who are helping provide primary care in the Mercy Clinic.
 - c. There is also an Urgent Care clinic staffed by Nurse Practitioners providing both urgent and primary care.
3. Canadian County Health Department provides public health services in El Reno
4. Indian Health - the El Reno Health Center provides primary care to the Indian population of Canadian County and part of Oklahoma County. The staff of 4 medical providers sees about 26,000 primary care visits per year. Services available
 - a. Medical
 - b. Dentistry
 - c. Optometry
 - d. Public Health
 - e. Podiatry
 - f. Pharmacy
 - g. Pediatrics
 - h. Behavioral Health

El Reno Demographics:

1. Population 2011 (estimate) 17,268
2. Population percent change 2010 to 2011, 3.1% (state 0.9%).
3. Persons under 5 years, percent, 2010 7.5%.
4. Persons under 18 years, percent, 2010 24.2%.
5. Persons 65 and over, percent, 2010 12.4%
6. Language other than English spoken at home, percent age 5+, 2007-2011 12.3%.
7. High school graduate or higher, percent of persons age 25+, 2007-2011 82%

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8. Bachelor's degree or higher, percent of persons age 25+, 2007-2011 12.3%.
9. Homeownership rate, 2007-2011 65.1%.
10. Median household income, 2007-2011 \$45,689.
11. Persons below poverty level, percent, 2007-2011 15.3%.
12. Persons per square mile, 2010 211.4.

How the Assessment was Conducted

This Community Health Assessment was developed using:

1. US Census data:
 - a. Oklahoma data - <http://quickfacts.census.gov/qfd/states/40000.html>
 - b. Canadian County data - <http://quickfacts.census.gov/qfd/states/40/40017.html>
 - c. El Reno data - <http://quickfacts.census.gov/qfd/states/40/4023700.html>
2. State of the County's Health Report - <http://www.ok.gov/health2/documents/CEE-Canadian%20County%202010.pdf>
3. State of the State's Health Report - <http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf>
4. Canadian County Community Needs Assessment 2013. The Canadian County Community Needs Assessment 2013 was conducted by the Canadian County Coalition for Children and Families for the 115,541 residents of Canadian County, Oklahoma.
5. Mercy Hospital El Reno Community Needs Assessment, April 2013

Who was Involved in the Assessment

Citizens of the community were central in the development of this needs assessment. In 2010 and again in 2011, Mercy Hospital El Reno held a community roundtable to dialogue directly with community members about their needs, ideas, and concerns related to healthcare. Common themes included: being involved in the schools to promote and educate on health/wellness, access to health care services for all, obesity and the health risks associated with tobacco and its related problems, and diabetes. A focus on partnerships, education, and technology were listed as ways to improve health/wellness in the community.

Mercy Planning and Research provided analysis of internal and external demographics, health resource utilization, chronic conditions and community health status. Contracted patient satisfaction services assist Mercy on an on-going basis by measuring and providing benchmark data on patient satisfaction on in-patients, ambulatory surgery, and emergency room patients.

Experts consulted:

1. Turning Point Regional Consultant, Dusti Brodrick
2. Health Educator, Canadian County Health Department, Nichole Michael
3. Mentoring Director, El Reno Public Schools, Brooke Stroman
4. Superintendent, El Reno Public Schools, Craig McVay

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Health Indicators

Information gap: Health statistics are available at the county level, not at the community level. There are demographic data available from the US Census at the community level demonstrating that El Reno does not demographically fit the county profile and that many of these health data may not be generalizable to the community level. The data that shows El Reno does not fit the county profile include:

	El Reno	Canadian Co.	Oklahoma	US
High School graduate or higher % (age >24)	82.0%	91.2%	85.9%	85.4%
Bachelor's Degree or higher % (age > 24)	12.3%	25.6%	23%	28.2%
Home ownership rate	65.1%	77.2%	67.8%	66.1%
Median value of owner occupied housing units	\$83,500	\$135,100	\$108,400	\$186,200
Per capita income	\$19,962	\$27,536	\$23,770	\$27,915
Median household income	\$45,689	\$62,355	\$44,287	\$52,762
Persons below poverty level	15.3%	7.8%	16.3%	14.3%
White persons %	71.8%	85.2%	75.8%	78.1%
Black persons %	7.2%	2.8%	7.7%	13.1%
American Indian and Alaskan Native persons %	11.1%	5.0%	8.9%	1.2%
Asian persons %	0.5%	3.0%	1.8%	5.0%

The Canadian County Community Needs Assessment 2013 identified the following as the top ten focus areas for Canadian County:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Obesity 2. Stroke 3. Heart Disease 4. Diabetes 5. Tobacco | <ol style="list-style-type: none"> 6. Infant Mortality 7. Suicide 8. Mental Health/Substance Abuse 9. Child Health 10. Unintentional Injury |
|--|--|

Leading Causes of Death: The State of the County's Health Report 2010 identified the 10 leading causes of death by age group in Canadian County:

Rank	0-4 yr	5-14 yr	15-24 yr	25-34 yr	35-44 yr	45-54 yr	55-64 yr	65+ yr	All Ages
1	Perinatal Period	Injury	Injury	Injury	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
2	Congenital Abnormalities	Cancer	Suicide	Suicide	Injury	Heart Disease	Heart Disease	Cancer	Cancer
3	Cancer	Congenital Abnormalities	Cancer	Cancer	Heart Disease	Injury	Bronchitis COPD Asthma	Stroke	Stroke
4	Sids	Homicide	Heart Disease	Homicide	Suicide	Suicide	Stroke	Bronchitis COPD Asthma	Bronchitis COPD Asthma
5	Heart Disease	Influenza Pneumonia	Homicide	Heart Disease	Liver Disease	Bronchitis COPD Asthma	Injury	Alzheimer's Disease	Injury

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Rank	0-4 yr	5-14 yr	15-24 yr	25-34 yr	35-44 yr	45-54 yr	55-64 yr	65+ yr	All Ages
6	Homicide	Suicide	Influenza Pneumonia	Liver Disease	Stroke	Stroke	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
7	Influenza Pneumonia			Benign Neoplasm	Diabetes Mellitus	Diabetes Mellitus	Liver Disease	Influenza Pneumonia	Influenza Pneumonia
8	Six Causes Tied			Influenza Pneumonia	Homicide	Influenza Pneumonia	Influenza Pneumonia	Injury	Alzheimer's Disease
9				Septicemia	Influenza Pneumonia	Liver Disease	Suicide	Nephritis	Suicide
10				Three Causes Tied	Two Causes Tied	Viral Hepatitis	Four Causes Tied	Hypertension	Nephritis

Health Risk Factors: The State of the County's Health Report 2010 summarized performance on the Healthy People 2010 indicators:

Healthy People 2010 Indicator	Canadian Co.	Oklahoma	US	2010 Target
Prevalence of Obese (Age 18+)	24.1%	31%	26.7%	15%
No Leisure-time Physical Activity (Age 18+)	25%	31.5%	24.6%	20%
Prevalence of Smoking (Age 18+)	23.5%	24.7%	18.4%	12%
Infant Mortality (per 1000 births)	7.2	8.1	6.8	4.5
Low Birth Weight Infants (percent of live births)	7.2%	8.3%	8.3%	5%
Very Low Birth Weight Infants (percent of live births)	1.3%	1.6%	1.5%	0.9%
First Trimester Prenatal Care (Percent of births)	84.5%	75.6%	83.2%	90%
Prevalence of Diabetes (Age 18+)	7.6%	11.3%	9.2%	2.5%
Lack of Health Insurance (Age 18-64)	16.7%	22.8%	17.1%	0%
Prevalence of Binge Drinking (Age 18+)	15.1%	12.2%	15.6%	6%
Coronary Heart Disease Death*	182.4	184.5	144.4	166.0
Cancer Death*	180.6	194.9	180.8	159.9
Unintentional Injury Death*	37.9	55.6	39.3	17.5
Transportation Related Death*	18.5	21.0	14.5	9.2

Note * Age-adjusted deaths per 100,000

It also summarized health care costs for Canadian County as follows:

- Cardiovascular disease - \$52,519,103.67 total annual cost
- Obesity - \$7,305,525.00 total annual cost
- Diabetes - \$3,526,978.67 total annual cost
- Teen pregnancy - \$399,360.00 total annual cost
- Motor vehicle related injury deaths - \$22,100,000.00
- Tobacco use - \$54,450,000.00

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Access to Health Care:

The State of the County's Health Report 2010 showed that Canadian County had 40 primary care physicians resulting in 35 primary care physicians per 100,000 population. El Reno has 4 primary care physicians resulting in 23.1 physicians per 100,000 population.

Oklahoma has the 48th highest rate of uninsured adults in the U.S. Oklahoma's adult uninsured rate of 14.3% was almost 40 percent higher than the U.S rate. The Canadian County rate is 12.4%.

Data specific to Mercy Hospital El Reno include:

Top Acute Inpatient Discharges (June 2012 to February 2013)

Note these account for 39% of total discharges during this time frame

MSDRG Description	# Inpatient Discharges	% of Total Inpatient Discharges
Chronic Obstructive Pulmonary Disease w/o CC/MCC	24	7%
Simple Pneumonia & Pleurisy w/o CC/MCC	21	6%
Septicemia or Severe Sepsis w/o MV 96+ hours w/ MCC	17	5%
Simple Pneumonia & Pleurisy w/ CC	15	4%
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	15	4%
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	14	4%
BRONCHITIS & ASTHMA W/O CC/MCC	12	3%
CELLULITIS W/O MCC	12	3%
MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	10	3%
TOTAL	140	39%

Top Inpatient Admissions from the ED (June 2012 to February 2013)

Note these account for 39% of total discharges during this time frame

MSDRG Description	# ED Inpatient Admissions	% of Total ED Inpatient Admissions
Pneumonia	51	10%
Chest pain	40	8%
Altered mental status	21	4%
Dehydration	14	3%
Abdominal pain	11	2%
Syncope	10	2%
COPD (chronic obstructive pulmonary disease)	8	2%
Acute respiratory distress	7	1%

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MSDRG Description	# ED Inpatient Admissions	% of Total ED Inpatient Admissions
Asthma with acute exacerbation	7	1%
TOTAL	169	33%

Top ED Visits (June 2012 to February 2013)

Note These account for 17% of total ED visits

Diagnosis	# ED Visits	% of ED Volume
Chest pain, unspecified	159	2%
Unspecified otitis media	135	2%
Urinary tract infection, site not specified	126	2%
Other and unspecified noninfectious gastroenteritis and colitis	117	2%
Bronchitis, not specified as acute or chronic	109	2%
Abdominal pain, unspecified site	105	2%
Acute upper respiratory infections of unspecified site	102	2%
Headache	95	1%
Other chest pain	90	1%
Sprain of ankle, unspecified site	86	1%
	1,124	17%

Patient Payer Source FY13 YTD

Payer Source	% of Patients
Medicare	35.6%
Medicaid	20.1%
Commercial/Managed Care	25.8%
Government Insurance	1.9%
Self Pay	15.8%
Worker's Compensation	0.8%
TOTAL	100%

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Community Health Needs and Priorities

To set priorities, we focused on identifying disproportionate unmet needs and programs that are collaborative and involve the community. The following priorities were identified:

1. Wellness
2. Access to care
3. College graduation rates
4. Child health

Review Community Benefit Activities

Current activities toward addressing these priorities:

1. Graduation rates – a mentoring program is being developed at the primary and secondary school levels to address student needs at these levels to help them succeed academically and socially. Mercy Hospital El Reno is represented on the board developing the program.
2. Access to care – Mercy is actively engaged in recruiting primary care doctors to the El Reno market. Hospital/Home Health staff provide blood pressure and blood sugar screening monthly at seven community locations targeting senior citizens. They make referrals and provide health information as necessary/requested. Home Health staff also participates in several annual health fairs providing screening and health information.
3. Child health – Mercy made Health Teacher program available to community school systems to incorporate into their curriculum. Mercy also provides staff to perform annual screening physicals for students. Primarily students participating in extracurricular activities participate in this activity.
4. Wellness – Currently there are programs available to employees but limited access to non-employees. A support group for caregivers is available and open to the public.

Action Plan

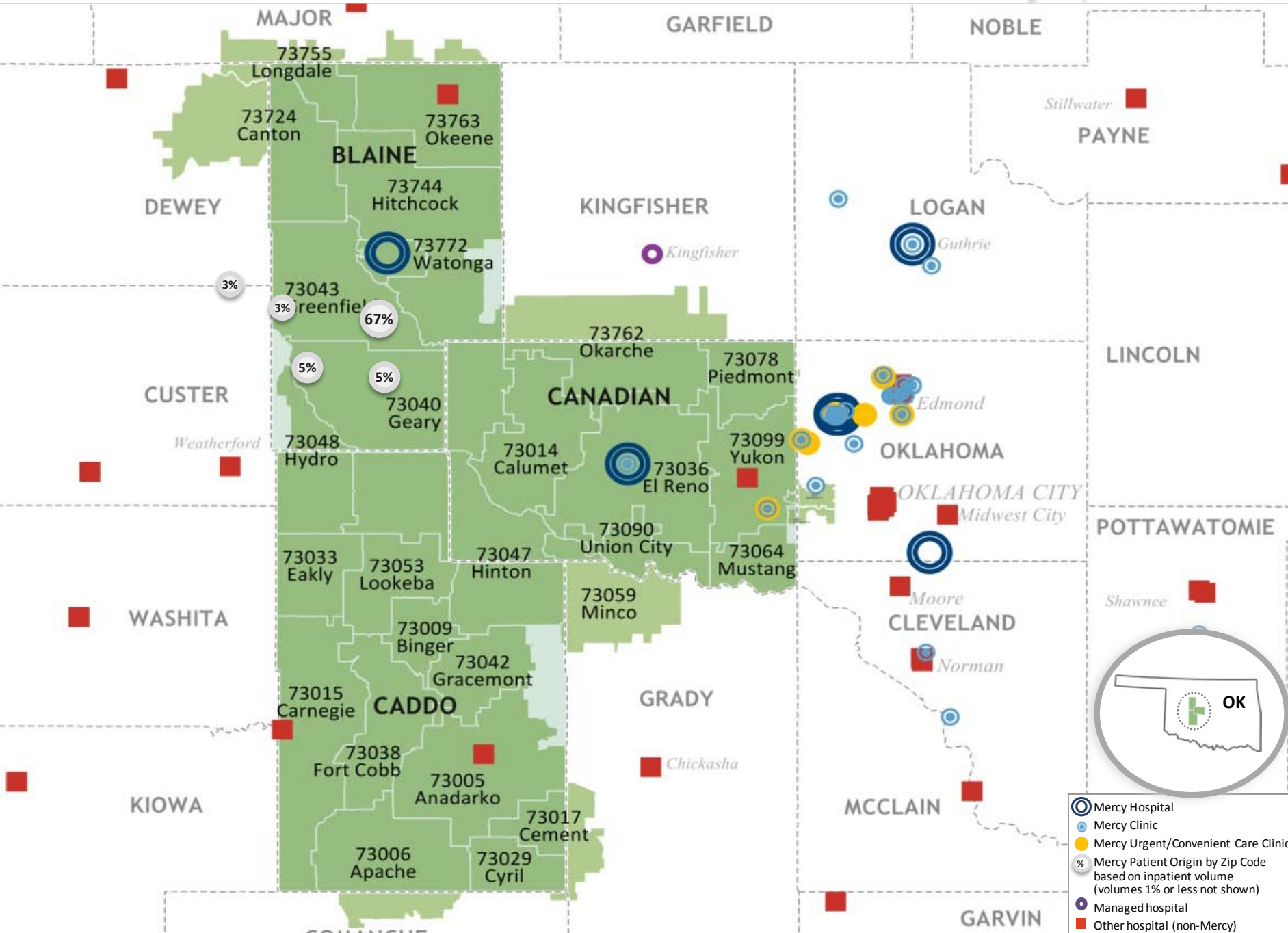
1. Graduation rates – continue participation in developing the local mentoring program. Enable staff to participate in the mentoring process.
2. Access to care – Explore creative ways to make the local market more attractive to primary care providers such as 'telemedical hospitalists' to reduce the hospital duties for primary care providers. Participate in any community or free clinic developed in the community.
3. Child health – provide new program 'Eat a Rainbow' for incorporation into elementary school curriculum. Continue providing annual screening physicals for students.
4. Wellness – continue current caregiver support group. Establish a team to develop implementation strategies to address community wellness. Hospital staff will continue participation in the Canadian County Coalition for Children and Families.
5. Implementation plans to be posted by November 15, 2013.



El Reno

Community Needs Assessment

April 2013



Top Acute Inpatient Discharges

June 9, 2012 (*Epic go-live*) – February 28, 2013

Note: Accounts for 39% of their total 363 (*9 months*) Acute IP Discharges

MSDRG Code	MSDRG Description	Inpatient Discharges	% of Total Inpatient Discharges	Age Breakouts									
				< 18	%	18-44	%	45-64	%	65-79	%	80+	%
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	24	7%	0	0%	1	4%	10	42%	11	46%	2	8%
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	21	6%	6	29%	1	5%	6	29%	2	10%	6	29%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	17	5%	0	0%	3	18%	2	12%	8	47%	4	24%
194	SIMPLE PNEUMONIA & PLEURISY W CC	15	4%	1	7%	0	0%	4	27%	5	33%	5	33%
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	15	4%	0	0%	1	7%	4	27%	4	27%	6	40%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	14	4%	0	0%	3	21%	7	50%	2	14%	2	14%
203	BRONCHITIS & ASTHMA W/O CC/MCC	12	3%	2	17%	4	33%	2	17%	4	33%	0	0%
603	CELLULITIS W/O MCC	12	3%	7	58%	2	17%	0	0%	1	8%	2	17%
641	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	10	3%	0	0%	0	0%	2	20%	7	70%	1	10%
TOTAL		140	39%	16	11%	15	11%	37	26%	44	31%	28	20%

Source: Epic Hospital Billing Report

Top Inpatient Admissions from the ED

June 9, 2012 (*Epic go-live*) – February 28, 2013

Note: Accounts for 33% of their total 514 (*9 months*) ED Admissions

MSDRG Description	ED Inpatient Admissions	% of Total ED Inpatient Admissions	Age Breakouts									
			< 18	%	18-44	%	45-64	%	65-79	%	80+	%
Pneumonia	51	10%	4	8%	3	6%	11	22%	18	35%	15	29%
Chest pain	40	8%	1	3%	5	13%	20	50%	11	28%	3	8%
Altered mental status	21	4%	1	5%	2	10%	8	38%	4	19%	6	29%
Dehydration	14	3%	0	0%	0	0%	5	36%	4	29%	5	36%
Abdominal pain	11	2%	0	0%	4	36%	4	36%	2	18%	1	9%
Syncope	10	2%	0	0%	0	0%	2	20%	5	50%	3	30%
COPD (chronic obstructive pulmonary disease)	8	2%	0	0%	0	0%	2	25%	6	75%	0	0%
Acute respiratory distress	7	1%	0	0%	1	14%	3	43%	3	43%	0	0%
Asthma with acute exacerbation	7	1%	3	43%	3	43%	1	14%	0	0%	0	0%
TOTAL	169	33%	9	5%	18	11%	56	33%	53	31%	33	20%

Source: Epic - Report ED0004: Inpatient admits from the ED (patient class includes emergency, inpatient, surgery, surgical OP/extended care, and observation)

Top ED Visit Volume By ICD9 Codes

June 9, 2012 (*Epic go-live*) – February 28, 2013

Note: Accounts for 17% of their total 6,764 (*9 months*) ED Visit Volume

ICD9 Code	Diagnosis	ED Volume	% of ED Volume	Age Breakouts									
				<18	%	18-44	%	45-64	%	65-79	%	80+	%
786.50	Chest pain, unspecified	159	2%	9	6%	55	35%	63	40%	24	15%	8	5%
382.9	Unspecified otitis media	135	2%	115	85%	14	10%	6	4%	0	0%	0	0%
599.0	Urinary tract infection, site not specified	126	2%	10	8%	61	48%	24	19%	18	14%	13	10%
558.9	Other and unspecified noninfectious gastroenteritis and colitis	117	2%	36	31%	50	43%	23	20%	5	4%	3	3%
490	Bronchitis, not specified as acute or chronic	109	2%	22	20%	44	40%	24	22%	12	11%	7	6%
789.00	Abdominal pain, unspecified site	105	2%	13	12%	67	64%	20	19%	5	5%	0	0%
465.9	Acute upper respiratory infections of unspecified site	102	2%	68	67%	29	28%	3	3%	1	1%	1	1%
784.0	Headache	95	1%	11	12%	56	59%	23	24%	3	3%	2	2%
786.59	Other chest pain	90	1%	5	6%	44	49%	32	36%	5	6%	4	4%
845.00	Sprain of ankle, unspecified site	86	1%	21	24%	48	56%	16	19%	1	1%	0	0%
TOTAL		1,124	17%	310	28%	468	42%	234	21%	74	7%	38	3%

Note: 24 (0.4%) of ED discharges did not list diagnosis

Source: Epic - Report ED0018: ED Visit Reason