Community Health Needs Assessment

2014

Monroe County Medical Center
To the Residents of Monroe County,

The 2010 Patient Protection and Affordable Care Act (ACA) requires that all non-profit 501(c)3 hospitals conduct a community needs assessment (CHNA). Hospitals must complete a CHNA at least every three years with input from the broader community, including public health experts. Monroe County Medical Center is pleased to present its CHNA.

The contents of the CHNA were compiled from local, state and national data sources. Additionally, surveys were made available throughout the county, focus groups were conducted and responses aggregated to provide a comprehensive overview of the healthcare landscape in Monroe County.

The CHNA provides valuable information that indicates where Monroe County Medical Center is in meeting the needs of the county and the surrounding areas, and where there is room for improvement. The CHNA will serve as a guide to improve the performance of the Medical Center in allocating resources, identifying concerns, and improving the overall health of the people it serves over the next three years.

We do not have adequate resources to solve all problems identified and some issues are beyond the mission of the hospital, therefore action is best suited by others. Some improvements will require personal actions by individuals rather than the response of an organization.

As you review this CHNA please consider ways to help us improve the health and medical service to our area. I invite and welcome your response to this report.

Sincerely,

Vicky McFall
Chief Executive Officer
CHNA Background:

New Requirements for Charitable 501(c)(3) Hospitals

Section 501(r), added to the IRS Code by the ACA, imposes new requirements on 501(c)(3) organizations that operate one or more hospital facilities (hospital organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies.
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital’s financial assistance policy.
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital’s financial assistance policy before engaging in extraordinary collection actions against the individual.
- Conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

These CHNA requirements are effective for tax years beginning after March 23, 2012.

This CHNA of Monroe County Medical Center was prepared in conjunction with Barren River Community Health Planning Council utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process. The newly formed Barren River Community Health Planning Council, recruited leaders and experts from the 10-county Barren River Area Development District (BRADD) to use as part of the Council. From this group of experts, five areas were identified as Priority Health Issues for the area. The Health Planning Council consists of members from the ten counties comprising the BRADD. The members represent health care, education, industry, and service organizations. The areas of importance were (a) Community Health Status Assessment (b) Community Themes and Strengths Assessment (c) Health Care Delivery System Assessment (d) Forces of Change Assessment.

A representative from the Monroe County Medical Center was a member of the Health Planning Council and through this partnered with a broad representation of the community in compiling and assembling this assessment. The Council was formed August of 2011 where the purpose and the scope of the project was outlined and input was sought. Other representatives from Monroe County were from the Board of Education, the Health Department, the Wellness Center, and the Senior Citizens Organization. With input from the Council the assessment was completed in early 2013 with 366 Monroe County residents providing input. The assessment was made available on the hospital website, in paper form at the local health department, local schools, senior citizen center, housing authority and provide at local sporting events and community services.
In response to the assessment and Priority Health Issue findings, the Monroe County Medical Center has used the data collected to identify areas of opportunity to better meet the health care needs of those patients in our service area. The Implementation Plan will guide the hospital leaders in decisions made regarding program implementation, disease management, partnerships with other community agencies and health promotions over the next three years.

To view the complete Community Needs Assessment conducted by the Barren River Community Health Planning Council, please go to http://www.barrenriverhealth.org/mx/hm.asp?id=brchpc and search Community Needs Assessment 2012.

Priority Health Needs Identified:

Cardiovascular Disease
Diabetes
Obesity
Lung Cancer
Drug Abuse and Addiction

Description of Organization:

Monroe County Medical Center, is a Joint Commission-accredited, private non-profit 501(c)3 acute care hospital in Tompkinsville, Kentucky. The facility is licensed for 49 inpatients.

Services the hospital offers include:

- inpatient
- laboratory
- cardiology
- emergency
- therapy
- nutrition
- outpatient
- diagnostic imaging

The hospital has an education center where community education classes and support group meetings take place.

Built in 1980, the hospital has undergone major expansions and renovations over the years.

One of the most significant expansions concluded in 2005 with the expansion of the emergency room, front lobby and imaging department.
Another significant project occurred in 2010, when the hospital added fifteen additional rooms to allow for the majority of private patient rooms.

Other significant expansions include the 1995 construction of the EMS/911 facility. The Medical Center contracts with the county government of Monroe County to provide ambulance and dispatch services for the residents.

Monroe County is known for growing its own healthcare providers. There are six local primary care providers and four mid-level providers who grew up in Monroe County.

Monroe County Medical Center has 68 physicians and consulting physicians on staff. Many of the visiting physicians are employed by other local hospitals in south central Kentucky and St. Thomas in Nashville.

Physicians and mid-level providers are on staff who specialize in the following:

- allergy
- internal medicine
- cardiology
- pathology/cytopathology
- radiology
- dentistry
- family medicine
- urology
- plastic and reconstructive surgery

In 2012 the hospital also provided $2,008,419 in indigent care (charity) and $1,226,072 in bad debt.

Monroe County Medical Center’s Emergency Department had 8,073 patient visits in 2012.

**Mission, Vision and Values**

**Mission:**
The Monroe County Medical Center is a rural healthcare organization which values compassion, respect and confidentiality, and provides quality, safe primary and specialty services for the citizens of Monroe County and surrounding areas through detection, prevention, and treatment of illness.

**Vision:**
Monroe County Medical Center will be recognized as an outstanding leader in the provision of quality, safe healthcare services. The Medical Center strives through continuous quality improvement to meet the needs of its customers by providing primary patient care in an environment which offers specialty services and focuses on prevention of illness thereby improving the quality of life.
Community Served

This assessment focuses on Monroe County Medical Center’s acute care and outpatient services. Though the hospital serves patients from other counties, the vast majority (87.7% percent of inpatients) are residents of Monroe County, 7.5% are from Metcalfe County and 3.0% are from Barren County. The Medical Center also served patients from Tennessee and one from the District of Columbia.

Patient Origin and Migration Trends

Of the 2,368 times Monroe County residents were admitted to hospitals in 2012, 64.6 percent, or 1,530, were at Monroe County Medical Center. The complete list is as follows:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe County Medical Center</td>
<td>1,530</td>
</tr>
<tr>
<td>TJ Samson Community Hospital</td>
<td>366</td>
</tr>
<tr>
<td>The Medical Center at Bowling Green</td>
<td>269</td>
</tr>
<tr>
<td>Tri-Star Greenview</td>
<td>74</td>
</tr>
<tr>
<td>Norton Hospital</td>
<td>47</td>
</tr>
<tr>
<td>University of Louisville Hospital</td>
<td>23</td>
</tr>
<tr>
<td>Kosair Children Hospital</td>
<td>19</td>
</tr>
<tr>
<td>The Medical Center at Scottsville</td>
<td>19</td>
</tr>
<tr>
<td>Cumberland County Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Jewish Hospital and St. Marys Healthcare</td>
<td>4</td>
</tr>
<tr>
<td>Norton Brownsboro Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Baptist Hospital La Grange</td>
<td>2</td>
</tr>
<tr>
<td>Norton Audubon</td>
<td>2</td>
</tr>
<tr>
<td>Baptist Hospital Lexington</td>
<td>1</td>
</tr>
<tr>
<td>Baptist Health Louisville</td>
<td>1</td>
</tr>
<tr>
<td>Hardin Memorial Health</td>
<td>1</td>
</tr>
<tr>
<td>UK Healthcare Good Samaritan Hospital</td>
<td>1</td>
</tr>
<tr>
<td>University of Kentucky Hospital</td>
<td>1</td>
</tr>
</tbody>
</table>

Diagnoses related to pulmonary and cardiac issues were the most common reasons for admission into Monroe County Medical Center.

Community:

Description

There are three towns located within the county: Tompkinsville, the county seat, Gamaliel, and
Fountain Run. Monroe County, which has a population of 10,821, is relatively poor. Residents say one of the county’s greatest needs is having more, better-paying jobs. This is significant because studies show that those with higher incomes are more likely to be healthier than those with lower incomes. Monroe County’s unemployment rate is 6.6 percent compared to Kentucky’s 8 percent and the nation’s 7.6 percent. Per capita income is $16,017 compared to the state average of $23,210 and the median household income was $27,586 compared to the state average of $42,610. Approximately 25.2% of the population are below the poverty level compared to the state level of 18.6%.

The two largest employers are Monroe County Schools and The Monroe County Medical Center. A good portion of the economy is driven by small businesses and the service industry. Stephen’s Manufacturing, Anderson Forestry Products and APACE are a few of the local manufactures, with the hard wood businesses combined being a large employer group.

The county has a viable tourism sector, as Monroe County is home to Old Mulkey Park and the McMillans Ferry, the state ran ferry crossing the Cumberland River.

93.7% of the citizen of Monroe County are white, compared to 85.9% of the state. 2.4% of the population is African American and 2.6% are Hispanic or Latino compared to 8.1% and 3.2% respectfully for the state.

There are 329.37 squares miles of land in the county with 33.3 persons per square mile verses the state average of 110. (Cedik.ca.uky.edu) This is significant from the standpoint of health and healthcare because rural communities, which also tend to be farming communities, face unique barriers to good health. The National Rural Health Association cites some of the differences in rural and non-rural health:

Only about ten percent of physicians practice in rural America despite the fact the nearly one-fourth of the population lives in these areas.

Although only one-third of all motor vehicle accidents occur in rural areas, two-thirds of the deaths attributed to these accidents occur on rural roads.

Rural residents are nearly twice as likely to die from unintentional injuries other than motor vehicle accidents as are urban residents. Rural residents are also at a significantly higher risk of death by gunshot than urban residents.

Abuse of alcohol and use of tobacco is a significant problem among rural youth. The rate of DUI arrests is significantly greater in non-urban counties. Rural eight graders are twice as likely to smoke cigarettes.

There are 60 dentists per 100,000 population in urban areas verses 40 per 100,000 in rural areas.

The suicide rate among rural men is significantly higher than in urban areas.
Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. (ruralhealthweb.org)

**Community Health Services and Resources:**

In addition to the Monroe County Medical Center, other local organization whose missions are related to health and well-being include:

Monroe County Health and Rehabilitation, a 104-bed skilled, rehabilitative and nursing facility in Tompkinsville, Kentucky serves the entire county.

Monroe County Health Department, also located in Tompkinsville, provides the following services:

- Preventative health care screenings
- Well child assessments
- Women, Infant and Children (WIC) Program
- Immunizations
- Family Planning
- And many other services

**LifeSkills**

Monroe County Medical Center Adult Day Program

Senior Citizens Center which also offers Meals on Wheels Program for citizens.

The Kentucky Cabinet for Health and Family Services provides a wide range of services including child/adult abuse and neglect, assistance with food stamps, welfare, and Kentucky Medicaid.

Monroe School Health Services provides services to children within the school system that become ill or injured during school session. The school nurses have the ability to dispense medications and provide vaccines to students.

Some of the community’s major health concerns are substance abuse and mental illness. There are no inpatient facilities in Monroe County for the treatment of psychiatric related conditions. In 2012 there were a total of 39 Monroe County residents with inpatient services for these conditions treated at the following facilities:

- Rivendell Behavioral Health Services 20
- The Medical Center at Bowling Green 9
ADO- A faith based addiction program is available for residents.

Regionally, crisis stabilization residential services and inpatient substance abuse services are available through the referral process. Also available to all county residents is a 24 hour crisis hotline.

There exists one Alcoholic Anonymous group, which meets locally.

The Community Out Reach Center is available to assist individuals with housing and food on a short term basis.

Kentucky Home Place is available for prescription assistance to help all low-income people of all ages afford their medication.

Emergency Services are provided by the Monroe County Medical Center EMS and 911. It makes about 2,200 runs annually. A significant percentage of those runs are related to respiratory and cardiac events, most in patients over 50 years of age. The service offers both Advanced Life Support (ACLS) and Basic Life Support (BLS) services. Despite the best efforts of the EMS, the rural nature of the county poses a hazard for those victims of accidents or sudden illness. In the outlying areas of the county, it could take as much as an hour to pick up the patient and take him to the hospital after the 911 call is made.

Monroe Family Medical Center opened in 2013. This clinic is a Federally Qualified Health Care Center which receives federal funding to offset costs for uninsured and low-income patients.

There are two Home Health agencies in the county to provide services in the home by nurses, therapists, social workers, and home health aides. They serve the entire county as well one county (Metcalf) of the secondary service area of Monroe County Medical Center.

Other services offered in Monroe County are:

- Six dentists’ offices.
- One eye clinic housing three full-time optometrists.
- Four retail pharmacies in Tompkinsville and one pharmacy in Gamaliel.
- Two durable medical equipment providers.
Low or no-cost transportation to get healthcare services may be provided by Rural Transit Enterprises Coordinated, Inc. (RTEC), a non-profit corporation.

Health Status:

General

The population of Monroe County, like that of many Kentucky counties, suffers from moderately poor health. Risk factors such as smoking and obesity, and illness such as heart disease and diabetes on average occur at high rates in Monroe County than in the nation as whole, and often are higher than the state average.

According to the University of Wisconsin Population Health Institutes latest rankings, Monroe County was the 66th healthiest of Kentucky’s 120 counties (countyhealthrankings.org). Though these national rankings are developed using broad-brushed tools with a wide margin of error Monroe County is noted to be about average. The ranking is based on data related to morbidity, health behaviors (smoking, physical activity, etc.), clinical care, social and economic factors, and physical environment. See chart below for Monroe County rankings and those of surrounding counties in Kentucky.

<table>
<thead>
<tr>
<th></th>
<th>Kentucky</th>
<th>Monroe</th>
<th>Allen</th>
<th>Barren</th>
<th>Cumberland</th>
<th>Metcalfe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>77</td>
<td>73</td>
<td>38</td>
<td>110</td>
<td>91</td>
<td></td>
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<tr>
<td>Premature death</td>
<td>8,768</td>
<td>10,230</td>
<td>9,981</td>
<td>8,499</td>
<td>13,257</td>
<td>11,072</td>
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<tr>
<td>Morbidity</td>
<td>47</td>
<td>51</td>
<td>56</td>
<td>100</td>
<td>52</td>
<td></td>
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<tr>
<td>Poor or fair health</td>
<td>21%</td>
<td>24%</td>
<td>24%</td>
<td>25%</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Poor physical health</td>
<td>4.7</td>
<td>5.0</td>
<td>5.3</td>
<td>4.7</td>
<td>6.4</td>
<td>4.7</td>
</tr>
<tr>
<td>Poor mental health</td>
<td>4.3</td>
<td>3.8</td>
<td>5.0</td>
<td>4.2</td>
<td>4.1</td>
<td>3.3</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>9.1%</td>
<td>8.9%</td>
<td>7.8%</td>
<td>9.0%</td>
<td>11.2%</td>
<td>8.7%</td>
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<tr>
<td><strong>Health Factors</strong></td>
<td>88</td>
<td>69</td>
<td>35</td>
<td>103</td>
<td>101</td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td>60</td>
<td>55</td>
<td>15</td>
<td>54</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>26%</td>
<td>25%</td>
<td>32%</td>
<td>27%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>33%</td>
<td>35%</td>
<td>34%</td>
<td>29%</td>
<td>33%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Physical inactivity</strong></td>
<td>31%</td>
<td>34%</td>
<td>29%</td>
<td>31%</td>
<td>34%</td>
<td>35%</td>
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<tr>
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</tr>
<tr>
<td><strong>Excessive drinking</strong></td>
<td>12%</td>
<td>9%</td>
<td>6%</td>
<td>9%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Motor vehicle crash death rate</strong></td>
<td>20</td>
<td>33</td>
<td>27</td>
<td>26</td>
<td>43</td>
<td>28</td>
</tr>
<tr>
<td><strong>Sexually transmitted infections</strong></td>
<td>377</td>
<td>201</td>
<td>221</td>
<td>259</td>
<td>117</td>
<td>69</td>
</tr>
<tr>
<td><strong>Teen birth rate</strong></td>
<td>50</td>
<td>58</td>
<td>50</td>
<td>63</td>
<td>58</td>
<td>64</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>120</td>
<td>101</td>
<td>36</td>
<td>118</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td><strong>Uninsured</strong></td>
<td>18%</td>
<td>24%</td>
<td>20%</td>
<td>19%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Primary care physicians</strong></td>
<td>1,588:1</td>
<td>2,195:1</td>
<td>6,667:1</td>
<td>1,505:1</td>
<td>1,714:1</td>
<td>10,126:1</td>
</tr>
<tr>
<td><strong>Dentists</strong></td>
<td>1,855:1</td>
<td>1,853:1</td>
<td>5,079:1</td>
<td>3,060:1</td>
<td>6,943:1</td>
<td>5,124:1</td>
</tr>
<tr>
<td><strong>Preventable hospital stays</strong></td>
<td>103</td>
<td>232</td>
<td>102</td>
<td>75</td>
<td>236</td>
<td>129</td>
</tr>
<tr>
<td><strong>Diabetic screening</strong></td>
<td>84%</td>
<td>64%</td>
<td>74%</td>
<td>85%</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Mammography screening</strong></td>
<td>62%</td>
<td>44%</td>
<td>50%</td>
<td>53%</td>
<td>41%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td>76</td>
<td>63</td>
<td>56</td>
<td>103</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td><strong>High school graduation</strong></td>
<td>78%</td>
<td>83%</td>
<td>82%</td>
<td>88%</td>
<td>70%</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Some college</strong></td>
<td>56%</td>
<td>37%</td>
<td>43%</td>
<td>46%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>9.5%</td>
<td>9.3%</td>
<td>10.5%</td>
<td>10.2%</td>
<td>11.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td><strong>Children in poverty</strong></td>
<td>27%</td>
<td>37%</td>
<td>29%</td>
<td>31%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Inadequate social support</strong></td>
<td>20%</td>
<td>22%</td>
<td>19%</td>
<td>23%</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Children in single-parent households</strong></td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>29%</td>
<td>42%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>violent crime rate</strong></td>
<td>264</td>
<td>89</td>
<td>122</td>
<td>33</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td>14</td>
<td>67</td>
<td>77</td>
<td>65</td>
<td>41</td>
<td></td>
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<tr>
<td>------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>13.1</td>
<td>13.6</td>
<td>13.7</td>
<td>13.5</td>
<td>13.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>11%</td>
<td>24%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>8</td>
<td>18</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Limited access to health foods</td>
<td>5%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>54%</td>
<td>41%</td>
<td>50%</td>
<td>57%</td>
<td>43%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Monroe County’s age-adjusted cancer rate for 2011, the latest data available from the Kentucky Cancer Registry, is 560.90 per 100,000 compared to the state rate of 504.67. This rate is slightly lower than Metcalfe County but higher than Allen, Barren, and Cumberland counties.

According to the Kentucky Institute of Medicine “Community leaders in Monroe County can improve the county’s health status by increasing public awareness of health and undertaking actions to maintain county strengths while counteracting county challenges”.

**Strengths:**
- Good oral health
- Good prenatal care
- Low infant mortality

**Challenges:**
- Smoking
- Per capita income
- Cardiovascular deaths
- Lung/bronchus cancer
- Colorectal cancer

**Outliers:**
- High obesity
- Low graduation rate
- Low health insurance
- High premature death
It should be noted that this is 2007 data and some of the strengths, challenges, and outliers may change with next data release. (kyiom.org).

Access:

Like many rural communities, Monroe County has been designated by the Health Resources and Service Administration (HRSA) as a Health Professional Shortage Area (HPSA). HPSAs have shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations(MSA) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Research shows that the availability of health insurance has significant effect on access to care. The safety net of community clinics, health departments, and hospitals doesn’t fully substitute for the access to care that insurance provides, according to the Kaiser Family Foundation. The uninsured are less likely to receive preventative care and services for major health conditions and chronic diseases. Those with insurance have better physical and mental health and lower mortality rates according to kentuckyhealthfacts.org. Monroe County has an uninsured rate of 24% compared to 18% for the state.

Strategic Implementation Plan:

It is the goal of Monroe County Medical Center to use all the data and information provided in the Barren River Community Health Planning Council’s Community Needs Assessment to map an action plan to meet the health needs of the community.

Cardiovascular:

Work with the Barren River Health Department and the local Health Department to procure funding through Kentucky’s Public Health Care Block Grant and Foundation for a Healthy Kentucky to establish Community Health Workers to focus on Medicare and Medicaid patients with Congestive heart Failure (CHF) and Diabetes. The Community Health Worker would make home visits within 48 hours of discharge with the intent of coordinating community resources needed by the patient and care givers. These resources would be used to improve the health of the patient and minimize the likelihood of readmission to a hospital setting within 30 days. Clinical outcomes data will be collected and analyzed. If funding is obtained, the goal would be to launch the program in early 2014.

Continued support of Chest Pain Certification for the hospital through 2014.

Continue to provide Lunch and Learn programs with guest speakers in February for “Go Red”
day and heart month. Presentation objectives would include signs and symptoms of heart disease, prevention, screening and the role of heredity.

Continue to participation in community health fairs with free lipid and cholesterol screenings.

Participation with the local radio station for “Monroe Mondays” to discuss heart disease related information. Presentation objectives would include signs and symptoms of heart disease, prevention, screening and the role of heredity.

**Diabetes:**

Work with the Barren River Health Department and the local Health Department to procure funding through Kentucky’s Public Health Care Block Grant and Foundation for a Health Kentucky to establish Community Health Workers to focus on Medicare and Medicaid patients with Congestive heart Failure (CHF) and Diabetes. The Community Health Worker would make home visits within 48 hours of discharge with the intent of coordinating community resources needed by the patient and caregivers. These resources would be used to improve the health of the patient and minimize the likelihood of readmission to a hospital setting within 30 days. Clinical outcomes data will be collected and analyzed. If funding is obtained, the goal would be to launch the program in early 2014.

Continue to sponsor the Diabetes Support group held monthly at the Monroe County Medical Center. As found in the assessment findings, support groups were listed as effective in helping keep individuals healthy. Increase promotion of these support groups to increase the number of participants.

Continue to work in conjunction with the local health department to sponsor the annual Diabetes Health Fair with free HgbA1c screenings.

Continue to support a Diabetic Educator on staff and provide free one-on-one education and support with individuals in the community.

Work with the school system to provide education to staff and students about diabetes. Information to include signs and symptoms, living with diabetes, screening, prevention and the role of heredity.

Work with the local physicians to educate patients on diabetes screening and increase patient compliance to 80% by 2017.

**Obesity:**

Work with the leadership of the local school system to include the Medical Center’s Registered Dietician in educational programs for children to prevent obesity.
Registered Dietician to continue providing free one-on-one sessions with individuals to establish a weight reduction program and maintenance of that program. Market this service to local physicians and service organizations.

Provide Healthy Eating presentations by the registered dietician to school groups, civic organizations, employer groups, etc.

Evaluate the option of developing a walking and/or weight loss incentive program with the staff of Monroe County Medical Center. Promoting these positive changes with our staff would ultimately migrate into the community that we serve.

**Lung Cancer:**

Monroe County Medical Center will work with the local health department to provide the meeting place, trained facilitators, and supplies for Cooper Clayton Smoking Cessation course offered free to community, and will offer these at least twice per year at our facility.

Encourage employees to participate in the Cooper Clayton Program and provide medication to assist with smoking reduction or discontinuation.

Continue to participate in the Kentucky Agency for Substance Abuse Policy (KY-ASAP) Coalition which meets at the Medical Center. The Medical Center provides an employee to sit on the KY-ASAP Board of Directors. KY-ASAP offers programs to assist residents in our primary service area to quit smoking. We will partner with this organization to increase participants by community individuals in these programs and as well as promote the program to our employees.

Explore the benefits of a smoke-free workplace for all employees. This initiative aligns with the mission and vision of the Medical Center, which is to promote health and wellness.

**Drug and Alcohol Abuse and Addiction:**

Continue to participate in the Kentucky Agency for Substance Abuse Policy (KY-ASAP) Coalition which meets at the Medical Center. The Medical Center provides an employee to sit on the KY-ASAP Board of Directors. KY-ASAP offers programs to assist residents in our primary service area battling addiction. We will partner with this organization to increase participants by community individuals in these programs.

Participate in the National Drug Take Back Initiative by promoting National Drug Take Back Days to employees, patrons and businesses.

Monroe County Medical Center will fully utilize the state KASPER report system to assist in
monitoring controlled substance prescription drug use by patients.

Treatment of abuse and addiction are not primary services areas of the Monroe County Medical Center nor do we see this as a service area in the future. However, the hospital takes measures to identify patients with these needs and refer them to organizations that can better meet their needs. A list of drug and alcohol abuse and addiction providers can be found in the Council’s assessment findings located on the hospital website.

**Improved Access to health Care:**

Provide information regarding the fast and effective mammography screenings available to residents with a goal to increase mammography rates to 60% by 2017.

Continue partnership with the local health department to provide mammography screening on a referral basis for their patients. These are provided at a reduced rate and include the radiologist reading.

Evaluate the development of an Urgent Care/Rural Health Center to provide after hours care, thereby providing an alternative to the Emergency Room which is cost prohibitive to many residents. Evaluation to be completed by 2015. While in an ideal situation urgent treatment centers might exist throughout a given geographic area to maximize access, financial barriers must be considered. Enough patient volume would have to be generated to make opening such a clinic a financially responsible and feasible undertaking. During this evaluation the Medical Center will need to evaluate all options.

Research feasibility of working in conjunction with WKU Mobile Health and Wellness Unit to provide preventative and limited primary care to undeserved areas.

Work toward Level IV Trauma ED Certification. This would mean having a standardized system of trauma care that can increase significantly the chance of survival for victims of serious trauma. This will require meeting certain requirements for equipment, training, availability and reporting of data. It would also mean the hospital would be part of the greater trauma system that allows us to move people to the optimal level of care more quickly. Evaluation to be completed by 2015.

Increase medical specialities through visiting clinic physicians. The hospital continuously assess the need for specialists and actively recruits those for which there is enough demand to justify related expenses. Some are not financially feasible simply because the county isn’t populous enough to support them. We continue to recognize the need for pulmonology and continue to work with hospitals and groups in the region to fill this need. Shortage of pulmonologist in more populous areas has a trickle down effect for Monroe County.

Additionally, the hospital works with native Monroe County Residents who are in Medical School or interested in attending medical school and have voiced an interest in returning home to
practice. The hospital assists with stipends while in Medical School, we currently have one such individual that has completed medical school and is a residency program and another that is in the first year of medical school. They will be available to return to Monroe County in 2016 and 2020 respectively.