Mercy Medical Center – New Hampton
Community Health Needs Assessment Implementation Strategy
Fiscal years 2013-2015

Mercy Medical Center – New Hampton completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in December of 2012. Mercy-New Hampton performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at www.mercynewhampton.com, or printed copies are available at Mercy-New Hampton.

Hospital Information and Mission Statement

Mercy Medical Center – New Hampton (MMC-NH) serves the 12,276 residents of Chickasaw County, IA. Chickasaw County includes its county seat, New Hampton, a town of 3,571 residents located in the midst of the rolling farmland of north-east Iowa. Licensed for 18 beds, MMC-NH is a member of the Mercy Health Network, a faith-based, not-for-profit community health care system and offers comprehensive health care services including inpatient, outpatient, emergency and a range of primary care and specialty physician services. The majority of MMC-NH’s patients are residents of Chickasaw County. MMC-NH has been serving residents of Iowa’s Chickasaw County and surrounding areas for nearly 100 years.

In general, rural populations are older, poorer and less educated than their urban counterparts, with a higher prevalence of chronic diseases. Chickasaw County is no exception.

- 2012 Population: 12,276
- Percent change 200-201: -5.01% (IA average: 4.10%)
- Percent 65 years and over: 19.2% (IA average: 14.9%)
- Percent white: 98.6% (IA average: 93%)
- Percent BA degree or higher: 14.4% (IA average: 24.9%)
- Median household income: $42,098 (IA median: $50,451)
- Employment percent change 2000-2010: -13.3% (IA average: -0.9%)
- Adult smoking incidence: 22% (IA average: 19%)
- Adult obesity incidence: 31% (IA average: 29%)
- Physical inactivity incidence: 28% (IA average: 25%)
- Excessive drinking incidence: 32% (IA average: 20%)
**Mission**

We, CHE Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Health Needs of the Community**

The CHNA conducted in June and July 2012 identified 5 significant health needs within the Mercy – New Hampton community. The Planning Team members agreed on a set of criteria to use in evaluating the list of High-Potential Opportunities identified through the fact-finding process. The criteria included:

- The **Prevalence** or degree of customer need throughout the identified service area, measured by the number of people affected.
- The **Threat** or degree to which not addressing the need jeopardizes vital community health needs or organizational capabilities.
- **Trends** in the identified service area, i.e. is the situation worsening over time?
- The estimated **Degree of Difficulty** of addressing the need, i.e. does MMC-NH possess demonstrated skills and capabilities in this area? If not, are there community partners who do?
- The estimated community **Health Reward or Return on Investment** of a successful outcome.
- Other issues as noted.

Through a series of facilitated meetings, Planning Team members used these criteria to evaluate the list of **High-Potential Opportunities**. Rankings were shared and discussed. Team members were then given the opportunity to revise and/or amend their rankings. The rankings were summed to produce a composite ranking which was then shared with MMC-NH’s Board, physicians and associates. The 3 significant health needs identified, in order of priority include:

| #1 Improve Community Health | • Underage drinking  
|                           | • Obesity  
|                           | • Physical inactivity  
|                           | • Access to Fitness & Recreational Facilities |
| #2 Access to family clinic | • Improving the **community’s access** to MMC-NH’s clinics as an alternative to possibly inappropriate and expensive ED use, particularly during ‘off hours’ when appointment scheduling is either difficult due to capacity issues, or not available. |
| #3 Awareness of Services | • Awareness of available services and health improvement options/opportunities, using new communications channels and technologies. |
| #4 Increase access to mental health services | • Build local capacity in mental health and chemical dependency services |
| #5 Diabetes Management | • Increase percentage of Medicare patients with diabetes having an annual physical |
#6 Increase Specialty Availability Locally

- Work with Mercy Medical Center – North Iowa and Mason City Clinic to have ENT and general surgeon visit patients in New Hampton regularly.

Hospital Implementation Strategy

Mercy – New Hampton’s resources and overall alignment with the hospital’s mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

**Significant health needs to be addressed**

Mercy will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Improve Community Health** – Detailed need specific Implementation Strategy on [page 4]
- **Access to Family Clinic** – Detailed need specific Implementation Strategy on [page 5]
- **Awareness of Services** – Detailed need specific Implementation Strategy on [page 6]
- **Increase Access to Mental Health Services** - Detailed need specific Implementation Strategy on [page 7]

**Significant health needs that will not be addressed**

Mercy acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Mercy – New Hampton will not take action on the following health need:

- **Diabetes Management**: Also, though Chickasaw County’s Percent of Medicare Enrollees With Diabetes Having An Annual Exam (87.21%) is again below Iowa’s benchmark, as a member of the Mercy Health Network, MMC-NH believes that working within the Network’s overall strategy for managing diabetes and other chronic diseases is, again, a more effective use of scarce institutional resources. MMC-NH’s clinical team, including physicians and a health coach is playing an active role in bringing the Network’s methodologies, to New Hampton and Chickasaw County.
- **Increase availability of local specialists**: During the process of our CHNA, ENT and general surgery physicians were added to Mercy-New Hampton’s Specialty Clinic.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require
enhancements to the described strategic initiatives. During the three years ending June 30, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.
## CHNA Implementation Strategy
### Fiscal Years 2013 - 2015

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<thead>
<tr>
<th>Hospital Facility:</th>
<th>Mercy Medical Center – New Hampton</th>
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<tbody>
<tr>
<td>CHNA Significant Health Need:</td>
<td>Improve Community Health</td>
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<td>CHNA Reference Page:</td>
<td>19</td>
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**Brief Description of Need:** Improving community health in New Hampton and Chickasaw County, with specific emphasis on three areas: Underage Drinking/Chemical Dependency, Obesity and Physical Inactivity.

**Goal:** Become a recognized advocate for health and wellness education and programming in our area.

**Objective:** Enhance programs and processes to improve the health of New Hampton and Chickasaw County residents.

**Actions the Hospital Facility Intends to Take to Address the Health Need:**
1. Medventive patient health registry, was implemented in February will enable the family clinic to track patients by disease conditions.
2. A health coach has been hired. In addition to tracking patients by disease conditions, she has also been making phone calls to all patients due for a physical, mammogram or colonoscopy.
3. Our Wellness Coordinator/ATC is working with school for athletic trainer responsibilities. She is also working with CWC to promote membership from our staff and from patients that are finished up with PT services here. Also enhancing relationship with Food and Fitness Coalition.
4. Provide in-kind support for the Chickasaw County Coalition for Preventing Underage Drinking (PR, physicians, wellness coordinator)
5. Conducted a wellness survey at all the public health flu shot clinics, with over 500 surveys completed.

**Anticipated Impact of These Actions:**
1. Improved health of diabetic and heart disease patients which will result in fewer ER visits and inpatient admissions.
2. Decrease in underage alcohol consumption.
3. Increase in patients receiving an annual physical.

**Plan to Evaluate the Impact:**
The health coach will be able to use Medventive to pull reports to determine patient health and number of patients receiving an annual wellness physical. Data for underage drinking is available through youth surveys administered by the state each year.

**Programs and Resources the Hospital Plans to Commit:**
In August, 2013 a Wellness Coordinator/Athletic Trainer was hired. This position serves on several local health and wellness committees including school and community based (Food & Fitness Initiative, Underage Drinking Coalition). The physicians at Mercy are active in the community and have presented Town Hall
meetings on the topic of chemical dependency.

**COLLABORATIVE PARTNERS:**
Chickasaw Wellness Complex, New Hampton Community Schools, Chickasaw County Food & Fitness Initiative, local mental health providers, New Hampton Parks & Recreation, Chickasaw Connections, St. Joseph's School, Chickasaw County Food Pantry

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**CHNA IMPLEMENTATION STRATEGY**
**FISCAL YEARS 2013 - 2015**

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<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Improve Access to Mercy Family Clinic</td>
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<td>CHNA REFERENCE PAGE:</td>
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**BRIEF DESCRIPTION OF NEED:** Improving the community’s access to MMC-NH’s clinics as an alternative to possibly inappropriate and expensive ED use, particularly during ‘off hours’ when scheduling is either difficult or not available.

**GOAL:** 100% of the time, to have at least 25% of total appointments available at the beginning of the business day.

**OBJECTIVE:** Complete an A3 investigation and improvement plan on clinic open access.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
1. At the time the focus groups were being held, there was limited access for acute patients. An open access initiative now in place sets a goal of having 25% of all appointments available open at start of clinic hours each day.
2. MFC providers have committed to seeing all acute patients who call before noon.
3. Investigate changing weekly INR appointments to maximize provider availability.

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. Patient and provider satisfaction since more openings are available, we are double-booking less and staying on schedule with appointments.
2. Increased patient satisfaction.
3. Value stream mapping event was held and resulted in RIE to improve INR process.
PLAN TO EVALUATE THE IMPACT: The number of openings at the beginning and end of the day are tracked at the daily department huddle (process excellence). Adjustments have been made to providers' schedules to meet the needs of our patients.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Addition of two physicians, Drs. Jared & Melissa Cardwell. This brings our clinic to 7 physicians and 2 nurse practitioners. Process Excellence has led the clinic staff through process improvement and rapid improvement events.

COLLABORATIVE PARTNERS: none

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<td>HOSPITAL FACILITY: Mercy Medical Center – New Hampton</td>
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<td>CHNA SIGNIFICANT HEALTH NEED: Increase Awareness of Services</td>
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<td>CHNA REFERENCE PAGE: 19</td>
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<td>BRIEF DESCRIPTION OF NEED: Building the community’s awareness of available services and health improvement options/opportunities, using new communications channels and technologies. Under the theory that underserved populations cannot benefit from services about which they are unaware, MMC-NH will identify current levels of awareness in New Hampton and Chickasaw County and seek to build awareness and understanding among specific at-risk populations.</td>
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<td>GOAL: Create &quot;top of mind awareness&quot; for Mercy Medical Center – New Hampton as a &quot;Trusted Healthcare Partner for Life&quot;.</td>
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<td>OBJECTIVE: Strategically communicate to communities, organizations and individuals about the services of Mercy - New Hampton.</td>
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<td>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</td>
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<tr>
<td>1. Annual report developed and presented to civic groups &amp; local government (board of supervisors, NH city council, NH Lions, Fredericksburg Lions).</td>
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<td>2. Emphasize Mercy's role in promoting community health.</td>
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<td>3. Developed postcard mailer with CRM (Consumer Relationship Management) to target consumers for mammograms and colonoscopies with a postcard mailer.</td>
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<td>4. Work with area industries to choose Mercy – New Hampton for their pre-employment physicals and</td>
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hearing testing. The more people we can bring into our facility, the better the chance for them thinking of Mercy first for their healthcare needs.

5. HealthWatch community newsletter mailed to over 8,000 area residents 3 times per year. Include one patient testimonial story in each edition.

6. Plan free skin cancer screening in May to increase foot traffic into the clinic. Also will increase knowledge in community of the ability of our providers to remove skin lesions.

7. Mercy Minute radio segment every Monday morning to talk about what is going on that week at Mercy or inform public about new services/providers.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Increase top of mind awareness.
2. Educate about available services.
3. Increase positive word of mouth.

**PLAN TO EVALUATE THE IMPACT:**

1. CRM mailers (action #3) will be evaluated by MedSeek based on our volumes.
2. We will track the number of community groups receiving a presentation by Mercy.
3. Industry engagement in our new services will be monitored and continually tracked.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

1. Funding for hearing test booth and training/certification for 2 staff members.
2. Staff speaker’s bureau for community presentations.

**COLLABORATIVE PARTNERS:** MedSeek, area city councils, service organizations and county government.
specific at-risk populations.

**GOAL:** Build local capacity in mental health and chemical dependency services.

**OBJECTIVE:** Establish relationships with area providers in order to enhance communication with primary providers and determine future needs of mental health services.

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

1. A meeting of local BHS providers was held to gain their assessment of the need for increasing local access and possible solutions. BHS providers would like to hold regular meetings to network and share information about new or changes services.
2. Determine crisis intervention processes that can be utilized by the clinic and emergency room.
3. Mercy – NI BHS director, Mark Pelton, will work with Pathways Behavioral Services to assess placing a LSW at Mercy Family Clinic on a full-time basis.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. More access and better care will decrease the high level of adult binge drinking and underage drinking currently documented in our county.
2. Improved mental/emotional health also improves physical health (decrease blood pressure, anxiety, stress, depression).
3. Improved provider and staff satisfaction as working with mental health patients is often challenging since there is such a shortage of treatment facilities with open beds in Iowa and the nation. If patients can be treated more thoroughly in the beginning, committals can eventually be decreased.

**PLAN TO EVALUATE THE IMPACT:**

1. Track number of mental health patients seen in the clinic and ER.
2. Continue to meet with local mental health providers on local mental health issues and their availability for new patients.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

1. Steve Davis, Jennifer Monteith, Bruce Roesler and Mark Pelton will be working with local providers and Pathways to enhance our collaboration and better serve the community.

**COLLABORATIVE PARTNERS:** Mercy Medical Center – North Iowa Behavioral Health Services, Pathways Behavioral Health, local mental health providers, school counselors, area law enforcement
On December 3, 2012 the Board of Directors for Mercy Medical Center-New Hampton met to discuss the fiscal years 2013-2015 Implementation Strategy for addressing the community health needs identified in the July 2012 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

___________________________________________________________  _____/_____/_______
Name & Title                                                                 Date