

+PIKEVILLE MEDICAL CENTER

Community Health Needs Assessment



August 15, 2016 – August 15, 2019

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I. INTRODUCTION

Like many tax-exempt health care organizations, Pikeville Medical Center (PMC), has a long history of working to improve the general health of the community at large. As the organization has grown and medical science has progressed, PMC along with other public health organizations has recognized that to make a true impact on community health, a systematic, science-based approach is needed.

Responding to and meeting the healthcare needs of the community is central to the mission of PMC. Ensuring that the most vulnerable in our community - children, the elderly and the poor - have access to healthcare is essential for a regional healthcare provider like PMC. To accomplish this, we need an understanding of community health needs and to use a deliberate approach for gauging and addressing those needs.

This is the second Community Needs Health Assessment for PMC. The first, completed in 2013, identified specific areas in which we could better serve the community. The survey demonstrated that our citizens needed more access to preventative care and education on healthy lifestyles and habits. As a result, PMC implemented several new programs in which to accomplish these goals.

In preparing for this year's assessment, the data showed that the PMC patient base has changed. Over the past three years we discovered that PMC is drawing patients from more counties and areas further away from Pikeville. With this in mind, our collaboration with community leaders led us to try and accommodate people who live in all areas of PMC's service area.

This report will reflect the commitment and hard work that every person involved in this project provided, from the community leaders who served on our advisory board, to the residents of our community who took the time to answer our questions and provide the feedback so vital to our efforts.

II. ACKNOWLEDGEMENTS

This report would not have been possible without the committed efforts and contributions of the following people, and we want to express our sincere appreciation to each of them.

The Members of our Advisory Committee:

Reed Adkins, *Pike County Board of Education*

Jim Altman, *East Kentucky Chemical and Supply*

Terina Caudill, *Mountain Comprehensive Care*

Maria Coleman, *US Bank*

Marcus Conley, *Pikeville Medical Center*

Cynthia Hamilton, *Pike County Health Department*

Lisa Hess, *Director – Pike County Schools Food Services*

Laura Kretzer, *Director – Judi's Place for Kids*

Teresa Lester, *Floyd County Schools*

Patsy Scott, *US Bank*

Dr. Edward Stiles, *KY College of Osteopathic Medicine*

Carolyn Tackett, *Pike County Health Services – Senior Citizens*

Pikeville Medical Center's Medical Executive Committee:

Dr. Samuel King, *President*

Dr. Fadi Al Akhrass, *Vice President*

Dr. John Watson, *Secretary / Treasurer*

Dr. Aaron Crum, *Past President*

Dr. Jyothi Mettu, *Co-Chair*

Dr. Philip Leipprandt, *Member at Large*

Pikeville Medical Center's Board of Directors:

Joe Dean Anderson, *Secretary*

Julius Clinton Martin, II

Deborah Blackburn

Walter E. May, *President & CEO*

Ronald Burchett, *Vice President*

Dr. Alex Poulos

David Collins

Jo Nell Robinson

Dr. Dennis Halbert

Sue Smallwood

Hobart Clay Johnson

Dr. Mary Rado Simpson

Dr. Samuel J. King, *Chief of Staff*

Burlin Coleman, *Emeritus*

Judith Hinkle, *Emeritus*

John LeBreche

Lacy Puckett, *Emeritus*

And a very special thanks to:

Laura Damron, *Director of Public Relations – Pikeville Medical Center*

Mike Patrick, *Multimedia/Website Coordinator – Pikeville Medical Center*

and

Pamela T. May and H. Ryan Altman

East Kentucky Law Group

III. OUR FACILITY



Located in the coalfields of eastern Kentucky, Pikeville Medical Center is known for its compassionate employees, unsurpassed service, state-of-the-art technology and unmatched generosity to the community. Known as the premier hospital in a multi-state region, PMC is continually growing and looking for new ways to offer the best in health care to its patients and the broader population.

The mission of Pikeville Medical Center is to “provide quality regional health care in a Christian environment.” This mission statement is fulfilled on a daily basis, as the staff portrays a sense of teamwork with a sincere passion to help others.

Throughout Pikeville Medical Center’s 91-year history, the Hospital has exhibited a substantial change. Starting as a small, rural, 50-bed facility at its inception in 1924, the medical center has undergone many changes in its operations as well as its physical layout. Today, the hospital is a comprehensive medical complex comprised of a 300-bed facility encompassing over one million square feet with both the main facility and surrounding supportive services. This tremendous physical growth, along with sound financial leadership, has allowed PMC to significantly expand the health care services offered to the region.

On May 23, 2013, PMC announced its membership as part of the Mayo Clinic Care Network. The Mayo Clinic Care Network has extended Mayo Clinic's knowledge and expertise to physicians and providers interested in working together in the best interest of their patients. As a result of PMC's membership in the network, PMC providers have access to Mayo Clinic resources, including its online point-of-care information system and its electronic consulting process that connects physicians with Mayo Clinic specialists on questions of diagnosis, therapy or care management. With Mayo Clinic, members of the network share a commitment to improve the quality and delivery of health care. The primary goal of the Mayo Clinic Care Network is to help people gain the benefits of Mayo Clinic knowledge and expertise close to home, ensuring that patients need to travel for care only when necessary.

GOVERNANCE AND MANAGEMENT

Board of Directors

The business and affairs of PMC are subject to the overall governance and direction of its Board of Directors. The Board of Directors currently includes 14 members. Other than the Chief of Medical Staff, members are appointed by the Board for a three-year term; however, there are no term limits. The Chief of Medical Staff is elected by the active medical staff each year for a one-year term. The Board participates in the development and approval of policies and procedures for the operation of the Hospital. The Board also monitors the finances of the organization, its programs and performance and supports the mission of the Hospital to provide quality regional health care in a Christian environment. Officers of the Board of Directors include a President, Vice President, and Secretary/Treasurer. The current members and officers of the Board of Directors are as follows:

PMC BOARD OF DIRECTORS

<u>Name and Office</u>	<u>Board Member Since</u>	<u>Occupation</u>
Walter E. May, <i>President & CEO</i>	1966	Hospital CEO
Ronald Burchett, <i>Vice President</i>	1993	Attorney
Joe D. Anderson, <i>Secretary/Treasurer</i>	1978	Engineer (Retired)
Samuel J. King, Sr., M.D., <i>Chief of Staff</i>	2012	Family Medicine Physician
Debra Blackburn	2014	Homemaker
David Collins	1991	CPA
Dennis Halbert, M.D.	1992	Radiologist
Hobart Clay Johnson	1991	Attorney
John LaBreche	1993	Retired
J. Clint Martin, III	2015	Banker
Alex Poulos, MD	1998	Radiologist

Jo Nell Robinson	1992	Homemaker
Mary Simpson, Ph.D.	2006	Nursing School Dean
Sue Smallwood	1999	Homemaker

Joe Dean Anderson - Secretary

Joe Dean Anderson has been a member of the Board of Directors since April 1978. He has served as secretary since May 1997, and previously served as vice president from October 1990 to May 1997. Mr. Anderson is very dedicated to Pikeville Medical Center, serving on six committees, and is also the chairman of the Building and Grounds Committee.

Mr. Anderson is a native of Pikeville and graduated from Pikeville High School. He obtained his Bachelor of Science degree in Civil Engineering from the University of Kentucky. He retired from the Kentucky State Department of Transportation on September 30, 1996 as the Assistant District Engineer for Traffic, Permits and Planning. Mr. Anderson continues to be an active member of the Pikeville Rotary Club, the Kentucky Society of Professional Engineers and a member of the University of Kentucky Alumni Association.

Debra Blackburn

Deborah Blackburn has a lifelong passion for community service. She has volunteered in eight different schools across Kentucky and been actively involved in parent teacher organizations, church, hospital and non-profit organization work. She has been honored for her many volunteer efforts and commitment to community theater. Mrs. Blackburn and her husband Donovan are active members of the Primitive Baptist Church. She joined the Board in 2014 and is a member of three committees.

Ron Burchett – Vice President

Ron Burchett is the Assistant Commonwealth Attorney for Pike County. He sees his role on the Board as a service to his faith and to the community. He hopes to make a difference in the medical and judicial system.

He has been on the Board since 1993, is a member of seven committees and serves as chair for the Bylaws, Corporate Compliance, and Compensation committees. He knows there is a tremendous need for counseling and supervision of drug and alcohol abusers.

David Collins

David Collins has served twice on the Board of Directors of Pikeville Medical Center. His first term was from 1990 to 1996; and his second term began in March 2005. He graduated from Fleming-Neon High School in Neon, KY. He went on to graduate magna cum laude from Pikeville College with a degree in accounting. He is the senior and managing partner in the accounting firm of Collins & Love, Certified Public Accountants.

Mr. Collins has served on the Pikeville College Board of Trustees and the Pike County Chamber of Commerce Board of Directors. His professional associations include the American Institute of Certified Public Accountants, Kentucky Society of CPAs, and East Kentucky Society of CPAs.

Dennis Halbert, M.D.

Dr. Dennis Halbert has been a member of the Board of Directors since August 1992. He is a native of Floyd County Kentucky attending school in Maytown, Kentucky and graduated from Prestonsburg High School. He received his undergraduate degree from the University of Kentucky where he also attended medical school and completed his diagnostic radiology residency. Immediately completing his residency, he practiced radiology for four years in Alaska for the United States Air Force as part of a scholarship agreement.

Dr. Halbert joined the Medical Staff at Pikeville Medical Center in June of 1985. He belongs to such professional organizations as the American College of Radiology, the Kentucky Medical Association and the Pike County Medical Society. He has been the past president of the Medical Staff and is currently the Chairman of the Performance Improvement and Institutional Review Committees.

Hobart Clay Johnson

Hobart Johnson is a Pikeville attorney and businessman. He is a graduate of Eastern Kentucky University and the University Of Louisville School Of Law. He is a Pike County native and served in the U.S. Air Force during the Korean War. He has been a member of the Board of Directors since 1991.

Samuel J. King, Sr., M.D.

Dr. Jerry King graduated from Pikeville College with a Bachelor's Degree in Biology, where he served as the Director of Biology. He attended the University of Kentucky College of Medicine and completed his residency at Marshall University. He first joined the medical staff at Pikeville Medical Center in 1983. He served as the Chief of the Medical Staff from 1991 to 1992 and is currently serving his third term as Chief of Staff.

John LaBreche

John LaBreche is retired from the government where he was a supervisor with the U. S. Department of Labor in the Black Lung office in Pikeville. He started out in government with the Social Security Administration. He met his wife Shalimar while living in Baltimore, Maryland and moved to Pike County in 1972. He holds a bachelor's degree in history from Northern Michigan University and a master's degree in public administration from Harvard University.

John has been a member of the Board since 1993. He serves on ten committees and is chairman of the Nominating and Christian Emphasis Committees. He is very dedicated and knows that we can never be satisfied with where we are in providing health care to this community. He is also active in his church and in the community.

J. Clint Martin, III

J. Clint Martin has been a resident of Pikeville since 1983. He graduated from the University of Kentucky's College of Business with a BA in Accounting. He is the COO, Director and a Shareholder of 1st Guaranty Bank. Mr. Martin serves on the Finance Committee for the PMC Board of Directors. He is an active member of the First Baptist Church of Pikeville and is a member of Delta Tau Delta, Delta Epsilon Chapter.

Walter E. May, President

Walter E. May is a native of Pikeville and has served the city and county well. He is a former mayor and served as President of the Chamber of Commerce. He has served as President of the Pikeville College Board, President of Kentucky Broadcasters Association and Chairman of the National Association of Broadcasters.

M. May has served on the Board of Directors of Pikeville Medical Center since 1966. He has served on various committees and chaired many of those in his years on the Board. He became Board Chairman in 1991, and has been very faithful to the mission of Pikeville Medical Center, "To provide quality regional healthcare in a Christian environment." He has also served as Chief Executive Officer of the hospital since 2007. He is committed to public service and to improving the quality of health care in eastern Kentucky.

Alex Poulos, M.D.

Dr. Alex Poulos is a native of Pikeville and is a member of the medical staff of Pikeville Medical Center. He is a partner in Pikeville Radiology that contracts with the hospital to provide radiology services. He has served on several medical staff committees including acting as Chief of Staff for two years. He is active in the community and serves on the Board of the US Bank.

Dr. Poulos has been a member of the Board of Directors since 1998 and serves on five committees. When Dr. Poulos is away from the office he spends his time on his farm in Lexington, Kentucky.

Jo Nell Robinson

Jo Nell Robinson is an outstanding member of the community and has lived in Pikeville and Pike County most of her life. She is married to Kaminski Robinson, who serves the hospital as Chaplain. She is very active in the community, her church, and is an avid bridge player.

Mrs. Robinson has been a member of the Board of Directors since 1992 and has served on many committees, including the Executive Committee. She enjoys gaining more knowledge to help be a better board member. She loves the hospital and never fails to promote the many new services.

Mary Simpson, PhD

Dr. Mary Simpson joined the Board of Directors in 2006. She is the Chair for the Division of Nursing at the University of Pikeville and a Professor of Nursing. She received her Bachelor of Science Degree in Nursing from Western Connecticut State University and her Master of Science degree in Nursing from the University of Kentucky where she also received her Doctor of Philosophy in Nursing.

Dr. Simpson has received multiple awards and honors for various nursing research and published articles in *Dissertation Abstracts International*, *Public Health Nursing*, *Journal of Drug Education* and *Journal of School Health*. Dr. Simpson recently took a sabbatical leave spending a portion of her time at the University of Alaska in Anchorage in their Inter-professional Simulation Center to learn how simulation is applied with nursing programs.

Sue Smallwood

Sue Smallwood is a retired City of Pikeville employee where she served in several capacities in her 34 years, most recently as a project director. She lives at Dorton, Kentucky and is now enjoying retirement.

Mrs. Smallwood has been a member of the Board of Directors since 1999 and serves on the Executive Committee as well as five others. She is currently chairman of the Personnel and Public Relations committees. While employed by the City of Pikeville she was very instrumental in helping the hospital with the bond issue for our building project in 1997.

Management

Pikeville Medical Center leadership recognizes that a sustainable organization must have leaders that are proactive, innovative, and visionary. PMC's senior leadership team consists of the President/CEO, COO, CFO, CMO, CNO, CIO, six other Vice Presidents and eight Assistant Vice Presidents. The President/CEO has the authority to direct the Hospital and all of its departments. The President/CEO reports on a monthly basis at the Executive Committee and Board of Director Meetings to provide appropriate communications, input, and follow-up.

Walter E. May – President and Chief Executive Officer. Mr. May began his health care career in 1962 as a member of the Board of Directors of the Appalachian Regional Hospital. In 1966 he became a member of Pikeville Medical Center's Board of Directors. At various times, he served as a member and chairman of all committees. He has participated in the Hospital's major building projects which include the Elliott Building in 1971, the Cancer Center in 1995, the May Tower in 1998, the Parking Garage in 2012 and the Medical Office Building in 2014. He became President of the Board of Directors of PMC in 1990 and remains in that position. In addition to being the President of the Board, he became the CEO of PMC in

August 1998 and served until October 2001. He once again resumed those duties as CEO on May 1, 2007 to present. He served as the Mayor of Pikeville from January 1990 to December 1993. Mr. May is the recipient of the Kentucky Hospital Association Healthcare Governance Award, the Central Kentucky Blood Center's Life, Liberty and the Pursuit of Happiness Award in 2004, and the Pikeville City Community Ambassador in 2010. In addition to his hospital experience, Mr. May owns nine radio stations in Pikeville, Elkhorn City, Coal Run Village, Virgie and Prestonsburg, Kentucky and Williamson, West Virginia, as well as a local television station. He holds the highest commercial engineering license that can be issued by the FCC. He has served as President of the Kentucky Broadcasters Association (KBA). He was the recipient of every award sponsored by the KBA, including the Golden Mike Award and the Al Temple Award. He co-authored the KBA Government Relations Program for all National and State Lobbying efforts, and was a Board member of Kentucky Educational Television (KET). Mr. May served on the Board of Directors of the National Association of Broadcasters for 16 years and served as President of that organization for one term. He has testified before Congress on various matters related to the broadcasting industry.

Juanita Deskins – Chief Operating Officer. Mrs. Deskins has over 32 years' experience in health care. She has held various positions at PMC including HR Director, AVP of Human Resources, and VP of Human Resources. Since 2000, Ms. Deskins has been directly involved in every major project and initiative at Pikeville Medical Center. She also oversees the Family Practice Residency Program and the Family Practice Clinic. In 2010, she was promoted to COO. She is also on the Board of Director's for the Kentucky Chamber of Commerce.

Michelle Hagy – Chief Financial Officer. Mrs. Hagy began her health care finance career in 1997. Prior to joining PMC, she had several years' experience in other non-profit, banking, and insurance institutions. She holds a Bachelor's of Business Administration degree from Pikeville College. She has held various positions at PMC including Staff Accountant, Accounting Manager, Controller, Assistant CFO, and CFO. She is a member of the Healthcare Financial Management Association and Medical Group Management Association.

Aaron Crum, MD – Chief Medical Officer. Dr. Aaron Crum has over 15 years' experience as an obstetrician and gynecologist. Prior to joining PMC, Dr. Crum practiced with Altman, McGuire, McClellan & Crum in Pikeville from 2000 to 2012. Dr. Crum received his undergraduate and doctoral degree from the University of Kentucky where he served as chief resident during his final year. During his time at PMC, he has served on the Executive Committee, Credentials Committee and as Chief of Staff. Dr. Crum was named Chief Medical Officer in 2015.

Debra Parsons, RN, MBA, Chief Nursing Officer. Ms. Parsons has over 25 years of experience in health care. She received her Nursing degree from the University of Charleston and her Masters of Business Administration from Walden University. Ms. Parsons has worked in healthcare administration for the past 10 years. Prior to joining the PMC management team she held administrative positions in Huntington, WV, including Director of Emergency and Trauma

Services at St. Mary's Medical Center. She previously served on the WV State Trauma Advisory Board and is actively involved in the Emergency Nursing Association. She is also a member of the American Association for Nursing.

Tony Darrell Damron, Chief Information Officer. Mr. Damron completed a degree in computer information systems at Morehead State University in 1995. He worked at Pikeville Medical Center previously and returned recently after having worked as a Project Manager for AllScripts. He is a Project Manager Professional and received that license in 2008.

Kansas M. Justice, VP of Professional Support Services. Ms. Justice recently joined Pikeville Medical Center. She obtained her Bachelor of Science degree in Medical Technology at the University of Pikeville and received her Masters of Business Administration at the University of Pikeville as well. She is a certified professional in Healthcare Quality. Her background further includes licensure as a Medical Technologist and Laboratory Technologist. She recently joined the Hospital after having more than 18 years of management experience in hospital settings.

Catherine M. Jorgensen, VP of Internal Audit and Corporate Compliance. Mrs. Jorgensen has served as Vice President of Internal Audit and Corporate Compliance at Pikeville Medical Center since 2012. She obtained her BBA in Accounting at Middle Tennessee State University and her MBA at Marquette University. She is a Certified Public Accountant, a Six Sigma Yellow Belt and a Fellow in Life Management with Distinction, as well as a Managed Healthcare Professional. She is a member of the Institute of Internal Auditors. She has over 20 years of experience in Internal Auditing and related matters.

Deborah H. Puckett, PT, VP of Rehabilitation Services & Wound Care. Mrs. Puckett is a licensed Physical Therapist and has 39 years of health care experience. She is a graduate of the University of Kentucky and developed the physical therapy services at Pikeville Medical Center. She has held various positions at PMC including the COO role from 2001 to 2006. She is a member of the Kentucky Chapter of the American Physical Therapy Association and has held state offices and committee chairs in this organization from 1976 to 2004. She is the recipient of the state "Outstanding Physical Therapy Service Award" and the University of Kentucky "Outstanding Alumni of Physical Therapy Program." She is certified in Neuro-developmental Treatment Approach to Adult Hemiplegia.

Ralph Lomma, VP of Facilities. Mr. Lomma has more than 37 years of experience in the design and construction management of Healthcare Facilities. He has successfully managed and completed hundreds of medical facilities, including new hospitals, hospital additions, clinics, Medical Office Buildings, MRI Scanning Facilities, outpatient surgery centers, cancer treatment centers, and health and wellness centers. Many of these facilities included specialty equipment such as MRIs, CT scanners, X-ray machines, cath labs, LINACS, mammography, nuclear cameras, ultrasound, bone density scanners, operating rooms, medical

gasses, generators, surgical lights, isolation panels, IT rooms, computer flooring, fire suppression systems, unistrut support systems, pneumatic tube systems, helipads and swimming pools. In his various roles, Mr. Lomma has managed over \$400 million of new medical facility construction. He has set up, led and coached project delivery teams to success.

Andrea Robinette Lowe, VP of Human Resources and Recruitment Services. Mrs. Lowe has a Bachelor in History from Marshall University. She began with the hospital 5 years ago in physician recruitment and was recently named VP of Human Resources. She is a member of Society of Human Resources Management and the Association of Staff Physician Recruiters.

Cheryl Hickman, Asst. to the President/CEO. Mrs. Hickman has 37 years' experience in health care. She received her BSN from Morehead State University and her Masters of Science in Health Services from LaSalle University. She has held various positions at PMC including House Manager, Unit Manager, Nursing Director and CNO. Her Advisory Board experience includes Morehead State University Nursing Program, Big Sandy Community & Technical College, Nursing Council for McKesson Corporation, and St. Vincent Mission. She is a member of the Kentucky Board of Nursing and the Pike County Chamber of Commerce. Ms. Hickman is the only nurse in Kentucky to have been awarded the American Organization of Nurse Executives' "Community Partnership Award". She is also the recipient of the 2004 Outstanding Alumnus Award from the Big Sandy Community and Technical College.

STRATEGIC PLANS AND SERVICES DEVELOPMENT

Strategic Plan

Pikeville Medical Center is committed to making high quality specialty services available to meet its patients' needs so they can receive their health care locally. PMC strives to provide state-of-the-art equipment and facilities, qualified/satisfied staff, and specialized physicians to deliver care.

PMC works with the Studer Group to develop programs to improve patient satisfaction and quality of care. Through perseverance Pikeville Medical Center has received a tremendous boost in patient satisfaction, employee satisfaction, financial success, better patient outcomes and a higher degree of recognition than it ever hoped.

PMC has adopted five pillar goals of Quality, Service, People, Financial and Growth to provide the philosophic structure for specific actions it undertakes as strategic initiatives. The following goal areas simply establish a means of organizing and communicating the strategy of PMC.

- **Service** — PMC is committed to providing quality service in a friendly, competent, and respectful way. PMC values every patient as it realizes they have a choice of health care providers.
- **Quality** — PMC will provide excellent service exceeding expectations. PMC aims for excellence in everything it does.
- **People** — PMC staff will work together in a spirit of professionalism, openness, cooperation, and support. PMC realizes its greatest asset is its employees.
- **Financial** — PMC will remain financially stable, viable and capable of accessing credit market resources to enable future growth.
- **Growth** — PMC will provide progressive leadership with a spirit of innovation and continuous improvement.

Construction Renovation and Expansion of Facilities

Pikeville Medical Center was very pleased to see the completion of an 11 story clinic building. The clinic building houses the pre-op/post-op area for the Hospital, as well as one floor containing eight operating rooms and six endoscopy rooms. In addition to the office floors, Floors 2, 7, 8, 9 and 10 are clinic floors each housing ten to fifteen physicians per floor. Shell space was built on the 11th Floor to permit future expansion for the Clinic. Attached to the Clinic is a 10-story parking garage to permit quick and easy access for patients coming either to the Hospital or to see their physicians in the Clinic.

The Hospital also expanded in other ways. The outpatient Diagnostic Center was expanded to permit additional laboratory and radiology testing of patients. The Pain Management building saw the number of exam rooms increase by more than 100% to address the needs of those in need of quality pain management training. An Interventional Radiology suite was built with new state-of-the-art equipment.

Other outpatient services were improved. The Weight Loss Surgery Center was renovated. Additional work was done on the Orthopedic exam rooms. Isolation Units were updated. The Central Lab was renovated. Within the last year, efforts have been ongoing to renovate and/or add new space for patient rooms on the 4th, 6th and 10th Floors of the May Tower, the 8th Floor of the Elliott Building and the 2nd Floor of the Miner's Building.

The Miner's Building was also the site for the development of an area for patients suspected of having Ebola. Pikeville Medical Center was selected by the CDC to be one of the regional sites for the diagnosis and handling of patients with Ebola, should the need occur.

Pikeville also continued to maintain its existing space by doing replacement of steam lines and relocation of the same, providing work on its generators, updating the UPS computer room and maintaining the existing facility.

Acquisition, Development, and/or Expansion of Real Property

PMC's most recent acquisition within the city limits of Pikeville for the expansion and development of health care services is 131 Summit Drive, which will be used for the Medical Leader, the hospital's newspaper as well as offices for financial services and other departments.

Other Healthcare Services Available in the Primary Care Area

In addition to Pikeville Medical Center, two other hospitals are located in the immediate service area of the Hospital, those being Highlands Regional Medical Center in Prestonsburg, Kentucky and Tug Valley ARH located in South Williamson, Kentucky. Additionally, hospitals are located in McDowell, Kentucky, and in Whitesburg, Kentucky in adjacent Floyd and Letcher Counties, respectively. In addition to the other hospital facilities, there are many private physician offices located in the region. The physician offices also include dentists, optometrists, ophthalmologists, chiropractors, and physical therapists. Additional medical services include home health agencies and durable medical equipment companies. There are also several ambulance services which operate in the region. To address psychiatric needs, there are regional Mountain Comprehensive Care Centers located in both Pike and Floyd Counties. There are at least two Federally Qualified Health Centers (FQHC) in the area, Mountain Comprehensive Care in Letcher County and the Mud Creek Clinic in Floyd County. Both counties are also well served by their local health departments. In addition to those services, the University of Pikeville has an Osteopathic Medicine program that trains osteopathic physicians, a training program for Registered Nurses, as well as an optometry school.

The following is a list of existing health care facilities and resources within our community that are available to respond to our community's health needs:

American Cancer Society
Appalachian First Response
Appalachian Hospice Care
Appalachian Pregnancy Care Center
ARH Home Care
ARH Skilled Nursing
ARH Tug Valley Medical Associates
BHG Pikeville Treatment Center

Big Sandy Area Child Advocacy Center
Big Sandy Area Community Action Program
Big Sandy Family Abuse Center
Bluegrass Oxygen
C&M Homecare Medical Equipment
Champion Support Services
Christian Appalachian Project
Christian Life Fellowship

CME IV
Community Closet
Cooley Medical Equipment
Department for Social Insurance
Department of Protection & Permanency
Elkhorn Ambulance Services
Floyd County Health Department
Geriatric Care Management (UMWA)
Golden Years Personal Care
Good Shepherd Community Nursing Center
Highlands Regional Medical Center
Hope Warehouse
Hospice of the Bluegrass
HRMC, Skilled Nursing Facility
Jubilee Christian Assembly
Kentucky Home Care
Kentucky Home Place
Kentucky Infusion Services
Left Beaver Rescue Squad
Lincare
Lovejoy Medical
Low Income Housing Coalition of East KY
McDowell ARH
Meals-on-Wheels
Medflight
Medi Home Care
Mountain Comprehensive Care
Mountain View Health Care Center

Operation Eat
Parkview Nursing & Rehabilitation Center
Phelps Day Treatment Center
Phelps Helping Hands
Pike County Health Department
Pike County Social Services
Pikeville Fire & Ambulance Service
Pikeville Lions Club
Pikeville Medical Center
Pikeville Medical Equipment
PMC Home Health Agency
PMC Home Medical Equipment
Premier Home Care
Professional Home Medical
Respiratory Plus Healthcare
Riverview Health Care Center
Senior Citizens Centers
Shelby Valley Day Treatment Center
Signature Health Care
St. Joseph Martin
Thankful Heart Food Pantry
TranStar Ambulance Service
Two Hands for Christ
United Helping Hands of Pikeville
VA Prestonsburg Clinic
Westcare Kentucky
Williamson ARH

Inpatient Utilization Statistics

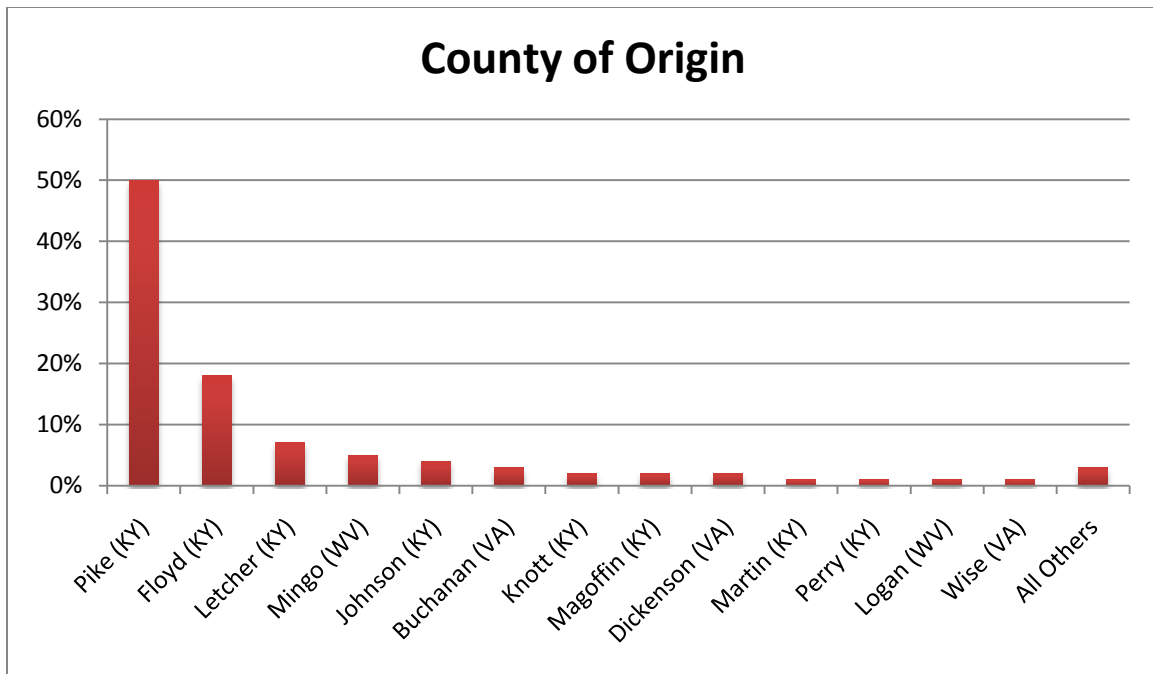
The table below presents the historical utilization of PMC for the fiscal years ended September 30, 2013, 2014 and 2015.

Statistic	2013	2014	2015
Licensed Beds	261	261	261
Number of Beds Operated	243	243	243
Number of Admissions	11,971	12,588	13,240
Medicare Case Mix Index	1.73	1.72	1.72
Patient Days	59,050	64,750	70,941
Average Length of Stay (Days)	4.9	5.1	5.3
Emergency Room Visits	46,257	48,217	52,880
Inpatient Surgical Procedures	4,467	5,102	5,380
Outpatient Surgical Procedures	13,441	13,938	15,216
Outpatient Visits	412,342	429,429	477,619

County of Origin

As seen in the tables on the following page, In fiscal year 2015, most of PMC's inpatient visitors called Pike (50%) and Floyd (18%), counties home, comprising over two-thirds (68%) of PMC's admissions. The remainder of PMC's admissions came from an assortment of other counties, many of which aren't included in the tables on the following page, in Kentucky, Arkansas, Florida, Georgia, Indiana, Michigan, Mississippi, Missouri, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and West Virginia.

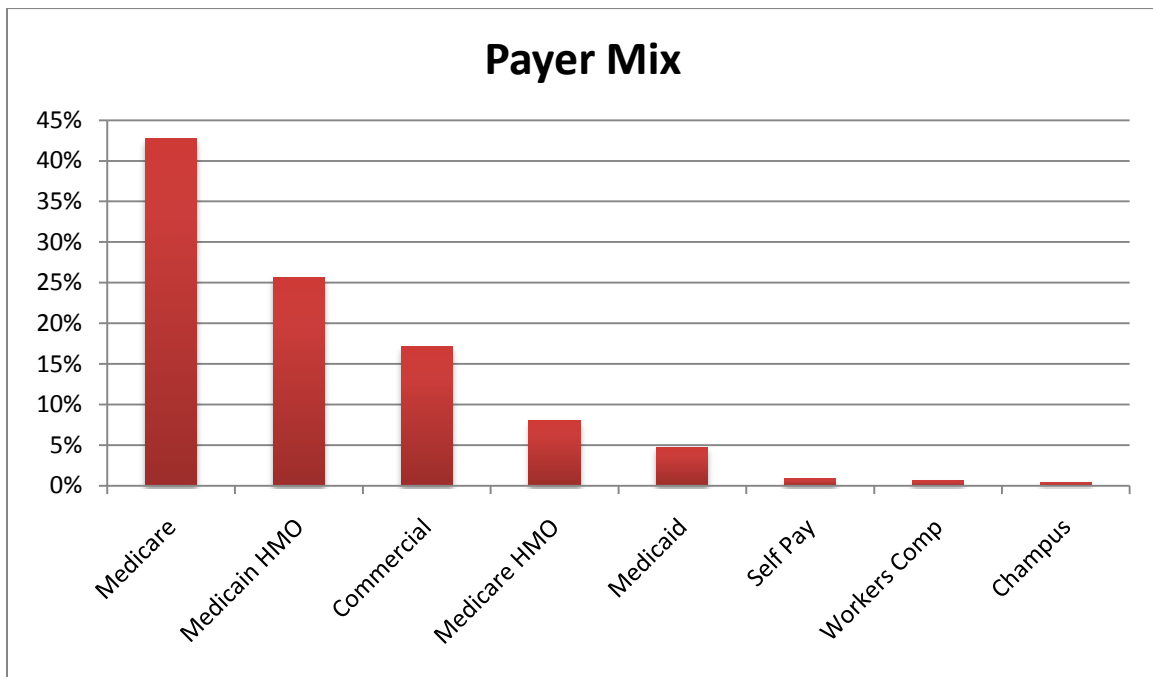
State	County	Cases	Days	Length of Stay (days)	% of Cases
KY	Pike	7,335	36,237	4.94	50%
KY	Floyd	2,602	12,708	4.88	18%
KY	Letcher	1,018	5,162	5.07	7%
WV	Mingo	742	4,157	5.60	5%
KY	Johnson	527	3,071	5.83	4%
VA	Buchanan	497	2,623	5.28	3%
KY	Knott	301	1,365	4.53	2%
KY	Magoffin	278	1,382	4.97	2%
VA	Dickenson	238	1,092	4.59	2%
KY	Martin	190	958	5.04	1%
KY	Perry	142	721	5.08	1%
WV	Logan	106	549	5.18	1%
VA	Wise	98	376	3.84	1%
	All Others	495	2,839	5.74	3%
		14,569	73,240	5.03	



Payer Mix

As can be seen in the tables on the following page, just over half (50.68%) of PMC's inpatient visitors were enrolled in some form of Medicare in fiscal year 2015. A third of PMC's inpatient visitors (30.34%) were Medicaid and/or Medicaid HMO, and nearly a fifth (18.13%) were commercial and/or other enrollees. Less than one percent (0.86%) of PMC visitors were self-pay.

	Cases	Days	Length of Stay (days)	% of Cases
MEDICARE	6,221	34,921	5.61	42.70%
MEDICAID HMO	3,727	16,804	4.51	25.58%
COMMERCIAL	2,492	9,475	3.80	17.10%
MEDICARE HMO	1,162	7,198	6.19	7.98%
MEDICAID	693	3,794	5.47	4.76%
SELF PAY	125	492	3.94	0.86%
WORKERS COMP	87	402	4.62	0.60%
CHAMPUS	62	214	3.45	0.43%
	14,569	73,300	5.03	



Cases by Selected Type

Pike County

As can be seen below, heart and lung-related diseases account for nearly 60% of PMC's total Pike County admissions in fiscal year 2015.

	Cases	Days	Average Length of Stay	% Total Cases
Heart-Related	3078	28,225	5.60	38.04%
Lung-Related	1805	17,740	6.28	21.35%
Diabetes	1393	28,225	11.71	18.20%
Cancer	509	6018	6.63	6.86

Floyd County

As can be seen below, Floyd County inpatient diagnoses were very similar to those of Pike County in fiscal year 2015, with lung and heart-related diseases again accounting for nearly one-fifth of PMC's total diagnoses for inpatient visitors from Floyd County.

	Cases	Days	Average LOS	% Total Cases
Heart-Related	1257	9,663	5.36	13.62%
Lung-Related	715	6,047	6.11	1.48%
Diabetes	583	9,663	10.82	6.74
Cancer	171	1,895	9.15	1.56%

PMC Medical Staff

Members of PMC Medical staff are appointed by the Board of Directors of the Hospital pursuant to the Medical Staff Bylaws, upon recommendation of the Credentials and Executive Committees of the Medical Staff.

Specialties

PMC's medical staff is organized into Departments of Primary Care, OB/GYN, Surgery, Pediatrics, Diagnostic and Therapeutic, Anesthesia, Oncology, Cardiology and Emergency Services. In addition to specialized medical/surgical services, PMC also offers emergency medicine services. PMC utilizes around-the-clock Hospitalists who devote their professional time to the care of hospitalized patients as well as around-the-clock Intensivists who take care of patients in the critical care units. The table below describes the areas of medicine practiced by PMC's medical staff.

PRIMARY CARE

Allergy / Immunology

Charles Lowe, III, M.D.

Leonor S. Pagtakhan-So, M.D.

Critical Care (Intensivists)

Anthony Dempsey, M.D.

Nisrine Bou Malhab, M.D.

Artur Grigoriyan, M.D.

Rami Hanna, M.D.

Abdel Rahman Lataifeh, M.D.

Speros G. Livieratos, M.D.

Ayorinde Medaiyese, M.D.

Shadi Obeidat, M.D.

Harigopal Reddy, M.D.

Dermatology

Ronald D. Hall, M.D.

Timothy R. Lavender, D.O.

Oscar W. Thompson III, M.D.

Addiction Medicine

William T. Fannin, M.D.

Family Practice

Betty D. Coleman, M.D.

Larry B. Coleman, M.D.

Maleshea Dunning, D.O.

Suzanne D. Ford, D.O.

Jahnave Gudaru, D.O.

Samuel J. King, M.D.

Jennifer Kingery, D.O.

James Hager, D.O.

Laura Paula Jones, D.O.

Ron Mann, M.D.

Paul L. Maynard, M.D., BSES

Ronnie Parker, D.O.

Mark Reed, M.D.

Daniel (Dan) Stamper, M.D.

Chad Thacker, M.D.

Bill Webb, D.O.

Gastroenterology

Adib Chaaya, M.D.
Phillip Leipprandt, Jr., D.O.

Infectious Disease

Fadi Al Akhrass, M.D.
Muhannad Antoun, M.D.
Tamara L. Musgrave, M.D.

Internal Medicine

Paul L. Maynard, M.D., BSES
Ramanarao (Raymond) Mettu, M.D.

Rheumatology

Belal Said, M.D.

Wound Care

John Fleming, D.O.

Hospital Medicine

Manu Bansal, M.D.
Ray Daniels, D.O.
Lesley Duffie, D.O.
Asim Elahi, M.D.
Megan Harris, D.O.
Kara Huff, D.O.
Mohammed Irfan, M.D.
Shaline Jha, M.D.
Asim A. Kichloo, M.D.
Nida Mateen, M.D.
April Ratliff, D.O.
Alexis Salyers, D.O.
Tiffany Salyers, D.O.
David Schulte, M.D.
Alicia Warnock, D.O.
John Watson, M.D.

Neurology

Naveed Ahmed, M.D.
Sujata R. Gutti, M.D.

Nephrology

Ravinder S. Bhagrath, M.D.
Kassaw Joseph, M.D.
Chinmay Patel, M.D.

Pulmonology

Srinivas Ammisetty, M.D.
Obaeda Harfoush, M.D.
Vikram Oke, M.D.

Psychology

Jennifer Wright, Ph.D.

Osteopathic Manipulative Medicine

Michael Carnes, D.O.
Laura Griffin, D.O.

Sleep Medicine

Jyothi (Jody) Mettu, M.D.
Ramanarao (Raymond) Mettu, M.D.

Physiatry

Milton Calima, M.D.
Sankar Chirumamilla, M.D.

Pulmonology

Srinivas Ammisetty, M.D.
Obaeda Harfoush, M.D.
Vikram Oke, M.D.

ANESTHESIA

Anesthesiology

John W. Blackburn, M.D.
Jim Chen, M.D.
Philip Koerper, M.D.
Curtis Koons, J.R., M.D.
Mike McClain, D.O.
J. Stuart Puckett, M.D.
Mary J. Ratliff, M.D.
Ty A. Slatton, M.D.
Steve Walters, D.O.

Cardiothoracic Anesthesiology

Joshua Belcher, M.D.
Joshua Hensley, M.D.
Randy Legault, M.D.

Pain Management

Brendon Coughtry, M.D.
Jason Fogg, D.O.
Sai P. Gutti, M.D.
Su Gym Kim, M.D.
David Weber, M.D.

CARDIOLOGY

Cardiology

Mahesh Aradhya, M.D.
Vedang Bhavsar, M.D.
Padubidri S. Chandrashekar, M.D.
Cristian Del Carpio, M.D.
Pramesh Dhakal, M.D.
Rodney Handshoe, M.D.
Ahmed Malik, M.D.

Electrophysiology

Michael G. Antimisiaris, M.D.
Chase Reynolds, M.D.

Interventional Cardiology

Muhammad Ahmad, M.D.
Michael G. Antimisiaris, M.D.
Bill Harris, M.D.

DIAGNOSTIC & THERAPEUTIC

Radiology

Dennis H. Halbert, M.D.
William A. Kendall, M.D.
Joseph M. Kinner, M.D.
Paul Matharoo, M.D.
Alexander Poulos, M.D.

Garrick Sherman, M.D.
Bradley E. Wells, M.D.

Interventional Radiology

William Coulter, D.O.
Rami Sartawi, M.D.

EMERGENCY DEPARTMENT

Emergency Medicine

Kevin Brinker, D.O.
John Fleming, D.O.
James W. Hickerson, Jr., M.D.
Courtney Johnson, D.O.
Cassandra Kirkpatrick, M.D.

Cody Reynolds, D.O.
Alicia Shirakbari, M.D.
Gary Singer, D.O.
Paul Weinberger, M.D.

ONCOLOGY

Oncology

Tamara L. Musgrave, M.D.

Gynecologic Oncology

Holly Gallion, M.D.

Oncology / Hematology

Uzoma Nwakuche, M.D.

Radiation Oncology

Brad Collett, M.D.
Ruth Lavigne, M.D.

PEDIATRICS

Pediatrics

Bradley Akers, M.D.
Debra Bailey, M.D.
Jack B. Crider, M.D.
Kishore Gadikota, M.D.
Shobha Haridas, M.D.
Muhammad Idrees, M.D.
Stan Michael Johnson, M.D.
Rakesh S. Sachdeva, M.D.
Seema Sachdeva, M.D.

Aaronda D. Wells, M.D.

Pediatric Sleep

Jyothi Mettu, M.D.

Neonatology

Cheryl Eads, M.D., Ph.D.
Todd Hambleton, M.D.
Myla Santiago, M.D.

OBSTETRICS / GYNECOLOGY

Natalie Adams, D.O.
Aaron W. Crum, M.D.
Holly Gallion, M.D.
Angela Maggard, M.D.

Tom O. McGuire, M.D.
Erin Mullins, M.D.
Tiffany Thompson, D.O.
Hayley Trimble, M.D.

SURGERY

Bariatric Surgery

Amy Johnson, M.D., F.A.C.S.

Cardiothoracic Surgery

Abdulla Attum, M.D.

Colorectal Surgery

Jasneet Singh Bhullar, M.D.

General Surgery

Art George Asrian, M.D.

Kristin A. Flowers, M.D.

Amy Johnson, M.D., F.A.C.S.

Noorul Khan, M.D.

Oon Leedhanachoke, M.D., F.A.C.S.

Grady J. Stephens, M.D.

Timothy Wright, D.O.

Hand Surgery

James Lanter, M.D.

Devesh Sharma, M.D.

Neurosurgery

Duane Densler, M.D.

Norman Mayer, M.D.

Vitreo-Retinal Surgery

Hosam Attia, M.D.

Plastic Surgery

Robert Ball, M.D.

Dimitrios Danikas, M.D.

Podiatry

Molly Meier, D.P.M.

Sofie Pinney, D.P.M., M.S.

Vascular and Endovascular Surgery

Al Addasi, M.D.

Oral/Maxillofacial Surgery

David Rubin, D.D.S.

Chad C. Street, D.M.D, M.D.

Urology

Dustin Gayheart, M.D.

Mark J. Swofford, D.O.

Orthopedic Surgery

Keith B. Hall, M.D.

John Mansour, M.D.

Anbu K. Nadar, M.D.

Kevin Pugh, M.D.

Trauma Surgery

Aaron L. Brown, M.D.

Rudy J. Judhan, M.D.

Jeffrey Chad Martin, D.O.

William R. Peery, II, M.D.

Ted Brown, Jr., M.D.

Otolaryngology

Gregory V. Hazelett, D.O.

William Hoskins, D.O.

Pathology

Harty Ashby, D.O.

Sheila G. Combs, M.D.

Larry Zhao, M.D.

Ophthalmology

Hosam Attia, M.D.

Joseph Brown, D.O.

Kay C. Hazelett, M.D.

Keith Ison, D.O.

Charles Wheeler, M.D

PMC also operates the only Family Practice/Neuromuscular Medicine Residency Program in Kentucky, the only One-Year Neuromuscular Medicine/Osteopathic Manipulative Medicine (Plus One) Residency Program in Kentucky, and one of only four Family Practice and Osteopathic Manipulative Treatment Medicine Residency Programs in Kentucky. The hospital in conjunction with the Residency Program, operates a Family Practice Clinic which sees approximately 9,100 patients annually.

PMC has a dedicated Physician Recruitment staff which personally identifies candidates to recruit to its facility. Medical Staff members of the Medical Executive Committee and Credentials Committee review the qualifications of all candidates who apply for privileges. The hospital is currently recruiting physicians in the following specialties: Radiation Oncology, Adult Endocrinology, Vascular Surgery, Neurology, Urology, Pulmonology, Interventional Cardiology, Trauma Surgery, Orthopedic Hand Surgery, Hospital Medicine, Pain Management, Dermatology, Pediatrics, General Cardiology, Nephrology, General Surgery, Physiatry, Infectious Disease, Anesthesiology, and Hematology/Oncology.

Many of the medical staff serve as voluntary faculty for University of Kentucky College of Medicine, University of Louisville College of Medicine and University of Pikeville-Kentucky College of Osteopathic Medicine. Some are also involved in the recruitment of residents and medical students.

Affiliations

In affiliation with more than fifty academic institutions, Pikeville Medical Center partners with Universities and Colleges throughout the country. A leader in health care, PMC trained over 500 students during calendar year 2015 in twenty different specialties including: nursing, respiratory therapy, pharmacy and radiology.

A listing of Pikeville Medical Center's academic affiliates is located below:

A.T. Still University of Health Sciences School of Medicine-Arizona Campus	Bellarmino University
A.T. Still University/Kirksville College of Osteopathic Medicine	Belmont University School of Occupational Therapy
American national University-Cincinnati Campus	Bluefield College
Appalachia College of pharmacy	Board of Trustees of the University of Alabama
Appalachian Hospice Care	Campbellsville University
Appalachian –Osteopathic Postgraduate Training Institute Consortium	Charleston Area Medical Center
Aspen university	Chatham University
Beckfield College	College of West Virginia
Belfry Area Technology Center	Des Moines University
	DeVry University
	Duke University

Eastern Kentucky University
Edward via Virginia College of Osteopathic
Medicine
Emergency medical Educators
Frontier Midwifery and Family Nursing
Howard Feinberg, DO
Huntington Jr. College
Hutchinson Community College
Indiana Wesleyan University
Iowa College Acquisition Corp d/b/a Kaplan
University
Jefferson College of Health Sciences
Johns Hopkins University School of Nursing
KCTCS
Lake Erie College of Osteopathic Medicine
Letcher County Area Technology Center
Liberty University
Lincoln Memoria University
Lindsey Wilson College
Marietta College
Marshall University
Maryville University
Meridian Institute of Surgical Assisting
Milligan College
Morehead State University
National College of Business Pikeville Campus
National college of Business Lexington Campus
National College of Business Florence Campus
Northern Kentucky University
Norton Residency Program
Nova South Eastern University
Parkview Nursing and Rehab Center
Phelps Vocational School
Pike County Board of Education
Pike County Health Department

Pikeville Independent Schools
Ross University
Shawnee State University
Signature Healthcare Pikeville
South University School of Pharmacy
Southern West Virginia Community & Technical
College
Southwest Virginia Community College
Spencerian College
St. James school of Medicine
Sullivan University College of Pharmacy
Tennessee Board of Regents
Tennessee Technology Center of Elizabethton
Trans Star Training Academy
Union University
University of Charleston
University of Cincinnati
University of Cumberland
University of Kentucky
University of Kentucky: Program Letter of
Agreement: Sports Medicine for PMC Residents
University of Louisville
University of North Texas Health Science Center
University of Pikeville
University of South Alabama
University of Wisconsin
Virginia Commonwealth
Virginia Appalachia Tricollege of Nursing
Walden University
West Virginia School of Osteopathic Medicine
West Virginia University Board of Governors
Western university
Wheeling Jesuit University
William Carey University College of Osteopath
Windsor University School of Medicine

Licenses and Accreditation

PMC is licensed by the Kentucky Cabinet for Health and Family Services and certified by the United States Department of Health and Human Services for participation in Medicare and Medicaid. It is a member of the Kentucky Hospital Association. PMC has been continuously accredited by The Joint Commission, with the most recent accreditation being received in December 2014.

PMC is currently licensed for the following facilities:

- Pikeville Medical Center
- Pikeville Medical Center Home Health Agency
- Pikeville Medical Center DME
- Harold Primary Care
- Hazard Primary Care Clinic
- Leonard Lawson Cancer Center
- Lexington Specialty Clinic
- Pikeville Family Practice Clinic
- Pikeville Sleep Center
- Pikeville Wal-Mart Rural Health Clinic
- PMC Weight Loss Surgery Center
- Prestonsburg Sleep Clinic
- Prestonsburg Specialty Clinic
- Shelby Valley Rural Health Clinic
- Whitesburg Specialty Clinic
- Whitesburg Sleep Center

PMC currently has the following accreditations:

- Joint Commission Hospital Accreditation
- Joint Commission Home Health/DME Accreditation
- Joint Commission Accreditation for Laboratory (Leonard Lawson Cancer Center Laboratory)
- College of American Pathologists (Laboratory services)
- Society of Cardiovascular Patient Care (Society of Chest Pain Centers) Atrial Fibrillation
- Society of Cardiovascular Patient Care (Society of Chest Pain Centers) Level IV Pain Center
- Primary Stroke Center Certification by Joint Commission
- American College of Surgeons Commission on Cancer Accreditation with Commendation of Gold Status (Leonard Lawson Cancer Center)
- Bariatric Accreditation, Metabolic & Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

- American Osteopathic Association (AOA) Accreditation for Residency Program
- American College of Surgeons Certification and Designation as a Level II Trauma Center
- Academy of Sleep Medicine for Whitesburg Sleep Center
- Academy of Sleep Medicine for Pikeville Sleep Center

Awards and Recognitions

PMC strives to be recognized as a leader in health care. Those efforts have not gone without notice as represented by the awards and recognitions below that the Hospital has received over the past three years.

- May 2016: Named one of “America’s 100 Best Hospitals for Patient Experience”, *WomenCertified*
- March 2016 – National Outstanding Achievement Award with Commendation Gold Status: Award recognizes cancer programs that achieve excellence in providing highest quality care to cancer patients. *Commission on Cancer of the American College of Surgeons.*
- December 2015 – Silver Award Winner for promoting enrollment in state organ donor registries, *U.S. Department of Health and Human Services*
- November 2015 – Women’s Choice Award for America’s Best Hospitals for Bariatric Surgery, Obstetrics, Orthopedics and Stroke Centers, *WomenCertified*
- November 2015 - Received accreditation as a Chest Pain Center with Primary PCI accreditation, *Society of Cardiovascular Patient Care*
- September 2015 - Named one of “America’s 100 Best Hospitals for Patient Experience”, *WomenCertified*
- September 2015 - Named one of “America’s 50 Best Hospitals for Stroke Care”, *WomenCertified*
- May 2015 – Five Star Patient Satisfaction Award, *Centers for Medicare & Medicaid Services*
- May 2015 - Outstanding Patient Experience Award, *Healthgrades*
- April 2015 - Get With The Guidelines® —Stroke Gold-Plus Quality Achievement Award, *American Heart Association/American Stroke Association*

- March 2015 – Wound Care Top Performer, *Healogics Diabetes Campaign*
- December 2014 – Recognized as a “Top Performer”, *Joint Commission*
- December 2014 – Health Resources and Services Administration (HRSA) gold medal, *Kentucky Organ Donor Affiliates*
- October 9, 2014 – Health Impact Award, Dr. Bill Harris, *US Representative Hal Rogers*
- August 2014 – Named one of “America’s 100 Best Hospitals for Patient Experience”, *WomenCertified*
- May 2014 - Received full Atrial Fibrillation Certification, *Society of Cardiovascular Patient Care*
- April 2014 – Named to “2014 Best Places to Work in Kentucky”, PMC was ranked #16 overall and the #1 hospital in the large company division. *Kentucky Society for Human Resource Management (KYSHRM)* and the *Kentucky Chamber of Commerce*.
- April 2014 – Named in the “Best Places for Patient Experience in Orthopedics”, *WomenCertified*
- April 2014 – “Outstanding Patient Experience Award, *HealthGrades*
- April 2014 - Get With The Guidelines® —Stroke Gold-Plus Quality Achievement Award, *American Heart Association/American Stroke Association*
- January 2014 - Named one of the Best Hospitals for Patient Experience in Obstetrics, *WomenCertified*
- October 2013 – Named to “Best Places to Work in Healthcare”, PMC was ranked #70 overall, #9 in large category and #36 among Providers, *Modern Healthcare Magazine*.
- September 2013 – Named as one of America’s 100 Best Hospitals for Patient Experience, *WomenCertified*.
- September 2013 – Named a “Cardiovascular Center of Excellence”, *Consortium for Southeastern Hypertension Control (COSEHC)*.

Continuing Medical Education

As part of its commitment to providing top quality healthcare to the region, PMC has presented numerous continuing medical education classes on a variety of different areas. These programs are available to all health care workers in the area, whether or not the person is employed by PMC. Below is a list of the continuing medical education programs offered by PMC since 2013:

- CLABSI: Central Line-Associated Bloodstream Infections; February 5, 2013
- Trauma Symposium: Treatment throughout the Trauma Continuum; May 11, 2013*
- Lung Cancer Symposium: Diagnosis & Management; June 22, 2013*
- Heart Symposium; September 21, 2013*
- Hepatitis C CME; October 1, 2013
- Pain Management Symposium; October 19, 2013
- VTE Prophylaxis: Better Safe than Sorry; February 4, 2014
- DOT Medical Examiner Certification Training; April 5, 2014
- Traumatic Brain Injury: Treatment throughout the Trauma Continuum; April 12, 2014*
- Sepsis/Septic Shock: Current Trends at PMC; May 14, 2014
- Neuroscience Symposium: Focusing on Stroke; June 14, 2014
- Heart Symposium; September 27, 2014*
- EBOLA; October 27, 2014
- Diabetes Symposium; November 15, 2014*
- Advanced Cardiovascular Life Support (ACLS) May 2014, Monthly 2015-2016*
- Pediatric Advanced Life Support (PALS); August, October 2014, (Monthly) 2015-2016
- Oncology Grand Rounds; (Monthly) 2014-2016*
- Cancer Case Conference; (Monthly) 2014; (Weekly) 2015-2016*
- Infectious Disease Conference; (Monthly) 2014-2016
- Stroke Case Conference; (Monthly) 2014-2016
- Trauma Grand Rounds; (Monthly) 2014-2016*
- Advances in the Treatment of Hepatitis C Virus Infection; April 11, 2015
- 2015 Trauma Symposium: The Road to Survival; May 30, 2015*
- Gerontology Symposium: Awareness and Education; June 20, 2015
- 2015 Heart Symposium: Time is Muscle; December 5, 2015*
- Breast Cancer Symposium: Challenges and Opportunities; April 30, 2016*

(*) indicates that these CMEs focus on areas identified in the 2013 CHNA

Financial Assistance Policy

Meeting the health care needs of all residents of the area, regardless of their income level, is a top priority for PMC. First, PMC does not charge a patient who qualifies for financial assistance more for emergency or other medically necessary services than the amount that PMC generally bills patients with insurance for the same services. As part of this effort, PMC offers two financial assistance programs: (1) The DSH Program and (2) the In-House Sliding Scale Program.

(1) The DSH Program is run by the Commonwealth of Kentucky and offers free acute care hospital services to Kentucky residents without insurance who qualify. It does not apply to rehabilitation hospital services, home health services, durable medical equipment, or the services of any doctor, physician's assistant (PA), or nurse practitioner.

The Commonwealth of Kentucky sets the rules for who qualifies for the DSH Program based on income level, financial resources, and household size. Patients must submit an application for the DSH Program.

(2) The In-House Sliding Scale Program is run by PMC and offers discounted or free care. It applies to PMC's acute care and rehabilitation hospital services, home health services, and the services of those providers designated as being covered by PMC's Financial Assistance Provider List. The rules for the In-House Sliding Scale Program are based on income level, financial resources, and household size.

For qualifying uninsured patients, PMC will not bill that individual for the qualifying care an amount in excess of the Amount Generally Billed to individuals who have insurance covering such care. PMC determines the Amount Generally Billed utilizing the prospective Medicare method which utilizes the billing and coding process that PMC would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and sets the AGB at the amount PMC determines would be the amount Medicare and the Medicare beneficiary together would be expected to pay.

For patients without insurance or governmental health benefit program coverage, PMC will provide discounts in accordance with the table below. The discount applicable to the patient's income and resource level and family size is as follows:

Family Size	1	2	3	4	5	6	7	8	% Poverty
Discount									
Free	\$ 17,505	\$ 23,595	\$ 29,685	\$ 35,775	\$ 41,865	\$ 47,955	\$ 54,045	\$ 60,135	150%
50% of AGB	\$ 31,276	\$ 42,156	\$ 53,037	\$ 63,918	\$ 74,799	\$ 85,680	\$ 96,560	\$ 107,441	268%
AGB	\$ 46,680	\$ 62,920	\$ 79,160	\$ 95,400	\$ 111,640	\$ 127,880	\$ 144,120	\$ 160,360	400%

Example: If gross charges were \$40,000 and Medicare would pay \$10,000 (AGB), a patient with a family size of 2 with an annual income resource level of \$25,000 would receive a 50% discount off the AGB and would be responsible for \$5,000.

For patients with insurance or governmental health benefit program coverage, the discount applies to the amount of remaining patient responsibility (e.g. deductibles, co-insurance, co-pays, and other amounts not covered by the patient's plan) after the insurance company or governmental payor has made its applicable payment to PMC. The discount applicable to the patient's income and resource level and family size is as follows:

Family Size		1	2	3	4	5	6	7	8	% Poverty Level
Discount %										
100%	\$	17,505	\$ 23,595	\$ 29,685	\$ 35,775	\$ 41,865	\$ 47,955	\$ 54,045	\$ 60,135	150%
50%	\$	31,276	\$ 42,156	\$ 53,037	\$ 63,918	\$ 74,799	\$ 85,680	\$ 96,560	\$ 107,441	268%

PMC makes information about the Financial Assistance Programs widely publicized in several ways:

- a. By making copies of this policy, the DSH Program Application Form, the In-House Sliding Scale Program Application Form, and a plain language summary of this policy available free of charge On PMC's website;
- b. By making paper copies of this policy, the DSH Program Application Form, the In-House Sliding Scale Program Application Form, and a plain language summary of this policy available free of charge upon request in PMC's emergency, registration and billing departments of PMC and by mail;
- c. By informing and notifying visitors to PMC about this policy through conspicuous public displays at PMC;
- d. By informing and notifying residents of the community that PMC serves by including statements in The Medical Leader, on PMC's website, and in messages played to callers to PMC who are placed on hold that PMC offers financial assistance under a financial assistance policy and informs the reader/listener how to obtain more information; and
- e. By including a plain language summary of this policy with billing statements and all other written communications to patients regarding their bill.

Mission Lifeline

One of the issues identified in the 2013 community health needs assessment was concern about heart disease. PMC has focused major efforts on that serious concern over the last three years. PMC is a member of the American Heart Association's Mission: Lifeline. The American Heart Association developed Mission: Lifeline to transform heart attack patient outcomes by connecting healthcare providers, prehospital providers and community stakeholders in a proactive system of care that saves and improves lives—from symptom onset through cardiac rehabilitation.

All Mission: Lifeline participants share a common commitment to American Heart Association best-practice guidelines and data-based quality measures, and benefit from recognition, regional networking and knowledge transfer.

The goals of Mission: Lifeline include:

- Patients, family members, co-workers and the public at large must be educated to recognize the signs of heart attack and to call 9-1-1.
- Ambulances must be equipped with 12-lead electrocardiograms (ECGs) and paramedics must be trained to diagnose STEMI events and communicate data to the receiving hospital.
- STEMI patients should be transported to hospitals that offer percutaneous coronary intervention (PCI).
- PCI hospitals must develop processes to stay within the 90-minute door-to-balloon time recommended by the American Heart Association and the American College of Cardiology.
- Non-PCI hospitals must develop protocols for timely transfer of STEMI patients to PCI hospitals.
- Emergency medical service providers (EMS) and hospital personnel at both PCI and non-PCI hospitals must develop communication systems to expedite and track the care of STEMI patients.

Since PMC began implementing these strategies, Pike County has gone from one of the worst places in the nation to have a heart attack, to one of the safest. As the lone hospital in the service area with a fully developed heart program, the majority of STEMI patients are taken to PMC for treatment. However successful this program has been, there is always room for improvement. PMC's next goal is to continue to educate the community on the signs of a heart attack and reduce the time they take to call 9-1-1 for help.

III. OUR COMMUNITY

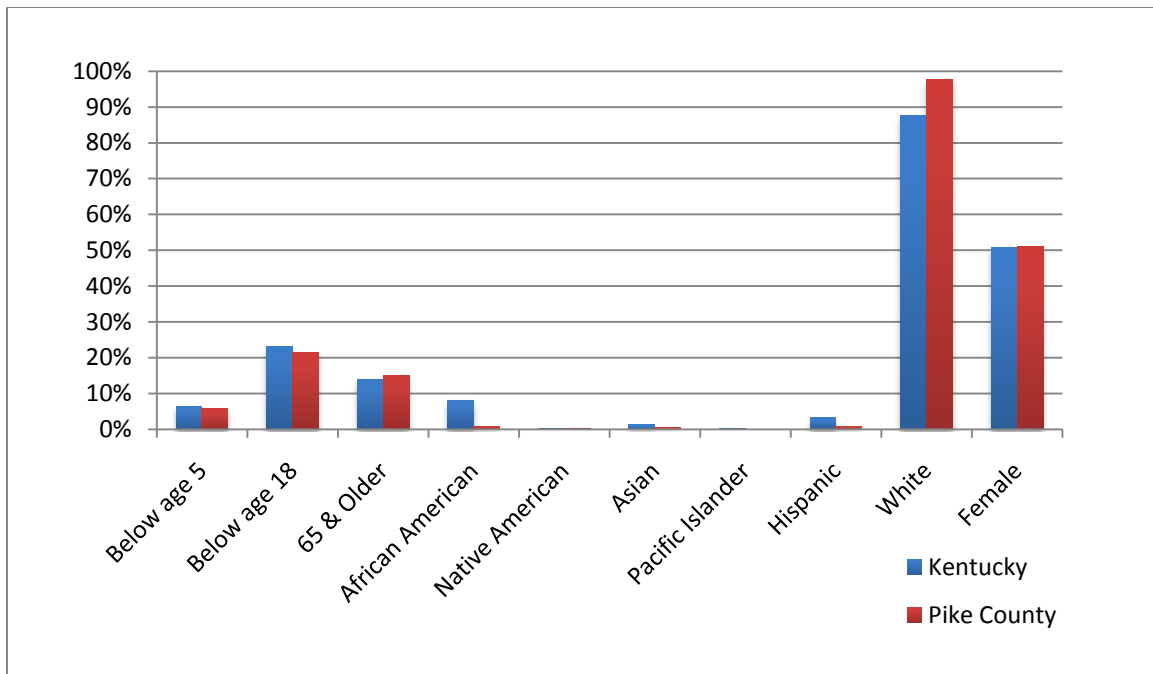
PMC provides healthcare services to residents of Pike, Floyd, Johnson, Magoffin, Martin, Letcher and Perry counties in Kentucky, Mingo County in West Virginia and Buchanan County in Virginia. In 2013, just over four-fifths, 80.76%, of our patients came from Pike and Floyd Counties, Kentucky. In the face of overall increasing volume, and the broad reach of our level II Trauma Center, in 2015, the number of patients from Pike and Floyd Counties dropped to 68%. This shows the expanding service area of PMC. However, because these two counties still constitute a large majority of our patients, we elected to focus our community health needs assessment efforts on them.

A. PIKE COUNTY

Demographics

The largest county in Kentucky in terms of land area, Pike County was home to an estimated 64,380 residents as of 2015. In terms of population age and sex distribution, it is very similar to the rest of the state. However, Pike County is home to very few racial minorities, with 97.6% of its population self-identifying as White in 2014.

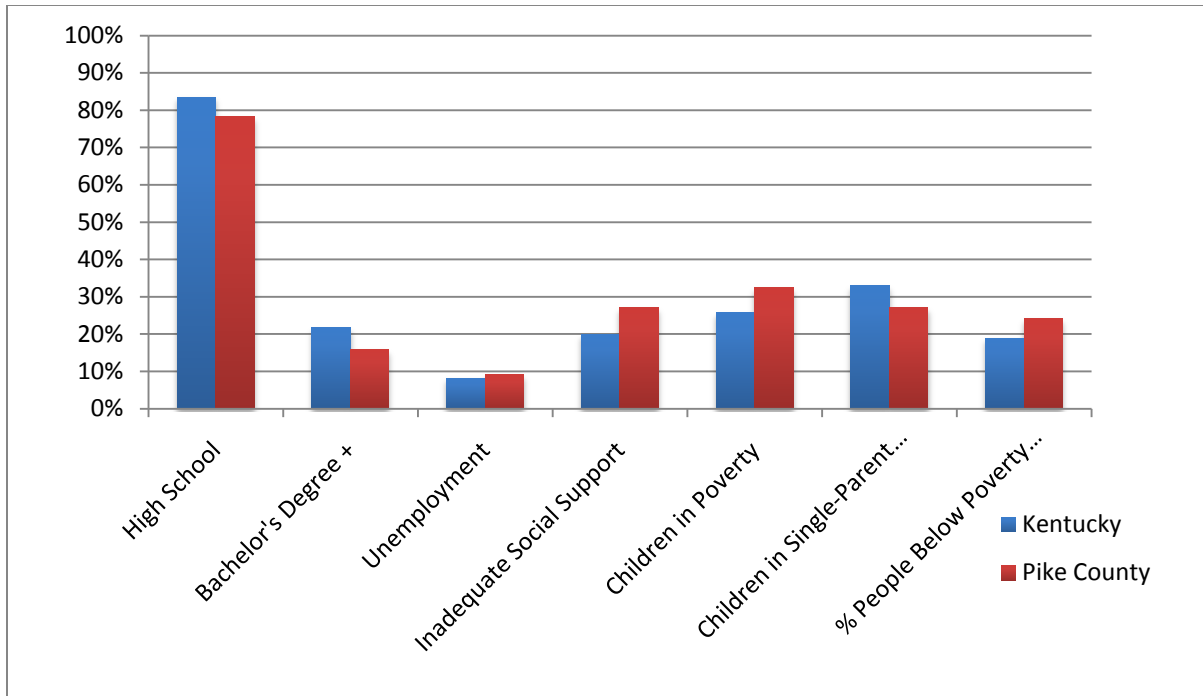
	Kentucky	Pike County	Data Source	Year
Population	4,425,092	61,792	U.S. Census	2015
% below age 5	6.3%	5.7%	U.S. Census	2010-2014
% below age 18	23.2%	21.5%	U.S. Census	2010-2014
% 65 and older	14%	14.9%	U.S. Census	2010-2014
% African American	7.9%	0.9%	U.S. Census	2010-2014
% American Indian and Alaskan Native	0.2%	0.1%	U.S. Census	2010-2014
% Asian	1.2%	0.5%	U.S. Census	2010-2014
% Native Hawaiian / Other Pacific Islander	0.1%	0%	U.S. Census	2010-2014
% Hispanic	3.2%	0.8%	U.S. Census	2010-2014
% White	87.7%	97.6%	U.S. Census	2010-2014
% Female	50.8%	51%	U.S. Census	2010-2014



Socio-Economic Factors

Nearly four-fifths (78.2%) of Pike County's adult population has completed high school, nearly 10% below the state average, and only 12% have attained a bachelor's degree or higher. While they are still below the state average, both levels of attainment have risen in Pike County over the past few years. As of 2015, Pike County's unemployment rate of 8% was higher than the state's unemployment rate of 5%. Nearly a third of the county's children live in poverty and in single-parent households. Pike County's median household income of \$42,668 is just under \$10,000 below the state average.

	Kentucky	Pike County	Data Source	Year
Median household income	\$42,958	\$33,227	U.S. Census	2010-2014
High school graduation (% of persons age 25+)	83.5%	78.2%	U.S. Census	2010-2014
Bachelor's degree or higher (% of persons age 25+)	21.8%	15.9%	U.S. Census	2010-2014
Unemployment	5%	8%	Bureau of Labor Statistics	2015
Inadequate social support	20%	27%	BRFSS	2005-2010
Children in poverty	25.9%	32.4%	Small Area Income & Poverty Estimates	2014
Children in single-parent households	33%	27%	U.S. Census	2010-2014
% People living below poverty level	18.9%	24.1%	U.S. Census	2010-2014



The city of Pikeville (Pike County seat)

Health Profile

Pike County has an alarmingly higher number of cancer deaths than most Kentucky counties, with lung cancer, colorectal and breast cancer deaths occurring at a markedly higher rate. Pike County is also home to a comparatively larger adult smoking population. The Robert Wood Johnson Foundation, in its most recent County Health Rankings & Roadmaps report, ranked Pike County, on a scale in which 1 is best and 120th is worst, 108th of Kentucky's 120 counties.

B. FLOYD COUNTY

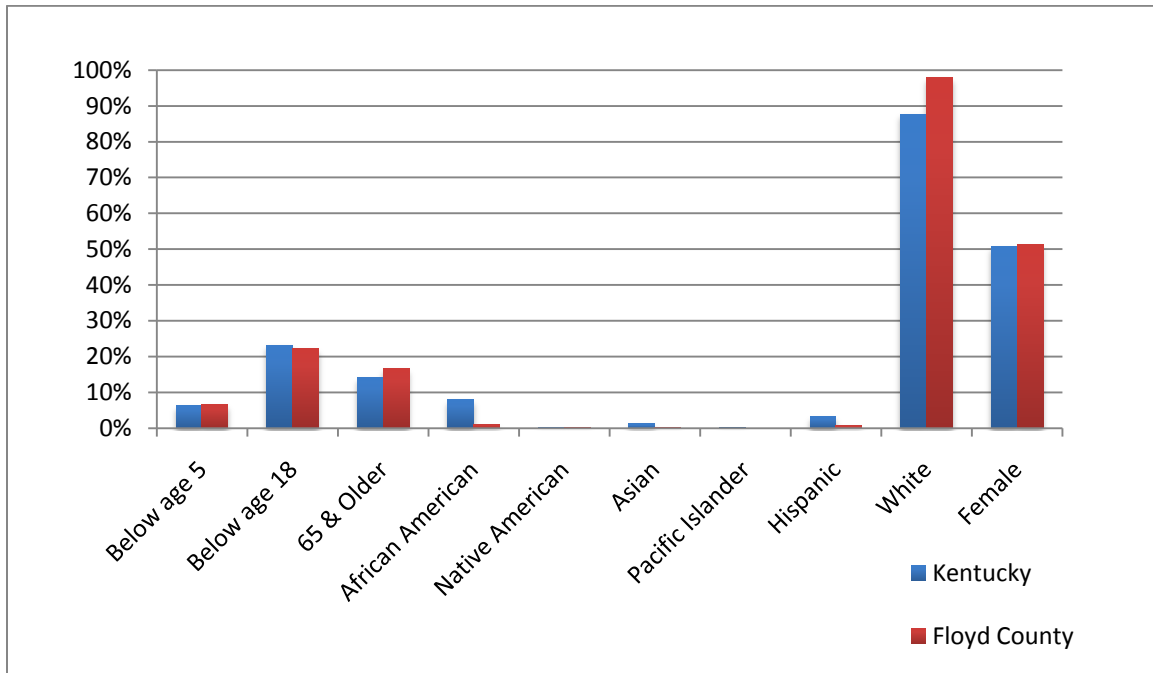
Demographics

Floyd County lies just west of Pike County, and is less populous than Pike County, with an estimated 37,756 residents. The city of Prestonsburg is its county seat. In terms of population age and sex distribution, it is in many ways very similar to Pike County. To an even greater extent than Pike County, its population predominantly (97.9%) self-identifies as White.

	Kentucky	Floyd County	Data Source	Year
Population	4,425,092	37,756	U.S. Census	2015
% below age 5	6.3%	6.7%	U.S. Census	2010-2014
% below age 18	23.2%	22.1%	U.S. Census	2010-2014
% 65 and older	14%	16.6%	U.S. Census	2010-2014
% African American	7.9%	0.9%	U.S. Census	2010-2014
% American Indian and Alaskan Native	0.2%	0.2%	U.S. Census	2010-2014
% Asian	1.2%	0.2%	U.S. Census	2010-2014
% Native Hawaiian / Other Pacific Islander	0.1%	0%	U.S. Census	2010-2014
% Hispanic	3.2%	0.7%	U.S. Census	2010-2014
% White	87.7%	97.9%	U.S. Census	2010-2014
% Female	50.8%	51.3%	U.S. Census	2010-2014



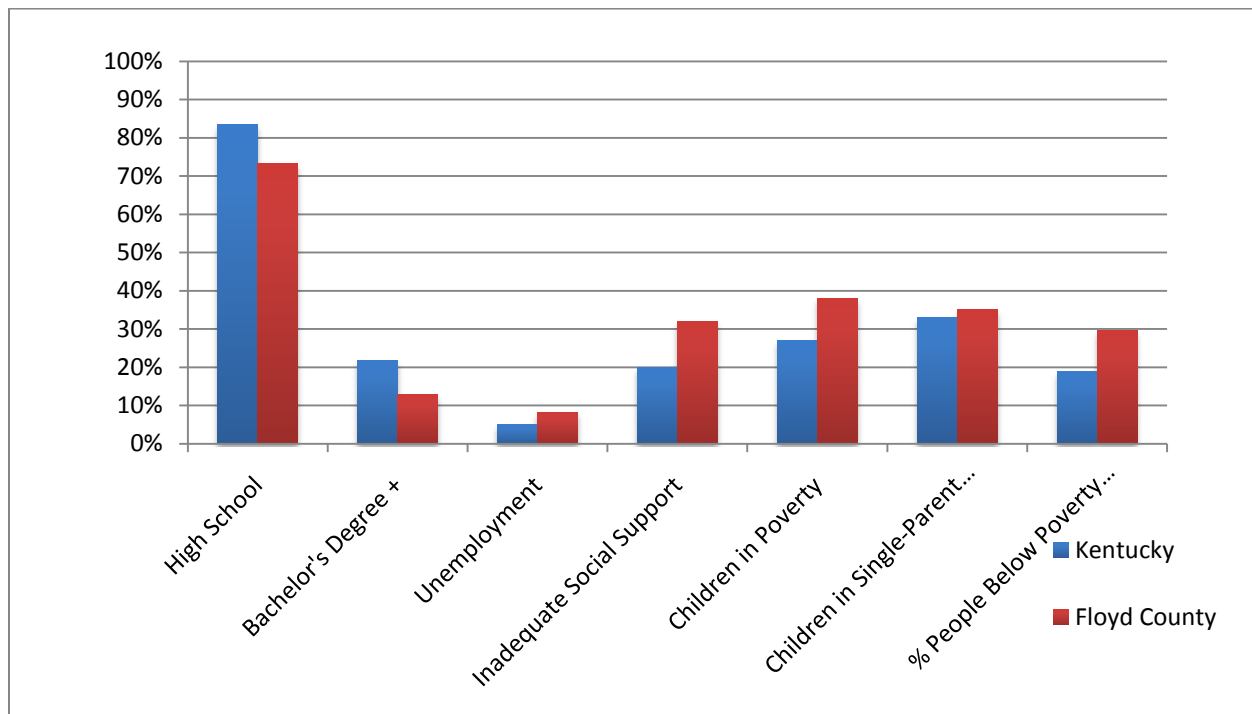
Dewey Lake in Jenny Wiley State Park (Floyd County)



Socio-Economic Factors

While nearly three quarters (73.9%) of Floyd County's adult population have completed high school this is still nearly ten points below the state average of 83.5%, and only 12.8% have attained a bachelor's degree or greater. Floyd County's unemployment rate is higher than that of both Pike County and Kentucky, at 10.6%. Shockingly, 42.9% of the county's children live in poverty. The median household income of \$30,190 is around \$23,000 below the stage average.

	Kentucky	Floyd County	Data Source	Year
Median household income	\$42,958	\$30,190	U.S. Census	2010-2014
High school graduation (% of persons age 25+)	83.5%	73.9%	U.S. Census	2010-2014
Bachelor's degree or higher (% of persons age 25+)	21.8%	12.8%	U.S. Census	2010-2014
Unemployment	5%	8.3%	Bureau of Labor Statistics	2015
Inadequate social support	20%	32%	Behavioral Risk Factor Surveillance System	2005-2010
Children in poverty	25.9%	42.9%	U.S. Census	2014
Children in single-parent households	33%	35%	U.S. Census	2007-2011
% People living below poverty level	18.9%	29.5%	U.S. Census	2014





Fishtrap Lake (Pike County)

Health Profile

Like Pike County, but to an even greater extent, Floyd County sees an alarmingly higher number of cancer deaths than most counties in the Commonwealth. The higher rate of lung (103.33 compared to Kentucky's 75.06) and breast (35 compared to Kentucky's 23.41) cancer deaths per 100,000 are especially troubling. Nearly a quarter of the adult population is uninsured. The Robert Wood Johnson Foundation, in its most recent County Health Rankings & Roadmaps report, ranked Floyd County 116 out of Kentucky's 120 counties.

IV. OUR ADVISORY COMMITTEE

Pikeville Medical Center could not have completed this Community Health Needs Assessment without the committed efforts of its outstanding Advisory Committee. The hospital chose the following individuals to participate based on their service and involvement in various areas of the community including but not limited to local health departments, school systems, senior citizens programs, charities and local businesses. Members of the committee include:

Kenneth Reed Adkins, Superintendent, Pike County School System

Mr. Kenneth Reed Adkins has been an educator for 20 years and in administration since 2006 in the Pike County School System. He has been privileged to work in many fields of education: a teacher for 10 years, head basketball coach for 6 years, academic coach for 1 year, principal for 7½ years, and personnel supervisor for 1½ years. He has also had the opportunity to serve on the KMSA-Kentucky Middle School Association board of directors for 8 years, as KMSA President in 2012-13, and is currently on the board of directors for KASA-Kentucky Association of School Administrators. He has served as Superintendent of the Pike County School System for 1 year. He currently resides in the Zebulon area with his wife, Stormie, and his two sons, Bryce and Hunter.

Jim Altman, East Kentucky Chemical and Supply, Inc.

Jim Altman is currently and has been the President and owner of East Kentucky Chemical and Supply for the past 13 years. East Kentucky Chemical and Supply is a Pikeville based regional company that distributes various business supplies to eastern Kentucky, southern West Virginia and southwest Virginia. Prior to his ownership of East Kentucky Chemical and Supply, Mr. Altman was employed by Toyota Motor Manufacturing in Georgetown, Kentucky for 17 years where he held various positions from engineer to senior management.

Mr. Altman is a 3 year survivor of Non-Hodgkin's Lymphoma and is a volunteer leader with the Leukemia Lymphoma Society, a Volunteer Ambassador with the National Marrow Donor Program, and a deacon with Grace Baptist Church of Pikeville, Kentucky.

Marcus Conley, Assistant CFO, Pikeville Medical Center

Marcus Conley is the Assistant Chief Financial Officer at Pikeville Medical Center. He earned his Bachelors in Business Administration/Accounting from Pikeville College (UPike) in 1993 and has been a health care accounting executive for the past 19 years. Marcus was born in Johnson County Kentucky and has spent the majority of his career serving in Eastern Kentucky.

Maria Coleman, US Bank

Maria Coleman is Sales and Service Coordinator, NMLS officer of US Bank N.A. at the Pikeville Main Street location. Minneapolis-based U.S. Bancorp (USB) headquarters is located in Minneapolis, Minnesota with \$429 billion in assets as of March 31, 2016 and is the parent company of U.S. Bank National Association, the fifth largest commercial bank in the United States. In the local area of Eastern Kentucky, US Bank has nine branches that provide a wide variety of banking products for both consumers and businesses.

Cynthia Hamilton, Pike County Health Department

Cynthia Hamilton is the Director of Administrative Services for the Pike County Health Department. In her position, she oversees all human resource activities as well as accreditation activities. Ms. Hamilton began working for the health department in 1994 after graduating from Pikeville College (Upike) with a Bachelor's of Business Administration degree. Her first position at the Health Department was in Clinic Support, she later worked in Finance and then Human Resources. Ms. Hamilton has worked in public health for over 22 years. Ms. Hamilton's husband, Sam, is a Medical Technologist for Pikeville Medical Center. Together, they have three sons Jacob, 20; Peyton, 18; and Eli, 2.

Laura Kretzer, Executive Director, Judi's Place for Kids

Laura Picklesimer Kretzer has served as Executive Director of Judi's Place for Kids since 2005. Judi's Place for Kids is the nationally accredited children's advocacy center serving Pike, Floyd, Johnson, Martin, and Magoffin Counties. Named in honor of Judi Patton, Pikeville native and former First Lady of Kentucky, Judi's Place seeks to be a bright solution to child abuse. Previous experience includes work with multi-system involved youth and early intervention services. Mrs. Kretzer lives in Johnson County with her husband and three daughters. She is a member of the Johnson County 4-H Adult Council.

Teressa Lester, Floyd County Schools

Ms. Lester, a resident of Prestonsburg, Kentucky, is a graduate of Eastern Kentucky University where she received Bachelors of Music Education degree. She later received a Master of Arts from Morehead State University. Teressa is a music teacher at May Valley Elementary at Martin, Kentucky. May Valley is one of the top performing elementary schools in the Commonwealth. Additionally, during the time music was one of the elements of the annual testing, Ms. Lester's students ranked in the top 10 elementary schools for many years. Teressa also provides music/piano education on a private basis.

Throughout much of the 2000's Teressa was a board member, volunteer and sponsor for the Jenny Wiley Theatre. She is the pianist for the First Presbyterian Church in Prestonsburg, Kentucky where she also serves on the worship committee and served previously as a deacon. Teressa is married to attorney, Ron Lester, and they have two children, Alex, a sophomore at New York University-Shanghai, in Shanghai, China, and Natalie, a sophomore at Allen Central High School, Floyd County, Kentucky.

Patsy Scott, US Bank

Patsy D. Scott is the Branch Manager, NMLS, Assistant Vice President, of US Bank NA, Pikeville Main Street Office. Minneapolis-based U.S. Bancorp (USB), with \$429 billion in assets as of March 31, 2016, is the parent company of U.S. Bank National Association, the fifth largest commercial bank in the United States. The company operates 3,129 banking offices in 25 states and 4,954 ATMs and provides a comprehensive line of banking, investment, mortgage, trust and payment services products to consumers, businesses and institutions.

Dr. Edward Stiles, Kentucky College of Osteopathic Medicine

Dr. Edward Stiles received his Doctor of Osteopathy from Kirksville College of Osteopathic Medicine in 1965. Dr. Stiles spent 32 years in private practice during which he established the first hospital based Osteopathic Manipulative Medicine service in the United States. Dr. Stiles has over 30 years of experience as a professor of Osteopathic Principles and Practice, he has been appointed professor at Michigan State University, Oklahoma State University and the University of Oklahoma.

Dr. Stiles was one of the original five faculty members at the Kentucky College of Osteopathic Medicine in Pikeville, KY, where he served as Chairman of Osteopathic Principles and Practice during the first 8 years of the program.

Carolyn Tackett

Carolyn Tackett has been the Director at the Pikeville Senior Citizens Center since December 2004. As Director, she has played a very important role in making the Pikeville center one of the most successful in the Big Sandy District. In her twelve years, Ms. Tackett has been certified in areas such as CPR/First Aid, Silver Sneakers, Arthritis Exercise, Bingocize, and Walk with Ease. In 2014, Ms. Tackett received the award as Program Coordinator of the year for the state of Kentucky.

In her free time, Ms. Tackett enjoys spending time with her husband, two sons, Brian and Brad, and granddaughter Jacie. Ms. Tackett is a member of the Caney Freewill Baptist Church and also volunteers her time to help feed hungry children of the area.

Sherrie Tibbs, Program Coordinator, Mountain Comprehensive Care Center

Sherrie Tibbs received her Associates of Science/Nursing degree from Coastal Community College of Georgia, specializing in mental health, primary health care, public health and home health.

In the mental health field, Ms. Tibbs provided direct nursing and counseling care to adults with Severe Mental Illness for Mountain Comprehensive Care Center. In this role she also served several years in administrative and supervisory roles, provided multiple agency and state trainings, served on QI, Risk Management, Peer Review and multiple other committees.

In public health, she served as Program Manager for the Mobile Health Clinic of the Pike County Health Department, bringing preventative services to all of Pike County. She also provided nursing services in the Pikeville and Belfry Clinics. As an employee of Pikeville Medical Center she provided Home Health services in the Pike and Floyd County areas.

V. THE ASSESSMENT PROCESS

As seen in Section III, Pikeville Medical Center first compiled hospital utilization data to better understand the needs of individuals currently using the facility. Then, with the help of the Advisory Committee, the hospital created a survey to obtain input concerning the needs of our community. Said survey is discussed in greater detail in Section VI.

Once the Advisory Committee created the survey, it set out to reach as many community members as possible. Each Advisory Committee member did his/her part to spread the word about the survey to our community.

First, an online version of the survey was created with the help of Mike Patrick and Laura Damron. A link to the online survey was prominently placed on the hospital's website. The link was also provided to each Advisory Committee member, so he/she could pass this version of the survey onto members of the community and it was useful in obtaining community input.

Additionally, the survey was published in Pikeville Medical Center's newspaper, The Medical Leader for two weeks along with an article explaining the Community Health Needs Assessment as seen below.

PMC conducting health needs survey

By: Laura Damron, for the Medical Leader

Published: 07/15/2016

PIKEVILLE — Pikeville Medical Center (PMC) is conducting a Community Health Needs Assessment (CHNA) in an attempt to improve health care services in the area.

PMC strives to be responsive to the needs of those it serves. The organization provided more than \$7.5 million in charity care last year and has also increased service lines, added beds, opened satellite clinics and recruited additional specialists to make quality health care more accessible. In addition, PMC has made improvements to its health care delivery system based on results from its 2013 CHNA.

To gain a comprehensive understanding of the gaps in health care that currently exist within the community, the hospital assembled a task force of local community leaders offering a wealth of knowledge and experience in their respective fields.

PMC is requesting the community's help in completing a CHNA survey.

Please take a moment to complete the survey and mail to P.O. Box 1439, Attn: Ryan Altman, Pikeville, and KY 41502. The survey is also available online at <http://pikevillehospital.org> and will be printed in next week's Medical Leader.

Surveys must be received by July 30, 2016.

The Medical Leader was first published in June 1999. It now serves 10,000 homes and businesses in Eastern Kentucky and Southwestern West Virginia. Free copies of The Medical Leader are available at 130 locations. Additionally, The Medical Leader has over 4,300 Facebook followers and over 1,000 followers on Twitter. The newspaper is a wonderful way for the hospital to reach out to the community.

Advisory Committee members distributed the survey to a variety of locations and people in the area. Surveys were distributed at local health departments, senior citizens centers and apartment complexes, banks and churches. The survey was also distributed electronically to all students and faculty at the University of Pikeville. Finally, surveys were distributed to all patients at the various PMC clinics.

With the assistance of our dedicated advisory committee, Pikeville Medical Center's survey was successful as the hospital received over 1,000 responses. The hospital also encouraged the advisory committee members to inform the group of feedback they received while participating in the survey process, which provided additional information that may not have been obtained by the survey.

VI. OUR SURVEY

Because it was an integral part of our community health needs assessment, the task of creating this survey was not taken lightly. We concentrated our efforts on creating a survey that asked the right questions and targeted our community population in the broadest manner possible. We needed this survey to speak volumes about the concerns and opinions of the members of our community. We hoped for a large response, and were informed by professional survey service providers that anywhere around 300 responses would be a success. Thankfully, we far exceeded those expectations with over 1,000 responses. As mentioned previously, the survey was available for completion both in electronic and print format. The print format is provided on the following pages.



2016 Community Health Needs Assessment Survey

Pikeville Medical Center is conducting a Community Health Needs Assessment. Please take a moment to complete this survey to help us determine health concerns in our community.

Surveys must be returned by July 30, 2015 to:

PMC Community Health Survey

Attn. Ryan Altman

P.O. Box 1439

Pikeville, Ky. 41502.

Surveys may also be filled out online at www.pikevillehospital.org

1. Please select your current type of Health Insurance (Select all that apply)

☐ Private Insurance	☐ Medicare
☐ Medicaid	☐ No Insurance

2. Did you enroll in a healthcare insurance program through the Affordable Healthcare Act or Kentucky Connect over the past three years?

☐ Yes	☐ Unsure
☐ No	

3. Describe your current health condition

☐ Excellent	☐ Fair
☐ Good	☐ Poor

4. Do you have a primary care physician/family doctor?

☐ Yes	☐ No
------------------------------	-----------------------------

5. If your answer to Question 4 is "No," please select the type of provider you use for routine care.

☐ Health Department	☐ Do not seek routine health care
☐ Emergency Room	☐ Other
☐ Community Health Center	

6. Which hospital do you visit most frequently for your healthcare needs?

☐ Pikeville Medical Center	☐ Whitesburg ARH Hospital
☐ Highlands Regional Medical Center	☐ McDowell ARH Hospital
☐ Paul B. Hall Regional Medical Center	☐ St. Joseph-Martin
☐ Williamson ARH Hospital	☐ Other

7. Have you treated with a Medical Specialist in the past 24 months?

☐ Yes	☐ No
------------------------------	-----------------------------

8. If your answer to question 7 is "Yes," please specify what type of specialty services you received.

- | | |
|--|---|
| ☐ Critical Care | ☐ Neonatology |
| ☐ Dermatology | ☐ Nephrology (Kidneys) |
| ☐ Endocrinology | ☐ Neurology |
| ☐ Obstetrics/Gynecology | ☐ Neurosurgery |
| ☐ Oncology (Cancer) | ☐ Pediatrics |
| ☐ Ophthalmology | ☐ Plastic/Reconstructive Surgery |
| ☐ Orthopedic | ☐ Pulmonology |
| ☐ Pain Management | ☐ Rheumatology |
| ☐ Gastroenterology | ☐ Urology |
| ☐ Infectious Disease | ☐ Other |

9. Have you been diagnosed with any of the following? (Please select all that apply)

- | | |
|--|--|
| ☐ High Blood Pressure | ☐ Obesity |
| ☐ Cancer | ☐ Diabetes |
| ☐ Heart disease | ☐ Pulmonary disease |
| ☐ High cholesterol | ☐ Kidney disease |
| ☐ Chronic pain | ☐ Other |

10. In the past 12 months, have you had a (please select all that apply)

- | | |
|---|--|
| ☐ General health exam | ☐ Skin cancer screen |
| ☐ Blood Pressure check | ☐ Breast cancer screening/Mammogram |
| ☐ Cholesterol check | ☐ Prostate cancer screening |
| ☐ Flu shot | ☐ Gynecological Exam |
| ☐ Diabetes check | ☐ Eye exam |

11. In the past 12 months have you had difficulty getting healthcare?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

12. If you answer to Question 11 is "Yes," please select the reason(s) why (Select all that apply):

- | | |
|--|--|
| ☐ Healthcare provider not available | ☐ Cannot afford to pay |
| ☐ Lack of insurance | ☐ Lack of transportation |
| ☐ Healthcare provider would not accept your insurance | ☐ Language barriers |
| ☐ Insurance provider would not approve payment for care | ☐ Travel distance to provider |
| | ☐ Inconvenient Hours |
| | ☐ Other |

13. How often do you exercise?

- | | |
|---|---|
| ☐ More than 5 times per week | ☐ 1-2 times per week |
| ☐ 3-5 times per week | ☐ Never |

14. Choose the health-related concern that you believe most affects your community.

- | | |
|--|---------------------------------------|
| ☐ Cancer | ☐ Asthma |
| ☐ Diabetes | ☐ Chronic Pain |
| ☐ Obesity | ☐ Oral Health |
| ☐ Heart Disease | ☐ Other |
| ☐ Pulmonary Disease | |

15. Which of the following health-related concerns do you think most affects the children of your community?

- | | |
|--|---------------------------------------|
| ☐ Cancer | ☐ Asthma |
| ☐ Diabetes | ☐ Chronic Pain |
| ☐ Obesity | ☐ Oral Health |
| ☐ Heart Disease | ☐ Eye Care |
| ☐ Pulmonary Disease | |

16. Which of the following health-related concerns do you think most affects the elderly members of your community?

- | | |
|--|---------------------------------------|
| ☐ Cancer | ☐ Asthma |
| ☐ Diabetes | ☐ Chronic Pain |
| ☐ Obesity | ☐ Oral Health |
| ☐ Heart Disease | ☐ Eye Care |
| ☐ Pulmonary Disease | ☐ Hospice Care |
| | ☐ Other |

17. Gender:

- | | |
|-------------------------------|---------------------------------|
| ☐ Male | ☐ Female |
|-------------------------------|---------------------------------|

18. Age:

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| ☐ 0-17 | ☐ 36-45 | ☐ 66-75 |
| ☐ 18-24 | ☐ 46-55 | ☐ 76-85 |
| ☐ 25-35 | ☐ 56-65 | ☐ 86 or older |

19. Race or Ethnic Origin (Select all that apply)

☐ White/Caucasian	☐ American Indian or Alaskan Native
☐ Asian	☐ Native Hawaiian or Other Pacific Islander
☐ African American	☐ Other
☐ Hispanic or Latino	

20. Highest level of Education completed

- | | | |
|---|---------------------------------------|---|
| ☐ Elementary School | ☐ GED | ☐ College Graduate |
| ☐ High School Graduate | ☐ Some College | ☐ Post Graduate Degree |

21. Employment Status:

- ☐ Full time
☐ Part time

- ☐ Unemployed
☐ Retired

- ☐ Student
☐ Unable to
work/Disabled

22. Household Size:

- ☐ 1
☐ 2
☐ 3

- ☐ 4
☐ 5 or more

23. Household Income:

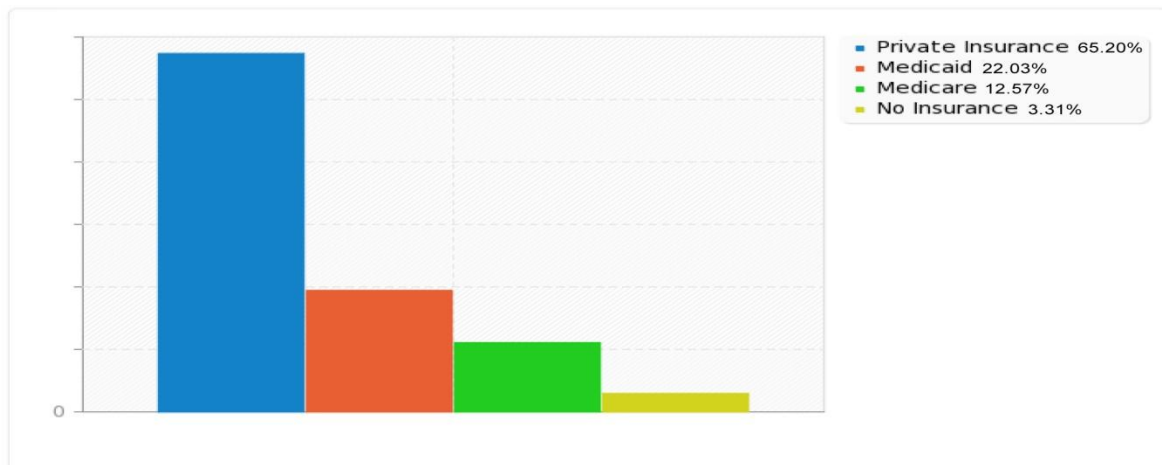
- ☐ Less than \$15,000.00
☐ \$15,000.00-\$25,000.00
☐ \$26,000.00-\$35,000.00
☐ \$36,000.00-\$45,000.00
☐ \$46,000.00-\$55,000.00
☐ \$56,000.00-\$65,000.00

- ☐ \$66,000.00-\$75,000.00
☐ \$76,000.00-\$85,000.00
☐ \$86,000.00-\$100,000.00
☐ \$101,000.00-\$150,000.00
☐ \$151,000.00-\$300,000.00
☐ More than \$300,000.00

RESULTS

The overwhelming response to our survey presented us with data that in some case confirmed our preconceptions and fit with the community data we had already seen. In other cases, however, it proved surprising. Each survey question is analyzed below.

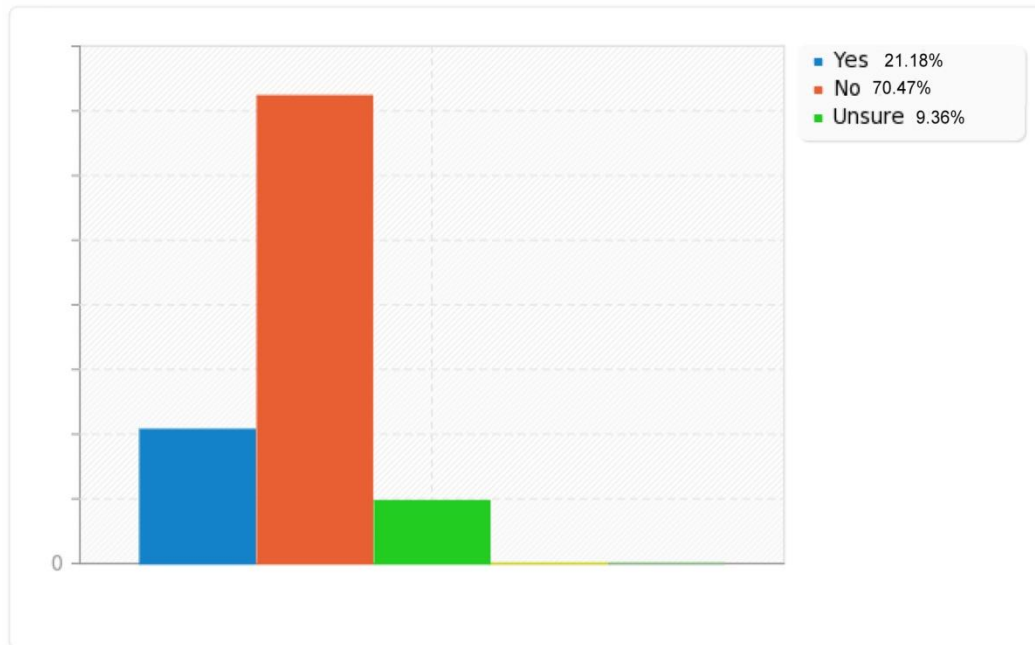
1.) Please select your current type of Health Insurance.



- Interestingly, 65.2% of our respondents possessed private health insurance. This is in contrast to our utilization data, which indicates that most of our patients are Medicare / Medicaid enrollees.

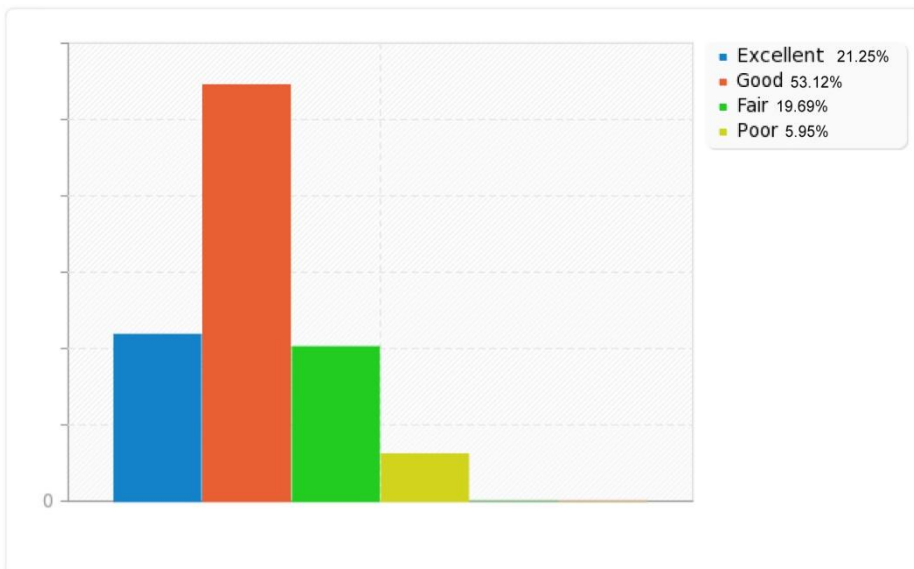
- The Commonwealth of Kentucky has made substantial changes since 2013 under the Affordable Care Act to improve access to health insurance.

2.) Did you enroll in a healthcare insurance program through the Affordable Care Act or Kentucky Connect over the past three years?



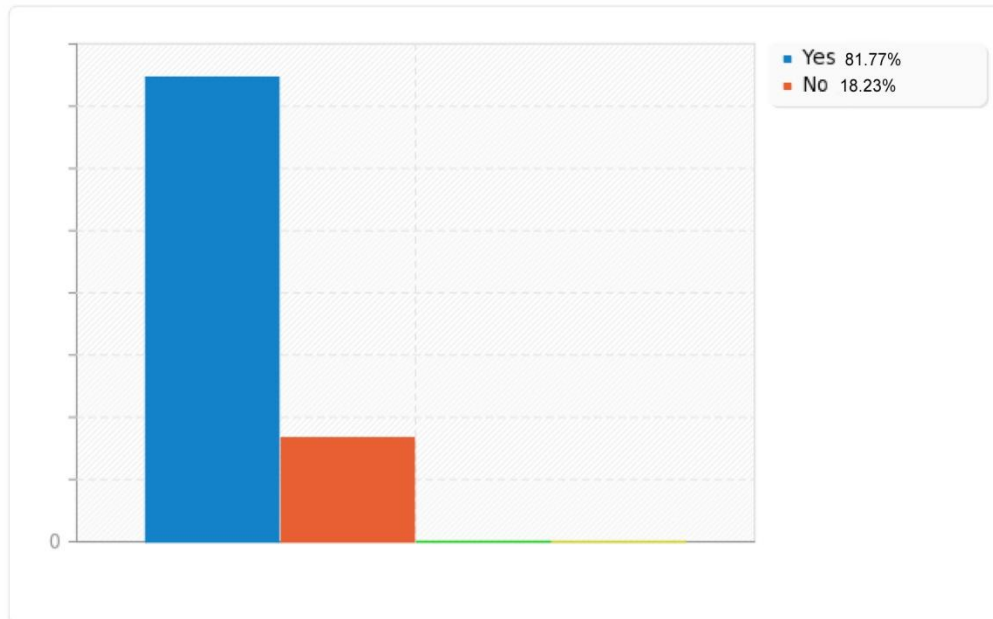
- A large portion of those that said they enrolled in insurance under the ACA also identified as students.

3.) Describe your health condition



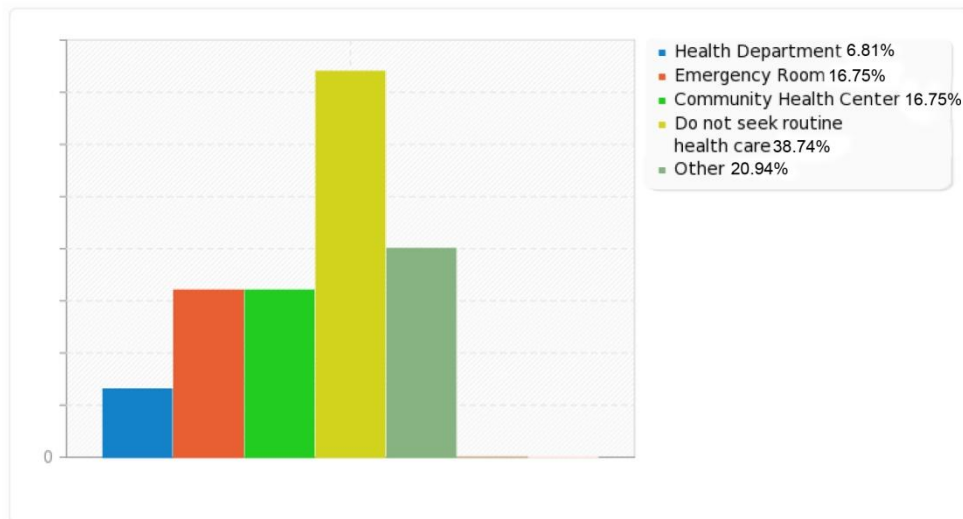
- Almost 75% of our respondents considered themselves to be in “good” or “excellent” health.

4.) Do you have a primary care physician / family doctor.



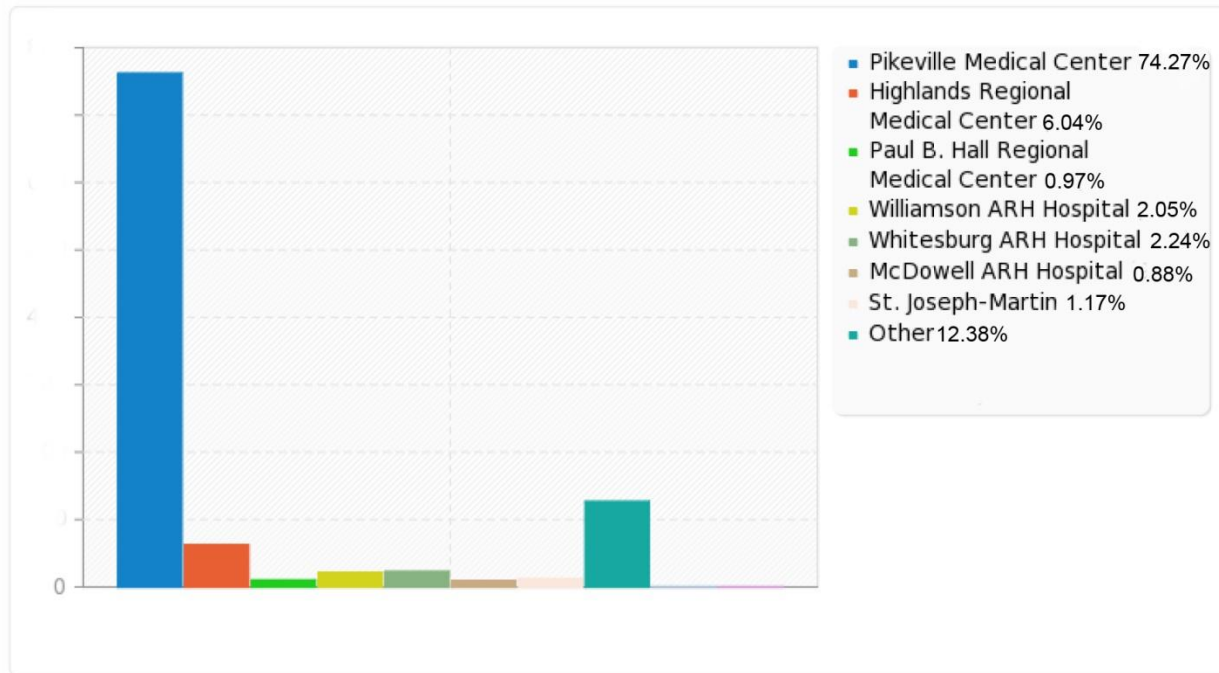
- 81.2% of our respondents have a primary care physician / family doctor.

5.) If your answer to the last question was “No,” please select the type of provider you use for routine care.

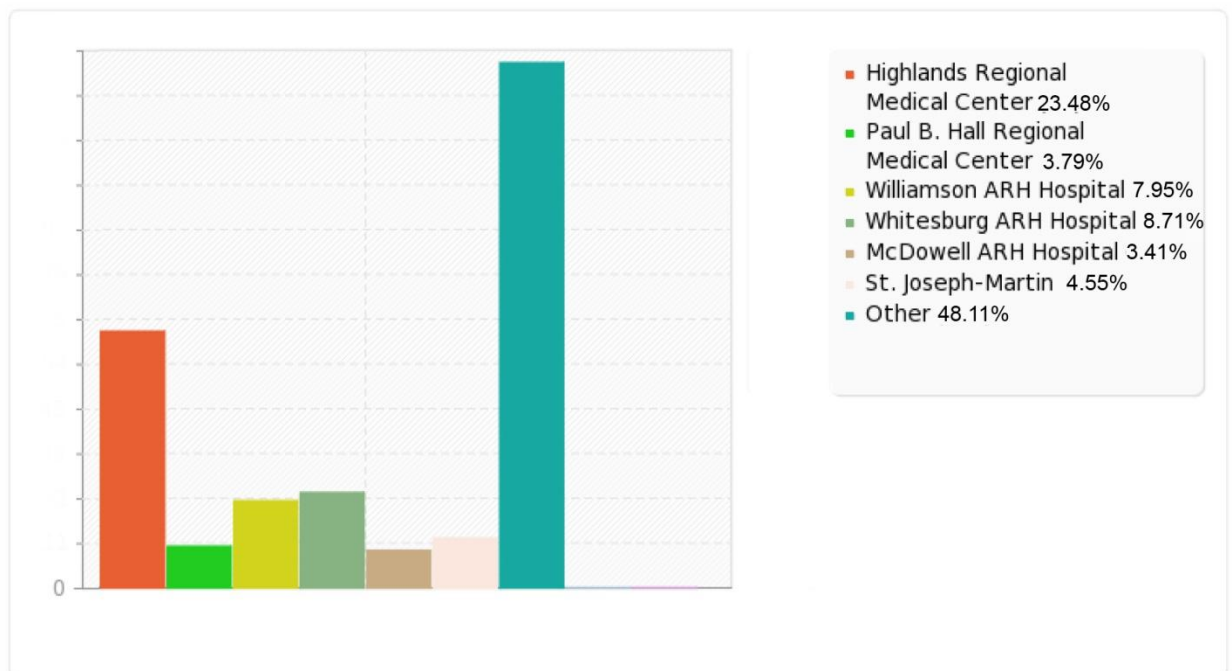


- Of those who do not have a primary care physician, most did not routinely seek healthcare.

6.) Which hospital do you visit most frequently for your healthcare needs?

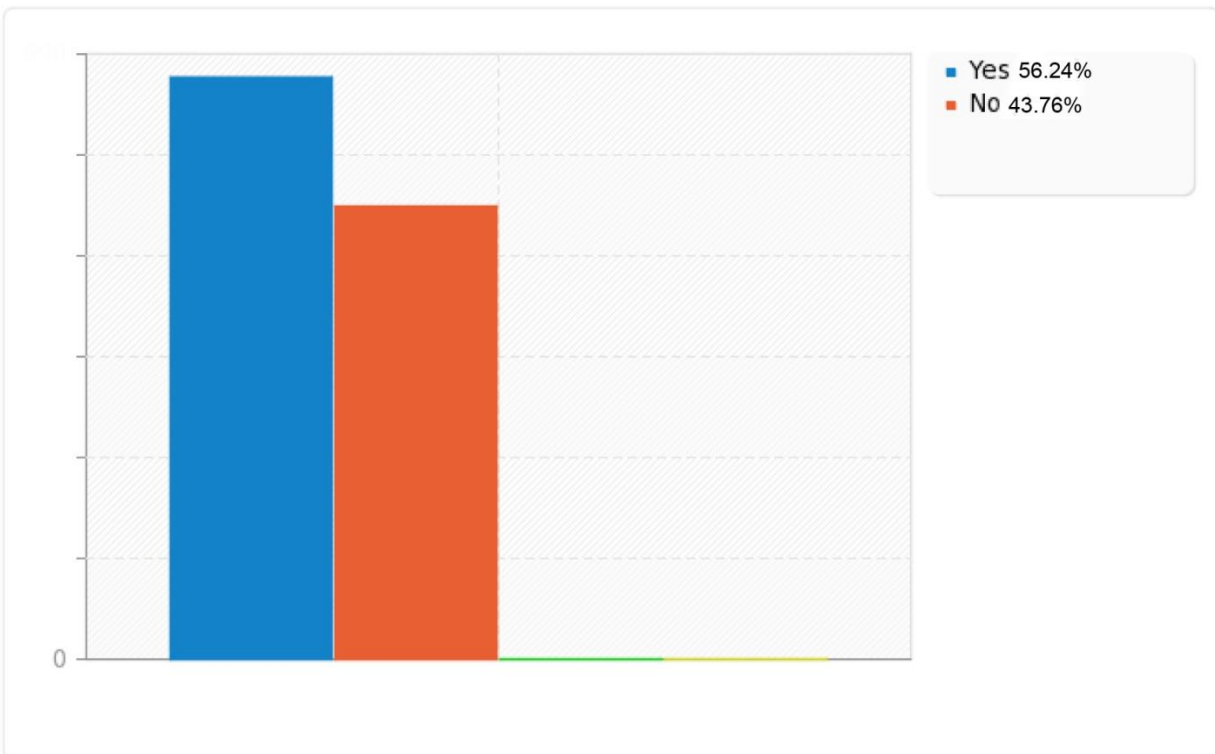


- Just fewer than 80% of our respondents most frequent a PMC facility for their healthcare needs.



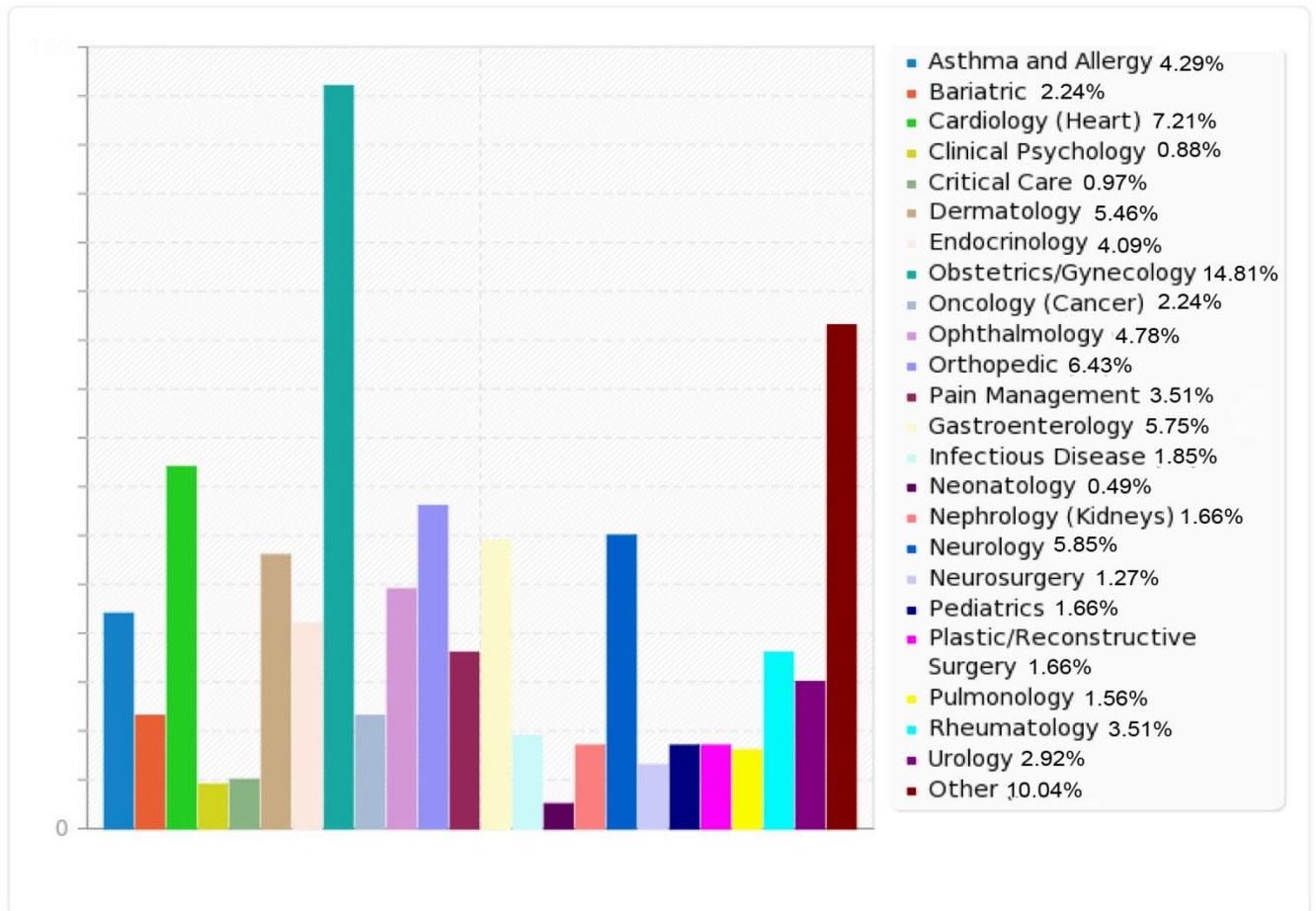
- Of those who did not go to PMC, the majority chose “other”. We believe this may be due to the fact that many college students who are not from the area responded to the survey.

7.) Have you treated with a Medical Specialist in the past 24 months?*



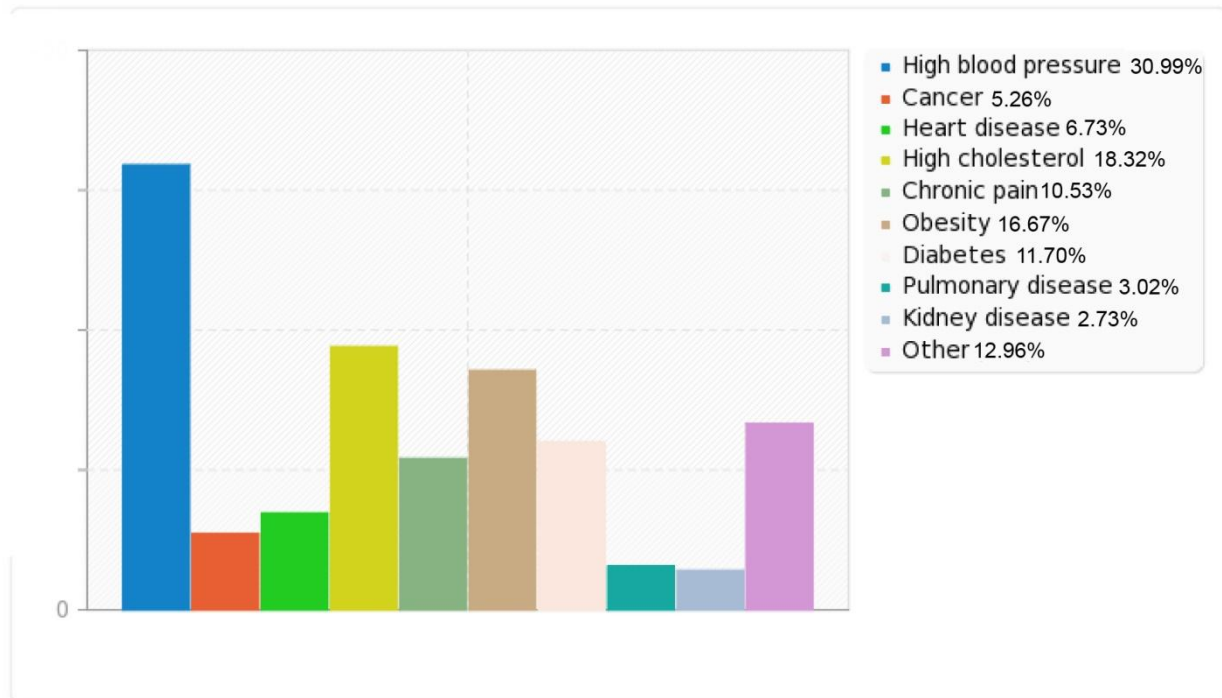
- Over half of the respondents stated they had treated with a specialist in the past year.

8.) If your answer to the last question is “Yes,” please specify what type of specialty services you received.



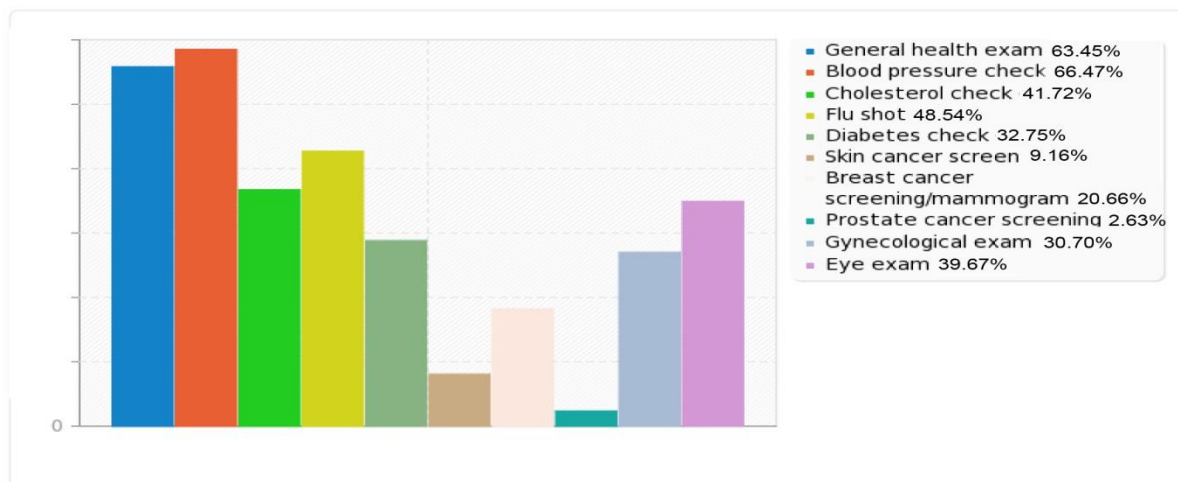
- While our respondents who had received specialty services in the past 24 months received myriad such services, cardiology (7.21%) and obstetrics / gynecology (14.81%) were the most received. Notably, a significant amount of our respondents had received other services (10.04%) not provided in the answers to this question.

9.) Have you been diagnosed with any of the following?



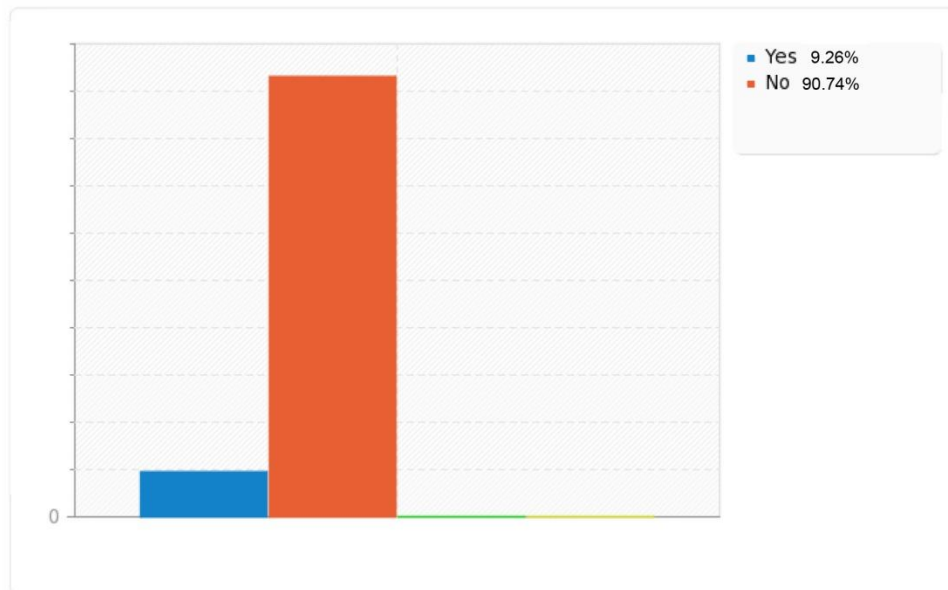
- A significant number of our respondents had been diagnosed with high blood pressure (30.99%), high cholesterol (18.32%), obesity (16.67%), diabetes (11.70%) and other conditions (12.96%) not provided in the answers to this question.
- Surprisingly, the response for heart disease was low.

10.) In the past 12 months, have you had a:



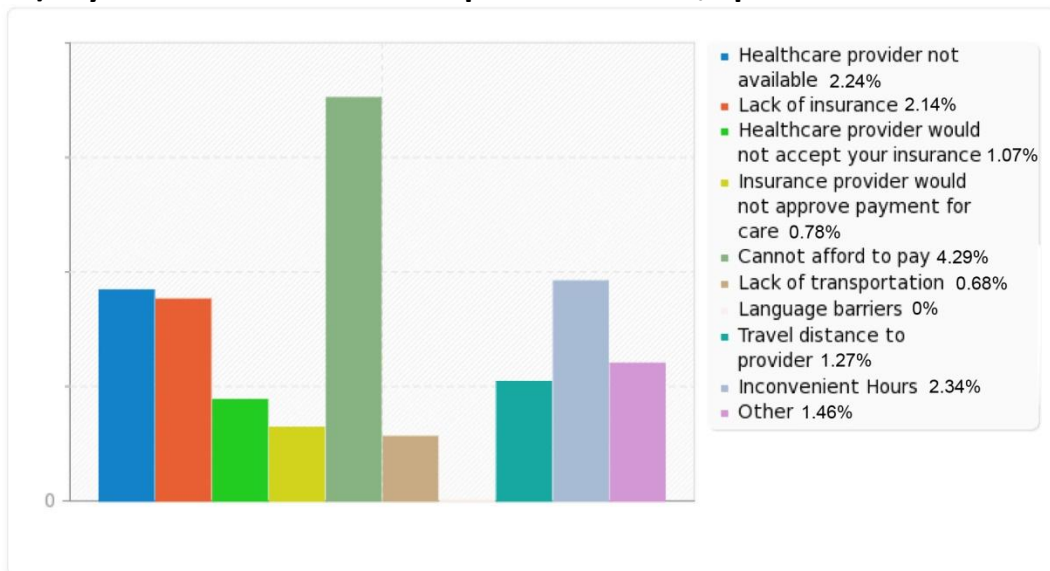
- It was encouraging that significant amounts of our respondents have, in the past year, had general health exams (63.45%), blood pressure checks (66.47%), cholesterol checks (41.72%) and flu shots (48.54%).

11.) In the past 12 months, have you had difficulty getting healthcare?



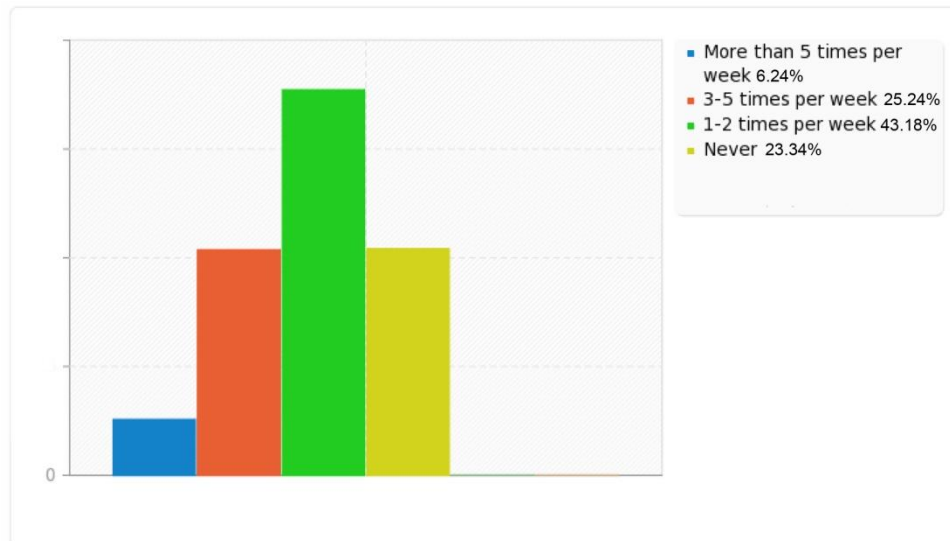
- The vast majority of our respondents have not had difficulty getting healthcare in the past 12 months.

12.) If your answer to the last question is “Yes,” please select the reason(s) why.



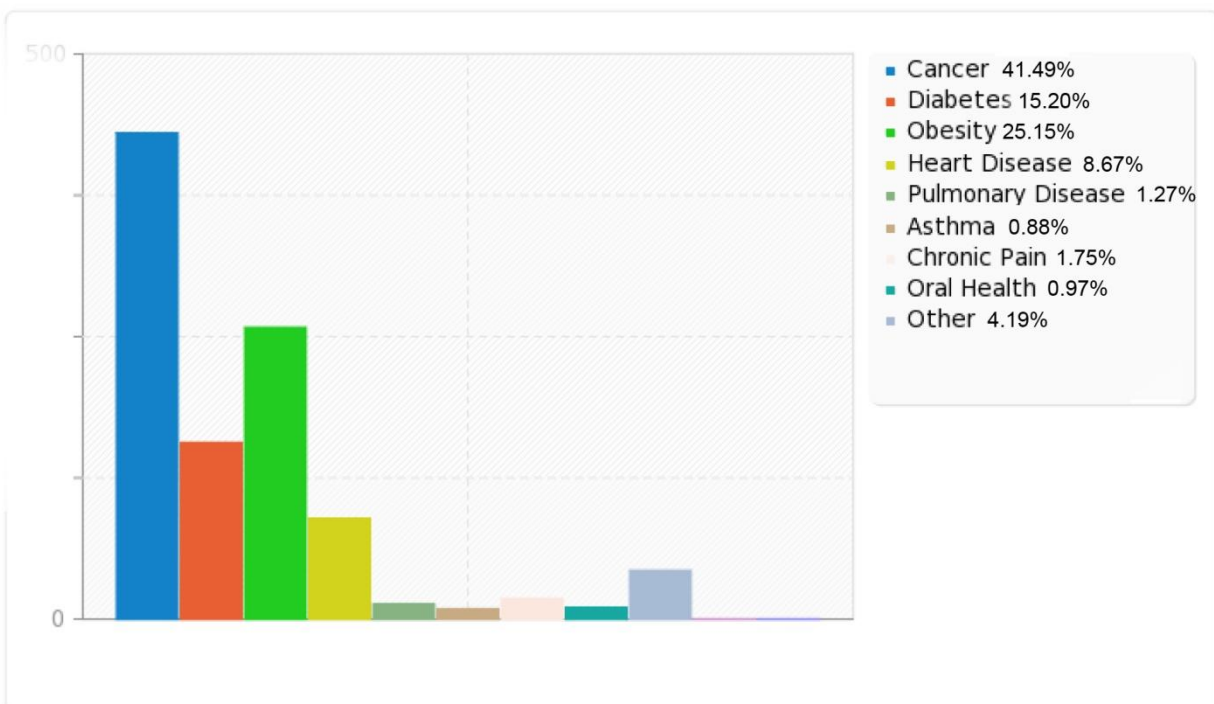
- Of our 95 respondents who had difficulty getting healthcare, it was in most cases due to an inability to pay for healthcare services (4.29%). The number of respondents who stated lack of insurance decreased significantly since the 2013 survey.

13.) How often do you exercise?



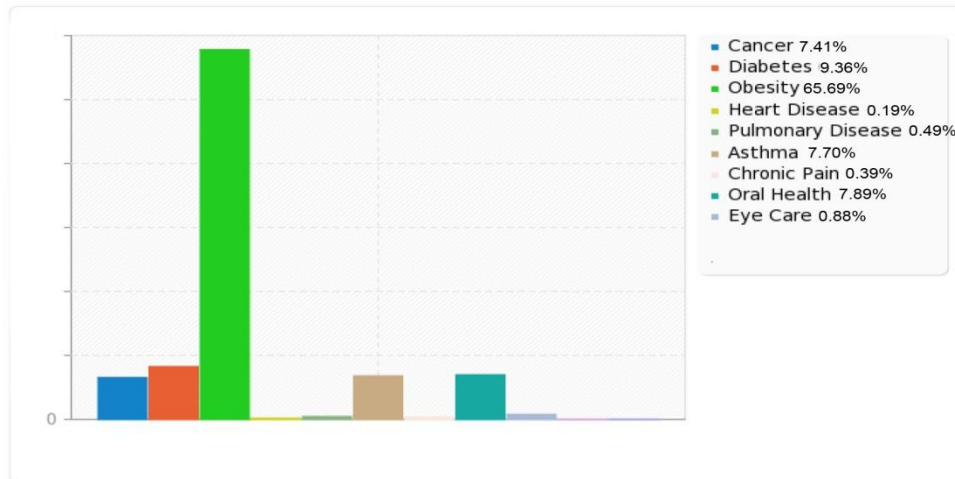
- Very few of our respondents exercise frequently. 43.18% of our respondents exercise 1 to 2 times per week. Alarming, 23.34% of our respondents never exercise.

14.) Choose the health-related concern that you believe most affects your community.



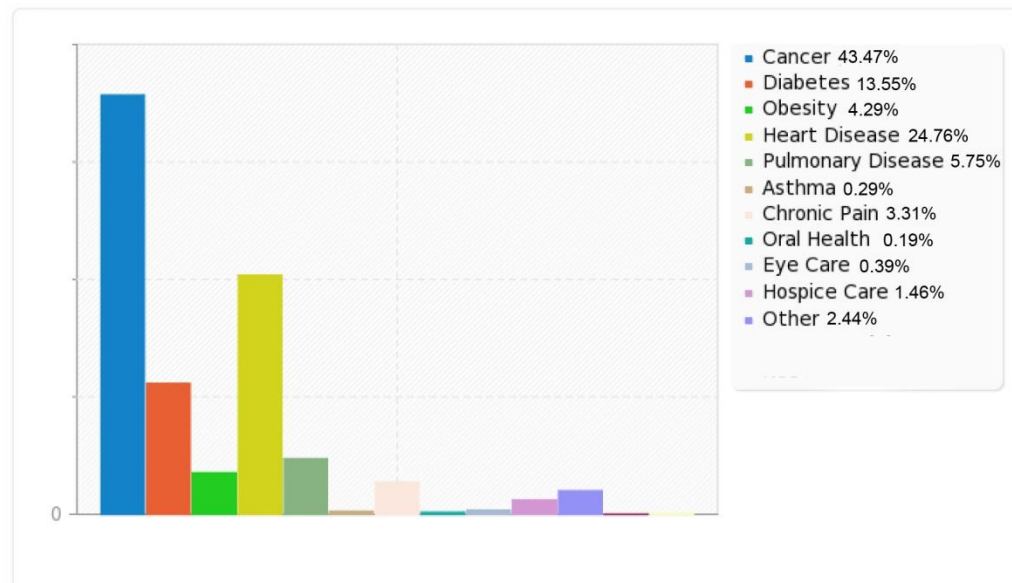
- The health-related concerns that our respondents believe most affect our community are cancer (41.49%), obesity (26.48%), diabetes (15.20%) and heart disease (8.67%).

15.) Which of the following health-related concerns do you think most affects the children of your community?



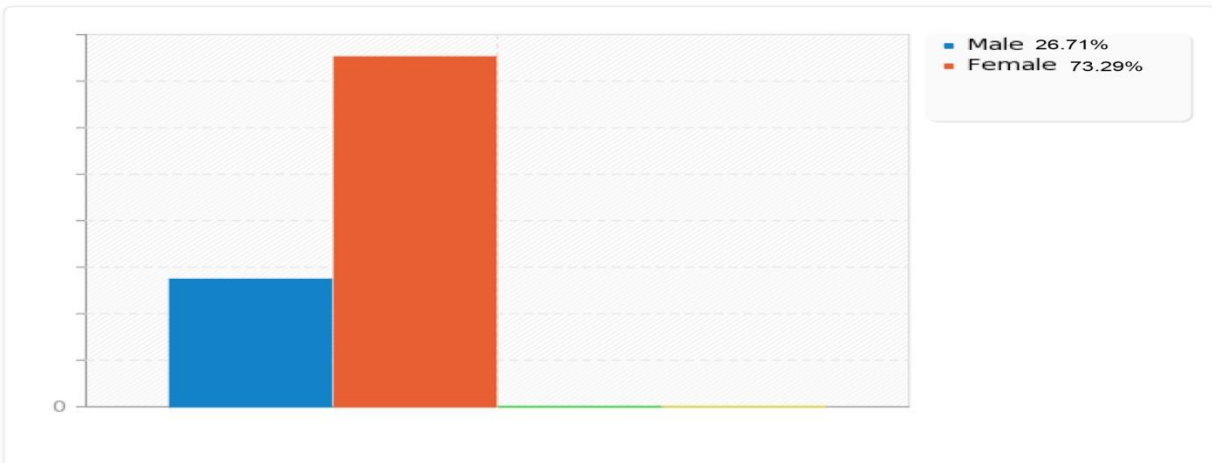
- An overwhelming majority of our respondents believe that obesity (65.69%) is the health-related concern that most affects the children of our community.

16.) Which of the following health-related concerns do you think most affects the elderly members of your community?



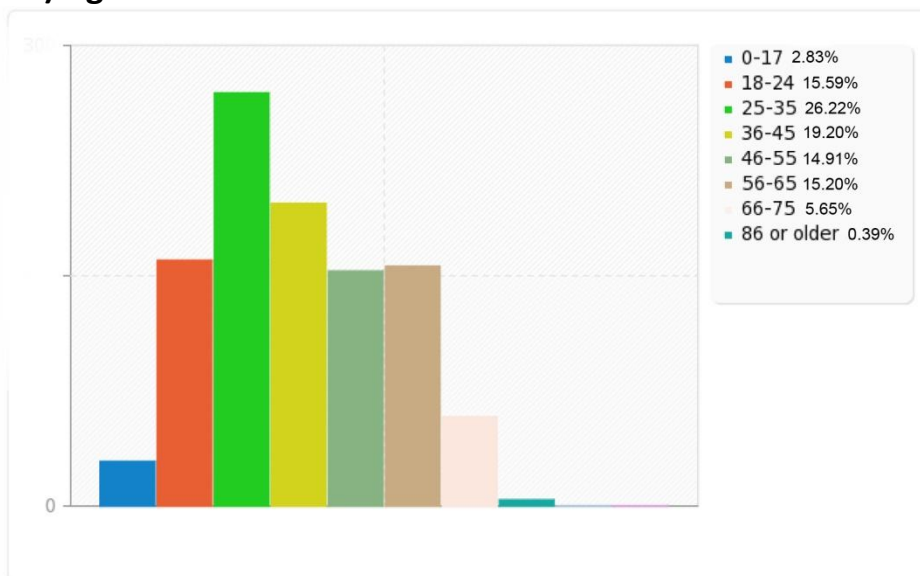
- Our respondents believe that cancer (43.47%), heart disease (24.76%) and diabetes (13.55%) are the health-related concerns that most affect the elderly members of our community.

17.) Gender:



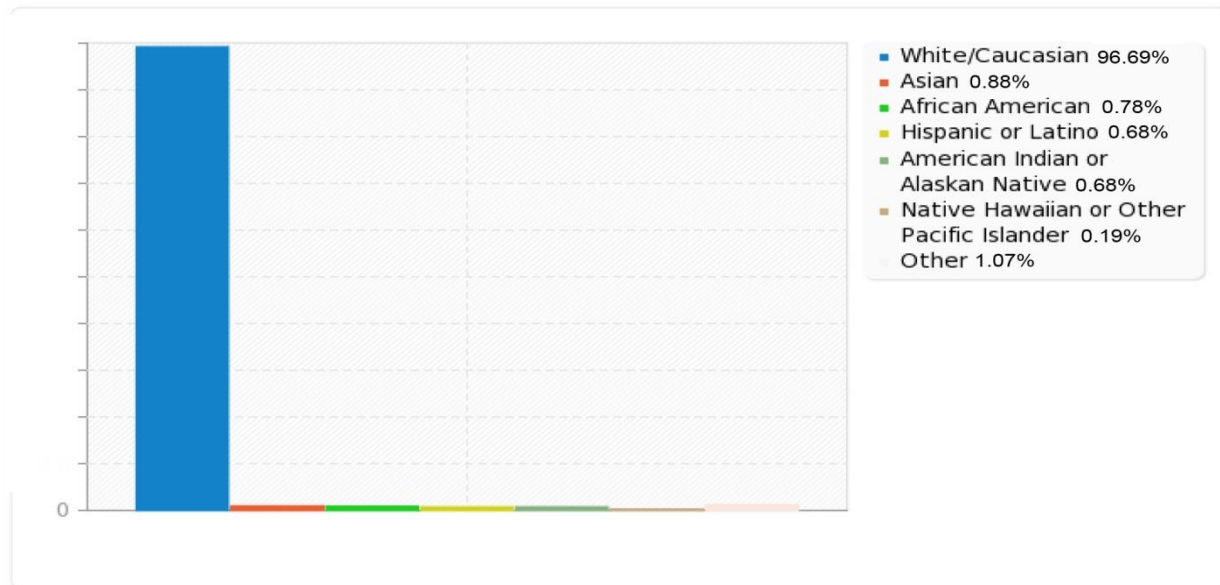
- Quite interestingly, 73.29% of our respondents were female, while only 51% of our population is female.

18.) Age:



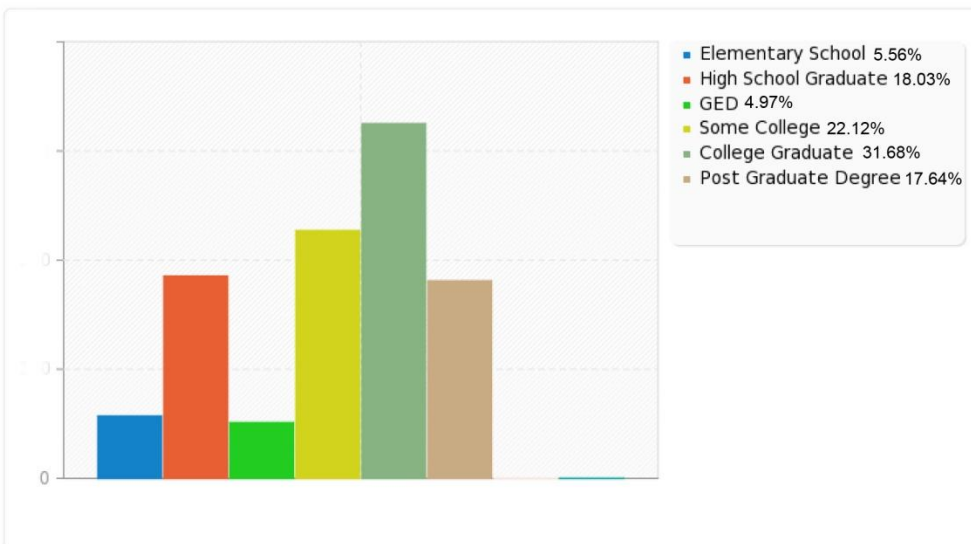
- As can be seen, the majority of our respondents fell between the ages of 25 and 65, with most of them falling between the ages of 25 and 35 (26.22%), 36 and 45 (19.20%) and 46 and 55 (14.91%).

19.) Race or Ethnic Origin:



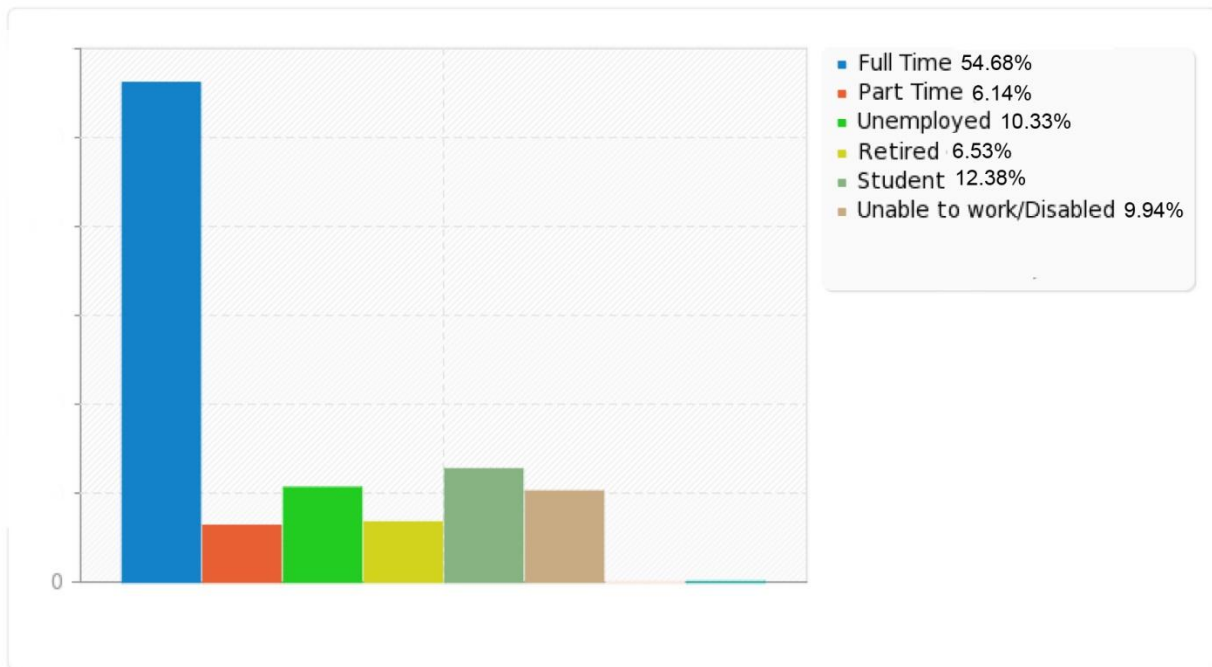
- Given Pike and Floyd County demographics, it is not surprising that 96.69% of our respondents self-identified as White / Caucasian.

20.) Highest level of education completed:



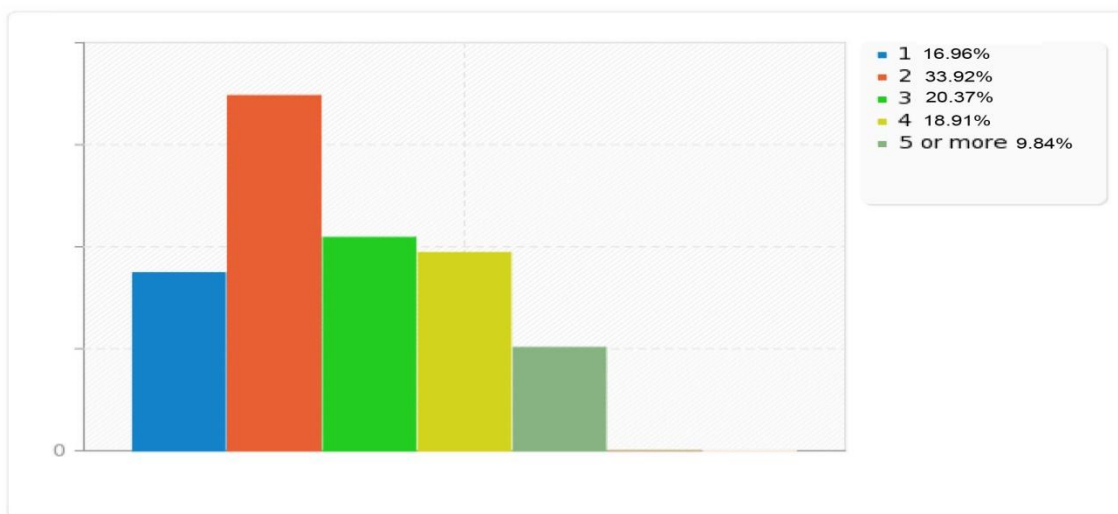
- 89.47% of our respondents had completed high school. An impressive 49.32% had completed college, and 17.64% had attained a post-graduate degree.
- This level of educational achievement does not mirror the level of those in the service area. Such deviation may be the result of those who are willing to participate in a voluntary survey.

21.) Employment Status:



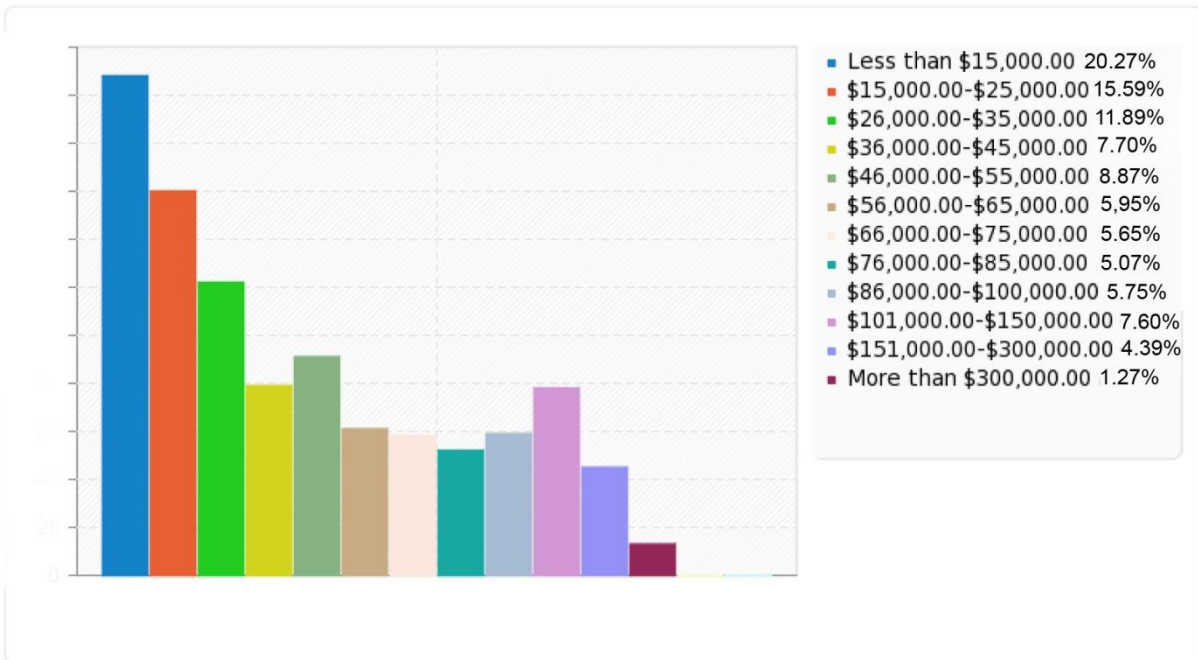
- The majority of our respondents (54.68%) are employed full-time.

22.) Household Size:



- Most of our respondents live in households comprised of 2 (33.92%), 3 (20.37%) or 4 (18.91%) people.

23.) Household Income:



- Even with the educational levels seen in response to question 20, alarmingly, 20.27% of our respondents have a household income of less than \$15,000.

VII. IMPLEMENTATION STRATEGY

A. INITIAL THOUGHTS

After review of the survey results, various statistical data, and input from our own groups that included local civic leaders, patients, patient advocates, and health professionals, priorities were identified as community concerns. Identifying the needs of the community provides PMC the opportunity and the knowledge to better align existing programs and to design future efforts to best meet the needs of our community.

Our review of statistical data highlighted a number of demographic and socio-economic realities, namely that education levels in our community are higher than we expected. But a high unemployment rate and an overwhelming amount of poverty, particularly child poverty, is cause for concern and alarm.

Our survey shed light on the health issues that the members of our community find most important, and in most cases, the survey results confirmed our suspicions.

There were a number of things, however, that could only be gleaned from the survey results through broader analysis. For instance, although a little over three quarters of our survey respondents considered themselves to be in excellent or good health; over a quarter have been diagnosed with high blood pressure, and nearly a fifth with high cholesterol. A little over a tenth are obese and/or have diabetes. And almost half of them exercise only once or twice per week. Clearly, there may be some disconnect between health perceptions and realities in our community. Finally, we discovered that a great majority of respondents believe childhood obesity is the biggest problem facing the children of the area. Because of the nature of childhood obesity and its links to a host of other health problems that develop later in life, we are making it a focus as we move forward, as well as obesity in general.

Promotion of Healthy Lifestyles & Habits

It became clear to us that the best way to try and address our community's needs is to attack our community's health problems at their roots. In order to do that, PMC needs to actively promote healthy lifestyles and habits working in conjunction with others in our communities.

There are a number of methods and mediums through which this endeavor can and is being undertaken, some of which are discussed below.

Education

PMC takes pride in keeping the public informed through use of the Medical Leader, a free, full-service, weekly newspaper discussed previously in this report. The region's only "Good News" community newspaper, it is distributed to over 150 locations throughout Pike, Floyd, Letcher and Mingo (WV) counties. With more than 8,700 papers distributed weekly, nearly 4,000 email subscribers and 5,000 social media followers, it is an outstanding platform from which PMC can educate the community on healthy lifestyles and habits. Nearly every week, the Medical Leader publishes articles on preventative care and promoting healthy living.

PMC's Public Relations Department also records a 30 minute radio show, *Health Talk*, that is aired weekly on nine local radio stations covering Pike, Floyd, Letcher, Johnson, Knott, Magoffin and Martin counties in Kentucky and Mingo County, West Virginia. A number of health-related topics are discussed every week, ranging from cancer prevention and treatment to diabetes education. Like the Medical Leader, *Health Talk* provides PMC with a far-reaching medium through which it can educate the community.

Widespread education can also be effected through PMC's staff, which can be used to present several topics to the community. PMC representatives from different departments have and will continue to speak to local civic clubs, schools, and other medical professionals.

Members of our community can be educated on a more individualized basis. Indeed, individual education with patients may provide longer lasting impacts in terms of fostering and encouraging healthy habits and subsequently healthier lifestyles. As individualized education may prove more meaningful to patients and members of the community, they may be compelled to in turn keep their friends and family informed about what it takes to live healthily. Patient-staff interaction during inpatient or outpatient visits, readily accessible literature in offices, and careful and thorough discharge planning are all methods through which individualized education can be provided to patients.

Community Activities

PMC is exceptionally active as a member of its community, and such activities allow PMC to maintain a strong and visible presence within the community, which only bolsters its outreach

and health awareness efforts. In some instances, it allows PMC to provide health services to people who might not come through the hospital's doors. Such activities may encourage the community itself to become involved in addressing its needs.

Community support groups in key areas do exist. PMC can further its effectiveness through either sponsorship or participation. Some of the support groups which are in the area include the Coping with Diabetes Support Group, After Breast Cancer (ABC) Support Group, Man to Man Prostate Cancer Support Group, Stroke Support Group, Weight Loss Surgery Support Group, and Grief Group. PMC plans to further this by including more groups and programs that include children and their parents, we also can work with our local health departments, schools and senior citizens centers to provide education.

Collaborative Efforts

Promoting healthy lifestyles and habits isn't an endeavor that we can effectively undertake alone. In order to maximize reach and impact, collaboration is an absolute must. As the saying goes, "two heads are better than one." This fundamental principle is already imbedded in our community outreach efforts. We have worked closely with national organizations like the American Cancer Society and American Heart Association, as well as local organizations, like the Kentucky Chamber of Commerce and Pikeville Rotary Club, to promote healthy living in our community, and must continue those efforts. Future activities may include joint efforts with the medical students at the University of Pikeville as well as appropriate individuals in the Pike County and Pikeville City school systems.

Effective Response to Our Community's Needs

Attacking the health problems affecting our community at their roots is a decidedly proactive approach to addressing our community's health needs. But there will still be ongoing problems, and despite our best efforts, it will be impossible to eradicate things like cancer, heart disease, obesity and diabetes. PMC needs to not only be proactive, but also reactive, effectively responding to our community's health needs while simultaneously striving to address the community's health problems at their source.

As seen above, this is something our survey respondents recognized. For instance, majority of respondents believed that cancer is the biggest health related problem facing the adults and elderly of the area. Our Leonard Lawson Cancer Center, pictured below, opened in 1996 and

caters to the special needs of cancer patients, providing our community with sophisticated cancer treatment methods and a full line of support services in a single location.



Each patient is offered an individualized, aggressive treatment program through radiation therapy, chemotherapy, pain management and other support therapies. Additional services such as hospitalization, surgery, pathology, diagnostic radiology, CT Scan, MRI, ultrasound, nuclear medicine and pharmacy services are also available and easily accessible.

The Cancer Center is a shining example of the lengths to which we are willing to go in order to address our community's ongoing health needs. The same effort underlies the numerous service development and expansion efforts previously described in this report. All of those efforts stem from our commitment to meet health concerns challenging this community head-on.

B. PRIORITIZATION AND PLAN

As seen through both the 2013 survey and this year's results, members of our community largely believe that **cancer, heart disease**, adult and child **obesity**, and **diabetes** are the health-related concerns most affecting our community. This comports with independently-gathered data as well, and for these reasons we narrowed our focus on those four health-related concerns in 2013. PMC will continue to focus on these four areas as we move forward, but there was one area in which we decided to increase our focus on in the near future, childhood obesity.

As discussed above, the results of our survey were clear; the majority of respondents believe childhood obesity is the biggest health related concern for the children of the area. Moreover, if children are taught healthy habits at an early age, they are less likely to develop cancer, heart disease and diabetes as adults. After reviewing the results with PMC physicians, we found them eager to take on this challenge. PMC, however, cannot accomplish this goal alone. We plan to partner with local organizations such as schools and food services to develop programs that will instill the healthy habits and lifestyles needed to reduce the childhood obesity rates of the area.

PMC is aware that it will be impossible to eradicate cancer, heart disease and diabetes in the area. So while we will focus on promoting healthy lifestyles and habits in both children and adults, PMC will simultaneously continue to respond to these ongoing problems through quality care and service, all the while expanding the range and scope of the services PMC can provide.

A number of resources within the community are available and will prove integral to our efforts, especially in undertaking the first prong of our approach. In order to promote healthy lifestyles and habits, PMC will cooperate with our community and university school systems, local fitness facilities and health departments, support groups, interest groups, senior citizen groups, national associations and print and broadcast mediums. Many of these were discussed in greater detail in the preceding section, but will also receive mention below.

Promotion of Healthy Lifestyles and Habits

Education

PMC will continue to use the Medical Leader, its weekly newspaper, *Health Talk*, its weekly radio show, and its willing staff to provide widespread educational services, informing our community about the healthy lifestyles and habits necessary to prevent or alleviate the

symptoms of cancer, heart disease, obesity and diabetes. Additionally, television programs on our prioritized health concerns will be evaluated for broadcast. Cooperation with local organizations, from schools to civic groups, will be essential to maintain a wide variety of forums and educational opportunities. Medical and nursing school faculty and student involvement will be pursued.

PMC will also provide such education in more individualized settings, through, among other things, patient-staff interaction, opportunistic literature distribution, and thorough discharge planning in its hospital as well as clinics and physician offices.

Community Activities and Collaborative Efforts

PMC will foster involvement in a wide array of public, community activities, again working closely with local support and civic groups, as well as local chapters of national organizations, to promote the causes for which the activities have been organized, and to spread PMC's message of healthy lifestyles and habits. PMC will initiate and host its own regular community activities in order to accomplish the same goals. Additionally, screening events will be scheduled and held at public events.

Effective Response to Current and Ongoing Needs

Recognizing that its promotional efforts cannot completely rid the community of entrenched problems like cancer, heart disease, diabetes and obesity, PMC will continue to respond to the community's ongoing needs by expanding the range and scope of its current services.

C. APPROVAL OF PLAN

After data in this report was received, calculated and analyzed, it was shared with the members of our Advisory Committee so that they could evaluate and discuss it with us. Once our Advisory Committee approved the implementation strategy and plan as it is set forth in this report, it was shared with PMC's Executive Committee. The Executive Committee evaluated the implementation strategy and plan and provided input, at which point it also approved and supported the plan.

PMC's Board of Directors recognizes both the health needs of our community and the merit of the proposed approach to addressing those needs as set forth herein. On August 15, 2016, the PMC Executive Committee unanimously approved this report.

A handwritten signature in black ink that reads "Walter E. May". The signature is written in a cursive, flowing style.

Walter E. May, *President & CEO*

Date: 8-15-2016