Mercy Responds to COVID-19

The COVID-19 pandemic has brought unprecedented challenges to our nation, and the communities that Mercy serves were no exception. Recognizing the economic hardship, stress and emotional trauma that the COVID-19 pandemic has incurred on individuals and families, and understanding that it is often the most vulnerable that are impacted the most in times of crisis, Mercy was proactive in engaging community partners in COVID-19 response from the start of the pandemic.

In particular, individuals experiencing homelessness may be at increased risk of infection and complication from the COVID-19 virus. Community Health Leaders across Mercy’s hospitals worked with local partner agencies to develop comprehensive plans for safely discharging COVID-19 patients to a designated location if they do not require hospitalization but lack housing.

At Mercy Hospital South, the Community Health Leader collaborated with local social service and homeless serving agencies and healthcare providers in order to successfully enact a plan that aligns local resources with regional protocols. Other community services offered by Mercy Hospital South during the COVID-19 pandemic included deploying community COVID-19 testing sites, and donating gloves and masks for PPE supplies, including hand sanitizer for COVID-19 kits distributed to North County and North City residents via PrepareSTL and The Urban League Of Metropolitan St. Louis.

Community Health Leaders Laura Bub (Mercy South, pictured 4th from right) and Traci Carter (Mercy St. Louis, pictured 3rd from right) along with BJC and SSM Leaders volunteered to assemble PPE Kits for the Urban League’s Food Drive on May 2nd, 2020. Mercy donated 1,000 face masks and 2,000 gloves to PrepareSTL, which is a collaborative campaign powered by the Missouri Foundation for Health in partnership with the Regional Health Commission, the City of St. Louis, St. Louis County and other community health organizations.

Charity Care
Includes the actual cost of providing free or discounted care to persons who cannot afford to pay and who are not eligible for public programs. Charity care does not include bad debt.
Benefit: $18,260,534

Community Health Improvement
Includes activities carried out to improve community health. Examples: access to care initiatives, education, support groups, health screenings, resource assistance and immunizations.
Benefit: $244,765

Health Professionals Education and Research
Includes the cost of providing clinical placement for physicians, nurses and other health professionals plus the costs of the nursing anesthesia, EMS and radiology schools.
Benefit: $172,079

Cash, In-Kind Donations, Workforce Enhancement and Fundraising
Includes cash, in-kind donations, fundraising costs, food & supplies to shelters, use of Mercy rooms and facilities, donated office space and recruitment of health professionals in medically underserved areas.
Benefit: $116,780

Medicaid Subsidies
Includes the actual unpaid cost of providing care to Medicaid patients and represents the shortfall between cost of care and the payments received by the government.
Benefit: $6,500,860

Total Reported Community Benefit: $26,538,047