MEMORIAL HERMANN SOUTHWEST HOSPITAL

2019
Implementation
Strategy

MEMORIAL HERMANN
Southwest

Executive Summary

Introduction & Purpose

Memorial Hermann Southwest Hospital (MH Southwest) 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 Southwest 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 Southwest 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 Southwest'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 Southwest's CHNA report at the following link: www.memorialhermann.org/locations/southwest/community-health-needs-assessment-southwest/.

Memorial Hermann Southwest Hospital

MH Southwest Hospital has been caring for families since 1977. A 547-bed facility, MH Southwest employs state-of-the-art technology and a team of highly trained affiliated physicians to offer world-class care close to home. From complex brain and spine surgery, to open and minimally invasive approaches to heart surgery, to superior trauma care and more, MH Southwest is bringing the best of medicine to the region.

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 Southwest Implementation Strategy

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

- Pillar 1: Access to Care
  - Nurse Health Line
  - Resource Center at MHSW
  - ER Navigation
  - OneBridge Health Network
- Pillar 2: Emotional Wellbeing
  - Mental Health and Substance Abuse
- Pillar 3: Food as Health
  - Diabetes Education
  - Food Insecurity Screening
  - Heart Disease/Stroke Education
- Pillar 4: Exercise is Medicine
  - Stroke Support Group and Mended Hearts Support Group

The Action Plan presented below outlines in detail the individual strategies and activities MH Southwest 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 Southwest 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 calls by counties reflected in SW's CHNA (Harris, Fort Bend, and Wharton)	32,216	34,504	39,085	37,173	% 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.
Strategy 1.B: Resource Center at MHSW									
Activity 1.B.1 Provide a Resource Center on the hospital campus to engage a variety of service providers to provide a	# of service providers engaged	7	15	17	21	# of completed cases	778	1,119	1,503

continuum of community care to underinsured discharge patients and community clients.	# of clients served	1,100	919	1,276	1,487				
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			
Resources: • NHL management and operations (currently funded through DSRIP) • Resource Center operations and community partners									
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	2,470 3,263	2,547 4,368	2,829 5,064	4,081 3,287	Decline in ER Visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals	6 mo: -71.7% 12 mo: -62.6% 18 mo: 54.1%	6 mo: -73% 12 mo: -65% 18 mo: -59%	6 mo: -74.2% 12 mo: -64.3% 18 mo: -59.3%
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.	# of physicians onboarded	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	1,358	1,231	1,681	1,443	# ED patients referred to outpatient care	304	919	252
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: Diabetes Education

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Provide Diabetes Education to patients, local employers, and community groups, featuring the Diabetes Educator, as well as Diabetes healthy food cooking demonstrations.	# of events	12	7	1	1	Increase Diabetes awareness, positive change in behavior monitored by pre/post surveys	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging
Activity Notes (if necessary):						**Outcomes Notes** (if necessary):			

Resources:

- Diabetes Staff and Operations
- Hospital Staff communications/marketing to participants
- Providers' donation of time

Collaboration:

- MH Employer Solutions

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 Houston Food Bank for SNAP eligibility and food pantry connections.	# of patients screened # of patients reporting food insecurity	74,634 759	64,630 2,380	57,223 3,459	60,176 4,138	# of SNAP applications completed by Houston Food Bank for Hospital's service area counties	15,205 (Harris and Fort Bend)	16,179 (Harris and Fort Bend)	14,976 (Harris and Fort Bend)
Activity 2.A.2 Meals that Heal: Provide up to 3 meals a day to discharged patients that case managers determine need the nutrition and support to get well.	# of patients served	80	150	Pilot program discontinued	Program discontinued in Year 2	Reduction in readmissions	30 days: -63.2% 60 days: -53.2% 90 days: -49.4%	Pilot program discontinued	Program discontinued in Year 2
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
- Interfaith Ministries

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: Heart Disease/Stroke Education

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Provide Heart Disease/Stroke Education presentations to patients, local employers, and community groups, featuring Heart Disease and Stroke speakers, as well as Heart Healthy food cooking demonstrations.	# of events # of participants	4 50	4 461	5 110	3 170	Increase heart disease/stroke awareness, positive change in behavior monitored by pre/post surveys	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging
Activity Notes (if necessary):			Y2- Virtual Support Group, Mended Hearts and Stroke			**Outcomes Notes**			

	Team handed out educational material on stroke prevention and care to staff and visitors at hospital.	(if necessary):	
Resources: • Heart Disease/Stroke Staff and Operations • Hospital Staff communications/marketing to participants • Providers' donation of time			
Collaboration: • MH Employer Solutions			

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: Stroke Support Group and Mended Hearts Support Group

Activities	**Process Measures**	**Baseline**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**	**Outcomes**	**Y1 Actual**	**Y2 Actual**	**Y3 Actual**
Activity 1.A.1 Stroke Support Group and partnership with Mended Hearts support group to further educate regarding regular exercise, physical and emotional support, and overall well being	# of events # of participants	18 20	14 221	5 110	0 0	Increase and promote physical activities, positive change in behavior monitored by pre/post surveys	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging	Outputs collected; outcomes challenging
			Activity Notes (if necessary):	Y2 - Integrated Exercise is Medicine with Mended Heart Virtual Support Group and Stroke educational materials		**Outcomes Notes** (if necessary):			

Resources:

- Stroke/Chest pain coordinators
- Hospital affiliated MDs
- Providers' donation of time
- Sponsorship dollars

Collaboration:

- Mended Hearts