Community Health Needs Assessment

Mercy Hospital Tishomingo

2012

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***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.

Introduction

Mercy Hospital, Tishomingo is a hospital with 25 licensed beds serving Johnston County, Oklahoma. . Community round-tables were conducted in October, 2012 to dialogue with community members and public health experts. Mercy Planning and Research provided analysis of both internal and external demographics, utilization, chronic conditions and health status.

The needs assessment process involved review of both quantitative and qualitative information to attain the full scope of our community's needs. This summary is documentation that Mercy Hospital, Oklahoma City is in compliance with IRS requirements for conducting community health needs assessments.

Description of Community

The service area of Mercy Hospital, Tishomingo is comprised of a primary service area consisting of Tishomingo, and a secondary service area which consists of the zip code areas of Bromide (74530), Mannsville (73447), Milburn (73450), Mill Creek (74856), Ravia (73455) and Wapanucka (73461), Oklahoma. The combined population for the primary and secondary services areas is 5664.

The main campus includes the hospital and service/mechanical buildings. The hospital is a Critical Access Hospital with 25 licensed beds, and 35 co- workers. Mercy Clinic physicians also have access to an electronic health record that is shared at Mercy facilities in four states, and patients may connect to their own health record and health teams anywhere they connect to the internet through MyMercy.

For this particular community, the Medicare population comprises 19% of our population and the Medicaid population comprises 25% of our population.

Who was involved in Assessment

Citizens of the community were central in the development of this needs assessment. In April of 2010, July of 2011, and again in October of 2012 Mercy held community roundtable events to dialogue directly with local 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 2resource utilization, chronic conditions and community health status. The consulting group, Sg2 was engaged by Mercy as a partner to analyze current utilization and future demand for health care services. 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.

Community collaborative partners include: Oklahoma State Department of Health, Johnston County Health Department, Tishomingo Federally Qualified Health Center, and Johnston County EMS.

How the Assessment was Conducted

Our needs assessment involved the following five steps to attain the full scope of our community's needs.

1. Examining existing community health needs assessments.

    - *Oklahoma Health Improvement Plan (OHIP)*
      This is a comprehensive plan to improve the health of all Oklahomans developed by the Oklahoma State Board of Health, 2010-2014.
      http://www.ok.gov/strongandhealthy/documents/OHIP-viewing.pdf
    - *Data from Mercy's Health Information Systems Department*
      Data from Mercy's own records was pulled and used to assess the needs of the community. Attached
    - *2011 State of the State Health Report*
      This report that reviews multiple indicators that contribute to Oklahoma's overall health status. It summarizes Oklahoma health as a whole and identifies county specific trends. http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf
    - *Oklahoma Turning Point Initiative*
      Turning Point starts at the local level, building broad community support and participation in public health priority setting and action, engaging and linking affected people at the local level. Local field consultants in each county of Oklahoma provide leadership in assessing local public health needs and identifying key priorities.
      http://www.ok.gov/health/Community_Health/Community_Development_Service/Turning_Point/

2. Community individuals as well as experts in the public health arena were invited to attend community roundtables for input on the needs of the community.

3. Analyze and summarize the data to prioritize needs.

4. Review community benefit activities.

5. Create an action plan in partnership with the community.

Health Needs Identified

Analyze and summarize the data to prioritize needs (Step 3).

The analysis of the combined data collected revealed the following health needs: Diabetes, Obesity, Tobacco Prevention, Cardiac, School health, Access to care.

Community Assets Identified

The assessment identified a number of strong community assets which includes the hospital and its community benefit program, cardiac facility in close proximity, state and city/co. health departments dedicated to identifying, planning, and implementing programs to improve public

health, school systems (public/private) that strive to increase fitness activities and nutritious meals, and the community-based initiative, Turning Point, that aims to transform and strengthen the public health system through community-based action.

Summaries: Assessments and Priorities

To set priorities, criteria focused on identifying disproportionate unmet needs, primary prevention strategies, advancements toward a continuum of care and a program that is collaborative and involves the community. This is reflective of the heritage of Mercy. The following priorities are: Diabetes, Access to Care, School Health, Respiratory Diseases, and Wellness.

Next Steps:

Review community benefit activities (Step 4).
Using Lyon Software's CBISA tool, a review will be conducted of current community benefit activities and what Mercy was presently doing to meet the identified priorities. In addition, the community benefit activity of other in the community will be reviewed.

Create an action plan (Step 5).
Ongoing and new collaborations with community organizations will address ways identified needs in the community. Implementation plan will be posted by November 15, 2013.

Public Meeting July 30, 2013
This is the second public meeting to review a demographic, statistical, and comparative analysis data that have been compiled the OSU extension office.

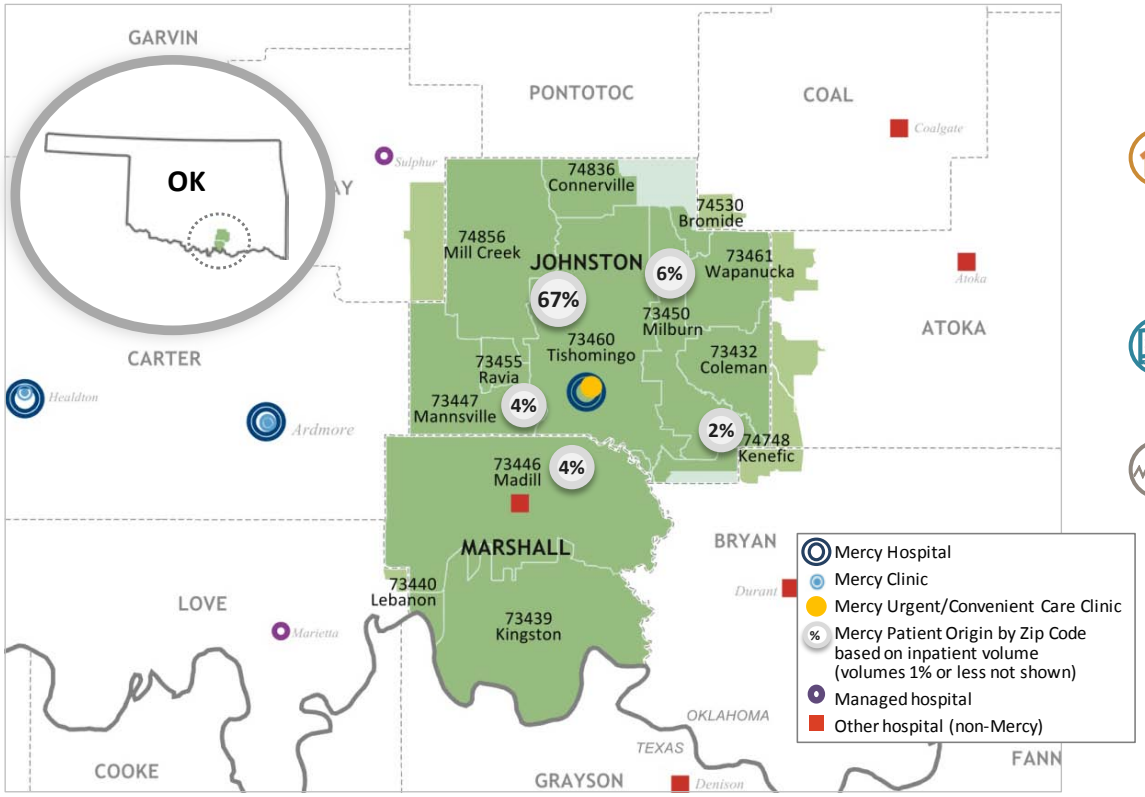
Tishomingo

Community Needs Assessment

April 2013

PRIMARY SERVICE AREA & PATIENT ORIGIN

The majority (87%) of Mercy Hospital Tishomingo's acute care patients reside in **Johnston and Marshall Counties** in south central Oklahoma. Two of every three patients share the same zip code (73460) as the hospital.



INPATIENT MARKET SHARE

3,545 total **inpatient discharges** in the Tishomingo PSA

% Market Share		2010 Discharges
27%	MEDICAL CTR. OF SE OKLAHOMA	964
23%	MERCY HOSPITAL ARDMORE	820
19%	INTEGRIS MARSHALL COUNTY	672
9%	MERCY HOSPITAL TISHOMINGO	312
4%	OU MEDICAL CENTER	143
7%	OTHER MERCY *(owned and managed)*	261
11%	OTHER	373

OUTPATIENT MARKET SHARE *(hospital-based only)*

327,148 total **outpatient volume** in the Tishomingo PSA

% Market Share		2010 OP Volume
53%	PHYSICIAN OFFICES	174,449
12%	INDEPENDENT LABS	40,278
8%	INTEGRIS MARSHALL COUNTY	26,183
5%	MERCY HOSPITAL ARDMORE	16,936
3%	MEDICAL CTR. OF SE OKLAHOMA	10,962
3%	MERCY HOSPITAL TISHOMINGO	10,739
2%	TEXOMA MEDICAL CENTER	7,170
2%	OTHER MERCY *(owned and managed)*	5,207
11%	OTHER	35,224

POPULATION

Total Area Population: 26,173
5-Yr Growth: +3%

Race: 71% White; 11% American Indian
Ethnicity: 10% Hispanic *(of any race)*

Age Cohorts:
25% Children (0-17)
17% Females (15-44)
18% Seniors (65+)
Median Age: 40

HOUSEHOLD ECONOMICS

Total Households: 10,471
Average Income: $43,828
Annual Income <$15K: 22%

INSURANCE COVERAGE

36% Private
20% Medicare
24% Medicaid
20% Uninsured

EDUCATION *(based on population ages 25+)*

13% Some High School
38% High School Diploma
27% Some College
14% Bachelor's Degree/greater

COUNTY HEALTH RANKINGS

Johnston County Overall Health Rank = 67 (out of 77 counties)
The lower the ranking, the healthier the community.

Below are some of the factors which attribute to the county's health status compared to state and national benchmarks.

Health Factor	County	OK	US
Adult Smoking (% smoking >= 100 cigarettes)	25%	25%	14%
Adult Obesity (% with BMI >= 30)	30%	32%	25%
Physical Inactivity (% of 20+ pop. not active)	34%	31%	21%
Excessive/Binge Drinking	12%	14%	8%
Teen Birth Rate (per 1,000 females age 15-19)	79	58	22
Children in Poverty (% of children 0-17)	34%	24%	13%
Preventable Hospital Stays (per 1,000 Medicare)	132	82	49

SERVICES & PHYSICIANS

In 2010, Mercy Hospital Tishomingo's top inpatient service lines were pulmonary (33%) and cardiovascular (16%).

The 72% of residents leaving the Tishomingo area for inpatient services primarily go to the Medical Ctr. Of SE OK for OB and cardiovascular services, and to Mercy Hospital Ardmore for orthopedic and cardiovascular services.

There are approximately 14 physicians (93% primary care) located in the PSA, of which none are integrated with Mercy.

Sources: Mercy Locations Directory & AHD (other locations); Inpatient Patient Origin & Market Share – Oklahoma State Data, 20010 (does not include Normal Newborns); Outpatient Market Share – Data represents 187 procedure groups (categories of CPT and HCPCS codes). Hospitals include hospital-based outpatient services only. Physician Offices and Independent Laboratories represent procedures performed in a physician's office and/or lab regardless of affiliation with a hospital or health system. Thomson Reuters Outpatient Market Profiles, 2010; Demographics – Thomson Reuters, 2011; Payer Mix – Thomson Reuters Insurance Estimates, 2011; County Health Rankings, 2012; Inpatient Services – Oklahoma State Data, 2010; Physicians – Buxton, April 2012

Top Acute Inpatient Discharges

December 1, 2012 *(Epic go-live)* – February 28, 2013

Note: Accounts for 48% of their total 119 *(3 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	15	13%	0	0%	0	0%	7	47%	6	40%	2	13%
948	SIGNS & SYMPTOMS W/O MCC	11	9%	0	0%	0	0%	1	9%	5	45%	5	45%
153	OTITIS MEDIA & URI W/O MCC	6	5%	2	33%	1	17%	1	17%	1	17%	1	17%
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	5	4%	0	0%	0	0%	1	20%	2	40%	2	40%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	5	4%	1	20%	0	0%	0	0%	3	60%	1	20%
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	5	4%	0	0%	2	40%	2	40%	0	0%	1	20%
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	5	4%	0	0%	0	0%	0	0%	5	100%	0	0%
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	5	4%	0	0%	0	0%	1	20%	1	20%	3	60%
	TOTAL	**57**	**48%**	**3**	**5%**	**3**	**5%**	**13**	**23%**	**23**	**40%**	**15**	**26%**

Source: Epic Hospital Billing Report

Top Inpatient Admissions from the ED

December 1, 2012 *(Epic go-live)* – February 28, 2013

Note: Accounts for 27% of their total 103 *(3 months)* ED Admissions

MSDRG Description	ED Inpatient Admissions	% of Total ED Inpatient Admissions	Age Breakouts									
			< 18	%	18-44	%	45-64	%	65-79	%	80+	%
COPD (chronic obstructive pulmonary disease)	7	7%	0	0%	0	0%	0	0%	6	86%	1	14%
Chest pain	5	5%	0	0%	0	0%	2	40%	1	20%	2	40%
Diarrhea	4	4%	0	0%	1	25%	0	0%	2	50%	1	25%
COPD with exacerbation	3	3%	0	0%	0	0%	1	33%	2	67%	0	0%
Influenza A	3	3%	1	33%	0	0%	0	0%	0	0%	2	67%
Acute upper respiratory infection	3	3%	0	0%	1	33%	1	33%	1	33%	0	0%
Altered mental status	3	3%	0	0%	1	33%	2	67%	0	0%	0	0%
TOTAL	**28**	**27%**	**1**	**4%**	**3**	**11%**	**6**	**21%**	**12**	**43%**	**6**	**21%**

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

December 1, 2012 *(Epic go-live)* – February 28, 2013

Note: Accounts for 24% of their total 888 *(3 months)* ED Visit Volume

ICD9 Code	Diagnosis	ED Volume	% of ED Volume	Age Breakouts <18	%	18-44	%	45-64	%	65-79	%	80+	%
487.1	Influenza with other respiratory manifestations	31	3%	19	61%	5	16%	3	10%	3	10%	1	3%
786.50	Chest pain, unspecified	29	3%	2	7%	10	34%	7	24%	7	24%	3	10%
465.9	Acute upper respiratory infections of unspecified site	28	3%	15	54%	9	32%	2	7%	2	7%	0	0%
V64.3	Procedure not carried out for other reasons	22	2%	6	27%	11	50%	5	23%	0	0%	0	0%
496	Chronic airway obstruction, not elsewhere classified	20	2%	0	0%	0	0%	10	50%	8	40%	2	10%
525.9	Unspecified disorder of the teeth and supporting structures	18	2%	0	0%	16	89%	2	11%	0	0%	0	0%
724.2	Lumbago	18	2%	0	0%	11	61%	7	39%	0	0%	0	0%
789.00	Abdominal pain, unspecified site	17	2%	2	12%	8	47%	4	24%	3	18%	0	0%
079.99	Unspecified viral infection, in conditions classified elsewhere and of unspecified site	16	2%	8	50%	6	38%	1	6%	1	6%	0	0%
382.9	Unspecified otitis media	16	2%	15	94%	1	6%	0	0%	0	0%	0	0%
TOTAL		**215**	**24%**	**67**	**31%**	**77**	**36%**	**41**	**19%**	**24**	**11%**	**6**	**3%**

Note: 22 (1%) of ED discharges did not list diagnosis
Source: Epic - Report ED0018: ED Visit Reason