PIKEVILLE MEDICAL CENTER

Community Health Needs Assessment

September 2019 – September 2022

Community Health Needs Assessment

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INTRODUCTION

Pikeville Medical Center, Inc. (PMC) is a locally controlled, not-for profit healthcare organization based in Pikeville, Kentucky. This regional referral center services Eastern Kentucky, Southwest Virginia and Southwest West Virginia.

In addition to the 340 licensed inpatient beds which include 320 acute care, and 20 inpatient rehab beds, PMC has 22 nursery basinets and 21 ambulatory clinic locations which offer 34 different specialties. PMC has long had quality as a significant part of our mission statement that says, "To provide world-class quality healthcare in a Christian environment." To ensure that quality, we consistently pursue multiple designations and have earned numerous awards and recognitions. A list of these can be found in the Reference of this report.

In accordance with the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements, PMC conducts a Community Health Needs Assessment (CHNA) every three years. The most recent assessment survey was conducted in June and July of 2019 and is the subject of this report. The assessment included input from a Community Advisory Board and analysis of survey results plus secondary data.

The Executive Summary provides an overview of the CHNA and its findings.

EXECUTIVE SUMMARY

Pikeville Medical Center is a prominent member of the regional economic community with a strong desire to improve the health of the region. We realize that health is an overall definition of many factors which include genetics, socioeconomic issues, access and availability to care. Social determinants of health related topics often impact citizen's ability to access and understand complex health conditions. These factors can affect their capacity to make optimal decisions regarding their care. Realizing the health and access disparities in our Appalachian market, PMC is committed to going beyond the barriers to make changes in healthcare for years to come.

For Pikeville Medical Center to serve its region effectively, we must first understand our service area and then our community's individual needs. In order to do so, PMC gathered local, state and national data as they related to health and socioeconomic issues from our potential patient population. We then conducted an extensive community health needs assessment survey to profile the health of the residents and the issues affecting such, in said service area.

An Advisory Board of 24 community and regional business, educational and civic organizations was assembled to provide oversight for the survey and reporting process. This group gave priority to determination of health disparities and factors which affected our patients and their families across the region. Additionally, a group of 10 staff members from Pikeville Medical Center joined the community representatives to complete the Advisory Board. Their expertise and work within the healthcare industry gave an up-close and unique perspective not only on the process, but in the review of the data and summarization of the results. The survey results were compiled, aggregated and compared to the local, state and national statistics.

The top health issues and priorities that were identified included: heart disease, cancer, economic stability, substance abuse, pediatric services, health/wellness/obesity and the proximity and availability of services. There were certainly additional other health related challenges that were depicted, but these rose to the top of the most frequent from respondents and thus became the areas of future focus. These topics were discussed extensively to begin formulating the solutions and address the identified issues.

The advisory board subsequently delivered their observations and recommendations to PMC's Board of Directors who will utilize the information for the development of the organization's strategic plan. Once the implementation strategy is finalized and approved by the PMC Senior Leadership Executives and the Board of Directors, it will provide a framework for Pikeville Medical Center to move forward.

GOVERNANCE AND MANAGEMENT

The business and affairs of PMC are subject to the overall governance and direction of its Board of Directors. The board of directors is a 15 member board comprised of community leaders from a wide variety of business and civic organizations. Board members are appointed to a three year term, however there are no term limits which allows for long standing stability and complete understanding of the organizations past and future paths. The chief of staff, who serves on the board, is elected by the active medical staff annually and only serves on the board for a one year term.

PMC's Board participates in the development and approval of policies and procedures which guide the operation of the hospital. The board also monitors the financial position of the organization, its programs and performance, while supporting the mission of the hospital to provide world-class healthcare in a Christian environment. Officers of the board of directors are selected by nomination of the PMC Nominating Committee and elected by full-vote of the board. The PMC Board Officers consist of President, Vice President and Secretary/Treasurer. In addition to the responsibilities of the full board, many board members serve as a committee chair for various committees from Executive, Finance and Corporate Compliance to Performance Improvement, Christian Emphasis and Building and Grounds.

The current members and officers of the Board of Director include:

Ronald Burchett, President	7/27/93
Donovan Blackburn, Vice President	3/18/19
Joe Dean Anderson, Secretary	4/12/78
Philip Leipprandt, Jr., DO, Chief of Staff	11/27/18
Jo Nell Robinson	8/11/92
John LaBreche	7/27/93
David Collins	3/22/05
Mary R. Simpson, PHD	3/28/06
J. Clint Martin	1/28/14
Aaron Crum, MD	1/23/18
Jyothi Mettu, MD	1/23/18
David L. Baird	7/24/18
Mike McCoy	7/24/18
Linda Wagner-Justice, PE	1/22/19
Bob Shurtleff	3/18/19

Pikeville Medical Center's leadership structure reports to the board of directors and manages the daily operations of all departments. Strong leadership is recognized as the foundation for a sustainable organization. These leaders are challenged to be proactive, innovative and responsive to not only the patients, but to the rapidly changing healthcare industry.

PMC's Executive Leadership Team consists of a chief executive officer, chief medical officer, chief information officer, chief financial officer, chief nursing officers, chief operating officer of hospital services, chief operating officer of clinic services, chief legal officer, and chief regulatory officer who guide 11 assistant vice presidents and 2 clinical administrators throughout the organization.

The current Senior Leadership Team consists of the following:

Andrea Akers	AVP Surgery
Donovan Blackburn	CEO/Sr. VP
Erich Blackburn	CLO/Sr. VP
Rose Collins	Clinic Admin.
Marcus Conley	VP Financial Services
Dr. Aaron Crum	CMO/Asst. CEO/Sr. VP
Tony Damron	CIO/Sr. VP
Joni Fields	AVP Radiology
Amanda Goble	Clinic Admin
Michelle Hagy	CFO/Sr. VP
Cheryl Hickman	CRO/Sr. VP
Leann Hubbard	AVP Lab
Kansas Justice	COO Hospital/Sr. VP
Ralph Lomma	VP Facilities Man.
Kay Pacheco	VP HR
Breanna Parker	AVP Education
Deanna Porter	AVP Nursing
Nicole Porter	AVP Nursing
Michelle Rainey	CNO/Sr. VP
Amber Tackett	AVP/Nursing
Doris Taylor	AVP Corporate Comp.
Melissa Thacker	COO Clinics/Sr. VP
Pam VanHoose	AVP Patient Safety
Cory Weatherford	VP Support Services

COMMUNITY ADVISORY BOARD

In addition to the leadership of the hospital, PMC's Community Advisory Committee is comprised of the following individuals and organizations provided oversight and guided the assessment process. All of the Advisory Committee members represent a different segment of the community and have special knowledge of our population, the financial and educational needs of the areas and the economic and personal conditions of the people in the areas we serve. In addition, certain committee members have a special knowledge of public health and underserved members of service area.

Community Needs Health Assessment Advisory Committee is comprised of:

Education	Pikeville Independent Schools	Public Primary and Secondary Education	Joe Thornbury, Board Member
Education	Pike County Schools	Public Primary and Secondary Education	Reed Adkins, Superintendent
Education	Floyd County Schools	Public Primary and Secondary Education	Danny Adkins
Education	Letcher County Schools	Public Primary and Secondary Education	Denise Yonts
Banking	CTB	Banking and Finance	Rick Newsome
Insurance	Nationwide	Private and Commercial insurance	Althea Blackburn
Rural Health	Mountain Comprehensive Health Care	Primary and Specialty Healthcare	Mahala Mullins (Van Breeding's appointee)
Mental Health	Mountain Comp	Behavioral Health	Laura Bellamy Pearson
Public Health	Pike County Health Dept.	Public Preventative Health	Cindy Hamilton
Higher Education	UPike	Private Liberal Arts College	Dr.Lori Werth, Provost
Local City Government	City of Pikeville	Governing body for City of Pikeville residents	Philip Elswick, City Manager
Local County Government	Pike County Fiscal Court	Governing body for Pike County residents	Reggie Hickman, Deputy County Judge
Local City Government	City of Prestonsburg	Governing body for City of Prestonsburg residents	Les Stapleton, Mayor (or appointee)
Local City Government	City of Coal Run	Governing body for City of Coal Run residents	Andrew Scott, Mayor (or appointee)
Local County Government	Floyd County Fiscal Court	Governing body for Floyd County residents	Robbie Williams, Judge (or appointee)
Local City Government	City of Whitesburg	Governing body for City of Whitesburg residents	James Wiley Craft, Mayor (or appointee)
Local County Government	Letcher County	Governing body for Letcher County residents	Terry Adams, Judge (or appointee)

Regional Government	Big Sandy Area Development District	5 County regional planning and development	Ben Hale appointee (or appointee)
Clergy	Pikeville United Methodist Church	Local Faith Based organizations and individuals	Chris Bartley, Youth Pastor
Arts	Jenny Wiley Theater	Community members	Robin Irwin, Artistic Director
Community Programs	Big Sandy Area Community Action Program	Medically Underserved and Low Income individuals and families	James Michael Howell, Executive Director
Regional Business	SEK Chamber of Commerce	Business Community	Jordan Gibson
Regional Business	SOAR	Private Business, local government, education	Jarred Arnett
Citizen at Large			Sandy Runyon
PMC	Administration	Healthcare	Donovan Blackburn
PMC	Administration	Healthcare	Dr. Aaron Crum
PMC	Administration	Healthcare	Kansas Justice
PMC	Legal	Healthcare	Erich Blackburn
PMC	Project Lead	Healthcare	Peggy Justice
PMC	Clinical Advisor	Healthcare	Cheryl Hickman
PMC	Finance	Healthcare	Marcus Conley
PMC	Public Relations	Healthcare	Carol Casebolt
PMC	Information Technology	Healthcare	Brian Mullins
PMC	Project Assist	Healthcare	Tim Bolling
PMC	Statistical Analyst	Healthcare	Ricky Hamilton

The committee was integral in the development of the survey questions and the subjects it covered. After lengthy conversations and periods of feedback, the survey was developed. Once available to publish, the survey was distributed to committee members. They furnished the survey to their employees and customers for them to take and give input. This process insured that we had a diversified distribution of the survey.

Upon review of the reported results, the Advisory Committee agreed upon the priority of needs for the community. Those needs are discussed in the section of Survey Results and Key Findings.

To date there have been no comments received regarding the previously conducted assessment or most recently adopted implementation strategy. Therefore there were no comments to incorporate into the methodology of this survey.

EXISTING COMMUNITY RESOURCES

The availability of resources is vital to the overall health of the area's residents. Addressing health needs is critical for the improvement of the area, both socially and economically. A limited supply of health resources, especially providers and clinic locations, result in a poorer health status for the people.

There is a wide variety of resources available to currently address the health needs of the entire community which PMC serves. The Kentucky Cabinet for Health and Family Services updates a list of these resources in a monthly "Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment" report. The following briefly describes the most recent report as published in June 2019.

Hospitals and Ambulatory Clinics

Pikeville Medical Center, Highlands Regional Medical Center, Paul B. Hall Regional Medical Center, St. Joseph Martin ARH and Williamson ARH, Whitesburg ARH, Williamson Memorial, Buchanan General , Tug Valley ARH, McDowell ARH, KY River Medical Center, Dickenson Community Hospital, Harlan ARH, Welch Community Hospital, Hazard ARH, Three Rivers Medical Center, Boone Memorial

Long-term Care Facilities

Letcher Manor, Salyersville Nursing and Rehabilitation Center, Martin County Health Care, Hazard Health & Rehabilitation Center, Good Shepherd Community Nursing Center, Rehabilitation and Nursing Center, LLC, Parkview Nursing & Rehabilitation, Pikeville Nursing and Rehab Center, Williamson ARH, Paul E. Patton Eastern Kentucky Veterans Center, Golden Years Rest Home, Mountain Manor of Paintsville, Venture Home of Paintsville, LLC, Knott County Health & Rehabilitation Center, Harlan Health & Rehabilitation Center, The Laurels, Inc., Tri Cities Nursing & Rehabilitation Center

Home Health Services

ARH Pike County Home Health Agency, ARH McDowell Home Health Agency, ARH Harlan County Home Health Agency, Home Care Health Services, Inc., Highlands Home Health, Inc., Cumberland Valley District Health Department HHA, Intrepid USA Healthcare Services, Johnson Magoffin Home Health Agency, Morgan County ARH Home Health, Three Rivers Home Care

Hospice Services

Appalachian Hospice Care, Bluegrass Hospice, Community Hospice

Adult Day-care Programs

Mountain Outreach Adult Day Care, McRoberts Adult Day Care, Kentucky River Community Care Adult Daycare, Happy House Adult Day Services, Compassionate Hearts Adult Healthcare, Horizon Adult Health Care Center, Salyersville Adult Day Care (formerly Salyersville Health Care Center)

Rehabilitation Agencies

Pikeville Medical Center Inpatient Rehabilitation Center, Hazard ARH Rehab Unit

Private Duty Nursing

Home Care Health Services, Inc., Bluegrass Extra Care, Maxim Healthcare Services, Inc.

Limited Service Clinics

PMC Pikeville Walmart Clinic

Health Departments

Each county within the Commonwealth of Kentucky, Virginia and West Virginia has a local county health department. Many of these offer necessary services to remote areas where other may not be available. Services range from immunizations, to support groups, basic medical care and family and children support.

Addiction Recovery Facilities

WestCare Kentucky , Riverplace Residential Men's Center, Brookside Residential Facility, Addiction Recovery Care, Layne House Substance Abuse all offer residential treatment programs in the region. ASAP Consulting, Brookside OutPatient Recovery, BHG Paintsville Treatment Center, ARC Counseling, Knott Drug Abuse, and Spero Health are organizations which offer outpatient treatment services and counseling.

Mental Health Counseling

PMC's service area has numerous private providers who offer counseling region. Additionally, Mountain Comprehensive Care Centers offers counseling and mental health services within the Big Sandy Region including the counties of Pike, Floyd, Martin and Magoffin and throughout Southeast Kentucky in Letcher, Perry and Wolfe Counties.

Transportation Services

Emergent:	Lifeguard Ambulance Service (formerly Transtar), Net Care, Pikeville City Ambulance, Letcher County Neon Fire and Rescue, Appalachian First Response, Mercy Ambulance (Virginia) STAT EMS (West Virginia) Rescue 33 (Virginia)
Non-emergent:	Sandy Valley Transportation, LKLP Transportation, Magellan Transportation, Logisticare, Hudson Taxi, H&H Cab, Appalachian Taxi, Wolfe Cab, Miller Cab, Darlene Jackson Tax, Skeens Cab,
Air:	Wings, Critical Care Medflight, Arch Air, Air Methods, Angel Flight of Ohio.

Workforce Development

Kentucky Career Center, Kentucky Unemployment Office of Vocational Rehab, East Kentucky Concentrated Employment Program.

The Community Served by Pikeville Medical Center

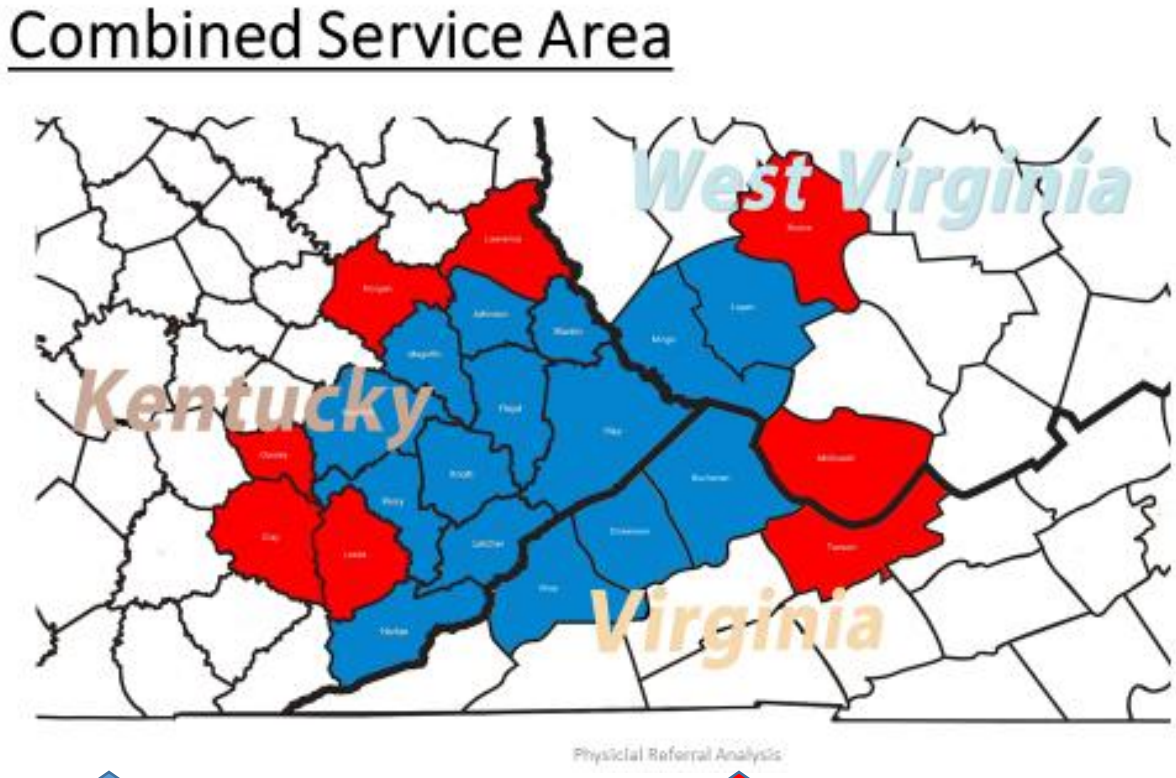
For the purpose of this Community Health Needs Assessment, the community served by Pikeville Medical Center is defined as the geographic area from which a significant percentage of the patients utilizing our services reside. These services include all inpatient, outpatient and ambulatory services we provide.

Data gathered from internal referral data indicate that the majority of PMC's patients are from a 16 county area with Pike County being the largest attributor.

County/State	Unique Patients	
PIKE KY	43181	50.18%
FLOYD KY	14040	16.32%
LETCHER KY	5722	6.65%
MINGO WV	3699	4.30%
JOHNSON KY	3266	3.80%
BUCHANAN VA	2208	2.57%
MAGOFFIN KY	1845	2.14%
KNOTT KY	1797	2.09%
PERRY KY	1656	1.92%
DICKENSON VA	1177	1.37%
MARTIN KY	1046	1.22%
WISE VA	906	1.05%
HARLAN KY	614	0.71%
LOGAN WV	546	0.63%
MCDOWELL WV	414	0.48%
OTHER***No County Specified	366	0.43%
LAWRENCE KY	316	0.37%
BREATHITT KY	233	0.27%
LESLIE KY	227	0.26%
MORGAN KY	141	0.16%
FAYETTE KY	134	0.16%
NORTON VA	114	0.13%
WYOMING WV	97	0.11%
WAYNE WV	82	0.10%
TAZEWELL VA	81	0.09%
RUSSELL VA	76	0.09%
SCOTT KY	76	0.09%
WOLFE KY	65	0.08%
CLAY KY	54	0.06%
MADISON KY	50	0.06%
JEFFERSON KY	47	0.05%
LEE VA	42	0.05%
BOYD KY	41	0.05%
BOONE WV	38	0.04%
SULLIVAN TN	37	0.04%
OWSLEY KY	36	0.04%
ROWAN KY	36	0.04%
LAUREL KY	36	0.04%
MENIFEE KY	30	0.03%
CLARK KY	30	0.03%
MONTGOMERY KY	29	0.03%
KANAWHA WV	29	0.03%
BELL KY	28	0.03%
PULASKI KY	28	0.03%
LINCOLN WV	27	0.03%
HAWKINS TN	26	0.03%
LEE KY	25	0.03%
JEFFERSON TN	25	0.03%
WHITLEY KY	24	0.03%
SCOTT VA	22	0.03%

Pikeville is not only a regional referral center for medical needs, the City of Pikeville is also the second largest banking center in the Commonwealth and is the center for retail, culture and education for the entire region.

We understand, due to the fact that we are located on the border of two other states, we additionally serve a population which lived on the borders of the tri-state area. Therefore we broadened the focus of our market area to include a secondary market of patients served. Our primary and secondary market area is illustrated on the map below.



The majority of our patients come from the Big Sandy Area Development District consisting of Pike, Floyd, Martin, Johnson and Magoffin counties. We accessed secondary data sources to gather both socio-economic information and health care data from those areas.

The most recent statistics are from 2016 and indicate our primary market region is below the Commonwealth's overall average for education level attained, per capita income and median household income. However, the region is higher in adverse health outcomes including premature deaths, total mortality and death by heart disease. Additionally, this region has a higher rate of low birthweight babies, infant mortality, and teen birthrates. Specifics of this data, as gathered from kentuckyhealthfacts.org, are reflected as follows.

Per Capita Income 2012-2016	Big Sandy	Kentucky
Per Capita Income	$18,574	$24,802

About the Indicator: Mean income for every man, woman, and child in a particular geography.

Data Source: American Community Survey, U.S. Census Bureau, Kentucky State Data Center

Median Household Income 2012-2016	Big Sandy	Kentucky
Median Household Income	$32,007	$44,811

Data Source: American Community Survey, U.S. Census Bureau, Kentucky State Data Center

Stroke Deaths (per 100,000 population) 2012-2016	Big Sandy	Kentucky
Stroke Deaths (per 100,000 population)	38	41

About the Indicator: Age-adjusted rate of deaths (due to stroke) per year.

Data Source: Kentucky State Data Center - Vital Statistics

Health Outcomes

Premature Death (years lost per 100,000 population) 2012-2016	Big Sandy	Kentucky
Premature Death (years lost per 100,000 population)	12,030	8,716

About the Indicator: Years of Potential Life Lost prior to age 75 is a measure of premature mortality that is calculated over the age range from birth to 75 years of age.

Data Source: Kentucky State Data Center - Vital Statistics

Total Mortality (per 100,000 population) 2012-2016	Big Sandy	Kentucky
Total Mortality (per 100,000 population)	1,111	912

About the Indicator: Age-adjusted rate of deaths (from all causes) per year.

Data Source: Kentucky State Data Center - Vital Statistics

Motor Vehicle Deaths (count) 2016	Big Sandy	Kentucky
Motor Vehicle Deaths (count)	31	834

Data Source: FARS, Kentucky State Data Center

Heart Disease Deaths (per 100,000 population) 2012-2016	Big Sandy	Kentucky
Heart Disease Deaths (per 100,000 population)	243	200

About the Indicator: Age-adjusted rate of deaths (due to heart disease) per year.

Deaths by Age Group (count & rate per 100,000 population) 2011-2015	Big Sandy	Kentucky
Less than 1 year	16	378
1-4 years	3	67
5-9 years	1	39
10-14 years	2	49
15-19 years	5	153
20-24 years	11	310
25-29 years	16	384
30-34 years	29	514
35-39 years	38	618
40-44 years	52	860
45-49 years	82	1,376
50-54 years	108	2,202
55-59 years	145	2,920
60-64 years	187	3,555
65-69 years	204	4,124
70-74 years	212	4,597
75-79 years	215	5,060
80-84 years	217	5,672
85 years and older	356	11,278

Data Source: Kentucky State Data Center - Vital Statistics

Access to care in rural areas is an important factor to understanding the needs of patients and the services that are required for a healthy community. According to the healthcare professional licensure board there is a lower number of healthcare providers in this region which enhances health disparities in the area.

Access to Care

Health Care Providers (per 1,000 population) 2009	Big Sandy	Kentucky
Primary Care Physicians	1.1	1.0
Physician Specialists	1.0	1.4
Registered Nurses	8.6	11.2
Pharmacists	1.0	1.1
Dentists	0.5	0.6

About the Indicator: Physician and Dentist data based on provider's county of practice as reported to the Kentucky Board of Medical Licensure or Kentucky Board of Dentistry. Nurse, Physician Assistant, and Pharmacist data based on provider's county of residence.

Data Source: Kentucky Board of Medical Licensure, Kentucky Board of Dentistry, Kentucky Board of Nursing, Kentucky Board of Pharmacy

Health Care Providers Available 2009	Big Sandy	Kentucky
All Physicians	333	10,115
Primary Care Physicians	175	4,241
Physician Specialists	158	5,874
Registered Nurses	1,344	47,948
Nurse Practitioners	68	2,797
Physician Assistants	28	772
Pharmacists	153	4,524
Dentists	74	2,461

Uninsured Population (percent adults under age 65) 2016	Big Sandy	Kentucky
Uninsured Population (percent adults under age 65)	7%	6%

About the Indicator: The percentage of the population age 18-64 not covered by private or public health insurance.

Data Source: Small Area Health Insurance Estimates Program, U.S. Census Bureau, Kentucky State Data Center

Medicaid Enrollment 2006	Big Sandy	Kentucky
Total	57,375	928,615
65 and Over	4,704	92,515
Adults ages 20-64	24,073	313,706
Children ages 0-19	28,604	518,695
Foster Care Children	464	16,110
Blind and Disabled	16,917	208,640
BCCA	14	520

About the Indicator: BCCA refers to women eligible for coverage through the Kentucky Women's Cancer Screening Program.

Data Source: Kentucky Health Care Market Report (Kentucky Department of Medicaid Services)

Medicaid Enrollment (percent of population) 2006	Big Sandy	Kentucky
Medicaid Enrollment (percent of population)	36%	22%

Data Source: Kentucky Health Care Market Report (Kentucky Department of Medicaid Services)

Medicaid Expenditures 2006	Big Sandy	Kentucky
Total Expenditures	$240,213,684	$4,126,757,251
Average Expenditures per Recipient	$4,187	$4,444

Data Source: Kentucky Health Care Market Report (Kentucky Department of Medicaid Services)

Data Sources:

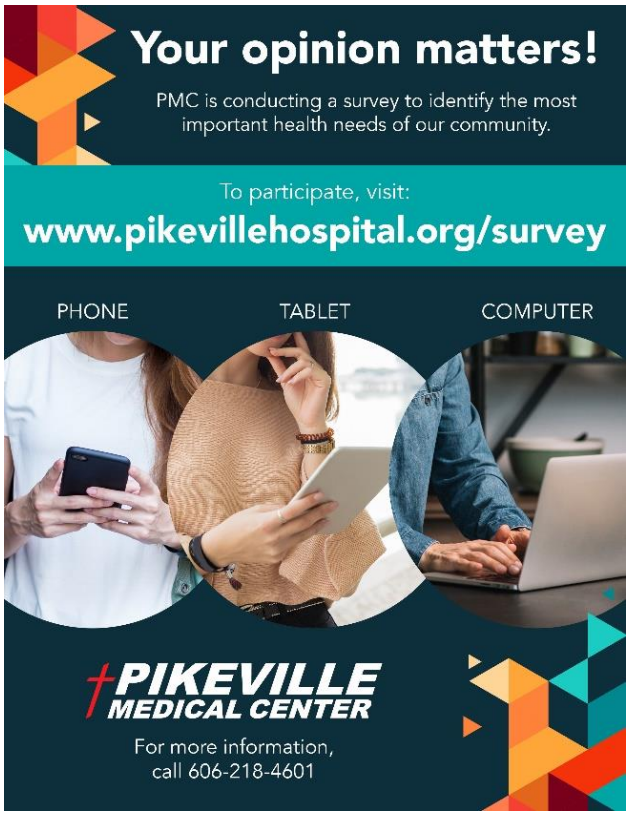
Population Division, U.S. Census Bureau

Description: Decennial population data (2000, 2010, etc.) is from the Decennial Census. Data for all other years is from the Population Estimates Program, Population Division, U.S. Census Bureau.

Survey Process and Methodology

Because it is an integral part of our CHNA, the survey process was methodically planned with extensive input from our advisory committee. We concentrated our efforts on creating a survey that asked the right questions and targeted the entire community population in the broadest manor possible.

A draft of the survey questions was reviewed with the internal team. Once they were internally approved, they were sent to the advisory committee for their input. Survey Monkey, one of the top survey tools, was determined to be the best survey tools to use as we could distribute the survey to a vast number of consumers at one time. It was utilized to reach the largest amount of citizens in our region and also for the ease of their response.



After the survey questions were developed, it was published to a link which was widely publicized in-house to all PMC employees. Staff members were encouraged to respond and to have their families and associates complete it also. We promoted it to our patients via social media, print and flyers which were distributed in our clinics, inpatient rooms and in our cafeteria. The promotion of the survey was to make sure it was easily accessible and convenient to complete.

Members of the advisory committee were also given the link and ask to distribute it amongst their staff, associates, customers and business community affiliates.

The survey consisted of 45 questions which targeted specific areas regarding the delivery of healthcare.

Those areas included:
- Demographic information
- Perception of patients and caregivers
- Treatment / services needed
- Obstacles to accessing care
- Services which are covered in the area and those which are not

Many of the questions were structured to have open-ended answers in order to obtain the most detailed and accurate description of the respondents thoughts. There were also numerous questions requesting definitive and declarative responses such as ‘most important’ and what specific needs are/are not being met. Other questions targeted things with ‘yes/no’ answers for utilization that

prohibited access to care. The combination of these two strategies allowed for the exact data to be collected while still allowing for individualized input.

Data was collected via the survey tool from June 1, 2019 to July 19, 2019. Our goal from a statistical sample was to obtain 1,000 responses. We were able to achieve that within the survey window with 1,107 respondents answering the questions.

Additional sources of information were collected regarding all aspects of the healthcare industry and overall general health and well-being of PMC's market area. The sources of data included the most recent reporting available from the Kentucky Cabinet for Family and Health Services, the National Institute for Opioid Addiction and this data was widely available online and could be dissected by region and county. It could also be analyzed by a wide array of parameters including demographics, education levels, income levels, mortality statistics and providers in the market.

Focus groups were conducted earlier in the year by the Barnes Agency, a contracted vendor with extensive experience with market analysis and promotions within the health care industry. Research was approached with a goal of having the consumer and Focus Group efforts be a reflection of PMC's demographic base. Subsequent of this research a formal publication was adopted by the board of directors which described in detail the economic impact which PMC had on the region. The focus group input revealed that PMC may consider additional business opportunities based on underserved medical needs as cited by respondents.

After the survey window closed, the data was aggregated. Other data was incorporated, including many statistics presented in previous sections, and allowed a clear and detailed picture of the healthcare industry in our market area.

The survey questions and the aggregated data are furnished in a subsequent section entitled Survey Results and Key Findings.

To prioritize the health needs of our region, PMC reviewed the survey with focus on barriers that prevent people from seeking healthcare. In order to do this, the survey utilized qualitative responses such as 'most important' along with 'yes/no' responses rather than a quantitative scale of 1 – 10. Majority responses provided clear-cut health needs and concerns of PMC's market area.

In summary of the results, the community proved to be centered in five major areas including economic stability, substance abuse, health, wellness and obesity, proximity and availability of services. Additionally, the other services which have been a focus for some time, heart disease and oncology, were still noted as leading concerns.

Survey Results and Key Findings

The health needs of the service communities for Pikeville Medical Center were revealed to be somewhat in-line with our expectations. However, a few areas of need were identified that were not anticipated. In general, PMC typically meets the acute care needs of the populations we serve. Our region still suffers in comparison when compared to the health status of other regions of the country. Many of the findings are inter-related and are ultimately derived from similar root causes.

The survey questions and results are depicted in this section.

Key Findings

Two specific health issues, which have been and are widely known as issues, were again indicated to remain as the top two health concerns for the region. Comparison of PMC survey data collected to the nationally publicized data, Appalachia is documented as one of the nation's most prevalent regions for heart disease and cancer related illness.

Results from previous CHNA surveys depicted these two public health issues remain as a primary concern. Those concerns along with aforementioned national data drove Pikeville Medical Center to have a concentrated effort in those areas. PMC has spent the last decade focusing on cardiology and oncology by expanding the provider staff, locations and services offered. Over the past several years we have seen some rewards from our efforts.

Pikeville Medical Center's Leonard Lawson Cancer Center has focused on expanded **oncology services** for the patients in our region in numerous ways. Several new treatments have been added to increase the services available locally to prevent the burden of travel on patients and their families. These treatments include stereotactic breast biopsies and radioactive pharmaceuticals. Prevention programs including educational events for local referring physicians, community health fair education events and smoking cessation programs have also assisted in bringing residents in for earlier diagnosis. Data indicates a case increase of 33% from 2008 to 2018 when the focus was put on oncology early diagnosis.

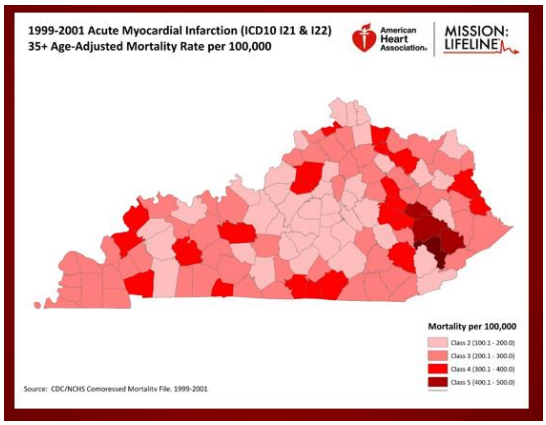
Heart disease has long been the other major primary health concern of our region based on several factors including prevalence of smoking, dietary lifestyle and lack of access to treatment. The Heart Institute of PMC has grown over the past 10 years to expand procedural services that offer lifesaving cardiology into outlying areas. This has resulted in a higher level of diagnostic and procedural care for the patients in those areas. Several new curative procedures are now being performed by the Heart Institute which are not

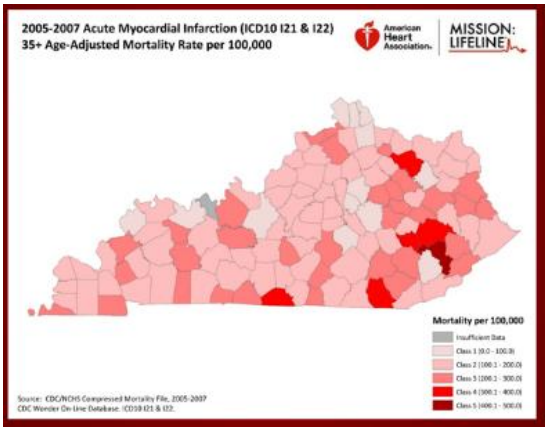
offered anywhere else in this region, TAVR and the Watchman device. The Watchman Device is the first of its kind to come to market. Centers are hand-picked and must be approved by both Boston Scientific and the FDA to perform these implants. The PMC heart team has performed the regions first, Trans-catheter Aortic Valve Replacement (TAVR), in February 2019. Both of these procedures offer lifesaving treatment to the people of the region, right here at home.

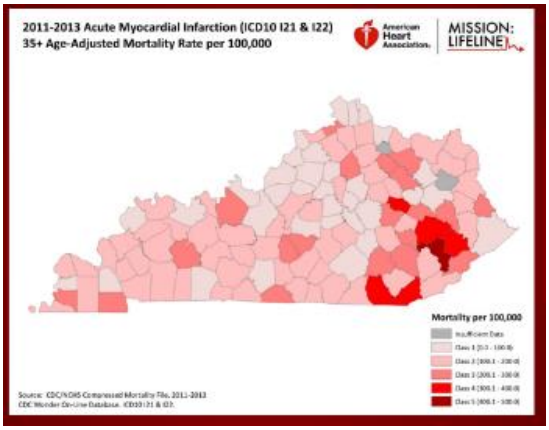
Faster diagnosis of heart disease coupled with subsequent improvements of interventions have positively affected the heart health of the region. PMC's Certification through the American Heart Association yields timely data to track impact of the Heart Institute on the circulatory health of the patients we serve.

Data from the American Heart Association clearly illustrates the Appalachian region has encountered significant improvements in age-adjusted mortality rates due to acute myocardial infarction. In the 1999-2001 reporting period, Pike, Floyd, Letcher and Johnson counties were considered Class 3 meaning that there were 300-400 deaths per 100,000. That class designation was lowered to Class 2 from 2005-2007 indicating a reduction to 100-200 deaths per 100,000. Our mortality rate lowered again from 2011 to 2013 to a Class 1 with 0-100 deaths per thousand.

The below graphics from the American Heart Association reports clearly illustrate the improvements as a result of our commitment to heart health in the region.







Other public concerns that were identified in the last CHNA report included **obesity (both adult and child) and diabetes**. PMC has continued to support and educate the community, our staff and our patients on the health risks of both of these issues.

PMC's Surgical Weight Loss department continues to serve patients who have unsuccessfully tried to control their weight by offering several different procedures.

Additionally, the patients attend seminars and support groups as they progress through their journey. To offer our employees, their spouses and dependents options for a healthier lifestyle we have implemented a Weight Watchers Workplace program. Participants can attend 2 meetings per week with an on-sight coach or can opt to just attend on line. To compliment all of these and to assist our community in fighting obesity, we sponsor numerous community events including 5 and 10 K walks which promote active and healthy lifestyles.

PMC offers Diabetes Management appointments with our diabetes specialty team. This team works in conjunction with our staff endocrinologist to address Diabetes Mellitus, Thyroid disorders, Parathyroid disorders, Pituitary disorders, Adrenal disorders, Metabolic Syndrome, Metabolism. Additionally, we sponsor diabetes support group and healthy options cooking classes for patients and the community at large.

In addition to the long standing issues cited above, five additional subjects were obviously top of mind in awareness of respondents. These topics ranged from economic stability, which can impact care being sought and received to availability of services which can impact economic stability. The following summarizes the responses related to those five key areas of need. The areas of most concern to the survey respondents generally centered on five major topics, all of which are interrelated.

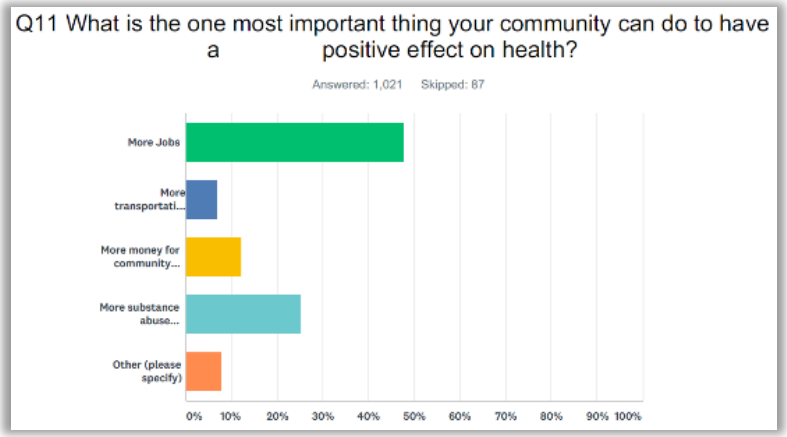
Economic Stability

This region has suffered from changing federal regulatory policy over the past 4-5 years. Many previously high paying jobs in the coal industry have been eliminated and the ones which have remained have consistently been reduced. For that reason, many families have left the region to find employment or have been forced to rely on subsidized government assistance to survive. Both of these issues have had a significant impact on health care for the general population and organizations which deliver that care. Forty eight percent of survey respondents indicated that more jobs was the single most important thing affecting health that was needed in this community.

Kentucky Health Fact statistics indicate the per capita income for our service area is $18,574 compared to the statewide average of $24,802. Additionally, the median household income for our market area is $32,007 compared to statewide incomes of $44,811. Another statistic impacting employment was the comparison of high school graduates of the area. Only 75% of the areas citizens held high school diplomas as opposed to 85% statewide. It is widely known that education levels affect employment. That coupled with the reduction of blue collar job availability has had a significant impact on the financial stability of the area. Lower employment results in lower disposable income to spend on health care.

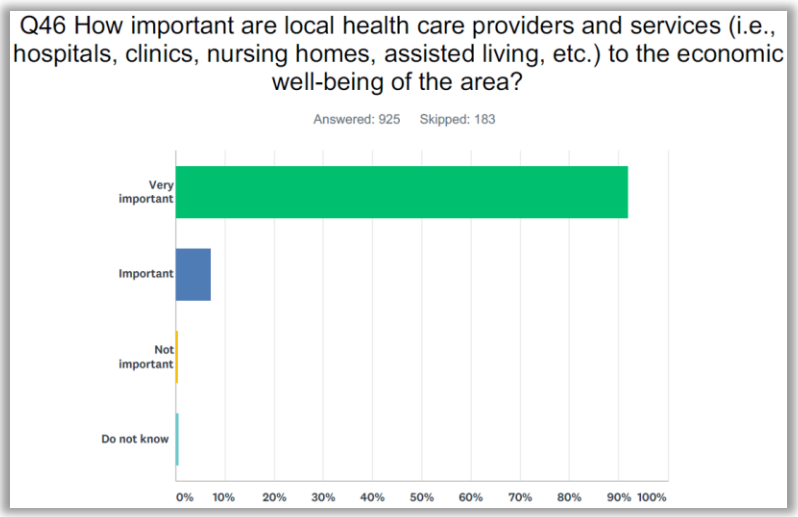
According to a recent study, “Investing in Healthier Communities, A Guide to Economic Impact” published in 2019, PMC is responsible for a large portion of the existing economic fabric of the area. Our approximate 3000 employees generate a wage and tax base of $223,163,486. Those employees generate over $34 million dollars in state and local taxes which benefit the overall economic health of the region and Commonwealth.

We understand the critical need for a sustainable job market and are proactively engaged to continue as a significant employer for the region.



Not surprisingly, 92% indicated having adequate healthcare institutions in the area (hospitals, clinics, nursing homes, assisted living, etc.) was vitally important to the economic well-being of the community.

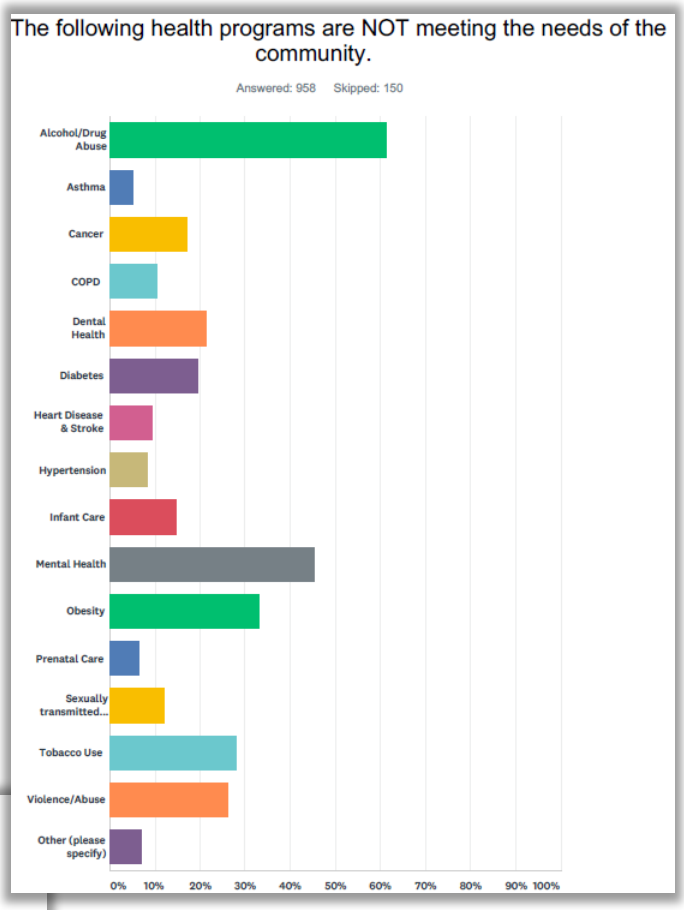
Economic stability of citizens has a direct correlation to their overall health. In an economically depressed area, preventative health measures are often the first to go unaddressed. These include regular check-ups, vaccinations and elective procedures. Additionally, patients may simply not have the resources to travel to see provider or pay for their medications.



There are limited existing resources available within the community to assist with healthcare needs in an economically depressed region. Health departments are located in each county to provide services to those who are in need of low or no cost care but still may not be accessible to all patients due to their physical locations.

Substance Abuse

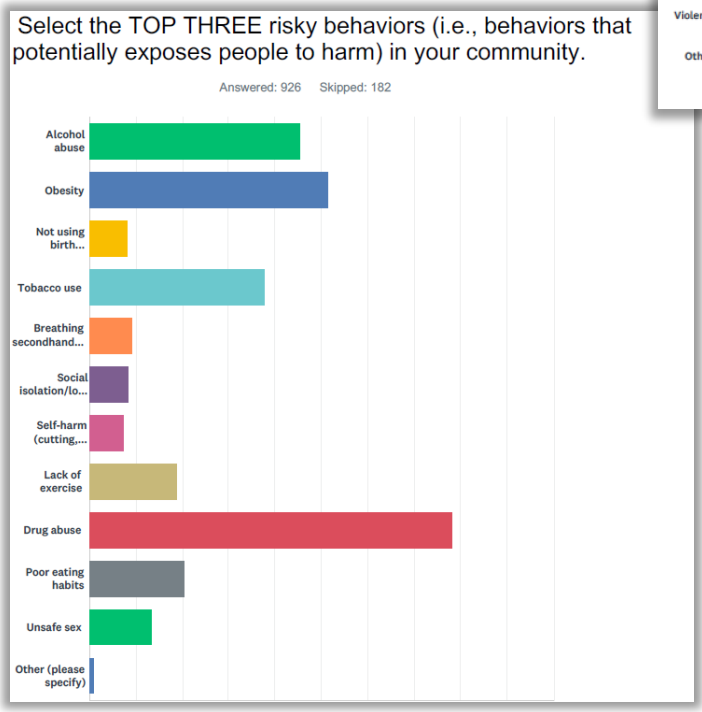
Kentucky is well known as one of the nation's leaders of opioid and substance abuse areas. In 2017, there were 1,160 reported opioid-involved deaths in Kentucky—a rate of 27.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons. It has been a major focus from news broadcasts to elected official initiatives.



The responses to the survey mirror these statistics and the need to address them with 61.59% of respondents saying that substance addiction and prevention and treatment were rated as the number 1 thing to affect healthcare that is not adequately being addressed.

It was not surprising that two of the top three risky behaviors to harm your health was regarding addiction, either with drugs (78%) or alcohol (48%).

Astoundingly, addiction rated higher than cancer, diabetes, heart disease and obesity.



There are over one dozen treatment facilities in the region which offer either residential, outpatient or counseling services to those afflicted with substance abuse. Many of these facilities, particularly the residential ones, have a court ordered-clientele. The Commonwealth of Kentucky does have clear focus on this problem and is working to build additional facilities which specialize in the treatment of alcohol and/or drug addiction. A comprehensive addiction recovery program includes 5 steps of major transformation. Phase 1 includes detox and initial treatment focusing on establishing a treatment plan and offering stability to the

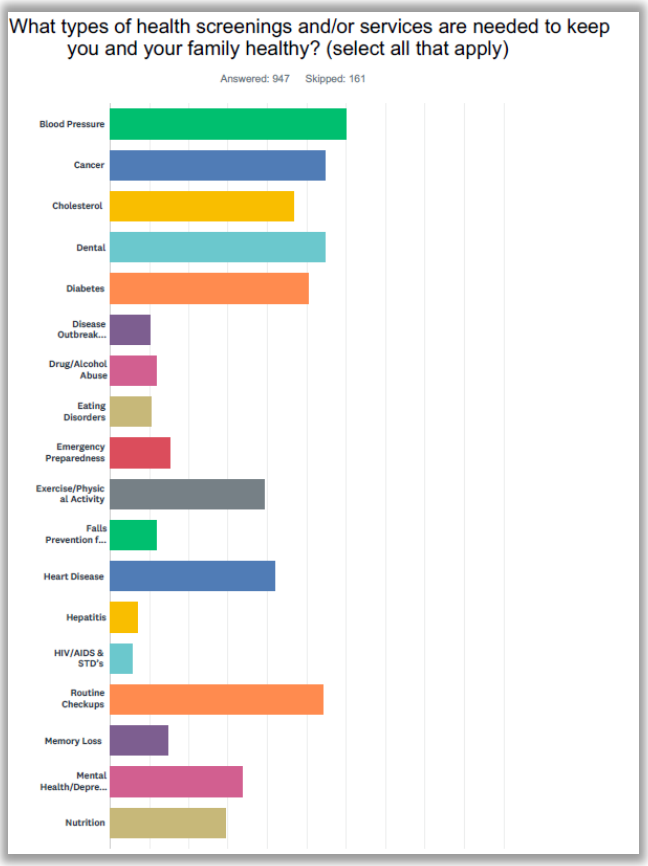
individual in treatment. Once ambivalence about recovery is resolved, the client is prepared to begin the next stages of the recovery process including Early Abstinence, Maintenance of Abstinence, Advanced Recovery and Continued Healing.

Previous regulation permitted a limit of 16 residents in a Phase 1 program. However, in July 2019, Kentucky's Governor signed a law allowing for the increased number of residents in a Phase I recovery program from the previous maximum of 16 residents to double the number of occupants to 32.

The focus during this time is on education about addiction and the treatment options available, as well as preparation for the eventual relinquishing of all substance use. Thankfully this need is now being addressed by that segment of the business community.

Health, Wellness and Obesity

Preventative care has long been recognized as the best form of care. With 52% of respondents indicating they do not pursue routine health care, it can be deduced that other disease and illness will be elevated. Survey results showed that 34% of those answering had been diagnosed with high blood pressure, 21% with high cholesterol and 25% as obese. Additionally, 38% answered they had not had any of the top 6 health screenings which included detection of colon, breast, gynecological, skin, oral or prostate cancers. However, cancer was the second highest health concern listed at 30%. Obesity was indicated to be the number 1 concern for children in the area.

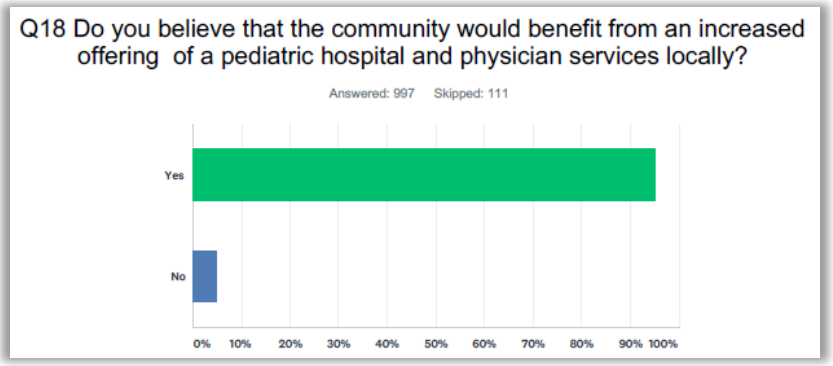


As respondents considered what could be done to keep them or their family's healthy, regular screenings was the overwhelming indication. Blood pressure, cholesterol and dental screenings were the top three noted with 60%, 47% and 55% respectively which mirrored the top diagnoses in the region. Following closely behind those top 3 were the indication that regular check-ups, nutritional education and weight loss would be the key factors to assist in the wellness of the community. Seventy two percent of those surveyed received their health information and education from their doctor or health care provider while 53% obtained information from the internet. The indication was clear that education and preventative screenings could improve healthcare in the market area. Though the Health Departments in each county offer some of these services, they are located in the county seats which may or may not be easily accessed by all of the population.

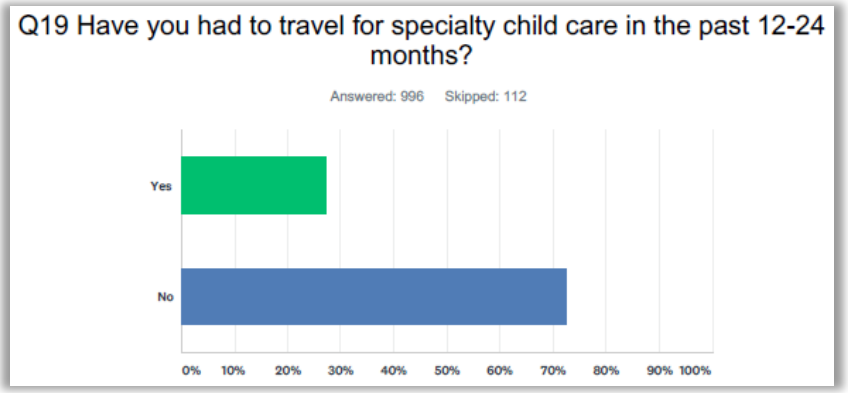
Pediatric Services

It is widely accepted that the females in the household are responsible for the healthcare purchasing decisions of the entire family unit. With 82% of the respondents being female, one could deduce that mothers have the most influence when it comes to making health related purchases, particularly for children.

An overwhelming 95% indicated they believed the community would benefit from an increased offering of pediatric hospital and specialty physicians services locally.



Almost one-third indicated they have been forced to travel for specialty child care in the past 1 to 2 years.

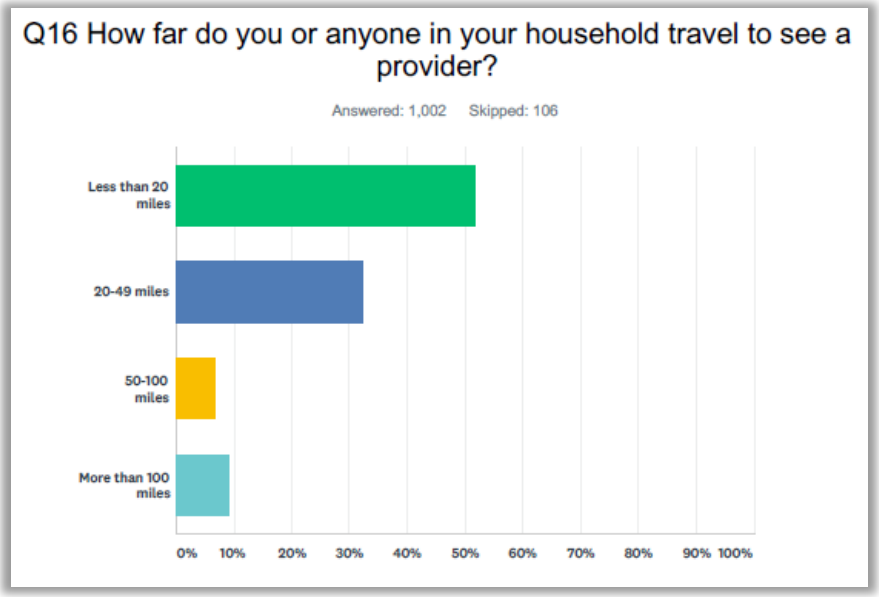


Ninety five percent of respondents indicated that they believed the community would benefit from an increased offering of pediatric services locally.

Data did show that only 25% had well-baby/child check-ups performed. Health departments located in each county do provide some pediatric services to the youth of the area. Additionally, there are several behavioral health institutions such as Mountain Comprehensive Health Care to assist in diagnostics of behavioral and learning disabilities. Unfortunately, those are limited in scope and availability to serve the wide array of pediatric issues that a family could face. Though Pikeville Medical Center has expanded the pediatric primary care practice significantly over the past 5 years, it does not address pediatric specialties therefore there is still some opportunity for development of this service line.

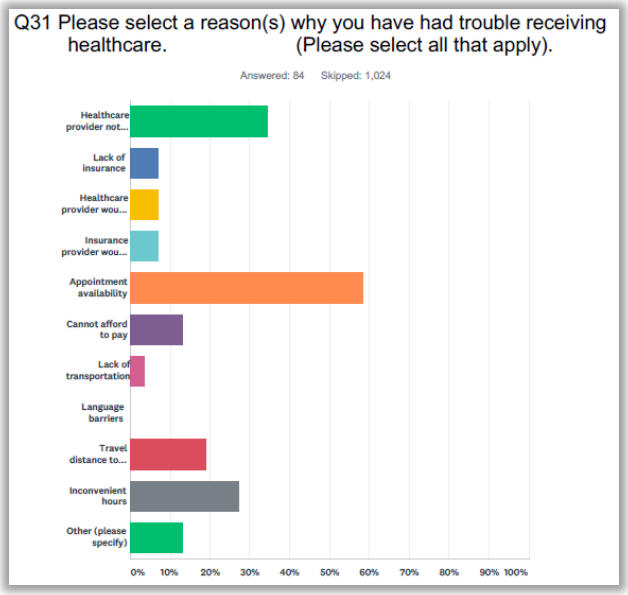
Proximity and Availability of Services

Access to healthcare is a nationally noted concern when it comes to patients and their overall health status. Many CMS programs, such as Meaningful Use, Quality Indicators and Medicare Access and Chip Reauthorization Act Programs reward and compensate providers based on their patients being able to receive services in a timely manner. Pikeville Medical Center's market region is rural and often difficult to travel which enhances the issue of patients being able to receive the care they need.



Survey data indicates that 32% of patients had to travel from 20 – 50 miles to get access care. Another 7% traveled 50-100 miles and almost 10% were forced to travel more than 100 miles to receive the necessary care.

When asked for the 3 most important reasons for selecting a health related facility, a facility close to home appointment availability and prior experience with the provider/hospital were the most important factors. Conversely, it was indicated that the reasons for not receiving timely healthcare were appointment availability at 59%, services not available at 35%, inconvenient hours at 28% and travel distance to provider at 19%. 52% of survey respondents indicated they do not pursue routine health care which becomes a vicious cycle for both residents and healthcare providers. Seemingly there is a direct correlation between access to care and those actually receiving care, both necessary and preventative. This is undoubtedly also related to the economic status of the market region.



IMPLEMENTATION STRATEGY

After careful review of survey data and input from our advisory committee, patients, patient advocates and health professionals, priorities were identified as leading health 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.

The statistical data highlighted a number of demographic and socio-economic realities. It was no surprise that our unemployment rate was yielding a significant impact as was our income and education levels since they are lower than state wide performance.

Our survey shed light on the health issues that members of our community found most important. Those issues included areas of health regarding heart health, oncology services, economic conditions, obesity and substance abuse. There were also a number of things however, that could only be gleaned from the survey results through broader analysis. For instance, the number of families that did not have routine health checks related to a possibility that the barrier was availability and access to providers. Another defined issue was the lack of pediatric services.

Pikeville Medical Center will take this data to further study and plan activities as a part of our implementation strategy in order to meet those identified needs. Those strategic efforts will address the following areas.

Cardiology Services

The Pikeville Medical Center (PMC) Heart and Vascular Institute is the literal heart of healthcare in the region and is leading the way to a healthier and longer life for patients in and around the community. For the past several years, heart disease has been a primary focus of Pikeville Medical Center.

Our multidisciplinary team of physicians includes experts in general and interventional cardiology, electrophysiology, interventional radiology, vascular and endovascular surgery, and vascular medicine. Our commitment will continue to involve state of the art therapies, cutting edge and minimally-invasive interventions and we are devoted to providing state-of-the-art diagnosis and treatment for people with heart and vascular disease. New life saving procedures have been added and which include the MAZE, TAVR, Watchman Device and Leadless Pacemakers. The MAZE, Watchman and Leadless Pacemaker addresses patients experiencing atrial fibrillation which enhances their risk of stroke and heart attack. The TAVR, a trans-aortic valve replacement procedure, is a minimally invasive surgical procedure to repair the valve without removing the old, damaged valve.

Additionally, as we seek to serve our patients throughout the continuum of care, our cardiac rehabilitation center provides a medically supervised program designed to improve cardiovascular health after a cardiac event. As an alternative to procedural intervention, PMC offers services to patients in need of anti-coagulant therapies and those needing treatment for congestive heart failure through our CHF clinic.

The results of this survey validate our current focus of continuing to develop, expand and enhance cardiology services. To continue the progress, PMC is committed to renovating the existing Heart Institute which now covers 26,000 square feet on 1st floor space in the Miner's Building allowing for functional flow of a new registration area for improved patient access. The second-floor space will be renovated to add another 14,000 square feet of space for support services. Three additional EP/cath labs will be constructed. Two of those labs will be hybrid labs which allow the rooms to be quickly converted into surgical suites if the patient's condition requires. Six pre/post-operative bays will be constructed along with a multipurpose room which could be used for case conferences and departmental meetings and lectures. The total cost of the renovation and expansion is estimated at $ 35.2 million.

These advancements will allow us to continue to lead the way to a healthier and longer life for patients in and around the community and region.

Oncology Services

The future of cancer care is not tomorrow. At Pikeville Medical Center, we have the expertise and leading-edge technology to fight it today. As the region's only hospital to have achieved the Commission on Cancer's 2018 Outstanding Achievement award for exceptional quality, we have a goal of winning the battle against cancer – one patient at a time. Our commitment to oncology patients and all of the services which they need from early diagnostics to support after treatment, are a primary focus of all of our caregivers. We know that medical treatment is only part of the battle in fighting cancer, so we offer multiple auxiliary services to approach healing holistically. Cancer support groups offer assistance through the personal journey of cancer for both patients and their families.

The Look Good-Feel Good program provides access to free wigs, make-up, scarves and more if needed. The Art of Healing program offers artistic activities designed to provide emotional support to people coping with a cancer diagnosis and smoking/vaping cessation classes help smoking addicted people break the dangerous habit. PMC's patient navigators assist patients and their families in obtaining access to these and many other programs throughout their treatment and beyond.

To improve the services we offer our patients, PMC is committed to giving comprehensive care in the most convenient manner. To enhance access and convenience The Leonard Lawson

Cancer Center (LLCC) has recently moved to PMC's main campus on the 10th floor of the Clinic Building. A new oncology pharmacy will soon be built on the 11th floor of the Clinic allowing medications and chemotherapy to be delivered to patients without delay. New Outpatient Laboratory Collection and Pulmonary Function Testing Center will also be added to the 11th floor. This location will be convenient for our oncology and other clinic patients. The total cost will be $988,000.

The lab specimens collected on the 11th floor will be immediately processed by our new state-of-the-art Laboratory Department which recently underwent a $6.3 million remodel and expansion. The new lab is able to process over 200 types of tests which were previously sent to reference labs, resulting in 98% of all tests performed in-house, expediting patient results and diagnoses. The lab also contains new grossing stations and stainers which significantly reduce the wait time for pathology reports. The microbiology department through an investment in analyzers can identify contagions viruses and bacteria in a significantly reduced time.

The remaining space on the 11th floor, (estimated 7,000 square feet) will be reserved for medical oncology expansion whose budget is yet to be determined. Patients can now have their medical oncology, radiation treatments, infusion services, and diagnostics all under one roof. PMC plans to start looking to secure funds next year for our continued expansion plan.

In addition, inpatient oncology has been recently moved to 8E. 8E was recently remodeled to included 15 large private suites to accommodate our patient and families.

The Leonard Lawson Cancer Center is currently enabling our patients to enroll in clinical trials potentially receiving life changing medications. In our continued pursuit of the treatment of cancer, we will aggressively pursue entering patients in additional trials. In addition to treatment and support, we understand that it is our responsibility to create awareness and furnish education to the community regarding the #1 health issue in the region. Our Oncology Department will continue to team with local and regional groups to provide screenings, educational materials, provider seminars and healthy lifestyle events to increase the awareness while decreasing the risk of the disease. With the rapid pace of technology improvements, PMC plans to purchase two new state of the art Varian RapidArc Linear Accelerators for the delivery of radiation therapy. This new technology and treatment planning algorithm ensures treatment precision, helping to minimize the radiation dose to surrounding healthy tissue. RapidArc delivers IMRT treatments up to eight times faster than what was previously possible. The estimated cost is $5.4 million.

PMC has also embarked upon a program of excellence to have all oncology nurses become OCN Certified and are providing them educational and testing opportunities. Although we currently have numerous certified nurses, our goal is to have all registered nurses working with cancer patients to be OCN certified.

Economic Stability

Over the past several years, the entire Appalachian region has experienced a significant downturn of the mining industry resulting in a drastic need for employment in the area. Many citizens have been forced into lower paying jobs or leaving the area all together. This outmigration of tax base is having a substantial impact on the community as a whole. At the same time, PMC is experiencing difficulty in employing adequate numbers of skilled nursing positions, a problem which is reported nationwide.

In an effort to solve both issues, PMC is collaborating with area colleges and technical schools to improve their registration and graduation rate of nursing students. We are working towards a collaborative agreement where we will provide valuable real estate, underwriting of grant applications and required match funds to pay for this project. The Summit Building located in close proximity to the hospital and the colleges can be leased for a token $1/year making a great financial contribution to the project. This building will allow for increased enrollment to existing programs in Pikeville where they can be close to the hospital for apprenticeships and internships.

PMC is working closely with local, state and federal legislative partners on a number of projects to solve the issue of jobs, jobs that will lead to a fulfilling and meaningful way of life while caring for the healthcare needs of the citizens of the area. We are developing programs to assist local secondary schools in developing career path models in the bio-science fields. In addition to the traditional students, we will collaborate with workforce development agencies to enhance opportunities for prospective students to enter the healthcare industry. PMC and other health related industries are in dire need of employees, specifically RNs to meet the existing and growing demand of the aging population. PMC estimates the need to hire 650 new employees in the coming year. In our immediate community, our schools only produce approximately 90 registered nurse graduates each year. This will continue to be an uphill battle until we create a way to educate and train more RN to meet the entire market's requirement

There are tremendous opportunities in the healthcare field. The challenge is to educate and train our own people for these demands. PMC, Saving Our Appalachian Region (SOAR), East

Kentucky Concentrated Employment Program (EKCEP), Big Sandy Community and Technical College (BSCTC), The University of Pikeville (UPIKE), elected officials at the state and federal level and the school systems have been working on project HEART - **H**ealthcare **E**mployment **A**round **R**egional **T**raining. Kentucky's Education Cabinet is committing funds and support to work with the schools to provide additional resources and scholarship opportunities for students entering career ready programs. A $627,000 grant was awarded to launch a three-year apprenticeship program for high school students. The project's goal is to help students obtain the skills needed for them to succeed in the workforce by placing between 90 to 100 Kentucky high school students into paid apprenticeships each year.

Additional funding already procured includes:

A $40,000 grant for (EKCEP) to hire a pathway coordinator to coordinate between the schools, hospitals, and state and federal programs to help move these programs and initiatives forward.

A $500,000 Appalachian Regional Commission grant (sponsored by the city of Pikeville) for nursing school renovations and materials, providing tele-video equipment, and purchasing simulators.

There will also be a focus on the non-traditional student re-entering the work force.

EKCEP has also committed to working with PMC and Adult Education to host job fairs for some entry level positions, which will promote working while obtaining a GED and possible pathways afterwards. Kentucky's Cabinet for Health and Family Services, Division of Family Support will be working with PMC, to help train employees under a new Supplemental Nutrition Assistance Program (SNAP) program that allow struggling families to survive while working and being trained to improve their lives.

We are also bringing back in-house services which were once outsourced to create additional employment opportunities.

All of these programs will be culminated to bring individuals into the workforce earlier rather than later with externships and other certification programs with Pikeville Medical Center being the corporate leader to develop educational opportunities, assist healthcare providers and create hundreds of jobs around the region.

Substance Abuse

Kentucky is among the top ten states with the highest opioid prescribing rates. In 2017, Kentucky providers wrote 86.8 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions. From 1999 through 2015, prescription opioids were the

underlying cause of drug overdose deaths. By 2017, the main contributor of opioid-involved deaths shifted to synthetic opioids other than methadone (mainly fentanyl) with 780 reported deaths–a more than tenfold increase from the 76 deaths reported in 2013. Deaths involving prescription opioids totaled 433 in 2017 and have not shown a significant change in recent years.

PMC and its providers understand and take very seriously our responsibility in protecting the public and preventing substance abuse in our patients. Currently we have a strictly enforced policy of prescription drug monitoring and usage. We will continue to implement strategies to prevent improper usage of medications of all kinds. Some of those strategies will include processes within the clinic and hospital setting centered on our processes of electronically written prescriptions and holding Hepatitis C clinics to control the at risk patient population. Additionally, patient education and patient authorization to receive opioids should be tracked with reportable data. Periodic reviews of prescribing habits of all providers will also ensure that appropriate levels are maintained.

With the increase of Neonatal Abstinence Syndromes (NAS) and Neonatal Opioid Withdraw Symptoms (NOWS), it will be imperative that PMC is positioned to take care of the least of our patients, the newborn baby. The Big Sandy area reports 68.7 cases per 1,000 hospital births indicating that we will need to explore and position our organization to address this unique substance abuse issue. To serve these newborn patients, PMC intends to invest approximately $948,000 to double the size of our Neonatal Department by adding eight isolettes in the NICU Department.

Effective interventions to address the need have not been fully identified and PMC needs to increase its relative expertise in this area prior to finalizing any treatment services. There are organizations within the region which do currently maintain programs aimed at this issue. Therefore, we are exploring opportunities to look for unique ways to approach addiction in ways not currently regarded as effective. An established relationship with Addiction Recovery Care (ARC) and the Fletcher Group will allow us to investigate unconventional alternatives of addiction prevention and treatment. In August of 2019, a new men's residential treatment center, Riverplace, operated by ARC, opened in our primary service area and PMC is committed to assisting them in post recovery employment when possible.

Pediatric Services

PMC has already begun the work of providing expanded services to pediatric patients with the planning and construction of a Children's Hospital designated exclusively for pediatric services. This $6.3 million facility will provide a family friendly environment for the youngest of our citizens. Once the new space is

completed, it will have a separate entrance from the rest of the hospital and will have more available space for the addition of pediatric specialties to be provided. Cardiology services are now provided through a cooperative agreement with the University of Kentucky. Additional specialty services, whether contracted or employed, could be provided in the future as those needs are identified including the use of telemedicine technologies in cooperation with our regional partners.

To enhance the expansion of pediatric inpatient and outpatient services, PMC will develop a pediatric focus in the emergency medicine service line. Designated emergency room treatment bays will be converted to serve pediatric patients not only with specialty equipment but a friendly environment to reduce fear in our young patients. Emergency department nurses will obtain pediatric certification and a minimum of one pediatric trained nurse on every shift.

PMC intends to expand the Neonatal Intensive Care Unit by adding eight isolettes in the NICU department. With the growing number of premature births and the younger gestational age at delivery increasing, there are increased numbers of patients needing treatment. Current licensure only allows for the treatment of babies born at or after 32 weeks. The application of a Certificate of Need will allow PMC to be designated as an Advanced Level 2 Neonatal Unit, which would allow them to treat babies born as early as 28 weeks. Any additional treatment or equipment needing to be purchased will be procured.

Health/Wellness and Obesity

Roughly one out of every three adults living in Kentucky is obese. The Commonwealth, which is the eighth worst state for obesity in the United States, also has the third highest obesity rate for youth ages 10 to 17. Kentucky's adult obesity rate is currently 34%, up from 22% in 2000 making more and more citizens at risk for many serious health conditions and diseases.

In order to help combat this trend, PMC will continue to be the community leader in promoting healthy lifestyles. We will promote good habits necessary to prevent or alleviate development of disease through numerous community information events and by continuing our involvement in a wide array of public activities such as health fairs, Remove Area Medical (RAM) clinics, and sponsored race events. These events will be held all around the region and the screenings will look for early warning signs of disease including, but not limited to cancer, diabetes and heart disease.

PMC will also provide education in a more individualized setting through patient-staff interaction and literature distribution. Discharge planning provides patient education to each patient upon hospital discharge, outpatient visits and emergency visits. This patient education is reviewed completely with each patient prior to their departure and is also sent to their patient portal accounts for online access.

The development of cooking classes with our diabetes support groups and improved nutritional guides in our primary care practices will also surely have a positive effect. Additionally, we intend to continue our already popular Weight Watchers Workplace program for our employees. A healthy lifestyle for staff will set a better example for our patients.

Lastly, as PMC develops the career path programs within the local school districts we will have an increased opportunity for education and awareness to the youth of our region.

Proximity and Availability of Services

PMC will continue to answer the need for access to services to our outlying service areas in several ways. Primary care providers are the gatekeeper for patients who may need medical specialties, diagnostics or interventions. Unfortunately, primary care providers are reducing in number in this region, just as they are nationally. To remedy that situation, PMC will aggressively grow the area primary care services by hiring additional providers. We will place clinics in areas that are currently underserved such as Martin and Prestonsburg.

Currently, PMC has satellite locations in Harold, Pikeville Wal-Mart, Shelby Valley, Whitesburg, Prestonsburg and South Williamson. Several of these offices are limited in space which also limits the number of providers that can see patients on any given day. Improved and enlarged space will allow more specialty services to be offered in those locations. Phase I of the Whitesburg clinic has now been completed. Prestonsburg and South Williamson, at a capital investment cost of $2.9 million and $2.3 million respectively, will open before the end of September, 2019. These clinics will provide easier access to patients in neighboring counties and states.

The new technology of telemedicine will be implemented to provide care to areas which may not be able to access care. Telemedicine services could be offered to area institutions including schools and jails in Pike, Floyd, Letcher and Johnson counties.

In the rural areas of Appalachia, emergency transportation is often a life threatening factor in access to care. The existing emergency transport having such far distances to travel, often have a delay in response time. In addition to emergency response, they also provide transportation to and from the skilled nursing facilities.

Pikeville Medical Center is proactively addressing the need and has applied for a Certificate of Need from the Cabinet for Health and Family Services to develop a facility-to-facility ambulance service. This service will assist in alleviating that burden of facility-to-facility transfers currently being placed on existing emergency transportation services as well as improve our patient flow and reduce wait times for patient beds. PMC's ambulance service will also free up capacity for other ambulance services to serve the communities with more timely responses to true emergencies.

Approval

After the 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 the results. Once the Advisory Committee recommended the approval of the Community Health Needs Assessment report, the Implementation Strategy was developed and both were approved by PMC's Board of Directors at its regular meeting on September 24, 2019.

Ronald Burchett, President of the Board of Directors

References

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Kentucky Opioid Summary
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Inventory of Kentucky Health Facilities, Services and Major Medical Equipment
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Barnes Group Focus Group Summary
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Investing in Healthier Communities – A Guide to Economic Impact
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911 Bypass Road • Pikeville, KY
pikevillehospital.org • 606-218-3500
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