Memorial Hermann Rehabilitation Hospital - Katy
Community Health Needs Assessment
IMPLEMENTATION PLAN 2013

Introduction
A comprehensive Community Health Needs Assessment (CHNA) was conducted for Memorial Hermann Rehabilitation Hospital - Katy from August 2012 to June of 2013. The goal of the assessment was to clarify the health needs of Memorial Hermann Rehabilitation Hospital - Katy’s study area, defined as Fort Bend and Harris Counties that represents 86% of the hospital’s inpatient discharges. The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge of public health. Findings indicated that there were eight main needs in the communities served by Memorial Hermann Rehabilitation Hospital - Katy. The CHNA Team, consisting of leadership from Memorial Hermann Health System (Memorial Hermann), prioritized those eight needs by studying them within the context of the hospital’s overall strategic plan and the availability of finite resources, with the following prioritization, in descending order, resulting:

IDENTIFIED PRIORITIES

1. Education and prevention for diseases and chronic conditions
2. Address issues with service integration, such as coordination among providers and the fragmented continuum of care
3. Address barriers to primary care, such as affordability and shortage of providers
4. Address unhealthy lifestyles and behaviors
5. Address barriers to mental healthcare, such as access to services and shortage of providers
6. Decrease health disparities by targeting specific populations
7. Increased access to affordable dental care
8. Increased access to transportation

This implementation plan addresses the top six of those eight needs. The need for “increased access to affordable dental care” and the need for “increased access to transportation,” are not addressed largely due to their positions (last and second to last) on the prioritized list, the fact that dental and transportation services are not core business functions of the health system and the limited capacity of each hospital to address those needs. Furthermore, the hospitals do not have the expertise to address access to transportation and the system views this issue as a larger city and county infrastructure related concern. Memorial Hermann fully supports local governments in their efforts to impact these issues.

However, there are some dental services initiatives which are being addressed at the system level. Memorial Hermann funds various Federally Qualified Health Centers and private not-for-profit clinics which offer dental services (notably Spring Branch Community Health Center and Interfaith Community
Clinic) and funds and operates two dental vans offering preventive and restorative dental procedures to pre-kindergarten to twelfth grade students at 40 schools as a part of its school-based healthcare initiative.

The end result of the assessment process was the development of a strategic plan to address the major needs identified. This document is the Implementation Strategy for Memorial Hermann Rehabilitation Hospital - Katy. Since this hospital serves a specialized population, patients recovering from injuries or suffering from chronic diseases that have impaired physical functioning, this strategic plan addresses the major needs identified as they pertain to this population. This plan details the rationale for each priority, the current services and activities supporting each priority, and the planned objectives and activities determined by Memorial Hermann Rehabilitation Hospital - Katy leadership to further support each priority.

**PRIORITY #1: Education and prevention for diseases and chronic conditions**

- Cancer
- Heart disease
- Diabetes

**PRIORITY #1 RATIONALE:** Data suggests that there are high rates of various diseases and chronic conditions in the study area and in the Houston-Baytown-Sugar Land MSA. As of 2009, heart disease and cancer are the first and second leading causes of death in the study area. Harris County has a higher heart disease and a higher cancer mortality rate than Texas, while Fort Bend County’s rates are lower than Texas’ rates for both diseases. There are higher Alzheimer’s mortality rates in the study area than there are in Texas. According to the Behavioral Risk Factor Surveillance System (BRFSS), diabetes is also a prevalent condition in the Houston-Baytown-Sugar Land MSA. In the survey conducted by Memorial Hermann, more than 90% of respondents indicated that promoting chronic disease management and improving access to preventive care (screenings for diseases) were important or very important initiatives for residents in the community. Hypertension, heart failure, cancer and diabetes were consistently reported as top conditions in the community (questions ranging from top health problems, most prevalent conditions and top preventable hospitalizations).

**PRIORITY #1 RESPONSE:** Memorial Hermann Rehabilitation Hospital - Katy provides West Houston residents with access to a comprehensive offering of programs and services including: inpatient rehabilitation, outpatient rehabilitation therapy clinic, outpatient imaging center and an advanced outpatient wound care center with hyperbaric oxygen therapy (HBOT). The inpatient rehabilitation hospital specializes in treating patients with stroke, neurologic diseases and disorders, critical illness myopathy, amputation, major multiple trauma and complex orthopedic conditions. All treatment plans are customized to maximize function and independence with a goal of returning patients back to the community. Memorial Hermann Rehabilitation Hospital - Katy’s community needs the same education
and access to prevention programs for the priority chronic diseases of diabetes, heart disease, cancer and Alzheimer’s as the general population, however, Memorial Hermann Rehabilitation Hospital - Katy’s implementation strategy must focus on addressing education and prevention of conditions relating to the rehabilitation hospital’s expertise. The interrelated chronic diseases of diabetes, heart disease, cancer, and Alzheimer’s can be escalating secondary conditions for Memorial Hermann Rehabilitation Hospital - Katy patients, and must be addressed, if not through direct services, then through an effective referral network. As part of Memorial Hermann Health System, Memorial Hermann Rehabilitation Hospital - Katy has access to such a network.

The on-site programs, provided directly by Memorial Hermann Rehabilitation Hospital - Katy in FY 2012, intended to address education and prevention for diseases and chronic conditions are below. The purpose of these programs is to provide this particular population with information and tools to assist them in optimizing their health and well-being.

- Monthly stroke support groups – approximately 15 individuals attend each month
- Stroke education information to consumers at Memorial City’s Annual Stroke Symposium – 250 individuals attend
- Memorial Hermann Rehabilitation Hospital - Katy is an active participant in the Katy Community’s effort to become a part of the Heart and Stroke Healthy City Recognition Program, a program which recognizes cities for having environmental and policy infrastructure and practices in place that are public health priorities for reducing cardiovascular disease and stroke
- A diabetes support group (in collaboration with Memorial Hermann Hospital - Katy) for management of the disease and associated risk factors – 20 individuals attend the quarterly meetings
- Rehabilitation Solutions (in collaboration with TIRR Memorial Hermann): An annual conference for nurses, social workers, case managers, certified disability management specialists and certified rehabilitation counselors to provide education on advances in rehabilitation, readmission prevention and continuity of care – 200 individuals participated.

Diabetes affects many organs that can be disabling and life threatening. Wound care patients, with diabetes in particular, benefit from HBOT services used to enhance the body’s natural healing and strengthen the immune system. The center has a multidisciplinary approach to address the diverse co-morbidities which this population is challenged. Memorial Hermann Rehabilitation Hospital - Katy has expanded capabilities for patients needing outpatient advanced wound care by adding two additional hyperbaric oxygen chambers to its Wound Care Center. In addition to treating the effects of this disease, the wound care program focuses on patient education and risk factor modification to maximize outcomes and prevent future issues. The overall mission of the Wound Care Center is to improve the quality of life of patients with chronic and acute wounds and to reduce the number of amputations.
PRIORITY #1 STRATEGY:

Objective #1.1: To continue to address the interrelated chronic conditions of diabetes, heart disease, cancer, and Alzheimer’s through the existing infrastructure.

Implementation Activities:
- Assess programs, pertinent to the rehabilitation population, which will address education and prevention for diseases and chronic conditions.
  - Explore program options (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)
- Continue participation in Katy Community’s Heart and Stroke Healthy City Recognition Program.
  - Explore program options for participation (2014)
  - Implement select programs and establish baseline metrics (2015, 2016)
  - Report metrics (2016)

PRIORITY #2 RATIONALE: Findings suggest that there are various issues that fall under the “service integration” category in the communities served by Memorial Hermann Hospitals. The *Houston Hospitals Emergency Department Use Study (2010)* demonstrates the frequent inappropriate use of emergency departments for primary care related conditions in the community. Many interviewees noted frustrations about the lack of record sharing among providers in the community and many said that patients must be transitioned out of the Emergency Department settings and into primary care settings. Another common concern was that too much of the patient population lacks a viable primary care access point or “medical home” focused on primary care.

PRIORITY #2 RESPONSE: As a part of not only the Memorial Hermann Network but the newly formed TIRR Memorial Hermann Rehabilitation Network, Memorial Hermann Rehabilitation Hospital - Katy is currently addressing information sharing and improved access to care through several significant programs.
• The ability to treat higher acuity level patients allows for more Katy community residents to remain in their community for treatment as opposed to traveling the 32 mile distance to the Texas Medical Center.
• Through the sharing of best practices, the transfer from acute care to Memorial Hermann Rehabilitation Hospital - Katy has been streamlined preventing readmissions at a later date.
• The Rehabilitation Clinical Practice Council (CPC) is made up of Physical Medicine and Rehabilitation physicians across the Memorial Hermann Rehabilitation Network. The CPC shares best practices, develops standards of practice, standardizes treatment modalities and identifies issues potentially affecting rehabilitation patients.
• The Rehabilitation Network providers are now using Memorial Hermann’s core clinical applications, thus rehabilitation documentation is now standardized, improving access to information, record sharing and service integration within Memorial Hermann.
• Memorial Hermann Rehabilitation Hospital - Katy has implemented steps to decrease patient transfer to an emergency room.
  o Through medical emergency management and training for nurses, the number of patients having to be transferred out as a result of an emergency has been reduced.
  o An Operation’s Administrator has been added to the administrative team as a part of an effort to integrate services and accelerate the adoption of best practices.

**PRIORITY #2 STRATEGY:**

**Objective #2.1:** To implement Memorial Hermann’s Information Exchange (MHE) which uses a secure, encrypted electronic network to integrate and house patients’ digital medical records so they are easily accessible to authorized MHiE caregivers.

**Implementation Activities:**
  • Educate staff responsible for offering the service to patients for consent. (ongoing)
    o 70% of all registered patients will consent to the Health Information Exchange (HIE) (2014, 2015)

**Objective #2.2:** To continue to improve service integration and the continuity of care.

**Implementation Activities:**
  • To develop a physician resource package designed to assist local primary care physicians in integrating Memorial Hermann Rehabilitation Hospital - Katy patients into their existing practices.
    o Identify target physician population (2014)
    o Develop packet and establish baseline metrics (2015)
    o Report metrics (2016)
PRIORITY #3 RATIONALE: According to the most recently released (in August of 2012) census data, more than one fourth of residents in Texas are uninsured. Nearly 30% of residents in Harris County and about 20% of residents in Fort Bend County are uninsured. Furthermore, many of the residents (18.8%) in the Houston-Baytown-Sugarland MSA experience medical cost barriers with regard to accessing healthcare. The Health of Houston Survey 2010: A First Look also indicated that women who didn’t receive the appropriate prenatal care often cited cost and insurance barriers (34%). There was a perception among interviewees that primary care providers are “running at full capacity” and there is a need for additional primary care providers to serve the communities both in the general population and the safety net population. The Safety Net Review Key Informant Study suggests that lack of availability of primary care services and difficulty accessing primary care are two of the top three problems among the safety net. Finally, in the survey conducted by Memorial Hermann, “Lack of coverage/financial hardship” was ranked first with regard to barriers to access to primary and preventive care for low income residents. The lack of capacity (e.g. insufficient providers/extended wait times) ranked third.

PRIORITY #3 RESPONSE: Compounding the lack of capacity for the general safety net population, are the barriers faced by the disabled community when attempting to access care in a typical community setting. Memorial Hermann Rehabilitation Hospital - Katy clinical social workers and case managers educate and direct patients in search of a medical home. Memorial Hermann Rehabilitation Hospital - Katy ensures that these patients know how to access the rehabilitation medical home clinic at Memorial Hermann TIRR.Clinicians at this facility provide expertise in dealing with this patient population and can offer access to numerous specialists in one convenient location.

PRIORITY #3 STRATEGY:

Objective #3.1: To access the abilities and needs to expand on-site services or community partnerships for services.

Implementation Activities:
- Assess options for additional services/partnerships. (2014)
- Implement selected services/specialties and establish baseline metrics. (2014, 2015)

PRIORITY #4: Address unhealthy lifestyles and behaviors

- Obesity
- Communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, syphilis)
- Accidents
**PRIORITY #4 RATIONALE:** Findings suggest that there is a need to address unhealthy lifestyles and behaviors in the community, such as obesity, communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, and syphilis), and accidents. Harris County has high rates of chlamydia (413.8 per 100,000) and gonorrhea (127.8 per 100,000), while Fort Bend County’s chlamydia (196.2 per 100,000) and gonorrhea (52.3 per 100,000) rates are lower. Furthermore, as of 2009, Harris County’s tuberculosis, primary and secondary syphilis and AIDS rates have been higher than the state’s rates since 2007. According to BRFSS, more than 76% of residents in the Houston-Baytown-Sugar Land MSA do not consume the recommended daily intake of fruits and vegetables and more than 23% do not engage in any “leisure time physical activity.” Houston youth were more likely than Texas youth to engage in 14 different risky behaviors, ranging from physical violence, to obtaining cigarettes by purchasing them from a store or gas station, to sexual intercourse before 13, to never being taught in school about HIV or AIDS, and various nutrition and physical activity indicators. In the survey conducted by Memorial Hermann, adult and childhood obesity ranked as the third and fourth most important health problems in the community. More than 82% of respondents believe that obesity is the second most prevalent chronic disease in the community and more than 70% rated nutrition and weight management programs as inadequate or very inadequate in the community.

**PRIORITY #4 RESPONSE:** For patients undergoing rehabilitation, achieving physical and mental well-being can be challenging. At Memorial Hermann Rehabilitation Hospital - Katy, all patients are assessed upon admission for nutritional needs. Patients that are either under the recommended body mass index (BMI) or over the recommended BMI will receive counseling regarding weight gain or weight loss. Other patients receive nutritional counseling related to food interactions with the medications they have been prescribed.

Memorial Hermann, one of the largest employers in the Houston area, has numerous employee programs promoting healthy lifestyle living and behavior changes. Among them are:

- Required annual physicals (for employees participating in the Edge insurance program)
- Incentive based weight loss program (Leaner Weigh)
- Financial penalty for smoking for existing employees and a “no smokers” hiring policy for new employees. Memorial Hermann Rehabilitation - Katy is a non-smoking campus.
- **Wellness & You Program** which incorporates fresh and delicious recipes that meet established guidelines into daily retail food offerings
- **My Fitness Pal** which, free for iPhone and Android, provides a personalized diet profile to one’s unique weight loss goals
- **Cooking for Wellness** where chefs and dietitians in the Katy Rehabilitation Cafe host cooking demonstrations using healthy cooking techniques
- **Meatless Mondays** which encourages reduction of meat consumption by 15% to improve personal health and the health of the planet
- **Eat This...Not That** signage to drive awareness of options, calories, and ingredients
**PRIORITY #4 STRATEGY:**

**Objective #4.1:** To facilitate opportunities for networking, communication and peer support among the different populations served.

**Implementation Activity:**
- Assess pertinent on-going education on healthy lifestyles and healthy choices as measured by programs and attendees.
  - Explore program options (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)

**Objective #4.2:** To promote healthy lifestyles and behavior for Memorial Hermann Rehabilitation Hospital - Katy employees.

**Implementation Activity:**
- Implement Memorial Hermann System Wellness Initiatives.
  - Continue current wellness programs including incentive/disincentive for wellness/non-wellness selections (2013-2016)
  - Expand on the successful pilot “Eat This...Not That” (2013-2016)
  - Implement vending program revisions (2014)
  - Implement catering menu revisions (2014)
  - Implement patient menu revisions (2014)
  - Report metrics on reduced caloric intake and reduced weight gain (2015, 2016)

**PRIORITY #5: Address barriers to mental healthcare, such as access to services and shortage of providers**

- Number of providers
- Adequacy and access issues
- Substance abuse services

**PRIORITY #5 RATIONALE:** Access to mental health services ranked as a top concern over and over again in the survey conducted by Memorial Hermann. For example, 79.5% of respondents indicated that the needs of persons with mental illness were being either inadequately or very inadequately met. Mental health problems ranked as the number one most important health problem in the community, with 71% of respondents ranking it first. More than 85% of respondents said that access to mental/behavioral healthcare services for low income residents was difficult or very difficult. Finally, more than 80% of respondents indicated “inadequate or very inadequate” for services provided for mental health screenings. Interviewees also noted the need to address barriers to mental healthcare,
such as the inadequacy of mental and behavioral health treatment programs available in the community, the limited number of beds for inpatient mental health services and the critical need for substance abuse intervention and rehabilitation programs.

**PRIORITY #5 RESPONSE:** Houston is struggling with a mental health crisis. With a shortage of psychiatric facilities and a lack of financial resources, insured as well as uninsured patients are left seeking services from emergency room physicians and nurses untrained in psychiatry or go without care completely. Within the Memorial Hermann System, two innovative mental health programs operate. Since 2000, on call day and night, *Memorial Hermann’s Psych Response Team* acts as mental health experts for the ERs. They are a team of mental health professionals, responding to calls from Memorial Hermann’s emergency rooms when patients present with symptoms of mental illness, such as depression, psychosis, or chemical dependency. They stabilize, evaluate, arrange referrals, and follow-up to maintain patient compliance.

The team refers to 30 mental health community treatment providers. This size enables the program to leverage the mental health community’s resourced patients (72%) to obtain care for the community’s non-resources patients (28%). No longer is it one ER/Nurse/MD competing with the rest of the ERs for a limited amount of psychiatric resources. Rather, there is a coordinated approach, and the community’s psychiatric programs accept Psych Response Team referrals because it is in their best interests. A report is shared monthly, detailing the number of resource and non-resource patients referred throughout the community. The team supports Memorial Hermann Rehabilitation Hospital - Katy despite the hospital not having an emergency room. The team helps determine the level of care needed.

The *Memorial Hermann Prevention and Recovery Center (PaRC)*, the number one drug rehab and alcohol treatment program in Houston providing detoxification, residential treatment, intensive outpatient programs, and an aftercare program is a substance abuse referral source for Memorial Hermann Rehabilitation Hospital - Katy. The PaRC has 30 years of experience treating addiction as the chronic, progressive, primary illness research and medical technology have shown it to be. The CEO of the PaRC participates on numerous boards and councils promoting mental health awareness, policy, and expansion of services including: membership on the THA (Texas Hospital Association) Psychiatry and Chemical Dependency Services Constituency Council, membership on the Coalition of Behavioral Health Providers, chairmanship of the Treatment Services Subcommittee for the Houston/Harris County Office of Drug Policy, advisory board membership on MCMHTF (Montgomery County Mental Health Treatment Facility), president of TAAP (Texas Association of Addiction Professionals), and an informal advisor and provider of in-kind donations to The Men’s Center and Santa Maria Hostel, local non-profits that serve homeless and disadvantaged substance abusing men (Men’s Center) and women with children (Santa Maria).

**PRIORITY #5 STRATEGY:**

**Objective #5.1:** Increase mental health services as pertinent to the Memorial Hermann Rehabilitation Hospital - Katy population.
Implementation Activities:
• Assess feasibility of a sleep lab and neurologist. (2014)
• Assess opportunities to partner with staff neuropsychologists at TIRR. (2014)
• Implement selected services and establish baseline metrics. (2014, 2015)
• Report metrics. (2015, 2016)

PRIORITY #6 RATIONALE: Data suggests that there are various health disparities among specific populations in the community. There are disparities among those who face medical cost barriers with regard to gender, race/ethnicity, income and education. The Health of Houston Survey 2010: A First Look indicates that health insurance and access to care is a particular concern for the Houston area, with Hispanic and Vietnamese residents having much higher uninsured rates than the average. The Health of Houston Survey 2010: A First Look also indicates that there are disparities among children’s access to insurance. According to BRFSS, there are mental health disparities with regard to gender, race/ethnicity, income and age. There are also disparities among those who report diabetes, those who are overweight or obese and those who do not participate in any leisure time physical activity. Interview data also demonstrates these disparities. The populations most at risk include the safety net population, the unemployed, children, elderly and “almost elderly,” non-English speaking minorities, Asian immigrant populations and the homeless.

PRIORITY #6 RESPONSE: Memorial Hermann Rehabilitation Hospital - Katy serves a specialized population who has been referred to use the Inpatient Rehabilitation Program, Outpatient Rehabilitation Therapy, Outpatient Imaging Center and the Advanced Diagnostic Services. The population served is predominantly elder-care, with the average inpatient age at 73. In 2012, Memorial Hermann Rehabilitation Hospital - Katy expanded its services to the pediatric population, by providing pediatric outpatient speech therapy and pediatric imaging services for all available modalities.

PRIORITY #6 STRATEGY:

Objective #6.1: To expand outpatient therapy programs commiserate with the new physical footprint and the needs of Memorial Hermann Rehabilitation Hospital - Katy’s specialized population.
Implementation Activities:

- Explore program options. (2014)
- Implement select program(s) and establish baseline metrics. (2015)