

Mercy Hospital St. Louis Community Benefit Report

Addressing Social Needs in the ED

Mercy Hospital St. Louis launched a pilot program to support the integration of Community Health Workers (CHW) in the Emergency Department (ED) to serve three core functions:

- Support uninsured patients to establish primary care through collaboration with the Community Referral Coordinator
- Connect uninsured patients with community resources to address identified social needs
- Assist uninsured patients in Medicaid or financial assistance program enrollment

The program involves implementing new workflows in the ED, including a standard screening process for all uninsured patients. By completing a simple questionnaire related to their financial strain, housing, utility, and transportation concerns, patients provide insight for the care team to meet their individual needs, and to provide comprehensive, compassionate service.

Not only will addressing social needs result in better health outcomes and a higher quality of life for patients, but it will increase the quality of patient-provider communication, increase access to primary care, and reduce the likelihood of hospital ED re-admissions.

In FY2021, 166 screeners were collected through the efforts of the Patient Access and clinical Emergency Department teams. Overall, CHWs at Mercy St. Louis assisted 4,428 patients (1,816 in the Emergency Department) and had 9,665 encounters. Of these patients, 2,781 were uninsured, 457 had Medicaid coverage, and 122 were pending Medicaid.



Community Health Workers Carnadria Smith and Chris Schroeder serve patients in Mercy Hospital St. Louis' Emergency Department.

Total Reported Community Benefit:

\$127,994,927

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: \$37,933,788

Community Health Improvement Services

Includes activities carried out to improve community health and services that are subsidized because they are needed in the community. Examples: education, support groups, health screenings, and immunizations.
Benefit: \$3,401,391

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: \$5,736,989

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: \$326,665

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: \$75,094,402