

+PIKEVILLE MEDICAL CENTER

Community Health Needs Assessment



August 15, 2013 – August 15, 2016

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I. INTRODUCTION

Mission-driven, tax-exempt health care organizations have a long tradition of working to improve community health through community benefit activities. As the field of community benefit has matured and become more science-based, community benefit leaders have recognized that to make an impact on the health of the communities they serve, they need a systematic approach to assessing community needs and planning community benefit programs.

Responding to the health needs of our communities, especially to the most vulnerable among us, is central to the mission of PMC and other not-for-profit health care organizations. To do so, we need to have an understanding of community health needs and use a deliberate approach for addressing those needs.

New federal laws requiring health care organizations to assess the health needs of their communities and adopt implementation strategies to address these needs have provided an impetus for these organizations to create more structured assessment and planning processes. The benefits are obvious for organizations who exist solely to serve and better their communities.

With this in mind, our collaboration with community leaders and combined effort to gather data and find the pulse of our community was anything but a burden. On the contrary, it was an exciting opportunity to better understand in what areas and in what ways our services are most needed.

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 committee, to the residents of Pike and Floyd Counties 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:

Stephanie Bentley, *Pike County Health Department*

Dr. William Betz, *KY College of Osteopathic Medicine – University of Pikeville*

Glenda Blackburn, *Child Care – Floyd County First Baptist Church*

Janette Curtis, *Social Work Services – Pikeville Medical Center*

Carol Napier, *Pike County Health Services – Senior Citizens*

Dr. Mary Rado Simpson, *University of Pikeville Nursing Program*

Dr. Arlette Soros, *Pediatric Endocrinology – Pikeville Medical Center*

Susan Swinford, *Hospice of the Bluegrass*

Glenda Tackett, *Family Resource & Youth Services – Pike County Schools*

William Thacker, *TranStar Ambulance Service*

Pikeville Medical Center's Medical Executive Committee:

Dr. Naveed Ahmed, *President*

Dr. Mark Reed, *Vice President*

Dr. Maleshea Dunning, *Secretary / Treasurer*

Dr. Aaron Crum, *Past President*

Dr. Jyothi Mettu, *Co-Chair, Quality*

Dr. Thomas Keith Ison, *Member at Large*

Pikeville Medical Center's Board of Directors:

Walter E. May, <i>President & CEO</i>	Ronald Burchett, <i>Vice President</i>
Joe Dean Anderson, <i>Secretary</i>	Dr. Naveed Ahmed, <i>Chief of Staff</i>
Walter Blankenship	TT Colley
David Collins	Dr. Dennis Halbert
Judith Hinkle	Hobart Clay Johnson
John LeBreche	Dr. Alex Poulos
Jo Nell Robinson	Dr. Mary Rado Simpson
Sue Smallwood	Burlin Coleman, <i>Emeritus</i>
Lacy Puckett, <i>Emeritus</i>	

And a very special thanks to:

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

Mike Patrick, *Staff Writer – Medical Leader*

and

Pamela T. May, Miranda D. Click and Matthew R. Hall

Counsel for Pikeville Medical Center

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 very 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 89-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 261-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, PMC announced its new membership as part of the Mayo Clinic Care Network. The Mayo Clinic Care Network extends 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 will 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. The Mayo Clinic Care Network represents non-ownership relationships. 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 15 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
Naveed Ahmed, M.D., <i>Chief of Staff</i>	2012	Neurologist
Walter Blankenship	2000	Retired
T.T. Colley	1990	Entrepreneur
David Collins	1991	CPA
Dennis Halbert, M.D.	1992	Radiologist
Judith Hinkle	1997	Homemaker
Hobart Clay Johnson	1991	Attorney

John LaBreche	1993	Retired
Alex Poulos, MD	1998	Radiologist
Jo Nell Robinson	1992	Homemaker
Mary Simpson, Ph.D.	2006	Nursing School Dean
Sue Smallwood	1999	Homemaker

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, five other Vice Presidents and ten 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 ensure appropriate communications, input, and follow-up.

Walter E. May (76) – 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. He served as a member and chairman of all committees. He 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 currently under construction. 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, Prestonsburg, Kentucky and Williamson, West Virginia, having served as one of the nation's first rock-n-roll disc jockeys, General Manager, News Director, Sales Manager and Chief Engineer. 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 (57) – Chief Operating Officer. Ms. 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.

Michelle Hagy (42) – Chief Financial Officer. Ms. 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.

William Johnson, MD (73) – Chief Medical Officer. Dr. Johnson has worked for the last five years as the Chief Medical Officer of Pikeville Medical Center. He was previously self-employed for 32 years as an Internal Medicine physician and on the staff of Pikeville Medical Center. He served two years as a CDC epidemiologist assigned to the state of South Carolina and has served as Chair of the Pike County Health Department. He received a BS degree from the University of Kentucky, an MD degree from the University of Louisville, and completed Internal Medicine residency at the Baylor University affiliated hospitals in Houston, Texas. He is board certified in A-5 Internal Medicine, a fellow of the American College of Physicians, and a member of the KMA, AMA, and ACPE. Dr. Johnson has been listed as a member of Cambridge Who's Who in Healthcare.

Debra Parsons, RN, MBA (54), 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 the Director of Emergency and Trauma Services at St Mary's Medical Center. She has 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.

Mary Ellen Smith, RN, BSN (46), Senior Assistant VP/Assistant CNO. Ms. Smith has fifteen years of healthcare experience. She is a graduate of Marshall University in Huntington, West Virginia and Ohio University in Athens, Ohio. Ms. Smith is currently pursuing her MBA at Morehead State University in Morehead, Kentucky. Ms. Smith has worked in healthcare administration for seven years. Prior to joining the team at PMC she worked at St. Mary's Medical Center in Huntington, West Virginia as their Director of Nursing Resource Center and Process Improvement. She is a member of the American Organization of Nursing Executives.

Rusty Shanklin (50), Assistant Vice President/Assistant CIO. Mr. Shanklin has been in IT management at Pikeville Medical Center for 20 years. Prior to that, he worked ten

years in IT at several banking institutions. Mr. Shanklin currently serves as Chairman of the Interoperability and Standards Committee and is a member of the Governor's Office of Health Information Exchange Coordinating Council. He also serves on the technology curriculum advisory committee of the Big Sandy Technical College. He holds a Bachelor's of Science Degree and is currently pursuing his MBA degree.

Cheryl Hickman (63), Asst. to the President/CEO. Ms. 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.

Deborah H. Puckett, PT (61), VP of Rehabilitation Services & Wound Care. Ms. 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.

Patty Thompson (54) – VP of Professional Services. Ms. Thompson began her health care career in 1994. Prior to joining PMC, she had several years experience in banking. She holds a Bachelor's of Business Administration degree from Pikeville College. Prior to becoming VP of Professional Services, she served as the Director of Customer Service.

Peggy Rasnick-Justice (50) – VP of Physician Services. Ms. Rasnick-Justice has 5 years of health care physician practice operations experience. Her previous experience included Deputy Executive Director for the Kentucky Department of Transportation, Licensed Real Estate agent since 1996 and Licensed Real Estate Broker since 2006. She holds a Bachelor's of Business Administration degree from the University of Kentucky and a membership in the Medical Group Management Association (MGMA).

Melissa Coleman (42), Asst VP of Human Resources. Ms. Coleman has been employed by Pikeville Medical Center for 21 years. She attended Prestonsburg Community College and Pikeville College and has completed training in Union Free Labor Relations,

Performance Management, FMLA, and Employment Law. Her 15 years of HR background include HR Information Systems Specialist, HR Manager and HR Director.

Larry Roberts (43) – Asst CFO. Mr. Roberts has over 8 years in the health care finance field. He is a Certified Public Accountant (CPA), and has a Masters of Business Administration degree. He is a member of the Healthcare Financial Management Association and the American Institute of Certified Public Accountants (AICPA). Prior to joining the PMC administrative team in January 2012, he served as Chief Financial Officer at the Charles George VA Medical Center, tertiary care, 119-bed acute care facility.

Cory Weatherford (29) – Assistant Vice President. Mr. Weatherford has worked in customer service for over 10 years. For 5 years he held a leadership position at the Radisson Plaza Hotel in Lexington KY. He began his career in healthcare 3 years ago at Pikeville Medical Center as the Customer Service Manager. He has moved from the Manager to the Director of Customer Service and is now working in Administration as Assistant Vice President.

Melissa Thacker, RN (43) – AVP of Clinical & Financial Integration. Ms. Thacker has over 21 years of experience in health care in a variety of settings. She is a graduate of Pikeville College. Ms. Thacker has worked in healthcare administration for the past 7 years. Prior to advancing within the management team she has worked at various levels including patient care, discharge planning, clinical documentation and revenue integrity. She is a member of ACMA and ACDIS. Ms. Thacker has worked as a collaborative member of many hospital teams toward such accomplishments as Kentucky Center of Performance Excellence Level IV Excellence Award as part of the journey toward the National Malcolm Baldrige Quality Award, Joint Commission Stroke Center Designation, Bariatric Center of Excellence, Society of Chest Pain Center's Level III Accreditation, and the American Alliance of Healthcare Providers National Hospital of the Year Award.

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 optimal facilities, state of the art equipment, qualified/satisfied staff, and specialized physicians to deliver care.

In April 2006, PMC contracted with the Studer Group, led by Quint Studer, to develop programs to improve patient satisfaction and quality of care. Through perseverance and by adhering to the ideas and methodologies in Studer's book, *Hardwiring Excellence*, 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 the highest quality of service possible in a friendly, competent, and respectful way. PMC values every patient as it realizes they have a choice of health care providers.
 - Inpatient Overall Quality of Care
 - Outpatient Overall Quality of Care
 - ED Overall Quality of Care
 - Home Health Overall Quality of Care
- **Quality** — PMC will provide excellent service exceeding expectations. PMC aims for excellence in everything it does.
 - Decrease total inpatient AMI mortality
 - Decrease 30 Day readmission rate
 - Obtain 100% of overall compliance on all Core Measures
- **People** — PMC staff will work together in a spirit of professionalism, openness, cooperation, and support. PMC realizes its greatest asset is its employees.
 - Decrease RN turnover
 - Decrease overall staff turnover
- **Financial** — PMC will remain financially stable, viable and capable of accessing credit market resources to enable future growth.
 - Achieve budgeted total margin
 - Achieve budgeted supply expense per adjusted discharge
- **Growth** — PMC will provide progressive leadership with a spirit of innovation and continuous improvement.
 - Achieve budgeted total net revenue

Services Development

PMC recently completed a number of strategic projects, expansions, and property acquisitions, all of which have or can facilitate patient service or yield new patient services. Among these are the following:

Emergency Room Relocation/Build-Out

Interior renovation of 22,448 square feet of the existing first floor of the Pikeville Medical Center has expanded the Emergency Department to 27 rooms with two specialty trauma rooms

and three specialty lockdown rooms. Included in the project is a radiology suite inside the ER with a new 320-slice CT scanner adjacent thereto.

Cancer Center Linear Accelerator Project

The interior renovation of 800 square feet of the existing first floor space has for installation of two new Varian Trilogy Linear Accelerators.

OR Case Pick MM Receiving Area

The interior renovation and equipping of 2,030 square feet of the existing first floor Materials Management space at Pikeville Medical Center will accommodate an efficient supply chain management system for surgical supplies.

Conversion for Additional Emergency Department Rooms

The interior build-out of 3,748 square feet of the existing first floor shell space allows for expansion of the Emergency Department at Pikeville Medical Center.

Patient Folder / Meds Manager System

The acquisition and installation of a computer software system to manage pharmacy orders, charge management and clinical documentation. Patient Folder is a separate computer software system which will assist in the storage and indexing of documents into the Electronic Medical Record.

Orthopedic Physician Practice Renovations

The interior renovation of an existing 11,777 square feet free-standing building accommodates the relocation of the Orthopedic Surgery Clinic and Hospital Education Program, including examination rooms, waiting rooms, cast rooms, substructure for future expansion of additional exam rooms, and instruction area for the education department.

Cath Lab/EP Installation

The interior renovation of 984 square feet of the existing first floor Cath Lab Prep/Hold location allowed for installation of a new electrophysiology Cath Lab at Pikeville Medical Center.

6th Floor Elliott Building Renovation

The interior renovation of 13,165 square feet of the existing 6th Floor of the Elliott Building to accommodate a nurses station and increase our number of private patient rooms by 21.

Diagnostic Center MRI Replacement Project

The interior renovation of 1,030 square feet of the existing space in the Diagnostic Center to install a new Toshiba 1.5T MRI.

Pikeville Women's Care Center OB/GYN Office Renovation

The interior renovation of 1,880 square feet of the existing first floor suite of a medical office building to accommodate a new OB/GYN physician practice.

Wellsoft ED System

The acquisition and installation of a computer software system to allow for automation of the nursing and physician workflow and documentation in the Emergency department.

NEXTGEN System

The acquisition and installation of an electronic health record computer software system for the physician practices.

Rheumatologist Physician Office Renovation

The renovation of 1,976 square feet of an existing free-standing building to accommodate a new Rheumatologist physician practice.

Ophthalmology Office Renovation

The interior renovation of 1,759 square feet of the existing office space for a new Ophthalmologist physician practice and to accommodate new LASIK eye surgery equipment.

Oncology CT Installation Project

The interior renovation of 766 square feet of the existing first floor of the Cancer Center to accommodate a new Toshiba Large Bore CT scanner.

ED CT Replacement Project

The interior renovation of 942 feet of the existing first floor of the Emergency department to replace a 128-slice CT scanner with a new Toshiba 320-slice CT scanner.

Cancer Center Relocation & Renovation

The interior renovation of 13,514 square feet of an existing free-standing multi-level building with an addition of 2,550 square feet to accommodate the relocation of the Cancer Center Medical Oncology, Cancer Center Oncology physician practices, & the Infusion department.

Diagnostic Center Expansion

The addition of 9,140 square feet to an existing free-standing 5,898 square feet building to accommodate a new Siemens 64-Slice CT scanner and provide additional space for outpatient services.

Pain Management/Pharmacy Expansion

The addition of 4,268 square feet to an existing free-standing 3,798 square feet building to accommodate additional exam rooms and physician offices for the Outpatient Pain Management Clinic.

Orthopedic Additional Exam Room Renovation

The interior renovation of 3,315 square feet of an existing free-standing building to accommodate nine additional exam rooms, two nurse work areas, and a physician work area for the new Orthopedic Trauma surgeons.

Centralized Telemetry Monitoring Project

The interior renovation of 275 square feet of the existing sixth floor Elliott building to accommodate a new Nihon Kohden Telemetry monitoring system and a central location for monitoring patients of the medical floors.

Weight Loss Surgery Center Renovation

The interior renovation of 3,128 square feet of the existing first floor Grace Call building to accommodate five exam rooms, an enlarged handicap restroom, training room, conference room, staff offices, and enlarged doorways for the Bariatric physician practice.

CT Scanner Installation Project

The interior renovation of 926 square feet of the existing second floor CT area to replace the previous 64-slice CT scanner with a new Toshiba 320-slice CT scanner.

Acquisition, Development, and/or Expansion of Real Property

The acquisition of the following real estate located within the city limits of Pikeville for the expansion and development of healthcare services.

- 130 South Mayo Trail (aka Pauley Building Center)
- 138 South Mayo Trail (aka East Town Designs)
- 190 South Mayo Trail (aka Landmark Inn & Mark II)
- 184 South Mayo Trail (aka Post Office)
- 172 South Mayo Trail (aka Frank Justice Building)
- 174 South Mayo Trail (aka Jerry's Restaurant)

Inpatient Utilization Statistics

The table below presents the historical utilization of PMC for the fiscal years ended September 30, 2010, 2011 and 2012.

Statistic	2010	2011	2012
Licensed Beds	261	261	261
Number of Beds Operated	243	243	243
Number of Admissions(1)	10,451	10,830	11,129
Medicare Case Mix Index	1.757	1.678	1.741
Patient Days(1)	50,632	54,787	58,970
Average Length of Stay (Days)(2)	4.8	5	5.3
Emergency Room Visits	38,484	40,612	44,753
Inpatient Surgical Procedures(3)	3,884	4,154	4,295
Outpatient Surgical Procedures	10,893	12,780	13,082
Outpatient Visits	308,991	357,064	403,107

(1) Net is excluding newborn nursery.

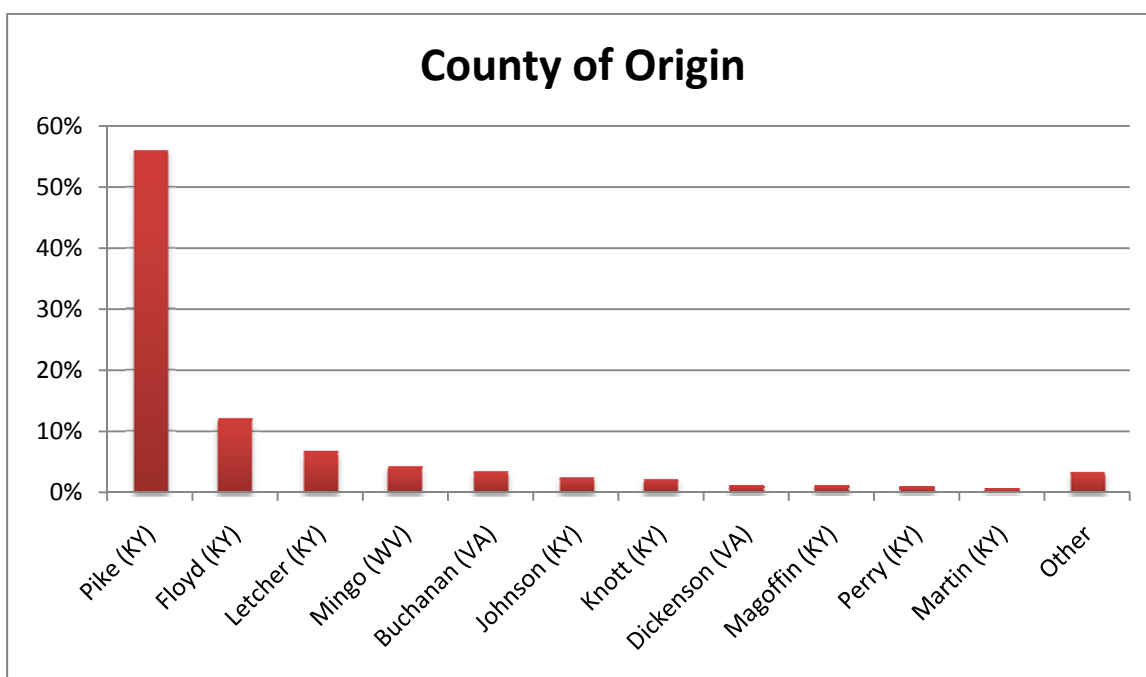
(2) Average total length of stay is based on discharge days and discharges.

(3) Includes Open Heart Procedures.

County of Origin

As seen in the tables on the following page, In fiscal year 2012, most of PMC's inpatient visitors called Pike (56.13%) and Floyd (17.27%) counties home, comprising just under three quarters (73.4%) 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.

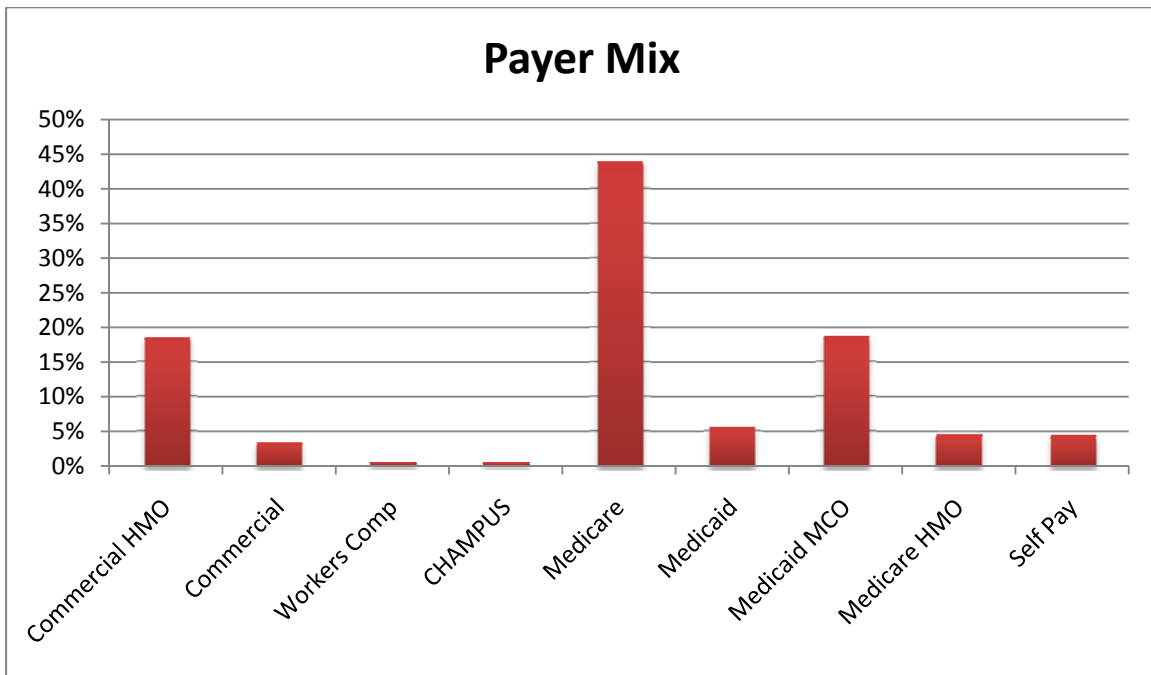
State	County	Cases	Days	Length of Stay (days)	% of Cases
KY	Pike	6,802	34,161	5.02	56.13%
KY	Floyd	2,093	10,242	4.89	17.27%
KY	Letcher	812	4,434	5.46	6.70%
WV	Mingo	519	2,684	5.17	4.28%
VA	Buchanan	427	2,254	5.28	3.52%
KY	Johnson	298	1,450	4.87	2.46%
KY	Knott	274	1,523	5.56	2.26%
VA	Dickenson	150	653	4.35	1.24%
KY	Magoffin	139	661	4.76	1.15%
KY	Perry	116	515	4.44	0.96%
KY	Martin	73	408	5.59	0.60%



Payer Mix

As can be seen in the tables on the following page, almost half (48.56%) of PMC's inpatient visitors were Medicare and/or Medicare HMO enrollees in fiscal year 2012. Nearly a quarter of PMC's inpatient visitors (24.08%) were Medicaid and/or Medicaid managed care organization enrollees, and nearly a quarter (23.04%) were commercial and/or other enrollees.

	Cases	Days	Length of Stay (days)	% of Cases
COMMERCIAL HMO	2,245	7,807	3.48	18.53%
COMMERCIAL	405	2,078	4.57	3.40%
WORKERS COMP	73	344	4.71	0.60%
CHAMPUS	62	260	4.19	0.51%
MEDICARE	5,328	32,256	6.05	43.97%
MEDICAID	665	3,979	5.98	5.49%
MEDICAID MCO	2,253	9,005	4.00	18.59%
MEDICARE HMO	556	3,132	5.63	4.59%
SELF PAY	531	2,328	4.38	4.38%
	12,118	61,189	5.05	



Cases by Selected Type

Pike County

As can be seen below, lung and heart-related diseases account for nearly one-fifth of PMC's total Pike County diagnoses in fiscal year 2012.

	Cases	Days	Average LOS	% Total Cases
Lung-Related	982	5,946	6.75	10.10%
Heart-Related	892	4,700	5.89	9.17%
Diabetes	232	879	5.63	2.39%
Cancer	382	1,482	6.04	3.93%

Floyd County

As can be seen below, Floyd County inpatient diagnoses were very similar to those of Pike County in fiscal year 2012, 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
Lung-Related	214	1,220	6.44	8.07%
Heart-Related	276	1,395	6.79	10.41%
Diabetes	70	277	7.94	2.64%
Cancer	122	460	5.46	4.60%

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, D&T, 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 subspecialties practiced by PMC's medical staff.

PRIMARY CARE

Addiction Medicine

William T. Fannin, M.D.

Allergy / Immunology

Charles E. Lowe, III, M.D.

Leonor S. Pagtakhan-So, M.D.

Critical Care

Rami K. Hanna, M.D.

Ayorinde A. Medaiyese, M.D.

Artur Grigoriyan, M.D.

Obaeda Harfouch, M.D.

Harigopal Reddy, M.D.

Speros Livieratos, M.D.

Dermatology

Oscar W. Thompson, III, M.D.

Ronald D. Hall, M.D.

Timothy R. Lavender, D.O.

Gastroenterology

Adib Chaaya, M.D.

Phillip Leipprandt, Jr., D.O.

Infectious Disease

Fadi T. Al Akhrass, M.D.

Tamara L. Musgrave, M.D.

Family Practice

Raymond O. Bishop, M.D.

William T. Betz, D.O.

Betty D. Coleman, M.D.

Larry B. Coleman, M.D.

Maleshea Y. Dunning, D.O.

James R. Hager, D.O.

Samuel J. King, M.D.

Jennifer B. Kingery, D.O.

David W. Martin, M.D.

Mark Reed, M.D.

Elster D. Roberts, M.D.

Daniel H. Stamper, M.D.

Chadward L. Thacker, M.D.

Jamie B. Varney, M.D.

Dana Shaffer, D.O.

Alexis R. Collins, D.O.

Tiffany A. Salyers, D.O.

Lowell J. Black, M.D.

Heath S. Cook, D.O.

Suzanne D. Ford, D.O.

Laura E. Griffin, D.O.

Wendy A. Latunik, M.D.

Randy G. Litman, D.O.

Ronald F. Mann, M.D.

Ronnie Parker, D.O.

Bill A. Webb, D.O.

Peter Zajac, D.O.

Hospitalist – Internal Medicine

Jamie Bartley, D.O.

Crystal K. Compton, D.O.

Raymond L. Daniels, D.O.

Nephrology

Ravinder S. Bhagrath, M.D.
Donna S. Sanders, D.O.
Said A. Yusuf, M.D.
Vandana Shah, M.D.

Internal Medicine

Wimal S. Dissanayake, M.D.
Lela C. Maynard, M.D.
Paul L. Maynard, M.D.
Lillian M. Thomas, M.D.
Nisrine Bou Malhab, M.D.
William M. Johnson, M.D.
Scott M. Harrison, D.O.
Ramanarao V. Mettu, M.D.

Neurology

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

Osteopathic Manipulative Medicine

Michael S. Carnes, D.O.
Edward G. Stiles, D.O.

Rheumatology

Belal Said, M.D.

Sleep Medicine

Ramanarao V. Mettu, M.D.

Sher B. Limbu, M.D.
Christopher McCoy, D.O.
Dilli R. Poudel, M.D.
Sami Tammo, M.D.
Shellie A. Thompson, D.O.
Alicia D. Warnock, D.O.
John C. Watson, M.D.
Salman Zafar, M.D.
Megan Copley, M.D.
Kara Huff, D.O.
Alexis Collins, D.O.
Tiffany A. Salyers, D.O.
Worku Wondafrash, M.D.

Physical Medicine

Milton C. Calima, M.D.
Theresa Wolfe, M.D.
Jason K. Fogg, D.O.

Pulmonary Disease

Srinivas M. Ammisetty, M.D.
Ramanarao V. Mettu, M.D.
Shadi F. Obeidat, M.D.
Obaeda Harfouch, M.D.
Harigopal Reddy, M.D.

Clinical Psychology

Brad Adkins, Ph.D.

ANESTHESIA***Anesthesia***

Michelle B. Byrne, D.O.
Jim Y. Chen, M.D.
Sai P. Gutti, M.D.
Diana M. Hursh, M.D.
Jeffrey P. Keck, M.D.
Samuel J. King, II, M.D.
William S. Leighton, D.O.
Charles B. McGaha, M.D.

Mary J. Ratliff, M.D.
John Trump, M.D., D.D.S.
Steve Walters, D.O.
Maggie P. Angelica, M.D.
Kari B. Christie, M.D.
Joshua H. Hensley, M.D.
Gabriel B. Jacobs, M.D.

Pain Management

Brendon M. Coughtry, M.D.
Jason K. Fogg, D.O.

CARDIOLOGY***Cardiology***

Padubidri S. Chandrashekar, M.D.
Denzil Harris, M.D.
Ahmed Malik, M.D.
Jose L. Velasquez, M.D.
Hari Nallapaneni, M.D.

Interventional Cardiology

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

Invasive Cardiology

Rodney Handshoe, M.D.

Electrophysiology

Michael G. Antimisiaris, M.D.
Shamik Aikat, M.D.

DIAGNOSTIC & THERAPEUTIC***Radiology***

Dennis H. Halbert, M.D.
William A. Kendall, M.D.
Paul S. Matharoo, M.D.
Jeffery D. Settles, II, M.D.

Garrick T. Sherman, M.D.
Bradley E. Wells, M.D.
Alexander Poulos, M.D.

Interventional Radiology

Rami Sartawi, M.D.
Michael Wolujewicz, M.D.

EMERGENCY DEPARTMENT***Emergency Medicine***

John M. Fleming, D.O.
Anthony P. Keene, D.O.
Brandon L. Smallwood, M.D.
Kevin W. Brinker, D.O.
Matthew B. Fain, M.D.
Paul W. Finley, D.O.
James M. Foster, M.D.
Gary M. Harrell, M.D.
Thomas M. Huhn, M.D.
Lon G. Miller, M.D.
John M. Mullins, M.D.
Christopher R. Pund, M.D.

Douglas F. Smith, M.D.
William B. Webb, D.O.
James L. Wilson, D.O.
Jairo Fortich, M.D.
Troy Pope, M.D.
Shawn Rice, D.O.
Jonathan Severy, M.D.
Gary Singer, D.O.
Kimberly R. Smith, M.D.
Robert D. Vichich, M.D.
Kolan C. Wright, M.D.

ONCOLOGY***Oncology***

Vickie G. Morgan, M.D.
Tamara L. Musgrave, M.D.

Gynecologic Oncology

Holly Gallion, M.D.

Radiation Oncology

Joseph Pedersen, M.D.

Oncology/Hematology

Vijaya Puram, M.D.

Lillian M. Thomas, M.D.

PEDIATRICS**Pediatrics**

Debra S. Bailey, M.D.

Jack B. Crider, M.D.

Katarzyna Dudycz-Sulicz, M.D.

Megan Fuller, D.O.

Muhammad Idrees, M.D.

Stan M. Johnson, M.D.

Jyothi Mettu, M.D.

Rakesh S. Sachdeva, M.D.

Seema Sachdeva, M.D.

Aaronda D. Wells, M.D.

Dana Ramirez-Anguiano, M.D.

Neonatology

Matthew T. Hambleton, M.D.

Myla S. Santiago, M.D.

Cheryl A. Eads, M.D.

Pediatric Endocrinology

Arlette A. Soros, M.D.

Pediatric Sleep

Jyothi Mettu, M.D.

OBSTETRICS / GYNECOLOGY

Aaron W. Crum, M.D.

Holly H. Gallion, M.D.

Rebecca C. Hobbs, D.O.

Angela K. Maggard, M.D.

Rick A. McClellan, M.D.

Tom O. McGuire, M.D.

Jennifer E. Mullins, M.D.

SURGERY**Bariatric Surgery**

Amy Johnson, M.D.

General Surgery

Amy Johnson, M.D.

Oon Leedhanachoke, M.D.

Devesh Sharma, M.D.

Grady J. Stephens, M.D.

Timothy P. Wright, D.O.

Aaron L. Brown, M.D.

Silas Chikungwo, M.D.

Cardiovascular & Thoracic Surgery

Dennis Havens, M.D.

John H. Arnold, M.D.

Raed Al Najjar, M.D.

Hand Surgery

Devesh Sharma, M.D.

Oral/Maxillofacial Surgery

Chad C. Street, M.D.

Neurosurgery

Duane W. Densler, M.D.

Norman Mayer, M.D.

Retinal Specialist

Joseph A. Brown, D.O.

Ophthalmology

Kay C. Hazelett, M.D.

Thomas K. Ison, D.O.

Charles P. Wheeler, M.D.

Orthopedics

Keith B. Hall, M.D.
Ryhor Harbacheuski, M.D.
Anbu K. Nadar, M.D.
Kevin W. Pugh, M.D.
Apostolos Dimitroulias, M.D.

Plastic Surgery

Uzoma B. Gbulie, M.D.
Mary Lyn T. Lu, M.D.
Pio G. Valenzuela, II, M.D.

Urology

Mark J. Swofford, D.O.

Trauma Surgery

John A. DeLuca, M.D.
Michael D. Hall, M.D.
Frank C. Lucente, M.D.
Romeo Massoud, M.D.
William R. Peery, II, M.D.
Richard K. Umstot, Jr., M.D.

Pediatric Dentistry

Alfred L. Pelphrey, D.M.D.

Otolaryngology

James E. Bland, M.D.
Gregory V. Hazelett, D.O.
William P. Hoskins, D.O.
Manosh Vongvises, M.D.

Pathology

Harty E. Ashby, D.O.
Sheila G. Combs, M.D.

Podiatry

Josh Hill, D.P.M.

PMC also operates the only Family Practice/Neuromuscular Medicine Residency Program in KY, the only One Year Plus One 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.

The Medical Staff and Senior Management play a leading role in the recruitment program at the Hospital. 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 Surgeons, Orthopedic Hand, Hospitalists, Pain Management, Dermatology, Pediatrics, General Cardiology, Nephrology, General Surgery, Physiatry, Infectious Disease, Anesthesiology, Hematology/Oncology.

Many of the medical staff serves as voluntary faculty for University of Kentucky College of Medicine, University of Louisville College of Medicine and University of Pikeville School 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 513 students during calendar year 2012, 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 – Arizona School of Medicine	Beckfield College
Belfry Area Technology Center	Bellarmino University
Chatham University	Devry University
Duke University	Eastern Kentucky University
Edward Via Virginia College of Osteopathic Medicine	Emergency Medical Educators
Frontier School of Midwifery and Family Nursing	Huntington Junior College
Iowa College Acquisition Corp. d/b/a Kaplan University	Hutchinson Community College
Kansas City University of Medicine and Bioscience	Jefferson College of Health Sciences
Lake Erie College of Osteopathic Medicine	KCTCS
Letcher County Area Technology Center	Liberty University
Lincoln Memorial University	Lindsey Wilson College
Marietta College	Marshall University
Meridian Institute of Surgical Assisting	Milligan College
National College of Business – Lexington Campus	Morehead State University
National College of Business – Pikeville Campus	Norton Residency Program
Northern Kentucky University	Nova Southeastern University
Ohio University College of Osteopathic Medicine	Phlebotomy Education Inc.
Phelps Vocational School	Ross University
Saint Louis University	St. James School of Medicine
Southern West Virginia Community & Technical College	Shawnee State University
Southwest Virginia Community College	Spencerian College
Tennessee Technology Center at Elizabethton	Sullivan University College of Pharmacy
Touro University Nevada	Trans Star Training Academy
University of Appalachia College of Pharmacy	Union University
University of Charleston	University of Cincinnati
University of Cumberlands	University of Kentucky
University of New England College of Osteopathic Medicine	University of Louisville
University of North Texas Health Science Center	University of North Carolina
University of Pikeville	Virginia Commonwealth University
Washburn University	Weber State University
West Virginia School of Osteopathic Medicine	Wheeling Jesuit University
West Virginia University Board of Governors	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 2011.

PMC currently has the following accreditations:

- ACS Commission on Cancer Programs (American College of Surgeons)
- American Academy of Sleep Medicine
- American College of Radiology-Mammography Accreditation of the Commission on Quality & Safety, MRI Accreditation of the Commission on Quality & Safety, CT Accreditation of the Commission on Quality & Safety
- American Diabetes Association Certification for Diabetes Education
- AOA-COPT (American Osteopathic Association's Council on Post-Doctorate Training)
- CAP (College of American Pathologists)
- CLIA (Clinical Laboratory Improvement Act's deemed status under CAP)
- Cabinet for Health Services
- FDA Blood Bank Certification (Food and Drug Administration)
- FDA Radiology (Mammography)
- The Joint Commission
- Kentucky Medical Association (Intrastate Sponsors of Continuing Medical Education)
- National Network of Libraries and Medicine
- AACVPR (American Association of Cardiovascular and Pulmonary Rehabilitation)
- Partner with VHA (Voluntary Hospitals of America)

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.

- National Hospital of the Year (2010-12), The American Alliance of Healthcare Providers
- One of the nation's Best Places to Work (2009-12), Modern Healthcare
- One of the Best Places to Work in Kentucky (*six consecutive years*)
- Five 5-Star Awards for Overall Quality of Care
- Level 4 Excellence Award (*highest such award – only awarded twice in Kentucky*), Kentucky Center for Performance Excellence
- American Cancer Society's "Multiple Team Excellence Award"
- American Cancer Society's Community Volunteer of the Year Award
- American Diabetes Association's Recognition Award

- American Heart Association/American Stroke Association Get With The Guidelines - Stroke Silver Quality Achievement Award
- Central Kentucky Blood Center's Lifetime Achievement Award (*Walter E. May*)
- Chamber of Commerce award for Community Involvement
- CMS Certificate of Appreciation
- Commission on Cancer's Outstanding Achievement Award presented by the American College of Surgeons (given to the top 7 percent of cancer programs in the nation each year)
- Get Healthy Kentucky Award recipient
- Kentucky Hospital Association Award for Leadership and Governance award
- Kentucky's First Level II Accredited Chest Pain Center (April 2009); the highest recognition given by the Society of Chest Pain Centers
- McKesson National VIP Award for Supporting Organizational Growth and Technology
- National American Organization of Nurse Executive Award (*Cheryl Hickman*)
- PMC's Leonard Lawson Cancer Center was the recipient of the highly-acclaimed Judith Ann Cook Excellence Award (*the only hospital in Kentucky to receive the award*)
- Ranked Among the Top 10 (#8) in Kentucky for Joint Replacement
- 2011 Business of the Year, Southeast Kentucky Chamber of Commerce
- American Heart Association/American Stroke Association Get With The Guidelines - Stroke Gold Plus Quality Achievement Award
- Best Regional Hospital in Three Specialty Areas (Gynecology, Ear, Nose & Throat, and Nephrology) 2011/2012, U.S. News & World Report
- Gold Standard in Radiology Accreditation, American College of Radiology
- 7th Best Medium Hospital IT Department, Healthcare IT News
- One of the Nation's Best Regional Hospitals, U.S. News & World Report
- Named among Healthcare's Hottest – top 40 fastest growing healthcare companies, Modern Healthcare
- Society of Chest Pain Centers Level IV Accreditation with PCI
- Excellence in Patient Care Award for Doctor Communication, Studer Group
- Healthcare Organization of the Month, Studer Group
- Women's Choice Award - Best Hospitals for Patient Experience in Obstetrics, *WomenCertified*

III. OUR COMMUNITY

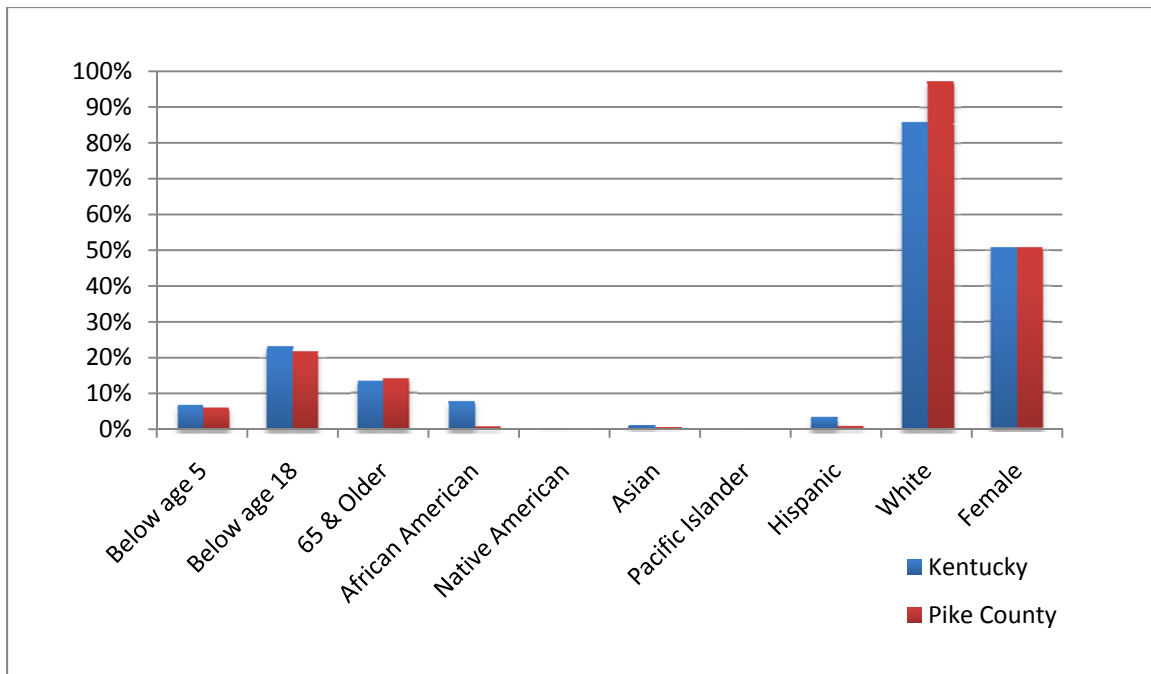
PMC provides healthcare services to residents of Pike, Floyd, Johnson, Magoffin, Martin, and Letcher counties in Kentucky, Mingo County in West Virginia and Buchanan County in Virginia. However, in 2012, just over four-fifths, 80.76 percent, of our patients came from Pike and Floyd Counties, Kentucky. Because these two counties provide 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 65,024 residents as of 2010. 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 97.4% of its population self-identifying as White in 2011.

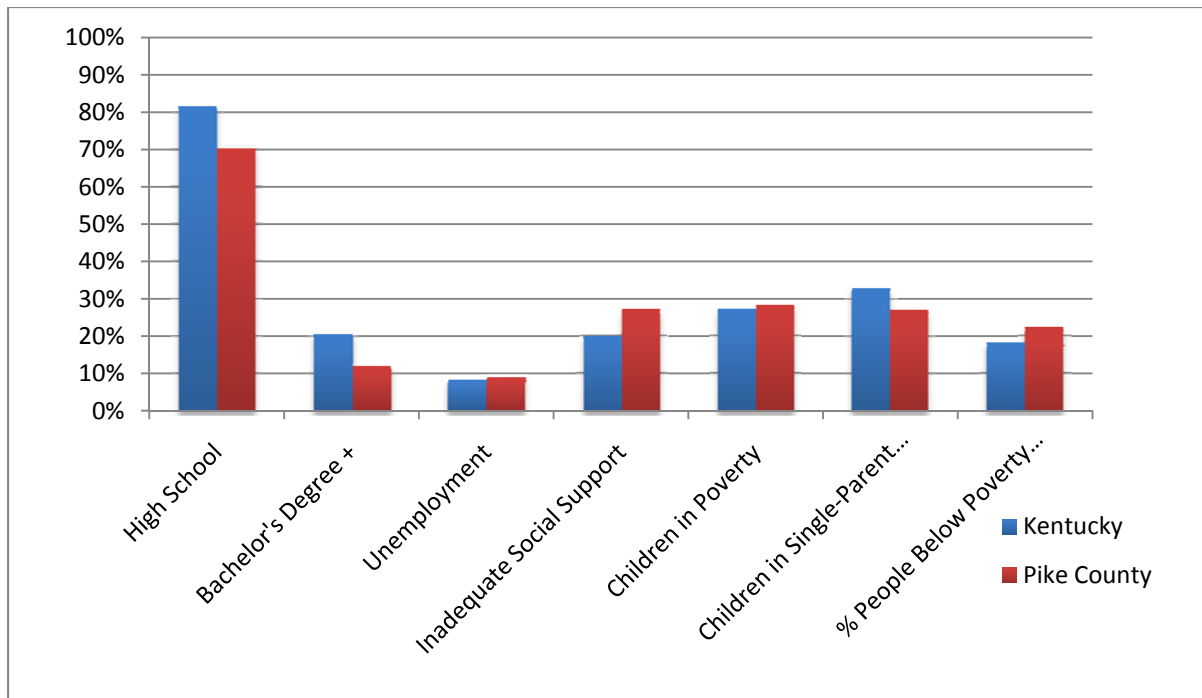
	Kentucky	Pike County	Data Source	Year
Population	4,339,367	65,024	U.S. Census	2010
% below age 5	6.4%	5.9%	U.S. Census	2011
% below age 18	23.4%	21.8%	U.S. Census	2011
% 65 and older	13.5%	14.2%	U.S. Census	2011
% African American	8%	0.7%	U.S. Census	2011
% American Indian and Alaskan Native	0.3%	0.1%	U.S. Census	2011
% Asian	1.2%	0.5%	U.S. Census	2011
% Native Hawaiian / Other Pacific Islander	0.1%	0%	U.S. Census	2011
% Hispanic	3.2%	0.7%	U.S. Census	2011
% White	86.1%	97.4%	U.S. Census	2011
% Female	50.8%	51%	U.S. Census	2011



Socio-Economic Factors

Just over 70% 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. As of 2012, Pike County's unemployment rate of 9.1% was higher than the state's unemployment rate of 8.2%. Over a quarter of the county's children live in poverty and in single-parent households. Pike County's median household income of \$33,148 is nearly \$9,000 below the state average.

	Kentucky	Pike County	Data Source	Year
Median household income	\$42,248	\$33,148	U.S. Census	2007-2011
High school graduation (% of persons age 25+)	81.7%	70.5%	U.S. Census	2007-2011
Bachelor's degree or higher (% of persons age 25+)	20.6%	12%	U.S. Census	2007-2011
Unemployment	8.2%	9.1%	Bureau of Labor Statistics	2012
Inadequate social support	20%	27%	Behavioral Risk Factor Surveillance System	2005-2010
Children in poverty	27%	28%	Small Area Income & Poverty Estimates	2011
Children in single-parent households	33%	27%	U.S. Census	2007-2011
% People living below poverty level	18.1%	22.2%	U.S. Census	2007-2011



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 occur 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, 115th of Kentucky's 120 counties.

	Indicators	Pike County	Kentucky	Data Source	Year
Maternal & Child Health	Teen birth rate per 1000	57.6%	52%	Vital Statistics, NCHS (County Health Rankings)	2002-2008
	Adequate prenatal care	90%	85%	Kentucky Health Facts	2007
	Child victims of substantiated abuse	233	15,449	KIDS COUNT Data Center	2011
	Low birthweight	11%	9%	KIDS COUNT Data Center	2009
	Births to mothers who smoked during pregnancy	30%	24%	KIDS COUNT Data Center	2009
	Early childhood obesity (age 2-4 yrs)	15.8%	15.6%	KIDS COUNT Data Center	2010
Behavioral Factors	Adult smoking	35%	26.9%	Behavioral Risk Factor Surveillance System	2004-2010
	Prevalence of youth smoking	27%	25%	Kentucky Health Facts	2007
	% Adults overweight or obese	34%	32.9%	Behavioral Risk Factor Surveillance System	2009
	% Adults reporting no physical activity in past month	42%	31.5%	Behavioral Risk Factor Surveillance System	2009
Diabetes Indicators	% Population with diabetes	14%	8%	Kentucky Health Facts	2008-2010
Access to Care	Primary care physicians (per 100,000)	1.3	1	Kentucky Health Facts	2009
	Immunization coverage (ages 19-35 mo)	85%	80%	Kentucky Health Facts	2007
	% Uninsured adults	17%	18%	Kentucky Health Facts	2009
	% Uninsured children	9%	9%	Kentucky Health Facts	2009
	Poor mental health days (average/mo.)	6	4.3	Behavioral Risk Factor Surveillance System	2004-2010
Cancers (per 100,000)	Cancer deaths	245	211.55	Kentucky Health Facts	2004-2008
	Lung cancer deaths	92	75.06	Kentucky Health Facts	2004-2009
	Colorectal cancer deaths	25	19.93	Kentucky Health Facts	2004-2010
	Breast cancer deaths	30	23.41	Kentucky Health Facts	2004-2011
	Prostate cancer deaths	25	25.21	Kentucky Health Facts	2004-2012

B. FLOYD COUNTY

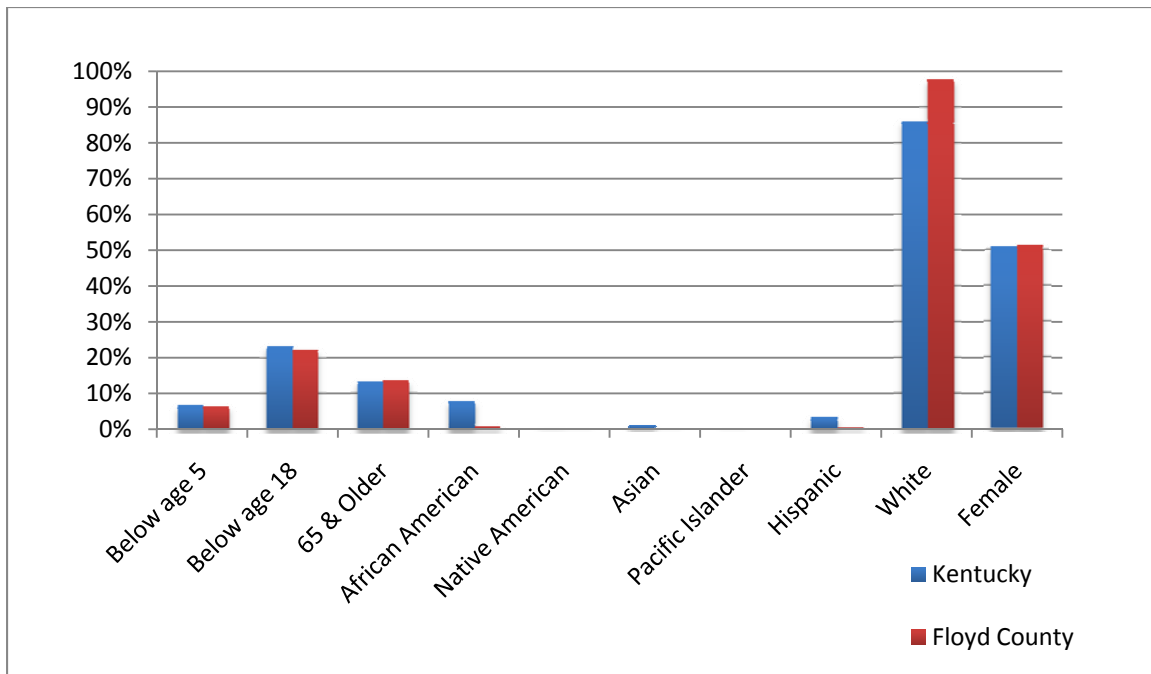
Demographics

Floyd County lies just west of Pike County, and is less populous than Pike County, with 39,451 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 (97.7%) self-identifies as White.

	Kentucky	Floyd County	Data Source	Year
Population	4,339,367	39,451	U.S. Census	2010
% below age 5	6.4%	6.3%	U.S. Census	2011
% below age 18	23.4%	22.4%	U.S. Census	2011
% 65 and older	13.5%	13.8%	U.S. Census	2011
% African American	8%	0.9%	U.S. Census	2011
% American Indian and Alaskan Native	0.3%	0.1%	U.S. Census	2011
% Asian	1.2%	0.2%	U.S. Census	2011
% Native Hawaiian / Other Pacific Islander	0.1%	0%	U.S. Census	2011
% Hispanic	3.2%	0.6%	U.S. Census	2011
% White	86.1%	97.7%	U.S. Census	2011
% Female	50.8%	51.1%	U.S. Census	2011



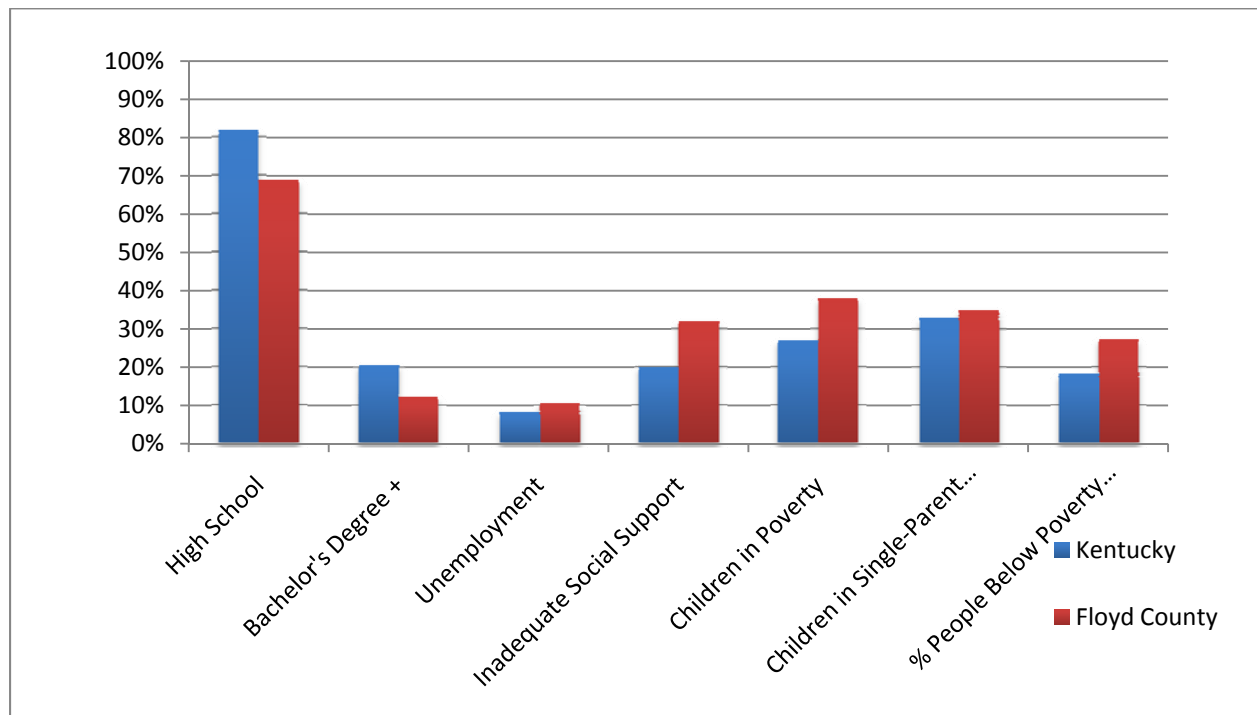
Dewey Lake in Jenny Wiley State Park (Floyd County)



Socio-Economic Factors

Just over two-thirds of Floyd County's adult population have completed high school, well below the state average, and 12.2% 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, over a third of the county's children live in poverty. The median household income of \$28,221 is around \$14,000 below the stage average.

	Kentucky	Floyd County	Data Source	Year
Median household income	\$42,248	\$28,221	U.S. Census	2007-2011
High school graduation (% of persons age 25+)	81.7%	68.8%	U.S. Census	2007-2011
Bachelor's degree or higher (% of persons age 25+)	20.6%	12.2%	U.S. Census	2007-2011
Unemployment	8.2%	10.6%	Bureau of Labor Statistics	2012
Inadequate social support	20%	32%	Behavioral Risk Factor Surveillance System	2005-2010
Children in poverty	27%	38%	Small Area Income & Poverty Estimates	2011
Children in single-parent households	33%	35%	U.S. Census	2007-2011
% People living below poverty level	18.1%	27.3%	U.S. Census	2007-2011



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 last of Kentucky's 120 counties.

	Indicators	Floyd County	Kentucky	Data Source	Year
Maternal & Child Health	Teen birth rate per 1000	68%	52%	Vital Statistics, NCHS (County Health Rankings)	2002-2008
	Adequate prenatal care	87%	85%	Kentucky Health Facts	2007
	Child victims of substantiated abuse	146	15,449	KIDS COUNT Data Center	2011
	Low birthweight	12%	9%	KIDS COUNT Data Center	2009
	Births to mothers who smoked during pregnancy	35%	24%	KIDS COUNT Data Center	2009
	Early childhood obesity (age 2-4 yrs)	17.7%	15.6%	KIDS COUNT Data Center	2010
				Behavioral Risk Factor Surveillance System	
Behavioral Factors	Adult smoking	29.2%	26.9%		2004-2010
	Prevalence of youth smoking	27.1%	25%	Kentucky Health Facts	2007
	% Adults overweight or obese	36.9%	32.9%	Behavioral Risk Factor Surveillance System	2009
	% Adults reporting no physical activity in past month	40.7%	31.5%	Behavioral Risk Factor Surveillance System	2009
Diabetes Indicators	% Population with diabetes	16.3%	8%	Kentucky Health Facts	2008-2010
Access to Care	Primary care physicians (per 100,000)	1.3	1	Kentucky Health Facts	2009
	Immunization coverage (ages 19-35 mo)	81.8%	80%	Kentucky Health Facts	2007
	% Uninsured adults	24.5%	18%	Kentucky Health Facts	2009
	% Uninsured children	8%	9%	Kentucky Health Facts	2009
	Poor mental health days (average/mo.)	5.9	4.3	Behavioral Risk Factor Surveillance System	2004-2010
Cancers (per 100,000)	Cancer deaths	264.61	211.55	Kentucky Health Facts	2004-2008
	Lung cancer deaths	108.33	75.06	Kentucky Health Facts	2004-2009
	Colorectal cancer deaths	21.43	19.93	Kentucky Health Facts	2004-2010
	Breast cancer deaths	35	23.41	Kentucky Health Facts	2004-2011
	Prostate cancer deaths	22.53	25.21	Kentucky Health Facts	2004-2012

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, hospice, social work, and ambulance services. Members of the committee include:

Stephanie Bentley, Pike County Health Department

Stephanie Bentley is a Registered Nurse who works with the Pike County Health Department (P.C.H.D.). P.C.H.D. is dedicated to the health of all people in Pike County. With registered nurses, dietitians, environmentalists and a full time pediatrician on staff, P.C.H.D. provides countless services including: STD testing and Counseling, Cholesterol Screening, Physicals, Environmental Health Services, Family Planning, Health Education Programs, Immunization & Well Child Services, a Male Clinic, Nutrition Services, and a Tobacco Prevention Program.

Dr. William Betz, D.O., MBA, Kentucky College of Osteopathic Medicine

Dr. Betz earned his Master in Business Administration from the University of Tennessee at Knoxville and his Doctor of Osteopathic Medicine degree from the Kansas City University of Medicine and Biosciences. He spent the first 18 years of his professional career in family medicine, geriatric medicine and palliative care, before joining University of Pikeville-Kentucky College of Osteopathic Medicine (KYCOM). William T. Betz, D.O., MBA, is currently the senior associate dean for osteopathic medical education and chair of family medicine at the KYCOM.

Glenda Blackburn, Child Care—Prestonsburg First Baptist Church

Glenda Blackburn is Director of the First Baptist Church's Baptist Learning Center in Prestonsburg, Kentucky, a position she has held for 12 years. Prior to fulfilling this role, Mrs. Blackburn was taught at Allen Elementary School for 28 years. A resident of Floyd County for most of her life, Mrs. Blackburn has happily spent most of her life working with children of all ages, and now working with parents of young pre-school children.

Janette Curtis, Social Work Services, Pikeville Medical Center

Janette Curtis is a licensed social worker employed by Pikeville Medical Center. She achieved her bachelor's in social work from Morehead State University in 1997 and began working in case management at Pikeville Medical Center the following year. She has provided social work

services for all PMC units during her employment, but for the past 5 years, has provided those services to PMC's intensive care units.

Carol Napier, Pike County Health Services- Senior Citizens

Carol Napier is Director of Pike County Community Services and Supervisor of the Pike County Senior Citizens Program.

Dr. Mary Rado Simpson, University of Pikeville Nursing Program

Dr. Mary Rado Simpson, is Chair of Division of Nursing at the University of Pikeville, a position she has held since 2000. She is also a Professor of Nursing of the University of Pikeville's Nursing Program. Dr. Simpson is a Doctor of Philosophy in Nursing from the University of Kentucky. Her nursing career began at the South Williamson Appalachian Regional Hospital after college graduation in 1976. She has taught courses in fundamentals, medical-surgical and professional issues and worked as a research associate.

Dr. Arlette Soros, M.D., Pediatric Endocrinology – Pikeville Medical Center

Dr. Arlette Soros is a Pediatric Endocrinologist at Pikeville Medical Center. She is board certified by the American Board of Pediatrics. She is also a member of the Pediatric Endocrine Society, Endocrine Society, and Endocrine Society & American Academy of Pediatrics. Specifically, Dr. Soros treats children for type 1 diabetes also known as juvenile diabetes, short stature, thyroid diseases, early puberty, adrenal disorders, calcium disorders and obesity.

Susan Swinford, Hospice of the Bluegrass

Susan Swinford is the Vice President of Administration at Hospice of the Bluegrass. Hospice of the Bluegrass is a private non-profit organization that is a member of the National Hospice and Palliative Care Organization. Hospice of the Bluegrass serves more than 900 patients daily in 32 central, southeastern and northern Kentucky counties, including Pike and Floyd Counties.

Glenda Tackett, Family Resource & Youth Services, Pike County Schools

Glenda Tackett is Supervisor of the Pike County Family Resource and Youth Services Center. The mission of the Family Resource and Youth Services Center is to enhance student's abilities to succeed in school by developing and sustaining partnerships that promote early learning and successful transition into school, academic achievement and well-being while in school and successful transition into adult life. To achieve these goals, the center focuses on removing non-cognitive barriers to learning through programs, activities and services.

William Thacker, TranStar Ambulance Service

William Thacker is employed by TranStar Ambulance Service and represents emergency medical transportation in our Advisory Committee. Trans-Star Ambulance Service offers all types of emergency medical transportation including home to hospital, hospital to hospital, to and from doctor's offices, dialysis, and more for Pike, Floyd and Letcher counties.



Jenny Wiley State Park (Floyd County)

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 three 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: 03/15/2013

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

To gain a comprehensive understanding of the gaps in health care that 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 strives to be responsive to the needs of those it serves. The organization provided more than \$41 million in charity care last year and has also increased service lines, opened satellite clinics and recruited specialists to make quality health care more accessible.

The hospital is requesting the community's help in completing a Community Health Needs Assessment Survey.

Please take a moment to mail in the survey, found in this issue and two upcoming issues of Medical Leader, to P.O. Box 1439, Attn: Miranda Click, Pikeville, KY 41502. The survey is also available online at <http://pikevillehospital.org>.

Surveys must be completed by April 15.

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 2,000 Facebook followers and over 400 followers on Twitter. The newspaper is a wonderful way for the hospital to reach out to the community.

As the survey began, hospital attorney Miranda D. Click promoted the survey on local radio station 93.1 WDHR's morning show, Day Break. Day Break is a popular radio program with over 5,000 Facebook followers and is heard throughout Pike and Floyd counties. The radio segment explained that the survey could be completed online or listeners could mail in the version of the survey found in The Medical Leader. If the listeners did not have access to either survey format, they were encouraged to call and request a copy of the survey.

Advisory Committee member, Glenda Tackett, contacted all employees of the Pike County School System by email requesting that each complete the survey and pass the survey onto others. She also sent hard copies of the survey to each school for parents and other individuals to complete. The Family Resource and Youth Services Coordinators also assisted in distributing and collecting surveys. We believe distributing the survey through the school system was instrumental in accessing the different areas of Pike County.

Carol Napier, also an Advisory Committee member, helped get the survey to the senior citizens of our community. She distributed copies of the survey to eight senior citizens centers in the area and encouraged the staff and participants in the program to complete the survey.

Pike County is home of the University of Pikeville and Kentucky College of Osteopathic Medicine (KYCOM). The two school's faculty, staff and students inhabit the city of Pikeville during the academic year, many year round. Dr. William Betz and Dr. Mary Rado Simpson, Advisory Committee members, specifically helped reach this portion of the community. Dr. Betz sent the survey to each member of the UPIKE undergraduate faculty and staff by email. He also enlisted

the help of the college's Dean, Dr. Tom Hess to reach the undergraduate students and encourage their participation in the survey. Finally, he sent the survey to each member of the KYCOM faculty, staff, and student body. Dr. Mary Rado Simpson reached out to the faculty, staff, and student body of the University of Pikeville nursing program. KYCOM and the nursing program certainly have a specific interest in the health needs of our community.

Dr. Arlette Soros, Pediatric Endocrinologist and Advisory Committee member helped spread the word about the survey through her practice. She encouraged the parents or her patients to complete the survey and to pass information about the survey onto to others.

Advisory Committee member, Glenda Blackburn, helped the committee reach out to Floyd County through her connections with the Floyd County School System. She passed the survey onto parents in the community. She also included the staff of The Learning Center in Floyd County. Copies of the surveys were also placed in communication boxes in the area.

William Thacker of TransStar Ambulance Service passed the survey along to his coworkers, friends, family and acquaintances. Stephanie Bentley of the Pike County Health Department passed the survey to staff members and people participating in various Health Department educational sessions.

With the assistance of our dedicated advisory committee, Pikeville Medical Center's survey was an overwhelming success as the hospital received over 3,000 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 3,322 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.

†PIKEVILLE MEDICAL CENTER

Community Health Needs Assessment Survey Questions

1. Please select your current type of Health Insurance (Select all that apply):
 - ☐ Private Insurance
 - ☐ Medicaid
 - ☐ Medicare
 - ☐ No Insurance
2. Describe your current health condition:
 - ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
3. Do you have a primary care physician/family doctor?
 - ☐ Yes
 - ☐ No
4. If your answer to Question 3 is "No," please select the type of provider you use for routine care?
 - ☐ Health Department
 - ☐ Emergency Room
 - ☐ Community Health Center
 - ☐ Do not seek routine health care
 - ☐ Other
5. Which hospital do you visit most frequently for your healthcare needs?
 - ☐ Pikeville Medical Center
 - ☐ Highlands Regional Medical Center
 - ☐ Paul B. Hall Regional Medical Center
 - ☐ Williamson ARH Hospital
 - ☐ Whitesburg ARH Hospital
 - ☐ McDowell ARH Hospital
 - ☐ St. Joseph-Martin
 - ☐ Other
6. Have you treated with a Medical Specialist in the past 24 months?
 - ☐ Yes
 - ☐ No

Community Health Needs Assessment Survey Questions

7. If your answer to Question 6 is "Yes," Please specify what type of specialty services you received?

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

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

- ☐ High blood pressure
- ☐ Cancer
- ☐ Heart disease
- ☐ High cholesterol
- ☐ Chronic pain
- ☐ Obesity
- ☐ Diabetes
- ☐ Pulmonary disease
- ☐ Kidney disease
- ☐ Other

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

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

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

- ☐ Yes
- ☐ No

Community Health Needs Assessment Survey Questions

11. If you answer to Question 10 is "Yes," please select the reason(s) why (Select all that apply):

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

12. How often to do you exercise?

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

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

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

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

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

Community Health Needs Assessment Survey Questions

15. Which of the following health-related concerns do you think most affects the elderly members of your community?
- ☐ Cancer
 - ☐ Diabetes
 - ☐ Obesity
 - ☐ Heart Disease
 - ☐ Pulmonary Disease
 - ☐ Asthma
 - ☐ Chronic Pain
 - ☐ Oral Health
 - ☐ Eye Care
 - ☐ Hospice Care
 - ☐ Other
16. How important do you think it is to have a trauma center near your community?
- ☐ Extremely important
 - ☐ Somewhat important
 - ☐ Somewhat unimportant
 - ☐ Extremely unimportant
 - ☐ Not sure
17. How important do you think it is to have a cancer center near your community?
- ☐ Extremely important
 - ☐ Somewhat important
 - ☐ Somewhat unimportant
 - ☐ Extremely unimportant
 - ☐ Not sure
18. Gender:
- ☐ Male
 - ☐ Female
19. Age:
- | | |
|-----------------------------|-----------------------------------|
| ☐ 0-18 | ☐ 56-65 |
| ☐ 18-24 | ☐ 66 -75 |
| ☐ 25-35 | ☐ 76-85 |
| ☐ 36-45 | ☐ 86 or older |
| ☐ 46-55 | |

Community Health Needs Assessment Survey Questions

20. Race or Ethnic Origin (Select all that apply):

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

21. Highest level of Education completed:

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

22. Employment Status:

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Unable to work/Disabled

23. Household Size:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

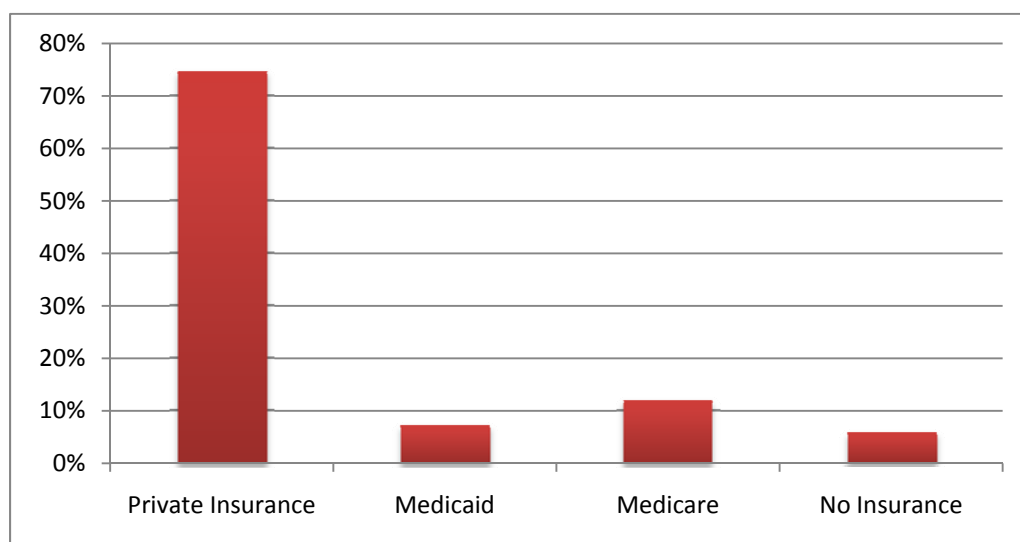
24. Household Income:

- | | |
|---|---|
| ☐ Less than \$15,000.00 | ☐ \$66,000.00-\$75,000.00 |
| ☐ \$15,000.00-\$25,000.00 | ☐ \$76,000.00-\$85,000.00 |
| ☐ \$26,000.00-\$35,000.00 | ☐ \$86,000.00- \$100,000.00 |
| ☐ \$36,000.00-\$45,000.00 | ☐ \$101,000.00-\$150,000.00 |
| ☐ \$46,000.00-\$55,000.00 | ☐ \$151,000.00-\$300,000.00 |
| ☐ \$56,000.00-\$65,000.00 | ☐ 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 wit the community data we had already seen. In other cases, however, it proved surprising. Each survey question is analyzed below.

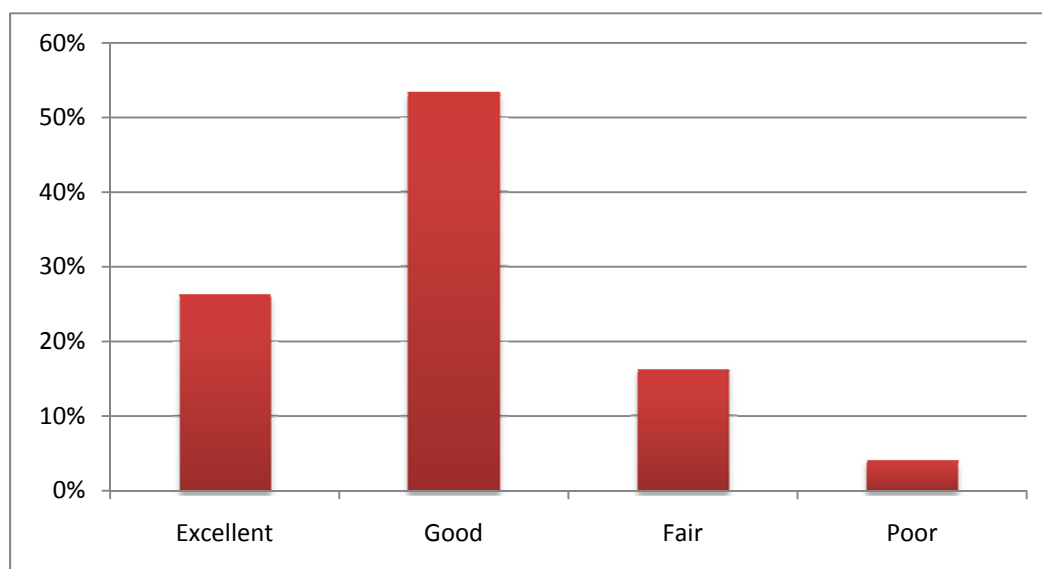
1.) Please select your current type of Health Insurance.



Interestingly, nearly 75% 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

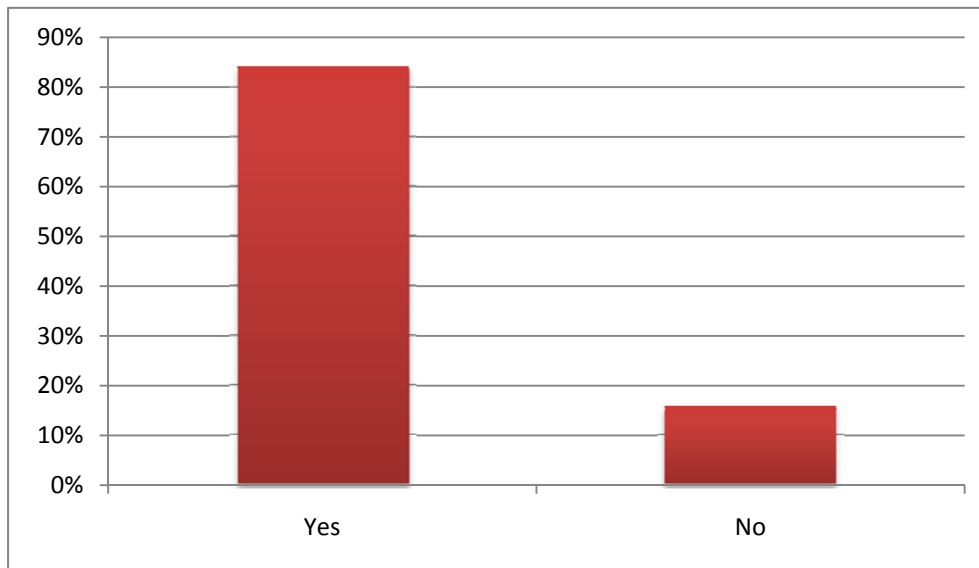
enrollees.

2.) Describe your current health condition.*



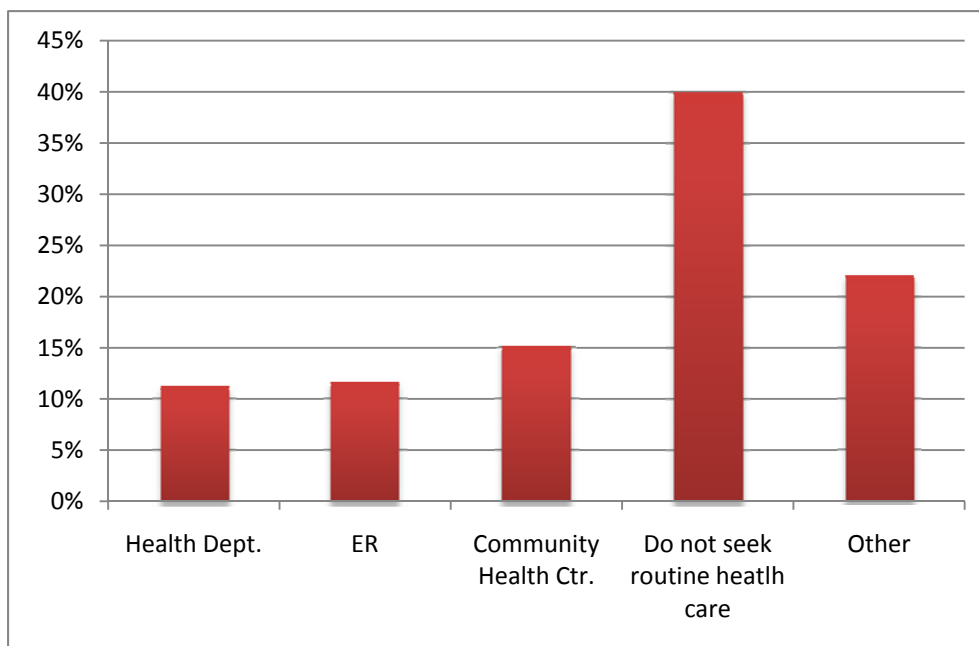
Over half of our respondents considered themselves to be in “good” health.

3.) Do you have a primary care physician / family doctor?*



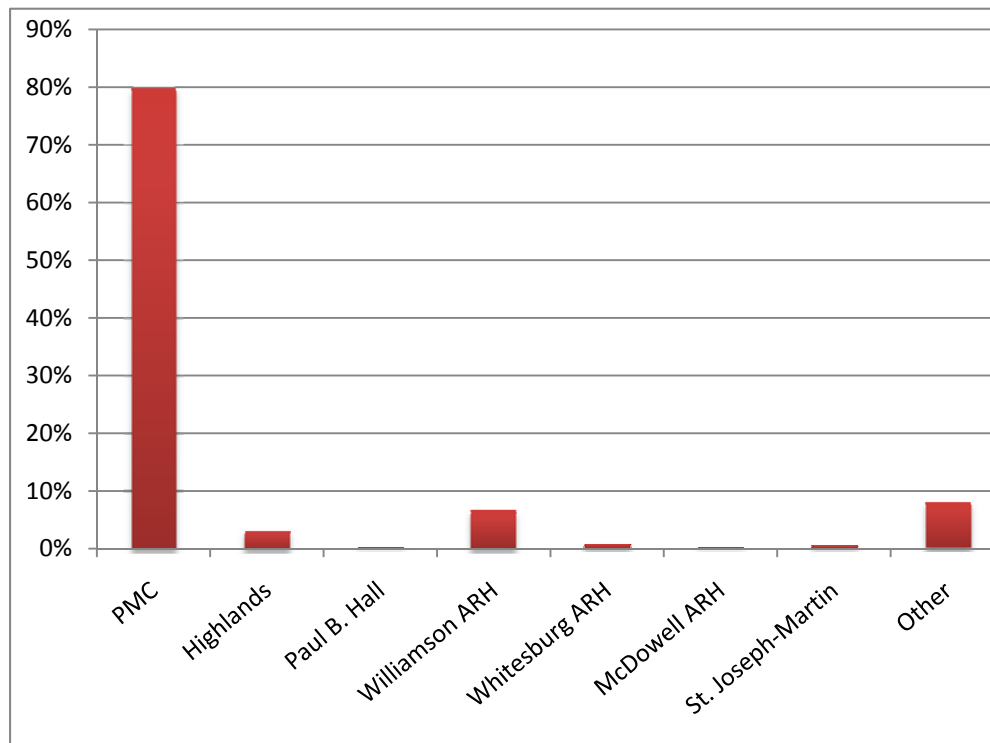
84.27% of our respondents have a primary care physician / family doctor.

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



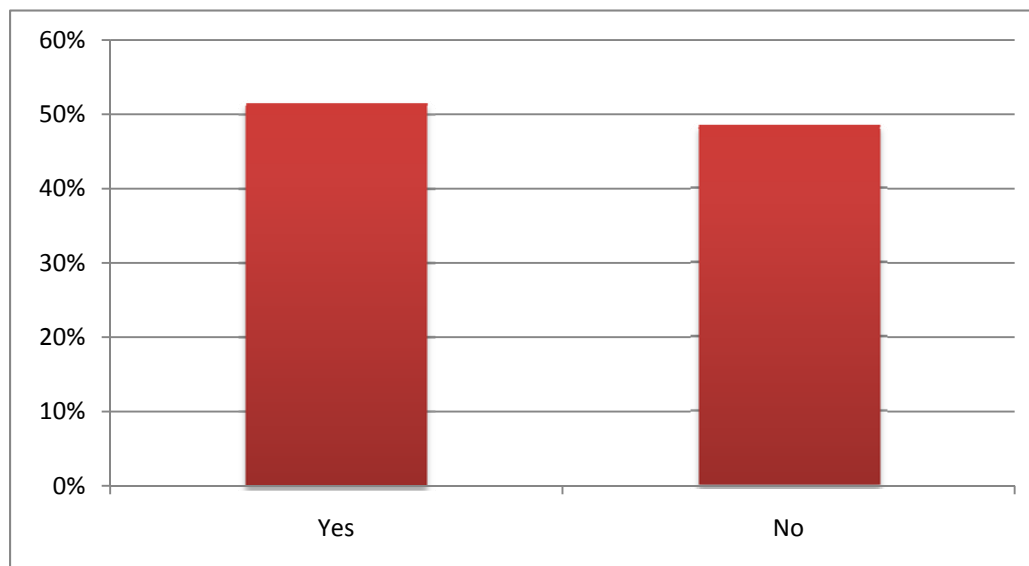
Surprisingly, 40% of our respondents do not seek routine health care.

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



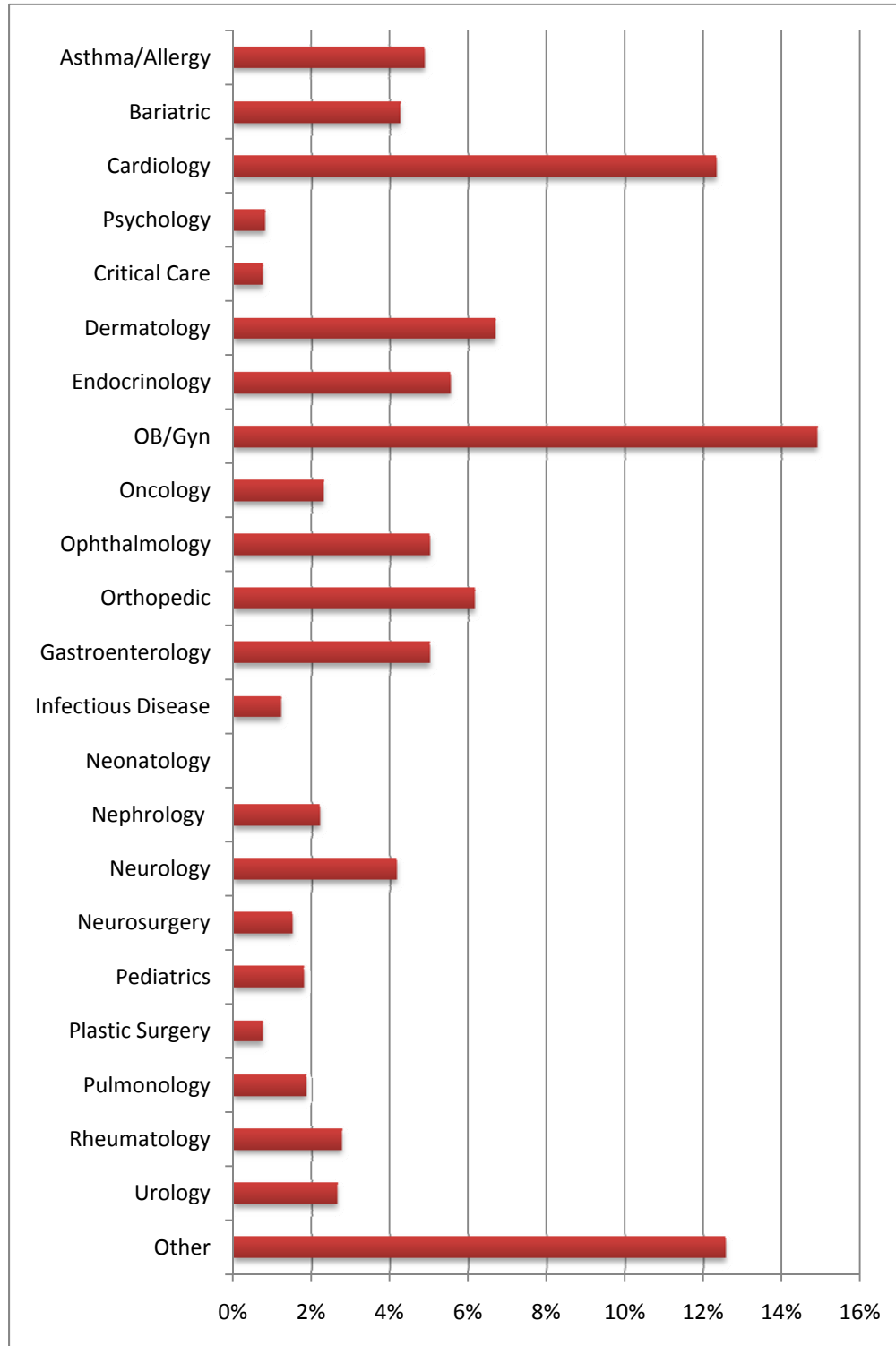
Just under 80% of our respondents most frequently visit our facility for their healthcare needs.

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



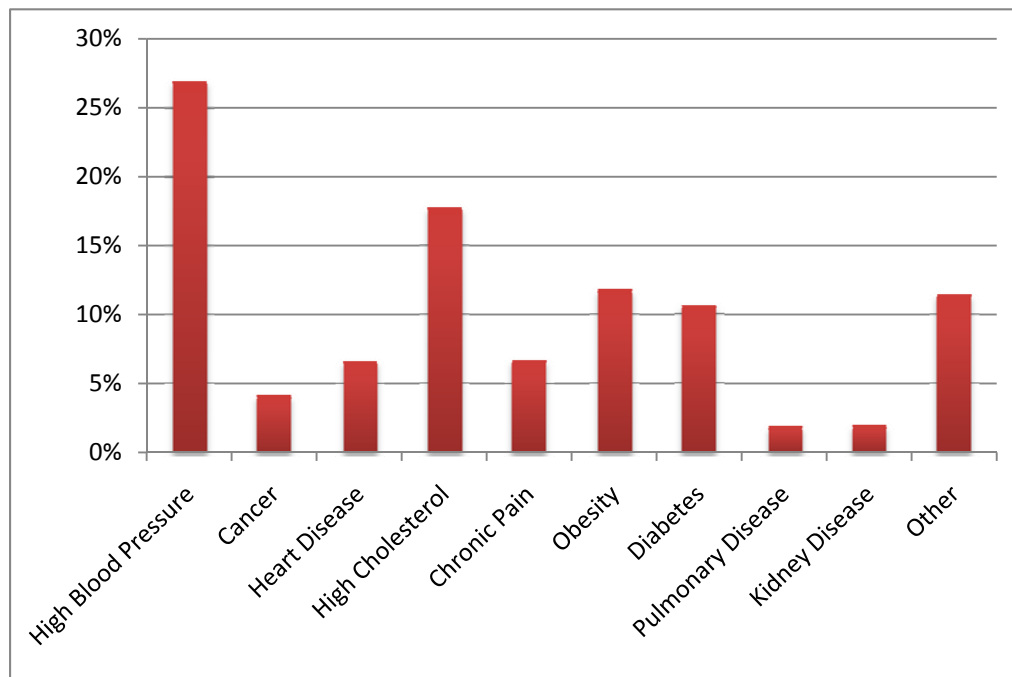
Almost as many respondents haven't treated with a Medical Specialist in the past 24 months as respondents that have so treated.

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



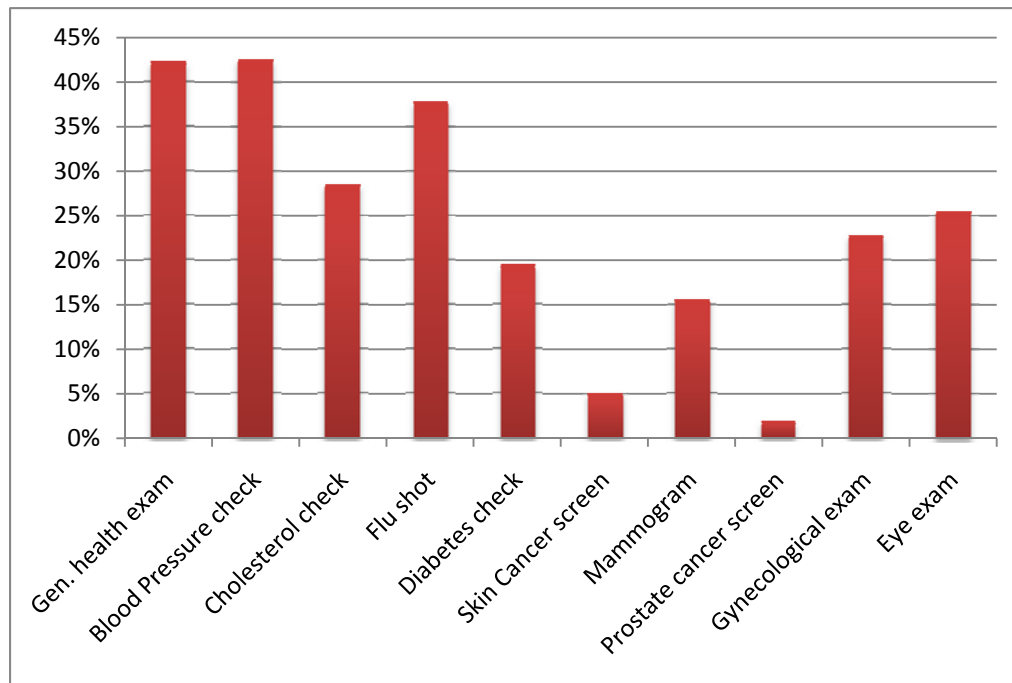
While our respondents who had received specialty services in the past 24 months received myriad such services, cardiology (12.32%) and obstetrics / gynecology (14.91%) were the most received. Notably, a significant amount of our respondents had received other services (12.55%) not provided in the answers to this question.

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



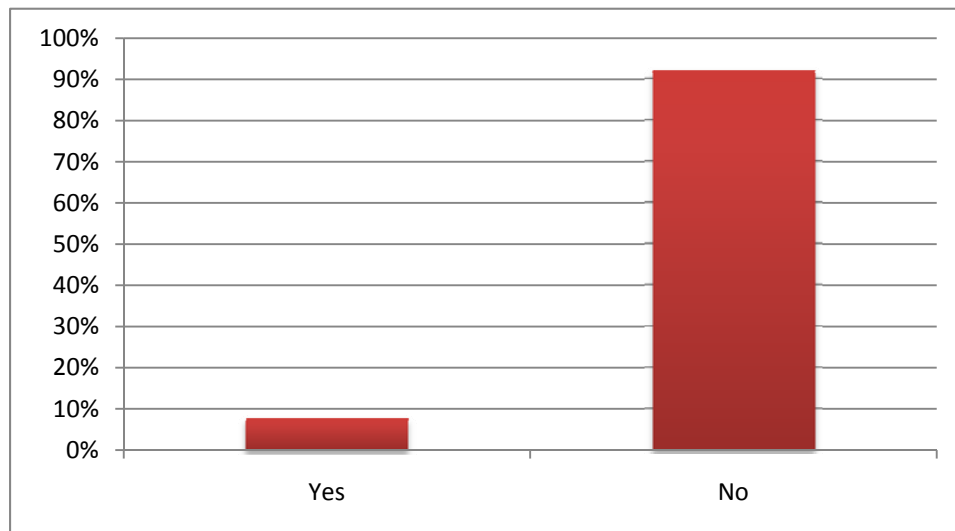
A significant number of our respondents had been diagnosed with high blood pressure (26.96%), high cholesterol (17.78%), obesity (11.80%), diabetes (10.67%) and other conditions (11.49%) not provided in the answers to this question.

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



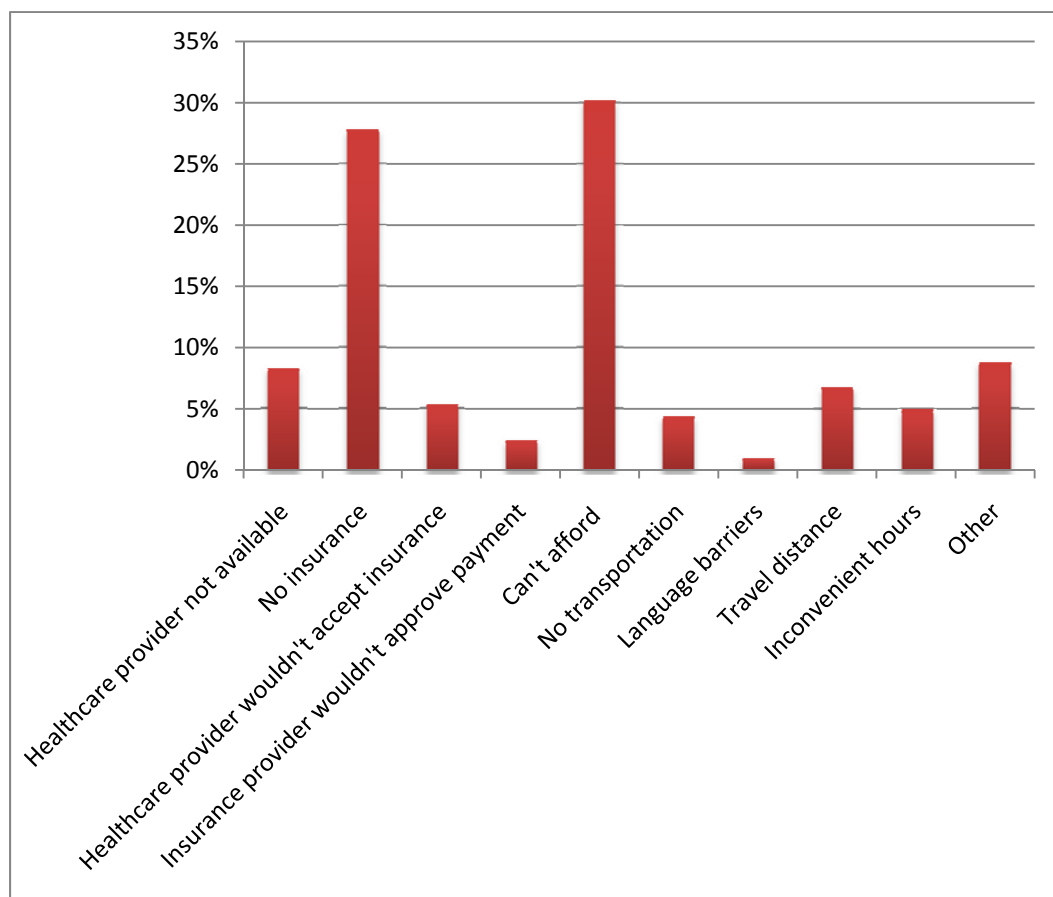
Significant amounts of our respondents have, in the past year, had general health exams (42.23%), blood pressure checks (42.62%), cholesterol checks (28.57%) and flu shots (37.90%).

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



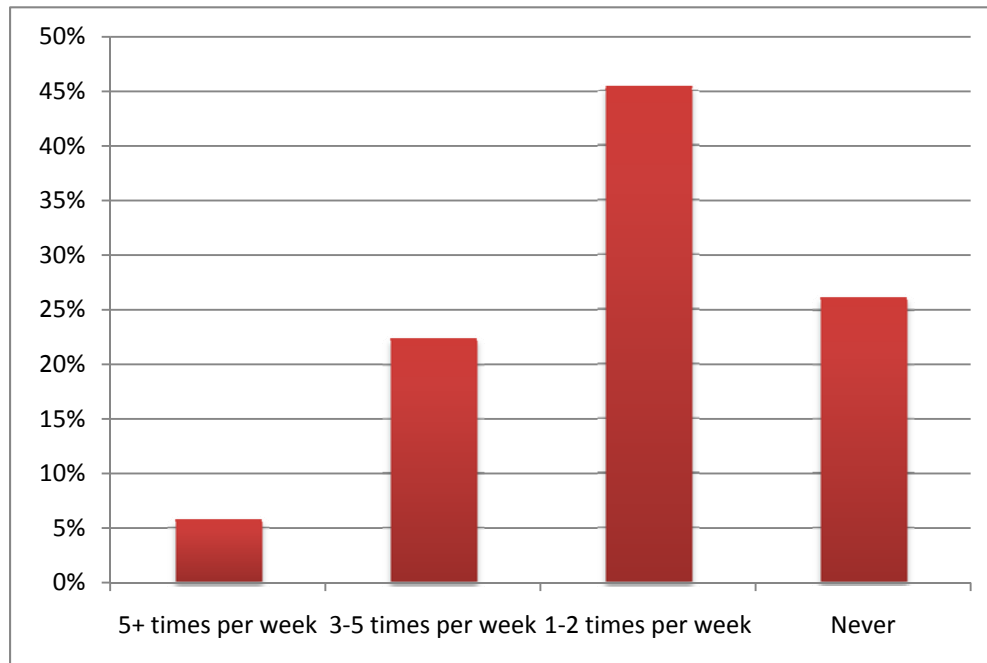
Most of our respondents (92.17%) have not had difficulty getting healthcare in the past 12 months.

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



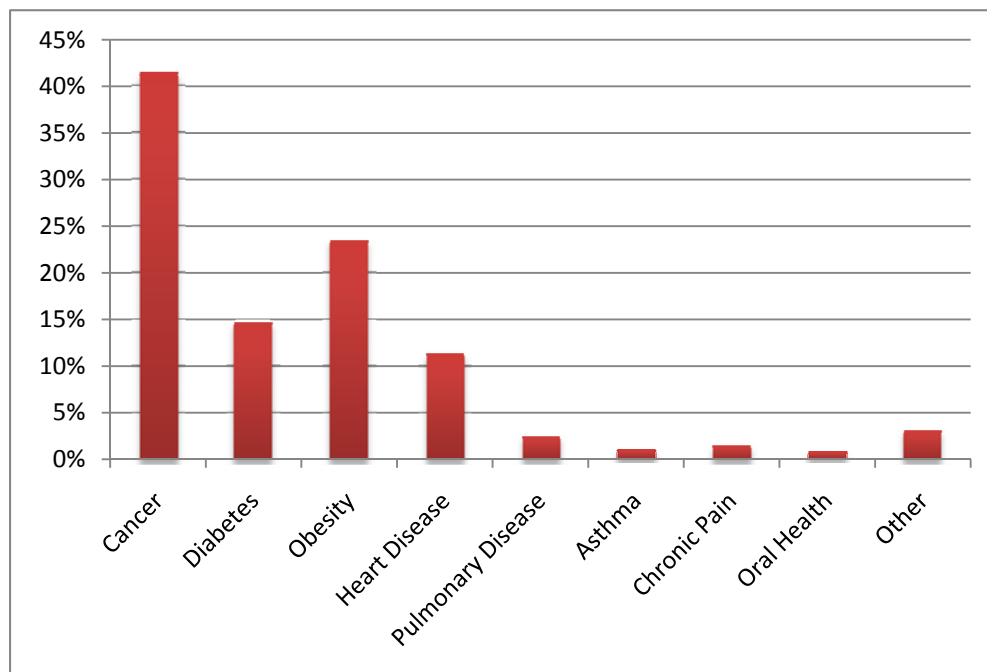
Of our respondents who had difficulty getting healthcare, it was in most cases due to a lack of insurance (27.80%) or inability to pay for healthcare services (30.24%).

12.) How often do you exercise?*



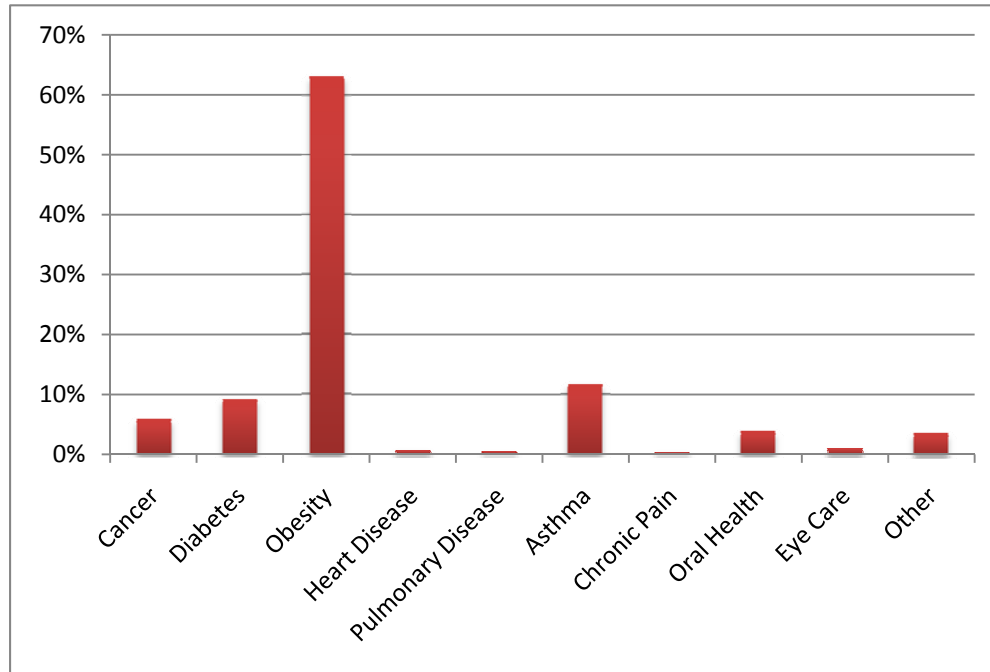
45.39% of our respondents exercises 1 to 2 times per week. Alarming, 26.21% of our respondents never exercise.

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



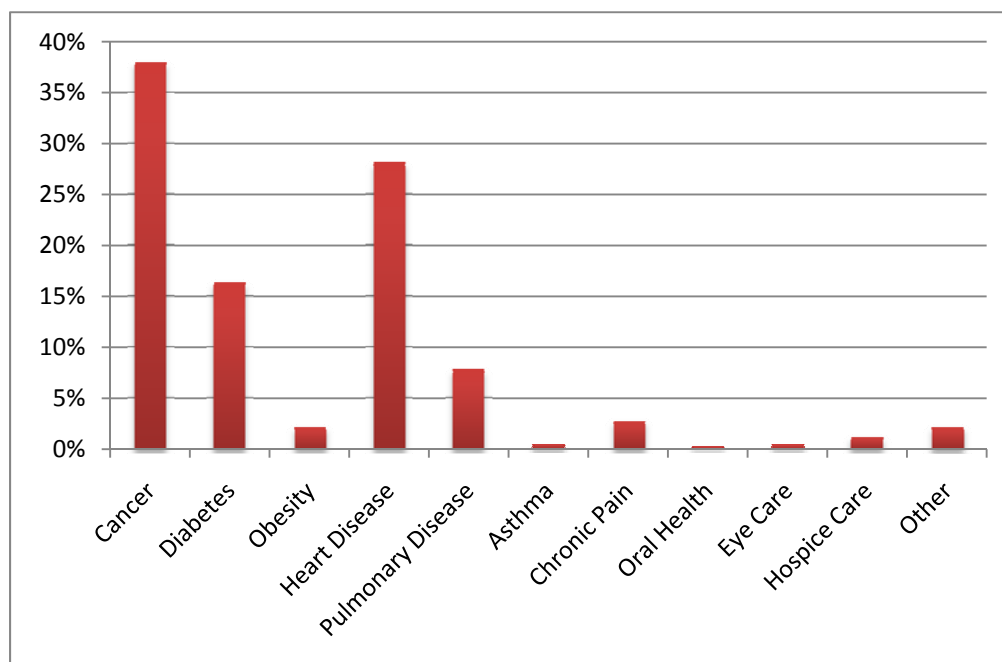
The health-related concerns that our respondents believe most affect our community are cancer (41.40%), obesity (23.48%), diabetes (14.69%) and heart disease (11.39%).

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



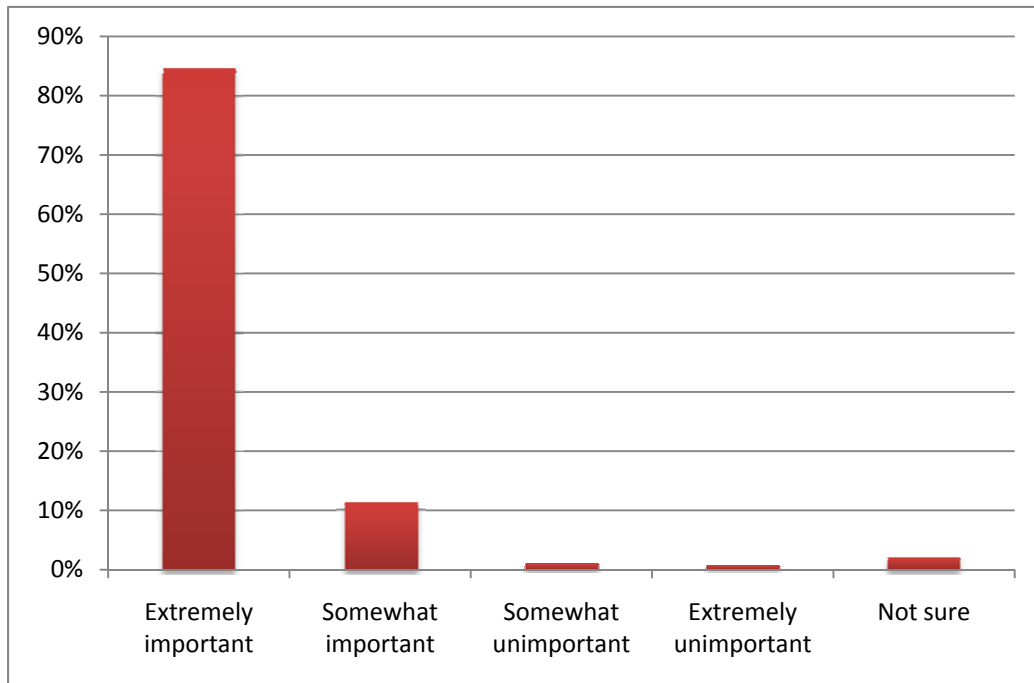
An overwhelming majority of our respondents believe that obesity (63.22%) is the health-related concern that most affects the children of our community.

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



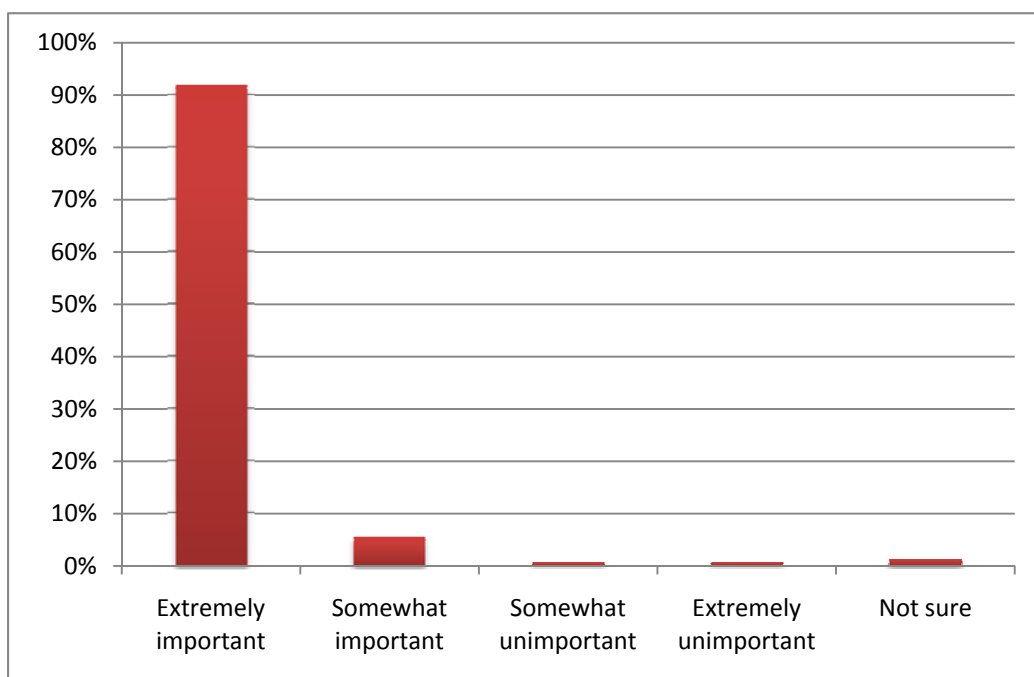
Our respondents believe that cancer (38.01%), heart disease (28.16%) and diabetes (16.41%) are the health-related concerns that most affect the elderly members of our community.

16.) How important do you think it is to have a trauma center near your community?*



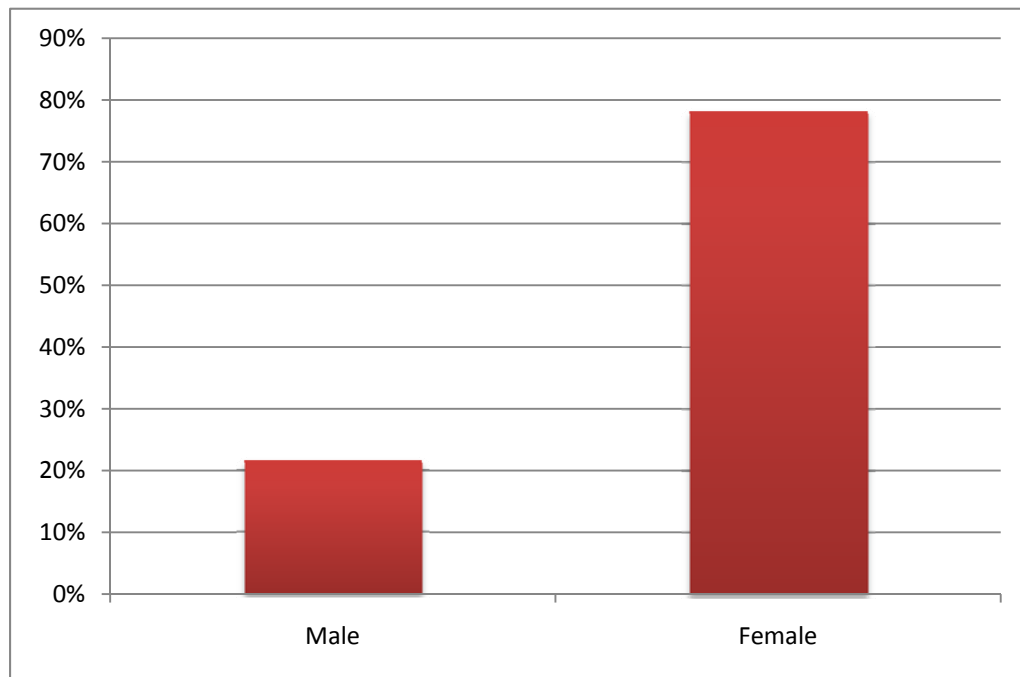
84.75% of our respondents think it is extremely important to have a trauma center near our community.

17.) How important do you think it is to have a cancer center near your community?*



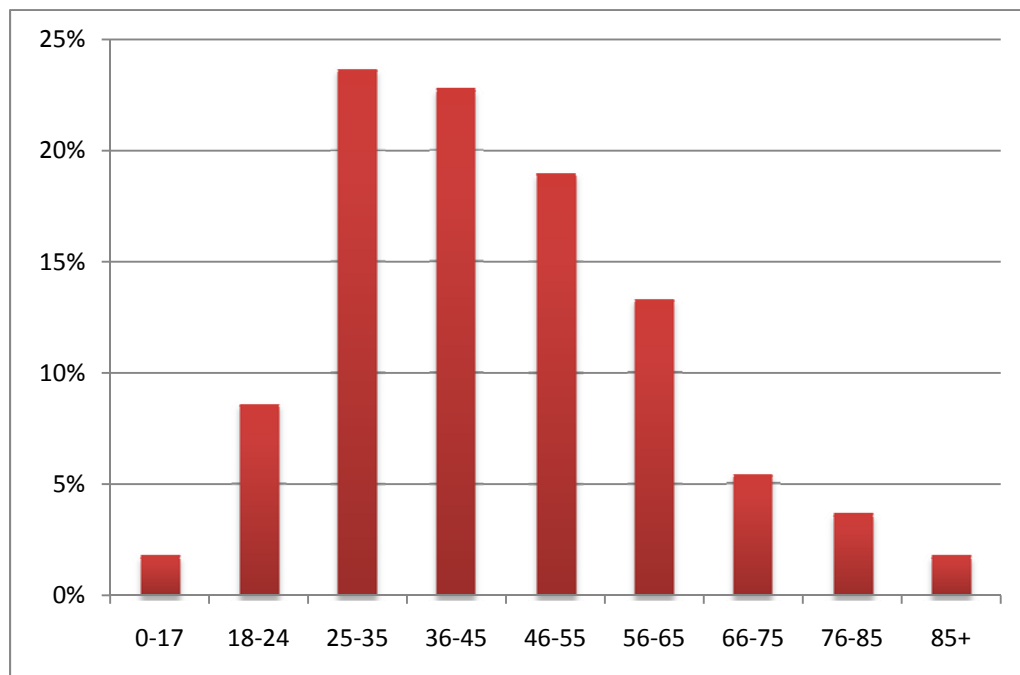
In similar fashion, 91.83% of our respondents think that it is extremely important to have a cancer center near our community.

18.) Gender:*



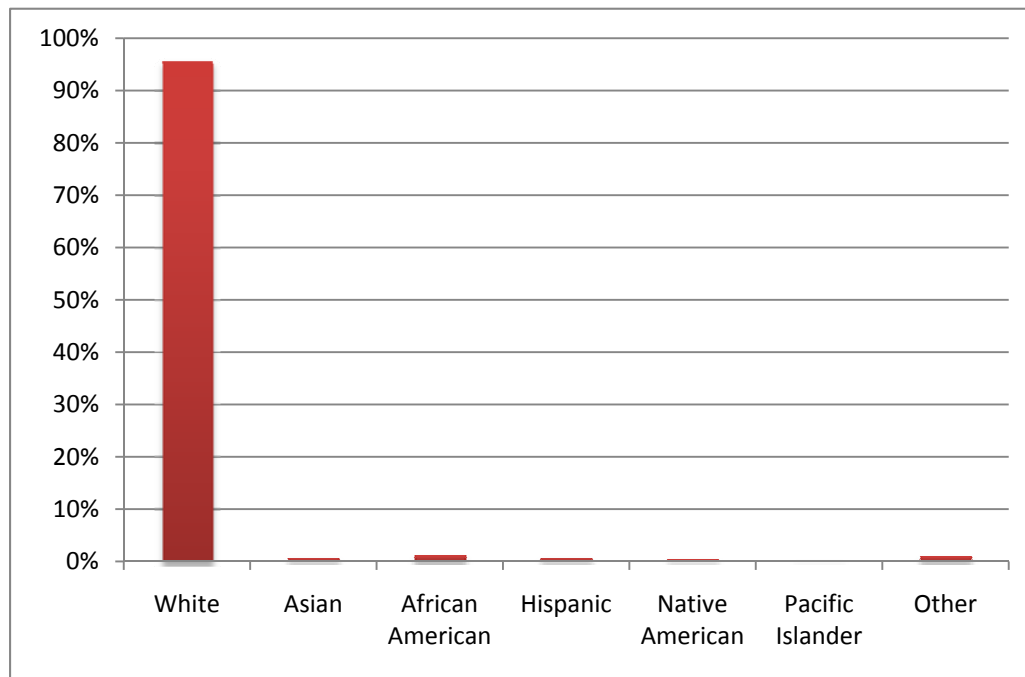
Quite interestingly, 78.28% of our respondents were female.

19.) Age:*



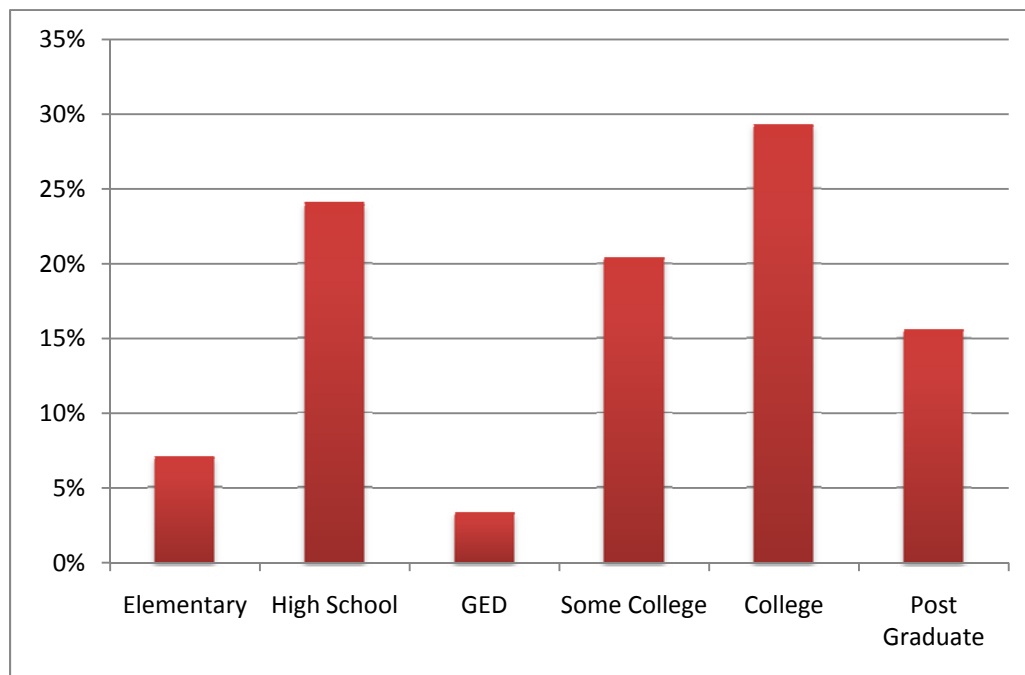
As can be seen, the majority of our respondents fell between the ages of 25 and 65, with most of them falling between the ages of 25 and 35 (23.68%), 36 and 45 (22.78%) and 46 and 55 (19.00%).

20.) Race or Ethnic Origin:



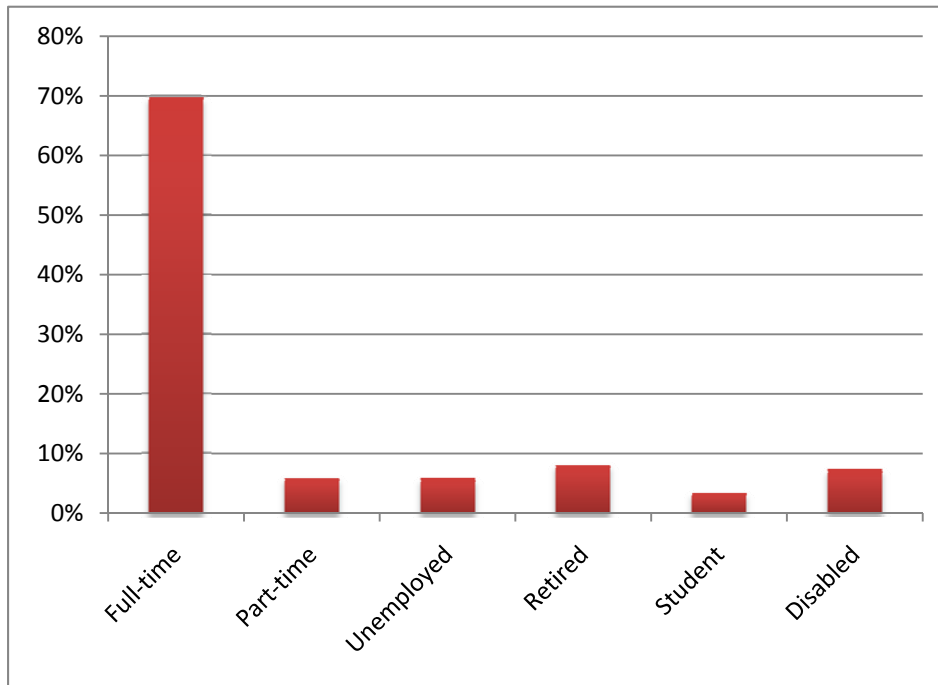
Given Pike and Floyd County demographics, it is not surprising that 95.66% of our respondents self-identified as White / Caucasian.

21.) Highest level of education completed:*



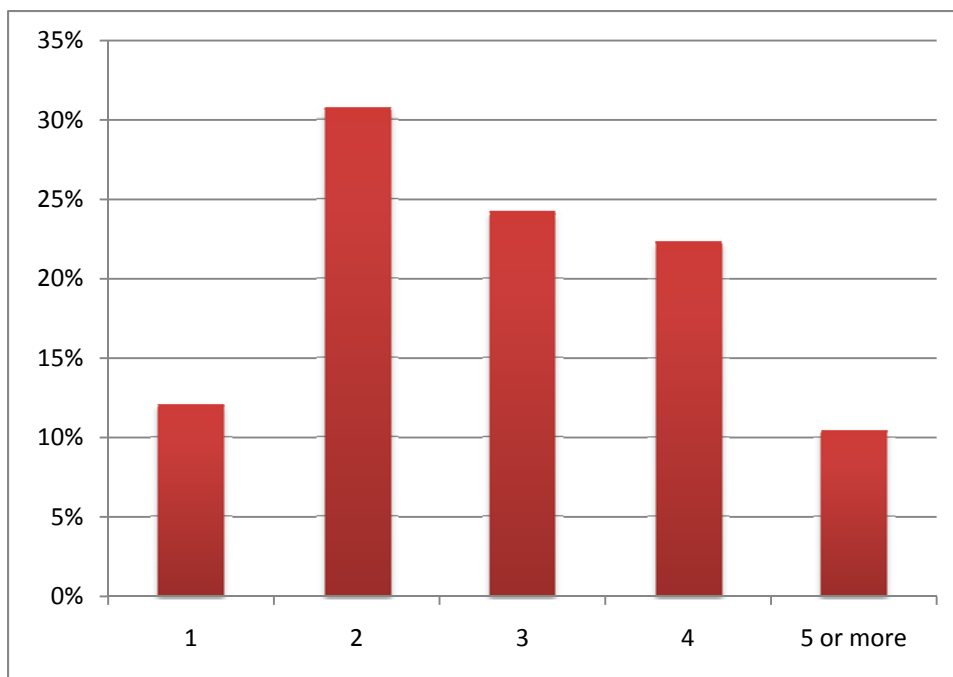
24.07% of our respondents had completed high school. An impressive 29.36% had completed college, and 15.64% had attained a post-graduate degree.

22.) Employment Status:*



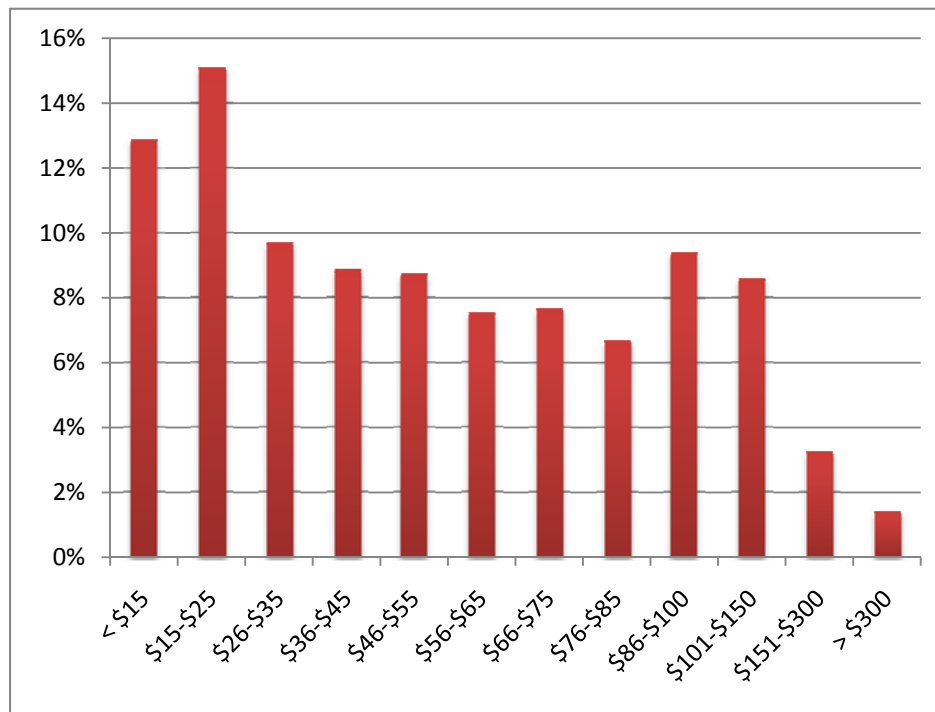
The majority of our respondents (69.82%) are employed full-time.

23.) Household Size:*



Most of our respondents live in households comprised of 2 (30.81%), 3 (24.22%) or 4 (22.41%) people.

24.) Household Income:*



In thousands of dollars

Alarming, 12.89% of our respondents have a household income of less than \$15,000. The only income bracket comprised of more respondents is \$15,000 to \$25,000. Income is otherwise more evenly distributed among the remaining brackets until \$151,000 to \$300,000.

*For various reasons, respondents occasionally failed to submit an answer to certain questions and thereby submitted incomplete surveys. These numbers are not included in order to avoid negative bias.

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 community is also woefully lacking in racial diversity.

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. Our survey respondents also believed that trauma and cancer centers are crucial to our community.

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.

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. 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 2,500 social media followers, it is an outstanding platform from which PMC can educate the community on healthy lifestyles and habits.

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. Representatives from different departments can 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 their 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.

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.

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 would 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 obstruct the community's health problems at their source.

As seen above, this is something our survey respondents recognized. For instance, almost all of our respondents believed it was crucial for our community to have a cancer center. Our Leonard Lawson Cancer Center, pictured on the following page, 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 our survey 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 have narrowed our focus on those four health-related concerns.

As discussed above, PMC has decided to take a two-pronged approach to addressing our community's health needs. The first prong entails the proactive promotion of healthy lifestyles

and habits in order to attack cancer, heart disease, obesity and diabetes at their source. But it would be unrealistic to believe that PMC can eliminate these problems entirely, and the second prong of our approach takes that into account. While promoting healthy lifestyles and habits, 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 Medical Executive Committee (MEC). The MEC evaluated the implementation strategy and plan and provided input, at which point it also approved and supported the implementation strategy and plan. This report was then presented to the PMC Board of Directors on July 23, 2013, whereupon it was reviewed and discussed.

PMC's Board of Directors recognizes both the health needs of our community and the merit of the two-pronged approach to addressing those needs as set forth herein. The implementation strategy and plan was therefore approved upon motion made by John LeBreche and seconded by Dr. Mary Rado Simpson. The vote was unanimous.



Walter E. May, President/CEO

Date: 7/23/13

APPENDIX

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	Lovejoy Medical
Appalachian First Response	Low Income Housing Coalition of East KY
Appalachian Hospice Care	McDowell ARH
Appalachian Pregnancy Care Center	Meals-on-Wheels
ARH Home Care	Medflight
ARH Skilled Nursing	Medi Home Care
ARH Tug Valley Medical Associates	Mountain Comprehensive Care
BHG Pikeville Treatment Center	Mountain View Health Care Center
Big Sandy Area Child Advocacy Center	Operation Eat
Big Sandy Area Community Action Program	Parkview Nursing & Rehabilitation Center
Big Sandy Family Abuse Center	Phelps Day Treatment Center
Bluegrass Oxygen	Phelps Helping Hands
C&M Homecare Medical Equipment	Pike County Health Department
Champion Support Services	Pike County Social Services
Christian Appalachian Project	Pikeville Fire & Ambulance Service
Christian Life Fellowship	Pikeville Lions Club
CME IV	Pikeville Medical Center
Community Closet	Pikeville Medical Equipment
Cooley Medical Equipment	PMC Home Health Agency
Department for Social Insurance	PMC Home Medical Equipment
Department of Protection & Permanency	Premier Home Care
Elkhorn Ambulance Services	Professional Home Medical
Floyd County Health Department	Respiratory Plus Healthcare
Geriatric Care Management (UMWA)	Riverview Health Care Center
Golden Years Personal Care	Senior Citizens Centers
Good Shepherd Community Nursing Center	Shelby Valley Day Treatment Center
Highlands Regional Medical Center	Signature Health Care
Hope Warehouse	St. Joseph Martin
Hospice of the Bluegrass	Thankful Heart Food Pantry
HRMC, Skilled Nursing Facility	TranStar Ambulance Service
Jubilee Christian Assembly	Two Hands for Christ
Kentucky Home Care	United Helping Hands of Pikeville
Kentucky Home Place	VA Prestonsburg Clinic
Kentucky Infusion Services	Westcare Kentucky
Left Beaver Rescue Squad	Williamson ARH
Lincare	