Baum Harmon Mercy Hospital and Clinics

Community Health Needs Assessment Implementation Strategy
Fiscal years 2014-2017

Baum Harmon Mercy Hospital and Clinics completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in September 25, 2013. BMH 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.baumpharm.org , or printed copies are available at Baum Harmon Mercy Hospital and Clinics.

Hospital Information and Mission Statement

Baum Harmon became the first hospital in Iowa to receive the Critical Access Hospital designation in January 2000. Shortly thereafter, Mercy Health Network, represented by Mercy Medical Center in Sioux City, Iowa, purchased the hospital and clinics from the city and the name was changed to Baum Harmon Mercy Hospital. We are a 14 bed Critical Hospital licensed in the State of Iowa with the following programs: acute care, general surgery, skilled nursing care, hospice/respite care, outpatient services that includes clinics for a number of visiting specialists, emergency department, ambulatory care, rehabilitative services, and many smaller programs that enhance the operation. Baum Harmon Mercy Hospital owns and operates four provider-based Rural Health Clinics located in Primghar, Sutherland, Paullina and Hartley, Iowa. The hospital has a Fitness Center located on the lower level of the Primghar Clinic and owns and operates Kid Kampus Daycare in a building on its own campus.

Baum Harmon Mercy Hospital and Clinics are committed to providing personalized, patient-centered care to persons of all ages.

Mission
The mission of Baum Harmon Mercy Hospital and Clinics is to serve our communities with the highest quality health care and provide family-focused services in the tradition of the Sisters of Mercy. Our values are: compassion, respect, stewardship, excellence and concern for the poor.
Health Needs of the Community

The CHNA conducted in 2013 identified eleven significant health needs within the BHMH community. Those needs were then prioritized based on the significance of the need and the capacity of BHMH to affect change related to a particular need. The top two significant health needs identified, in order of priority include:

**Significant Health Need #1**
- Provision of mental health services for both acute and chronic care

**Significant Health Need #2**
- Prevention, treatment and management of chronic illnesses such as cancer, diabetes, dementia, cardiovascular, pulmonary and renal diseases

Hospital Implementation Strategy

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

- **Provision of Mental Health Services** – Detailed need specific Implementation Strategy on page 4.
- **Access to Primary Care for Chronic Disease Management** – Detailed need specific Implementation Strategy on page 6.

**Significant health needs that will not be addressed**
Baum Harmon Mercy Hospital and Clinics 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 and the capacity and resources of the hospital to address. BHMH will not take action on the following health needs:

- Obesity prevention and management in persons of all ages
- Emergency preparedness and provision of emergency response services
- Environmental health—safe water, safe communities
- Vibrant and safe communities with good schools, job opportunities, affordable housing, and high quality child and senior care options
- Increased emphasis on the continuity of care with high quality, pleasant and safe options for persons unable to live independently in their own homes
- Provision of essential healthcare care services close to home—primary care clinics and pharmacy services
- Health-related education on a variety of topics
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, 2017, 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.
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<td><strong>CHNA SIGNIFICANT HEALTH NEED:</strong></td>
<td>Provision of Mental Health Services</td>
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**BRIEF DESCRIPTION OF NEED:** There is a significant lack of mental health providers in the BHMH service area resulting in individuals and family with unmet needs for mental health services both in crisis and for follow-up and ongoing care of those with diagnosed mental health needs.

**GOAL:** Improve access to and treatment at outpatient facilities. Decrease the number of preventable Emergency Department visits that result in legal committals and difficult to arrange transfers to facilities with inpatient mental health services.

**OBJECTIVE:** Improve continuum of care for persons with mental health/behavioral health needs, with a shift to increased utilization of outpatient services.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
1. Develop a more effective partnership with Seasons Center at Spencer to improve patient access and follow-up in an outpatient setting
2. Increase the effectiveness of referral networks to assist people in crisis to receive appropriate care and minimize the number of legal committals required
3. Increase the capacity of the hospital to manage mental health patients in crisis until appropriate referrals can be made
4. Increase the opportunity for patients to utilize local services for medication monitoring and laboratory follow-ups, especially for Pride Group residential care facility clients
5. Explore the possibilities for a telemedicine option for the provision of mental health services to patients and families

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. Provide greater and faster access to outpatient services for patients with new or chronic mental health needs
2. Reduce the number ER visits related to unmet mental health needs
3. Increased utilization of the family practice clinics for monitoring of established patients.
PLAN TO EVALUATE THE IMPACT: Monitor the number of mental health patients seen in the ER and their disposition including time to transfer as compared to historical data. Evaluate the utilization of eEmergency and its impact the ability to arrange for consultations and safe discharge to home or an outpatient mental health services provider.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: For the first year of implementation, internal resources will be utilized to make initial contacts and begin data monitoring. Resources needed for the telemedicine option if feasible and other capacity building activities will be generated from internal resources and grant applications to organizations with an interest in meeting the needs of unserved populations and those in need on mental health/behavioral health services.

COLLABORATIVE PARTNERS: Potential partners include O'Brien County Department of Public Health, O'Brien County Board of Supervisors, Seasons Center, Mercy Medical Center, Sioux City, The Pride Group, our grant funding partners, and others identified as the research progresses.
**CHNA IMPLEMENTATION STRATEGY**  
**FISCAL YEARS 2014-2017**

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**BRIEF DESCRIPTION OF NEED:** A review of the Iowa Department of Public Health, Bureau of Healthcare Statistics Summary of Selected Vital Events for O’Brien County compared to the same events for the State of Iowa, found that O’Brien County had higher rates (deaths per 1000 population) in the following categories: Death from all causes (9.2 for Iowa, 12.9 for O’Brien County), malignant neoplasms (208.6 vs. 289.3), Alzheimer’s disease (43.6 vs. 120), major cardiovascular diseases (293.2 vs 303.4), kidney diseases (10.4 vs. 49.4) and unintentional injuries (45.4 vs. 91.7). These rates suggest there is a large need for primary care because of chronic disease in our service area.

**GOAL:** Improve outcomes through management of chronic diseases and utilization of medical/home/health navigator/health coach strategies.

**OBJECTIVE:** Increase access to primary care, establish medical homes for residents with chronic diseases, improve compliance with prevention and treatment strategies and eventually have a positive influence on death and disability statistics.

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

1. Maintain consistent access to primary care at the four BHMH primary care clinics for urgent and routine health needs
   - Identify and reach out to at risk patients: those with two or more ER visits in 12 months or a hospital readmission within 30 days of discharge
2. Continue and grow the number of and participation in community health screenings for lipids and blood glucose, vascular screening and prostate cancer. Consider adding screenings for skin cancer.
3. Increase the use of healthcare coaches to assist those with chronic diseases to better manage their illnesses.
   - Targeting 3 chronic diseases for improved management—diabetes, hypertension and COPD
4. Collaborate with O’Brien County Public Health to meet the immunization recommendations for both children and adults
5. Preventives measures to improve population health management:
   - Mammogram recall for women 40 and older
- Colonoscopy recall age 50 and older
- Flu shot reminders and possibly smoking cessation

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. Early detection of chronic disease, provide patient education and referral when appropriate
2. Establish a schedule for follow-up care for those with chronic diseases
3. Remove financial barriers to primary care

**PLAN TO EVALUATE THE IMPACT:** Develop relationships with local media outlets and others to increase participation in screening clinics. Develop and maintain statistics for the number of responses to care need notifications, number of immunizations provided to adults and children through the clinics, the results that healthcare coaches and navigators are achieving. Annually review the IDPH Vitals Statistics looking for improvement in trends recognizing these stats will be slow to respond to actions taken

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** Use Community Benefit Funds, grant dollars and local operating funds to promote improved management of chronic diseases and prevention activities.

**COLLABORATIVE PARTNERS:** Potential partners include O'Brien County Public Health, Mercy Medical Services, and our grant funding partners
Adoption of Implementation Strategy

On September 24, 2014, the Board of Directors for Baum Harmon Mercy Hospital, met to discuss the 2014-2017 Fiscal Years Implementation Strategy for addressing the community health needs identified in the September, 2013 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Name & Title

Date

10/1/2014