MEMORIAL HERMANN SOUTHEAST HOSPITAL

2019
Implementation
Strategy

MEMORIAL HERMANN
Southeast

Executive Summary

Introduction & Purpose

Memorial Hermann Southeast Hospital (MH Southeast) is pleased to share its Implementation Strategy Plan, which follows the development of its 2019 Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this assessment was approved by the Memorial Hermann Health System Board of Directors on June 27th, 2019.

This report summarizes the plans for MH Southeast to develop and collaborate on community benefit programs that address the 4 Pillar prioritized health needs identified in its 2019 CHNA. These include:

Memorial Hermann Health System's CHNA Pillar Priorities
• Pillar 1: Access to Healthcare • Pillar 2: Emotional Well-Being • Pillar 3: Food as Health • Pillar 4: Exercise Is Medicine

The following additional significant health needs emerged from a review of the primary and secondary data: Older Adults and Aging; Cancers; Education; Transportation; Children's Health; Economy. With the need to focus on the prioritized health needs described in the table above, these topics are not specifically prioritized efforts in the 2019-2022 Implementation Strategy. However, due to the interrelationships of social determinant needs many of these areas fall, tangentially, within the prioritized health needs and will be addressed through the upstream efforts of the prioritized health needs. Additionally, many of them are addressed within ongoing programs and services (and described in more detail in the CHNA report).

MH Southeast provides additional support for community benefit activities in the community that lay outside the scope of the programs and activities outlined in this Implementation Strategy, but those additional activities will not be explored in detail in this report.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in MH Southeast's service area and guide the hospital's planning efforts to address those needs. Special attention was given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the greater Houston region, community health needs were assessed and prioritized at a regional/system level. For further information on the process to identify and prioritize significant health needs, please refer to MH Southeast's CHNA report at the following link: www.memorialhermann.org/locations/southeast/community-health-needs-assessment-southeast/.

Memorial Hermann Southeast Hospital

Located in the heart of southeast Houston, MH Southeast Hospital has been caring for families in the Bay Area of Houston since 1986 at the current 293-bed facility. The highly trained and experienced staff and affiliated doctors span a diverse range of medical specialties and disciplines to offer area residents exceptional care close to home with services including breast care, children's care, cancer care, esophageal disease treatment, heart and vascular care, neuroscience, orthopedics and sports medicine, sleep disorders, wound care, and women's care. In 2016, Memorial Hermann Pearland, a 64-bed hospital located 14 miles from MH Southeast and operating under the Southeast license opened, providing medical/surgical, intensive and cardiac care, and labor and delivery services.

Vision

Memorial Hermann will be the preeminent health system in the U.S. by advancing the health of those we serve through trusted partnerships with physicians, employees and others to deliver the best possible health solutions while relentlessly pursuing quality and value.

Mission Statement

Memorial Hermann is a not-for-profit, community-owned, health care system with spiritual values, dedicated to providing high quality health services in order to improve the health of the people in Southeast Texas.

Memorial Hermann Health System

One of the largest not-for-profit health systems in the nation, Memorial Hermann Health System is an integrated system with an exceptional affiliated medical staff and more than 26,000 employees. Governed by a Board of community members, the System services Southeast Texas and the Greater Houston community with more than 300 care delivery sites including 19 hospitals; the country's busiest Level 1 trauma center; an academic medical center affiliated with McGovern Medical School at UTHealth; one of the nation's top rehabilitation and research hospitals; and numerous specialty programs and services.

Memorial Hermann has been a trusted healthcare resource for more than 110 years and as Greater Houston's only full-service, clinically integrated health system, we continue to identify and meet our region's healthcare needs. Among our diverse portfolio is Life Flight, the largest and busiest air ambulance service in the United States; the Memorial Hermann Physician Network, MHMD, one of the largest, most advanced, and clinically integrated physician organizations in the country; and, the Memorial Hermann Accountable Care Organization, operating a care delivery model that generates better outcomes at lower costs to consumers. Specialties span burn treatment, cancer, children's health, diabetes and endocrinology, digestive health, ear, nose and throat, heart and vascular, lymphedema, neurosurgery, neurology, stroke, nutrition, ophthalmology, orthopedics, physical and occupational therapy, rehabilitation, robotic surgery, sleep studies, transplant, weight loss, women's health, maternity and wound care. Supporting the System in its impact on overall population health is

the Community Benefit Corporation. At a market share of 26.1% in the 'expanded' greater Houston area of 12 counties, our vision is that Memorial Hermann will be a preeminent integrated health system in the U.S. by advancing the health of those we serve.

Summary of Implementation Strategies

Implementation Strategy Design Process

Stakeholders from the 13 hospital facilities in the Memorial Hermann Health System were invited to participate in an Implementation Strategy Kick-Off event hosted by Memorial Hermann's Community Benefit Department and Conduent Healthy Communities Institute (HCI) on May 6, 2019. During this half-day event, participants reviewed Memorial Hermann's CHNA, were introduced to the 2019 MH Implementation Strategy Template and worked in groups to begin drafting their new implementation strategies for their respective hospitals. After the Kick-Off event, each hospital engaged in a series of three bi-weekly technical assistance calls with the Conduent HCI team and representatives from the MH Community Benefit Department to further develop and refine their implementation strategy.

Memorial Hermann Southeast Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be taken on by MH Southeast to directly address the Four Pillars and focal areas identified in the CHNA process. They include:

- Pillar 1: Access to Care
  - Nurse Health Line
  - ER Navigation
  - OneBridge Health Network
- Pillar 2: Emotional Wellbeing
  - Mental Health and Substance Abuse
- Pillar 3: Food as Health
  - Diabetic Support Groups
  - Food Insecurity Screening
  - Provide Heart Disease/Stroke Education to the Community
- Pillar 4: Exercise is Medicine
  - Walk with a Doc
  - Pediatric Weight Loss Management Program

The Action Plan presented below outlines in detail the individual strategies and activities MH Southeast will implement to address the health needs identified though the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

Memorial Hermann Southeast Hospital: Implementation Strategy Action Plan

PILLAR 1: ACCESS TO HEALTHCARE
Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 1: Access to Health Services

Strategy 1.A: Nurse Health Line

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.	# of call by county for the counties comprising SE/PL's CHNA (Brazoria, Galveston, and Harris)	34,785	32,980	37,276	35,316	% Callers satisfied with the NHL % Callers who followed the NHL Advice % Callers who were diverted from the ER	97% report the service as good or excellent. 97% report following the advice of the nurse. 99% report they will use the service again.	98.41% report the service as good or excellent. 95.08% report following the advice of the nurse. 99.46% report they will use the service again.	98% report the service as good or excellent. 98% report following the advice of the nurse. 99% report they will use the service again.
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:
- NHL management and operations (currently funded through DSRIP)

Collaboration:

- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers

PILLAR 1: ACCESS TO HEALTHCARE

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 2: Lack of Health Insurance

Strategy 2:A: ER Navigation

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	# of Encounters # of Referrals	2,846 4,283	3,028 6,094	4,520 9,636	5,069 10,446	Decline in ER Visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals	6 mo: -73.7% 12 mo: -61.3% 18 mo: -48.4%	6 mo: -75% 12 mo: -66% 18 mo: -61%	6 mo: -74.8% 12mo: -65.5% 18mo: -60.7%
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- Staff and benefits
- IT; operating costs

Collaboration:

- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers

PILLAR 1: ACCESS TO HEALTHCARE
Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 3: Low Income/Underserved

Strategy 3:A: OneBridge Health Network

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 3.A.1 Provide OneBridge Health Network to connect uninsured patients, meeting eligibility criteria, including a referral from a PCP, with the specialty care connections they need to get well (including SEVA Clinic).	# of physicians on boarded	0 – New Program	104	95	97	# of patients navigated # of patients treated by specialists $s of specialty services provided	10 10 $22,802.82	2 1 $235.00	4 7 $131,701.75
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- OneBridge Support Staff and Operations
- Hospital Staff communications/marketing to Providers
- Providers' donation of time

Collaboration:

- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers

PILLAR 2: EMOTIONAL WELLBEING

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that connect and care for community members that are experiencing a mental health crisis with: access to appropriate psychiatric specialists at the time of their crisis; redirection away from the ER; linkage to a permanent, community based mental health provider; and knowledge to navigate the system, regardless of their ability to pay.

Focal Area 1: Mental Health and Substance Abuse

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Memorial Hermann Psychiatric Response Team: Memorial Hermann Psychiatric Response Team, a mobile assessment team, works 24/7 across the System and provides behavioral health expertise to all acute care campuses, delivering services to ERs and inpatient units	# of patients from Southeast (including Pearland)	1,133	1,003	1,079	1,616	# ED patients referred to outpatient care	504	635	696
Activity 1.A.2 Memorial Hermann Mental Health Crisis Clinics: Memorial Hermann Mental Health Crisis Clinics (MHCCs) are outpatient specialty clinics open to the community, meant to serve individuals in crisis situations or those unable to follow up with other outpatient providers for their behavioral health needs	# of patients	4,286	3,332	2,554	2,592	# PCP Referrals	566	438	321

Activity 1.A.3 Memorial Hermann Integrated Care Program: Memorial Hermann Integrated Care Program (ICP) strives to facilitate systematic coordination of general and behavioral healthcare. This program embeds a Behavioral Health Care Manager (BHCM) into primary and specialty outpatient care practices. Includes depression and substance abuse screenings.	# of patients	213	656	386	229	# Substance abuse screenings completed # Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)	649 652	386 330	229 207
Activity 1.A.4 Memorial Hermann Psychiatric Response Case Management: Memorial Hermann Psychiatric Response Case Management (PRCM) program provides intensive community-based case management services for individuals with chronic mental illness who struggle to maintain stability in the community	# of unique patients	182	206	136	71	**%** Reduced readmissions # of PCP Referrals # Complete housing assessments	57% 165 151	42% 58 111	76% 71 71
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			
Resources: • Human Resources - Behavioral Health Services Employees • Operating Resources – Computers, EMR, and other documentation tools • Capital Resources – Offices and other facilities									
Collaboration:									

- Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community Service Providers, and other Community Partners

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 1: Diabetes

Strategy 1:A: Diabetic Support Groups

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 1.A.1 Series of quarterly Diabetic Support Groups to provide outpatient education for Type 1 and 2 Diabetics	# of sessions # of participants	Implement -ation	1 1	2 27	3 66	Increase in Knowledge measured with Pre/Post tests	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- Diabetic Educator at MHSE

Collaboration:

- American Diabetic Association
- American Association of Diabetes Educators
- Academy of Nutrition in Diabetics
- American Heart Association
- Collaboration with other MH facilities

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 2: Food Insecurity

Strategy 2:A: Food Insecurity Screening

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 2.A.1 Screen for food insecurity via ER staff and care managers and connect patients to area Food Banks for SNAP eligibility and food pantry connections	# of patients screened # of patients reporting food insecurity	94,237 1,114	78,334 729	63,455 1,819	55,811 1,604	# of SNAP applications completed by Houston Food Bank for Hospital's service area counties	15,293 (Brazoria, Galveston and Harris Counties)	16,187 (Brazoria, Galveston and Harris Counties)	15,010 (Brazoria, Galveston and Harris Counties
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- Staff time to interview and navigate patients
- Staff time to compile reports

Collaboration:

- Community Benefit Corporation
- Houston Food Bank
- Galveston County Food Bank

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 3: Heart Disease/Stroke

Strategy 3:A: Provide Heart Disease/Stroke Education to the Community

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 3.A.1 Stroke Support Group	# of groups # of participants	4 8	8 559	Stroke Group continued virtually	Averaging between 10-25 participants a meeting.	Improved skills for stroke survivors and care givers in coping with the impact of the stroke. Survey to be administered annually.	Outputs collected; outcomes challenging	Stroke Group continued virtually	Stroke support group is virtual and in-person. SE Rehab participates, by having their in-house stroke patients attend.
Activity 3.A.2 AHA Heart Walk participation including year-round general educational opportunities to increase awareness of signs and symptoms of stroke and heart attack at walk events	# of walkers	4	1,200	0	0	Number of walkers will be calculated and number of educational materials.	1,200	Heart Walk did not occur due to the pandemic	Memorial Hermann did not participate in the Heart Walk in 2022
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources: • American Heart Association • MHSE Stroke Coordinator
Collaboration: • American Heart Association • MHSE physicians and Stroke Coordinator

PILLAR 4: EXERCISE IS MEDICINE

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that promote physical activities that promote improved health, social cohesion, and emotional well-being.

Focal Area: Obesity

Strategy 1:A: Walk with a Doc

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 1.A.1 Walk with a Doc – MHSE: Host ten Walk with a Doc events per year. Educational talk by physician Group Walk Referrals if necessary	# of events held (educational talk/walk) # of participants	Implemen-tation Year	7 10 per event (70)	0	9	Retention of participants	10	Program did not occur due to the pandemic	Averaged 15 – 20 participants
Activity 1.A.2 Walk with a Doc – Friendswood: Host ten Walk with a Doc events per year. Educational talk by physician Group Walk Referrals if necessary	# of events held (educational talk/walk) # of participants	Implemen-tation Year	8 15 per event (120)	10 15 per event (150)	Discontinued	Retention of participants	15	10	0
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- TX Hospital Association provides materials

- Physician time dedicated to walks
- Marketing materials

Collaboration:

- MHSE physicians
- Community partners (Chamber of Commerce)

PILLAR 4: EXERCISE IS MEDICINE

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that promote physical activities that promote improved health, social cohesion, and emotional well-being.

Focal Area: Obesity

Strategy 1:B: Pediatric Weight Loss Management Program

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.B.1 Pediatric Weight Loss Management Program	# of participants	5	16	0	0	Teach the population 12-17 years of age nutrition: Healthy meal recipes, pack a healthy lunch, eat out healthy, read food labels, and exercise for better health.	Outputs were collected but not outcomes	Program did not occur due to the pandemic	Program did not occur due to the pandemic
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- Dietitians

Collaboration:

- MHSE physicians
- Dietitians