

MEMORIAL HERMANN KATY HOSPITAL

2019 Implementation Strategy



Executive Summary

Introduction & Purpose

Memorial Hermann Katy Hospital (MH Katy) 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 Katy 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 Katy 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 Katy'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 Katy's CHNA report at the following link:

www.memorialhermann.org/locations/katy/community-health-needs-assessment-katy/.

Memorial Hermann Katy Hospital

Serving the Katy area for more than 30 years, MH Katy Hospital is known for providing world-class clinical expertise, patient-centered care and leading-edge technology close to home. Nationally recognized for patient safety and quality, MH Katy features a 208-bed facility and a medical staff with disciplines spanning 30+ specialties, including alcohol and drug rehab, cancer services, children's care, diabetes care, digestive health, heart and vascular care, neuroscience, orthopedics and physical therapy, surgical services, and women's care.

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 Katy Implementation Strategy

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

- Pillar 1: Access to Care
 - Nurse Health Line
 - o Katy ISD Youth Health Care Education
 - o ER Navigation
 - OneBridge Health Network
- Pillar 2: Emotional Wellbeing
 - Mental Health and Substance Abuse
- Pillar 3: Food as Health
 - Provide Diabetes Education to Community
 - Food Insecurity Screening
 - Access to Healthy Foods
 - Provide Heart and Stroke Education and Screenings to Community
- Pillar 4: Exercise is Medicine
 - o Host Health Benefiting and Disease Preventative Opportunities

The Action Plan presented below outlines in detail the individual strategies and activities MH Katy 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 Katy 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	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Provide a 24/7 free resource via the Nurse Health Line that	# of calls from counties comprising MH	32,486	34,642	39,358	% Callers satisfied with the NHL	97% report the service as good or excellent.	98.41% report the service as good or excellent.
community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive	Katy's primary service area (Austin, Fort Bend, Harris, and Waller)				% Callers who followed the NHL Advice	97% report following the advice of the nurse.	95.08% report following the advice of the nurse.
recommendations on the appropriate setting for care, and get connected to appropriate resources.					% Callers who were diverted from the ER	99% report they will use the service again.	99.46% report they will use the service again.
Activity Notes (if necessary):				Outcomes Notes (if necessary):			

Resources:

• NHL management and operations (currently funded through DSRIP)

- 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 1: Access to Health Services

Strategy 1.B: Katy ISD Youth Health Care Education

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.B.1 Provide access to teen pregnancy information and resources to expecting students at schools in service area including at-risk, low income, underserved children.	# of students reached	0—New Program	82	No activity during the pandemic	Positive change in knowledge measured though pre/post survey	Surveys not collected this year	No activity during the pandemic
Activ	vity Notes (if n	ecessary):	20 PEP, 62 Child		Outcomes		
		Development; Dates of classes -9/10, 9/12, 9/13, 10/8, 10/10, 10/11, 11/4, 11/12, 11/14, 11/15, 2/4, 2/6, 2/7, 2/18 (March, April, May cancelled due to COVID)		Notes (if necessary):			

Resources:

- Women's Services Staff
- Presentation materials
- Staff hours

- Katy ISD
- Katy ISD parents and families
- Tobacco cessation organizations
- Tobacco cessation departments within Memorial Hermann Health System

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	Outcomes	Y1 Actual	Y2 Actual
Activity 2.A.1	# of Encounters	0	1,235	2,052	Decline in ER	6-mo -76.3%	6-mo – 72%
Navigating uninsured and					Visits post ER	12-mo – N/A	12-mo- 67%
Medicaid patients that	# of Referrals		1,304	2,208	Navigation	18-mo - N/A	18-mo- 63%
access the ER for primary					Intervention as		
care treatable and					opposed to pre at		
avoidable issues to a					6, 12, and 18-		
medical home					month intervals		
Activity Notes (if necessary):					Outcomes Notes		
					(if necessary):		

Resources:

- Staff and benefits
- IT; operating costs

- 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	Outcomes	Y1 Actual	Y2 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 (includes Christ Clinic).	# of physicians onboarded	0	104	95	# of patients navigated # of patients treated by specialists \$s of specialty services provided	10 10 \$22,802.82	1 \$235.00
Activity Notes (if necessary):					Outcomes Notes (if necessary):		

Resources:

- OneBridge Health Network Support Staff and Operations
- Hospital Staff communications/marketing to Providers
- Providers' donation of time
- Christ Clinic data (referrals)

- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers
- Christ Clinic physician volunteers
- In-kind donations

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	Outcomes	Y1 Actual	Y2 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	1,078	1,035	1,395	# ED patients referred to outpatient care	439	856
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	# PCP Referrals	566	438

Activity 1.A.3 Memorial Hermann Integrated Care Program:	# of patients	213	215	386	# Substance abuse screenings completed	649	386
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.					# Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)	652	330
Activity 1.A.4 Memorial Hermann Psychiatric	# of unique patients	182	184	136	% Reduced readmissions	57%	42%
Response Case Management: Memorial Hermann Psychiatric					# of PCP Referrals	165	58
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					# Complete housing assessments	151	111
community			f 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

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: Provide Diabetes Education to Community

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1	# of	65	45	No	Pre/post survey	Outputs	No activity
Provide Diabetes resources and	participants			activity	measuring	collected;	during
educational opportunities at Diabetes				during	knowledge	outcomes	pandemic
Support Groups.				pandemic	change	challenging	
Activity 1.A.2	# of	18	23	No	Pre/post survey	65%	No activity
Provide nutrition classes including	participants			activity	measuring		during
healthy nutritional recipes to Christ				during	knowledge		pandemic
Clinic patients targeting individuals				the	change		
with a Diabetes diagnosis.				pandemic			
Activity Notes (if necessary):					Outcomes Notes		
		(if necessary):					

Resources:

• Certified Diabetes Educator's time

- Local employers
- Diabetes educators (will help develop surveys)
- Christ Clinic (Have standardized surveys)

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	Outcomes	Y1 Actual	Y2 Actual
Activity 2.A.1	# of patients	51,093	48,869	48,672	# of SNAP	15,228	31,724
Screen for food insecurity via ER	screened				applications	(Austin,	(Austin,
staff and care managers and					completed by	Fort Bend	Fort
connect patients to Houston Food	# of patients	166	237	401	Houston Food Bank	and Harris)	Bend and
Bank for SNAP eligibility and food	reporting food				for Hospital's service		Harris)
pantry connections.	insecurity				area counties		
	Activity Notes (if necessary):						
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Resources:

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

- Community Benefit Corporation
- Houston Food Bank

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:B: Access to Healthy Foods

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 2.B.1 Host Farmer's Market monthly to be available to hospital visitors and patients.	# of events	0	6	No activity during the pandemic	# of healthy recipe cards distributed (inferring a change in knowledge/ behavior)	250	No activity during the pandemic
Acti	vity Notes (if n	ecessary):	Only hosted events, did r CY20		Outcomes Notes (if necessary):		

Resources:

- Staff hours
- Organic food

- Sodexo
- Healthy food vendors

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 and Stroke Education and Screenings to Community

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.A.1	# of	30	34	No activity	Pre/post survey	Outputs	No activity
Provide Stroke resources and	participants			during the	measuring	collected;	during the
educational opportunities at				pandemic	knowledge change	outcomes	pandemic
Stroke Support Groups.						challenging	
Activity 3.A.2	# of	100	350	No activity	% of participants	0	No activity
Provide Blood Pressure	participants			during the	with HBP who were		during the
screenings at community and				pandemic	referred to PCP		pandemic
hospital events (tally how many							
had HBP).							
Activity 3.A.3	# of athletes	20	11	No activity	\$ saved by offering	Approximately	No activity
Provide low-cost heart				during the	low-cost screenings	\$1,100 per	during the
screenings to Katy ISD Youth				pandemic	(develop metric	person	pandemic
Athletes.					cost savings per		
					athlete)		
	Activity Notes (if r	necessary):	Several car	ncelled	Outcomes Notes		
		events due	to COVID-	(if necessary):			
			19				

Resources:

• Staff hours

- Materials
- Nursing hours
- Hospital equipment

- Katy ISD
- Community partners
- Local employers

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: Host Health Benefiting and Disease Preventative Opportunities

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Host "Walk with a Doc" sessions to promote healthy activity within the community.	# of participants	0	0	No activity during the pandemic	Satisfaction survey, measuring intention afterwards	0	No activity during the pandemic
	Activity Notes (if necessary): Lack of physician interest this year				Outcomes Notes (if necessary):		

Resources:

- Physician hours
- Educational materials
- Staff hours

- UTHealth
- Memorial Hermann Medical Group
- Katy ISD