Mercy Hospital

Devils Lake, North Dakota

Community Health Needs Assessment

June 30, 2013

Prepared by:

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Minneapolis, Minnesota

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CPAs and Consultants

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Introduction

Mercy Hospital is a 25-bed Critical Access Hospital accredited by The Joint Commission, licensed by the North Dakota State Department of Health, and certified by the Department of Health and Human Services for participation in the Medicare Program.

The team of physicians, professionals, outreach specialists, and staff are educated in the latest medical technology and are skilled and competent. Services are provided with a caring, personalized approach. A major focus for Mercy Hospital is to provide patients the comfort of receiving quality medical treatment while staying close to home and loved ones.

The mission of Mercy Hospital and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy, and viability in the 21st century. Fidelity to the gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities. Catholic Health Initiatives' vision is to live out its mission by transforming health care delivery and by creating new ministries for the promotion of healthy communities.

Methods

Wipfli's Role

In December 2012, Wipfli LLP (Wipfli) was engaged by leadership at Mercy Hospital to facilitate the community health needs assessment (CHNA) process on behalf of the hospital. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

CHNA Advisory Committee

The CHNA Advisory committee was formed by leadership at Mercy Hospital. The team was tasked with completing the objectives outlined by the IRS CHNA requirements. The team consisted of the following members:

- James Marshall, President
- Bonnie Mattern, Human Resources Manager
- Rachel Lindstrom, Controller
- David Wilder, Facility Manager
- Edna Dunn, RN, Interim VP Patient Care
- Roxanne Wells, Foundation Director

Community Served Determination

The service area for Mercy Hospital was created with input from Mercy Hospital's CHNA Advisory Committee. The definition includes Ramsey and Benson Counties, North Dakota. The service area was defined based on the historical patient base that Mercy Hospital serves.

CHNA Process

The CHNA process that Wipfli utilized to conduct the assessment has been adopted from several of the leading sources on the subject. These sources include:

- Association for Community Health Improvement
- Rural Health Works
- Flex Monitoring Team

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee

2. Definition of the community served by the hospital facility
   a. Demographics of the community
   b. Existing health care facilities and resources

3. Data collection and Analysis
   a. Primary data
   b. Secondary data

4. Identification and prioritization of community health needs and services to meet community health needs

5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners

6. Dissemination of priorities and implementation strategy to the public.

Primary Data Collection

Key informational interviews were conducted with members of the community served by Mercy Hospital. These individuals were identified by the Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in key informational interviews. A list of the interviewees can be found in **Appendix 1**. A summary of the key findings from the key informational interviews can be found further on in this document.

A community survey was distributed to local organizations within Ramsey and Benson Counties. The following is a list of some of the organizations that received the survey:

- Mercy Hospital and Foundation Board of Directors, employees
- Lake Region Ministerial Association
- Violence Prevention Planning Grant Group

- Lake Region Safe Communities Coalition
- City Commission
- Tribal Council
- Chamber of Commerce

The survey was developed to capture input regarding health needs in the community.

Secondary Data Collection

Secondary data was collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of North Dakota and the Nation.

The secondary data collected for this analysis was collected from the following sources:

- ESRI, 2013 (Based on US Census Data)
- County Health Rankings

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and the Mercy Hospital Board-approved implementation plan.

Information Gaps

There were no major gaps in information for this community health needs assessment because quantitative information for demographic and health status were available at the county level. That said, to the extent that health status differs significantly by zip code within the county, health information was not available at that granularity.

Community/Demographic Profile – Primary Data Results

Population

The population in Mercy Hospital's service area is expected to grow over the next five years, by 460 people, equally between Ramsey and Benson Counties. North Dakota is also expected to grow by 6.7%. Population is expected to rise nationally by over 3%.

2012 and 2017 Population

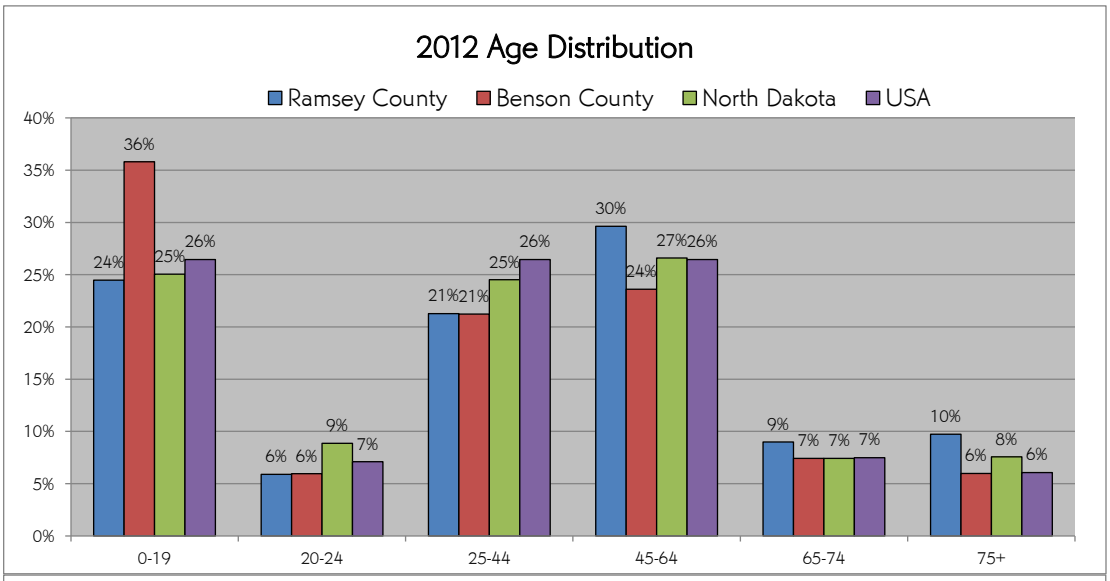
	2012	2017	% Change (2012-2017)	Change (2012-2017)
Ramsey County	11,638	11,868	2.0%	230
Benson County	6,717	6,847	2.0%	230
North Dakota	692,887	739,146	6.7%	46,259
USA	313,129,017	323,986,227	3.5%	10,857,210

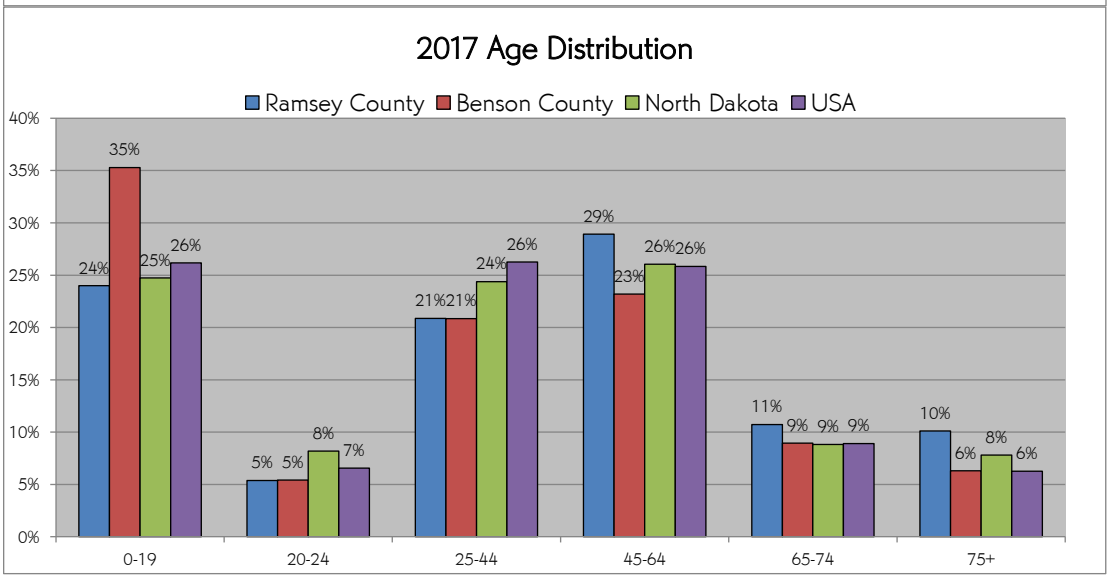
ESRI Business Information Solutions, 2013

Population by Age

Population was grouped into major age categories for comparison. Ramsey County has a significantly older population, while Benson County has a very young population with a significant population falling in the range of 0-19. We would therefore expect the health needs of the two counties to be somewhat unique given the characteristics of the population. We expect the population to age over the next five years and therefore should expect a slight rise in health care utilization.

2012 and 2017 Population Age Distribution





ESRI Business Information Solutions, 2012

Population by Race and Ethnicity

Mercy Hospital services a diverse population base within Ramsey and Benson Counties. While Ramsey County is predominantly white, approximately 8% of the population is American Indian. In Benson County, over half the population is American Indian. This is not expected to change dramatically over the next five years.

It is important for Mercy Hospital to continue outreach within the American Indian subpopulation to ensure that the health needs of all population groups within the Counties are being met.

2012 and 2017 Population by Race

2012 - Population by Race	Ramsey County		Benson County		North Dakota		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	10,213	88%	2,915	43%	1,421,790	89%	225,289,662	72%
Black Alone	46	0%	1	0%	11,794	1%	39,536,577	13%
American Indian Alone	962	8%	3,693	55%	22,485	1%	3,010,559	1%
Asian Alone	59	1%	3	0%	20,521	1%	15,239,038	5%
Pacific Islander Alone	7	0%	1	0%	2,421	0%	552,594	0%
Some Other Race Alone	28	0%	10	0%	84,163	5%	20,008,464	6%
Two or More Races	323	3%	94	1%	42,140	3%	9,492,123	3%

2017 - Population by Race	Ramsey County		Benson County		North Dakota		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	10,343	87%	2,921	43%	1,482,497	87%	228,784,341	71%
Black Alone	60	1%	1	0%	17,002	1%	41,359,936	13%
American Indian Alone	942	8%	3,809	57%	24,887	2%	3,244,199	1%
Asian Alone	86	1%	3	0%	24,668	2%	16,950,165	5%
Pacific Islander Alone	11	0%	1	0%	2,821	0%	615,508	0%
Some Other Race Alone	29	0%	10	0%	96,445	6%	22,299,085	7%
Two or More Races	397	3%	102	2%	50,125	3%	10,732,993	3%

ESRI Business Information Solutions, 2012

Income

Income data was analyzed for Ramsey and Benson Counties and compared to the state of North Dakota and the Nation. 2012 census data reveals that Median and Average household income for Ramsey County is higher than North Dakota. However in Benson County income levels fall well below state and national levels. Over the next five years, income levels are expected to rise across the country due mainly to inflation.

2012 and 2017 Income Levels

2012	Ramsey County Number	Benson County Number	North Dakota Number	USA Number
Median Household Income	47,842	38,092	43,645	50,157
Average Household Income	62,449	48,851	56,458	68,162
Per Capita Income	27,463	16,474	21,250	26,409

2017	Ramsey County Number	Benson County Number	North Dakota Number	USA Number
Median Household Income	53,044	44,234	51,927	56,895
Average Household Income	69,098	53,307	63,052	77,137
Per Capita Income	30,787	17,914	23,775	29,882

ESRI Business Information Solutions, 2012

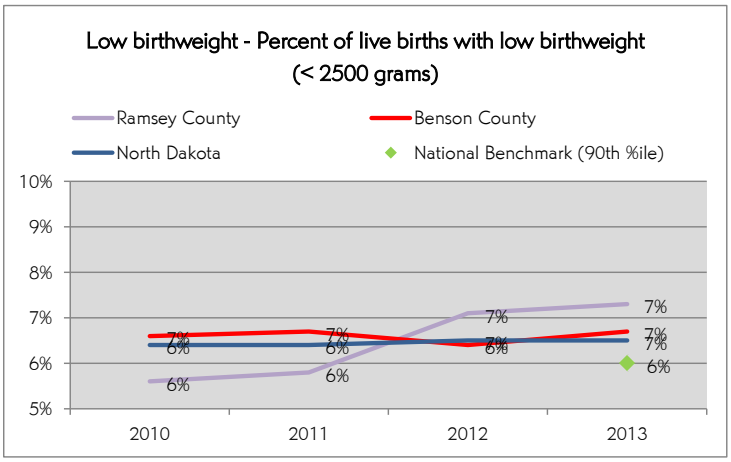
Secondary Data Results

The County Health Rankings show the rank of the health of nearly every county in the nation and illustrate that much of what affects health occurs outside of the doctor's office. The Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity, and teen births.

Overall, Ramsey County ranked #41 in the state for health outcomes based on the data collected by County Health Rankings. Benson County ranked #45 in the state. In total 46 Counties were included in the ranking. The detailed statistics below reveal more specific areas where significant improvement is necessary.

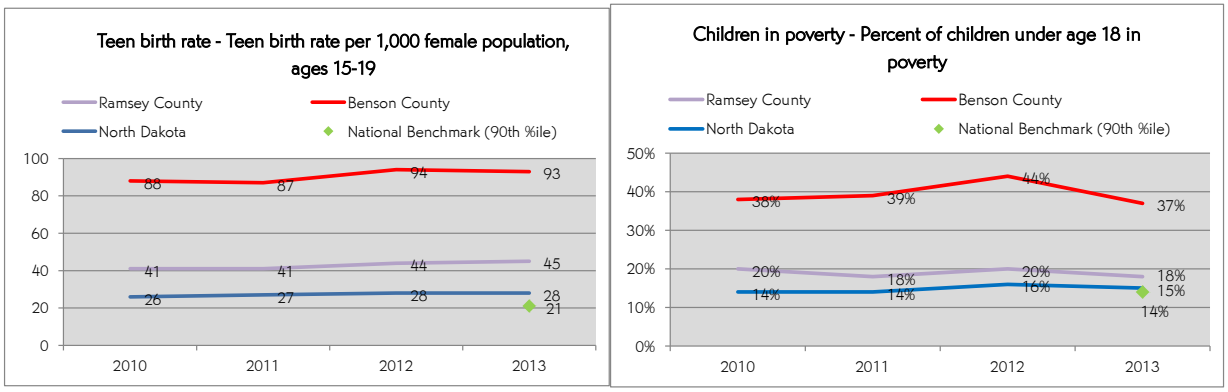
Birth Statistics

Low birthweight (LBW) represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environment she inhabits, and environmental risks to which she is exposed. LBW percentages in Ramsey and Benson Counties are slightly higher than in North Dakota and the Nation. Rates in Ramsey County have been trending up over the past four years while Benson rates have been flat.



North Dakota Department of Public Health

Teen birth rates were also analyzed for Ramsey and Benson Counties and compared to North Dakota and the Nation. Teen birth rates in Ramsey and Benson Counties are higher than North Dakota and national benchmarks. Rates in Benson County are alarming at more than four times the national benchmark. Ramsey County rates are just over twice the national benchmark rate. The percentage of children in poverty in Benson County is close to three times the national benchmark. The percentage in Ramsey County is only slightly above the state and national benchmark.

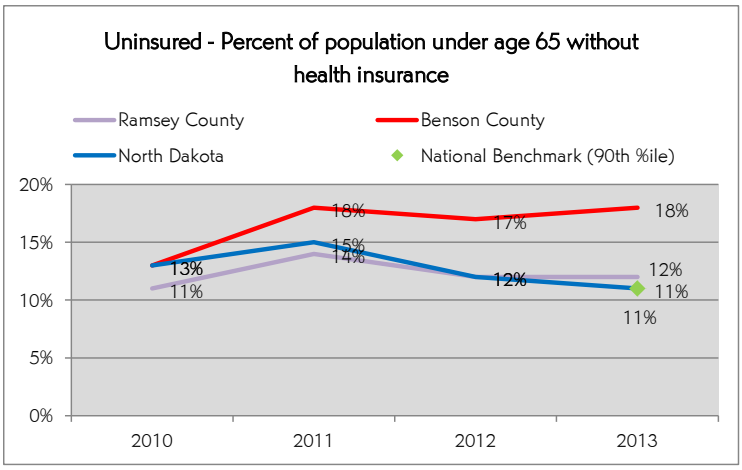


North Dakota Department of Public Health

Insurance

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which is scheduled to take effect in 2014, is to lower the rate of uninsured and thereby reduce the negative health consequences stemming from lack of affordable health insurance.

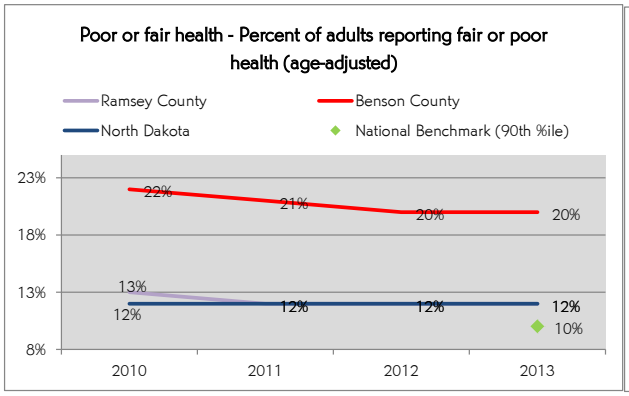
The uninsured rate in Ramsey County is just above the state and national benchmark of 11%. Benson County's rate is 7% higher than North Dakota and the national benchmark. Because the Medicare-eligible population in Ramsey and Benson Counties is higher than North Dakota and the Nation, this means that the rate of uninsured in the 0-64 population range may be even higher than the uninsured rate numbers reflect.

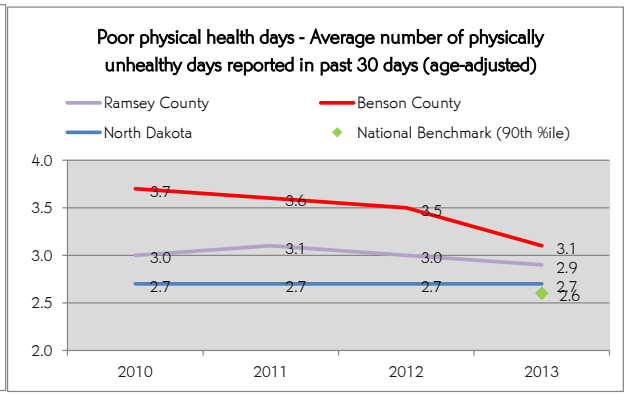


North Dakota Department of Public Health

General Population Health

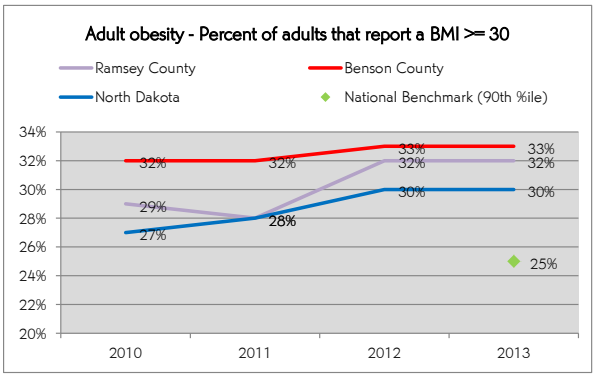
One measure of health among the community included in the County Health Rankings nationwide study is reported general well-being. Reported general health of "poor or fair health" in Benson County was significantly higher than Ramsey County or North Dakota, which are both slightly above the National benchmark. What this means is that the population in Benson County consider themselves in general to be less healthy, though this trend has improved slightly since 2010. A similar self-reported measure is "poor physical health days," which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in Ramsey and Benson Counties are above North Dakota and the Nation. Both Counties are trending downward.





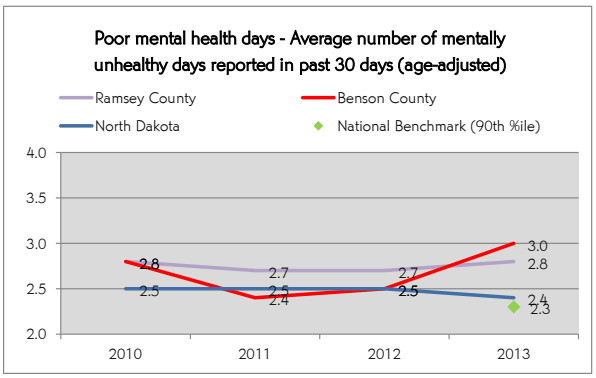
North Dakota Department of Public Health

A third measure of general health of the population is the percentage of adult obesity. Nationally, the rate has been around 25% of the population. In North Dakota, the percentage of adults who are obese has risen to 30% in 2013, up from 27% in 2010. The percentage is even higher in Ramsey and Benson Counties, at 32% and 33% respectively in 2013. Rates in both counties have been on the rise. The health ramifications stemming from obesity are significant. The trend in North Dakota and Ramsey and Benson Counties is alarming, and represents a major health factor that should be addressed further in the coming years.



North Dakota Department of Public Health

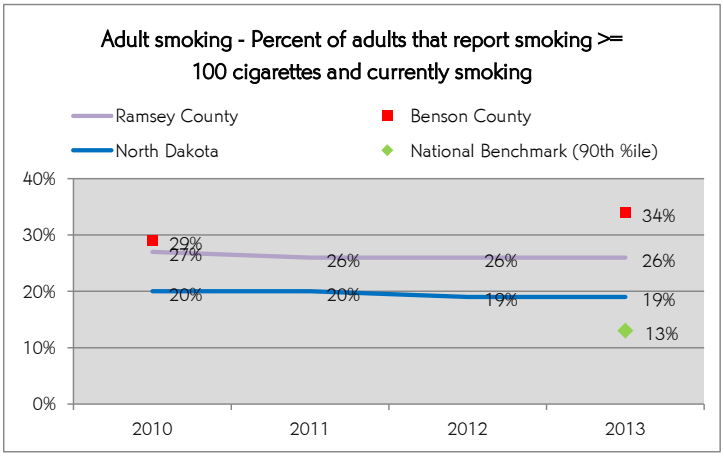
Another indicator, "Poor mental health days," refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Ramsey and Benson Counties are higher than North Dakota and the Nation. They have been rising over the past two years, which is a negative indication. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.



North Dakota Department of Public Health

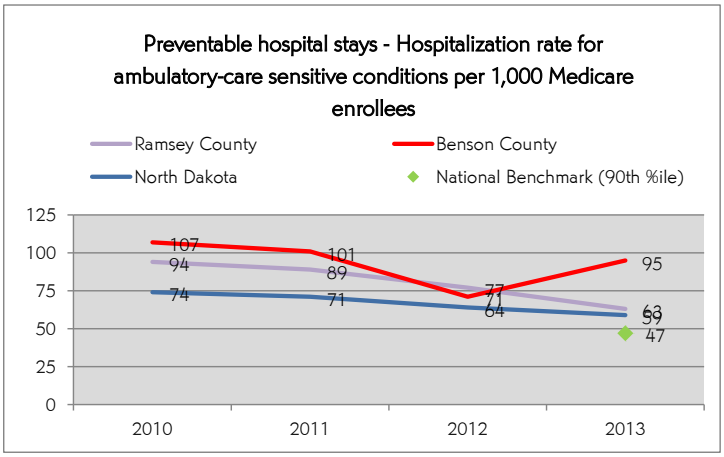
Adult Smoking

Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in Ramsey County has been flat over the past 3 years at 26%, which is higher than the state and national benchmark rate. Benson County data was only available for 2010 and 2013, over which period the rate climbed from 29% to 34%.



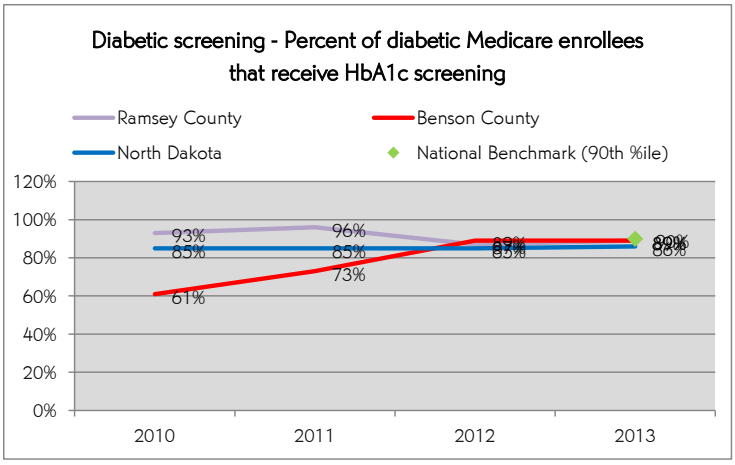
Preventable Hospital Stays

Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for Ramsey and Benson Counties have declined by over 50% since 2010, to 43 per 1,000 Medicare enrollees. This is slightly below the national benchmark and North Dakota rates.



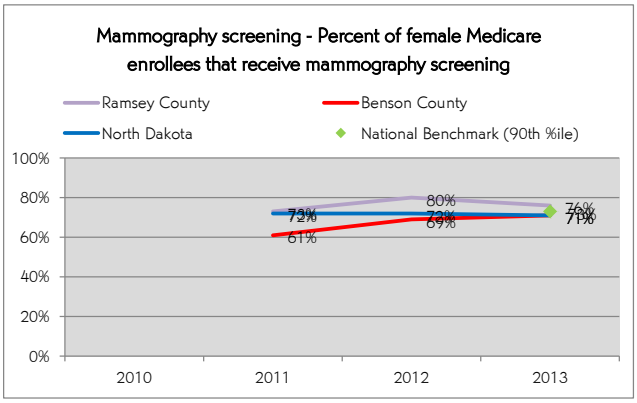
Screening

Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in Ramsey and Benson Counties have fluctuated between 61%-96% over the past four years. This is higher than North Dakota and the national benchmark, which is a very positive indication.



North Dakota Department of Public Health

Mammography screening has declined precipitously in Ramsey and Benson Counties from 82% in 2011 down to 67% in 2013, which is below the National Benchmark rate of 73% and below the North Dakota rate of 71%. This downward trend should be explored in the coming years.



North Dakota Department of Public Health

Summary of Key Findings and Prioritized Needs

A list of interview participants can be found in **Appendix 1**. The Mercy Hospital Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by Mercy Hospital.

Interview participants were asked a series of questions formed by Wipfli in conjunction with the Advisory Committee. These questions were developed from a variety of nationally accepted health improvement models and tailored by the Committee to uncover health needs that may exist within Mercy Hospital's community. Questions can be found in **Appendix 2**. Responses were recorded and later condensed into common themes. The following top priorities were identified through the interview process (in no particular order):

1. Accessibility of health care services and providers
2. Dental care
3. Alcohol and Substance Abuse
4. Mental Health (inpatient and outpatient)
5. High cost of health care
6. Urgent care
7. Transportation
8. Obesity/Diabetes

A community survey was distributed to local organizations within Ramsey and Benson Counties. The online survey link was also published in the local newspaper. Respondents were asked to identify top health issues, access issues, and service availability within the community. The following top issues were identified through the survey process (in no particular order):

1. Lack of insurance
2. Cost of insurance/coverage/deductible/prescriptions
3. Transportation
4. Alcohol/Substance Abuse
5. Obesity/Diabetes
6. Cancer
7. Aging Problems
8. Heart Disease and Stroke
9. High Blood Pressure
10. Respiratory/Lung Disease

11. Urgent Care
12. Child Abuse/Neglect
13. Mental Health

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in **Appendix 3**. The criteria measures were established by Wipfli and the Committee, drawing from recommendations from the National Rural Health Association.

Existing Health Care and other Facilities and Resources

A complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services can be found in **Appendix 4**:

Implementation Plan

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy was to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

With the support of Wipfli, the CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in **Appendix 5**. In summary, the following priorities were addressed through the implementation strategy:

1. Accessibility of health care services and providers alongside offering urgent care services
2. Lack of insurance/Cost of insurance, coverage, deductible, and prescriptions
3. Obesity and Diabetes
4. Mental Health (inpatient and outpatient)

The implementation strategy detail for each priority located in **Appendix 5** provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

There are a variety of factors that impacted what priorities were able to be addressed through the implementation strategy. Naturally, Mercy Hospital was not able to address all of the priorities identified through the CHNA process. Factors that influenced Mercy's decision not to address certain priorities include:

- Resource and staffing availability

- Financial and capital constraints
- Alignment with Mercy's organizational mission

Form 990 (Schedule H) Reference Chart

A reference chart was created for the purposes of the Form 990 (Schedule H) Internal Revenue Service requirements. A chart of requirements and the corresponding page referencing the indicated task can be found in **Appendix 6**.

References

Association for Community Health Improvement

Rural Health Works

Flex Monitoring Team

ESRI Business Information Solutions, 2012

County Health Rankings

North Dakota Department of Health

North Dakota Vital Statistics

Appendix 1

List of Interviewees for Community Input

Brenda Langerud - NDSU Extension Services
Margaret Nelson - First Choice Clinic
Kaye Nelson - Altru Clinic-Lake Region
Connie Hovendick - Lake Region Special Education
Karen Halle - Lake Region District Health Unit
Troy Zander - National Medical Resources
Doug Boknecht - Director, Lake Region Human Services Center
James Marshall - Mercy Hospital CEO

Appendix 2

Interview Questions

alth Care Issues and Accessibility

1. What do you feel are the most pressing health needs or issues in Ramsey and Benson Counties?
2. Is there anything currently being done to address these issues?
   (If yes) How are these issues being addressed?
   (If no) In your opinion, why aren't these issues being addressed?
   (If no) In what ways have these issues been addressed in the past, if any?
3. What is the size and scope of the most pressing issue/problem?
4. Is there a wide variety/choice of primary health care providers?

(If yes) Is this variety/choice available to both insured and uninsured people?

(If no) In your opinion, why is there a lack of primary health care providers?

Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care?

Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services

1. How well do existing programs and services meet the needs and demands of people in your community?

Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well?

Any differences in sub-populations/groups?

2. What programs or services are lacking in the community?
3. Are there any programs/services that currently exist that aren't needed?

(If yes) What are these programs/services?

Why aren't they needed?

4. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community?

(If yes) What are your recommendations or plans?

5. Are there any barriers or obstacles to health care programs/services in your community?

(If yes) What are they?

Have any of these barriers been addressed?

Are there any effective solutions to these issues?

(If yes) What are they?

Are they cost effective?

Have any solutions been tried in the past?

(If yes) Have they been effective?

Appendix 3

Criteria Used to Prioritize Health Needs

1=Low, 5=High	Decision Criteria						
Interviews / Surveys Top Issues	Severity of Problem?	Potential Impact on Health of Population?	Urgency/Importance to the Community?	Feasibility of Change?	Resources Available to Address Problem?	Alignment with Organizational Mission, Strength, Priorities?	Overall Priority Score
	1-5	1-5	1-5	1-5	Y/N (Y =5, N=0)	Y/N (Y =5, N=0)	
Accessibility of health care services and providers	4	5	4	4	5	5	27
Urgent Care	4	4	5	4	5	5	27
Obesity/Diabetes	4	4	5	4	5	5	27
High cost of health care	4	4	4	4	5	5	26
Lack of Insurance	4	4	4	4	5	5	26
Cost of Insurance/coverage/deductible/prescriptions	4	4	4	4	5	5	26
Mental Health	4	4	3	4	5	5	25
Alcohol and Substance Abuse	3	3	5	2	0	5	18
Heart Disease and Stroke	3	3	5	2	0	5	18
High Blood Pressure	3	3	5	2	0	5	18
Aging Problems	3	3	4	3	0	5	18
Cancer	2	3	4	2	0	5	16
Respiratory/Lung Disease	3	3	1	2	0	5	14
Child Abuse and Neglect	3	3	1	2	0	5	14
Dental Care	1	3	2	1	0	5	12
Transportation	1	2	3	1	0	0	7

Appendix 4

Services Provided by Mercy Hospital

1031 Seventh Street NE, Devils Lake, ND 58301
Phone: 701.662.2131

- Mercy Hospital Services
- Community Resource Coordinator - Prescription information Assistance and Medicare Information Assistance
- Cardiac Rehabilitation Program – Includes stress testing, electrocardiograms, and cardiac rehab Phases I, II, and III
- Diabetes Education Center
- Critical Care – Includes intensive care unit and coronary care
- Dietetic Service– Nutrition counseling and cafeteria
- Emergency Care
- Laboratory – Includes Blood Bank/Transfusion Services, Diagnostic Laboratory Testing, and Non DOT Drug Screening Collection Site
- Medical Services
- Obstetrics
- Pharmacy
- Physical Therapy
- Radiology
- Respiratory Care
- Surgical Care
- Swing Bed

Services Provided through Lakes Social Service District

Lakes Social Service District
524 4th Ave NE #19
Devils Lake, ND 58301-2400
662.7050

Lakes Social Service District is a department of Ramsey and Towner Counties government that has been designated by law to provide poor relief and related services to the citizens of Ramsey and Towner Counties. The majority of the services/programs offered by the counties are done in conjunction with state and federal agencies, particularly the North Dakota Department of Human Services. Lakes Social Service District provides a wide range of services including both social services and economic assistance programs.

Some services are provided directly by county employees and others are provided through contracts. In 2007, Ramsey County Social Services provided services/benefits to over 2,000 individuals each month.

Parent Aide Services: A service that will place a para-professional to work with families, providing education, on-hands tasks, and support, in order to meet predetermined goals and prevent out-of-home placement.

Prime Time Day Care Services: Provides financial payment to licensed day care providers for the care of children who are victims of neglect or abuse and/or are at risk for out-of-home placement.

Crossroads Child Care Program: Provides financial payment for day care of infants for minors who are unwed and wish to finish high school. Payments will cover the time while they are attending classes.

Intensive In-home Services: (Authorized by CSS and provided by The Village through a contract with ND Department of Human Services) provides intensive home-based intervention into families at the time of crisis. The purpose is to alleviate stress and maintain the family unit. These services are provided in the family home for up to six weeks.

Adult Day Care: A program of social and related support services for individuals, age 21-years and over, provided on a regularly scheduled basis one or more days per week.

Adult Family Foster Care: Includes the provision of 24-hour room, board, supervision, and other care as designated to an adult who is determined to be unable to function independently, or who may benefit from a family home environment. The care is provided in a licensed private home.

HCBS Case Management: The provision of specialized assistance, based on the results of a comprehensive assessment for the individual desiring and needing help in selecting or obtaining services and in coordinating the services.

Chore Services: The provision of one time, intermittent or occasional home tasks, including house cleaning, minor home maintenance, minor home repair, select installation, and walk maintenance.

Family Home Care: The provision of room, board, supervisory, and personal care on a 24-hour basis by the spouse, parent, adult child, adult sibling, grandparent, adult grandchild, adult niece or adult nephew. Persons who are in-laws can also be considered. Care can be in the client's or caregiver's home.

Homemaker: The provision of non-personal care tasks such as housekeeping, laundry, and shopping, and which enable the individual to maintain or develop independence needed to remain at home.

Personal Care (previously known as Home Health Aide): This program provides a trained person to perform and teach basic health care tasks in the home of the individual receiving the care. These basic health care tasks include: taking temperature and blood pressure, giving tub and bed baths, shampooing, bed positioning, range of motion, and skin, mouth, and foot care.

Non-Medical Transportation: The provision of transportation that enables the individual to access essential community services such as grocery or pharmacy in order to maintain themselves in their homes.

Respite Care: The provision of temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stresses and demands associated with continuous daily care.

Appendix 5

Mercy Hospital

Devil's Lake, North Dakota

Community Health Needs Assessment Implementation Plan

June 30, 2013

Table of Contents

Priority: 1 Accessibility of health care services and providers alongside offering urgent care services

Objective/Strategy

- Evaluate the need for after hours accessibility for the patient to health care services other than emergency services.
- Reduce the health care expense to the patient by possibly offering after hours health care services; which could support the continuation of primary care services.
- Enhance the marketing of the Community Health Needs Assessment.

Tactics (How)

- Develop a business plan to analyze the need for urgent care services.
- Develop marketing materials to educate the community on non-urgent care versus emergent medical needs.

Programs/Resources to Commit

- Additional education to front-line staff.
- Development of a triage nurse program.
- Additional staff will be allocated to sustain an urgent care program if developed.
- Commit additional resources as needed to ensure progress of the business analysis plan.

Impact of Programs/Resources on Health Need

- Redirecting patients to the right level of care will help to reduce the out of pocket expenses to the patient
- Increase opportunity for after hours non urgent medical care in the community.

Accountable Parties

- Mercy Hospital
- Physician Group/Providers

Partnerships/Collaboration

- Provider Networks
- Area clinics and County Health Department
- Community Organizations

Priority: 2 Lack of insurance/Cost of insurance, coverage, deductible, and prescriptions

Objective/Strategy

- Provide community education on the requirements and guidelines needed for eligibility for financial assistance, government and charity programs. Provide patients with support during the application process.
- Increase access to insurance coverage and cost saving programs to community members while reducing out-of-pocket costs.
- Enhance marketing to the Community to understand goals and objectives of the of the Community Health Needs Assessment.

Tactics (How)

- Employment of two patient advocate positions to assist patients in the application process.
- Implementing software such as RAMP, which will assist by streamlining applications and having access to applicable documentation.

Programs/Resources to Commit

- Additional training to front-line staff.
- Employment of two patient advocate positions.
- Collaborate with Conifer Health Solutions for revenue cycle management.

Impact of Programs/Resources on Health Need

- Provide patients education on the application requirements and the process for financial assistance through the government and charity programs. Patients having understanding of applications process and services available will seek earlier health screenings, preventative care and medical management.

Accountable Parties

- Mercy Hospital
- MECS Supervisor at Conifer Health Solutions
- State , Federal and County Agencies

Partnerships/Collaboration

- Conifer Health Solutions

- Federal, State, and County Organizations
- Community Organizations

Priority: 3 Obesity and Diabetes

Objective/Strategy

- Increase the educational awareness to community on obesity and diabetes management therapy.
- Develop a diabetes education center.
- Enhance marketing of the Community Health Needs Assessment
- Enhance marketing strategies that focuses on the preventative management of obesity, nutrition, diet, exercise and diabetic medication therapies.

Tactics (How)

- Analyze billing opportunities to increase educational programs to community in the management of preventative care; diet, exercise, nutrition, and medication therapy.
- Continue seeking future grant funding.

Programs/Resources to Commit

- Grant funding has been secured for a two-year project implementation of a diabetes center.
- Diabetes Education Nurse and Dietician
- Establish an Advisory Provider

Impact of Programs/Resources on Health Need

- Increasing the educational awareness to the community on the disease process will enhance the patient's chance of compliance and support in the prevention and management of obesity and diabetes.
- Preventative management, diet, exercise and medication therapy for the disease process will help decrease the possibility of recurring admissions for the diabetic patient.

Accountable Parties

- Mercy Hospital
- Physician Group/Providers

Partnerships/Collaboration

- Provider Networks
- Area clinics and County Health Department
- Community Organizations

Priority: 4 Mental Health (inpatient and outpatient)

Objective/Strategy

- Increase the education and awareness within the community on preventive and supportive services in the management of behavioral health.
- Evaluate the need and financial impact of implementing telemedicine resources for the prevention, treatment and management of behavioral health.
- Enhance the marketing to the community to increase the educational understanding of the Community Health Needs Assessment.

Tactics (How)

- Analyze billing opportunities within telemedicine for the prevention, treatment and management of behavioral health therapy.
- Seek future grant funding.
- Explore opportunities to develop partnerships with providers within the community.
- Research the funding opportunities to help develop programs in prevention, treatment and management of behavioral Health

Programs/Resources to Commit

- Commit additional resources as needed that might be identified through the telemedicine analysis in the management of behavioral health therapy
- Allocate marketing funds to increase the communities awareness in the prevention, treatment and management of behavioral Health.

Impact of Programs/Resources on Health Need

- Offering Behavioral Health services through Telemedicine will expedite the initial assessment, management and treatment plan for therapy.
- The development of a Telemedicine program will have a positive impact on the initial patient's assessment and treatment times.

Accountable Parties

- Mercy Hospital
- Physician Group/Providers

Partnerships/Collaboration

- Provider Networks
- Area clinics and County Health Department
- Community Organizations
- State and Federal Agencies

Appendix 6

Form 990 (Schedule H) Reference Chart

Form 990 Question Number	Description	Reference Page in CHNA Document
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. If "Yes," indicate what the Needs Assessment describes (check all that apply):	
A	A definition of the community served by the hospital facility	2
B	Demographics of the community	5-8
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appx. 4
D	How data was obtained	3-4, 15
E	The health needs of the community	8-15, Appx. 3
F	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	8-15, Appx. 3
G	The process for identifying and prioritizing community health needs and services to meet the community health needs	15, Appx. 3
H	The process for consulting with persons representing the community's interests	15, Appx. 2
I	Information gaps that limit the hospital facility's ability to assess all of the community's health needs	4
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3, 15, Appx. 1
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	No
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	Yes
A	Hospital facility's website	X
B	Available upon request from the hospital facility	X
C	Other (describe in Part VI)	
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):	

A	Adoption of an implementation strategy to address the health needs of the hospital facility's community	Appx. 5
B	Execution of the implementation strategy	X
G	Prioritization of health needs in its community	17, Appx. 3
H	Prioritization of services that the hospital facility will undertake to meet health needs in its community	Appx. 5
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	18-19