

MEMORIAL HERMANN REHABILITATION HOSPITAL — KATY

2019 Implementation Strategy



Executive Summary

Introduction & Purpose

Memorial Hermann Rehabilitation Hospital-Katy (MH Katy Rehab) 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 Rehab 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 Rehab 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 Rehab'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 Rehab's CHNA report at the following link: www.memorialhermann.org/locations/katy/community-health-needs-assessment-katy-rehab/.

Memorial Hermann Rehabilitation Hospital - Katy

Memorial Hermann Rehabilitation Hospital – Katy optimizes patient results through a customized approach at its 35-bed facility. The team of affiliated physicians and clinicians work with patients and their families to set goals tailored to their individual needs. These advanced treatment services have received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) and are backed by an affiliation with TIRR Memorial Hermann, a national leader in rehabilitation medicine and McGovern Medical School at UTHealth.

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 Rehab Implementation Strategy

While MH Rehabilitation Hospital – Katy's service area has the same priority needs identified in the CHNA, as a 35-bed rehabilitation hospital it must focus on addressing conditions related to its expertise and capabilities. The implementation strategy outlined below summarizes the strategies and activities that will be taken on by MH Katy Rehab to directly address three of the four pillars and related focal areas identified in the CHNA process. They will not be addressing the Exercise is Medicine Pillar with the focal area of Obesity as a part of this implementation strategy, or some of the interrelated focal areas of access and food as health. However, Katy Rehab connects patients through referrals and other supports to address these priorities within the vast support network provided by Memorial Hermann Health System, in particular, TIRR Memorial Hermann and the nearby Memorial Hermann Katy Hospital. The Pillars they will be addressing include:

- Pillar 1: Access to Care
 - o Nurse Health Line
- Pillar 2: Emotional Wellbeing
 - Mental Health and Substance Abuse
- Pillar 3: Food as Health
 - Food Insecurity Screening
 - Provide Heart Disease/Stroke Education and Support

The Action Plan presented below outlines in detail the individual strategies and activities MH Katy Rehab 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 Rehabilitation Hospital – Katy: 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 MHHS community can call to discuss their health concerns, receive recommendations on the	# of calls from counties comprising Katy Rehab's primary service area (Austin, Colorado, Fort Bend,	32,486	34,671	39,392	37,366	% Callers satisfied with the NHL % Callers who followed the NHL Advice	97% report the service as good or excellent. 97% report following the advice of the nurse. 99% report	98.41% report the service as good or excellent. 95.08% report following the advice of the nurse.	98% report the service as good or excellent. 98% report following the advice of the nurse. 99% report
appropriate setting for care, and get connected	Harris, and Waller)					who were diverted	they will use the service	they will use the service	they will use the service
to appropriate resources.	vvallet j					from the ER	again.	again.	again.
Activity Notes (if necessary):							tcomes Notes (if necessary):		

Resources:

• NHL management and operations (currently funded through DSRIP)

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: 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	# of	4,286	3,332	2,554	2,592	# PCP Referrals	566	438	321
Memorial Hermann Mental	patients	.,=00	0,000	_,55 .	_,00_			.55	011
Health Crisis Clinics:	p a a a a a a a a a a a a a a a a a a a								
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.									
Activity 1.A.2	# of	213	656	386	229	# Substance abuse	649	386	229
Memorial Hermann Integrated	patients					screenings			
Care Program:						completed			
Memorial Hermann Integrated									
Care Program (ICP) strives to						# Unique Patients	652	330	207
facilitate systematic						Screened for			
coordination of general and						Depression (using			
behavioral healthcare. This						either PHQ9 or			
program embeds a Behavioral						PSC-17 or Edinburg			
Health Care Manager (BHCM)						tools)			
into primary and specialty									
outpatient care practices.									

Includes depression and substance abuse screenings.						
Activity Notes (if necessary):					es Notes	
				(if ne	ecessary):	

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: Food Insecurity

Strategy 1:A: Food Insecurity Screening

Activities	Process	Baseline	Y1	Y2	Y3	Outcomes	Y1	Y2	Y3
Activities	Measures	Daseille	Actual	Actual	Actual	Outcomes	Actual	Actual	Actual
Activity 1.A.1	# of	0 – New	Katy Rehab was	No activity	No activity	# of SNAP	15,228	16,308	15,146
Screen for food	patients	Program	one of the few	outside usual	outside usual	applications	(Austin,	(Austin,	(Austin,
insecurity via	screened		hospitals where	case	case	completed	Colorado,	Colorado,	Colorado,
care managers			FI screening was	management	management	by area Food	Fort Bend,	Fort Bend,	Fort Bend,
and connect			not implemented	during	during	Banks for	Harris,	Harris,	Harris,
patients to			in the original	pandemic	pandemic	Hospital's	Waller	Waller	Waller
Houston Food			initiative. New			service area	Counties)	Counties)	Counties)
Bank for SNAP			MH FI screening			counties			
eligibility and			process under						
food pantry			development so						
connections.			implementation						
			of original						
			initiative not						
			instituted.						
		Activity N	lotes (if necessary):			Outcomes			
						Notes (if			
						necessary):			

Resources:

- IT support
- Staff time to interview and navigate patients

Collaboration:

- MH Community Benefit Corporation
- Houston 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 and Support

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Katy Rehab – 1 joint stroke support group with MH Katy Hospital	# of participants	30	21	No activity during pandemic	4 (baseline not met, as frequency adjusted, as MH consolidated support groups to meet need during pandemic)	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	21	No activity during pandemic	No surveys were completed
Activity Notes (if necessary):					Outcomes Notes (if necessary):				

Resources:

Staff

Collaboration:

• MH Katy Hospital