

# Community Health Improvement Plan

ADOPTED 2022



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## **At-a-Glance Summary**

#### **Community Served**

Mercy Medical Center serves the healthcare needs of Douglas County Oregon's 112,000 residents. Committed to quality care and patient safety, the hospital received the Patient Safety Excellence Awards™ and Pulmonary Care Excellence Awards™ in 2020, 2021 and 2022.

## Significant Community Health Needs Being Addressed

The significant community health needs that form the basis of this document were identified in the 2020 Community Health Needs Assessment (CHNA). The three priorities the hospital is addressing are Behavioral Health, Access to Care and Healthy Food, Nutrition and Physical Activity. Economy and Poverty was also identified as a priority; and while we recognize the role financial security plays in overall health, the issue is beyond the scope of the CHIP.

- Behavioral Health
- Economy and Poverty
- Access to Health Care Services
- Healthy Food, Nutrition, and Physical Activity

## Strategies and Programs to Address Needs

Mercy Medical Center's strategies and programs to address community health needs include:

#### **Behavioral Health**

- Reopen the 12-bed Behavioral Health Unit located on the campus of Mercy Medical Center by late 2022
- Resume school-based behavioral health programs for youth that were interrupted by COVID
- Leverage telehealth to increase access to behavioral health care for youth in remote areas

#### **Access to Health Care Services**

- Mercy Foundation, Evergreen Family Medicine and Cow Creek Health and Wellness will roll out school-based telehealth clinics in 22 rural schools in the fall of 2022
- Continue working to establish the Southern Oregon Medical Workforce Center (SOMWC) to train allied health professionals through partnerships with academic institutions, legislative support and philanthropic investments
- Provide navigation services and resources for patients with complex needs or barriers to care, such as transportation or language
- Ensure patients have access to reliable, relevant information for resources including post/acute care, social services or mental health/substance abuse counseling through community-based platforms such as Network of Care
- Continue partnership with the Rural Residency Training Program to encourage new physicians to establish their practice in Douglas County
- Increase access to dental care through a hospital-based oral health care program utilizing an Expanded Practice Dental Hygienist

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#### **Anticipated Impact**

- The reopened BHU will provide 12 in-patient beds to care for vulnerable individuals affected with psychiatric conditions
- Resumption of school-based services will provide education and awareness about emotional health and early intervention for youth experiencing emotional/behavioral issues
- Educational and training opportunities for medical providers will increase the pool of physicians and allied health professionals.
   For example, the Rural Residency Program will have 24 new residents working in clinics at AVIVA by the end of 2023
- School-based telehealth clinics will increase access to health care in 22 rural communities
- The Friendly Kitchen will provide over 200 meals to homebound seniors and people with disabilities three times a week in the Roseburg area
- Reduce hospital acquired pneumonia or ventilator acquired infections by improving oral health through an Expanded Practice Dental Hygienist

#### **Planned Collaboration**

Our partners include: Adapt Oregon –
Compass Behavioral Health; AVIVA Health;
Cow Creek Health and Wellness Center;
Douglas Education Service District; FISH
Pantry; Friendly Kitchen; Network of Care;
Evergreen Family Medicine; Oregon Health
Authority; Thrive Umpqua; Umpqua
Community College; Umpqua Development
Corporation; Umpqua Health Alliance; and
United Community Action Network (UCAN).

#### Healthy Food, Nutrition, and Physical Activity

- Expand access to Type 1 diabetes resources by adapting educational information developed by Mercy Foundation's youth Type 1 diabetes program for adults
- Support expansion of programs with demonstrated success in providing for the nutritional needs of residents, such as the Friendly Kitchen who provides home-delivered meals to seniors and people with disabilities but whose growth is restricted by space
- Integrate information about resources, i.e. SNAP benefits, food pantries, home-delivered meals, easy to prepare healthy recipes with health information and/or discharge planning
- Inform agencies addressing hunger about the Network of Care's website to post information about resources



This document is publicly available online at the hospital's website. Written comments on this report can be submitted to the Mercy Medical Center at 2700 NW Stewart Parkway, Roseburg OR 97471 or by e-mail to davidprice@chiwest.com.

# Our Hospital and the Community Served

#### **About the Hospital**

Mercy Medical Center is part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Located in Roseburg, our 174-bed medical center offers patients throughout the southern Oregon region local access to highly trained medical professionals, advanced technologies and a wide range of preventive, diagnostic, therapeutic and rehabilitative services.

Here is just a small sampling of what you will find at Mercy Medical:

- Care that has been recognized by Joint Commission accreditation as meeting the strict quality standards of the Centers for Medicare and Medicaid Services and the State of Oregon
- A medical center completely committed to patient safety, as is evident in consistently high hospital safety ratings
- State-of-the-art diagnostic, therapeutic and rehabilitative care for patients with heart conditions at Shaw Heart and Vascular Center, the first program west of Texas to earn Accreditation for Cardiovascular Excellence from the American College of Cardiology
- Comprehensive outpatient image services, including access to our designated "Breast Imaging Center of Excellence"

Mercy Medical Center is a wholly owned subsidiary of Catholic Health Initiatives ("CHI"). Through the investment of CHI, patients in Douglas County and the surrounding region have access to a wide variety of high quality services not typically found in a rural community of our size. CHI combined with Dignity Health to form CommonSpirit as a single ministry in early 2019.

At CHI Mercy Medical Center, Roseburg, Oregon, Fiscal Year 2021-2022

747

Babies were delivered

250,042

**Outpatient appointments** 

39,772

ER visits were made

6,326

Patients admitted (5,304 from ER)

3,992

Observation patients

10,318

Total number of patients

4,844

Surgeries were performed

1,431

**Employees** 

\$136

Million in salaries paid

\$27

Million in uncompensated care

#### **Our Mission**

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

#### **Financial Assistance for Medically Necessary Care**

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

#### **Description of the Community Served**

Within Douglas County's 5,036 square miles is the Umpqua River watershed with its crystal clear rivers, diverse wildlife, native fish runs and lush forests. This diverse geography extends west to east from sea level at the Pacific Ocean to the 9,182 foot Mt. Thielsen in the Cascade Range. It is home to 112,000 residents.





Douglas County's economy is rooted in the 1.8 million acres of commercial forest lands and one of the oldest growth timber stands in the world. The U.S. Forest Service and Bureau of Land Management administer 50% of the county's land which effectively removes it from the tax rolls. While timber predominates; agriculture, wineries and tourism are also vital to its economy.

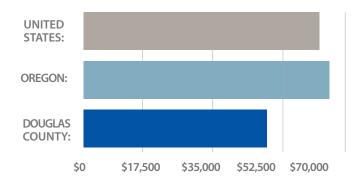
Communities are mostly rural; residents are older, less diverse with lower incomes and education. The Health Resources and Service Administration (HRSA) has designated the county as a medically underserved area. The county seat in Roseburg is the largest with 23,237 residents. Approximately half of the population reside in the thirty-two unincorporated areas and only three other communities have more than 5,000 residents.

Household incomes lag behind. The median income in Douglas County is \$50,031 compared to the state average of \$65,667 and nationally at \$64,994.

The connection between education and income is clear with only 18.5% of citizens attaining a Bachelor's degree compared to 34.4% statewide and 32.9% nationally.

Residents mostly identify as white – 87.5%. The chart to the right illustrates the average age of its residents.

#### **Household Income:**



#### **Average Age of Residents:**

Persons 65+	26.3%	18.2%	16.5%
Persons 18 & under	19.3%	20.5%	22.3%
Persons 5 & under	5.1%	<b>5.4</b> %	6.0%
	DOUGLAS COUNTY:	OREGON:	UNITED STATES:



# Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in March 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital
- Description of assessment processes and methods
- Presentation of data, information and findings, including significant community health needs
- Community resources potentially available to help address identified needs
- Discussion of impacts of actions taken by the hospital since the preceding CHNA

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

### Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

#### **BEHAVIORAL HEALTH**



Identified as the top health need, multiple factors create barriers to mental health care. Among them are the lack of providers, long wait times and cost. Other factors that contribute to the mental health crisis include homelessness, substance abuse, clinical depression, trauma and gender identity. There is also a need to integrate services, reduce stigma around seeking help and address underlying issues such as safe housing and physical health.



#### **ACCESS TO HEALTHCARE**



A shortage of medical providers across all fields; high concentration of Medicare/Medicaid patients and lower reimbursement rates and geographic barriers reduce access to care for rural patients. The lack of economic opportunities for physicians' partners who may be asked to leave their own successful career to move to a smaller community make many providers reluctant to relocate. These delays in care and preventative services can result in undiagnosed health needs, longer hospitalizations and increased healthcare costs.



## HEALTHY FOOD, NUTRITION AND PHYSICAL ACTIVITY



Access to nutritious food is recognized as a social determinant of health. And yet, even in an area such as Douglas County recognized for its bountiful agriculture, many residents live in food deserts and lack this basic need.



#### **ECONOMY AND POVERTY**



#### DO NOT INTEND TO ADDRESS

Respondents indicated concerns about poverty and the economy, citing the lack of affordable housing, child care and family wage jobs. It should be noted that some sectors are unable to fill vacant positions, such as medical services, education and technical jobs.



# Significant Needs the Hospital Does Not Intend to Address

The issue of the economy and poverty is beyond the scope of this Community Health Improvement Plan and the hospital's resources.

## 2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

#### **Creating the Implementation Strategy**

The hospital, along with its Foundation programs are dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included the Community Benefits Teams with members from Mercy's administrative, communication, finance and leadership departments along with support from the Foundation's leadership and staff.

Hospitals' community health programs involve departments beyond Community Health and Mission in their planning and operation. Consider ways to meaningfully engage and involve multiple departments in creating this plan. Contact davidprice@chiwest.com with questions, clarifications or to discuss ideas.

Community input or contributions to this implementation strategy began with a

comprehensive needs assessment under the leadership and guidance of the Community Benefit Team and Network of Care (NOC). Under these stakeholders, Conduent Healthy Communities Institute (HCI) worked in concert to conduct the Community Health Needs Assessment (CHNA) to help form the basis of this plan.

Conduent HCI utilized Mobilizing for Action through Planning and Partnerships (MAPP) to prioritize public health issues and identify the resources to address them. MAPP is a community-driven strategic planning process to improve community health developed by the National Association of County and City Health Officials NACCHO).

Adhering to the MAPP process, two types of data were collected and analyzed to identify top need issues in the community: primary and secondary data. Data was analyzed and organized by health topics. These findings were then synthesized for a comprehensive overview of the health and social needs in Douglas County. Finally, through a prioritization process the significant needs in the community were narrowed to a shortened list of priority focus areas. A copy of the Douglas County Community Health Needs Assessment report in its entirety can be downloaded at:

#### https://chimercyhealth.com/about-us/health-needs-reports

The programs and initiatives described here were selected by the Network of Care leadership whose decision-making team selected three priority health areas for the CHIP implementation plan.

### **Community Health Strategic Objectives**

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



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## Strategies and Program Activities by Health Need

**HEALTH NEED IDENTIFIED: BEHAVIORAL HEALTH** 



**ANTICIPATED IMPACT (GOAL):** To improve the Quality of Life and Address Social Determinants of Health for those with behavioral health needs by increasing access to care and resources for individuals with Behavioral Health needs so they can live safer, more fulfilling lives.

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STRATEGY OR PROGRAM	SUMMARY DESCRIPTION		RATEGIC  CLINICAL COMMUNITY LINKS	OBJECTIV  CAPACITY FOR EQUITABLE COMMUNITIES	VES INNOVATION & IMPACT
Increase availability of in-patient care	Reopen the 12-bed Behavioral Health Unit located on the campus of Mercy Medical Center by late 2022	•	•	•	•
Youth-centric programs in partnership with schools and Mercy Foundation's programs: Healthy Kids Outreach Program; Beyond the Diagnosis and our violence prevention programs	<ul> <li>Utilize tele-psych to bring counseling services directly to youth</li> <li>Continue offering online and in-person curriculum that addresses how to prevent risky behaviors; provides emotional support for chronic conditions such as Type 1 diabetes; and how to develop healthy relationships</li> </ul>	•	•	•	•
Outreach and Education	• Increase our cross-sector organizational partnerships, e.g. Adapt, schools, veteran organizations, to improve the referral process to resources and reinforce positive messaging to reduce the stigma around seeking support for mental health issues	•	•	•	•

#### **PLANNED RESOURCES**

To support reopening the BHU, the hospital and Mercy Foundation will seek public/private support through the Oregon Health Authority and contributions from philanthropic partnerships.

Youth programs will be supported by Mercy Foundation. Outreach and education will be supported by hospital discharge planners and communications, along with Mercy Foundation.

#### **PLANNED COLLABORATORS**

Oregon Health Authority, Adapt, local homeless coalitions, law enforcement, school districts.

#### **HEALTH NEED IDENTIFIED: ACCESS TO HEALTHCARE**



**ANTICIPATED IMPACT (GOAL):** To improve equitable access, quality, efficiency, effectiveness, and affordability by implementing systemic and cross-collaborative changes to clinical and community-based health related service delivery.

STRATEGY OR PROGRAM	SUMMARY DESCRIPTION	STRATEGIC OBJECTIVES			
ON T NOCHAM		ALIGNMENT & INTEGRATION	CLINICAL COMMUNITY LINKS	CAPACITY FOR EQUITABLE COMMUNITIES	INNOVATION & IMPACT
Southern Oregon Medical Workforce Center	• Establish a Med-Ed college to train allied health professionals	•	•	•	•
Rural Residency Program	Work with AVIVA Health to support new medical residents through clinical rotations	•	•	•	•
School-based Telehealth Clinics	• Establish telehealth sites in 22 rural Douglas County schools	•	•	•	•
Navigation to Care Services	<ul> <li>Work with Network of Care and local social service organizations to support patients with complex care needs and/or those facing barriers to services and who need help navigating local resources</li> </ul>	•	•	•	

#### **PLANNED RESOURCES**

To support the Southern Oregon Medical Workforce Center, the hospital and Mercy Foundation will seek public support through legislative action and private donations from philanthropic partnerships.

School-based telehealth clinics are supported from grants secured by Mercy Foundation, and clinical staff support from Evergreen Family Medicine and Cow Creek Health and Wellness Center. In addition, Healthy Kids Outreach Program's school resource RNs will staff clinics.

The hospital is providing financial support to operate the Network of Care.

#### **PLANNED COLLABORATORS**

Oregon Health Authority, private philanthropic donors, Oregon lawmakers, Evergreen Family Medicine, Cow Creek Health and Wellness Center, Douglas Education Service District, Network of Care and local social service organizations.

#### HEALTH NEED IDENTIFIED: HEALTHY FOOD, NUTRITION AND PHYSICAL ACTIVITY



**ANTICIPATED IMPACT (GOAL):** To build capacity to increase equitable access to culturally appropriate nutritious food by tackling social or structural barriers and address the underlying issues in food availability, and nutrition and physical activity education.

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STRATEGY OR PROGRAM	SUMMARY DESCRIPTION	STRATEGIC OBJECTIVES				
ONTHOGRAM		ALIGNMENT & INTEGRATION	CLINICAL COMMUNITY LINKS	CAPACITY FOR EQUITABLE COMMUNITIES	INNOVATION & IMPACT	
Beyond the Diagnosis	<ul> <li>Adapt youth Type 1 diabetes education materials for adults</li> <li>Provide diabetes testing kits for high-risk persons</li> </ul>	•	•	•	•	
	<ul> <li>Support Friendly Kitchen's expansion to move into a commercial kitchen at Umpqua Community College in order to increase the number of homebound seniors and people with disabilities who can be served</li> </ul>					
Nutrition	<ul> <li>Partner with Network of Care to identify nutrition and health resources, then share information with community partners to ensure dissemination to vulnerable persons</li> </ul>	•	•	•	•	
	Promote Thrive Umpqua (formerly Blue Zones Umpqua)					

#### **PLANNED RESOURCES**

Mercy Foundation will work with the hospital to provide materials and support for an adult diabetes program. Other strategies will be supported by the hospital and foundation.

#### **PLANNED COLLABORATORS**

Friendly Kitchen, Network of Care and Thrive Umpqua.

### **Program Highlights**

Mercy Medical Center saw a unique opportunity to move upstream to improve oral health when a patient is admitted to the hospital through intervention and prevention. We will increase access to oral health care by utilizing an Expanded Practice Hygienist to implement oral hygiene as part of routine patient care.

Limited access to preventative dental care, poverty, un-fluoridated water and a culture where oral health was not prioritized all contribute to high rates of tooth decay and poor oral health among Douglas County adults. Poor oral health is linked to systemic diseases such as heart disease, diabetes, stroke, dementia and arthritis; all of which increase overall healthcare costs and decrease quality of life. A patient with underlying health conditions is at a higher risk for infections, especially when intubated or on a ventilator.

We will reduce medical complications arising from poor oral health, such as hospital or ventilator acquired pneumonia (HAP/VAP); improve patient satisfaction and comfort; reduce patient readmissions; and increase access to a dental home as tracked by electronic medical records and surveys.

Included in our initiative is training medical staff to better understand and provide mouth care which increases their ability to respond to patients' oral health care needs and improve patient outcomes. Mercy Medical Center (MMC) and Mercy Foundation will lead the project with support from: local dentists, the Oregon Oral Health Coalition, Umpqua Health Alliance, our CCO and its dental subcontractor, Advantage Dental.

Integrating oral health with regular patient care is one way we are improving access to care to improve patient outcomes and their overall health.

