

**Mercy Medical Center
Baltimore, Maryland
CHNA Implementation Strategy**

Congress recently added several new requirements for hospital organizations to maintain federal income tax exemption under Section 501(r) of the Internal Revenue Code (the “Code”) as part of the Affordable Care Act. One of the requirements set forth in Section 501(r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years with respect to each hospital facility operated by such hospital organization. The requirement to conduct a CHNA applies to Mercy Medical Center, Inc., which is a hospital organization that operates one hospital facility (Mercy Medical Center). In addition, Mercy Medical Center, Inc. must adopt an Implementation Strategy to address certain community health needs identified in the CHNA by June 30, 2013.

Mercy Medical Center Inc.’s Board of Directors has approved both the CHNA written report and Implementation Strategy during its 2012 tax year. The Implementation Strategy is outlined in the remainder of this document; the CHNA written report is posted separately on Mercy Medical Center’s website.

Mercy’s location in the middle of a poor, urban City presents challenges and health disparities that are not evident in other parts of Maryland. The health needs and societal needs identified in our Community Health Needs Assessment are staggering; simply put, a hospital like Mercy cannot single-handedly move the needle on many of these key community metrics. Mercy intends to focus its limited resources on a defined number of health needs within the community, while putting tremendous thought and effort into executing our mission “to witness God’s healing love for all people by providing excellent clinical and residential services within a community of compassionate care”. In order to prioritize the multitude of health needs and disparities identified by the CHNA, the Community Benefits Committee intends to identify areas of opportunity where the mission and strengths of our institution intersect with 1) unmet public health needs that merit immediate attention, 2) feedback from community health leaders, and 3) the State Health Improvement Plan (SHIP) Framework. In essence, we are seeking to identify opportunities to align the Mercy’s strengths with the needs identified by the City Health Department’s Healthy Baltimore 2015 plan, the needs identified through our interview process, and the State’s SHIP plan. In determining those health needs that Mercy will not attempt to meet pursuant to this CHNA, focus will be placed on whether other organizations or governmental entities are better placed to respond to such health needs than Mercy.

Based on data and community interviews, Mercy Medical Center’s Community Benefit Implementation Strategy is focused on the following needs in our community:

- Improving access to care and the frequency of care for our homeless neighbors.

- Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers.
- Facilitating better care coordination with the City's Federally Qualified Health Centers.
- Providing support to victims of violence and addiction.
- Providing narrowly tailored health education to micro-targeted segments of the population within our community.

Detailed explanations of the strategic goals and metrics for each of these five focus areas are contained on the following pages. Of note, despite high incidence rates in the City, Mercy does not intend to create a new community-based program focused solely on heart disease and cancer. It is our belief that considerable local and state resources are currently invested in these key causes of premature death. Furthermore, two large, high quality academic medical centers exist within walking distance of our downtown hospital. Our Committee believes that Johns Hopkins Medical System and the University of Maryland Medical System may be better suited to address these overarching community needs given the size and specific makeup of their cardiology and cancer programs. While Mercy does not plan to create new stand alone programs in these two high priority fields, we do plan to continue our efforts to reduce these top causes of premature death through our existing clinical programs and by improving care coordination and health education in the community setting.

Mercy Medical Center
2013 CHNA Implementation Plan
Community Health Need—Homeless Services

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics or Outcomes	Key Partners and Resources	Evaluation dates	Comments
<p>Improving access to care and the frequency of care for our homeless neighbors.</p>	<p>Development of bi-directional navigator to serve Health Care for the Homeless (HCH).</p> <p>Identify new opportunities to increase access to primary care providers.</p>	<p>This initiative proposes to create and fund a “patient navigator” position for HCH that will be primarily responsible for facilitating and ensuring that HCH patients keep their appointments and ensure that these patients arrive on time at the site of service. In addition, this position will identify patients in Mercy’s Emergency Department who are in need of the client services provided by HCH.</p> <p>To improve access to primary care, Mercy will support HCH’s efforts to develop a mobile clinic operation to serve homeless clients along the Fallsway and specifically at the Weinberg Housing Resource Center.</p>	<p>The expected outcome of the bi-directional Patient Navigator position is to vastly improve continuity and provision of health services between HCH and Mercy as patients move between the two organizations for care. Overall quality of care should improve as homeless patients are seen in a timely fashion and complete their course of treatment for their conditions. Key metrics include:</p> <ul style="list-style-type: none"> ● # of specialty referrals to Mercy ● # of client referrals to HCH ● % of “no show” appointments <p>With respect to increasing access to primary care, Mercy will identify partners to help raise funds to purchase a mobile clinic. Key metrics for the proposed mobile clinic include:</p> <ul style="list-style-type: none"> ● % reduction in EMS calls to 620 Fallsway ● Average # of clients served daily ● Total # client visits 	<p>Health Care for the Homeless</p> <p>Catholic Charities</p> <p>Mercy’s Emergency Department Director</p> <p>Mercy Department of Social Work</p>	<p>Navigator data reviewed monthly by Director of Social Work</p> <p>Program review annually by the Mission & Corporate Ethics Committee of Mercy’s Board of Trustees</p>	<p>Catholic Charities will soon serve as the operator of the Weinberg Housing Resource Center. We will meet with them to review Mercy’s interest in improving access to care for the homeless being served by the shelter.</p> <p>Funding has been identified for the patient navigator position. Mercy’s Department of Social Work has already posted the position.</p>

Mercy Medical Center
 2013 CHNA Implementation Plan
 Community Health Need—Improving Birth Outcomes and Access to Pre-Natal Care

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics or Outcomes	Key Partners	Evaluation dates	Comments
<p>Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers.</p>	<p>Develop pre-natal education program in specific communities with low first trimester pre-natal care utilization rates</p> <p>Promote use of free education resources like the Text4Baby campaign.</p> <p>Establish a goal for pre-natal records to be available for every mother delivering at Mercy.</p>	<p>Baltimore City has made a lot of progress on improving birth outcomes thru the B'more for Healthy Babies Campaign. However, Mercy's CHNA data reveals that much work remains to be done in our community benefits service area. Mercy is seeking to provide education and care to reduce low birth weight babies and increase access to pre-natal care.</p>	<ul style="list-style-type: none"> • % of moms receiving pre-natal care in the first trimester as measured by the Baltimore City Health Profile Survey • # of low birth weight babies born in Mercy's CBSA • % of OB patients delivering at Mercy with adequate pre-natal records in patient chart 	<p>B'more for Healthy Babies Campaign</p> <p>City Health Department</p> <p>FQHCs</p> <p>Mercy's OB Providers</p> <p>Community organizations</p>	<p>Progress will be monitored annually. Some data is linked to the City Health Department's health profile survey which is only conducted every two to three years.</p> <p>Mercy will seek to establish a monthly reporting process with the FQHCs to monitor access to pre-natal records for all mothers delivering at Mercy.</p>	<p>We believe an opportunity exists to provide high quality diabetes education to OB patients. As this implementation plan evolves, we will likely implement a new diabetes program targeting at risk mothers.</p>

Mercy Medical Center
2013 CHNA Implementation Plan
Community Health Need—Care Coordination with FQHCs

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics or Outcomes	Key Partners	Evaluation dates	Comments
<p>Facilitating better care coordination with the City's Federally Qualified Health Centers.</p>	<p>Mercy's Board of Trustee's formally adopted a corporate priority for FY14 that calls for Mercy to develop a plan to improve coordination with our FQHC partners by September 30, 2013. This plan will focus on some of the following issues:</p> <ul style="list-style-type: none"> • Mercy's Family Violence Program will develop training curriculum for the City FQHCs. We will seek to train staff at all participating FQHCs. • Explore opportunities to develop efficient and cost-effective links between Mercy's electronic health record and the various FQHCs electronic health records. Focus initially on improving access to pre-natal records. • Explore opportunities to provide needed diabetes/endocrinology care to FQHC clients. • Improve access to FQHC pre-natal records for mothers delivering at Mercy to improve birth outcomes. 	<p>This initiative seeks to help ensure that our community residents are getting the right care in the right setting at the right time. Mercy has a long history of working with City FQHCs. FQHCs will likely absorb a significant portion of newly insured residents beginning in 2014 due to their locations in economically distressed communities. As Maryland prepares for a move to population health management, coordination with FQHCs will be critical. An initial focus will be placed on ensuring proper access to pre-natal records for the 1,200 annual births occurring at Mercy that originate from partner FQHCs</p>	<p>Quarterly meetings with FQHC leadership will be held. Some of the key metrics that we will monitor initially include:</p> <ul style="list-style-type: none"> • Reduction of readmission rates. • # of FQHC staff trained by the Mercy Family Violence Program • % of OB patients originating from FQHCs who deliver at Mercy with adequate pre-natal records in patient chart 	<p>City FQHCs Metropolitan OB/GYN Mercy's Family Violence Program Mercy's IT Department</p>	<p>Annual review of readmission data by Chief Medical Officer or designee Annual review of FVP training outcomes FQHCs conducted by Mission & Corporate Ethics Committee Monthly review FQHC pre-natal record data by Chief of Obstetrics. Annual review by CMO or designee.</p>	<p>Mercy convened a meeting in May 2013 with the CEOs and CMOs of five FQHCs in our community benefit service area with whom we have historically partnered. Feedback from that meeting will help shape the partnership plan that will be prepared by September 30, 2013. The FQHCs requested that we meet quarterly on an on-going basis.</p>

Mercy Medical Center
2013 CHNA Implementation Plan
Community Health Need—Supporting Victims of Violence and Addiction

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics or Outcomes	Key Partners	Evaluation dates	Comments
<p>Providing support to victims of violence and addiction.</p>	<p>Mercy will continue to serve victims of sexual assault citywide thru the Sexual Assault Forensic Exam (SAFE) program.</p> <p>Mercy will provide support to victims of violence and abuse through the Family Violence Program</p> <p>Mercy will continue to serve as one of the only inpatient detoxification providers in the City.</p> <p>Mercy will support the policy position of the City Health Commissioner’s campaign to reduce liquor store density in Baltimore City.</p> <p>In the 2nd year of implementation, explore creation of a Mercy Center for Non-Violence.</p>	<p>Despite recent progress in the City, violent crime and violence against women remain intractable problems. There are more than 21,000 domestic related disturbances in Baltimore City every year. Mercy has been a pioneer in addressing violence with the Sexual Assault Forensic Exam program and the Family Violence Program. The community health profile supports the need to maintain these vital programs and identify opportunities to expand these services. With respect to addiction services, Mercy is one of only two inpatient detoxification providers in the City.</p>	<ul style="list-style-type: none"> • # of community education programs conducted by SAFE program • # of clients (patients, residents, or employees) receiving counseling or other services from Family Violence Program • # of inpatient detox patients • Completion of a proposal by July 2014 outlining the potential creation of a Mercy Center for Non-Violence. 	<p>City Sexual Assault Response Team (SART)</p> <p>Mercy Emergency Department</p> <p>BSAS</p> <p>City Health Department</p>	<p>All programs will be reviewed annually by the Mission & Corporate Ethics Committee.</p> <p>A proposal for creation of a Mercy Center for Non-Violence will be completed by July 2014.</p>	<p>No single hospital can significantly reduce violent crime or addiction in Baltimore by itself. However, the programs described here are incredibly important pieces to a network of services provided to victims in Baltimore. Mercy will seek to enhance and continue these existing community resources.</p>

Mercy Medical Center
2013 CHNA Implementation Plan
Community Health Need—Community Health Education

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics or Outcomes	Key Partners	Evaluation dates	Comments
<p>Providing narrowly tailored health education to targeted segments of the population within our community.</p>	<p>Mercy will develop a central repository of all appropriate Mercy education resources. This collection of educational material will be in a format that can be easily shared with our community members.</p> <p>Mercy will seek to provide high quality health education via the Get Well Network for hospital patients.</p> <p>Mercy will create a roster of ongoing community health education needs that can serve as the required projects for nurses seeking to reach Clinical Level 4 (CL4) status.</p> <p>Mercy will assign a staff member to better organize existing resources and develop an enhanced nutritional counseling program that offers group nutrition classes, weight loss counseling, and exercise and stress management classes for all of our patients, employees, and neighbors.</p>	<p>There is a dearth of updated, high quality health education materials in our community. Significant thought went into identifying the most effective means of communicating public health messages to such a diverse community. Mercy employees already generate a large volume of health information via newsletters, the Mercy website, our YouTube channel and other media.</p>	<p>Creation of a web page on Mercy's website to serve as a repository for health education material.</p> <p># of health education videos watched by Mercy inpatients</p> <p>Creation of roster of health education opportunities for nursing councils and nursing staff by January 2014.</p> <p># of nutritional counseling and weight loss counseling sessions provided by Mercy staff in the CBSA</p>	<p>Mercy's Nursing Division</p> <p>Mercy Marketing Department</p> <p>Mercy HR Department</p> <p>Mercy's Center for Endocrinology</p>	<p>Annual review conducted by the Board's Mission & Corporate Ethics Committee</p> <p>Annual review by CMO or designee of Get Well Network utilization.</p> <p>Assign staff member to develop nutritional counseling program by January 2014.</p> <p>Seek to implement enhanced nutritional counseling program by July 2014.</p>	