

Community Health Needs Assessment Implementation Plan 2021



**Mission Regional
Medical Center**

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Implementation Plan for Community Health Needs Assessment 2021

INTRODUCTION

Mission Regional Medical Center has been serving the health care needs of the community for more than 65 years. Founded by the City of Mission, Mission Municipal Hospital, as it was named then, opened its doors to patients in 1954.

Over the years, the hospital has grown both in size and scope of service. Originally comprised of 35 beds and a staff of about 50, today Mission Regional Medical Center has a staff of about 850 employees and 297 beds. To reflect its increasing size and service, Mission Hospital was renamed Mission Regional Medical Center in 2004.

Since then, Mission Regional Medical Center, a non-profit community hospital, has been providing personalized health care not only to the residents of Mission, but also to the communities in neighboring counties and our neighbors to the south, in Mexico. The growth of the hospital is evident in an expanded range of services, and a larger and more diverse medical staff, and additional state-of-the-art medical equipment.

An award-winning, nationally-recognized healthcare facility, Mission Regional Medical Center continues to focus on the needs of its community and patients, and that is what drives the Board of Directors, physicians, employees, and volunteer auxiliary members to provide exceptional performance and quality care, and to strive to be the hospital of first choice for healing in Mission and surrounding communities.

Our compassionate healthcare professionals provide advanced, cost-effective care, and are dedicated to one single purpose - returning you to the best possible health.

More than 380 physicians representing different specialties hold staff privileges at Mission Regional Medical Center. They are supported by allied health professionals who utilize the most current technologies and on-going education in treatment, while never losing sight of the importance and dignity of each individual patient. Our hospital provides care for people of all ages. It has been recognized for excellence in maternity care and orthopedics (total joint replacement). Its many services include state-of-the-art imaging, cardiac catheterization, women's health, Newborn Intensive Care Unit - Level III, gastroenterology, laparoscopic surgery, general surgery, cardio-pulmonary services, emergency department, laboratory, rehabilitation, and a comprehensive wound healing center. In 2021, we added robotic surgical capabilities with the acquisition of the Da Vinci Xi surgical robot system.

In 2017, Prime Healthcare Foundation, Inc. acquired Mission Regional Medical Center and continues the long history of community healthcare in a non-profit setting. This association with Prime Healthcare Foundation, Inc. has provided access to better purchasing opportunities than a sole community hospital, and provides resources to continue to maintain and upgrade to state-of-the-art equipment.

MISSION

To deliver compassionate, quality care to patients and better healthcare to communities.

VALUES

QUALITY: We are committed to always providing exceptional care and performance.

COMPASSION: We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

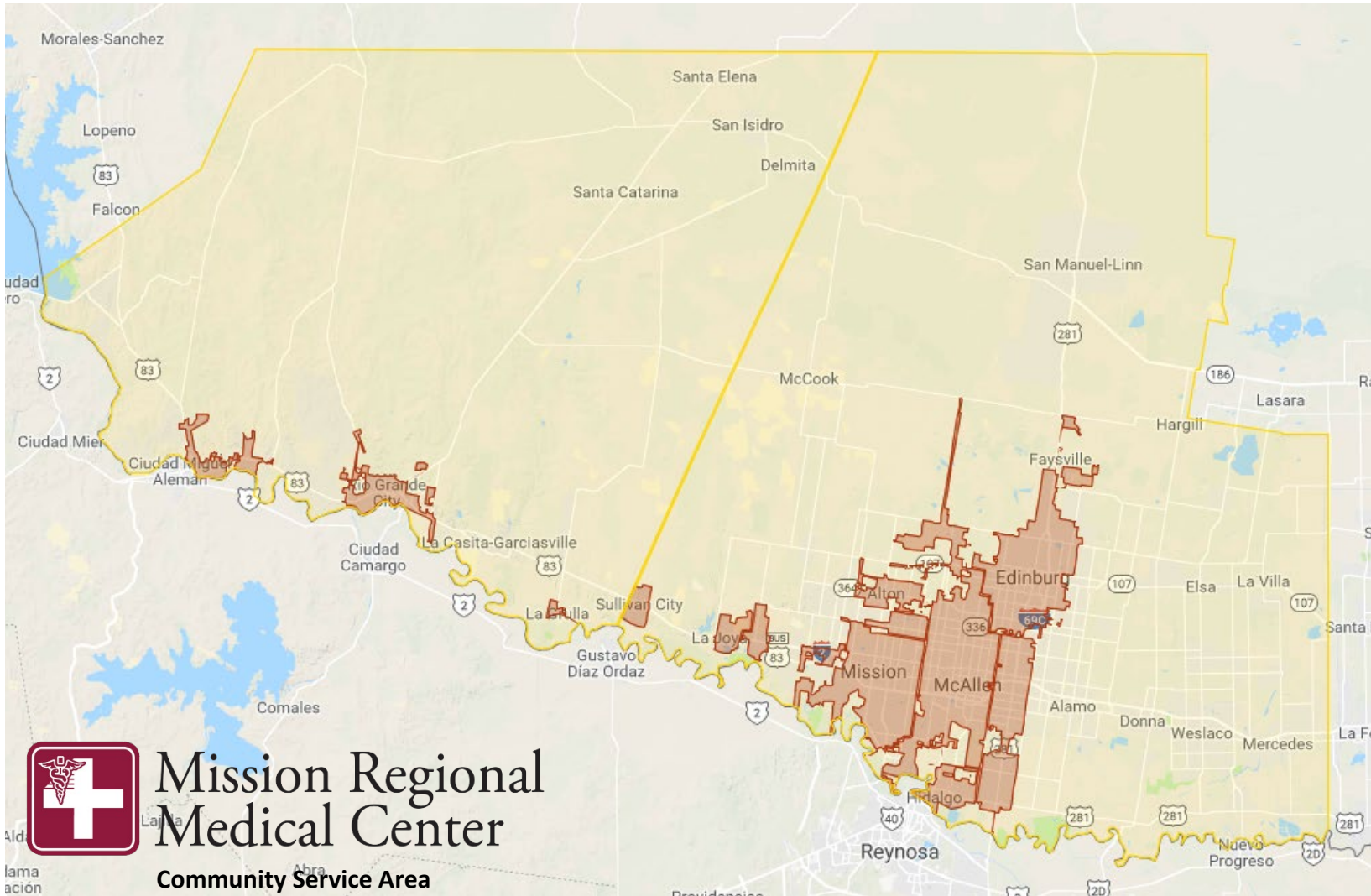
COMMUNITY: We are honored to be trusted partners who serve, give back and grow with our communities.

PHYSICIAN LED: We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

This document provides a summary of Mission Regional Medical Center’s plan to develop new community benefit programs and services, as well as to enhance established programs and services, from 2022 to 2024. This plan is focused on addressing the top community health priorities identified in the community health needs assessment conducted by Mission Regional Medical Center in 2021.

THE COMMUNITY WE SERVE

Mission Regional Medical Center is located in Mission, Texas in the western portion of Hidalgo County. The primary service area encompasses central and western Hidalgo County and eastern Starr County. Cities in the primary service area of the hospital include Mission, McAllen, Edinburg, La Joya, Sullivan City, Pharr, Rio Grande City and Roma, among others.



COMMUNITY POPULATION & DEMOGRAPHICS

The following statistics and figures were compiled based on information from the U.S. Bureau of Census. The population of Hidalgo County is 855,176. The population over age 65 is 92,786, representing 10.8% of the population. In addition to this aged population, all of the Rio Grande Valley experiences an influx of “winter Texans” where people from northern states and Canada travel to the Rio Grande Valley during the winter months (November through March). This increases the over-65 age category by approximately 100,000 people during this time frame.

The median household income in the hospital’s service area is \$40,014, which is significantly below the Texas and U.S. averages of \$61,874 and \$62,843, respectively. The unemployment rate in the hospital’s service area is 6.2%, with unemployment increasing as a result of the Covid-19 public health emergency which resulted in many businesses having to close in 2020 and reopen in 2021 with limited services and reduced staffing. This is still significantly higher than the unemployment rate for Texas and the U.S. as a whole, which were also impacted by the public health emergency. Noticeably, the poverty rate is over 30% in the hospital’s service area and the uninsured population is also over 30%, whereas the Texas poverty rate is 14% and uninsured rate is 18%.

IDENTIFYING HEALTH NEEDS

Due to the ongoing Public Health Emergency, the CHNA was conducted through an online survey of the stakeholders in the community.

Those surveyed included representatives of local governments and organizations, including:

- The City of Mission
- Mission Independent School District
- Social Service Agencies
- Public Health Agencies

Also surveyed were members of the medical community serving the population, including:

- Primary care physicians in the community
- Specialty providers in the community
- Members of the medical staff providing care at Mission Regional Medical Center

Information gathered from the surveys was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, aged members of the population, minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that considered:

1. the size of the problem
2. the seriousness of the problem
3. the prevalence of common themes
4. the impact of the issue on vulnerable populations
5. how important the issue is to the community.

Mission Regional Medical Center engaged BKD, LLP to conduct a formal community health needs assessment and assist in compiling secondary data and prioritizing identified health needs. To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

1. How many people are affected by the issue or size of the issue? For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community = 5; >15% and <25% = 4; >10% and <15% = 3; >5% and < 10% = 2 and <5% = 1.
2. What are the consequences of not addressing this problem? Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3. The impact of the problem on vulnerable populations. Needs identified which pertained to vulnerable populations were rated for this factor.
4. How important the problem is to the community. Needs identified through community interviews and/or focus groups were rated for this factor.
5. Prevalence of common themes. The rating for this factor was determined by how many sources of data (leading causes of death, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five-prioritization metrics. As a result, the following summary list of needs was identified:

Identified Health Needs	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important of is it to the Community?	Prevalence Common Themes	Alignment with Mission / Alignment with Programs & Services	Total Score
Chronic Diseases (Heart Disease, Stroke, Kidney, Diabetes)	5	4	3	4	3	5	24
Uninsured / Limited Insurance / Access	5	4	5	5	3	2	24
Lack of Primary Care Physicians / Hours	4	3	4	4	2	5	22
Lack of Specialists / Hours	4	3	4	4	2	5	22
Poor Nutrition / Limited Access to Healthy Food	5	3	3	3	2	5	21
Lack of Health Knowledge / Education	5	2	3	3	2	5	20
Preventative Care	5	3	2	3	2	5	20
Obesity	4	4	0	4	2	5	19
Services for the Aging	3	3	4	2	1	5	18
Transportation	3	1	5	4	2	2	17
COVID-19 Care and Resources	4	3	4	3	1	2	17
Lack of Mental Health / Addiction Providers and Services	4	3	2	2	2	3	16
Healthy Behaviors / Lifestyle Choices	5	2	2	2	2	3	16
Services for Children	3	3	3	2	1	3	15
Language and Cultural Barriers	2	2	3	3	2	3	15
Physical Inactivity / Lack of Exercise	2	3	2	2	2	3	14
Teen Birth Rate	2	1	2	1	1	3	10
Lack of Dentists	2	2	0	1	1	3	9
Sexually Transmitted Diseases	2	1	0	1	1	3	8
Excessive Drinking / Alcohol-Impaired Drinking	2	1	0	1	1	3	8

SELECTED NEEDS AND IMPLEMENTATION PLANS

Priority #1 -- Lack of access to primary care, preventative care, specialists and services for the aging.
<p>Rationale:</p> <p>The data suggest that the population in MRMC's service area does not have adequate access to primary care and specialty services either due to a lack in the number of physicians or their availability in a reasonable amount of time. Many areas within the MRMC's service area are designated Healthcare Professional Shortage Areas. There is a higher percentage of uninsured population in MRMC's service area than the Texas average. This hinders establishing a primary care provider and many seek their primary care needs through the Emergency Department of the area hospitals.</p>
<p>Objective:</p> <p>To improve access to care for the uninsured or underinsured population and the aged</p>
Implementation Activity
<p>1. Recruit additional primary care physicians (including OB/GYN) to the area either in partnership with other physicians or as employed physicians of Mission Doctors Group, an affiliated organization.</p>
<p>2. Recruit specialty physicians to partner with existing physician groups or expand specialists employed by Mission Doctors Group. Areas of focus are cardiology, orthopedics, neurology and geriatrics.</p>
<p>3. Investigate the development of a combination free standing emergency department and local community urgent care center to provide options in the level of care in an underserved location within MRMC's service area.</p>
<p>4. Continue to support enrollment activity for uninsured patients in Texas Medicaid and referral to state agencies for enrollment in other state-sponsored programs.</p>
<p>5. Continue support for referral to Federally Qualified Health Centers (FQHCs) in the Service Area</p>
<p>6. Investigate the development of a Rural Health Clinic in the hospital's service area to provide low-cost access to primary care providers as an alternative to seeking care in area Emergency Departments</p>
<p>7. Communicate to the community and local EMS providers the Geriatric Emergency Department Accreditation achieved by MRMC</p>
<p>8. Investigate the development of a Patient Navigator program for the Emergency Department to assist patients in making follow-up appointments with primary care physicians or specialists, to reduce recidivism to the Emergency Department for follow-up care.</p>
<p>9. Expand self-referral Wellness Lab panel to include blood glucose level (HA1C) to screen for potential diabetes and communicate availability to the community.</p>

Priority #2 -- Lack of Health Knowledge/Education; Poor Nutrition and limited access to healthy food options and Obesity

Rationale:

The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Health education improves the health status of individuals, families and communities and thereby the quality of life for the people. Better knowledge of health status and available resources reduces premature deaths and addresses the causative factors for chronic diseases earlier, when lifestyle changes are easier to implement.

Objective:

Improve the health knowledge of the population and access to healthy choices.

Implementation Activity

1. Offer seminars to address health topics and to educate the community on risk factors, prevention measures, disease symptoms, and treatment resources in partnership with the City of Mission.
2. Increase the emphasis in Diabetes Education on obesity education and high blood pressure awareness as a consequence of diabetes, by offering quarterly seminars to the Diabetic population to include MRMC patients and community residents.
3. Increase the number of patients who receive free flu shots; and other health screenings by participating in Community Health Fairs and Winter Texan events.
4. Provide education at all health fairs that MRMC participates in
5. All patients seen at the hospital have Body Mass Index (BMI) computed based on weight and height. Those with a BMI of 30 or greater will be provided with educational materials for weight control and a nutritional consult to discuss health lifestyle changes.
6. Create educational topics on our website in English and Spanish.

Priority #3 -- Chronic Diseases (Heart Disease, stroke, kidney, cancer and diabetes.)

Rationale:

The data suggests that the population in the MRMC service area has a higher incidence of Diabetes (Type II) and Obesity than in the state and the country. Chronic uncontrolled diabetes impacts key organs, causing issues with kidneys, heart and circulatory problems, especially peripheral appendages (feet).

Objective:

Improve the identification of chronic diseases in the population and awareness of treatment and control factors.

Implementation Activity

1. During the Community Health Fairs screen for signs of diabetes through glucose blood tests and provide educational materials to the population.
2. Provide education on diabetes self-management and dietary controls at least quarterly either on site or during community health fairs.
3. Offer low-cost screening for heart disease (CT-calcium scoring) that can be “self-referred” for patients with certain co-morbid conditions and peripheral vascular disease (ABI)
4. Provide periodic education on blood pressure control through monitoring, diet and exercise
5. Promote the Wellness Screening labs and referral to a primary care physician if the participant does not have one.
6. Provide screening for peripheral vascular disease and education on ways to limit progression of the disease through diet, exercise and smoking cessation.
7. Develop exercise activities where citizens can walk together with our staff and talk about health by utilizing local hike and bike trails
8. Identify at-risk patients during visits to any of our clinics.

ADOPTION/APPROVAL

The Board of Directors of Mission Regional Medical Center approved the Community Health Needs Assessment at their December 2021 board meeting.

The implementation strategies that are outlined herein developed by the staff of Mission Regional Medical Center in order to address the identified needs in the 2021 Community Health Needs Assessment have been reviewed with the Board of Directors and approved by them.

**Chief Executive Officer and Chairman of the Board
Mission Regional Medical Center**

Date