

COMMUNITY HEALTH NEEDS ASSESSMENT



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Pikeville Medical Center, Inc. (PMC) is a not-for-profit healthcare organization that has been locally owned and operated in Pikeville, Kentucky, for the past 100 years. This regional referral center provides medical services to Eastern Kentucky, Southwest Virginia, and Southwest West Virginia.

In addition to the 348 licensed inpatient beds, which include 328 acute care beds and 20 inpatient rehab beds, PMC has 22 nursery bassinets, 16 Neonatal Level II bassinets, and 18 ambulatory clinic locations that offer 34 different specialties. PMC has long emphasized quality as a significant part of our mission... "To advance the health and well-being of our region through comprehensive care in a Christian environment." We constantly 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 May through July of 2025 and is the subject of this report. The assessment includes input from a Community Advisory Board, survey data analysis, and an assessment of relevant secondary data.

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



EXECUTIVE SUMMARY

Pikeville Medical Center, Inc. (PMC) is a prominent healthcare providing entity within the regional economic fabric of the tri-state community, demonstrating a dedicated commitment to enhancing the health of the population we serve. To fully comprehend the concept of "health," one must acknowledge its extensive scope, which includes socioeconomic factors, accessibility to healthcare, the availability of specialized services for particular needs, and even genetic factors that may affect treatment outcomes for particular populations of people. An understanding of all these elements is essential, as a lack of awareness can significantly influence an individual's capacity to make informed decisions regarding their healthcare. With a cognizant recognition of the disparities in healthcare and access to healthcare within our Appalachian market, PMC is devoted to implementing proactive measures to effect a positive change to the health of our region for the future and its generations to come.

To implement these changes, overcome obstacles, and serve our region effectively, PMC must first understand the community it serves. To gain this understanding, PMC collected data from local, state, and national patient populations regarding their socioeconomic situation and healthcare issues. This effort resulted in a comprehensive community health needs assessment study designed to gather the opinions and needs of residents and individuals within our service area and evaluate the services which we are currently offering and compare that to services which we may want to consider offering or which other healthcare organizations are offering. This information is also incorporated into our strategic planning process.

An Advisory Board composed of seventeen (17) individuals from our community, from various backgrounds including the business sector, educational institutions, and various civic organizations was assembled to provide oversight for the survey and reporting processes. This group gave specific focus to addressing health disparities and other factors affecting people in the region. In addition to the community members, eight (8) staff members from PMC joined the committee to complete the Advisory Board. The PMC staff included



people from Administration, clinical support staff, and licensed providers who gave perspectives on the process of the survey. They assisted with the review of the data and the summarization of the results. The survey results were then compiled, aggregated, and compared to 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 access to services. There are certainly additional health-related challenges in addition to those depicted, but those aforementioned issues rose to the top of the most frequent responses from the respondents and thus became the focus for long-term planning. These subjects were and will continue to be extensively analyzed to begin formulating the solutions to address the identified issues.

It is widely accepted that patients experience better health-related outcomes when they are empowered to take part in their healthcare alongside the providers who are treating them. Thus, additional insight was sought into patient engagement and participation in their care at PMC.

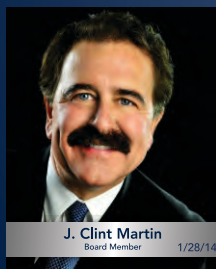
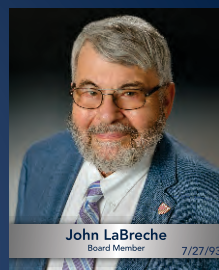
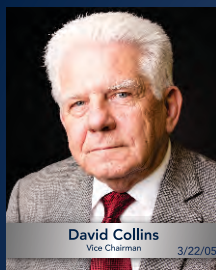
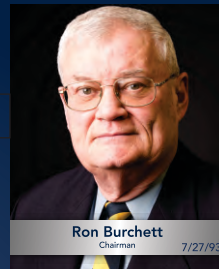
Upon completion of the advisory board's work, it delivered its observations and recommendations to PMC, who will utilize the information for the development of the organization's strategic plan. Once the strategic plan's implementation strategy is finalized and approved by PMC's Senior Leadership and Board of Directors, it will provide the framework from which Pikeville Medical Center will operate moving forward.

ORGANIZATIONAL GOVERNANCE & MANAGEMENT

The governance of Pikeville Medical Center is directed by a sixteen (16) member Board of Directors. This group is comprised of community leaders from a wide variety of business and civic organizations and who are appointed to a three-year term. There are no term limits, at this time, allowing members to continue past the original term pending the vote of the Board and the desire of the member. This allows the members of the Board to maintain stability and a well-rounded comprehension of the organization's past, present, and future. PMC's chief of staff, who is elected by the active medical staff annually, serves in an ex officio capacity on the Board for a one-year term.

The Board of Directors of PMC is responsible for the development and approval of the policies and procedures that guide the hospital's daily operations. The Board is also responsible for monitoring the financial position of the organization while supporting the mission of the hospital, which is to advance the health and well-being of our region through comprehensive care in a Christian environment. The officers of the board are selected by a nominating committee and voted on by the entire board. The PMC Board Officers consist of Chairman, Vice Chairman, and Secretary. In addition to the responsibilities of the full board, many board members serve as a committee chair for various committees including: the Executive committee, Finance committee, Corporate Compliance committee, Performance Improvement committee, Christian Emphasis committee, and Building and Grounds committee. From time to time there may be additional concerns and needs of the community and/or the organization itself, which may necessitate the need for additional ad-hoc committees.

BOARD OF DIRECTORS



EMERITUS:
Burlin Coleman
Dr. Dennis Halbert, MD
Judith Hinkle

Pikeville Medical Center's Executive Leadership Team guides the day-to-day decisions and operations of the organization. This leadership team consists of a chief executive officer, chief medical officer, chief operating officer, chief legal officer, chief financial officer, chief quality officer, chief nursing officer, chief information officer, and chief operating officer of physician practices. PMC's Executive Leadership Team reports directly to the Board of Directors and manages the daily operations of all departments. Strong leadership is recognized as the foundation for any sustainable organization, and these leaders are challenged daily to be proactive, innovative, and responsive, not only to our patients but to the rapidly changing healthcare industry. This team's invaluable skills have been vital in maintaining PMC's operations through the challenging and ever-evolving financial and regulatory shifts impacting healthcare. PMC's Executive Leadership Team is also supported by eight (8) vice presidents and fifteen (15) assistant vice presidents who help manage different key clinical, support, and administrative areas of the organization. Additionally, there are two assistant chief medical officers who serve to assist the CMO with management and quality initiatives. All of these individuals comprise PMC's Senior Leadership Team.

The current Senior Leadership Team consist of the following:

President/CEO:	Donovan Blackburn
Sr. VP/Asst. CEO/CMO:	Aaron Crum, MD
Sr. VP/COO:	Kansas Justice
Sr. VP/CLO:	Erich Blackburn
Sr. VP/CFO:	Michelle Hagy
Sr. VP/CNO:	Michelle Rainey
Sr. VP/CIO:	Tony Damron
Sr. VP/CQO:	Melissa Thacker
VP Patient Services:	Josh Damron
VP Patient Services:	Amber Tackett
Asst. CMO:	Curtis Koons, Jr., MD
Asst. CMO:	John Blackburn, MD
VP Finance:	Marcus Conley
VP Foundation/Engagement & Government Affairs:	James Glass
VP Marketing/Public Relations/Grants & Events:	Lisa Kendrick
VP Diagnostic Services:	Joni Fields
VP Education/Nursing Development:	Breanna Goble
VP Communications:	Stacie Taylor
Asst. VP Risk Management:	Pam Vanhooose
Asst. VP Corporate Compliance:	Doris Taylor
Asst. VP Laboratory Services:	Leann Hubbard
Asst. VP Surgical Services:	Andrea Akers
Asst. VP Physician Practice Administration:	Stormie Adkins
Asst. VP Physician Practice Administration:	Vickie Justus
Asst. VP Respiratory Services:	Dwight Buckley
Asst. VP Information Technology:	Chad Phipps
Asst. VP Hospital Physician Practices:	Sherri Thacker
Asst. VP Physician Services/Medical Staff Services:	Annie Carter
Asst. VP Performance Improvement/Patient Safety:	Tanya Pelphrey Slone
Asst. VP Regulatory/Standards & Interpretations:	Steve Buckley
Asst. VP Human Resources:	Elizabeth Burchett
Asst. VP Facilities Operations:	Andy Morrell
Asst. VP Hospital Education:	Brandi Adkins
Asst. VP Marketing:	Shannon Deskins
Asst. VP Infection Prevention:	Nina Reynolds

COMMUNITY ADVISORY BOARD

In addition to certain Senior Leaders of the hospital, PMC's Community Advisory Committee is comprised of the following individuals and organizations that provided oversight and guidance to this assessment process. These Advisory Committee members represent different segments of the community and have special knowledge of our population, the financial and educational needs of the areas, as well as the socio-economic and personal conditions of the people in the areas we serve. In addition, certain committee members have special knowledge regarding public health and the underserved members of our service area.

The Community Needs Health Assessment Advisory Committee is comprised of:

BANKING

David Akers, VP.....Community Trust Bank

CITIZEN AT LARGE

Sandy Runyon

COMMUNITY PROGRAMS

Alecia Conley, Exec. Director.....
.....Big Sandy Area Comm. Action Prog.

EDUCATION

Joe Ray Thornbury, Board Chair.....
.....Pikeville Ind. Schools
Denise Yonts, Superintendent.....Letcher Co. Schools

FAITH BASED

Chris Bartley.....New Beginnings Church

HIGHER EDUCATION

Jarred Arnett.....UPIKE

INSURANCE

Lucas Blackburn, Agent.....Blackburn Nationwide

LOCAL CITY GOV'T

Reggie Hickman, City Manager.....City of Pikeville
Andrew Scott, Mayor.....City of Coal Run

LOCAL COUNTY GOV'T

Pike County Sheriff's Office.....Rodney Scott
Robbie Williams, Judge Exec...Floyd Co. Fiscal Court

PMC

Donovan Blackburn.....Administration
Kansas Justice.....Administration
Erich Blackburn.....Legal
Peggy Justice.....Project Lead
Michelle Rainey.....Clinical Opinion
Marcus Conley.....Finance
Lisa Estep.....Public Relations
Robbie Scott.....IT

PUBLIC HEALTH

Tammy Riley.....Pike Co. Health Dept.

REGIONAL BUSINESS

Colby Hall, Director/Josh Ball, COO.....SOAR
Jordan Gibson.....SEK Chamber of Commerce

REGIONAL GOV'T

Eric Ratliff.....Big Sandy Area Dev. Dist.

RURAL HEALTH

Barry Martin.....Primary Care Centers



THE ADVISORY COMMITTEE



The Advisory Committee provided good insight during the development of the survey questions and the subjects that it covered. After the initial launch of the committee and detailed conversation of the group's purpose, there was a period of feedback before the actual survey instrument was developed. Once the survey was approved to be published and began, the survey was distributed to all Advisory Committee members. The Members promoted the survey to their employees, customers, and the public at large for all to take and give input. Additionally, the survey was marketed publicly via multiple media platforms including print, social media, and other on-site signage and publications. This process ensured that we had a diverse distribution of the survey.

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

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



EXISTING COMMUNITY RESOURCES

To address the health of the area's residents, you must first understand the resources available to a community and the impact that they have. Since addressing health needs is critical for the overall improvement of the region, both socially and economically, it must be recognized that a limited supply of health resources, especially providers and clinic locations, results in a poorer health status for the people of an area. Conversely, where there are available and convenient services in an area, residents may access those services more easily, resulting in the improvement of the overall health status.

At this point there are currently a wide variety of resources available to address the health needs of the community that PMC serves. The Kentucky Cabinet for Health and Family Services updates a list of these resources in a monthly report titled: "Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment." The following briefly describes the most recent report, as published in July 2025 and the services reflected therein.

Hospitals and Ambulatory Clinics

- Pikeville Medical Center, Inc.
- Highlands ARH Regional Medical Center
- Paintsville ARH Medical Center
- ARH Our Lady of the Way, Martin
- 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

Home Health Services

- ARH Pike County Home Health Agency
- ARH McDowell Home Health Agency
- ARH Harlan County Home Health Agency
- Centerwell Home Health
- Home Care Health Services
- Highlands ARH Home Health
- Cumberland Valley District Health Dept. HHA
- Intrepid USA Healthcare Services
- Johnson Magoffin Home Health Agency
- Morgan County ARH Home Health
- Three Rivers Home Care
- Hazard ASRH HHA
- Mary Breckinridge HHA
- Kentucky River District Health Department HHA
- Whitesburg ARH HHA

Long-term Care Facilities

- Landmark of Elkhorn City Rehabilitation & Nursing Center
- Letcher Manor
- Salyersville Nursing & Rehabilitation Center
- Martin County Health Care
- Hazard Health & Rehabilitation Center
- Good Shepherd Community Nursing Center
- Hazard Rehabilitation and Nursing Center
- Parkview Nursing & Rehabilitation
- Pikeville Nursing and Rehab Center
- Tug Valley ARH Skilled Nursing Facility
- Paul E. Patton Eastern KY Veterans Center
- Golden Years Rest Home
- Prestonsburg Health Care Center
- Riverview Health Care Center
- Highlands ARH Regional Medical Center
- Mountain Manor of Paintsville
- Venture Home of Paintsville
- Knott Co. Health & Rehabilitation Center
- Harlan Health & Rehabilitation Center
- The Laurels, Inc.
- Tri Cities Nursing & Rehabilitation Center

Hospice Services

- Appalachian Hospice Care
- Bluegrass Hospice
- Mountain Community Hospice & Care Center
- Community Hospice

EXISTING COMMUNITY RESOURCES

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; and Magoffin Day Services, and Mountain View PACE.

Rehabilitation Agencies

Pikeville Medical Center Inpatient Rehabilitation Center and Hazard ARH Rehab Unit.

Private Duty Nursing

Home Care Health Services, Inc.; Bluegrass Extra Care; At Home Care of Kentucky; and Good Shepherd Healthcare Solution

Limited-Service Clinics

Pikeville Medical Center Urgent Care; East KY After Hours Clinic; Fast Pace Urgent Care; Immediate Care of Paintsville; Immediate Care of Magoffin County, After Hours; Frontier Medical of Paintsville, UK King's Daughters Urgent Care of Paintsville; and New Life Urgent Care.

Health Departments

Each county within the Commonwealth of Kentucky, Commonwealth of Virginia, and the State of West Virginia have local county health departments, many of which offer services to remote areas where otherwise these services may not be available. These services range from immunizations, support groups, basic medical care, and family and children support.

Addiction Recovery Facilities

Residential Treatment Centers

WestCare Kentucky; Riverplace Residential Men's Center; Brookside Residential Facility; Crossroads Addiction Recovery Effort; Addiction Recovery Care; Layne House Substance Abuse; Mountain Center for Recovery; White Oak Hill Recovery; Edgewater Recovery; Serenity House, The Odyssey; Creekside Addiction Recovery and Care; Frontier Behavioral Home; Midway Recovery House, Rogers Recovery House, and Beacons of Hope, all of which offer residential treatment programs in the region.

ASAP Consulting; Brookside OutPatient Recovery; BHG Paintsville Treatment Center; ARC Counseling;

Outpatient treatment services and counseling

Commonwealth Treatment Center East; Meta Medical; Knott Drug Abuse; Groups Recover Together; Serenity House at MCCC; and Spero Health, all of which offer outpatient treatment services and counseling.

Mental Health Counseling

PMC's service area has numerous private providers who offer mental health counseling for the 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.

Workforce Development

Several workforce development programs are available in the surrounding area, offering various services to both job seekers and employers. The Kentucky Career Center, with locations across the state, provides resources like job search assistance, skills assessment, and training opportunities, including those funded by the Workforce Innovation and Opportunity Act (WIOA). Other programs include the Kentucky Unemployment Office of Vocational Rehab and One East Kentucky. Additionally, programs like the Soft Skills Academy from Goodwill focus on job readiness training, while others like KCTCS TRAINS offer customized training for businesses.

Transportation Services

Emergent:

Lifeguard Ambulance Service (formerly Transtar), Net Care, Appalachian First Response, Pikeville City Ambulance, Letcher Co. Neon Fire and Rescue, Appalachian First Response, Mercy Ambulance (VA), STAT EMS (WV) Rescue 33 (VA)

Non-Emergent:

Sandy Valley Transportation, LKLP Transportation, Magellan Transportation, Logisticare, Hudson Taxi, H&H Cab, Appalachian Taxi, Wolfe Cab, Miller Cab, Darlene Jackson Taxi, Skeens Cab

Air:

Air Evac, Lifeguard EMS, Air Methods, Angel Flight of Ohio.

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

For the 2025-2027 Community Health Needs Assessment, Pikeville Medical Center defines its community as the geographic area from which a significant portion of its patients come. This includes all inpatient, outpatient, and ambulatory services we offer.

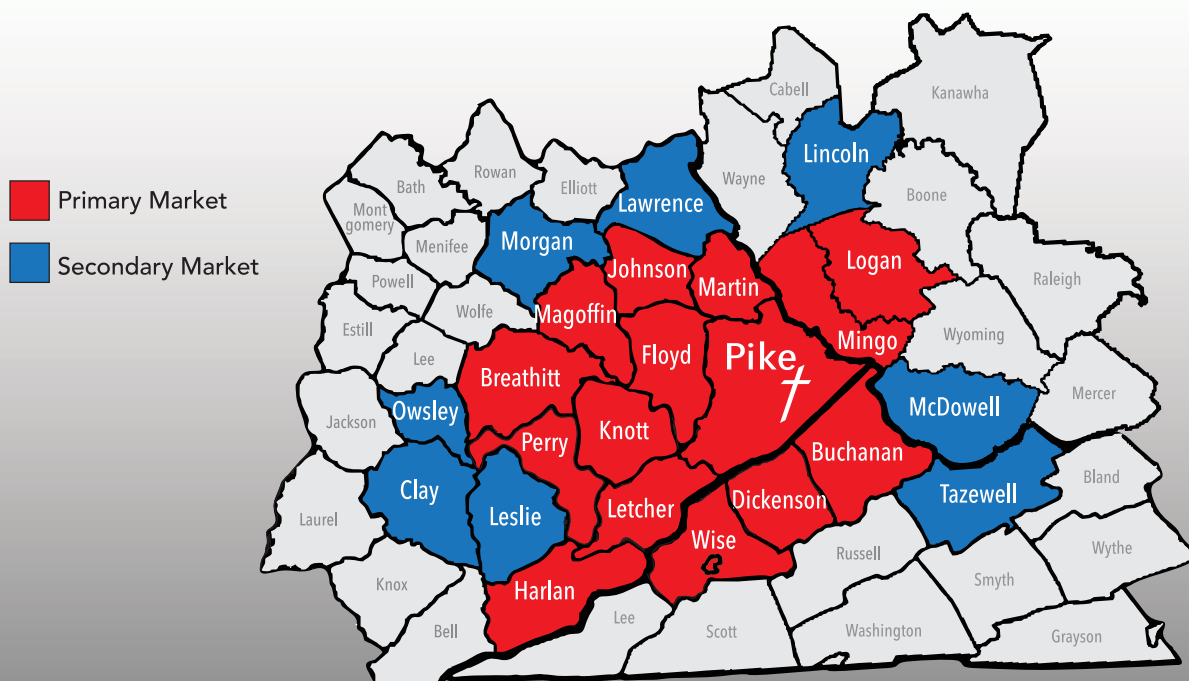
Data from internal referral sources show that most PMC patients come from a 38-county region, with Pike County being the primary contributor. Pikeville has become a regional hub for healthcare, education, legal, financial, entertainment, and retail services.

COUNTY/STATE	UNIQUE PATIENTS	
Pike KY	51,478	37.17%
Floyd KY	23,177	16.73%
Letcher KY	9,256	6.68%
Mingo WV	7,599	5.49%
Johnson KY	6,509	4.70%
Buchanan VA	5,516	3.98%
Perry KY	4,015	2.90%
Magoffin KY	3,914	2.83%
Wise VA	3,836	2.77%
Knott KY	3,343	2.41%
Dickenson VA	3,326	2.40%
Martin KY	2,060	1.49%
Harlan KY	1,913	1.38%
Mcdowell WV	1,224	0.88%
Logan WV	1,006	0.73%

With a population of over 7,000, Pikeville is the largest city in the area and serves as the county seat for Pike County. According to the 2020 Census, Pike County ranks as the 17th most populous county in the Commonwealth. It is therefore appropriate for Pikeville Medical Center to serve as a regional referral center for Appalachia.

Located on the border of Virginia and West Virginia, we also serve residents of the tri-state area. As a result, our focus has broadened to include patients in secondary and tertiary markets, which total nearly 250,000 potential patients. Our primary and secondary market areas are shown on the map below. Most PMC patients come from the Big Sandy Area Development District, including Pike, Floyd, Martin, Johnson, and Magoffin counties. We gathered socio-economic and healthcare data from these areas through secondary data sources.

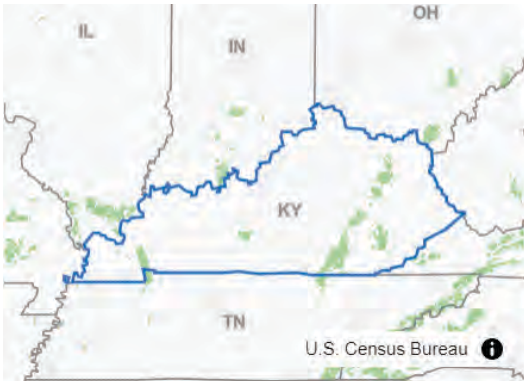
Demographics are important because they provide a wide understanding of community traits, helping government agencies and other organizations make better policy choices.



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Recent data from the US Census Bureau's 2020 Decennial Census show that our primary market region has lower educational attainment, per capita income, and median household income compared to the state average.

A depiction of the State of Kentucky's general demographics is seen below.



State

Kentucky

Kentucky has a land area of 39,485.4 square miles and a water area of 920.5 square miles. It is the 36th largest state by area.

Total Population: 4,505,836
Median Household Income: \$61,118
Bachelor's Degree or Higher: 27.8%
Employment Rate: 57.4%
Total Housing Units: 1,994,323

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Without Health Care Coverage: 5.4%
Total Employer Establishments: 92,130
Total Households: 1,853,603
Hispanic or Latino (of any race): 207,854

For the purpose of this survey and the brevity of this report, we limited the demographic comparison to the five counties in which most of our patients reside. It is a reasonable assumption that the demographics of our entire service area only minimally differ from this subset. These counties are contiguous to each other and share many of the services in the area. Their demographics are displayed below.



County

Pike County, Kentucky

Pike County, Kentucky has 786.2 square miles of land area and is the 1st largest county in Kentucky by total area.

Total Population: 58,669
Median Household Income: \$42,179
Bachelor's Degree or Higher: 16.0%
Employment Rate: 40.7%
Total Housing Units: 28,693

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Without Health Care Coverage: 5.0%
Total Employer Establishments: 1,094
Total Households: 24,449
Hispanic or Latino (of any race): 695



County

Floyd County, Kentucky

Floyd County, Kentucky has 393.3 square miles of land area and is the 34th largest county in Kentucky by total area.

Total Population: 35,942
Median Household Income: \$41,582
Bachelor's Degree or Higher: 15.1%
Employment Rate: 40.8%
Total Housing Units: 17,333

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Without Health Care Coverage: 4.4%
Total Employer Establishments: 687
Total Households: 14,460
Hispanic or Latino (of any race): 308



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER



County

Letcher County, Kentucky

Letcher County, Kentucky has 337.9 square miles of land area and is the 53rd largest county in Kentucky by total area.

Total Population: 21,548
Median Household Income: \$40,501
Bachelor's Degree or Higher: 13.7%
Employment Rate: 40.6%
Total Housing Units: 10,520

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Without Health Care Coverage: 3.8%
Total Employer Establishments: 276
Total Households: 8,367
Hispanic or Latino (of any race): 133



County

Knott County, Kentucky

Knott County, Kentucky has 351.5 square miles of land area and is the 43rd largest county in Kentucky by total area.

Total Population: 14,251
Median Household Income: \$37,736
Bachelor's Degree or Higher: 17.8%
Employment Rate: 37.1%
Total Housing Units: 6,639

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Without Health Care Coverage: 2.0%
Total Employer Establishments: 154
Total Households: 5,448
Hispanic or Latino (of any race): 90



County

Martin County, Kentucky

Martin County, Kentucky has 229.6 square miles of land area and is the 93rd largest county in Kentucky by total area.

Total Population: 11,287
Median Household Income: \$46,185
Bachelor's Degree or Higher: 10.7%
Employment Rate: 30.7%
Total Housing Units: 4,792

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Without Health Care Coverage: 2.0%
Total Employer Establishments: 130
Total Households: 3,935
Hispanic or Latino (of any race): 290



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Key factor data from the Kentucky Behavioral Risk Survey of the same five representative counties, which incidentally make up the Big Sandy Area Development District, shows the region's poor performance in key health topics, compared to the rest of the Commonwealth.

Area Development District (ADD) Profiles Kentucky Behavioral Risk Factor Survey (KyBRFS)

Big Sandy ADD	Big Sandy		Kentucky	
	%	95% CI	%	95% CI
Alcohol Consumption				
Adults who reported heavy drinking	7.0	(1.4 – 12.5)	5.4	(4.7 – 6.0)
Adults who reported binge drinking	10.4	(4.8 – 16.0)	13.5	(12.5 – 14.5)
Arthritis				
Adults who have arthritis	45.7	(39.0 – 52.5)	31.7	(30.5 – 32.9)
Cardiovascular Disease				
Adults who have ever had a heart attack	7.4	(3.8 – 10.9)	5.8	(5.3 – 6.5)
Adults who have coronary heart disease	9.1	(5.3 – 12.9)	6.1	(5.5 – 6.7)
Adults who have ever had a stroke	6.0	(2.8 – 9.2)	4.6	(4.1 – 5.2)
Depression				
Adults who have ever been diagnosed with a depressive disorder	32.1	(25.3 – 38.9)	25.6	(24.4 – 26.8)
Diabetes				
Adults who have diabetes	15.9	(10.9 – 20.8)	13.4	(12.5 – 14.3)
General Health Status				
Adults who reported good or better health	64.6	(57.9 – 71.3)	78.2	(77.1 – 79.3)
Health Care Access/Coverage				
Adults who have health care coverage	92.8	(86.4 – 99.2)	93.7	(92.9 – 94.5)
Adults aged 18-64 who have health care coverage	90.3	(81.9 – 98.8)	92.1	(91.1 – 93.1)
HIV Screening Test				
Adults who have ever been tested for HIV	29.3	(22.4 – 36.1)	31.7	(30.3 – 33.0)
Immunization				
Adults aged 65+ who had a flu shot in past year	55.8	(41.6 – 70.1)	66.5	(64.2 – 68.8)
Adults aged 65+ who have ever had a pneumococcal vaccination	68.5	(56.2 – 80.7)	69.3	(67.0 – 71.5)
Overweight and Obesity (BMI)				
Adults who are overweight (BMI = 25.0 – 29.9)	33.9	(27.8 – 39.9)	32.7	(31.4 – 34.0)
Adults who are obese (BMI ≥ 30.0)	42.8	(35.6 – 49.9)	38.5	(37.1 – 39.8)
Physical Activity				
Adults who participate in any physical activity	58.8	(52.0 – 65.6)	69.5	(68.2 – 70.7)
Quality of Life				
Adults who reported 14+ days of poor physical health in the past 30 days	24.1	(18.1 – 30.2)	15.3	(14.3 – 16.3)
Adults who reported 14+ days of poor mental health in the past 30 days	22.0	(15.9 – 28.0)	17.7	(16.6 – 18.7)
Respiratory Disease				
Adults who currently have asthma	13.0	(8.3 – 17.7)	11.6	(10.7 – 12.5)
Adults who have COPD, emphysema, or chronic bronchitis	21.9	(16.1 – 27.7)	11.6	(10.8 – 12.4)
Tobacco Use				
Adults who are current smokers	22.6	(16.5 – 28.8)	20.5	(19.3 – 21.6)

% = Percentage, CI = Confidence Interval. All Percentages are weighted to population characteristics.

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell.

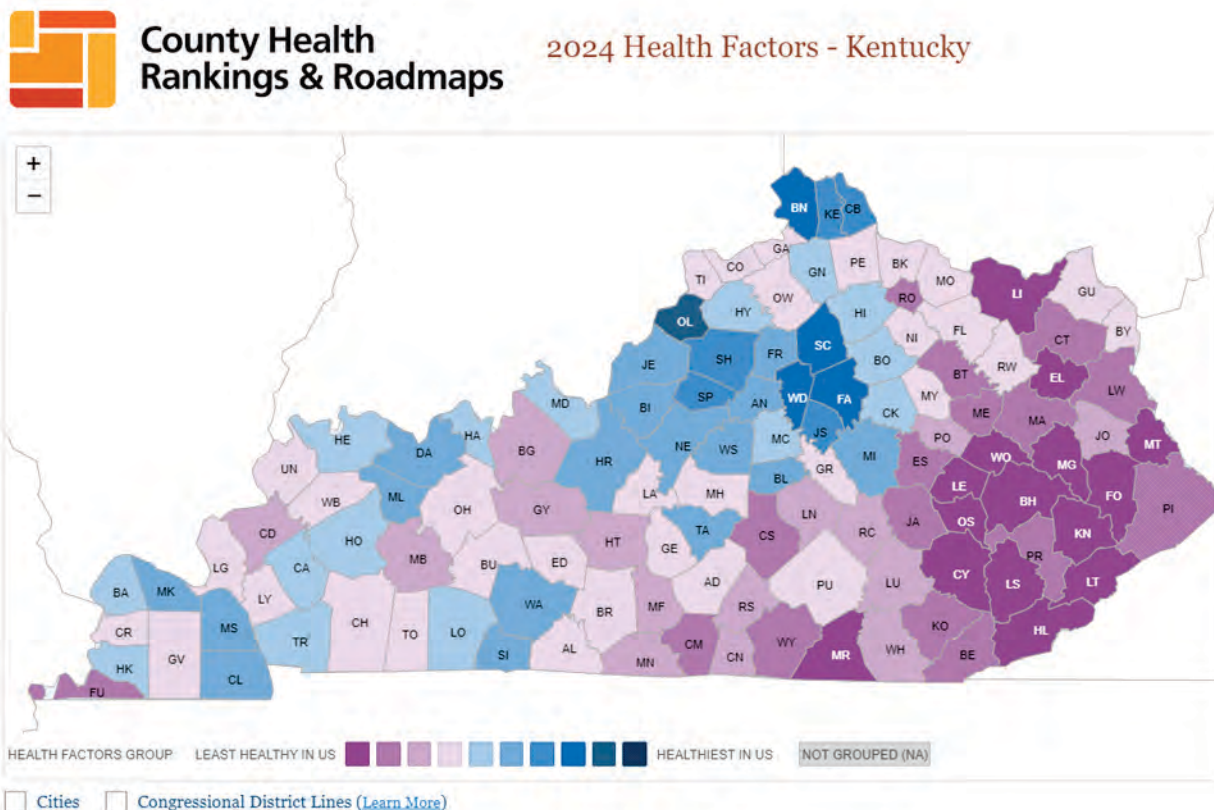
Total number of responses in Big Sandy ADD, N=483

Data Source: Kentucky Behavior Risk Factor Survey 2020-2021

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER



Health factors are those that, when improved, can increase both lifespan and quality of life and serve as indicators of future community health. Unfortunately, the region has worse outcomes in health-related factors such as premature death, overall mortality, and heart disease mortality. Additionally, the area has higher rates of low birthweight babies, infant mortality, and teen pregnancies. A visual overview of the regional health status was obtained from the 2024 University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps Kentucky State Report, available at countyhealthrankings.org, and is shown in the graphic below.



Health outcomes indicate the current health status of a community, measured through indicators of physical and mental well-being, including life expectancy and quality of life. PMC's market area ranks among the poorest in health outcomes in the Commonwealth. It is essential to understand these data points, their complexity, and the details behind them to draw accurate, verifiable conclusions. The map below illustrates how PMC's primary market and secondary market areas rank in comparison to the rest of the state.

SURVEY PROCESS & METHODOLOGY

The survey process was planned with input from the advisory committee. Since the survey questions are the most important part of the CHNA, we focused on creating questions that are appropriate and relevant to the entire community. The survey was promoted internally within our organization, externally through our advisory board organizations, and publicly to the general population.

The draft survey questions were reviewed by PMC's internal team. After their review, the questions were sent to the advisory committee for feedback. SurveyMonkey, a leading survey platform, was chosen because it allows us to reach a large number of consumers simultaneously. It was selected to maximize regional outreach and simplify the response process for participants.

After the survey questions were approved, a link was published and widely promoted in-house to all PMC employees. Staff members were encouraged to respond and to have their families and associates complete it as well. We also promoted it to our patients and visitors through signage, flyers, and social media. The goal was to ensure the survey was easily accessible and convenient for everyone willing to participate. Physical copies of the printed survey were distributed to community support locations, including but not limited to senior citizens centers, local KY extension centers, and local housing complexes. Those responses were collected and entered into the survey system.



FOUNDED ON FAITH. FOCUSED ON YOU.
YOUR FEEDBACK MATTERS.

www.surveymonkey.com/r/WYNXCR2

- Scan the code or type the address
- Take the survey

Survey Period:
June 27 - July 11

PIKEVILLE
MEDICAL CENTER

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

The survey included 50 questions focusing on specific aspects of healthcare delivery.

Those areas included:

- Demographic information
- Treatment/services needed
- Obstacles to accessing care
- Perception of patients and caregivers
- Patient preferences when accessing care

The individual questions varied in format, including open-ended questions aimed at capturing detailed and accurate insights into respondents' thoughts. Some questions asked for definitive, declarative answers like 'most important' or specific unmet needs. Others focused on particular topics with 'yes/no' responses, such as utilization and barriers to accessing care. To identify the region's health priorities, PMC reviewed the survey with an emphasis on obstacles preventing healthcare seeking. Instead of using a 1-10 scale, the survey relied on qualitative answers like 'most important' and 'yes/no' to gather clearer responses. Overall, the majority of replies highlighted specific health needs and concerns within PMC's market area.

The combination of these question formats enabled precise data collection while still allowing for personalized input.

SURVEY PROCESS & METHODOLOGY

Data was collected through the survey tool from June 27 to July 11, 2025. Our target was to reach 1,000 responses, which is considered a qualified sample size by most statistical experts. Thanks to the efforts of the Advisory Committee and the team's effective publicity, we successfully collected 2,109 responses.

Additional publicly available data was gathered on all aspects of the healthcare industry and the overall health and well-being of PMC's market area. This data included the latest reports from the Kentucky Cabinet for Family and Health Services, several collegiate population health studies, and other information that was easily accessible online. It could be broken down by region and county, and analyzed across various parameters such as demographics, education and income levels, mortality statistics, and local providers.

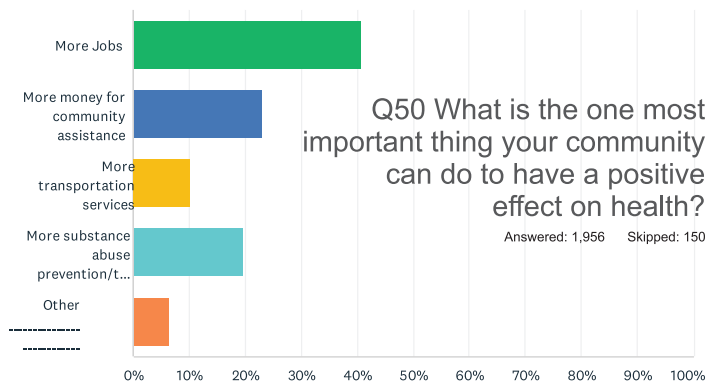
Once the survey window closed, the data was compiled. Additional data, including numerous statistics from earlier sections of this report, was integrated. This report offers a clear, detailed overview of the healthcare industry in our market area.

The survey questions and the summarized data are provided in the next section called Survey Results and Key Findings.



SURVEY RESULTS & KEY FINDINGS

The health needs of the service communities for Pikeville Medical Center were largely in line with our expectations. In summary, the community centered around five main areas: economic stability, substance abuse, health, wellness, and obesity, as well as the proximity and availability of services.

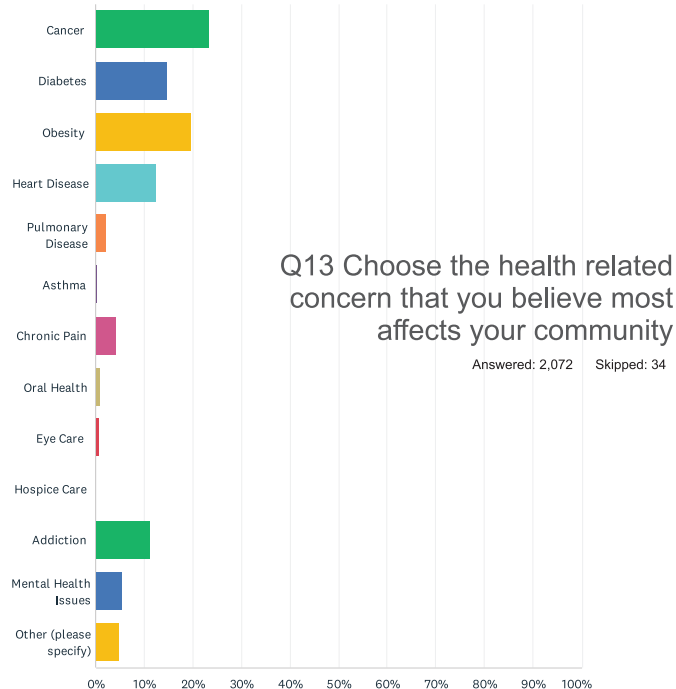


Additionally, the other services that have been a focus for some time, such as heart disease and oncology, were still noted as leading concerns.

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 lags behind in health status compared to other areas of the country. Many of the findings are interrelated and are ultimately derived from similar root causes.

The survey questions and results are depicted in this section.

The survey identified the top health issues and priorities as chronic heart disease, cancer, cardiology, and health/wellness/obesity. Additional concerns included access to services, pediatric care, substance abuse, and economic stability.



Chronic Disease

The survey included questions about existing and anticipated health gaps, diagnoses, current concerns, and needed programs to improve health. Comparing the collected PMC survey data with nationally published data shows that Appalachia continues to be one of the regions most affected by heart disease, obesity, and cancer-related illnesses. These findings are also consistent with reports from other organizations.

Heart disease remains the leading cause of death among men, women, and most racial and ethnic groups. In 2023, it caused 919,032 deaths, accounting for about one in three fatalities. The healthcare costs related to heart disease were approximately \$417.9 billion from 2020 to 2021, covering medical services, medications, and productivity losses due to mortality. Coronary heart disease (CAD) is the most common type of heart disease. It caused 371,506 deaths in 2022, and about 1 in 20 adults aged 20 and older has CAD (around 5%). In 2023, roughly 1 out of every six deaths from cardiovascular diseases (CVDs) was among adults under 65 years old.

Every year, approximately 805,000 people in the United States experience a heart attack, which is about one person every 40 seconds. Of these, 605,000 are first-time heart attacks, while 200,000 occur in individuals who have previously had one.

SURVEY RESULTS & KEY FINDINGS

Oncology

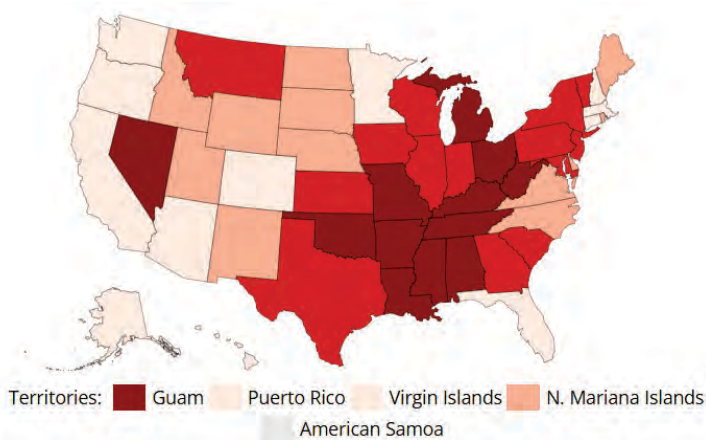
Every year, the American Cancer Society estimates the number of new cancer cases and deaths in the United States. It compiles the latest data on population-based cancer occurrence and outcomes using incidence data collected by central cancer registries (through 2021) and mortality data gathered by the National Center for Health Statistics (through 2022). In 2025, it is projected that there will be 2,041,910 new cancer cases and 618,120 cancer deaths in the United States. The cancer mortality rate continues to decline, preventing nearly 4.5 million deaths since 1991 due to reductions in smoking, earlier detection for some cancers, and advances in treatment and technology.

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The United States Cancer Statistics (USCS) are the official federal cancer statistics. They come from combined cancer registry data collected by the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program.

This data is used to understand cancer burden and trends, support cancer research, measure progress in cancer control and prevention efforts, target action on eliminating disparities, and improve cancer outcomes for all.

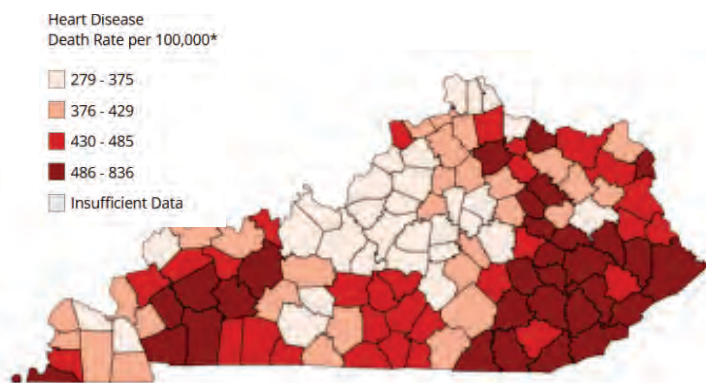
The CDC provides this critical breakdown of cancer types estimated for both males and females in the United States in 2025.



About 1 in 5 heart attacks are silent — the damage happens, but the individual remains unaware, making screening a vital tool for preventing future cardiac events.

Heart disease has traditionally been the second primary health concern in our region, influenced by factors such as high smoking rates, dietary habits, and limited access to treatment. It is the leading cause of death in the United States and Kentucky.

Clearly illustrated by the comparative maps below, Kentucky is one of the highest heart disease states in the nation (Fig. 1), and PMC's service area has some of the highest rates of heart disease in the state (Fig. 2).



Not surprisingly, the CDC reports that CAD rates for Pikeville Medical Center's immediate market area, including the counties of Pike, Floyd, Johnson, Magoffin, Martin, and Letcher, were much higher than the state average. Letcher County had the lowest rate at 459, followed by Pike County at 486, and Johnson County at 448. The average worsened with our other primary counties of Martin, Magoffin, and Floyd, with 468, 591, and 551, respectively.

SURVEY RESULTS & KEY FINDINGS

ESTIMATED NEW CASES: MALE

Prostate	313,780	30%
Lung & Bronchus	110,680	11%
Colon & Rectum	82,460	8%
Urinary Bladder	65,080	6%
Melanoma of the Skin	60,550	6%
Kidney & Renal Pelvis	52,410	5%
Non-Hodgkin Lymphoma	45,140	4%
Oral Cavity & Pharynx	42,500	4%
Leukemia	38,720	4%
Pancreas	34,950	3%
ALL SITES	1,053,250	

ESTIMATED NEW CASES: FEMALE

Breast	316,950	32%
Lung & Bronchus	115,970	12%
Colon & Rectum	71,810	7%
Uterine Corpus	69,120	7%
Melanosis of the skin	44,410	4%
Non-Hodgkyn Lymphoma	35,210	4%
Pancreas	32,490	3%
Thyroid	31,350	3%
Kidney & Renal Pelvis	28,570	3%
Leukemia	28,170	3%
ALL SITES	988,660	

c a n c e r

ESTIMATED DEATHS: MALE

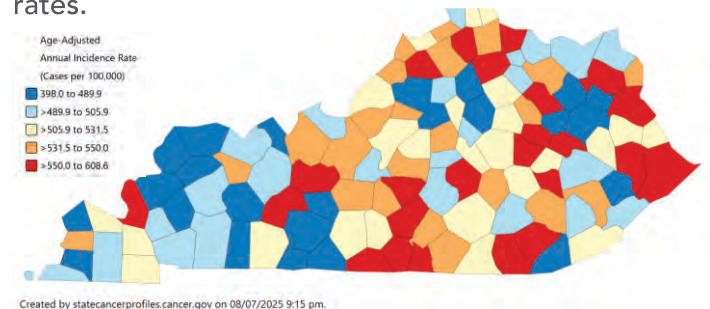
Lung & Bronchus	64,190	20%
Prostate	110,680	11%
Colon & Rectum	82,460	9%
Pancreas	65,080	8%
Live & Intrahepatic Bile Duct	19,250	6%
Leukemia	13,500	5%
Esophagus	12,940	4%
Urinary Bladder	12,640	4%
Non-Hodgkin Lymphoma	11,060	3%
Brain & Other Nervous System	10,170	3%
ALL SITES	323,900	

ESTIMATED DEATHS: FEMALE

Lung & Bronchus	64,540	21%
Breast	42,170	14%
Pancreas	24,930	8%
Colon & Rectum	24,000	8%
Uterine Corpus	13,860	5%
Ovary	12,730	4%
Liver & Intrahepatic Bile Duct	10,840	4%
Leukemia	10,840	3%
Non-Hodgkyn Lymphoma	8,330	3%
Brain & Other Nervous System	8,130	3%
ALL SITES	294,220	

The Kentucky Cancer Registry reported 30,630 new cases of cancer in 2024, with 10,250 of those cases resulting in death.

A good illustration of the rate of new cancers in Kentucky is provided by the CDC Cancer Statistics Data Visualization Model below, showing that PMC's market area falls within the 'band' of higher cancer rates.



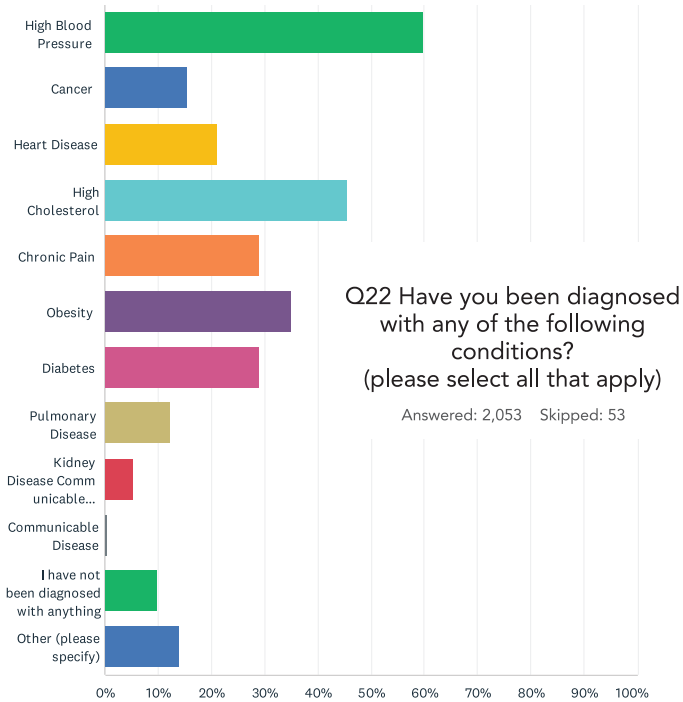
Relying on this data, PMC has continued to grow its oncology service line, which it named the Lawson Cancer Center.

The top three concerns, combined with national data, prompted Pikeville Medical Center to focus intensively on these areas since the 2022 CHNA report. Over the past decade, PMC has prioritized cardiology and oncology by expanding its staff, locations, and services. To better serve our youngest patients, we partnered with the University of Kentucky to introduce several specialty services at the Mettu Children's Hospital. Our patients are now beginning to experience the benefits of these efforts.

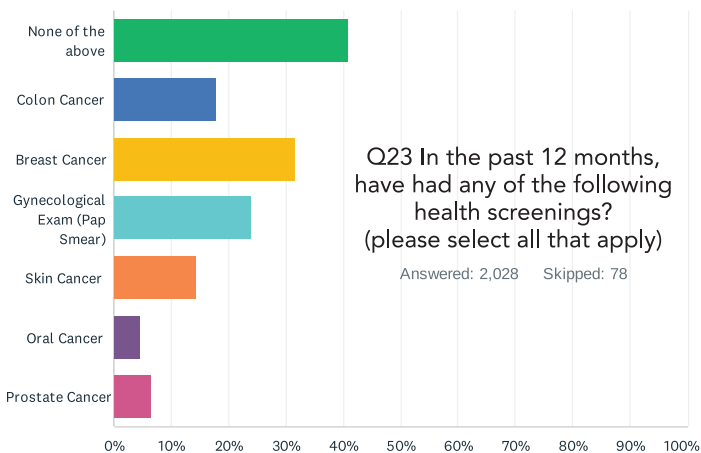
Preventive health screenings are vital in healthcare for detecting and preventing the development or worsening of chronic diseases. If not treated early, health issues can escalate into more serious problems. Identifying and managing preventable diseases early can decrease the risk of premature disability or death. Fortunately, these screenings enable us to spot early changes, allowing us to apply timely treatments to enhance longevity and quality of life.



SURVEY RESULTS & KEY FINDINGS



Over 40% of respondents reported not having any health screenings in the past year. Early detection leads to better outcomes, especially in the areas of cardiac and cancer-related illnesses.

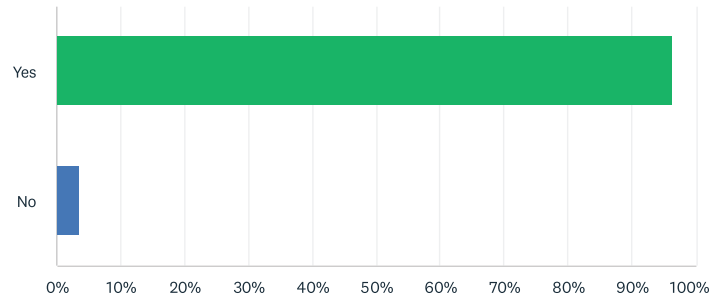


Though this rate is down 6% from PMC's last CHNA report, there is still room for improvement.

Recommendations for screenings often stem from maintaining an open relationship with your primary care provider. General practitioners serve as gatekeepers, authorizing patients' access to specialty care. Gatekeeping is usually seen as reducing health service use and health costs, although there is no published data to support that view.

Q15 Do you have a primary care physician/family doctor?

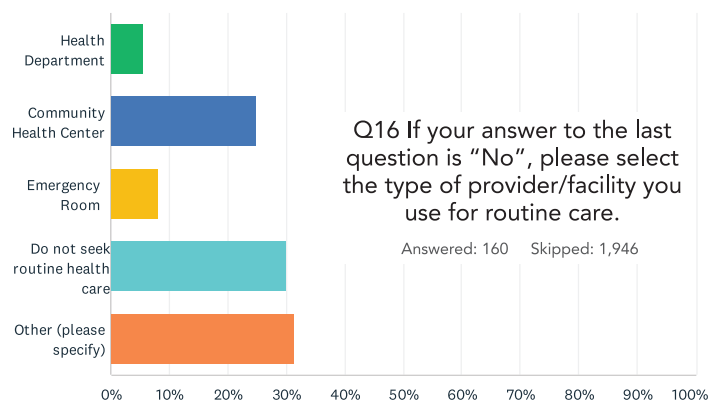
Answered: 2,097 Skipped: 9



Less than 4% of those who participated in the survey did not report having a primary care provider.

However, those who do seek care usually find it at local health departments and community health centers. PMC has maintained strong relationships with all regional health departments, collaborating closely with some to develop initiatives aimed at helping the most vulnerable avoid seeking care. Our positive working relationships with the community health centers in the region allows PMC specialists to serve these specific patients.

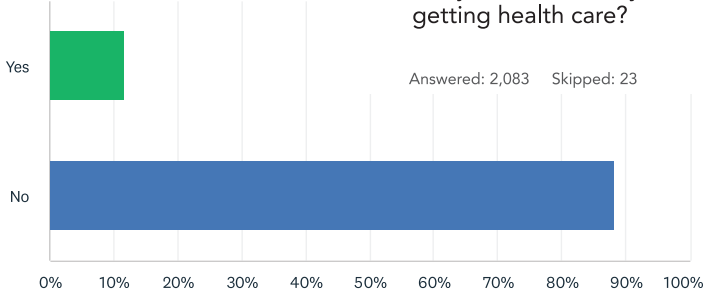
Of those who do not have a primary care provider, 30% do not seek routine health care. This is the segment of the population that must be reached.



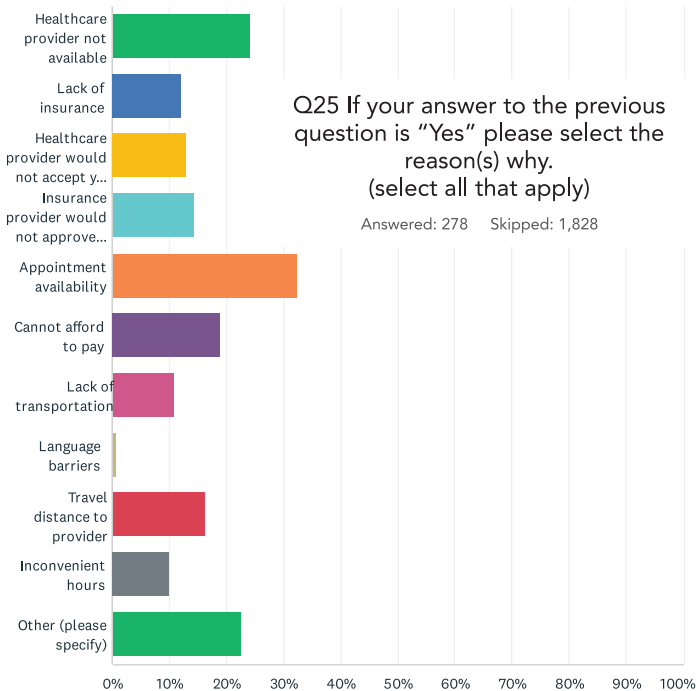
Most respondents reported that they did not have difficulty obtaining care in the past year. This is likely due to the growth of specialists available at PMC and the increased range of services offered. It is also reasonable to conclude that the expanded availability of urgent care centers and extended hours further improves access to care, even if primarily for urgent needs.

SURVEY RESULTS & KEY FINDINGS

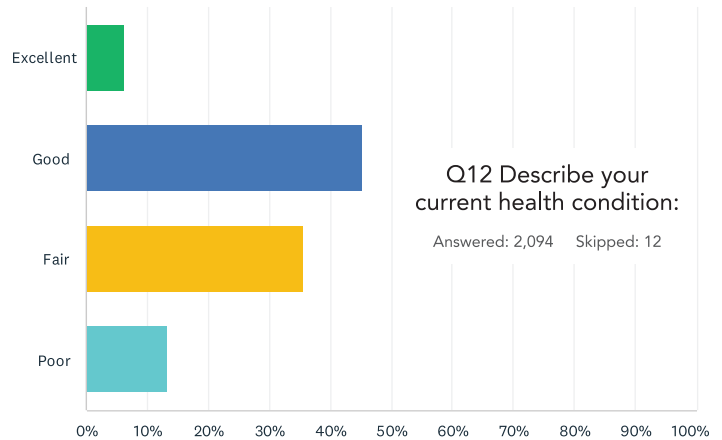
Q24 In the past 12 months, have you had difficulty getting health care?



However, among those who cited difficulties, the issues were primarily due to a lack of specialist services in the area, appointment availability, or insurance coverage problems.



The opportunity to connect these metrics is highlighted by the fact that only 51% reported being in excellent or good health, while the other 49% reported being in poor or fair health.



It was indicated that the most needed preventative care was in cardiology and cancer-related areas, followed by eye health and overall health and wellness issues, including those centered around obesity, diabetes, weight control, poor nutrition, and unhealthy eating habits, along with other risky behaviors.

The other public concerns identified as affecting the overall health of our region were obesity (both adult and child) and diabetes. Forty-eight percent responded that they are concerned about diabetes, and over seventy percent reported obesity as one of the top threats to childhood health. Thirty-seven percent cited oral health issues as a childhood health concern. All of these are somewhat interrelated.

Obesity is a complex health condition with biological, economic, environmental, individual, and societal factors. Known contributors to obesity include social and physical environments, genetics, prenatal and early life influences, and behaviors such as poor diet and physical inactivity.

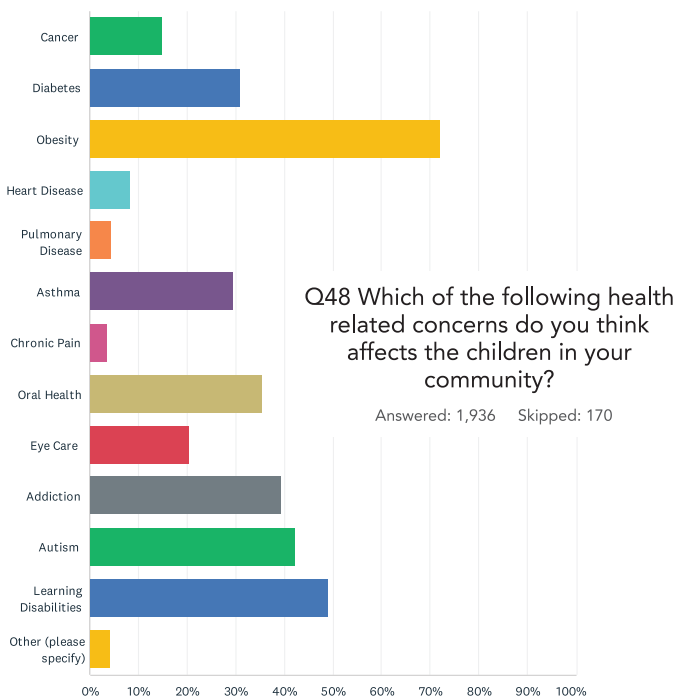
Adults with obesity, compared to those at a healthy weight, are more likely to experience a lower quality of life and have a higher risk of developing serious health conditions, including hypertension, Type 2 diabetes, heart disease, stroke, sleep apnea, breathing problems, some cancers, and mental health issues such as depression and anxiety. Weight stigma, or discrimination and stereotyping based on an individual's weight, can also negatively affect both psychological and physical health.

According to the Washington, D.C.-based Trust for America's Health (TFAH) and the Robert Wood

SURVEY RESULTS & KEY FINDINGS

Johnson Foundation (RWJF) annual report, Kentucky's adult obesity rate is 33. It can be noted that only six states report an increased rate in the past year (Alaska, Delaware, Idaho, New Jersey, Tennessee, and Wyoming). Rates of obesity are above 35% for the first time in two states (Mississippi and West Virginia), and are at or exceed 30% in 20 states, but are not below 21% in any. National findings reveal that significant geographic, income, racial, ethnic, and educational level disparities persist.

Baby Boomers (45-to 64-year-olds) in Kentucky have the highest obesity rates of any age group in Kentucky at 37.1%. This rate exceeds the national average of 35% found in 17 states and 30% in 40 states. It was also concluded that more than one in ten children becomes obese as early as ages 2 to 5.



PMC has continued to support and educate the community, our staff, and our patients about the health risks of both issues.

Because this year's results aligned with that of previous years, prompted Pikeville Medical Center to strengthen those areas. This included expanding and relocating PMC's Center for Bariatric and Minimally Invasive Surgery and the Mettu Children's Hospital Pediatric BMI Clinic.

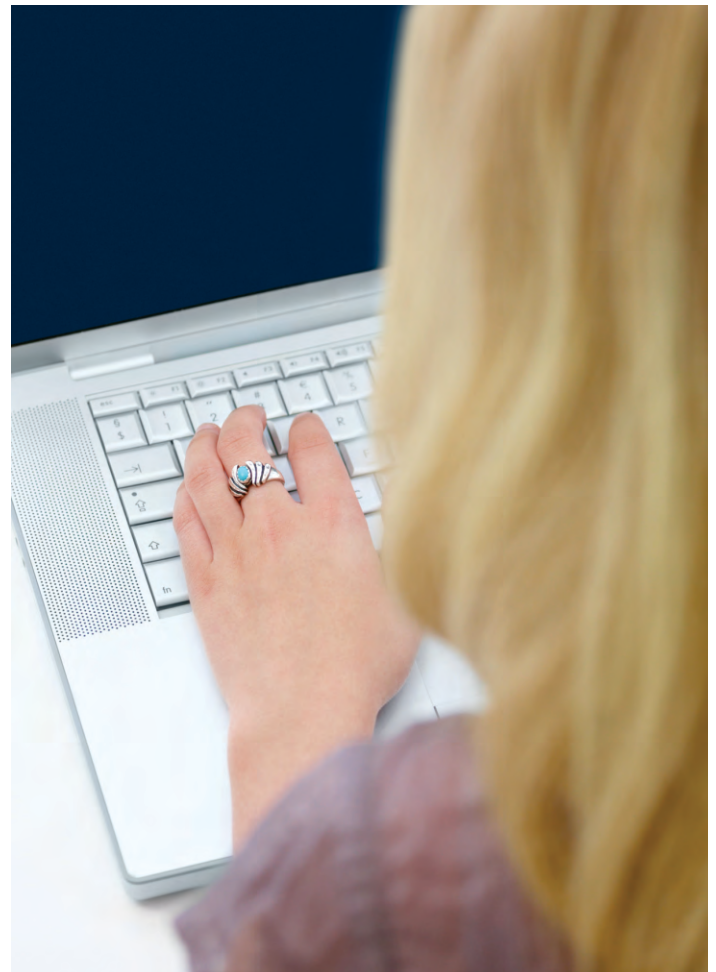
Other significant concerns were expressed about learning disabilities, autism, addiction, at 49%, 42%

and 39% respectively.

The areas of most significant concern to the survey respondents generally focused on chronic condition topics, all of which are interconnected. In addition to the long-standing issues mentioned above, four other subjects were top of mind for respondents.

These topics covered economic stability, access to care, pediatrics and children's services, and substance abuse issues. All these factors influence the overall health of the population. The following summarizes the responses related to other ongoing critical areas of need.

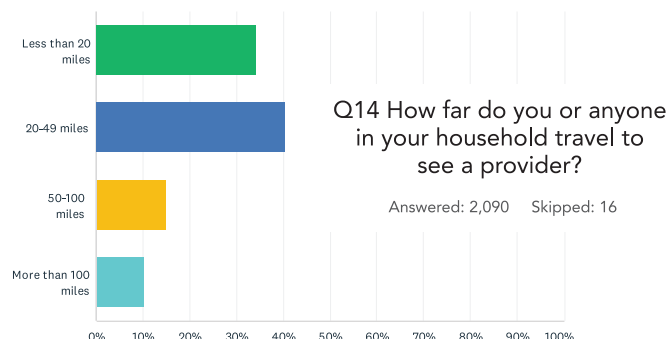
Overall, the community felt there were good support services available for aging adults, children, families, addiction services. The areas that still lacked sufficient support included veterans' services, help for people experiencing homelessness, and services for those with chronic diseases or disabilities.



SURVEY RESULTS & KEY FINDING



Of those responding, 41% of patients had to travel from 20-50 miles to get access to care. Another 15% traveled 50-100 miles and almost 10% were forced to travel more than 100 miles to receive the care that they needed. That statistic is alarming, especially given today's economic downturn and escalation of prices.



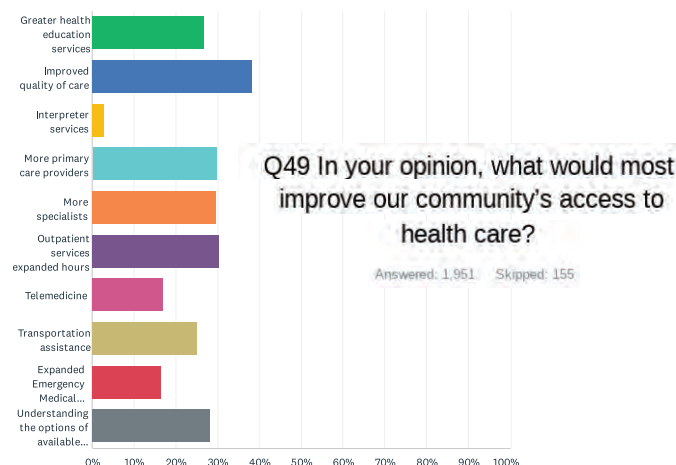
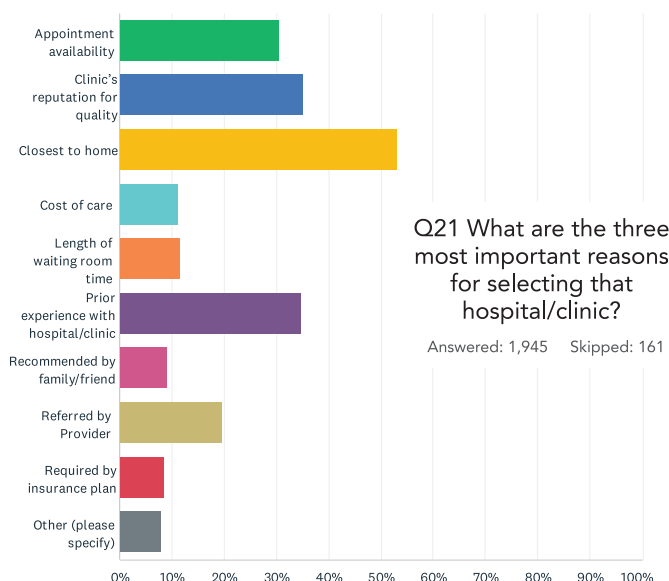
Though Pikeville Medical Center was most frequently visited for healthcare needs, 10% of patients reported needing to travel to Lexington or other destinations to receive the care they needed. This data corresponded with the opinion of what would improve the community's access to care.

Responses indicated that 26% felt that better health education was necessary, 30% said more specialists were needed, and an additional 30% replied that increased outpatient services being available, along with expanded hours, were needed. Included in the field of other responses were increased use of telemedicine services and transportation assistance at 25% and 16%, respectively. Comparing these opinions with the observations from the 2019 CHNA, all of these subjects have seen a decrease, which is a testament to the focus of PMC and other local organizations to meet the needs of the community. We recognize that there is still considerable room for expanding services and improving access.

Care Access

Access to care is vitally important to the short and long-term health of the community. Many CMS programs, such as Promoting Interoperability, Quality Indicators, Medicare Access, and Chip Reauthorization Act Programs, reward and compensate providers based on their patients' being able to receive services promptly.

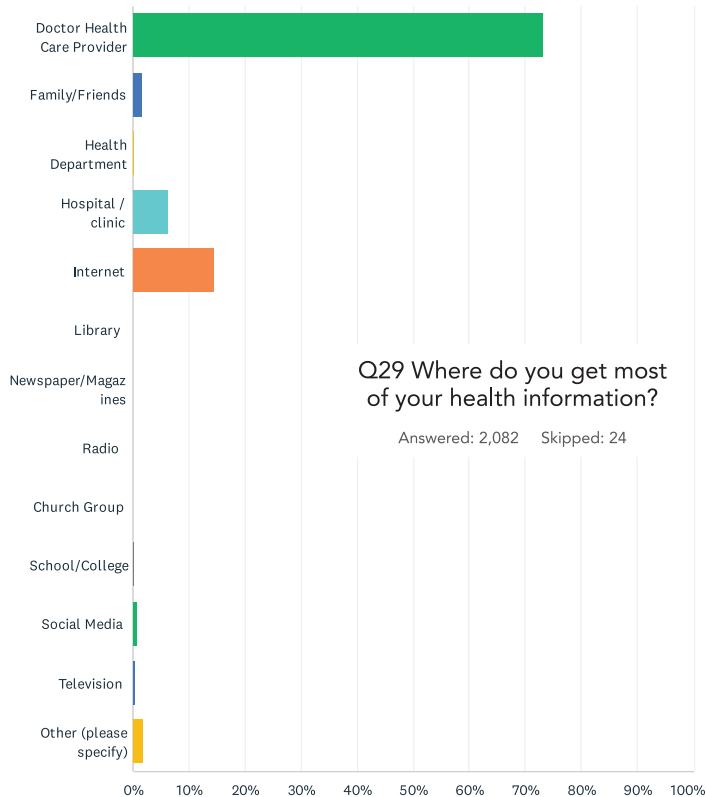
Survey data indicates the three most important reasons for selecting a hospital or clinic are: (1) being close to home (53%), then; (2) reputation for quality (30%), then; (3) and appointment availability (27%).



SURVEY RESULTS & KEY FINDINGS

Patient Engagement

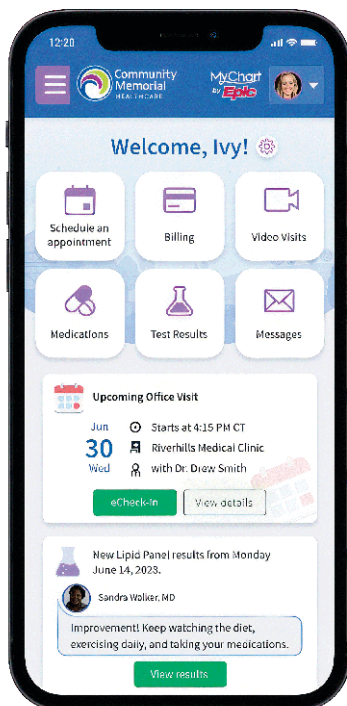
While continuing to address the obstacles to access to care, we also need to understand that patients' experience is also a significant factor in their choice of where to obtain services. There is a significant correlation between the economic hardship of traveling for service and the desire to receive that service if it were available closer to home.



Although most people obtained health information from their doctor, healthcare provider, or hospital, 17% indicated they also used the internet, while only 3% relied on social media and/or other sources. This trend shows improvement from the last survey period; however, it likely illustrates the need for our healthcare organization to provide information and care in non-traditional ways.

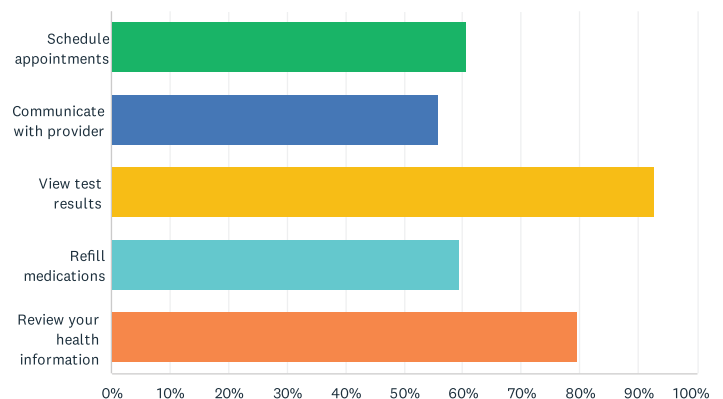
Insight was gained by examining how people generally communicate about the most consequential aspects of life – finance and health. Nearly 90% of respondents indicated they utilize online electronic accounts for business such as banking, shopping, or entertainment. Perhaps the complexity and nuance of the healthcare delivery system make it the perfect setting for electronic communications, allowing information to be retained and referenced at will. According to the survey, almost half of the respondents use their online health portal, MyChart, to get information about themselves. Another 20% prefer texting with the physician. Thirty percent indicated that phone calls are preferred, but less than 2% indicated that materials need to be physically printed.

For the respondents who were engaged in online communication regarding their health, most viewed diagnostic test results and reviewed their health information. A majority of respondents also indicated utilization of their patient portal account to schedule appointments or renew and refill prescriptions.



Q36 Do you use any electronic media for your healthcare to: (check all that apply)

Answered: 2,013 Skipped: 93



SURVEY RESULTS & KEY FINDINGS

Patient Experience

To further explore patient preferences, several questions were designed to gather feedback on satisfaction, comfort, confidentiality, and privacy. The healthcare delivery industry understands that a patient's participation in their care positively affects their outcomes. We wanted to explore what factors could increase the engagement of the patient while they were in our presence.

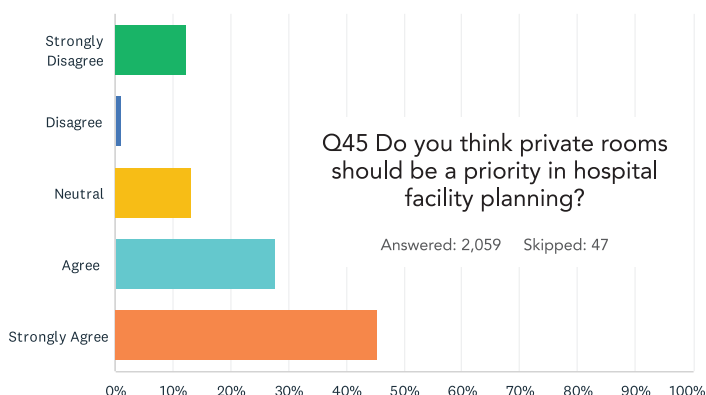
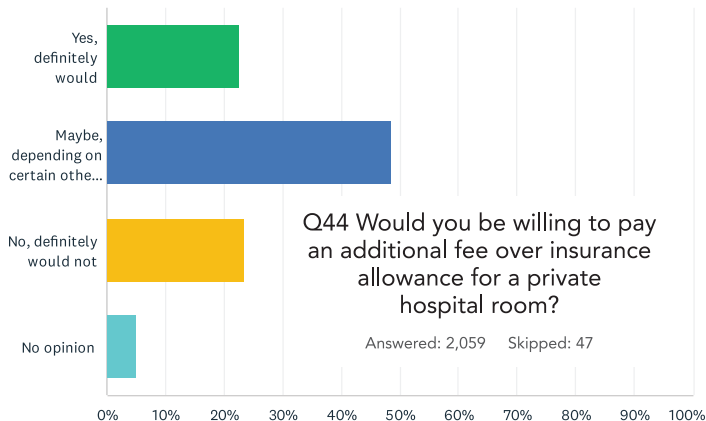
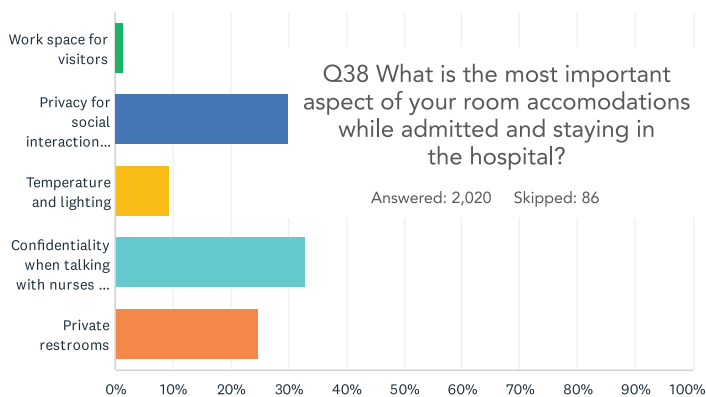
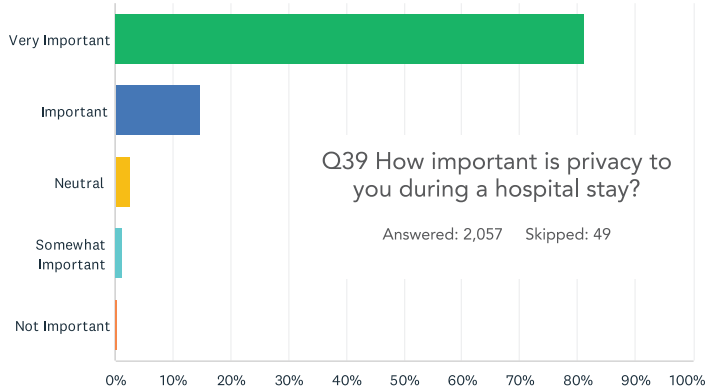
The research showed that half of our patients did not have to wait more than 15 minutes after they arrived to start receiving care. Thirty-five percent indicated they had to wait sometimes beyond the expected 15 minutes, but only 20% said they usually had to wait.

We also asked patients about their needs and wants during an inpatient stay. An overwhelming amount (81%) of responses indicated that privacy was extremely important to them.

Another 91% agreed they would feel more comfortable discussing their health with medical staff in a private room. Of those, 64% both wanted a confidential setting when talking with their nurse and/or visitors. Nearly 1 in 3 indicated that having a private restroom was most important. 66% of inpatients felt some degree of stress while sharing a room with another patient.

In lockstep with the above, 96% of respondents indicated that if given a choice, they would choose a private as opposed to a shared room. Adding to this, 80% of those surveyed said they would be more likely to recommend and select a hospital with a private room. These responses were seemingly summarized with the reactions to two overarching questions regarding patient experience. The first question was whether patients would be willing to pay an additional fee over insurance to guarantee a private room. 71% indicated that they might or definitely would, depending on certain factors.

Not only would people prefer and potentially pay for a private room, but secondly, the patients advised hospitals and healthcare organizations to think about private rooms in the future, with over 73% saying it should be in the facilities' plans.



SURVEY RESULTS & KEY FINDINGS

This year's survey included a specially designed question to unify various economic, social, and health issues and rank them relative to each other. Answers to this type of question provide insights into the broader challenges and how they are interconnected, especially in a rural market like that of PMC.

Q33 How would you rate the following issues for your household?

Answered: 2,049 Skipped: 57

	VERY IMPORTANT	IMPORTANT	NEUTRAL	SOMEWHAT IMPORTANT	NOT IMPORTANT	N/A	TOTAL	WEIGHTED AVERAGE
Availability of job training opportunities	28.37% 570	15.63% 314	10.35% 208	3.04% 61	7.81% 157	34.79% 699	2,009	2.85
Availability of jobs for youth	33.52% 666	15.25% 303	7.65% 152	2.77% 55	5.74% 114	35.08% 697	1,987	2.70
Education	55.45% 1,104	11.20% 223	4.22% 84	1.41% 28	2.56% 51	25.16% 501	1,991	2.35
Child-care services	34.66% 681	11.35% 223	7.18% 141	1.42% 28	6.26% 123	39.13% 769	1,965	2.66
Cost of living	72.98% 1,456	15.79% 315	2.31% 46	1.60% 32	1.05% 21	6.27% 125	1,995	2.26
Income/Wages	69.48% 1,393	15.16% 304	3.24% 65	1.65% 33	1.25% 25	9.23% 185	2,005	2.28
Debt	55.46% 1,108	19.52% 390	8.31% 166	3.30% 66	2.70% 54	10.71% 214	1,998	2.48
Financial Security	69.03% 1,380	17.31% 346	4.20% 84	1.65% 33	1.00% 20	6.80% 136	1,999	2.30
Availability of Financial Services	46.09% 919	23.72% 473	12.59% 251	3.31% 66	2.86% 57	11.43% 228	1,994	2.58
Availability of Financial Counseling	27.97% 553	20.08% 397	21.60% 427	4.35% 86	7.84% 155	18.16% 359	1,977	2.90
Elderly living assistance (62+)	38.94% 773	17.18% 341	11.08% 220	3.68% 73	5.64% 112	23.48% 466	1,985	2.69
Availability of health Care	73.64% 1,472	14.66% 293	3.40% 68	1.00% 20	1.15% 23	6.15% 123	1,999	2.25
Health of residents	63.50% 1,251	19.29% 380	5.08% 100	1.47% 29	1.07% 21	9.59% 189	1,970	2.34
Seeking employment with a criminal record	13.28% 263	12.58% 249	15.40% 305	1.57% 31	9.14% 181	48.03% 951	1,980	3.13
Obtaining a degree/diploma with a criminal record	14.26% 283	12.64% 251	14.21% 282	1.06% 21	9.32% 185	48.51% 963	1,985	3.11
Substance abuse services	28.86% 568	12.75% 251	6.66% 131	1.78% 35	6.96% 137	42.99% 846	1,968	2.77
Substance abuse treatment	31.08% 615	11.62% 230	6.16% 122	1.62% 32	6.77% 134	42.75% 846	1,979	2.72

IMPLEMENTATION STRATEGY

Understanding the community's healthcare needs provides PMC with the opportunity to enhance existing healthcare programs and develop new ones that effectively address the community's needs. After carefully reviewing the survey results, public data, and feedback from our advisory committee, patients, advocates, and healthcare providers, we identified key health priorities in our service area.

Workforce Development

As referenced in the data table on what most affects our region, it was not surprising that various demographic and socio-economic challenges were revealed in our area. Factors such as high unemployment, income disparity, and low education levels are impacting our community; the data shows our figures are below the statewide averages. To address this, PMC will continue to focus on developing the next generation of healthcare workers. Over the past several years, PMC has been creating and offering career pathway programs. In fiscal year 2024 alone, the recruitment team hosted 55 student events at the Workforce Innovation Center and participated in 51 school outreach visits, reaching nearly 5,900 K-12 students. We also launched the first 25-student cohort of the PMC Medical Academy. For eighth-grade students and first-year high school students interested in medical careers, we organized a Bridge Event for over 600 Pike County, KY, high school seniors, showcasing the many opportunities available to the mountain workforce.

PMC is not only improving healthcare in our region, but we are also driving economic prosperity. Understanding the workforce issues facing our rural communities may not be solved immediately, but PMC remains committed to workforce development. We will continue to develop and implement these early-career programs to support more students.

Through PMC's project HEART (Healthcare Education Around Regional Training), we have expanded the number of nursing and allied health programs in the region. In 2018 there were only 35 healthcare seats in our direct community offered by UPIKE nursing program. With the recruitment of Galen College of Nursing, expansion of Big Sandy CTC programs,

relocation and expansion of ANU and expansion of UPIKE's programs there are now over 550 educational healthcare seats offering a full array of nursing and other allied health programs. Additionally, we have collaborated with higher education to create new certification programs in both clinical and non-clinical supporting roles.



To continue to accommodate the growth our facilities and construction division is already planning for the expansion of the Work Force Innovation Center. The new space should be located directly adjacent to the existing building. It will potentially house a new 200-seat lecture hall for didactic training, thus allowing the existing space to be used for multi-purpose functions such as simulation or simulation-based training. This improved facility will give PMC the space to offer additional programs for PMC staff education, but more importantly, to help build the future workforce in our region.



**Workforce
Innovation Center**

AT PIKEVILLE MEDICAL CENTER

Health Services

The primary health concerns of our community highlighted by the survey include chronic conditions like heart disease, cancer, obesity, substance abuse, and economic hardships. However, deeper analysis reveals that many families are worried about accessing regular health check-ups, possibly due to barriers in accessing healthcare providers. The limited availability of specialists and appointment opportunities also emerged as a significant issue. Furthermore, the survey provided valuable information about patient experience and engagement, which can also positively or negatively impact someone seeking and receiving care.

Pikeville Medical Center will use this data to further analyze and plan activities as part of our strategy to address these identified needs. These efforts will focus on the following areas:

Cardiology Services

The survey results confirm our commitment to advancing, expanding, and improving our cardiology services. These enhancements have enabled us to maintain a leadership role in promoting heart health, an ongoing need that was clearly emphasized in this survey.

The HVI multi-disciplinary team of physicians provides cardiac and vascular specialty services, including interventional cardiology, electrophysiology, interventional radiology, vascular treatments, and endovascular surgery. In addition to the main campus service area, HVI currently offers lifesaving cardiology services to outlying areas through satellite clinics located in Prestonsburg, KY, South Williamson, KY, Whitesburg, KY, and Grundy, VA.

Additionally, HVI has transitioned from the Merge platform to the Philips platform, with the new Cardiac Imaging system to include EKG, Echo, Stress, and Vascular imaging. With that recent completion, we will continue this transition to include the Cath and EP Labs.

Our cardiology department has also opened a new adult congenital Heart Defect clinic in collaboration with UK Health; new Stress Echo/Heart Failure Clinic; started the PMC Cardiovascular Imaging Program for Cardiology CT and MRIs; expanded the new Chronic

Disease Pharmacy Program for patients with COPD and CHF; and transitioned one electrophysiology lab to a transesophageal echocardiogram suite. These represent just a small fraction of PMC's commitment to serving the community's heart health needs, which incorporates state-of-the-art therapies and cutting-edge technology in minimally invasive interventions.

With state-of-the-art cardiology catheterization labs, interventional cardiologists and cardiothoracic surgeons have collaborated to perform valve procedures using percutaneous or minimally invasive approaches for valve replacements. New life-saving and curative procedures performed at PMC's HVI include the AligoVac, MAZE, TactiCath, TAVR, Watchman Device, and Leadless Pacemakers. This reduces the need for patients to travel hours from home for multiple visits to receive advanced heart care. Additionally, HVI's Cardiac Rehabilitation Center, certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), provides patients with heart disease with lifestyle monitoring and fitness programs designed to help restore their heart's efficiency. PMC's Stage II and Stage III Cardiac Rehab programs assist heart patients in incorporating changes into their daily routines, such as exercising, taking medications, and eating a heart-healthy diet, enabling an active lifestyle, better quality of life, and improved long-term outcomes.

Earlier this year, PMC once again earned national recognition from the American Heart Association's Get With The Guidelines® program for providing exceptional, lifesaving heart care. The hospital received the STEMI Receiving Center Gold Plus Award for excellence in treating ST-elevation myocardial infarctions (STEMI), the NSTEMI Silver Award for care of non-ST elevation myocardial infarctions (NSTEMI), and an additional Gold Award for excellence in rural cardiovascular care. From early diagnosis and intervention to ongoing post-discharge support, PMC's Heart and Vascular Institute continues to lead the way in advancing cardiovascular care throughout Central Appalachia as we stay dedicated to adopting the latest technology as it becomes available to better serve those in need of cardiac care.

IMPLEMENTATION STRATEGY



Oncology Services

As the region's only hospital to receive the Commission on Cancer's 2022 Outstanding Achievement award for exceptional quality, we are committed to fighting cancer – one patient at a time. Over the past several years, PMC has made significant investments in our cancer program to improve care delivery, lessen the burden on our patients, and offer more convenience for those battling their disease.

By relocating the Lawson Cancer Center (LCC) to the 10th floor of the May Clinic Building on PMC's main campus, cancer patients now have all their services and providers in one place, including imaging, diagnostics, chemotherapy, infusion, radiation therapy, as well as genetic counseling, financial counseling, and patient navigation.

The infusion area with expanded hours, including weekends, has experienced a 45% growth. We recently completed and opened a new infusion center on the 11th floor. Being adjacent to the new Oncology Specialty Pharmacy provides system efficiencies to expedite care. LCC has added three additional dedicated infusion chairs on Clinic 10 to increase capacity for more infusions, including blood transfusions. The growth and new facilities aim to improve patient care and efficiency, and have started a new service for Chemo/Radiation Embolization in Interventional Radiology. The expansion of treatment space for the clinic, along with enhancements like private chemotherapy areas, improves patient privacy and comfort.

Radiation oncology now uses, not one but two new advanced True Beam Rapid Arc radiotherapy linear accelerators, enabling more efficient treatment sessions, the ability to serve more patients, and a better patient experience. The addition of a new 4-D 128-slice simulator CT machine installed in the Radiation Oncology space enables us to complete a 4-D scan in approximately ten minutes versus an hour for the old 4-D scanner, while providing respiratory gating to ensure more precise treatments for breast and lung cancers. Newly introduced radioactive medications are now used to treat advanced-stage prostate cancer that has spread to other parts of the body, and we have added a new radiation therapist to accommodate this and other new treatment advancements.

Our commitment to oncology patients includes a wide array of services, from early diagnostics to post-treatment support, all of which our caregivers prioritize. With the addition of a Board-Certified Breast Radiologist to our medical team, we now have enhanced expertise in reviewing screenings, diagnosing breast cancer, and providing expert imaging evaluations of 3D mammograms, breast MRIs, breast ultrasounds, and stereotactic-guided biopsies. The addition of new genetics nurse navigator has been very beneficial in ensuring the timely completion of the genetic history and arranging counseling with genetic counselor. By launching a new breast cancer tumor board, PMC is progressing toward becoming an accredited Comprehensive Breast Center.

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Having all services in one location also increases efficiency for clinicians and makes them more accessible to patients, which undoubtedly leads to better outcomes. PMC Lawson Cancer Center remains committed to adopting new technology and workflow improvements as they become available, aiming to offer the highest quality and most accessible care possible to our region.

We recognize that medical treatment is only part of the cancer journey, so we offer additional supportive services to promote holistic healing. Cancer support groups help patients and their families navigate their personal cancer journeys.

PMC's patient navigators assist families in accessing these programs during and after treatment. Programs like The Look Good-Feel Good provide free wigs, makeup, and scarves. The Art of Healing program offers artistic activities to provide emotional support to those coping with cancer. We also run smoking and vaping cessation classes to help those battling addictions break harmful habits and potentially reduce the need for additional future oncology care. To further assist our patients during the devastating diagnosis of cancer, the oncology staff, along with PMC's PR department, has created new Immunotherapy, Chemotherapy, and Oral Chemotherapy patient education videos, with help from LCC.

These expanded oncology services provide life-changing and lifesaving treatments that our patients need, while also reducing the burden and cost of travel for patients and their families by making them available locally.

Health, Wellness & Obesity

Preventive care has long been considered the most effective way to maintain health. Since 52% of respondents report that they are not seeking routine health care, this suggests that rates of other diseases and illnesses could increase. Cancer was the second most common health concern, accounting for 30%. The survey indicated that 34% of respondents had been diagnosed with high blood pressure, 21% with high cholesterol, and 25% were obese. Obesity was identified as the third leading concern among adults and the top concern among children in the area.



PMC's Bariatric and Minimally Invasive Surgery Center continues to serve patients who have unsuccessfully tried to control their weight by offering several different procedures. This department also provides counseling and group sessions, along with diabetes and nutritional education. Some of these services are provided via remote video visits, giving patients easier access to these services and a better chance to succeed in the program. Now located in the newly remodeled "Building F" on the downtown side of our campus, patients have easier access to parking, a more private and respectful environment, and the convenience of proximity to our Plastics and Aesthetics Cosmetic Surgery Department, which is often a preferred service for weight loss patients.

To help our patient sustain their health, PMC provides Diabetes Management appointments with a specialized team. This team collaborates with our staff endocrinologist to address Diabetes Mellitus, Thyroid disorders, Parathyroid disorders, Pituitary disorders, Adrenal disorders, Metabolic Syndrome, and Metabolism. Additionally, we sponsor diabetes support groups and healthy cooking classes for patients and the community at large.

Knowing that good habits start young, we have recently expanded our pediatric services to include a BMI clinic focused on young patients and provide the specialized care of a pediatric endocrinologist. These topics are discussed further in this report under our Focus on the Future section.

To help combat these trends, PMC will continue to lead the community in promoting a healthy lifestyle and remains committed to helping our community

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combat obesity by sponsoring events like 5K and 10K walks that encourage an active, healthy lifestyle. We continue to promote good habits for preventing or managing diseases through community outreach campaigns and activities such as health fairs, Remote Area Medical (RAM) clinics, and other sponsored events. These efforts will operate throughout the region to identify early warning signs of conditions like cancer, diabetes, and heart disease that are linked to unhealthy lifestyles and obesity. A comprehensive list of community-focused activities is included in the Appendix of this report.

Access to Care

Access to healthcare is essential for every patient interaction in the healthcare system. When a patient cannot see their healthcare provider, they cannot get medical treatment, build relationships with their providers, or achieve overall wellness. Despite its critical role, many patients across the country encounter obstacles to accessing care. Issues like limited appointment slots and transportation problems act as significant barriers to patient care.

PMC will continue to respond to the demand for increased access to services in our remote service areas in multiple ways.

Since primary care providers serve as the gatekeepers for patients who may require medical specialties, diagnostics, or interventions, the extended urgent care hours—7 days a week and 12 hours daily—reduces the challenge for patients to find appointments with a primary care provider. This expansion has also alleviated pressure on emergency rooms, which was especially vital during the pandemic. Additionally, we now provide diagnostic services, such as a radiology suite and point-of-care lab testing, making urgent but non-emergency care more accessible and affordable for patients.

Sometimes, the issue isn't the appointment availability, but rather the process of making an appointment. Through the expanded roles of the Healthcare Access Department PMC is tackling these problems of scheduling appointments to maximize the efficiency and utilization of all available appointments. This department is the primary point for questions and requests, directing most inquiries.



Whether you're scheduling a routine check up or specialty care, our team is here to help.



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Not only does this allow the clinical staff to concentrate on the patients in front of them, but it also provides patients with a one-stop shop for information, like clinical advice, scheduling appointments, and providing patient education. Recognizing that our patients have busy lives, we have recently extended the hours of operation of the Healthcare Access Department. This department will continue to be a key area for enhancing scheduling efficiency, which will, in turn, create more availability, access and satisfaction.

The creation of the new Care Coordinator Team will help strengthen our commitment to enhancing patient access and outcomes. Care Coordinators will function like hotlines, ready to assist patients with any questions or concerns about their recent care. This team will be equipped to answer questions, resolve complaints, and help patients understand the often-complex instructions related to their care plans. This new initiative will be widely promoted and available 24 hours a day.

Diagnostic testing appointments also appear to be a limitation, according to the survey data. This could represent a missed financial opportunity for the organization. More importantly, it could affect the delivery of care. Currently, our Outpatient Diagnostic Center operates Monday through Friday, excluding point-of-care diagnostics at our Urgent Care Clinics. To meet this demand, PMC will develop a plan to offer diagnostic services seven days a week. The capacity of our contracted radiologists and their increased ability to interpret tests make this even more achievable.

PMC will procure and place into service a new Magnetic Resonance Imaging (MRI) machine to reduce waiting times. Currently, outpatient MRI testing (except for breasts) is performed on the Main Campus in the radiology suite. This new addition will not only help patients by doubling the capacity of tests but also provide the convenience of not having to come into the main hospital. Likewise, the increased availability of testing slots will offer faster imaging for inpatients, leading to quicker discharges and reduced lengths of stay.

Along with many new processes, COVID-19 introduced a new approach to phlebotomy and lab draws. During the pandemic, PMC quickly established

a drive-thru lab station for vaccine administration and ensured social distancing during specimen collection. Recognizing the convenience this offered our patients, PMC has kept the drive-thru lab station open and recently expanded the space to provide an even higher level of service. Set to open in the fall of 2025, it will feature a climate-controlled, two-bay area with supplies and technology strategically placed for fast and efficient workflow. Understanding the convenience for patients and the opportunity to increase testing as an enhanced revenue source, PMC plans to offer this service seven days a week.



Focus on the Future with Children

It is widely accepted that today's children are the leaders of tomorrow, and taking care of their health is one of the most important things we can do to help them succeed in school and life. PMC's Healthy at School Initiative has grown from one school district to serve the entire Pike County school system. PMC providers will see students while they are in school, reducing the number of days students are absent and lowering costs for parents and caregivers who would otherwise have to drive them to traditional providers. We aim to keep expanding this service into other school districts to support this group of young citizens. Additionally, we will offer wellness and telehealth services to students at the University of Pikeville. This service will offer the convenience of local care to college students and professors who otherwise would not have a primary care provider in the area.

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Since opening Mettu Children's Hospital (MCH), we have expanded our partnership with the University of Kentucky Children's Hospital to provide more specialized services for young patients. The sooner we address their health issues, the stronger our community becomes as they grow and succeed. The survey clearly showed concerns about wellness and obesity, particularly among children. Over 70% of respondents identified childhood obesity as the primary issue negatively affecting children's health. Diabetes was a close second as a primary concern, with oral health also ranking highly. PMC recently launched a pediatric BMI clinic and a pediatric Endocrinology Clinic. PMC's clinical leadership team, led by Chief Medical Officer Dr. Aaron Crum, MD, plans to recruit additional specialties to meet the needs of local children and bring those services to MCH.

Another concern about the well-being of our youth is the increase in learning disabilities and autism. PMC plans to address the need for intervention to help these young patients succeed. Our two Appalachian Valley Autism Centers (AVA) in Pikeville and Prestonsburg have grown rapidly since their opening. With increasing awareness locally, nationally, and worldwide, all areas of the nation have experienced a surge in diagnosis, and consequently, the need for treatment has grown accordingly.

PMC has developed an accredited training program for Behavioral Care Associates (BCA) to meet this regional need. We will continue expanding the BCA program, which not only creates economic opportunities through a larger workforce but also helps the AVA centers keep pace with increasing demand. To prevent children and their families from facing difficulties—or worse, missing out on diagnoses—PMC will expand its facility in Prestonsburg, which is located in Floyd County. This expansion will allow for even greater outreach into the western part of our market area. We anticipate the program reaching full capacity, leading us to consider opening a new outpost to serve more children's needs in the future.

Our leadership recognizes that providing healthcare for children is not the only issue we need to address. We also need to ensure that the person or persons

caring for these children are also supported, so that they can provide their child with a good environment to foster their health and well-being.

The survey results clearly showed that, aside from health concerns, the main issues were availability of jobs and training opportunities (28%), cost of living (73%), income and wages (69%), and financial security and debt (69% and 55%, respectively). Additionally, childcare and the cost of childcare can hinder the family unit from being able to enter the workforce as they would like to do. Unfortunately, PMC finds itself in a “Childcare Desert” and without the available space and sometimes the available funds to put a child in daycare, usually a parent has to stay home with the kids. That duty historically has fallen to the mothers of the family. With well over 75% of our workforce being female, we must recognize the issues surrounding child care while supporting mothers to remain in the workforce.

PMC will address this challenge by offering a new employee benefit. The childcare benefit for staff will be examined during the next budget cycle. Several factors need to be considered, including physical location, regulatory and licensure requirements, and financial impact, which will then be incorporated into an implementation plan for execution.

Providing childcare will not only address our staff's needs but also boost the capacity of other local childcare centers by alleviating the overcrowding which they are currently experiencing. This also allows caregivers to pursue new career opportunities at PMC's new childcare facility, further supporting PMC's commitment to strengthening the economic stability of the region.



IMPLEMENTATION STRATEGY



Patient Engagement

Patient engagement involves motivating patients to make informed health decisions. These engaged patients take proactive actions managing their healthcare, which ultimately leads to better health outcomes and lower costs.

Patients are beginning to evaluate their healthcare choices similarly to how they consider buying a car or planning for retirement. They prefer to avoid having decisions made for them and instead want to learn about their health from trusted sources and make choices together with their physicians. Nevertheless, personal and systemic barriers still limit patient engagement. On an individual level, many patients hesitate to take proactive steps, often due to a lack of health literacy or adequate digital access needed to make well-informed decisions.

A collaborative approach helps establish trusted relationships, so patients remain committed to their care. In fact, engaged patients are three times less likely to have unmet medical needs and twice as likely to seek care promptly compared to unengaged patients, as cited in a recently published blog by WebMD Ignite.

PMC is prepared to implement multiple strategies to enhance patient engagement, including but not limited to improving communication, increasing accessibility, strengthening community ties, and building capacity. We have already started developing a patient engagement action plan to support these initiatives by establishing key

performance indicators and beneficial, measurable metrics to evaluate the expected outcomes. Another focus area for patient engagement will be support group participation, whether it involves diagnosis-specific groups, survivorship, or general caregivers. There are a wide range of supporting materials available that can benefit and comfort our patients.

One of the most challenging settings, for both patients and staff, is often considered to be the Emergency Department (ED). Understanding the concern and fear of those coming to the ED for care, PMC Emergency Services has launched a Patient Engagement program in the ED to provide customer service associates (CSAs) during all peak times to assist patients and visitors in the lobby. Patients now enjoy more comfortable furniture, a private room for discussion and visitor assistance, along with Free snacks, toys and drinks handed out by the CSA. We also play a newly developed video in the waiting room and provide new printed information to the patients about how the ED works, in hopes of educating the patient on the difference between the ED and urgent care departments, and when it is appropriate to pick between the two healthcare settings.



Our Patient Engagement Action Plan will strengthen Pikeville Medical Center's connection with patients and the community by promoting key services, improving accessibility, and fostering trust through targeted outreach. By implementing clear communication tools, support groups, and strategic hires, the Patient Engagement team will enhance patient engagement and patient satisfaction.

Patient Experience

In today's market, customers expect all types of businesses to understand their individual wants and needs. This is especially true in the healthcare industry, where services are deeply personal. Therefore, personalization is crucial for patient engagement; if you lack knowledge about your patients' personal attributes, your engagement strategy could be too basic and ineffective.

Using customer journey maps and marketing technology enables healthcare providers to deliver highly personalized messages to patients. To support our personalized rounding and handoffs between care providers, we have started using I-Pass. I-PASS has become the preferred handoff tool for patient transitions in many organizations, including PMC. It offers a structured electronic process for conducting clinical handoffs.

At PMC, we recognize that organizations implementing standardized handoff procedures are better equipped to prevent omissions that could jeopardize patient safety or generate extra work for staff. This is particularly crucial in our emerging virtual care program, where handoffs happen without any physical interaction among team members.

PMC will also empower patients with the same information that the clinical staff has, using technology integrated into a new smart room design. The model for the inpatient room features technology embedded not only in the physical space but also in the delivery of care. Since June 2022, PMC has leveraged the power of Epic Systems Corporation, the leading electronic health record (EHR) system, making it easier to collect patient data and develop corresponding care plans. This information is now easily accessible and automatically updated with system entries to display on electronic boards in patient rooms. The data comes directly from the EHR and ensures the patient, the care team, and the care plan are all aligned and in sync.

With 58% of our patients having active MyChart accounts, we recognize that our patients can and will adopt technology. We will identify and plan for the implementation of MyChart Bedside as part of our ongoing engagement efforts. MyChart Bedside will

enable admitted patients to communicate electronically with their care teams. They will be able to ask questions and view their scheduled tests, medications, and personalized patient education. We will conduct a detailed review of this functionality to determine the optimal go-live time and how to integrate the necessary hardware and software into the smart room design.

Epic has recently added a healthcare customer relationship management (CRM) platform to its suite of products to collect, organize, and analyze patient data such as demographics, psychographics, social media activity, behavioral patterns, clinical history, call center interactions, and provider credentialing.

PMC IT Department recently integrated part of the CRM software with Hello World, a two-way SMS messaging platform designed to improve and accelerate patient communication. Currently, we use it for appointment alerts and bill payments. There are many additional features available, including virtual assistants. One of the main benefits of the CRM software is its integration with our Health Care Access Department's processes, allowing our staff to have relevant and carefully crafted conversations with patients that increase engagement. PMC's Patient Experience and Information Technologies team will continue to develop and implement these features. We plan to use this technology to promote open communication with our patients by sending post-visit messages and providing a way for patients to offer feedback about their visit. Other potential uses for this platform will be identified, evaluated, and implemented as appropriate.

In today's predominantly electronic world, another method for patient engagement is a marketing automation tool that automates outreach to create a continuous patient engagement journey. This was demonstrated through a non-automated promotion during Breast Cancer Awareness Month in October 2024, when The Lawson Cancer sent a message exclusively to PMC's female MyChart account holders over 40 years old, emphasizing the importance of mammograms. We received over 800 responses requesting appointments. This is how you truly make

IMPLEMENTATION STRATEGY



an impact on care through change. With marketing automation, PMC can efficiently and cost-effectively execute structured patient engagement across multiple channels like email, direct mail, and SMS. We will analyze and prioritize the deployment of this Epic module, called Campaigns, to develop tailored outreach campaigns. The module will be designed and developed based on the specific needs of our patient population.

With EHR, CRM, marketing automation, and engagement center systems in place, PMC will proactively identify, execute, and measure all types of engagement initiatives to deliver value-based care that is truly patient-centric. These technologies work together to generate a 360-degree view of patients, providing healthcare organizations with the insights needed to deploy patient engagement efforts effectively.

For the inpatient setting of care, Morrisons, our dietary services provider, has implemented the following efficiency tools. eTracking that improves accuracy and tracking of patient items; iRounding: Partnered with the PMC's Patient Experience Ambassador to implement patient rounding tools to enhance patient rounding practices; implementation of Relay to improve meal delivery efficiency and communication, and My Delivery to improve patient satisfaction. The satisfaction tools are coupled with our Waste Not 2.0 program, which assists in awareness of food waste and the utilization of data to make cost-driven decisions. Understanding that environment and surroundings not only affect

people's comfort but also their perception of care, PMC has partnered with Crothall Healthcare to enhance EVS solutions under the Power of Clean, including EV lights in bathrooms, EVS turndown service, new cleaning robots, a Clean Floors Program,

Focusing on You and Your Privacy

Over time, medical care has evolved since the original design of inpatient rooms, leading to a different use of space within patient areas. For example, single rooms now provide more space for large multidisciplinary clinical teams to examine patients during rounds and to accommodate essential medical equipment such as computer monitors and ventilators.

Conversely, single rooms take up more hospital space and limit the capacity of the hospital, which in turn limits the patients which a provider can see, so it is crucial to carefully evaluate capacity before converting multi-use rooms into single-use rooms. However, not having a roommate reduces the risk of infection transmission between patients. While assigning multiple patients to a single room can create logistical challenges, such as the inability to house patients of different genders together, often resulting in many double rooms being occupied by only one patient."

At PMC, we will continue to focus on the key drivers of efficient medicine delivery to meet patient expectations in order to remain competitive. We will use this consumer-submitted data as a strong indicator to assess the feasibility of converting semi-private rooms into all private rooms in our inpatient care setting. This study will start immediately, and if deemed feasible, funding sources will be identified to support any approved projects.



SUMMARY COMMENT

The Board of Directors, leadership, and staff of Pikeville Medical Center will acknowledge these survey results and will implement strategies to serve our community more efficiently and effectively. In conclusion, our new tagline, "Founded on Faith – Focused on You," reflects our commitment. We will prioritize our patients and their needs in all that we do.

Approval

After the data in this report was received, calculated, and analyzed, it was shared with the members of the Advisory Committee to 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 at the September 2025 meeting of Pikeville Medical Center's Board of Directors.

Signed by: 
Donovan Blackburn, Chairman of the Board of Directors

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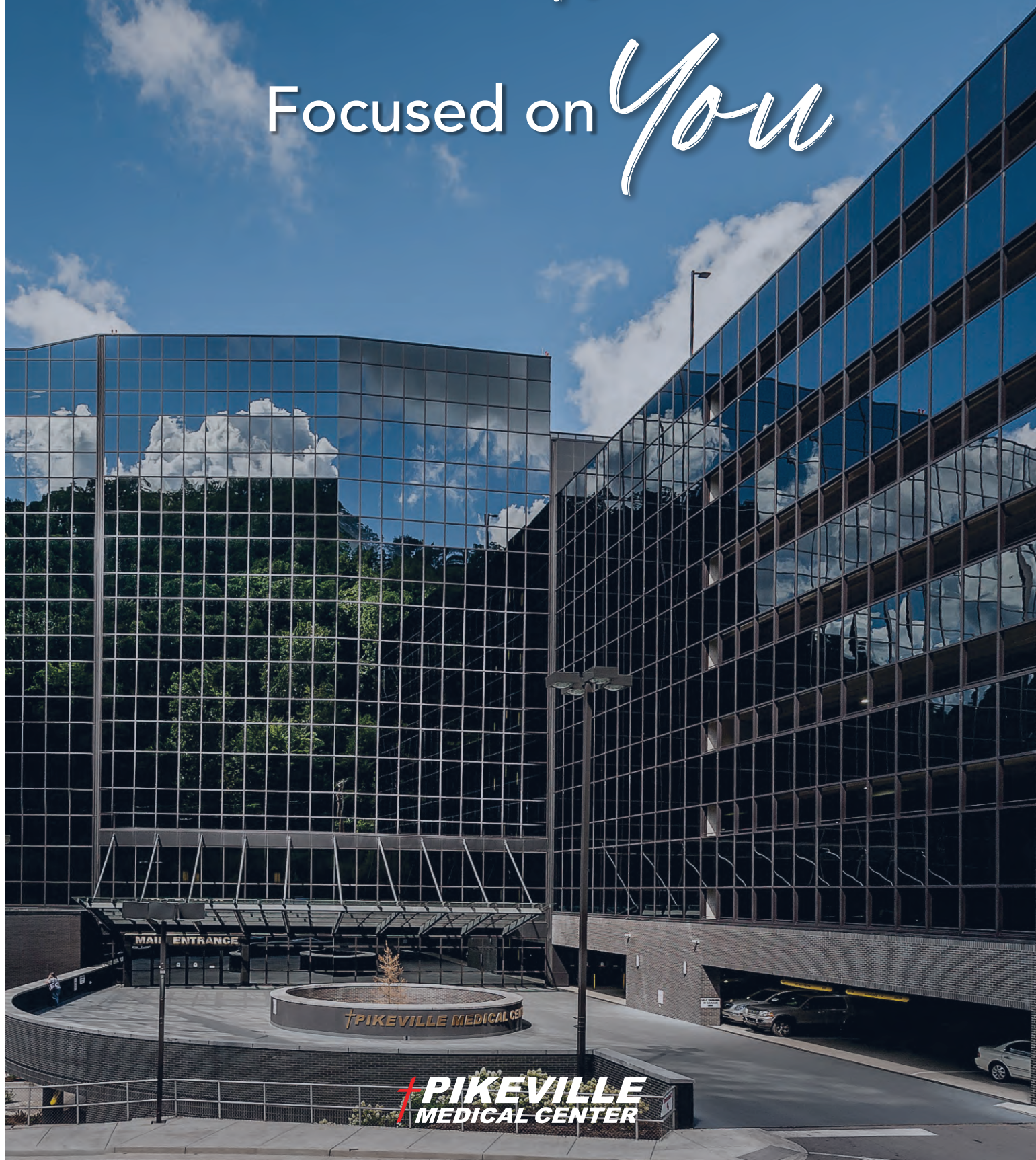
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Pikeville Medical Center Awards and Recognitions

AWARDS AND ACCREDITATIONS

- July 2025:** PMC has Earned The Joint Commission's Gold Seal of Approval® for Disease Specific Care for Sepsis Certification
The American Heart Assoc. presented the Get With The Guidelines® – Stroke Gold Plus award for proven dedication to ensuring all stroke patients have access to best practices and life-saving care.
The American Heart Assoc. presented PMC with the Get With The Guidelines® – NSTEMI Silver recognition for PMC's commitment to offering rapid, research-based care to people experiencing a specific type of heart attack known as a non-ST elevation myocardial infarction (NSTEMI).
The American Heart Assoc. presented PMC with the Get With The Guidelines® – Coronary Artery Disease Rural Recognition Level: Gold
- June 2025:** PMC accredited by the American College Of Emergency Physicians as a Geriatric Emergency Department
- March 2025:** PMC Earns Chest Pain Center Accreditation with Primary PCI from the American College of Cardiology
- February 2025:** PMC Earns the Get With The Guidelines®- Stroke Gold Plus Quality Achievement Award with Target: Type 2 Diabetes Honor Roll
- December 2024:** PMC Named One of Forbes "America's Dream Employers" for 2025
- September 2024:** PMC was named to the Forbes list of Best-in-State Employers
- July 2024:** The Heart & Vascular Institute of Eastern Kentucky received the American Heart Association's Get With The Guidelines®– Rural Coronary Artery Disease STEMI Silver Award
Pikeville Medical Advanced Primary Stroke Center received the American Heart Association/American Stroke Association's Get With The Guidelines®- Stroke Gold Plus Quality Achievement Award with Target: Type 2 Diabetes Honor Roll
- June 2024:** PMC received the Chest Pain – MI Registry™ Platinum Performance Achievement Award, which recognizes hospitals participating in the registry who have demonstrated sustained, top- level performance in the quality of care and adherence to guideline recommendations from the American College of Cardiology
- April 2024:** PMC received accreditation in Echocardiography from the Intersocietal Accreditation Commission in Adult Transthoracic and Adult Stress Echocardiography
- February 2024:** Rated by CareChex – Top 10% of Hospitals in the Nation for Patient Safety in Heart Attack Treatment, Sepsis Care
Rated by CareChex – Top 10% of Hospitals in the State for Patient Safety in Heart Attack Treatment, Heart Failure Treatment and Sepsis Care
Rated by CareChex – Top 10% of Hospitals in the State for Medical Excellence in Hip Fracture Care
Rated by CareChex – Top 100 Hospitals in the Nation for Patient Safety in Sepsis Care
- January 2024:** Joint Commission Re-Accreditation for Hospital and Home Medical Equipment (DME)
- October 2023:** Foundation for Healthy Kentucky awards Healthy Kentucky Champion to Donovan Blackburn
Foundation for Healthy KY The 2023 Gil Friedell Memorial Health Policy Award recognizes CEO Donovan Blackburn
PMC received 2023 Cardiac Cath Lab with PCI accreditation from the American College of Cardiology (ACC)
"HRSA Gold Award DONation" Uniting America's workforce for organ, eye and tissue donation.
2022 Good Install Award for its successful implementation of the Epic Electronic Health Record (EHR) system
- September 2023:** PMC's Pulmonary Rehabilitation program certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
The Pikeville Medical Center (PMC) laboratory received re-certification from the Accreditation Committee of the College of American Pathologists (CAP)
Kentucky Hospital Association Honored Donovan Blackburn with 2023 Award of Excellence
Southeast Chamber Outstanding Contribution by an Organization for Ava Center & Mettu's Children's Hospital
PMC presented with the Epic Good Install award for the work done on the Epic implementation project in 2022
PMC was named to the Forbes list of Best-in-State Employers
- August 2023:** PMC's Cardiac Rehabilitation program certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.
- July 2023:** PMC received accreditation from the Accreditation Commission for Health Care (ACHC) for its Specialty Pharmacy Services
PMC received the American Heart Association's Mission: Lifeline® STEMI Receiving Center Bronze recognition for its commitment to offering rapid, research-based care to people experiencing a specific type of heart attack known as an ST elevation myocardial infarction (STEMI), known to be more severe and dangerous than other types of heart attacks.
- June 2023:** PMC received the Chest Pain – MI Registry™ Platinum Performance Achievement Award, which recognizes hospitals participating in the registry who have demonstrated sustained, top- level performance in the quality of care and adherence to guideline recommendations from the American College of Cardiology
- February 2023:** PMC's Urgent Care & Family Wellness Center recognized as a Certified Autism Center™ (CAC) granted by the International Board of Credentialing and Continuing Education Standards (IBCCES).
- January 2023:** PMC named a 2022 Human Experience (HX) Guardian of Excellence Award® winner by Press Ganey.

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