July 1, 2013 - June 30, 2016

Community Benefit Implementation Plan

FINAL

Approved by:
Mission and Community Benefits Committee
June 14, 2013

Approved by:
Baylor Health Care System Board of Trustees
June 24, 2013

Approved by:
Baylor Health Care System Operation, Policy and Procedure Board
June 25, 2013

BAYLOR
Health Center
at Irving Coppell

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Baylor Health Care System
Community Benefit Plan
Irving Coppell Surgical Hospital
400 West I-635
Irving, Texas 75063
Taxpayer ID # 54-2086863
For the Fiscal Years Ending June 30, 2014 –June 30, 2016

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I. Purpose for the Plan

This Community Benefit Plan (Plan) addresses the prioritized community health care needs identified through the Community Health Needs Assessment (CHNA) conducted during the taxable year ending June 30, 2013. The CHNA is summarized below in Section VI and may be reviewed in its entirety at BaylorHealth.com/Community. This Plan serves as the Hospital's implementation strategy for meeting those needs including setting the goals and objectives for providing community benefits. The implementation period of this Plan is effective beginning in the tax year in which the CHNA was completed.

II. Hospital Description

Irving Coppell Surgical Hospital (Hospital) is owned and operated through a partnership controlled by Baylor University Medical Center (BUMC), an affiliate of Baylor Health Care System (BHCS). BUMC has partnered with United Surgical Partners International (USPI), and local physicians to operate the Hospital to bring quality health care services to the Hospital's community and to further BUMC's and BHCS's charitable purpose and mission.

The Hospital, located in Irving, Texas, offers surgical procedures in the specialty areas of general surgery, bariatric, oral/dental, otolaryngology, gynecology, ophthalmology, pain management, plastic and reconstructive, podiatry, orthopedic and spine, and urology. The Hospital has 12 inpatient beds, seven operating rooms and over 100 physicians on the medical staff. The Hospital also provides a 24-hour emergency department for minor emergencies and diagnostic and therapeutic imaging services including multi-slice spiral computed tomography, magnetic resonance imaging and ultrasound.

The Hospital is accredited by The Joint Commission and boasts an eighty-three percent patient satisfaction score.

As part of the Hospital's commitment to the community, the Hospital provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, the Hospital is committed to treating patients who are eligible for means tested government programs such as Medicaid and other governmental programs including Medicare, regardless of reimbursement shortfalls, and thereby relieves the state and federal government of the burden of paying the full cost of care for these patients. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. . The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the

Hospital's Financial Assistance Policy which can be located on the Hospital's website at www.ic-sh.com.

III. Hospital Mission Statement

The Hospital is operated as a part of a sustainable, integrated health care delivery system with BHCS and other affiliated hospitals and health care providers (System). As an affiliate of BHCS, the Hospital is operated in furtherance of BHCS's charitable purpose and mission and is required to adhere to high standards for medical quality, patient safety and patient satisfaction. These standards help ensure consistency and are set forth by the System. The Hospital, along with other BHCS affiliates, provides community benefit activities reflective of the System mission: "Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education, research and community service."

IV. Baylor Health Care System Affiliation and Collaboration

The Hospital is part of a large faith based integrated health care delivery system serving the health care needs of the 12-county Dallas/Fort Worth Metroplex area. Health care services are provided through a network of more than 360 access points. The System comprises separate legal entities including: philanthropic foundations; a research institute; a physician network; acute care hospitals; short-stay hospitals; specialty hospitals; ambulatory surgery centers; senior centers and other health care providers, all of which fall under the common control of BHCS.

As part of the System, all hospitals and other affiliated health care providers are required to adhere to high standards for medical quality, patient safety and patient satisfaction. These standards help ensure consistency and are set forth by the System. The Hospital, along with other System affiliates, helps support community benefit activities reflective of the System mission. In the fiscal year ended June, 30 2012, the System returned $539 million to the community in support of these activities and in the provision of care to the uninsured, underinsured and those in need of charity care.

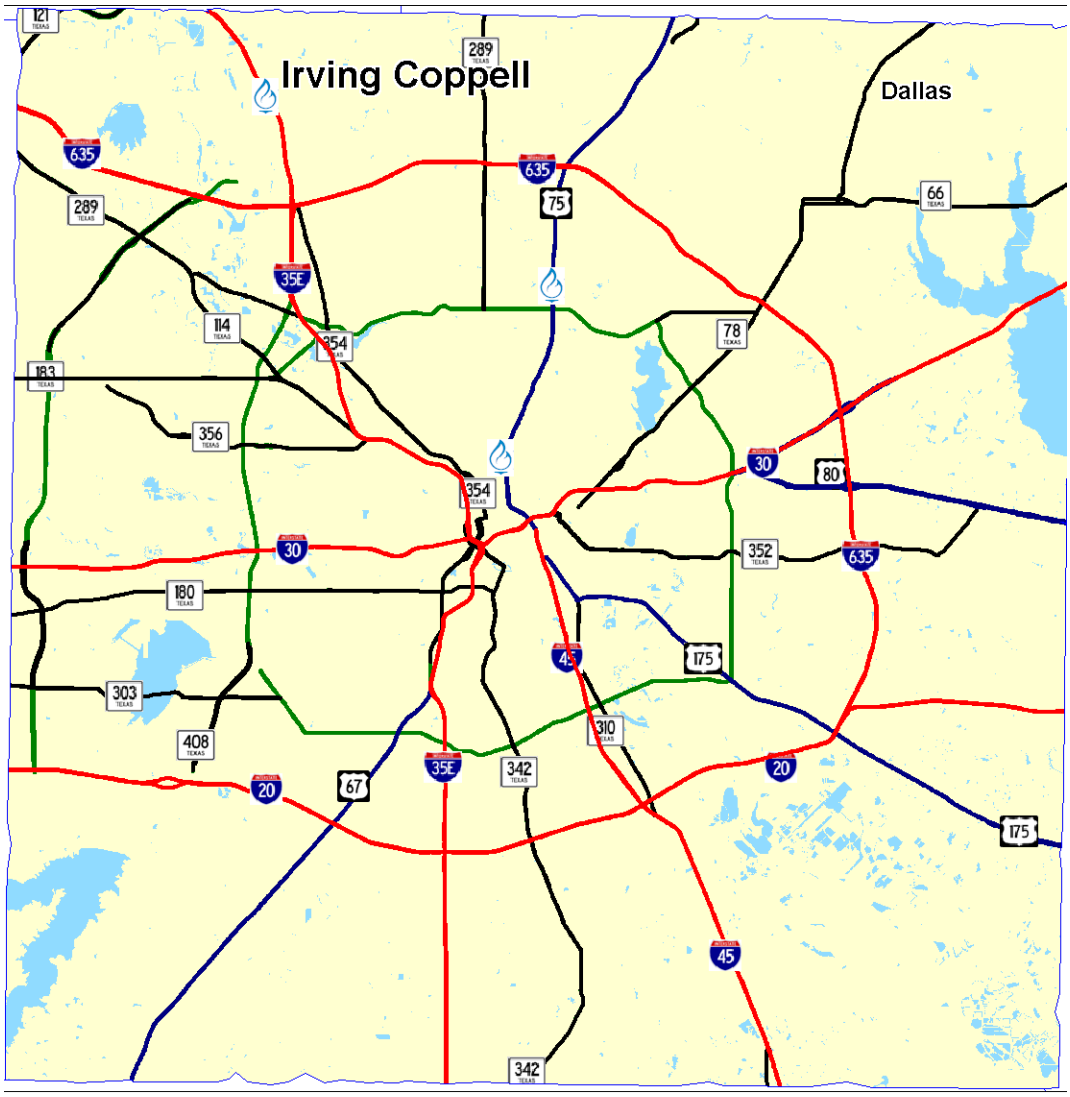
The System has established a patient transfer system among the affiliated hospitals. This allow patients requiring a particular level of care to be transferred as needed to a related hospital that can best provide the service needed.

This Plan was developed in collaboration with other affiliates in the System to ensure exemplary medical services are provided on a coordinated basis and are available throughout the Dallas/Fort Worth Metroplex area and beyond. Because complex diseases and treatment needs vary across the System, as an affiliate of the BHCS, the Hospital provides patients with

the opportunity to optimize their medical outcomes through direct access to specialized treatment centers, leading physicians, dedicated support teams, knowledgeable nurse navigators, supportive patient advocates and enhanced access through transportation programs. In this way, the myriad services of the System work together to compassionately improve the overall care provided to our patients and the community.

V. Community Served by Hospital

The System is committed to serving a vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community needs.

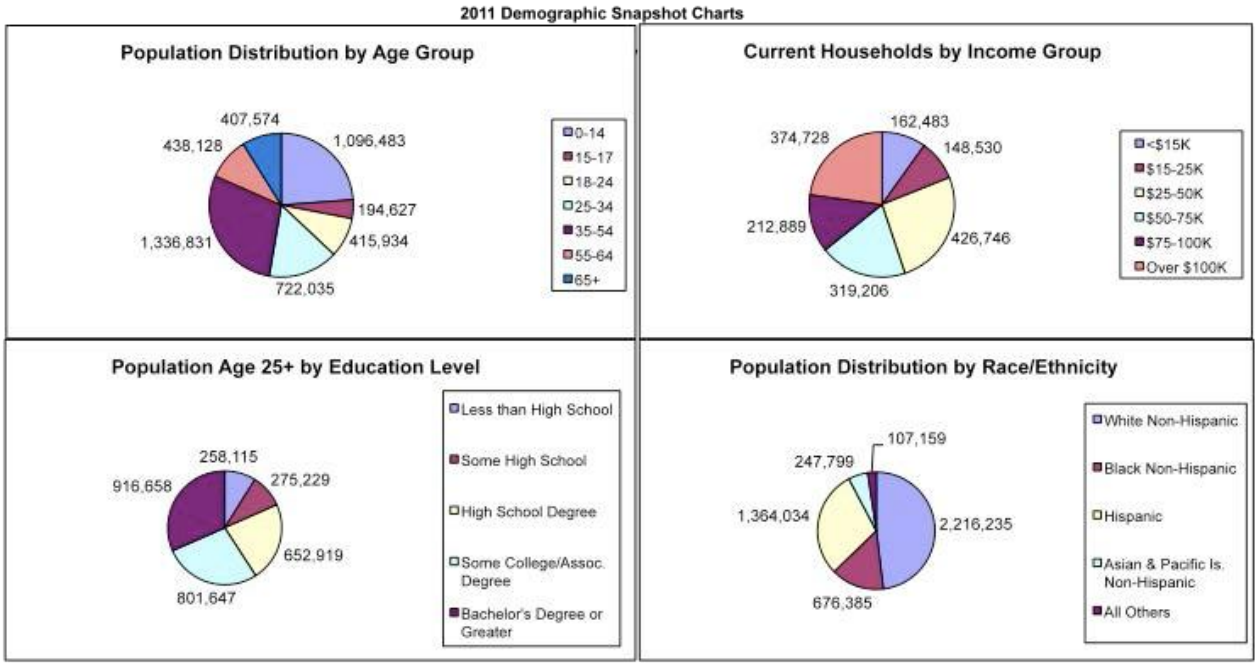


BHCS and its affiliated hospitals serve a 12 county area known as the Dallas/Fort Worth Metroplex. BHCS divides its service areas into three regions: the Eastern Region, the Central Region and the Western Region. BHCS' health care services are provided through a network of more than 300 access points, including 30 owned/operated/ventured/affiliated hospitals, joint ventured ambulatory surgical centers, satellite outpatient locations, senior centers and more than 180 HealthTexas Provider Network physician clinics.

The Hospital serves the Central Region of the System. Due to its specialized services Dallas County is recognized as the total service area for the Hospital. The service area comprises:

- An urban/suburban geographic area
- Service area population: 2,453,399
- Service area ethnicity:
  - White Non-Hispanic = 31.5 percent
  - Black Non-Hispanic = 22.2 percent
  - Hispanic = 39.3 percent
  - Asian and Pacific Islanders Non-Hispanic = 5.3 percent
  - all others = 1.7 percent
- Service area payer mix:
  - Managed Care = 29.4 percent
  - Medicaid = 23.5 percent
  - Medicare = 34.0 percent
  - Self-pay/Charity = 12.5 percent
  - Other = 0.5 percent
- Service area average household income: $66,457
- Service area living below the Federal Poverty Level (FPL): 14.9 percent (compared to 10.5 percent living below the FPL in the Dallas/Fort Worth Metroplex, and 10.2 percent living below the FPL in the United States)
- Number of other hospitals serving the community: 45 hospitals other than Irving Coppell
- Medically underserved: Irving Coppell service area contains 23 medically underserved areas or populations
- Service area education: less than high school = 12.5 percent; some high school = 12.2 percent; high school diploma = 22.8 percent; some college/associates degree = 25.0 percent; bachelor's degree or greater = 27.5 percent
- Service area male population = 1,244,632; Service area female population = 1,208,767

- Service area age:
  - 0-14 = 24.1 percent
  - 15-17 = 4.1 percent
  - 18-24 = 9.6 percent
  - 25-34 = 17.3 percent
  - 35-54 = 27.6 percent
  - 55-64 = 8.7 percent
  - 65+ = 8.5 percent



VI. Community Needs Assessment Summary

During the fiscal year ending June 30, 2013, the Hospital conducted a CHNA to assess the health care needs of the community. The CHNA took into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The CHNA has been made widely available to the public and is located on the website at the following address, BaylorHealth.com/Community. A summary of the CHNA is outlined below including the list of the needs identified in the assessment.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. The development of this assessment brings together information from community health leaders and providers along with local residents

for the purposes of researching, prioritizing and documenting the community health needs for the geographies served by the Hospital. This health assessment will serve as the foundation for community health improvement efforts for next three years.

The FY 2013 CHNA brings together a variety of health status information. This assessment consolidates information from the recent community health needs assessment conducted for the Texas' Regional Healthcare Partnership Region 9 (Region 9 RHP) and the Dallas County Community Health Needs Assessment which takes into account input from person who represent the broad interest of the community including those with special knowledge of or expertise in public health.

The identified community health needs as outlined below were reviewed and prioritized with input from the BHCS Senior Leadership, the BHCS Mission and Community Benefit Committee and approved by the BHCS Board of Trustees. The methodology for prioritization can be found in the CHNA executive summary. Although each identified need is prioritized as high, medium or low, the Hospital will address all identified needs in the Plan.

The importance and benefits of compiling information from other recognized assessments are as follows: 1) Increases knowledge of community health needs and resources, 2) Creates a common understanding of the priorities of the community's health needs, 3) Enhances relationships and mutual understanding between and among stakeholders, 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community, 5) Provides rationale for current and potential funders to support efforts to improve the health of the community, 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital how it can align its services and community benefit programs to best meet needs.

In developing a plan to address all identified community health needs, the Hospital and the System found that aggregating the needs allows for significant, crosscutting initiatives. Therefore, this Plan organizes the needs as follows:

A. Access to Care for Low Income/Underserved
B. Multiple Chronic Conditions
C. Behavioral Health
D. Emergency and Urgent Care
E. Patient Safety and Hospital Acquired Conditions
F. Health Care Infrastructure

As a provider of general and specialty surgical procedures, diagnostic and therapeutic imaging services, as well as a 24-hour emergency department, the Hospital will address the needs of access to care, multiple chronic conditions and emergency care. The remaining needs listed above will be addressed through the Hospital's relationship with BHCS, whose initiatives are found in the Addendum to this Plan.

VII. Plan of Action/Strategy

As a member of the largest not-for-profit health system in North Texas, the Hospital provides its patients and community with greater access to care directly by the Hospital and in collaboration with other affiliates of the System through an array of System initiatives that meet many of the identified community needs from the Hospital's CHNA.

Among the greatest need identified in the CHNA is the need for access to more quality preventive health and sick care services to be provided in the communities served by the Hospital. These needs require improving the excellence of health care delivery through additional services with a continual focus on the patients, and compassion for their situation. These needs will be met through the convenient locations across the System, and the cooperation and collaboration afforded the Hospital by the vast geography served through the System. This affiliation makes the Hospital a more robust service provider, including the advancement of medical education and research initiatives. Need is the basis for building new facilities and advancing and increasing services through physicians and caregivers drawn to the System in recognition of its quality standing in the communities served system-wide. Categories of service in this Plan will include community health improvement services, medical education, subsidized health services, research, financial and in kind donations, community benefit operation funds and health care support services.

In addition to the Hospital's tactics to meet the community health needs identified below, the community of the Hospital benefits from many System initiatives which are funded and provided by both the Hospital and affiliates of the System. Other System initiatives addressing the identified needs can be found in the Addendum of this Plan.

A. Access to care for Low Income/Underserved

Goal: Expand the availability of primary and specialty care services throughout the community, supporting access in neighborhoods with low socioeconomic status.

Hospital Initiatives

1. Community Health Improvement Services
   - The Hospital provides access to surgical procedures of specialty care conditions relating to the areas of bariatric, oral/dental, otolaryngology, gynecology, ophthalmology, pain management, plastic and reconstructive, podiatry, orthopedic and spine, and urology.

2. Health Care Support Services
   - Provide access and application to government programs, such as Medicaid, and to the Hospital's financial assistance programs to patients of many languages.
   - Provide assistance to enroll in public programs such as SCHIPS and Medicaid

B. *Multiple Chronic Conditions*

Goal: Reduce avoidable hospitalization and prevent increased severity of illness caused by the most prevalent health conditions: diabetes, obesity, hypertension, high blood pressure, heart failure and chronic obstructive pulmonary disease (COPD), hypertension, uncontrolled diabetes, COPD, congestive heart failure and diabetes short-term complications (in decreasing order of importance). This is accomplished by providing or referring patients to a medical home for comprehensive primary care services, chronic disease education and management and community-based care coordinators.

Hospital Initiatives

1. Community Health Improvement Services
   - The Hospital treats patients with multiple chronic conditions through its weight loss surgery program.
   - Promote the Hospital as a smoke-free campus.

2. Financial and In-kind Donations
   - Provide funding to not-for profit organizations to support areas of community need such as treatment and research in chronic and co-morbid diseases, growth and building of health care resources to improve access to care and health care infrastructure, patient and family support and community education of health and wellness.

C. Emergency and Urgent Care

Goal: Reduce unnecessary emergency department and urgent care encounters in all populations by educating the community on medical conditions and coverage within various private and government-sponsored insurance options.

Hospital Initiatives

1. Subsidized Health Services
   - Provide emergency and trauma care services.

VIII. Mechanism to Evaluate the Plan's Effectiveness

The Hospital will judge the effective implementation of the Plan by annually measuring the goals of the plan against evaluation metrics, including but not limited to dollars spent and utilization. This will be accomplished through collaboration with hospital reporters who are responsible for implementing the Plan. In addition, community members may respond with feedback per instructions in section IX noted below.

IX. Plan Contact Information

Any comments or suggestions in regard to the community benefit activities are greatly welcomed and may be addressed to Jennifer Coleman, Senior Vice President, Consumer Affairs, Baylor Health Care System, 3600 Gaston Avenue, Suite 150, Dallas, Texas 75246.

X. Addendum : Baylor Health Care System Initiatives Meeting Community Needs

BHCS System Initiatives Meeting Community Needs

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BHCS System Initiatives Meeting Community Needs

Categories for Reporting Community Benefit
(Refer to definitions of categories in *A Guide for Planning and Reporting Community Benefit* located in CBISA Help)

a. Community Health Improvement Services
b. Medical Education
c. Subsidized Health Services
d. Research
e. Cash and In-kind Donations
f. Community Benefit Operations
g. Health Care Support Services

List of Community Health Needs

1. Access to care
2. Dental care
3. Elderly at home and nursing home patients
4. Health care infrastructure
5. Prenatal care
6. Emergency and urgent care
7. Behavioral health
8. Multiple chronic conditions
9. Diabetes
10. Heart disease
11. High blood pressure
12. Obesity
13. Osteoporosis
14. Primary care access children
15. Primary care access adults
16. Preventable acute care admissions
17. Preventive health screenings
18. Smoking cessation
19. Co-morbid medical and behavioral health conditions
20. Patient safety and hospital acquired conditions
21. Registry systems and follow up care
22. Care coordination and care transition

Alzheimer's and Dementia Care (1, 3, 4, 7, 19, 21, 22)

Description: Providing memory care is becoming increasingly difficult. Between one-third and one-half of all people with dementia live in costly residential or nursing home facilities. The lack of outpatient services for dementia patients derives from a national focus is on research rather than patient care. The number of specialty-trained physicians in dementia is small, with clusters located in academic institutions and the Veterans Administration where there is salary support and insulation from Medicare reimbursement cuts. There are more than 5 million people in the United States with diagnosed Alzheimer's disease and the supply/demand curve for physicians in private practice is daunting.

Despite these challenges, Baylor Health Care System (BHCS) is dedicated to meeting the need for elderly care by planning Alzheimer's and dementia care programs for both individuals of these diseases and their caregivers that provide educate on prevention, detection and treatment of this disease. Baylor Neuroscience Center's Memory Center opened in July 2011 and serves as a comprehensive neuroscience program diagnosing and treating all forms of cognitive dysfunction and dementia for patients referred from across BHCS.

The Memory Center medical team uses medications and other therapies to help patients improve his/her participation in activities of daily living, behavior and cognition. They work closely with the Dallas chapter of the Alzheimer's Association to ensure caregiver support is available, in addition to resources on respite care, psychotherapy and local day programs. BHCS Pastoral Care office provides chaplain support to conduct home follow up visits with patients.

BHCS also collaborates with the Alzheimer's Association to provide family and caregiver support and community education to recognize and properly care for those with Alzheimer's or dementia.

Community Benefit Category: A

Goal: To improve the mental health of Alzheimer's and dementia patients and adjunct services for family members who are providing care for them.

Tactics:

- Provide access and care coordination to specialty care for North Texas residents suffering from Alzheimer's and dementia. (A)
- Provide patients, their families and their caregivers with support and follow-up care through care coordinators and social workers at the Baylor Memory Center. (A)
- BHCS participates annually in the Dallas Walk to End Alzheimer's, garnering support with employee, patients and patients' family walkers. (A)
- At Baylor University Medical Center at Dallas, a free community Alzheimer's education event is held annually for the Alzheimer's Association to discuss current research and new treatment options. This seminar is open to the public, Baylor patients and family members, and Baylor employees. (A)
- BHCS hosts an on-site Alzheimer's and dementia education program at the Baylor Health Center at North Dallas where the Baylor Memory Center is located. The Alzheimer's Association leads this class on a quarterly basis targeting caregivers, patients and the general public. (A)
- Baylor educates the community about behavioral, mental health and co-morbid medical conditions by publishing articles in *BaylorHealth* magazine. (A)
- BHCS writes educational blog posts and other social media content related to Alzheimer's, dementia, behavioral, mental health and co-morbid medical conditions to heighten awareness of signs, symptoms and treatment options. (A)
- BHCS produces Alzheimer's and dementia education brochures for distribution at health fairs and other community events. (A)

Baylor Clinics (1, 4, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 22)

Description: Supported by HealthTexas Provider Network (HTPN) and Baylor Health Care System (BHCS) the Baylor Clinics program designs, implements, and operates innovative strategies that increase access to health services, provides high-quality care, and improves health outcomes for medically underserved populations served by Baylor. The Baylor Clinics strategy includes a network of HTPN-operated or managed primary care clinics and supporting programs which target underserved patients from the community and BHCS hospitals following discharge. Today, BHCS and HTPN operate eight Baylor clinics across the Dallas/Fort Worth Metroplex, including Baylor Family Medicine at Worth Street, Baylor Clinic at Garland, Baylor Clinic at Fort Worth, Diabetes Health and Wellness Institute Family Health Center, City Square Clinic, Irving Interfaith Clinic, Hope Clinic of Garland, and Avenue F. Family Health Center. More

than 14 full time equivalent (FTE) physicians and nurse practitioners provide care nearly 8,500 underserved patients at these locations. Seven of the eight clinics have achieved the top National Committee for Quality Assurance certification as a Patient-Centered Medical Home and all of the clinics participate in HTPN's quality improvement efforts around preventive health services, diabetes management and patient satisfaction.

By implementing innovative support programs for patients and providers, Baylor Clinics achieves quality outcomes and improves care coordination within underserved populations. A team of navigators (specially-trained community health workers) are located at four Baylor hospital campuses and work to ensure patients successfully transition from hospital to medical home. Another group of trained Community Health Workers known as Diabetes Health Promoters provide one-on-one diabetes education to uninsured persons with diabetes who have historically had difficulty accessing educational services.

Community Benefit Category: A, C

Goal: To reduce avoidable hospital utilization and costs by creating a medical home for patients that will provide comprehensive primary care services, chronic disease education and management, and community-based care coordination.

Tactics:

- Provide an integrated delivery system for underserved patients, of all ages, by coordinating care between the eight Baylor Clinics, Baylor hospitals, and specialty or ancillary facilities. (A,C)
- Improve quality outcomes and reduce health disparities of chronic and co-morbid diseases and acute care readmissions by supporting patients with resources such as clinic navigators, chronic disease educators and preventive health screenings. (A)

<u>Baylor Quality Alliance</u> (1, 4, 5, 6, 9, 10, 14, 15, 16, 19, 20, 21, 22)

Description: Baylor Health Care System holds an active position in the Texas Care Alliance to better understand how the health care industry will be restructured by government reform and natural market forces and to identify the essential new capabilities that must be developed to ensure success with these mandates. These capabilities will center around three aims: improving the patient experience of

care, improving the health of populations, and reducing the per capita cost of health care. The current state of medical claims shows that the top 5 percent of patient volume provide 60 percent of reimbursed or paid costs while 80 percent of patients only pay for 14 percent of medical costs for rendered services. This imbalance results in a rising cost of care for everyone. In addition, the demand for care is rising faster than the supply of doctors as Texas communities grow, age, and become sicker. The modern world of continuous internet access and social media has also led patients to have an expectation of being able to reach a primary care physician at any and all times 24 hours a day, 7 days a week. This imbalance calls for drastic change in how we serve our communities moving toward team care rather than physician care. In this new model of care, patients will have access to a team of care providers who work through information systems to provide appropriate scheduling, pre- and post-visit care, medication advising, preventive health care, health and wellness management, prescription refill services, virtual and home visits and after hours support.

One way Baylor is addressing the need for new models of care is through Baylor Quality Alliance (BQA). BQA is the innovative program of Baylor Health Care System (BHCS) into an Accountable Care Organization to improve quality and provide the most efficient care for our patients by more effectively integrating the care experience for every patient served. This wholly owned alliance is a network of physicians—including 95 percent of HealthTexas Provider Network (HTPN) physicians, BHCS's primary physician group—hospitals and other health care providers who will be accountable for working together in new ways, including connectivity through electric health records. BQA allows us to address several critical issues at once: the rising cost of care and the fragmentation of care. It is designed to ensure that quality of care remains both high and affordable, while keeping health care expenses from rising to levels that cannot be maintained. It also provides a valuable new way of making sure that care is truly integrated. The BQA is a true example of provider-led health care reform. BQA opened January 1, 2013, and is the primary insurance network for all BHCS employees.

Community Benefit Category: A

Goal: To improve quality and provide the most efficient care for patients by more effectively integrating the care experiences for every patient served.

Tactics:

- Improve the delivery of care and ensure safe, quality, and value-based patient care through electronic connectivity of an electronic health record and a new network of care providers. (A)
- Allow more patients to receive primary and specialty care by implementing more efficient care coordination strategies and reducing health care costs. (A)
- Improve follow-up care after inpatient or outpatient discharge with utilization of new staff such as care coordinators and health coaches, which lowers patients' risk for readmission. (A)

Charity Care Policy (1, 6, 14, 15, 22)

Description: Baylor Health Care System (BHCS) is committed to providing health care including the provision of financial assistance programs to patients of all financial means. The BHCS Mission, "Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education, research and community services", exemplifies a heartfelt and historic dedication to serving people of all social strata. The BHCS founding statement made in 1903 by Rev. George W. Truett, pastor of the First Baptist Church of Dallas, who said "Is it not now time to build a great humanitarian hospital, one to which men of all creeds and those of none may come with equal confidence?", set the course for a future of service to all. Not only must BHCS serve those who cannot afford care, but they must receive the same quality of service as those patients who can afford the purchase of care through insurance programs or their own financial means.

In addition, BHCS adheres to the STEEEP Global Institute and Governance structure which provides oversight and a framework of performance and quality for all Baylor initiatives to meet and exceed. As part of STEEEP, a dedicated portion of this structure is focused on Equitable Access. The VP of the Institute of Chronic Disease and Care Redesign chairs this portion of STEEEP and has responsibility for ensuring that strategies and initiatives are implemented to help close access gaps for all Baylor patients regardless of race, ethnicity or socioeconomic status. While this strategic component of STEEEP focuses on all patients, it inherently addresses the needs of the underserved population. Most recently, the Medicaid 1115 Waiver and creation of DSRIP projects has been a primary initiative undertaken by the Equitable Access arm of STEEEP and a dedicated governance structure comprised of Baylor senior leadership will facilitate the transformation of care for the underserved population.

There are a number of available programs at the federal, state and local levels such as Medicaid that can help pay the medical bills of people who have low income or are unemployed and cannot afford medical

care. Often, patients are unaware of these programs or are unable to access them due to the cumbersome enrollment process required to receive these benefits. Baylor provides enrollment assistance and financial assistance in the form of charity care to these patients. Charity care is based on a patient's annual income level, number of household members, and the amount of his or her medical bills. If a patient does not qualify per these requirements, Baylor does expect him or her to meet financial obligations for services.

Patients who may qualify for financial assistance through BHCS's charity care program or other federal, state and local government programs are informed and educated about their eligibility in several ways including, but not limited to, informational signs and notices regarding the charity care policy posted in the emergency departments, clinics, admitting areas and business offices located throughout BHCS; annual posts regarding BHCS's charity care program in local newspapers; and financial assistance information posted on BaylorHealth.com. Notices are also provided about BHCS's financial assistance policies on each bill sent to patients including a phone number to reach BHCS's customer service unit dedicated to answering patients' billing and financial assistance questions. In addition, BHCS provides free financial counselors to help patients determine how to meet their financial obligations for services provided and assist those patients in need in applying for government assistance programs such as Medicaid or BHCS's charity care program. Any patient may request to speak to a financial counselor when being treated at a BHCS facility. Uninsured patients who are admitted to the hospital will automatically receive help from a financial counselor. These services are provided in writing and through interpretation services in the primary language of the patient requesting assistance. Though the most often needed alternate language is Spanish, BHCS can accommodate many languages, including American Sign Language.

Community Benefit Category: G

Goal: To provide financial assistance in the form of charity care to patients who are not financially able to afford quality health care or those who do not have health care insurance coverage.

Tactics:

- Provide and apply an uninsured patient discount on a consistent and non-discriminatory basis. (G)

- Provide access and application to government programs, such as Medicaid, and to BHCS financial assistance programs to patients of many languages. (G)
- Provide assistance with application to the Crime Victim's Compensation Fund of Texas. (G)
- Provide information and assistance with application to the Texas Rehabilitation Assistance Program. (G)
- Provide information to those Texans who may qualify for the Federal Immigrant Funding Program. (G)

Community Support Fund (1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 17, 18, 19)

Description: One way Baylor Health Care System (BHCS) achieves its mission, "Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education and community service," is through benevolent relationships with like-minded organizations whose goals are similar. For the past 12 years, the Community Support Fund (CSF) has allowed BHCS to partner with other not-for-profit organizations to serve its surrounding communities. BHCS provides funds to the community at-large which include other not-for-profit organizations and contributions to charity events. The fund is managed by the Office of Consumer Affairs and is governed by the BHCS CSF Policy that ensures sponsorship requests are appropriately reviewed and approved if the request aligns with the BHCS mission. The established CSF approval process ensures that all charitable gifts fulfill a need identified by a community needs assessment or serve an underserved community or group of people through medical mission work to improve their health status. The application process allows BHCS hospital presidents and corporate leaders to provide public participation through the input of each hospital's community boards of trustees. Hospital presidents and corporate leaders adhere to the identified community needs of each hospital's service area and the BHCS overall service area to submit an annual list of community sponsorship opportunities. To date, Baylor has invested more than $12 million to support many areas of disease and community needs.

Community Benefit Category: E

Goal: To award community monetary grants to fund philanthropic support and proliferation of its mission through other not-for-profit organizations serving the community. These organizations support infrastructure improvements, increase access to care, support research, education, cultural development and increase awareness of early disease detection/prevention.

Tactics: Provide funding to support areas of community need such as treatment and research in chronic and co-morbid diseases, growth and building of health care resources to improve access to care and health care infrastructure, patient and family support and community education of health and wellness. (E)

Deerbrook Grant and Geriatric Care (1, 3, 4, 6, 7, 9, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 22)
Description: Baylor Health Care System (BHCS) is committed to improving the health and patient experience for elderly community members. Older adult patients face many more concerns when entering the hospital than a typical patient. They often have multiple chronic conditions (such as urinary tract infections and pressure ulcers) while also trying to manage heart failure, treat pneumonia and prevent occurrence of delirium. In addition, geriatric patients often access care at several levels and receive complex treatment plans from multiple providers. These frequent health care encounters may confuse the patient's interpretation of his or her treatment plan. This may result in patients providing incomplete or incorrect information. To help these patients understand their treatment plans and to deter the onset of delirium, a stage of confusion often seen in hospitalized geriatric patients, BHCS nursing staff is developing best practices and partnerships so older community members are not caught in the unfortunate cycle of readmissions, which is disruptive to recovery. BHCS recognized the need for improved geriatric care and sought opportunities to learn.

In 2012, Deerbrook Charitable Trust of Chevy Chase, MD, pledged more than $12.4 million over a three year period to improve care for geriatric patients in hospitals, nursing homes, and in their own homes. This initiative helps hospital caregivers to meet the increasing need to enhance care for a rapidly growing elderly population by working through five strategies. These include: creating specialized geriatric nursing education programs; refining a comprehensive volunteer program for hospitalized older patients; developing education and best practice partnerships with skilled nursing facilities; bringing together a consortium of geriatric experts from regional universities; and assessing risk for chronically ill patients to refine a transitional care model the will reduce hospital readmissions and emergency room visits.

The findings from these initiatives will be presented in research publications which could lead to improved care for geriatric patients. BHCS will freely share best practices, educational programs and

teaching tools with nursing schools, health care organizations and virtual learning centers throughout the country.

Community Benefit Category: A, B

Goal: To improve geriatric patient experience and quality of care through a multipronged approach over the next three years.

Tactics:

- Conduct geriatric nursing education through the Center for Learning Innovation and Practice and collaborate with several local universities and skilled nursing facilities to teach students best practices for working with elderly patients. (B)
- Partner with nursing homes to improve their staff skills and knowledge of geriatric care as well as improve coordination of care to ensure safety and efficiency for the patient when moving across health care settings (i.e. nursing home to hospital). (A)
- Reduce geriatric readmissions and emergency room visits through a transitional care model which helps nurses to assess risks for chronically ill patients and conduct proper and timely follow-up. (A)
- Improve patient safety and care delivery by addressing delirium seen in inpatient geriatric patients by training volunteers and providing them the tools needed to recognize and intervene with patients experiencing delirium through the Hospital Elder Life Program. (A)
- Connect isolated seniors to faith resources in the community and strengthen interdisciplinary work for positive health outcomes through the Geriatric Chaplaincy Program which involves home visits for discharged patients by the BHCS Chaplain in their geographic area. (A)

<u>Delivery System Reform Incentive Payment Projects (DSRIP) (1,3,4,6-19,21,22)</u>

Description: With the onset of the Medicaid 1115 Transformation Waiver, the placement of Upper Payment Limit monies previously available to hospitals to fund charity care initiatives changed significantly. This new five year plan will be accomplished in two parts, funding through Uncompensated Care (UC) and Delivery System Reform Incentive Payment (DSRIP). The UC dollars are a fixed amount determined by multiple factors. The DSRIP Dollars are “at risk” and certain projects and outcomes must be completed to receive payment from the State of Texas. The following plan

accomplishes the accrual of DSRIP funds to expand access to care for North Texas uninsured and underinsured populations. The projects will:

- Expand existing primary care capacity through Baylor clinic capacity expansion
- Create a new primary care Baylor clinic at Baylor Carrollton
- Improve and increase access to specialty care
- Expand the chronic care disease management and prevention programs
- Develop a care management function that integrates primary and behavioral health needs Expand inpatient navigation through program Care Connect
- Implement and expand a home visit program which targets vulnerable, high risk and homebound patients Ensure medication compliance and management through evidenced based interventions, technology and processes.

These projects will be accomplished at the following System hospitals: Baylor University Medical Center at Dallas, Baylor Medical Center at Irving, Baylor Medical Center at Garland, Baylor All Saints Medical Center at Fort Worth and Baylor Medical Center at Carrollton.

Categories: A, C, G

Goal: While the overarching goal of the DSRIP projects is to create a System approach to equitable access strategies, the following multiple five year goals will be also accomplished in the aforementioned projects:

1. Provide a PCMH and PCP to a greater number of the underserved population,
2. Provide continuity and transition to post-acute care services,
3. Improve patients' health outcomes and status ,
4. Create an integrated primary care model for underserved patients in Dallas County to receive high quality, complete care,
5. Keep these patients from utilizing the emergency department for low acuity needs and prevent readmissions that could have been avoided with proper primary care.

Tactics:

- Expand the current capacity at Baylor Clinics located on the campuses of Baylor University Medical Center, Baylor Medical Center at Garland and Baylor Medical Center at Irving and Baylor All Saints Medical Center at Fort Worth by fully utilizing the clinic space and providers' capacity Additional support staff will be hired to better coordinate patient care, ensure transition from a

hospital to a Baylor Clinic and help to facilitate the care of the complex underserved patients. (A)

- Establish a new primary care clinic for the underserved population on the Baylor Medical Center at Carrollton campus. (A,C)
- Increase and improve access to specialty care by for patients who have established care at a Baylor Clinic. Specialty care services that facilitate patients meeting preventive and disease specific guidelines are top priority. Services such as office visits with certain specialists, wound care treatment, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal are examples of the types of care patients could receive. (G)
- Address the complex clinical and prevention needs of clinic patients and spend time specifically on management of diseases by carving out chronic disease management programs to provide focused and dedicated education and care for patients with Diabetes, Cardiovascular Diseases (CVD) (i.e.: Congestive Heart Failure) and Respiratory Diseases (Asthma/Chronic Obstructive Pulmonary Disease) within a primary care setting. (A)
- Integrate behavioral health services in an outpatient setting where patients behavioral health needs may be addressed before they escalate and have more serious implications. These behaviors will be identified through comprehensive screenings. The support of a Community Health Worker (CHW) will help with the screening and referral process and to aid in the coordination of care to fit both the behavioral health and primary care appointment into the same visit. Any formal counseling or services required will be performed by Licensed Psychological Counselors/ Licensed Clinical Social Workers (LCSW). The project will include support for anxiety, depression and substance abuse disorders. (A)
- Create a comprehensive care navigation program located in the Emergency Department for patients who are identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post acute care needs, including assistance with issues such as transportation to follow up visits and/or community resources. (G)
- Address access issues of high risk, vulnerable, home bound patients through the Home Visit program. Qualifiers for enrollment in this program include patient characteristics that include but are not limited to: homebound, disabled, multiple chronic diseases, poly-pharmacy or any other medical or social conditions limiting the patients' ability to access care in an ambulatory care setting. (A)

- Improve medication management and increase adherence by helping patients who are 150% below the federal poverty level get qualified for appropriate prescription assistance programs, patients who have one or more chronic diseases and remain compliant with their appointments and care regimens and through an on-site clinical pharmacist to review patient mediations for those patients who have multiple prescriptions on a regular basis, to ensure that medications are appropriate and to ensure the patient understands how and why they are taking the medications. (A)

Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center (1, 4, 7, 8, 9, 11, 12, 15, 16, 17, 19)

Description: Diabetes is an epidemic threatening nearly 2 million lives in Texas and is the motivation behind the Baylor Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center (DHWI). Residents of Southern Dallas represent 42 percent of the city's population and are considered to have the worst health in Dallas County. In seeking opportunities to serve this community, Baylor Health Care System (BHCS) acknowledged the rising need for care in Southern Dallas, where health disparities are high and residents struggle economically compared to the rest of Dallas County. A case illustration from DHWI published in 2012 profiles the Frazier neighborhood and discusses how this impacts their disease makeup. In 2011, 66 percent of residents in Southern Dallas were African American and 32 percent were Hispanic, which are populations that have high risk for diabetes. Thirty-three percent of families live below the poverty line. 2010 data from Texas Health Care Information Collection shows that 89 percent of the 75210 ZIP code where the Frazier Court neighborhood is located is uninsured. Of those that do have insurance, 35 percent are on Medicare and 38 percent have Medicaid. Approximately 13 percent of adults in the area have diabetes compared with the Dallas County average of 9.2 percent.

The DHWI, a unique partnership between BHCS—a large, urban integrated health care system—the City of Dallas and the Frazier neighborhood in Southern Dallas, was established to improve the management of diabetes and related health conditions in this community. In this investment, BHCS committed $15 million to the DHWI to fund both operating costs and capital expenditures for the first five years of operations. The City of Dallas granted $2 million in capital expenditures. This was supplemented by an in-kind donation of more than $500,000 made by Perkins+Will to design renovation plans for the Juanita J. Craft Recreation Center. The DHWI's economic impact also extends with job growth of 60 new roles brought to the area, a quarter of which are filled by individuals who grew up in Southern Dallas.

The DHWI's mission is accomplished by providing a comprehensive approach to disease management and prevention through direct access on site to clinical services, a recreation facility, diabetes and health education, cooking classes and counseling. The DHWI's free membership provides access to quality medical treatment and wellness care. The DHWI Family Health Center offers patient care in a comfortable and welcoming setting with an experienced staff. The value of this clinic is astounding, providing an estimated value of more than $1.4 million. Membership also allows them to take advantage nearly 45 weekly lifestyle programs and classes such as kickboxing, yoga for seniors, low-impact aerobics, healthy cooking and nutrition classes, support groups and diabetes management classes. They also have access to the facility's game room, computer room, fitness room, aerobics room, walking trails and tennis courts. The wellness team on site includes an endocrinologist (a physician who specializes in the diagnosis and management of diabetes), nurse practitioner, medical assistant, diabetes educators, community health educators, pastoral care, registered dietitian, referral coordinator, social worker, exercise specialist and receptionists.

In addition, the DHWI holds a weekly Farm Stand offering fresh fruits and vegetables at low-cost to residents of the community to address the lack of local healthy food options. Poor food access is a major contributor to health disparities, disproportionately high rates of disease, and other health problems among low-income communities. People who live in a neighborhood without access to grocery stores are less likely to have healthy diets, increasing their risk of diet-related diseases. The community surrounding the DHWI does not have a chain grocery store within a 1-mile radius and the only other food suppliers are small corner stores, gas stations, etc. The DHWI's Farm Stand offers pre-bagged produce items for one dollar as well as healthy recipes with tasting samples to patrons using produce sold at the weekly Farm Stand with the goal of promoting healthy cooking and eating at home. In 2012, the DHWI was approved to accept Supplemental Nutrition Assistance Program (SNAP) benefits at the Farm Stand, the first clinical facility in Texas to be approved. To date, merchant sales (credit, debit, food stamps) account for 30% of weekly sales, 20% of which is attributable to SNAP benefits. There are typically between 60 and 100 people who purchase fresh produce weekly.

The DHWI also enlists the assistance of Community Health Instructors and Diabetes Prevention, Empowerment, Education, Resources, Support (PEERS), a program funded through a grant from Sanofi. With two staff members certified by the State of Texas, the DHWI is able to offer a 160-hour fee-based

Community Health Instructor Training and Certification course, a program approved by the Texas Department of State Health Services, to local residents that are interested. A Community Health Instructor is a member of the local community who acts as a mediator between health care and social services and the community to assist with a range of activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy and participation in clinical research. The Diabetes Peers Program allows the DHWI to tackle the myths about diabetes and to provide needed education and support in the prevention and management of diabetes in the high-risk communities of Southern Dallas. There are currently 24 PEERS and 2 Community Health Instructors that assist the DHWI. These individuals and the DHWI Ministerial Advisory Board have also been instrumental in helping the DHWI staff connect with pastors and church leaders at over 900 churches in the surrounding 30 Zip codes.

Community Benefit Category: A

Goal: To provide access to quality health care and improve the management of diabetes, co-morbid conditions and related health outcomes in a vulnerable population.

Tactics:

- Provide a comprehensive approach to disease management and prevention, a chronic and co-morbid disease, through direct access to clinical services, a recreation facility, diabetes and health education, cooking classes and counseling. (A)
- Extend diabetes care to the community through partnerships with HealthTexas Provider Network to staff the Family Health Center at DHWI which provides a medical home for Southern Dallas residents, especially by offering medical treatment for diabetes, high blood pressure, high cholesterol and weight management. (A)
- Hold a weekly Farm Stand to provide fresh produce to the Frazier neighborhood. (A)
- Train Community Health Instructors and diabetes PEERS educators to assist in supporting community members in living healthy lifestyles and adhering to diabetes management plans. (A)
- Develop partnerships with existing and innovative new approaches to population health management such as Project F.U.N. (A)

- Provide Spanish language diabetes education through Telemundo media, including diabetes management, dietary instruction and meal preparation, with the DHWI's medical information contributors. (A)
- Maintain an educational website to provide resources on programming, events in the community, healthy coping methods, medication explanations, problem resolution to reduce risk, diabetes monitoring, healthy eating and resources for those living with diabetes. (A)

Educational Media (1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19)

Description: Baylor Health Care System (BHCS) utilizes print, television, web and social media to engage and educate the public on health issues and preventive measures to combat disease. This education is available at no cost to the public and patients. It is useful information for any individual, but is particularly helpful to those who are not educated about health and wellness because they are uninsured, underserved or have access to care issues. BHCS also provides online health education related to areas of disease, symptoms, and treatment options on BaylorHealth.com and BaylorHealth.com/salud for Spanish language viewers.

An example of BHCS-produced health education is the 2012 campaign on West Nile virus prevention. In this campaign, BHCS utilized resources, including television, newspaper, and social media like the Google+ Hangout video conferencing interface, to educate the community about signs of West Nile virus, when to seek help and how to best prevent mosquito bites that lead to infection with the West Nile virus.

With experts on the medical staff at BHCS facilities, BHCS produces more than 300 educational health television segments each year. Local media outlets look to these physician and BHCS medical staffs to provide analysis and insight into current medical topics, breaking news, and to educate the community on health and wellness. These medical experts and their airing channels include:

F. David Winter, MD, MSc, FACP, chief clinical officer and chairman of the board of HealthTexas Provider Network (HTPN),airs on KRLD NewsRadio 1080. Dr. Winter, a graduate of the University of Texas Medical Branch in Galveston, is board certified in internal medicine and has been affiliated with BHCS since the mid-1970s when he completed his internship and residency at Baylor University Medical Center at Dallas (BUMC). Dr. Winter was an original founder and president of MedProvider and in 1994, he led the group into its merger with other physician

groups, including the system that formed HTPN. Thereafter, he co-founded the Quality Improvement Committee and served as its chairman for the first eight years. Dr. Winter provides oversight to all HTPN clinical operations and ensures the continued development of disease management protocols and quality initiatives. Dr. Winter also provides direction and support to the HTPN senior vice president of medical affairs and the HTPN medical directors. Dr. Winter leads the clinical care processes redesign within HTPN and collaborates with medical and clinical leadership for prioritization of clinical care redesign, clinical integration and physician integration strategies. In addition, Dr. Winter provides for the development of an HTPN quality resource management program and utilization review/case management. Dr. Winter serves as a champion for managing illness, coordinating care and optimizing the health and wellness of BHCS patient population.

Crystal Foster, MD, a family medicine physician on the medical staff at Baylor Medical Center at Irving, is the medical news correspondent for CBS (channel 11) KTVT-TV in Dallas-Fort Worth. Prior to receiving her medical degree from University of North Carolina (UNC) at Chapel Hill School of Medicine, Dr. Foster also earned a Master of Public Health-Health Care and Prevention also at UNC-Chapel Hill. She went on to complete her residency at Carolinas Medical Center in Charlotte, North Carolina. Dr. Foster currently practices at Baylor Family Medicine at Lake Ridge where she sees patients of all ages. Her special interests include women's health, adolescent medicine, and preventive medicine.

Laura De Moya, MD is the official medical correspondent for KUVN-TV (channel 23), the Dallas-Fort Worth Univision television network affiliate. Dr. DeMoya received her medical degree from UNPHU Medical School in Santo Domingo, Dominican Republic and went on to complete her residency at Methodist Hospital in Dallas, Texas. Born in the Dominican Republic, Dr. DeMoya's first language is Spanish. Board certified in internal medicine, she is a hospitalist on the medical staff at Baylor University Medical Center at Dallas. Her health reports cover current medical topics to educate Spanish-language viewers on a range of relevant health issues. In addition, her opinion and experience is called upon in breaking news situations.

Jane Sadler, MD, is a family medicine physician on the medical staff at Baylor Medical Center at Garland and is a regular contributor to the *Dallas Morning News* Health Blog. A graduate of

Texas A&M University, Dr. Sadler went to medical school at Texas A&M College of Medicine. After a year's internship in obstetrics and gynecology, she pursued her love of family practice at the Waco McLennan County Family Practice Residency. Dr. Sadler has a passion for healthy lifestyles and is committed to arming women with the knowledge to positively affect their quality of life. She also serves on the Texas Family Medicine Online Advisory Board and is a volunteer physician at The Hope Clinic in Garland, a community clinic for indigent patients in the community. She also supervises medical students and is a residency preceptor for Baylor Garland's family medicine residency program.

Cherese Wiley, MD is a regular medical expert contributor on NBC (channel 5) KXAS. Dr. Wiley received her medical degree from Meharry Medical College in Nashville, TN and came to Baylor University Medical Center at Dallas to complete her residency training. Dr. Wiley is interested in providing quality care in preventative medicine and the management of chronic disease. She has a special interest in helping patients with metabolic syndrome improve their risk factors through education and recommendations, primarily in nutrition and exercise.

Community Benefit Category: A

Goal: To provide access to quality health care information on prevention, diagnosis and treatment to individuals who lack a primary care physician and to raise awareness of disease among the general public.

Tactics:

- Televise medical education with clinical experts to speak on areas of disease, symptoms and treatments of disease, prevention methods and wellness on local news stations. (A)
- Offer public service and educational media, in both English and Spanish languages, online at BaylorHealth.com, the Baylor SammonsSays blog and on social media sites. (A)
- Produce community education on the prevention of seasonal illnesses, such as the flu or West Nile virus spread by infected mosquitoes. (A)

<u>Emergency Services</u> (4, 6, 22)

Description: Baylor Health Care System (BHCS) provides emergency and trauma care services despite the financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, access to emergency health care would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

A BHCS emergency department council comprised of nursing, physician, and administrative leadership as well as other support services leadership, help BHCS's entity emergency departments collaborate to share best practices and implement improvement initiatives. The council is led jointly by a physician, nursing director, and an executive sponsor.

The emergency departments of BHCS have more than 400,000 visits per year. The emergency service line has demonstrated impressive improvements in total length of stay, door-to-provider time, left without treatment rates, patient satisfaction, nursing retention, STEMI care, pneumonia care, sepsis care, and sepsis mortality rates.

Community Benefit Category: A, C

Goal: To provide quality emergency and urgent care to all persons, insured or uninsured.

Tactics:

- Provide care transition to Riggs Emergency Department for specialty trauma care. Baylor University Medical Center at Dallas (BUMC) is one of only three adult Level 1 Trauma centers in North Texas, and is one of the Nation's largest. Designed to accommodate more than 100,000 critically injured patients annually, the 78,000 square-foot Riggs Emergency Department cares for 40 percent of the serious trauma cases in the area. (C)
- Extend the BHCS standard of trusted, compassionate, quality care to Emerus stand-alone emergency hospital locations around the Dallas/Fort Worth Metroplex (DFW). By June 2013, BHCS will have eight free-standing emergency hospitals established through a joint-venture with The Woodlands-based Emerus as part of its growth strategy to meet the needs of rapidly expanding communities. The facilities will be licensed hospitals, open 24 hours a day and staffed by physicians able to treat most kinds of emergencies. Several of the facilities will also have a

primary care clinic, which will relieve other emergency departments across North Texas of uninsured patients who use the emergency rooms for primary care. Trauma patients who enter one of the new Baylor Emergency Medical Centers will be stabilized and transferred to a trauma center, such as BUMC. These locations not only extend Baylor's standard of quality care to growing areas of DFW, but also to many underserved populations who qualify for Medicare and Medicaid and reside outside of service areas where a BHCS hospitals or emergency rooms are located. In terms of economic improvement, the Baylor Emergency Medical Centers will employ between 250 and 350 in DFW. (C)

- (Your hospital's own emergency department benefit to the community)

Faith In Action Initiatives (1-17)

Description: From its founding days, Baylor Health Care System (BHCS) leaders have persistently and passionately affirmed the health care system's commitment to a Christian ministry of health and healing that encourages and supports employees to serve those in need in the community. This ministry of healing is encompassed in the founding statement made by Rev. George Truett who advocated in 1903 for people of faith to join together to build a "great humanitarian institution where men of all creeds and those of none might come with equal confidence." BHCS has a long history of actively supporting employees who find ways to put their Christian commitment to work and BHCS employees have consistently affirmed the organization's mission and ministry as an influential factor in their work. In addition, BHCS has consistently invested in partnerships in North Texas, the United States and around the world that reflect its commitment to health, healing, and wholeness.

While BHCS strongly supports Christian medical missions and mission partnerships, whether in global initiatives or through its support of Volunteers in Medicine and local community clinics, it became clear that there existed both great need and extraordinary opportunity to multiply the impact of BHCS human, material and financial resources to advance Christian mission and ministry. With the Office of Mission and Ministry, BHCS started Faith in Action Initiatives (FIAI) to maximize its impact locally and world-wide by prioritizing the wide array of partnership and support opportunities in order to invest BHCS resources wisely, avoid waste and duplication of effort. In collaborations with other not-for-profit organizations, FIAI's 2nd Life Resources program has stretched medical resources and expertise to regions around the globe which are underserved or in need of natural disaster relief. To date, FIAI has reached twenty-seven countries in its mission, donation and relief efforts.

An example of FIAI's efforts is realized in their 2011 disaster relief response in Japan after the world's largest M9.0 earthquake occurred causing a massive tsunami and severe damage to the Pacific coast of Japan. More than 110,000 people were evacuated from their homes, in need of basic necessities, and coastal cities were reduced to rubble. FIAI sent supplies, including toiletries, hospital beds and medical supplies, with Baylor researcher Dr. Shinichi Matsumoto to Tokyo to be distributed to those in need.

Through FIAI, BHCS also has employed a new means of enhancing the emotional and spiritual care of patients and families by renewing one's commitment to their work through the Sacred Vocations Program, designed to help Baylor employees regain meaning and purpose in their job responsibilities and to equip staff for local and international service.

FIAI also conducts the James Lecture series annually for the purpose of engaging community clergy and medical staffs in dialogue for the enhancement in both fields of work and ministry. The James Lecture topics include ethics, allocation of resources, philosophy and cultural trends effecting faith and health; Christian mission and dialogue with our world; and interfaith and pluralism.

Community Benefit Category: A, E

Goal: To mobilize BHCS staff to address the needs of our communities and world through education, missions, repurposing and reallocation of resources and disaster relief.

Tactics:

- Equip staff members as they volunteer in a wide variety of local and international mission contexts that provide medical care, disease prevention and education to communities in need. (A)
- Increase the number of doctors and nurses who volunteer annually in local and national and international medical missions in disaster response. (A)
- Coordinate the recycling of decommissioned medical equipment, through a program titled, 2nd Life Resources. (E)
- Equip staff members as they volunteer in a wide variety of local and international mission contexts that provide medical care, disease prevention and education to communities in need

Coordinate the James Lecture free educational series, drawing together hospital clinical staffs and community members from across North Texas and support staff and local clergy to discuss common issues effecting faith and medicine within the total community. (A)

Health and Wellness Focus of Care (4, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19)

Description: Traditional disease management programs seek to address the needs of complex patients, some of whom have multiple conditions (e.g., diabetes, heart disease, obesity, hypertension and lipidemia). These patients may be seeing more than one physician and/or take one or more drugs for each condition, raising the potential for causing adverse interactions. If the focus of care is only on chronic patients, a care team may miss the opportunity to prevent other patients from developing advanced diseases. In order to manage and coordinate the care of patients in a populations across the spectrum of health, Baylor Health Care System (BHCS) redesigned the way physicians and care teams work, and adopted new tools to allow them to reach patients who need services and track these patients more efficiently. This raises the quality of care for all and institutes preventive health measures to avoid chronic conditions for those individuals at the highest level of risk.

BHCS is transitioning to this preventive model of population health. Now, in addition to providing "sick care", BHCS will increase its focus on health and wellness. This innovative approach to preventing illness, will lead North Texas through current challenges in the health care industry and changes from health care reform. BHCS is committed to being a role model of health and wellness to its patients, visitors and the communities it serves.

Internally, this paradigm was manifested through the Thrive Wellness Program in which BHCS promoted health and wellness among its employees. Thrive connects BHCS employees to health and wellness events at work and in their community. Through these events and wellness challenges managed by Thrive, BHCS employees and their spouses not only receive monetary rewards for healthy living, but they also receive a reduction on medical insurance premiums by enrolling in the program and participating in an annual preventive screening process and health questionnaire. These enrollment requirements help employees and their spouses acknowledge existing health conditions and encourage them to seek appropriate health management or treatment. Thrive influences the menu options, snacks and beverages in vending machines at BHCS hospital facilities in both employee and public areas. Beverages, snacks, and meals received a healthy overhaul to help improve employee and patient

nutrition. Through Thrive, BHCS is exemplifying a responsible approach to self management of health and disease prevention in the community, which will help BHCS achieve its goal to provide health and wellness focused care.

As a large employer in Dallas/Fort Worth, BHCS strives to be an example for communities and other employers nationwide by instituting a tobacco-free hiring policy, designed to promote health and reduce insurance premiums. The policy prohibits the hiring of applicants whose urine tests positive for nicotine use, whether cigarettes, smokeless tobacco or patches.

Community Benefit Category: A

Goal: To improve the health of the community through disease prevention and health and wellness education.

Tactics:

- Implement population based health management strategies among communities in need and at high risk for disease, especially chronic and co-morbid conditions, in areas such as Southern Dallas, where the Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center (DHWI) is located. (A)
- Provide preventive health screening education, such as smoking cessation education and stroke/heart disease screening profiles, to patients and the public to change health behaviors and reduce preventable hospital admissions or readmissions. (A)
- Provide healthy vending and menu options to patients, visitors and employees at System facilities. (A)
- Provide nutritional labeling for food items served at System eating locations and advice on managing dietary restrictions. (A)
- Offer free flu vaccinations to employees and at System clinics. (A)
- Provide free childhood immunizations at System clinics. (A)
- Hold preventive health screenings open to the community at locations across the Dallas/Fort Worth Metroplex, including For Women For Life™ and It's a Guy Thing™. (A)

HealthTexas Provider Network (1, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 21, 22)

Description: HealthTexas Provider Network (HTPN) and Baylor Health Care System (BHCS) have been working together for the past 9 years to improve access to care for residents of North Texas. From 10 physicians at the outset, to now more than 700 providers strong, HTPN has evolved into a high-performing, multi-specialty, patient-centered organization with providers serving 1.7 million patients in 209 care sites across 5,700 square miles of the Dallas/Fort Worth Metroplex (DFW). As a prominent medical group in the community, HTPN employs physicians in both primary and specialty care for BHCS.

As a highly integrated unit, HTPN and BHCS share the same goals and set joint strategies reflecting both ambulatory and inpatient needs. Together, the organizations are motivated by the philosophy of 'doing right' by our patients and 'doing it well'. The commitment of HTPN physicians to this philosophy and BHCS's 110-year tradition of service to the community is the foundation of patients' trust in BHCS. In addition, HTPN works with BHCS to streamline and improve the patient experience through data gathering and setting benchmarks on both internal and industry standards by which care practices are measured.

For 18 years, HTPN has grown to become a robust primary care enterprise capable of supporting a comprehensive care delivery system and responding to health care reform. HTPN has successfully implemented initiatives that promote quality, accessibility, affordability, chronic disease management, preventive health and coordinated care across the continuum. HTPN's growth in primary care allows BHCS to serve its communities and counteract the health professions shortage and lack of access to primary care. This year, 60 primary care clinics obtained National Committee for Quality Assurance recognition as Patient-Centered Medical Homes (PCMH). By creating a network of PCMH's, HTPN patients receive enhanced access to primary care services as well as improved coordination of care. HTPN also has 90 specialty centers and expanded its outreach presence to include heart, kidney and liver clinics in rural areas outside of DFW.

HTPN's network of PCMH's lays a solid foundation for care coordination and population management. The HTPN and BHCS alliance also allows physicians and clinical staff to effectively and efficiently coordinate patient care and facilitate seamless transitions among multiple providers across care settings. HTPN helps BHCS coordinate care to address patients' needs at all stages of life from acute care to preventive care, chronic care transitional care and end-of-life care. The primary care physician is the hub of all relevant care needs of the patient and manages a team of care coordinators and other non-

physician providers that not only coordinate care between HTPN offices, but seamlessly transfer patients across multiple entities that may include community care, labs, specialists and hospitals. HTPN's transitional care program is a care coordination model that addresses the need to reduce hospital readmission rates and manage the growing number of chronically ill patients who are beginning to appear on patient panels, particularly those patients diagnosed with congestive heart failure.

Bringing quality care to frail and elderly patients is a significant issue too. The Elder HouseCalls program provides primary care to older adults who are homebound and unable to access health care through regular office visits with a physician. This multi-disciplinary approach includes staff on many levels to proactively coordinate care for patients in all settings and severity of illness. The program helps elderly patients maintain their quality of life and reduce emergency room visits and hospitalizations.
HTPN also takes measures to ensure that adult preventive health measures are provided to their patients. Preventing illness and catching chronic disease early can save lives and reduce medical expenses for patients, therefore all HTPN primary care physicians are audited every three months for eleven adult preventive measures such as tobacco use, cholesterol, colorectal cancer screenings and breast cancer screenings. Through the electronic health record, physicians and their office staff are prompted to check for preventive health services at each patient visit. This, in turn, teaches patients health behaviors that will change their risk profile and help them maintain good health. If a patient does have a chronic disease, HTPN has established care standards and protocol measures for diabetes, asthma, and heart failure as well as disease management tool kits that use Electronic Health Record data and functions to help physicians improve and coordinate the care delivered to chronic disease patients.

HTPN also works to improve quality and patient safety within its practices. The HTPN Patient Safety Committee develops and implements policies and initiatives that assist its clinics in preventing injury to patients such as a structured communication process, patient safety liaisons, a patient safety pledge, a flu vaccination campaign, patient safety culture survey, stop the line policies, hand hygiene policy, etc.
To ensure patients receive quality care, HTPN clinic leaders work on ABC Baylor improvement projects in pursuit of best practices and service excellence. In these efforts, patient satisfaction scores are monitored and tracked through a series of survey questions evaluating aspects of patient encounters such as overall satisfaction with a physician, treatment by a physician, access to the clinic, courtesy of staff and likelihood to recommend.

Community Benefit Category: A

Goal: To improve access to quality health care and establish a "medical home" for residents of North Texas who lack a primary care physician.

Tactics:

- Expansion of network through physician recruitment and establishment of new care sites. (A)
- Establish patient populations in primary care offices and help coordinate care between providers. (A)
- Provide access to care diagnosis, treatment and prevention for populations at high risk of chronic and co-morbid medical conditions. (A)
- Launch, survey and implementation of quality improvement initiatives across the network. (A)
- Improve follow-up care after discharge or outpatient appointments with utilization of new staff such as care coordinators and health coaches, which lowers patients' risk for readmission. (A)

Hope Lodge (1, 8, 21, 22)

Description: Baylor Charles A. Sammons Cancer Center will soon be the next location for one of American Cancer Society's Hope Lodge to provide convenient access to care and support for cancer patients who do not live within close proximity to their place of treatment. Each Hope Lodge offers cancer patients and their caregivers a free, temporary place to stay when their best hope for effective treatment may be in another city. Not having to worry about accommodations or how to pay for them allows guests to focus on getting well. Hope Lodge provides a nurturing, home-like environment where guests can retreat to private rooms or connect with others. Every Hope Lodge also offers a variety of resources and information about cancer and how best to fight the disease.

Community Benefit Category: A

Goal: Improve access to care and the patient experience for out-of-town cancer patients.

Tactic:

- Provide a convenient, free of charge lodging with a supportive environment for cancer patients seeking treatment in Dallas Fort Worth. (A)

Infant Mortality Strategies (1, 4, 5, 14)

Description: Baylor Health Care System (BHCS) partners with other not-for-profit organizations to improve the health of babies and meet the community needs for prenatal care, which in turn serves to lower infant mortality ratings. BHCS support of these organizations also provides funding for advocacy for mothers and babies to receive quality and affordable care and support research that improves the health of babies and mothers.

Community Benefit Category: D, E

Goal: To prevent premature birth and birth defects by promoting healthy pregnancies through education and the provision of prenatal services, including assistance to uninsured women who do not otherwise have access to affordable prenatal care.

Tactics:

- Support the annual March of Dimes March for Babies walk and Signature Chefs Auction and garner participation from Baylor employees. Most BHCS hospitals support at least one March of Dimes initiative.(E)
- Provide clinical staff volunteers to participate in the National Fetal and Infant Mortality Review Program, which reviews infant and fetal deaths at county hospitals. (D)
- Improve patient outcomes through multidisciplinary work groups that track best practices with the 100,000 Babies Campaign. The goal of this program is to improve neonatal outcomes and patient care in NICU practices and procedures, implementation of clinical guidelines, teamwork, education and knowledge-sharing amongst clinicians, and thorough communications with parents. At BHCS NICUs, work groups were formed to improve outcomes in the following areas: prevention of chronic lung disease and reduction of ventilator associated pneumonia; reduction of central line associated blood stream infections; improving care of very low birth weight infants during the first hour of life; improving growth and weight gain in premies; and improving unit safety. (D)

Lectureships (1, 7, 8, 22)

Description: Community health education extends beyond educational media through lectures provided to patients, the community and medical staff from across the Dallas/Fort Worth Metroplex (DFW). The lectures cover a wide variety of disease specific topics, from diagnosis through treatment and recovery. Innovative programs such as those provided through the Cvetko Center's Charlotte Johnson Barrett Lectureships provide valuable information on cancer treatment and recovery, and navigating the journey to wellness. Ms. Barrett spent a lifetime helping others. Her involvement with cancer patients began in 1968 when she became a cancer patient and formed a support group for cancer patients and their families. She soon declared this work her life's passion. Ms. Barrett's family and friends generously established an endowment in memory of her, supporting annual programs and seminars relating to cancer patient education and psychosocial support issues. Innovative lectures like Music Therapy & Medicine offered through the annual series, teach the value of music therapy programs for diverse patient populations, from the mentally handicapped to those with cancer. These programs are open to the communities served by Baylor Health Care System (BHCS), as well as medical professionals who may earn continuing education credits for their participation.

Pastoral care, it can be suggested, has an invaluable contribution to make in recovering from illness. The James Lecture series brings clergy of all faiths, medical personnel and community members together to discuss common points of concern for health care patients. These lectures are open to the community as well as medical professionals and address issues facing patients and their families. Topics aid attendees in relieving suffering not just for people living with a mental or physical illness, but also for their caregivers.

Community Benefit Category: A

Goal: To educate and assist patients and their families in coping with disease, treatment and recovery.

Tactics:

- The James Lectures are designed to bring clergy and medical personnel together to discuss a common point of concern for all patients, such as medical ethics issues and end-of-life concerns. (A)

- Charlotte Johnson Barrett Lectureship provides seminars, lectures, support groups and events to address psychosocial issues and concerns of cancer survivors and their families. (A)

Medical Education (1, 6, 14, 15)

Description: Medical education is a crucial part of the Baylor Health Care System (BHCS) mission. To help address the state's health care workforce shortage (Texas has 100 doctors for every 100,000 residents and ranks nationally near the bottom – 42nd in doctor/resident ratio), the Texas A&M Health Science Center (TAMHSC) College of Medicine and Baylor University Medical Center at Dallas (Baylor Dallas) have joined forces to establish a Clinical Training Program in Dallas. Through the Clinical Training Program in Dallas, students will complete their first two years of medical education at TAMHSC-College of Medicine campuses in either Bryan/College Station or Temple. During their last two years of medical school, students enrolled in the program will complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at Baylor Dallas and other clinical affiliates.

During a residency, a physician trains in a particular medical specialty, developing clinical skills and professional competencies and taking on increasing responsibility for patient care. Having one of the nation's largest private teaching hospitals, BHCS annually trains residents and fellows in eight specialties and 13 subspecialties. Quality teaching programs add many dimensions to BHCS's ability to serve patients. As the landscape of health care evolves nationally, the medical school curriculum is dynamic and is continuously aligned with the needs of Texas citizens and the goals of the health care system. Residents graduate with demonstrated competence in population health management and continuous quality improvement. In addition these residents develop a keen sense of the importance of patient satisfaction. They work with physician's assistants and are active managers of the patient-centered medical home. Residents also assume leadership roles in clinic and hospital operations.

As a health system with renowned teaching facilities, BHCS attracts first-rate medical specialists who help improve the level of medical care for the entire community. Teaching programs also aid attending physicians in keeping their own knowledge current. While they are not required to work for BHCS, most physicians remain in North Texas upon completion of their residency programs at Baylor Dallas or Baylor Garland, providing a continuous supply of well-trained medical professionals for the region.

BHCS is also committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through their work with fifteen North Texas schools of nursing, BHCS maintains strong affiliations with schools of nursing. During fiscal year 2012, BHCS invested in training 2,049 nurses. Total unreimbursed cost of these programs was $4,813,007. Like residents, the nurses trained at a BHCS facility are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.

Additionally, the A. Webb Roberts Center (AWRC) for Continuing Medical Education (CME) of BHCS is a full-service CME provider offering strategic support services in the community to enhance the quality of educational offerings. The mission of the AWRC is to provide lifelong learning for physicians based on documented needs, utilizing evidence-based medicine fundamentals with the ultimate goal of sustaining and improving the quality of patient care. Implementing CME, the AWRC accredited activities deliver critical knowledge in support of best practices for the ultimate purpose of improving patient care. AWRC offers designation of *AMA PRA Category 1 Credit*™ for live courses, workshops, Internet-based CME, enduring materials, and printed activities, including monographs and supplements.

Community Benefit Category: A, B

Goal: To accommodate the growing patient population through the expansion of services of HTPN physicians in both primary and specialty care, and to aid in alleviating medical shortages and improve access to medical homes in the total service area. This effort may also result in creating employment opportunities in areas with high rates of joblessness.

Tactics:

- Maintain extensive and rigorous technically-advanced residency training programs to prepare quality performing physicians in their chosen specialties. (B)
- Provide fellows with extensive clinical and academic training to prepare them for a lifetime of serving the communities in which they will practice. (B)
- Nursing education supervision programs.(B)

- Perinatal and Neonatal Outreach Program to educate professional staff regarding comprehensive perinatal-neonatal care.(B)
- Develop and implement accredited activities in response to the educational needs of local, regional and national physicians through live courses, workshops, internet based CME, enduring materials, and printed activities including monographs and supplements. (B)
- Recruitment of physicians and other allied health professionals to stem the shortage of physicians in medically underserved areas. (A)

Nutrition Counseling (7, 8, 11, 12, 22)

Description: The benefits of good nutrition are multiple. Besides helping to maintain a healthy weight, good nutrition is essential for the body and all its systems to function optimally for a lifetime. In fact, the benefits of good nutrition can be found in physical and mental health because a healthy diet provides energy, promotes good sleep, and gives the body what it needs to stay healthy.

Baylor Health Care System's (BHCS) food service provider, Aramark, through healthy food preparation leads patients, staff and the community to physical wellness, recovery from illness, disease prevention and chronic disease management. BHCS hospitals benefit from the combined expertise of more than 80 Aramark nutritionists, who see that patients, guests and employees who have access to fresh, nutritious meals, as well as catering services, cooking classes and farmers markets. Aramark also provides the community with educational seminars and events. Dietitians help build nutrition knowledge and skills to provoke lifelong healthy eating and physical activity habits by using the principles of the Food Guide Pyramid.

Community health education on nutrition includes: analysis of food nutrition labels; research referencing the benefits of nutrients, minerals and vitamins; food guide research such as the food pyramid, food intake patterns and patterns of caloric intake and expenditures; development of healthy eating habits via production of grocery lists, menu preparation, budgeting for food and creating a balanced diet; brainstorming about nutrition and making healthy choices with food consumption in relation to physical needs and body requirements while emphasizing the results poor long term nutritional decisions; measuring body fat and muscle density and provide appropriate nutrition education for optimal health status achievement.

Community Benefit Category: A, C

Goal: To improve recovery, wellness and prevent disease through education in the community and post hospitalization on the benefits of a healthy diet.

Tactics:

- Provide care coordination for cancer patients across the System to benefit from the counseling of a chef teaching healthy food preparation at the Virginia R. Cvetko Patient Education and Support Center demonstration kitchen. (A)
- Provide a chef for teaching healthy food preparation in the Diabetes Health and Wellness Institute (DHWI) demonstration kitchen. (A)
- Provide a Farmer's Market in the identified food desert of Southern Dallas around DHWI where healthy foods are made available at low-cost for area residents. (A)
- Provide healthy food choices for hospital visitors and patients by removing sugary food and drink vending machines. (C)
- Provide public service announcements educating the general public on topics such as the importance of understanding food labels, avoiding over eating, food myths, food pyramid, and planning nutritious meals to optimize health. (A)
- DHWI will conduct Project F.U.N. in conjunction with AMERIGROUP Community Care, a Medicaid managed care program involving several other community collaborators. The program will provide health and wellness activities each month, such as nutrition assessments, customized care plans, access to physical activity programs, cooking classes, health coaching and access to the DHWI's low-cost weekly farmer's market. To graduate, participants had to complete at least four activities over the course of the year. (A)

<u>Oncology Care Services</u> (1, 2, 8, 19, 21, 22)

Description: Baylor Health Care System (BHCS) has offered comprehensive cancer care services for more than 30 years, and in that time, has treated over 100,000 patients. Baylor T. Boone Pickens Cancer Hospital (Baylor Cancer Hospital) and Baylor Charles A. Sammons Cancer Center (Baylor Sammons Cancer Center), now the only dedicated cancer hospital and the largest outpatient cancer center in North Texas, provide advanced cancer care to meet the need for access to clinical trials, advanced prevention screening, diagnosis and treatment of cancer for patients across North Texas and beyond. The new inpatient and outpatient facilities mark the completion of a $350-million, four-year project for

Baylor University Medical Center at Dallas (Baylor Dallas). These BHCS cancer facilities are fully integrated and share many of the same support services to make the transition from inpatient to outpatient services seamless.

BHCS understands the powerful impact support systems can play on patients' healing. The Baylor Cancer Hospital is designed to care not just for the patients but their families and friends as well, providing a valuable platform to show the positive impact made in the communities served by this quality hospital and outpatient center. It is an honor to focus on caring for the whole patient.

The facilities offer high quality care with staff trained in all aspects of cancer treatment, including an oncology evaluation and treatment center, a blood and marrow transplant unit and transplant institute, on-site imaging, and a variety of support and educational services. In addition, Baylor Sammons Cancer Center's clinical research program offers more than 100 clinical research trials at any one time, with close to 800 patients participating annually. More than 20 multidisciplinary tumor site conferences are held each month to review patient cases. Since the outpatient center's opening in March 2011, Baylor Sammons Cancer Center has become one of the largest providers of cancer services to patients in Texas, with more than 6,000 unique patients each year and more than 90,000 outpatient visits annually.

With a well recognized name and reputation, accessible locations and dedication to a vision to develop advanced treatment options, BHCS also seeks to become one of the country's major cancer care providers. BHCS is committed to developing an oncology network built on quality clinical care, outstanding research and education, and comprehensive support services for its patients and their families. By meeting strict criteria along these parameters, seven of BHCS's cancer facilities will use the Baylor Charles A. Sammons Cancer Center name.

Community Benefit Category: A, D

Goal: To provide access to quality advanced cancer care.

Tactics:

- Maintain a referral center to Baylor Cancer Hospital and Baylor Sammons Cancer Center, which are now the only dedicated cancer hospitals and the largest outpatient cancer center in North

Texas, to provide advanced cancer care to meet the need for access to advanced prevention screening, diagnosis and treatment of cancer, and survivorship programs. (A)

- Provide efficient patient registry in appropriate programs, care transition and follow-up care through patient navigation and Virginia R. Cvetko Education and Support Center offering education and support programs to cancer patients and their families. (A)
- Offer clinical research trials and coordinate enrollment for cancer patients across BHCS. (D)
- Develop an oncology network built on quality clinical care, outstanding research and education, and comprehensive support services for patients and their families. (A)

Palliative Care (3, 7, 19, 21, 22)

Description: Baylor Health Care System (BHCS) palliative care program is an area of healthcare that focuses on relieving and preventing the suffering of patients. Unlike hospice care, palliative medicine is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life. Palliative medicine utilizes a multidisciplinary approach to patient care, relying on input from physicians, pharmacists, nurses, chaplains, social workers, psychologists, and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient's life. This multidisciplinary approach allows the palliative care team to address physical, emotional, spiritual, and social concerns that arise with advanced illness. Palliative care provides consultation services to help patients and families face the complex physical, psychological, social and spiritual problems often accompanying advanced illness. These services are offered regardless of the patient's ability to pay.

The BHCS Palliative Care Team includes physicians, nurses, chaplains, occupational therapists, music practitioners and volunteers who are trained to help patients with critical illness, and employs the only Child Life Specialist who works with patients at an adult facility in North Texas. Palliative Care is a hospital-based service differing from hospice in that a patient may continue to receive treatment. However, if a patient does not respond to treatment, the palliative care team will assist the patient, their family and physician with transition to hospice care if desired. BHCS's Palliative Care Program is one of the first in the nation to receive advanced certification for palliative care from the Joint Commission.

Community Benefit Category: A, C

Goals: To provide relief of the complex physical, psychological, social or spiritual problems related to life-limiting, terminal or irreversible illness through improving physical, psychosocial, and spiritual symptoms associated with advanced illness such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping and depression. It also aids patients in gaining the strength to carry on with daily life and improves the ability to tolerate medical treatment.

Tactics:

- Provide relief of emotional pain that accompanies end-of-life care through consultation with a palliative care nurse (C)
- Address spiritual needs and assist the family in coping with stages of illness and grief and planning for the future. (A)
- Address cultural, spiritual, ethnic and social issues related to pain management and palliation, in a manner that respect's the patient's individuality and inherent human dignity and worth. (A)
- Provide help with advanced care planning such as living wills and naming decision makers (A)

Pastoral Care (6, 7, 8, 19, 21, 22)

Description: As a people of Christian commitment, chaplains in the Baylor Health Care System (BHCS) affirm an environment where persons "of all creeds and those of none may come with equal confidence", realizing the dream of Dr. George W. Truett, one of Baylor's founders. Chaplains foster respect for the individual spiritual and emotional needs of patients, families, and staff. By compassionate service to people in chaotic or jubilant times, chaplains attest to the sacredness of life.

The Office of Mission and Ministry has a far reaching impact on patients, families, staff and the global community through pastoral care, clinical pastoral education and medical missions. 'Spiritual' is a label strategically deployed to extend the realm of relevance to any patients' belief system, regardless of his or her religious affiliation or lack thereof. The work of the chaplain is to transform from a peripheral service, applicable to only the few 'religious' patients, into an integral element of patient care for all. In fiscal year 2012, Baylor Health Care System (BHCS) chaplains offered spiritual support to more than 145,000 patients and their families. Through the years, BHCS has trained more than seven hundred ministers in the clinical pastoral education program resulting in an influence from this faculty that is felt worldwide.

BHCS chaplains are committed to providing effective ministry to people and their families who receive medical care at BHCS, as well as BHCS caregivers. Pastoral care may work in close collaboration with physicians, nursing staff, administrative staff, local clergy and others involved in a patient's care. BHCS staffs forty chaplains and forty on-call or fill-in chaplains who assist patients and their families twenty four hours a day, seven days a week at BHCS facilities. Additionally, BHCS has more than one hundred volunteers from all major faiths supporting patients with their spiritual needs.

Community Benefit Category: A

Goals: To promote holistic spiritual care in the community for better health outcomes and to connect patients to faith resources.

To help normalize the varied emotions resulting from loss of a loved one, and reduce emergency room visits and re-admissions to acute care facilities.

Tactics:

- Connect isolated seniors to faith resources in the community and strengthen interdisciplinary work for positive health outcomes through the Geriatric Chaplaincy Program which involves home visits for discharged patients by the Chaplain in their geographic area. (A)
- Provide a professional and objective point of view through Chaplains who assist patients and their families in making important decisions regarding care and end-of-life care (A)
- Offer practical help and comfort in times of grief and crisis situations through the Chaplaincy (A)
- Serve as an available presence for support during hospitalization (A)
- Assist in contacting community clergy of all faiths or in making a referral to a community church, or pastoral counseling service. (A)

Quality Improvement Initiatives (1, 4, 14, 15, 22)

Description: High priority is place on providing quality and safe patient care at Baylor Health Care System (BHCS).Through the use of evidence-based practices and innovative technologies, 'clinical transformation' is helping BHCS advance the consistent delivery of safe, timely, effective, efficient,

equitable and patient-centered (STEEEP) care. The results of these initiatives are to improve outcomes and increase patient and employee satisfaction while reducing patient expenses.

The Institute for Health Care Research and Improvement (IHCRI) was established in 1999 to provide leadership for the improvement of health care provided at BHCS. In support of that mission, the IHCRI conducts research and supports operational goals related to clinical effectiveness, patient safety, and health care quality improvement. The IHCRI includes several departments that work cooperatively to manage quality improvement measures starting from research to care delivery. IHCRI efforts align with the Institute of Medicine, an independent, not-for-profit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public, and calls for health care to become more safe, timely, effective, efficient, equitable, and patient centered. The results of operational quality improvement initiatives are reported to the STEEEP/Best Care Governance Council which guides the prioritization, standardization, and resourcing for widespread deployment of initiatives. The results of some operational initiatives and of most research studies are published in peer-reviewed medical and health services research journals. The results of research studies are also reported to the respective funder.

Among current quality improvement initiatives is the High Value Healthcare Collaborative (HVHC). BHCS and the 14 other members of the HVHC will share a $26 million grant from the Center for Medicare and Medicaid Innovation. The three-year grant will fund a program to engage patients and implement shared decision-making for those facing hip, knee or spine surgery, and for patients with diabetes or congestive heart failure. Studies have shown that clinical outcomes improve, patient satisfaction increases and utilization of health care services decreases when patients feel empowered to make well-informed health care decisions based on their own preferences. In addition, shared decision making programs could be a key component of long-term cost reduction strategies. The HVHC is a cooperative comprised of some of the top health care organizations across the country – including the Mayo Clinic and Cleveland Clinic – that is taking a team approach to reign in health care costs while improving quality of care. Members of the HVHC share critical information and resources, such as costs, outcomes data, best practices and care pathways with both each other and the public.

Another area of concentration lies with chronic diseases, which are a growing epidemic affecting millions of people across the U.S. BHCS's new Institute of Chronic Disease and Care Redesign (CDCR) is

working to improve quality and management of chronic diseases while reducing care costs. Addressing chronic disease care and management can greatly influence the health of communities BHCS serves, which is one of the seven pathways of BHCS's Vision 2015 and is also the mission of the CDCR. By standardizing and coordinating chronic disease care while promoting effective transitional care at various stages of a patient's illness, care gaps in management can be reduced. Improving how chronic diseases are managed and redesigning care processes for the most prevalent diseases has the very real potential to increase quality, improve patient outcomes and service and drive down costs.

Community Benefit Category: A

Goals: To extend quality health care to all people regardless of their ability to purchase services and to improve pre- and post-care.

To engage patients and implement shared decision-making for patients facing hip, knee or spine surgery, and for patients with diabetes or congestive heart failure.

To redesign care processes for the most prevalent diseases has the very real potential to increase quality, improve patient outcomes and service and drive down costs.

Tactics:

- The Institute for Health Care Research and Improvement will improve the quality of health care by conducting research related to clinical effectiveness, patient safety, health equity and health care quality. (A)
- Hire and train Patient and Family Activators through the High Value Health Care Collaborative, who will be responsible for educating and encouraging patients and their families to stay engaged and participate in decisions about their care. (A)
- Integrate technology, education, care protocols, facilities and payers to create a flexible care system that addresses patients' physical, emotional, social, economic and spiritual needs. (A)
- Improve quality of life and patient satisfaction through better coordination of care and quality clinical outcomes across the span of a patient's care. (A)
- Innovate when, where and how patients receive care. (A)

- Influence care models, care transitions and care coordination initiatives at a local and national level. (A)
- [Include your hospital's quality improvement initiatives]

Research (8, 9, 10, 11, 12, 19, 21, 22)

Description: Baylor Research Institute (BRI), based in Dallas, Texas, is dedicated to finding preventive therapies and treatments for many types of illnesses. BRI's research efforts are at the forefront of basic science and put patients at the center of its programs.

Established in 1984, BRI matches its research efforts with the strengths and expertise of the medical staffs at Baylor University Medical Center at Dallas (Baylor Dallas), Baylor Regional Medical Center at Plano (Baylor Plano) , Baylor All Saints Medical Center at Fort Worth (Baylor All Saints) and other BHCS facilities throughout North Texas. Its mission is to develop innovative therapies to improve the care and well-being of the community. Toward that end, award-winning scientists and medical professionals, who are dedicated to patient care, work to understand the origin of a disease, identify potential diagnostics, treatments or preventive therapies, enroll patients in research trials and measure the outcome of new innovations.

Today, BRI is conducting more than 800 active research studies with 300 staff and 350 investigators, spanning more than 20 medical specialties. Each member of the research team is highly experienced in his or her respective specialties and has received training from leading medical centers, hospitals and research organizations around the globe. Many of BRI's researchers have been internationally recognized by third-party medical associations and have been awarded multimillion dollar grants from government agencies that support novel medical and scientific research. BRI's research also is frequently published in major peer-reviewed scientific journals and reported at medical and scientific meetings, both nationally and internationally. In addition, BRI researchers collaborate with top medical and research institutions from around the world as well as with the medical industry to develop its technology and intellectual property.

As an affiliate of BHCS, BRI is an integral part of BHCS's overall vision of delivering advanced, safe, effective, patient-centered care supported by education and research. BRI is supported by philanthropy through the BHCS Foundation and by grants from the National Institutes of Health (NIH) and other national and international organizations.

BRI has helped BHCS launch a precision medicine institute project as a platform to unify research and clinical medicine and further integrate knowledge between researchers and clinicians. Ultimately, one research and clinical database will extend throughout BHCS. Similarly, tissue banks in transplantation and other specialty areas will be unified into one tissue bank.

Michael A.E. Ramsay, MD, FRCA, is president of BRI. In 12 years with the organization, Dr. Ramsay has developed a successful infrastructure that has increased the number of active clinical trials. He also has supported and led BRI's investigators in obtaining funding, including more than $100 million in NIH grants. Under Dr. Ramsay's leadership, BRI has executed collaborative, yet nonexclusive, agreements with major pharmaceutical companies to advance early research ideas. This may prove to be a future model for many other research centers.

Community Benefit Category: A, D

Goal: To develop innovative therapies to improve the care and well-being of the community.

Tactics:

Precision Medicine

- Deliver optimized and personalized treatments by matching patient profiles and conditions with available therapies based on microarray fingerprint signatures. (D)
- Produce proprietary biomarkers and diagnostics in infectious diseases such as tuberculosis and autoimmune diseases, including systemic onset juvenile idiopathic arthritis and lupus. (D)
- Maintain one of the nation's largest patient treatment sites for gene therapy and develop a gene therapy approach for breast cancer patients and those with multiple myeloma in which gene therapy is introduced to the cancerous cells. The modified cells can potentially stimulate anti-cancer immune responses. (D)
- Focus on cancer-killing viruses for the targeted therapy of human cancer cells. These biologically engineered viruses replicate selectively in certain cancer cells, killing the cell. (D)

- Continue the development of a series of gene vaccines that induce anti-tumor immune activation for patients with advanced-stage, non-small cell lung cancer, which currently has a median survival of less than nine months. (D)
- Focus on a cancer-specific vaccine for the treatment of follicular B-cell lymphoma and a drug for the treatment of relapsed indolent or mantle cell lymphoma. (D)
- Research several germ-line mutations in families with one of the familial forms of colorectal cancer. This allows people who are carriers of the mutation to get appropriate, potentially life-saving care. (D)
- Work in the injection of adult stem cells into damaged heart tissue to significantly improve heart function in patients with severe congestive heart failure. The idea behind this research is that an adult's own stem cells introduced into a heart damaged from heart attack or chronic illness can differentiate into heart muscle cells and cells that promote new vessel growth, thereby improving the heart's ability to heal and contract. (D)
- Begin work on a gene chip microarray project. This project's focus is on the use of a technique known as multiple mutation analysis, which is carried out on a single gene chip. A single gene chip covering every known mutation of the Medium Chain acyl CoH Dehydrogenase or MCAD gene, as well as other mutations causing fatty acid beta-oxidation disorders, has been created and tested. This unique diagnostic approach might offer a novel and powerful mutation screening approach for both research and clinical practice. (D)

Research/Innovation

- Coordinate with service providers to register patients in clinical research trials available through BRI. (A)
- Continue to add specialties, such as migraine, inflammatory bowel disease and labor and delivery, to traditional clinical research areas of oncology, cardiology, diabetes, inflammation and transplantation. (A)
- Implement an innovative water-based pulmonary rehabilitation program, improving the functional activity and quality of life for people with emphysema. (A)
- Participate in a national multi-center study for diagnosing pulmonary fibrosis. (A)
- Study fine-needle aspiration to help identify precancerous cells in women who have a high risk for breast cancer in a high priority phase II trial funded by the NIH, as well as

participate in one of the world's largest breast cancer prevention trials ever undertaken through the National Surgical Adjuvant Breast and Bowel Project. (D)

- Study ways to help determine when surgery is a viable option for patients with certain stages and types of cancer of the esophagus, as well as gather information regarding treatment options for patients with liver tumors. (D)
- Research ways to better match patients and donors, prevent complications and apply new therapies to treat cancers aggressively, while treating patients gently.(D)
- Focus on treatments for graft-versus-host disease, induction of immune tolerance, supportive care for transplant recipients and prevention and treatment of infectious complications. (A)
- Study the effects of "mini-transplant" trials to test the use of lower doses of chemotherapy and radiation for patients undergoing conventional stem-cell transplants. (D)
- Participate in SELECT, the largest-ever prostate cancer prevention study that examines whether the dietary supplements Selenium and Vitamin E protect men against prostate cancer. (D)
- Determine recurrence and survival rates for melanoma patients with specific metastases who have undergone removal of their tumor and had a sentinel node biopsy. (D)
- Conduct clinical trials involving islet cell transplantation and investigational therapies for Type 1 and Type 2 diabetes. This research determines the effectiveness of investigational medications/insulin regimens to achieve desired glucose control in both Type 1 and Type 2 diabetes, while testing new technologies and methods to deliver insulin. (D)
- Research a technique that involves ultrasound-targeted micro-bubble destruction (UTMD) to deliver drugs or genes to specific tissues. Drugs or genes are attached to gas-filled micro-bubbles, which are circulated through the intravascular space and mechanically destroyed within the target organ by ultrasound. (D)
- Conduct two multi-center NIH-sponsored trials investigating the use of certain medications for acute liver failure. (D)
- Take part in a large study designed to determine if a combination of three therapies are more effective than current treatments for chronic hepatitis C. (D)
- Research gastrointestinal hemorrhage caused by stomach and duodenal ulcers. (D)

- Evaluate the use of morphine for pain management in patients with acute pancreatitis. Trials sponsored by the pharmaceutical industry include studies of irritable bowel syndrome, constipation and ulcerative colitis. (A)
- Study the intestine of patients with cystic fibrosis to learn more about abnormalities that cause this disease. (D)
- Conduct a randomized, controlled trial to compare hospitalizations in homebound elderly individuals also receiving interdisciplinary house calls to similar subjects receiving usual office medical care. (A)
- Conduct a study that describes differences in end-of-life preferences between individuals with Alzheimer's disease and individuals with congestive heart failure and a recently completed study comparing the incidence of pressure ulcers in nursing home residents to that in homebound individuals. (D)
- Study advanced technology, such as new pacemakers, defibrillators, and a drug-coated stent, which continue to revolutionize the treatment of heart disease. Research also is underway for drugs that treat high blood pressure and cholesterol. (D)
- Conduct a clinical trial in which the left ventricle is remodeled to make it smaller, tighter and more efficient to repair an aneurysm, a weak spot or enlargement of the heart that can cause congestive heart failure. Another goal is to create a national teaching center for this technique at Baylor University Medical Center at Dallas. (A)
- Conduct a large study of off-pump, beating heart surgery. (D)
- Continue to lead the world in endoscopically harvesting radial arteries for coronary artery bypass grafts. BHCS also ranks fourth in number of veins harvested. (A)
- Continue to implant a new tissue aortic valve, which has the potential to last as long as the mechanical (metal and plastic) valves by limiting the attachment of calcium to valves. (D)
- Examine whether the use of a cholesterol medication can improve treadmill-walking distances in patients with blocked leg arteries. (D)
- Participate in an NIH-funded study to examine the causes of functional mitral regurgitation (MR), a condition where the mitral valve fails to close completely during cardiac contraction during ischemic heart failure. (D)

- Explore research opportunities to help treat wounds that have not healed with conventional treatments, acute neurological conditions and acute ophthalmology conditions. (D)
- Work with families affected by inherited defects that severely compromise body chemistry. The Institute conducts several research programs on inherited diseases including those affecting the metabolism of amino acids, organic acids, fatty acids and carbohydrates. (D)
- Work to identify molecular defects of fatty acid beta-oxidation disorders and other diseases, as well as the development of new diagnostic and treatment strategies, which include the study of gene therapy and adult stem cells for the use of tissue repair and cell therapy. (D)
- Continue the Surgical Treatment of Ischemic Heart (STICH) Failure Trial funded by NIH. This trial will determine whether coronary artery bypass grafting surgery improves long-term survival compared to medical therapy. It also will determine whether a surgical procedure to restore normal left ventricular shape and size (surgical ventricular restoration) in patients with temporary paralysis of the front heart wall will improve long-term survival compared to the bypass grafting surgery or medical therapy without the surgical ventricular restoration. BHCS Foundation has also provided a grant to fund a study of direct myocardial injection of stem cells to treat ischemia. (D)
- Advance medical care for premature babies through clinical research. Our most current project involves the research of silver alginate (AlgidexTM) patches. (D)
- Test the potential of a portable screening echocardiogram to detect hypertrophic cardiomyopathy (HCM), a potentially deadly disease, during pre-athletic physicals. (D)

Grants

1. BRI researchers received a renewal of a $1.9 million grant over five years from the NIH to improve the ability to diagnose hereditary colon cancer, to study the molecular biology of the tumor in the laboratory and develop the first preventive strategies for this disease. (D)
2. An NIH grant was also awarded to BRI researchers to study the role of a transforming virus, called a JC virus, in colorectal cancer. Researchers plan to determine how colon cancer occurs and to develop a long-term plan for preventing the cancer. (D)

3. BRI researchers have entered into multi-center clinical trial collaboration with a NIH-funded grant from the University of Arizona. In this trial, patients will be treated with low-dose aspirin and selenium to determine if this reduces the recurrence rates of adenomatous polyps. (D)

Collaborations

- Research collaborations have been established between Peter Lance, MD, at the University of Arizona and Dennis Ahnen, MD, at the University of Colorado for an NCI-funded international familial cancer registry, which will provide BRI researchers with samples of DNA from individuals with familial cancer syndromes. This is an essential resource for improving the ability to make a definitive diagnosis in familial cancer cases. Baylor University Medical Center at Dallas has also established collaborations with Myriad Genetics, a genetic diagnostics company in Salt Lake City, UT, for the same purpose, and with Exact Scientific Laboratories in Massachusetts to develop new, noninvasive means to detect sporadic colon cancer in asymptomatic individuals. (D)
- BRI is working with Johns Hopkins University to study Medicare claims data to determine whether interdisciplinary senior clinics reduce hospitalizations and emergency department visits. (D)
- Research in cardiovascular imaging and advanced cardiovascular surgical options for patients is supported by the Paul Thomas Cardiology Chair and Cardiothoracic Surgery Chair at Baylor University Medical Center at Dallas. Other research includes exploring minimally invasive closed-chest cardiac surgical procedures with a computer-enhanced surgery system (robotics) used to repair the heart's mitral valve. Vascular surgeons and interventional radiologists also recently completed a national research trial that studied new technology to treat patients with abdominal aortic aneurysms. (D)
- Several studies are also being planned in conjunction with researchers at the University of Pittsburgh School of Medicine, to determine the use of adult stem cells in treating acute myocardial infarction and congestive heart failure. This involves the use of the thoracoscope and injection of adult autologous stem cells into the heart when a left ventricular assist device is placed and when the heart is removed in a transplant. This research will help explain the action of stem cells in the healing process. (D)

Volunteers in Medicine (1, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 22)

Description: Since 1998, the Volunteers in Medicine (VIM) have provided HealthTexas Provider Network (HTPN) physicians and staff with opportunities to take part in the reduction of health disparities throughout our community and beyond. Coordinated by the HTPN Office of Community Care, VIM has grown to provide a diverse menu of opportunities for employed physicians to participate in community service, furthering Baylor Health Care System's (BHCS) mission to serve all people through exemplary patient care, medical education, research and community service. These opportunities to serve include Project Access programs in Dallas, Denton and Tarrant Counties; volunteerism at charitable clinics throughout the Metroplex; donation of earned committee pay; and international medical mission trips.

Community Benefit Category: A, E

Goal: To encourage community service among HTPN clinical staff and improve access to primary and specialty care among uninsured and underserved populations.

Tactics:

- Support HTPN providers who donate their time and services at charitable clinics throughout the Metroplex serving the uninsured and underserved who are at high risk for many chronic and co-morbid diseases, including but not limited to Baylor Clinics. (A)
- Provide HTPN committee members with opportunities to donate earned committee pay to the VIM Fund. The VIM Fund is used to support innovative community health programs within HTPN and BHCS. (E)
- Promote opportunities for HTPN physicians and staff to participate in international medical mission trips. (E)