Overview

Mercy Health Fort Smith delivers approximately 2,500 babies annually. The hospital’s diverse patient population presents opportunities to minister in unique ways to families. In this organization’s region, drug addiction, domestic violence and post-partum depression are a significant struggle among pregnant women, so the hospital’s leaders decided to address those issues directly.

Initially, hospital leaders identified health needs of critically ill newborns and met them by seeking Level IIIa designation for the hospital’s neonatal intensive care unit (NICU). They then branched out to meet social and emotional needs of families by designing programs that extended beyond inpatient settings.

Services include:

- **NICU** – Opened in 2008, the IIIa-designated NICU cares for 500 babies a year ages 24 weeks gestation and beyond. This changed the face of antepartum and peripartum care in Fort Smith by keeping mothers and babies close to home instead of transporting them to Little Rock or Tulsa.
- **Ronald McDonald House (RMH)** – Opened in 2010, RMH is a bridge between home and the NICU for parents. Since its opening, it has served more than 3,200 families, with an average of more than 400 families per year.
- **Catherine’s Light** – Established in 2017, Catherine’s Light seeks to address postpartum adjustment challenges, behavioral health needs, and addiction in the childbearing years. It also includes a New Moms Support group in Spanish.
that meets once a week, led by a counselor and a nurse.

As part of the Catherine’s Light program, Mercy brought in a licensed clinical social worker (LCSW) to the OB/GYN clinic to work hand-in-hand with the physicians to address behavioral health needs and addiction. When a physician identifies a patient who would benefit from behavioral health/social work services, that patient goes directly to the LCSW to be seen that day. The LCSW also goes to Labor and Delivery to check on walk-in patients.

“As we know, there’s a stigma attached to mental health,” says Tina Stell, director of operations. “If the patient leaves our clinic with a referral to mental health services, there’s a good chance she may not get that treatment. With the LCSW embedded in our clinic, we’re able to maintain their privacy as much as possible.”

**Impact**

Having a regional NICU has given babies a chance to be stabilized sooner and helped parents and families stay at RMH near their sick babies. The average length of stay in the NICU is 14 days. RMH serves 25 to 30 families a month with an average length of stay of 6.7 days.

The Catherine’s Light social worker typically sees patients one to three times, helping them access available community resources. As of fall 2018, she has seen 306 women for 367 counseling sessions. Because the social worker has been in place for just over a year, data is in the process of being gathered, but, based on anecdotal evidence, Stell expects to see a decrease in readmission rates for these patients, as well as a reduction in the number of hours that physicians must spend with them.

“Physicians were spending a lot of additional hours with these patients, trying to address mental health issues that were outside their area of proficiency,” Stell explains. “Also, addiction has an impact on the baby’s health and on the caregivers who take care of them, and these children often end up in foster care. So by treating the addiction early on, we’re removing a number of strains on the system.”

The LCSW is also receiving notes from past patients, letting her know of their successes. Here is a recent email she received:

Mrs. Scott, I’m not sure if you remember speaking to me or not, but on January 31, 2018, I gave birth to a little girl who had drugs in her system. It’s now six months later and I want to thank you and the Mercy Hospital staff for contacting all the correct people. Because of you and the Mercy Staff, I am now sober and have a healthy baby. My DHS case was closed three months after it was opened!

I just want to let you know you have inspired me to pursue a new career in life. I want to become a drug counselor and help young women and girls who struggle with what I did for so long, until God showed me how easily I could have lost my babies.

So from the depths of my heart, I thank you and the Mercy Hospital personnel for stepping in and doing what you were supposed to. Because of y’all and the actions you had to take, I can finally say I am six months sober and actually mean it!
Lessons Learned

Having a front-row seat to the challenges facing families with vulnerable social structures has allowed hospital leaders to develop safety-nets that address these needs. Both Catherine’s Light and RMH have provided a front-row look at the complicated health and social needs of families in the childbearing year.

Additionally, the program leaders are looking toward financial sustainability: While much of the program’s funding has been provided by the hospital’s foundation and donors, the organization is looking to initiate conversations with government payers to demonstrate how reimbursing these services results in cost savings in the long term.

Future Goals

Catherine’s Light continues to grow, and RMH is looking for ways to expand their physical space. Catherine’s Light hopes to add a mother/baby fitness class, as well as build upon community resources for addicted mothers in the childbearing year. In addition, Mercy Health Fort Smith is working toward the Baby Friendly Hospital Designation from the World Health Organization.

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