



TIRR MEMORIAL HERMANN

2019
Implementation
Strategy

TIRR
MEMORIAL
HERMANN

Executive Summary

Introduction & Purpose

The Institute for Rehabilitation and Research Memorial Hermann (TIRR) 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 TIRR 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).

TIRR 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 TIRR'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 TIRR's CHNA report at the following link:

<http://tirr.memorialhermann.org/about-tirr-memorial-hermann/community-health-needs-assessment-tirr-memorial-hermann/>.

TIRR Memorial Hermann

TIRR Memorial Hermann is a national leader in medical rehabilitation and research providing a comprehensive continuum of medical rehabilitation for individuals who have experienced traumatic brain injury, stroke, spinal cord injury, limb loss, orthopedic or trauma injuries, cancer and other neurological injuries in its 134-bed facility. TIRR Memorial Hermann is also a teaching hospital for Baylor College of Medicine and The University of Texas Medical School at Houston.

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.

TIRR Memorial Hermann Implementation Strategy

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

- **Pillar 1: Access to Care**
 - Nurse Health Line
 - Resource Assistance Connections
 - Independent Living Philanthropic and Educational Support
- **Pillar 2: Emotional Wellbeing**
 - Mental Health and Substance Abuse
- **Pillar 3: Food as Health**
 - Provide Diabetes Education and Support to the Community
 - Food Insecurity Screening
 - Provide Heart Disease/Stroke Education and Support
- **Pillar 4: Exercise is Medicine**
 - Adaptive Sports Leagues

The Action Plan presented below outlines in detail the individual strategies and activities TIRR will implement to address the health needs identified through 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.

TIRR Memorial Hermann: 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 from counties comprising the 12-counties that TIRR serves (Austin, Colorado, Fort Bend, Harris, and Waller)	37,496	34,671	39,392	37,429	% 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:									
<ul style="list-style-type: none"> NHL management and operations (currently funded through DSRIP) 									
Collaboration:									
<ul style="list-style-type: none"> 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: Resource Assistance Connections

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 When a patient is uninsured at time of admission, social work provides resources that may assist with coverage. 1) Harris county gold card (or equivalent county indigent health care program) 2) Comprehensive Rehabilitation Services program for those that have had a Traumatic Brain or Spinal Injury 3) Education on applying for social security disability if appropriate 4) Education on applying for Affordable Care Act especially if in enrollment period window 5) Utilizing GoodRx or other prescription assistance program as needed 6) Referrals to Rehabilitations Services Volunteer Project program for "charity" therapy and durable medical equipment if appropriate 7) Any other diagnosis specific programs that patient may be eligible (Neuro-Assistance foundation for SCI, etc.)	# of patients evaluated for resource assistance	1,200	~1500	~1500	~1600	# referred for services	34 (uninsured, given resources)	54	11
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> Social work staff 									
Collaboration: <ul style="list-style-type: none"> Rehabilitation Services Volunteers Project Harris Health Prescription assistance programs Neuro-assistance Foundation 									

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: Independent Living Philanthropic and Educational Support

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Draw from philanthropic funds to provide coverage for uninsured patients TIRR Excellence Fund (larger costs = medication, durable medical equipment)	# of participants / recipients	60	11 (Vallbona/Weil Fund) FY20 - \$32,158.29	Unknown unduplicated patients, but see Y2 Actuals	Unknown unduplicated patients, but see Y3 Actuals	Funds allocated for services	\$120,241 (Vallbona/Weil Fund) Special philanthropic fund for uninsured children and post-polio patients to fund gaps in coverage FY20 - \$32,158.29	(Vallbona/Weil Fund) Special philanthropic fund for uninsured children and post-polio patients to fund gaps in coverage FY21 - \$17,102	(Vallbona/Weil Fund) Special philanthropic fund for uninsured children and post-polio patients to fund gaps in coverage FY22 - \$12,085.34 TIRR Excellence Fund for patient assistance FY21: \$21,620
			14 – TIRR Excellence Fund for patient assistance FY209: \$16,815		33 - TIRR Excellence Fund for patient assistance FY21: \$21,620 33		119,521 – TIRR Excellence Fund for patient assistance FY209: \$16,815	TIRR Excellence Fund for patient assistance FY21: \$21,078	

<p>Activity 3.A.2 Independent Living Research Utilization staff provides training, technical assistance (TA), and materials on a number of topics and in a variety of formats— including on-location, online, and on-demand trainings, webinars and teleconferences.</p> <p>National effort through national network</p>	<p># of people attending on-line webinars</p> <p># of people attending in-person meetings/ trainings</p>	<p>Webinars (national) 1500</p> <p>Trainings (TX)</p>	<p>1,782</p> <p>612</p>	<p>1,756</p> <p>13</p>	<p>1,281</p> <p>602</p>	<p>Surveys are implemented with participants post webinar to ensure if participants were satisfied with topic and knowledge</p>	<p>94% satisfaction reported</p>	<p>Surveys not conducted this year</p>	<p>Surveys not conducted this year</p>
<p>Activity Notes (if necessary):</p>						<p>Outcomes Notes (if necessary):</p>			
<p>Resources:</p> <ul style="list-style-type: none"> Independent Living Research Utilization staff (ILRU) 									
<p>Collaboration:</p> <ul style="list-style-type: none"> Great Lakes ADA Center Houston Center for Independent Living Corpus Christi Apartment Association McClenan County Law Enforcement Ahead in Texas (Association for Higher Education and Disability) Houston Mayor’s Office for People with Disabilities Houston Council on Disabilities Abilities Expo 									

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 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	321
Activity 1.A.2 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		# Substance abuse screenings completed	649	386	229
						# Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)	652	330	207
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> Human Resources - Behavioral Health Services Employees Operating Resources – Computers, EMR, and other documentation tools Capital Resources – Offices and other facilities 									
Collaboration: <ul style="list-style-type: none"> 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: Provide Diabetes Education and Support to the Community

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Healthy Food Access Program (community outings, peer dinners, grocery shopping)	# of participants/outing	800	300	No activity during the pandemic	No activity during the pandemic	\$ supporting services	\$4,439.80	No activity during the pandemic	No activity during the pandemic
Activity 1.A.2 Educate general public via social media about management and prevention of diabetes through nutrition	Number of posts Number of views	3,000 views	1-2x/week system wide; 3,000 views	1-2x/week system wide; 3,000 views	0	# of Shared Views Social Team for MH system confirmed we still posted 1-2 times a week on average in FY20. Our average unique page views are 3,000 per article posted. Additionally, depending how well the social post performs, we pay to promote it to garner even more page views.	Our average unique page views are 3,000 per article posted.	0	
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources:									
<ul style="list-style-type: none"> Therapy staff 									
Collaboration:									
<ul style="list-style-type: none"> System Marketing Area stores Grocery stores/eateries 									

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 care managers and connect patients to area Food Banks for SNAP eligibility and food pantry connections.	# of individuals screened for food insecurity	0 – New Program	TIRR was one of the few hospitals where FI screening was not implemented in the original initiative. New MH FI screening process under development so implementation of original initiative not instituted.	MH researching a different process for identifying FI patients	Moving to a new EMR and SDoH Systems	# of SNAP applications completed by Houston Food Bank for Hospital’s service area counties	N/A	MH researching a different process for identifying FI patients	Moving to a new EMR and SDoH Systems
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> • IT support • Staff time to interview and navigate patients 									
Collaboration: <ul style="list-style-type: none"> • 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 Amputee Support Group	# of participants	20	51	9	0	Pre/post surveys measuring knowledge change	51	surveys were not conducted	surveys were not conducted
Stroke Support Group	# of participants	25	156	0	Consolidated with other MH locations to provide due to pandemic		156		
Activity 3.A.2 Educate general public via social media about management and prevention of stroke	Number of posts	1 x quarter	4	4	6	# of Shared Views = 30	4	4	6
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources:									
<ul style="list-style-type: none"> Therapy staff members 									
Collaboration:									
<ul style="list-style-type: none"> System Marketing 									

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: Adaptive Sports Leagues

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Provide opportunity for community members to participate in adaptive sports leagues. Participating on a team has a profound effect on weight management, mental health, physical activity, team building and much more for this population.	# participating in the following teams: wheelchair basketball (youth and adult) wheelchair rugby, wheelchair softball (youth and adult)	86	75	No activity during the pandemic	61 (includes additional youth basketball team, youth wheelchair racing, track and field, gold, shooting clay sport, recumbent and hand cycling opportunities)	\$ supporting services	\$88,892	No activity during the pandemic	\$94,509
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> • Therapy staff • Uniforms, equipment • Travel – air, land 									
Collaboration: <ul style="list-style-type: none"> • City of Houston Parks and Recreation 									