



Baylor Scott & White Health North & West Emergency Health Community

Community Health Implementation Strategies 2022

An Action Plan for the Community Health Needs Assessment



North & West Emergency Health Community hospitals

- ▼ Baylor Scott & White Emergency Hospital - Colleyville*
- ▼ Baylor Scott & White Emergency Hospital - Keller*
- ▼ Baylor Scott & White Emergency Hospital - Aubrey*
- ▼ Baylor Scott & White Emergency Hospital - Murphy*
- ▼ Baylor Scott & White Emergency Hospital - Rockwall*

*The hospital facilities marked above are all operated under a single state license.

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Executive summary

As the largest not-for-profit healthcare system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. To do that successfully, BSWH is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.

In early 2022, a BSWH task force led by the community benefit, tax compliance and corporate marketing departments began assessing the current health needs of all the communities served by BSWH hospitals. IBM Watson Health analyzed the data for this process and prepared a final report made publicly available in June 2022.

The North & West Emergency Health Community is home to a number of these hospitals with overlapping communities, including:

- ▶ Baylor Scott & White Emergency Hospital – Colleyville*
- ▶ Baylor Scott & White Emergency Hospital – Keller*
- ▶ Baylor Scott & White Emergency Hospital – Aubrey*
- ▶ Baylor Scott & White Emergency Hospital – Murphy*
- ▶ Baylor Scott & White Emergency Hospital – Rockwall*

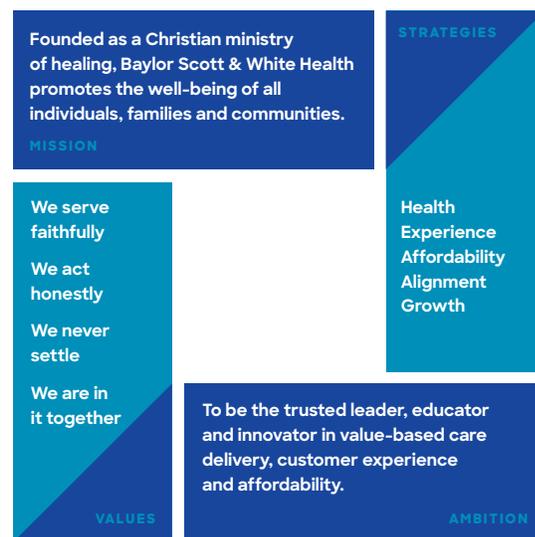
The community served by the hospital facilities listed above is Collin, Denton, Rockwall and Tarrant counties and was determined based on the contiguous ZIP codes within the associated counties that made up nearly 80% of the hospital facilities' inpatient admissions over the 12-month period of FY20.

BSWH and IBM Watson Health examined more than 59 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and US values. A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis. Group interviews with key community leaders and public health experts provided depth and context to the report.

Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from the benchmark helped determine the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative, low data/low qualitative, low data/high qualitative or high data/high qualitative.

Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized six needs. The most significant health needs emerged from this process.



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Letter to the community

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, we conduct a Community Health Needs Assessment (CHNA) every three years and report on our community's current health needs. We also provide the Community Health Implementation Strategies report, which is our plan for addressing the identified needs.

We are pleased to present the 2022 implementation strategies for the North & West Emergency Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for the health community hospital facilities incorporates input from influencers such as key stakeholders, area residents, faith-based organizations, healthcare providers, neighborhood association leaders, elected officials, health professionals, hospital and system leaders, the medically underserved, and others.

The full report can be found at [BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/CommunityNeeds).

As part of the largest not-for-profit health system in Texas, we take our commitment to the North & West Emergency Health Community very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

North & West Emergency Health Community Hospitals

North & West Emergency Health Community implementation strategies

The overall purpose of the implementation strategies is to align the hospitals' charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r)(3) and the Texas Health and Safety code Chapter 311, the written implementation strategies include the following:

- ▼ A list of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- ▼ Actions the hospital intends to take to address the chosen health needs
- ▼ The anticipated impact of these actions and the plan to evaluate such impact (e.g., identify data sources that will be used to track the plan's impact)
- ▼ Identification of programs and resources the hospital plans to commit to addressing the health needs
- ▼ Description of any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

North & West Emergency Health Community needs

The following health concerns are identified in priority order based on the results of the CHNA.

Priority	Need	Category of need
1	Depression/social isolation	Mental health Environment
2	Mentally unhealthy days	Mental health
3	Access to primary healthcare	Access to care
4	Hypertension	Conditions/diseases
5	Medicare population - emergency department utilization	Utilization

The facilities listed below collaborated to develop these joint implementation strategies addressing the significant health needs identified above. Hospital leadership selected the following health needs to confront in collaboration with the community and based on the anticipated impact, available hospital and clinic resources, and the expertise of the respective facilities.

Community needs addressed

Facility	Access to primary healthcare	Medicare population - emergency department utilization
Baylor Scott & White Emergency Hospital - Colleyville*		
Baylor Scott & White Emergency Hospital - Keller*		
Baylor Scott & White Emergency Hospital - Aubrey*		
Baylor Scott & White Emergency Hospital - Murphy*		
Baylor Scott & White Emergency Hospital - Rockwall*		

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Implementation strategies

Baylor Scott & White Emergency Hospital – Colleyville*

Baylor Scott & White Emergency Hospital – Keller*

Baylor Scott & White Emergency Hospital – Aubrey*

Baylor Scott & White Emergency Hospital – Murphy*

Baylor Scott & White Emergency Hospital – Rockwall*

Priority need 3: Access to primary healthcare

Planned programs/ strategies	<ul style="list-style-type: none"> ▼ Implementation of Epic at all emergency hospitals ▼ Free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy
Anticipated impacts	<ul style="list-style-type: none"> ▼ Implementation of Epic at all emergency hospitals will create a streamlined referral process for patients and help identify patients who do not have a primary care provider and refer them to one ▼ Increased access to medical care for all people, insured or uninsured
Hospital resources	<ul style="list-style-type: none"> ▼ Financial support ▼ Outreach/health education materials ▼ Staff time ▼ Supplies
Community partner(s) involved in the work	<ul style="list-style-type: none"> ▼ HealthTexas Provider Network (HTPN) ▼ Baylor Scott & White Quality Alliance (BSWQA)
Outcome measures	<ul style="list-style-type: none"> ▼ Number of referrals to primary care providers ▼ Number of people receiving assistance, unreimbursed cost of care

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Baylor Scott & White Emergency Hospital – Colleyville*

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Baylor Scott & White Emergency Hospital – Aubrey*

Baylor Scott & White Emergency Hospital – Murphy*

Baylor Scott & White Emergency Hospital – Rockwall*

Priority need 5: Medicare population – emergency department utilization

Planned programs/ strategies	<ul style="list-style-type: none">▶ Educate community on appropriate use of emergency medical facilities▶ Partnership with EMS providers to educate them on appropriate types of patients for emergency department utilization, direct admits from local skilled nursing facilities▶ Free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy▶ Provide quality emergency and urgent care to all people, insured or uninsured
Anticipated impacts	<ul style="list-style-type: none">▶ Increased knowledge of appropriate use of emergency medical facilities▶ Increased access to medical care for all people, insured or uninsured
Hospital resources	<ul style="list-style-type: none">▶ Financial support▶ Outreach/health education materials▶ Staff time▶ Supplies
Community partner(s) involved in the work	<ul style="list-style-type: none">▶ Local EMS agencies▶ Local skilled nursing facilities
Outcome measures	<ul style="list-style-type: none">▶ Number of visits▶ Length of stay▶ Number of people receiving assistance, unreimbursed cost of care

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Community needs not addressed

BSWH provides a wide range of needed healthcare services and community benefits through adherence to its mission, using its resources and capabilities, and remaining a strong organization. By focusing on our strengths and allocating our resources appropriately, we can achieve a greater impact in the communities we serve.

Needs not addressed:

- ▼ Depression/social isolation
- ▼ Mentally unhealthy days
- ▼ Hypertension

There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

Program evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure the appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c)(3) charitable organizations managed by the community benefit department are considered, and those activities addressing a priority need in the community are given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan, and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve a reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

Please direct any feedback on the assessment or implementation plan to CommunityHealth@BSWHealth.org.

This document may be accessed at BSWHealth.com/CommunityNeeds.



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