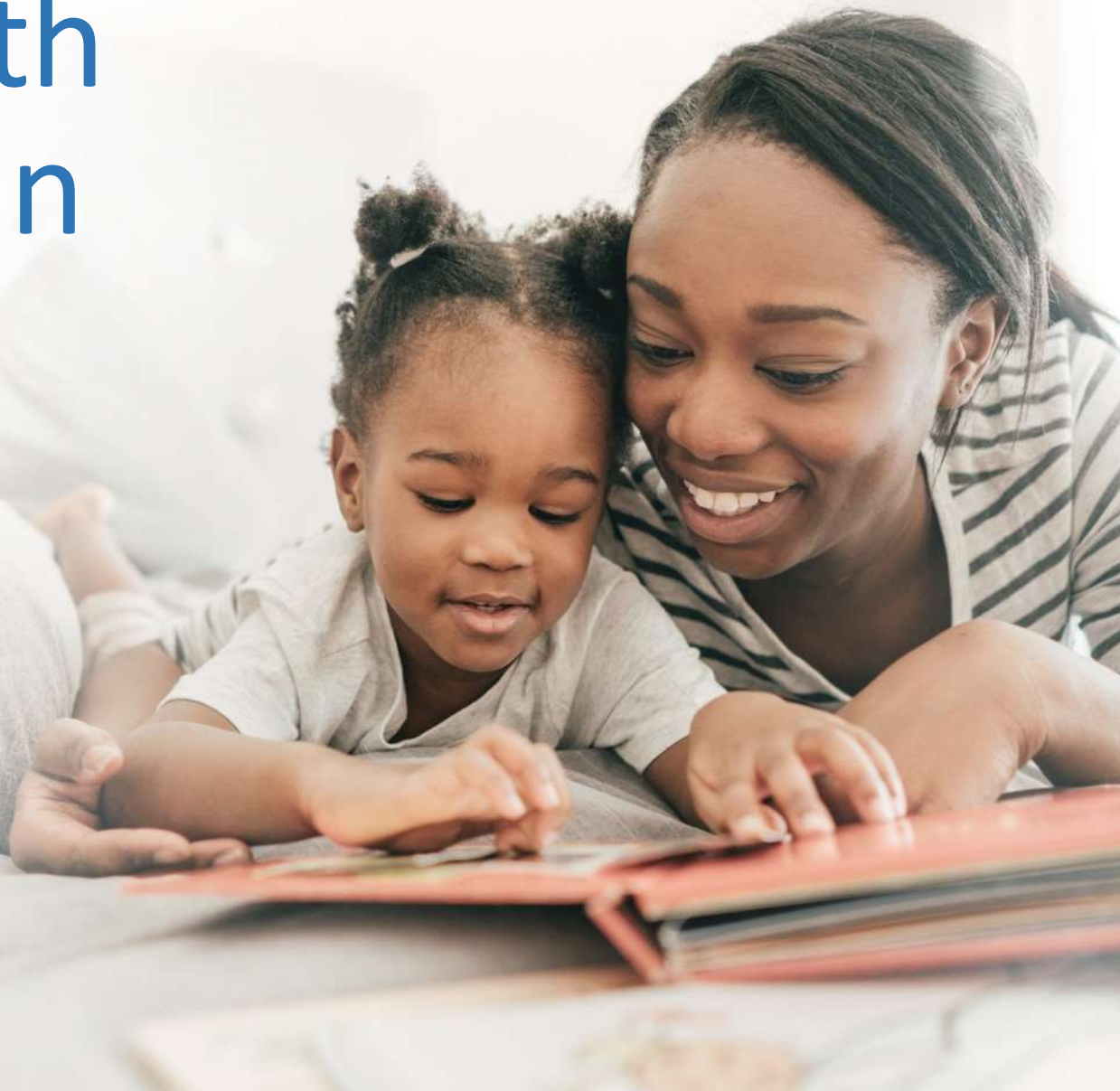
Community Health Improvement Plan

Mercy Hospital Perry

Fiscal Year 2026



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.

Our Values

Dignity
Excellence
Justice
Service
Stewardship

Contents

Introduction

Mercy Hospital Perry is a 25-bed critical access facility located in Perryville, Missouri. It is one of eight hospitals in Mercy's East Region. Mercy Perry has 24-hour emergency room care and a full range of diagnostic, preventive and restorative health care services. Perry County Memorial Hospital was founded in 1951 and became a Mercy Hospital on October 1, 2023.

Mercy Perry's primary service area is Perry County. Throughout the county, Mercy operates Mercy Clinic physician offices, outpatient hospital services and Mercy Convenient Care centers.

Introduction *(continued)*

Mercy's mission is to deliver "compassionate care and exceptional service" to every community member. In dedication to this mission, our work includes the development of a Community Health Needs Assessment (CHNA) during the last year, in partnership with the Perry County Health Department and in cooperation with stakeholders throughout the community.

Introduction *(continued)*

The CHNA identified fifteen top-priorities and of the fifteen, **five have been chosen as health needs for the Mercy Hospital Perry community**. We will strive diligently to address these needs with a Health Equity lens over the next three years:

- Access to Care
- Behavioral Health
- Intellectual/Developmental Disabilities
- Substance Use
- Obesity/Maintaining a Healthy Weight

As always, we seek to develop a rich and rewarding network of partnerships with our neighbors. We welcome any thoughts you may have on ways to achieve our goal for a healthier community.

Improvement Plan by Prioritized Health Need

Prioritized Need #1: Access to Care

GOAL:

Increase access to health care.

Prioritized Need #1: Access to Care

Program 1 of 3: Community Health Worker Program

PROGRAM DESCRIPTION:

The Community Health Worker (CHW) Initiative is dedicated to improving health care access and outcomes for underserved communities by bridging gaps between healthcare systems, social services, and the individuals they serve. CHWs engage directly with underserved communities to identify barriers related to social drivers of health, such as transportation, housing, and financial instability, that impact access to care. By fostering trust and cultural humility, this initiative aims to reduce disparities, enhance patient advocacy, and ensure equitable access to comprehensive health care for all community members.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Through personalized support, Mercy CHWs will help community members navigate healthcare services, assist with Medicaid and financial assistance enrollment, understanding health plan benefits, and connect individuals to vital community resources, including medication and social support programs.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Reduce 72-hour return rate
2. Reducing readmission rates for focused populations

PROGRAMS AND RESOURCES MERCY PLANS TO COMMIT:

1. Compensation and benefits for Community Health Workers
2. Mileage and travel expenses required for CHW work
3. Office space and indirect expenses dedicated to CHW work
4. CHW Training-Offered by Ministry (or through community partnership)

COLLABORATIVE PARTNERS:

1. Pharmaceutical Patient Assistance Program
2. Care Coordination Program

Prioritized Need #1: Access to Care

Program 2 of 3: Pharmaceutical Patient Assistance Program

PROGRAM DESCRIPTION:

Mercy supports the pharmaceutical patient assistance program that provides essential healthcare services and financial assistance to low-income individuals who cannot afford necessary medications. The pharmaceutical patient assistance program is designed to assist low-income individuals who lack the financial means to pay for medications. They aim to ensure that everyone has access to necessary healthcare, regardless of their financial situation.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Mercy will communicate with caregivers to promote the use of the pharmaceutical patient assistance program.
2. Mercy will work to connect patients with participating pharmaceutical patient assistance programs.
3. Mercy will provide prescription support for those not covered by patient insurance up to $1000 annually for the entire Pharmaceutical Patient Assistance Program.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase the number of patients served by 5% annually
2. Increase the number of 30-day prescriptions filled by 5% annually
3. Increase the dollars saved for patients by 5% annually

PROGRAMS AND RESOURCES MERCY PLANS TO COMMIT:

1. Compensation and benefits for pharmaceutical patient assistance program leader (.1 FTE)
2. Prescription costs are reimbursed by Mercy Health Foundation Perry

COLLABORATIVE PARTNERS:

1. Participating Pharmaceutical Patient Assistance Companies
2. Mercy Health Foundation Perry

Prioritized Need #1: Access to Care

Program 3 of 3: Care Coordination Program

PROGRAM DESCRIPTION:

Care coordinators lead a team-based approach to provide health services to individuals through effective partnerships with patients, their caregivers/families, community resources, and their physician. Care coordinators facilitate a “shared goal model” within and across settings to achieve coordinated high-quality care that is patient and family centered. They serve as the contact-point, advocate and informational resource for patient, family, care team and community resources.

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

1. Mercy will communicate with caregivers to promote the use of the care coordination program.
2. Mercy will work to connect patients with the care coordination program.
3. Mercy will provide pill boxes, BP cuffs, and scales to patients who are unable to afford their equipment up to $1000 annually for the entire Care Coordination Program .

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase the number of patients served by 5% annually
2. Decrease the number of ER visits among patients served by Care Coordination by 5% annually
3. Decrease the number of hospitalizations among patients served by Care Coordination by 5% annually

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Compensation and benefits for care coordinator
2. Equipment costs are reimbursed by Mercy Health Foundation Perry

COLLABORATIVE PARTNERS:

1. Mercy Health Foundation Perry

Prioritized Need #2: Intellectual/Developmental Disabilities

GOAL:

Enhance intellectual/developmental programs through community partnerships.

Prioritized Need #2: Intellectual/Developmental Disabilities

Program 1 of 2: Occupational Therapy Program

PROGRAM DESCRIPTION:

The occupational therapy program will expand to provide services for the purpose of identification of children with intellectual/developmental disabilities. The aim is for early identification and intervention to ensure academic success and improve life outcomes.

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

1. Occupational Therapists will provide screenings including processing level, bilateral integration/neurological organization and ocular coordination skills.
2. Occupational Therapists will collaborate with school personnel to develop intervention strategies.
3. Occupational Therapist will provide ongoing consultation to school personnel.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Decrease percentage of kindergarten students retained by 3% annually

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Compensation and benefits for caregiver support and program execution

COLLABORATIVE PARTNERS:

1. Perry County School District #32

Prioritized Need #2: Intellectual/Developmental Disabilities

Program 2 of 2: Reach Out & Read

PROGRAM DESCRIPTION:

Reach Out and Read is a simple, evidence-based intervention that takes place between medical providers and families with young children to encourage the positive parent/child interactions that support early brain development through a focus on sharing books.

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

1. Medical providers will implement the Reach Out and Read model with fidelity.
2. Assign an On-Site Coordinator to oversee aspects of the program.
3. Ensure new providers complete the required training to gain comprehensive understanding of the Reach Out and Read model.
4. Guarantee that books are in adequate supply, organized appropriately, and delivered at the start of the well-child visit.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase attendance rates for well visits

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Caregiver support for Reach Out & Read program deliverables
2. Books are reimbursed by Mercy Health Foundation Perry

COLLABORATIVE PARTNERS:

1. Reach Out & Read

Prioritized Need #3: Behavioral Health

GOAL:

Increase access to behavioral health services.

Prioritized Need #3: Behavioral Health

Program 1 of 3: Virtual Behavioral Health (vBH)

PROGRAM DESCRIPTION:

Mercy's Virtual Behavioral Health (vBH) program provides integrated, regional support for patients with behavioral health needs. Based out of local and centralized Ministry locations, vBH co-workers provide virtual and telephonic behavioral health assessments to establish patients' level of care, and facilitate referrals for inpatient, intensive outpatient (IOP), and outpatient services, as well as for basic social needs in their home communities. vBH also provides virtual psychiatric consults to help with medication stabilization related to the exacerbation of behavioral health conditions.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Operate a hub-based model of virtual care, where clinical vBH co-workers respond to incoming referrals, conduct telephonic behavioral health assessments, and facilitate outgoing referrals for ongoing diagnosis, treatment, and support. Collaborate with external partners and behavioral health service providers to ensure a strong regional network for care coordination and social service navigation.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. 10% decrease in hospital readmissions and ED visits by FY28

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates
2. Operational budgeted support as appropriate
3. Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

1. Mercy Behavioral Health Service Line Leadership
2. Mercy Virtual Behavioral Health (vBH)
3. Substance Abuse Recovery Program (SURP)

Prioritized Need #3: Behavioral Health

Program 2 of 3: Collaborative Care

PROGRAM DESCRIPTION:

Supporting primary care providers (family medicine, internal medicine, obstetrics & gynecology, and pediatrics) in providing mental and behavioral health services to patients in need. The model provides a behavioral care manager to interact directly with patients, perform assessments, initiate treatment, and communicate and collaborate with primary care physicians. Collaborative Care provides a psychiatric consultant who meets with care managers regularly, reviews patient charts, and makes recommendations for medication and ongoing treatment.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Mercy will continue training and educating providers on the use of the care approach, identify gaps in care, and refer patients to Collaborative Care

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase patient referrals by 5% each year from FY25 baseline
2. Increase patient satisfaction assessment participation by 10% from FY25 baseline
3. Decrease in PHQ-9 patient scores by 25% from FY25 baseline

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates
2. Operational budgeted support as appropriate
3. Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

1. Mercy Behavioral Health Service Line Leadership
2. Mercy Virtual Behavioral Health (vBH)
3. Substance Abuse Recovery Program (SURP)

Prioritized Need #3: Behavioral Health

Program 3 of 3: Hope Squad

PROGRAM DESCRIPTION:

Hope Squad is an evidence-based peer-to-peer suicide prevention program with a purpose of fostering human connection, community, and hope. The model trains adults across the community to recognize warning signs, intervene appropriately, and connect individuals with professional support. Schools are a critical part of this strategy, implementing staff training and peer-to-peer programming. This origin continues to shape Hope Squad's emphasis on community partnerships, multi-level training, and shared responsibility for student well-being.

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

1. Promote the initiative

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Number of students trained as Hope Squad members will increase by 5% annually
2. Number of Peer-to-Peer Mental Health Activities will increase by 5% annually

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. A portion of licensing costs are reimbursed by Mercy Health Foundation Perry

COLLABORATIVE PARTNERS:

1. Community Counseling Center
2. Perry County School District #32
3. Mercy Health Foundation Perry

Prioritized Need #4: Substance Use

GOAL:

Increase prevention initiatives and access to substance use treatment programs.

Prioritized Need #4: Substance Use

Program 1 of 2: Treatment Court

PROGRAM DESCRIPTION:

The Treatment Court is utilized as an alternative to punishment. Participants are supervised and monitored and must abstain from substance use and fulfill the legal responsibilities of the offenses they have committed.

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

1. Mercy will provide UA collection services for Treatment Court participants.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase the number of participants engaged in treatment court annually
2. Increase the number of participants graduating from treatment court program annually
3. Decrease the number of participants terminated from treatment court program

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Compensation and benefits for caregiver support and program execution.

COLLABORATIVE PARTNERS:

32nd Judicial Circuit Court System

Prioritized Need #4: Substance Use

Program 2 of 2: vSURP

PROGRAM DESCRIPTION:

Mercy Virtual Substance Use Recovery Program (vSURP) is an integrated, mission-driven, patient-centric approach to Opioid Use Disorder. vSURP will ensure that any patient seeking care through Mercy will be connected to ongoing care for Opioid Use Disorder regardless of geography, clinical setting, or ability to pay. Through a virtual-first care experience, vSURP provides Medication-Assisted Therapy (MAT), primarily through buprenorphine, for patients with Opioid Use Disorder. Patients who participate in vSURP are also connected to support services, including counseling, behavioral therapies and general primary care, to implement a holistic harm-reduction care model. By offering proactive telephonic outreach and virtual treatment and support options, vSURP can increase access to essential behavioral health services and facilitate continuity and ease of care for patients.

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

1. Consistent with Mercy's care model, clinicians (primarily in the Emergency Department) will refer patients identified with Opioid Use Disorder to vSURP program.
2. vSURP LCSWs will outreach and engage with patients, providing necessary direct support as well as referrals and care coordination for treatment and primary care provision
3. vSURP clinicians will facilitate MAT for patients, managing MAT medication prescription and adherence
4. Integrated Health and Social Care Leaders will maintain ongoing relationship with vBehavioral Health and facilitate reporting of outcomes to relevant hospital stakeholders.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. To increase the number of referrals of patients to vSURP program by 10% each year
2. To increase patients' insurance coverage (engaged for one month of treatment) by 5%
3. Increase patient engagement by 10% with initial encounter appropriate contact
4. Patients reached will demonstrate a 25% reduction in ED utilization

Prioritized Need #4: Substance Use

Program 2 of 2: vSURP (continued)

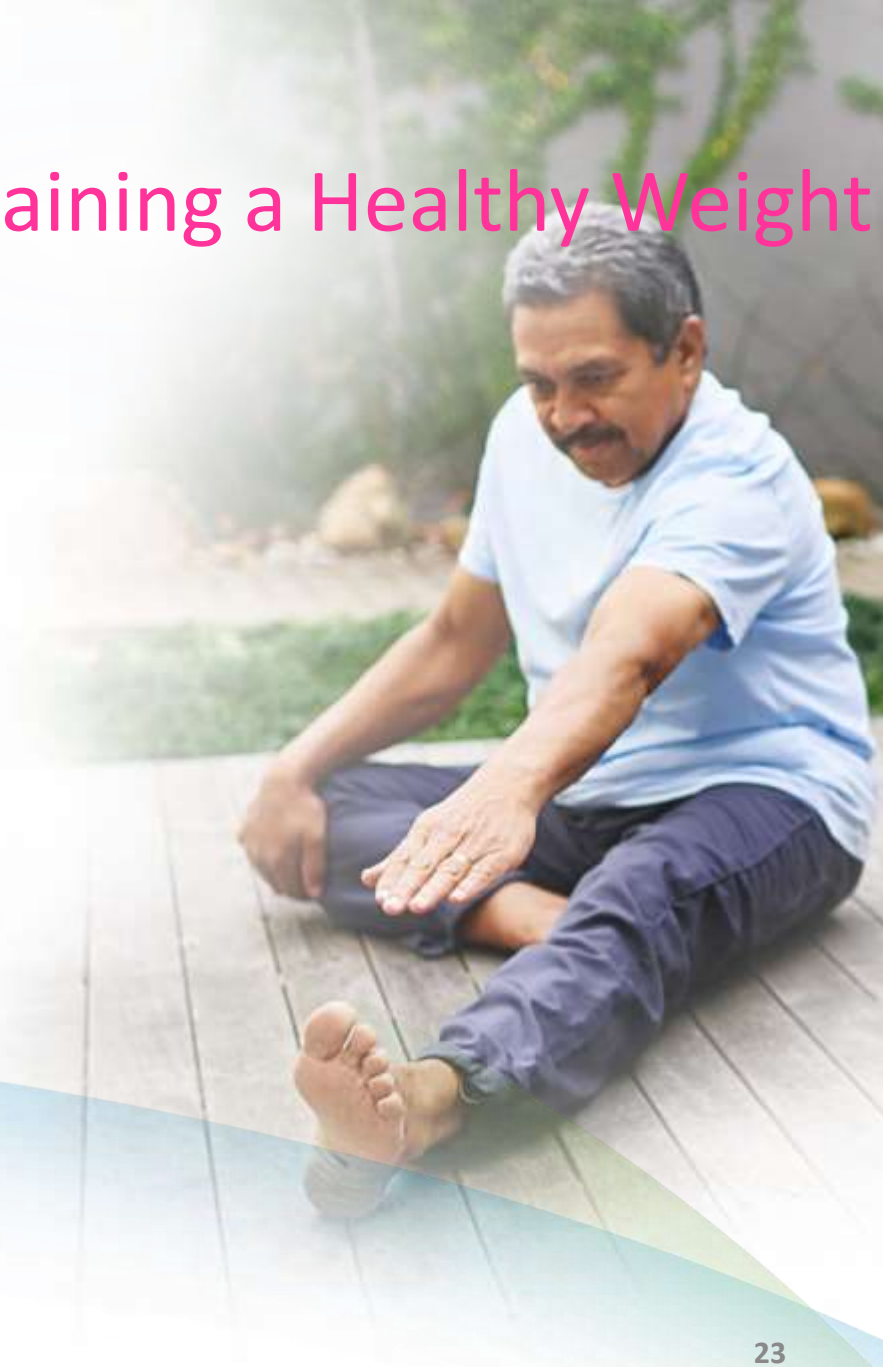
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Funding for SURP staff, including 5 providers, 1 psychiatric consultant, and 5 Licensed Clinical Social Workers, and 1 navigator
2. Ongoing support from the Mercy Foundation for grant securement, support, and campaign fundraising
3. Support and education for clinicians in primary care, inpatient settings, OB/MFM and the ED to identify and facilitate patient referrals
4. Staff time and indirect costs necessary to maintain ongoing community partnerships

COLLABORATIVE PARTNERS:

1. Behavioral Health Network of Greater St. Louis (BHN) – EPICC Program
2. Mercy Behavioral Health
3. Illinois Recovery Center (Eastern Mercy Region)
4. Aviary Recovery Center (Eastern Mercy Region)
5. Lincoln County EMS (Lincoln County)
6. Eastern Missouri Mobile Integrated Healthcare Network (Eastern Mercy Region)

Prioritized Need #5: Obesity/Maintaining a Healthy Weight



GOAL:

Lead, support and educate on food insecurity and nutrition programs.

Prioritized Need #5: Obesity/Maintaining a Healthy Weight

Program 1 of 1: Nutrition Consultation

PROGRAM DESCRIPTION:

The nutrition consultation program provides education for patients who are struggling with obesity or maintaining a healthy weight. A registered dietician meets with patients to discuss recommended nutritional guidelines and options to address weight concerns.

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

1. Mercy will communicate with caregivers to promote the use of the nutrition consultation program.
2. Mercy will work to connect patients with the nutrition consultation program.
3. Mercy will promote nutritional/fitness programs through Mercy Fitness Healthpoint.
4. Mercy will promote Live a Healthy Life through the Perry County Health Department.
5. Mercy will provide support for physical education and nutritional education in schools.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

1. Increase the number of patients engaged in the nutrition consultation program by 5% annually

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Compensation and benefits for caregiver support & program execution

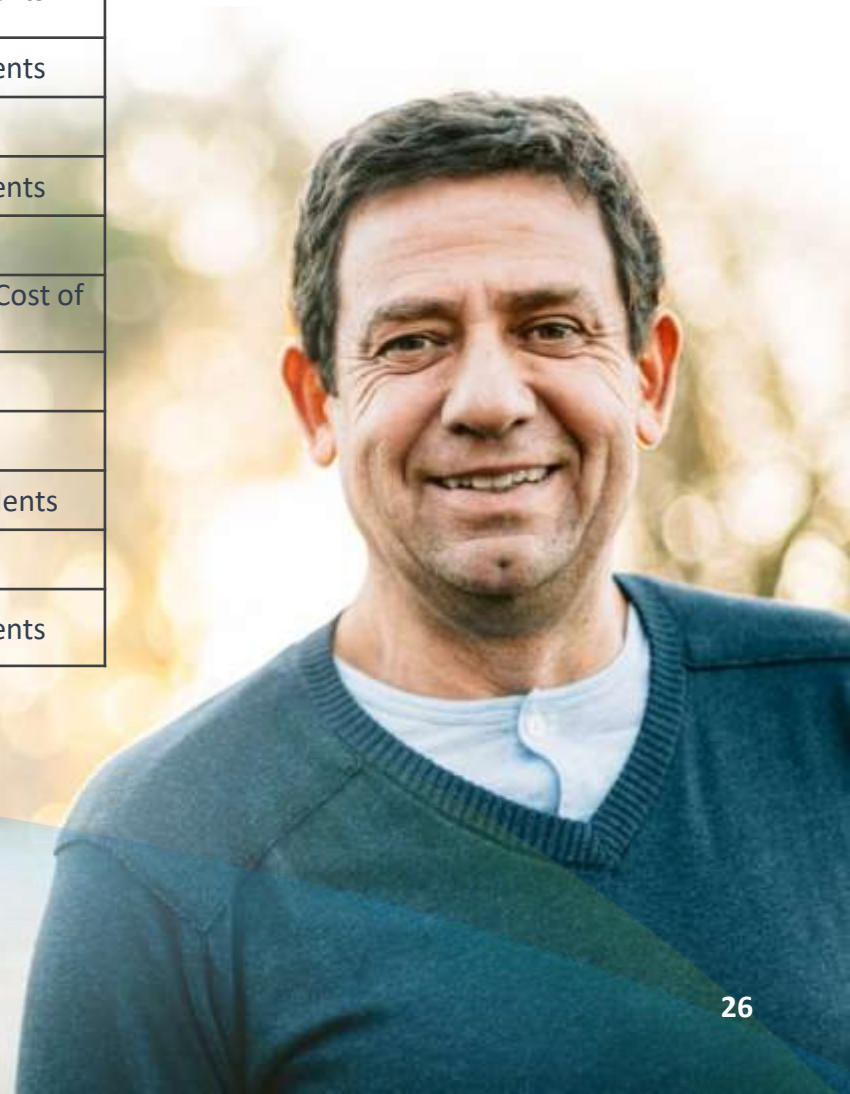
COLLABORATIVE PARTNERS:

1. Mercy Fitness Healthpoint
2. Perry County Health Department

Other Community Health Programs

Mercy Hospital Perry 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 on the next page.

Community Benefit Category	Program	Outcomes Tracked
Community Health Improvement Services	Dental Screening	Number of Students
	Girl Talk – Maturation/Hygiene	Number of Students
	Community Health Fairs & Screenings	Persons Served
	Challenge Day	Number of Students
	Mobile Food Bank	Families Served
	Transportation Courtesy Van	Persons Served/Cost of Services
	Feeding Perry County Food Drive	Persons Served
	Sleep in Heavenly Peace Bed Build	Families Served
Health Professions Education	Clinical Rotations for LECOM 3rd year residency students	Numbers of Students
	Mercy Health Foundation Scholarship Program	Persons Served
	Perryville Area Career & Technology Center Health Occupations Class	Number of Students



Other Community Health Programs (Continued)

Community Benefit Category	Program	Outcomes Tracked
Financial & In-Kind Contributions	EMS Standby for community events	Cost of Services
	Water Stations for community 5K events	Cost of Services
	Parenting/Hygiene support for Perry County Sheriff Department	Cost of Services
	Blood Drives	Cost of Services
Community Building Activities – Workforce & Economic Development	Perry County School District #32 CEO Program	Number of Students
	Perryville Chamber of Commerce	Cost of Services

Significant Health Needs Not Being Addressed

In any case of prioritization, there will be some areas of need that are identified that are not chosen as a priority. Because MHP has limited resources, not every community need will be addressed. Throughout the CHNA process, the following needs arose as community concerns. However, it will not be addressed as a top priority because other organizations are more appropriate to address this need.

- **Cancers**
- **Affordable Housing**
- **Abuse and Neglect**
- **Transportation**
- **Safe Childcare**

Next Steps

After carefully reviewing the data and mapping existing resources, MHP is developing an implementation plan with evidence-based strategies. The plan will be submitted to a committee of appointed members from Mercy Hospital Perry, for their approval. The final version of the CHNA and Implementation Plan will be available to the public on the Mercy Hospital Perry website, **www.mercy.net/communitybenefits**.

Your life is our life's work.