



# Implementation Strategy 2022

**Memorial Hermann Health System  
Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital  
2022 Implementation Strategy**

**Executive Summary**

**Introduction & Purpose**

Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital are pleased to share the Implementation Strategy Plan, which follows the development of the 2022 Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this plan was approved by the Memorial Hermann Board of Directors on September 29, 2022. (Memorial Hermann Pearland Hospital falls under Memorial Hermann Southeast’s hospital license.)

This report summarizes the plans for 2022-2024 to provide community benefit programming that addresses the prioritized health needs identified in its 2022 CHNA. These include:

Memorial Hermann Pillars	Memorial Hermann Health System Prioritized Health Needs
Access:	Access to Healthcare
Emotional Well-Being:	Mental Health and Mental Disorder
Food as Health:	Diabetes, Heart Disease, Stroke, Obesity/Overweight
Exercise is Medicine:	Diabetes, Heart Disease, Stroke, Obesity/Overweight

The following additional significant health needs emerged from a review of the primary and secondary data: Older Adults and Aging; Cancers; Children's Health; and Women’s Health. With the need to focus on the prioritized health needs described in the table above, these topics are not specifically prioritized efforts in the 2022-2024 Implementation Strategy. However, due to the interrelationships of social determinant needs many of these areas fall, tangentially, within the prioritized health needs and will be addressed through the upstream efforts of the prioritized health needs. Additionally, many of them are addressed within ongoing programs and services (and described in more detail in the CHNA report).

Memorial Hermann Southeast and Pearland Hospitals provide community health prevention and education initiatives that lay outside the scope of the programs and activities outlined in this Implementation Strategy. These initiatives are offered through a variety of venues to thousands of Houston residents seeking more information about their health.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Memorial Hermann Southeast and Pearland Hospitals’ service area and guide the hospitals’ planning efforts to address those needs. Special attention was given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the greater Houston region, community health needs were assessed and prioritized

at a regional/system level. For further information on the process to identify and prioritize significant health needs, please refer to Memorial Hermann Southeast and Pearland Hospitals' CHNA report at the following link: <https://memorialhermann.org/locations/southeast/community-health-needs-assessment>.

### **Memorial Hermann Health System**

Charting a better future. A future that's built upon the HEALTH of our community. At Memorial Hermann, this is the driving force as we strive to redefine and deliver health care for the individuals and many diverse populations we serve. Our 6,700 affiliated physicians and 29,000 employees practice the highest standards of safe, evidence-based, quality care to provide a personalized and outcome-oriented experience across our more than 270 care delivery sites. As one of the largest not-for-profit health systems in Southeast Texas, Memorial Hermann has an award-winning and nationally acclaimed Accountable Care Organization, 17\* hospitals and numerous specialty programs and services conveniently located throughout the Greater Houston area. Memorial Hermann-Texas Medical Center is one of the nation's busiest Level I trauma centers and serves as the primary teaching hospital for McGovern Medical School at UTHealth Houston. For more than 115 years, our focus has been the best interest of our community, contributing more than \$411 in FY 20 through school-based health centers, neighborhood health centers, a nurse health line and other community benefit programs. Now and for generations to come, the health of our community will be at the center of what we do—charting a better future for all.

*\*Memorial Hermann Health System owns and operates 14 hospitals and has joint ventures with three other hospital facilities, including Memorial Hermann Surgical Hospital First Colony, Memorial Hermann Surgical Hospital Kingwood and Memorial Hermann Rehabilitation Hospital-Katy. These facilities comprise 13 separate hospital licenses..*

### **Mission Statement**

Memorial Hermann Health System is a non-profit, values-driven, community-owned health system dedicated to improving health.

### **Vision**

To create healthier communities, now and for generations to come.

### **Our Values**

**Community:** We value diversity and inclusion and commit to being the best healthcare provider, employer and partner.

**Compassion:** We understand our privileged role in people's lives and care for everyone with kindness and respect.

**Credibility:** We conduct ourselves and our business responsibly and prioritize safety, quality and service when making decisions.

**Courage:** We act bravely to innovate and achieve world-class experiences and outcomes for patients, consumers, partners and the community.

The extensive geographic coverage and breadth of service uniquely positions Memorial Hermann to collaborate with other providers to assess and create healthcare solutions for individuals in Greater Houston's diverse communities; to provide superior quality, cost-efficient, innovative and compassionate care; to support teaching and research to advance the health professionals and health care of tomorrow; and to provide holistic health care that addresses the physical, social, psychological and spiritual needs of individuals. An integrated health system, Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and

innovation. Supporting and guiding the System in its impact on overall population health is the Memorial Hermann Community Benefit Corporation.

The Memorial Hermann Community Benefit Corporation (CBC) implements initiatives that work with other healthcare providers, government agencies, business leaders and community stakeholders that are designed to improve the overall quality of life in our communities. The work is built on the foundation of four intersecting pillars: Access to Health Care, Emotional Wellbeing, Food as Health and Exercise is Medicine. These pillars are designed to provide care for uninsured and underinsured; to reach those Houstonians needing low-cost care; to support the existing infrastructure of non-profit clinics and federally qualified health centers; to address mental and behavioral care services through innovative access points; to work against food insecurity and physical inactivity; and to educate individuals and their families on how to access the services needed by and available to them. Funded largely by Memorial Hermann with support by various partners and grants, the work takes us outside of our campuses and into the community.

### **Memorial Hermann Southeast Hospital and Pearland Hospital**

Welcoming both patients and their loved ones into the healing process is our philosophy of patient- and family-centered care. **Memorial Hermann Southeast Hospital** has upheld its commitment to bringing the best in healthcare, providing high quality care with the latest technology, close to home in its current facility since 1986, though the hospital's history of service to the community dates back to 1963. Southeast Hospital offers a broad range of medical staff specialties including: Breast Care Center, Cancer Care, Children's Care, Convenient Care Center, Day Surgery, Diabetes Management, Digestive Health, Ear, Nose & Throat, Emergency & Trauma Center, Esophageal Disease Center, Heart & Vascular Care, Imaging Center, Industrial Medicine Services, Neuroscience, Orthopedics and Sports Medicine, Physical, Speech & Occupational Therapy, Sleep Disorders Center, Weight Loss, Wound Care, Women's Health & Gynecology, and Inpatient Rehabilitation.

**Memorial Hermann Pearland Hospital** brings the expertise of the Memorial Hermann Health System close to home, making the region's top medical experts available to families in the Pearland/Brazoria County area. The hospital features advanced medical equipment and state-of-the-art technology used to address diverse healthcare needs, from quick outpatient visits to procedures requiring highly specialized inpatient care. Designed to expand to 128 beds within the next five years, Memorial Hermann Pearland currently offers 64 inpatient beds (medical/surgical, intensive and cardiac care). The hospital also features operating rooms, cardiac catheterization, nuclear medicine and endoscopy suites. If a higher level of care is needed, Memorial Hermann Pearland patients can be transported within minutes to Memorial Hermann Southeast Hospital, Memorial Hermann-Texas Medical Center or Children's Memorial Hermann Hospital by Memorial Hermann Life Flight®.

## Summary of Implementation Strategies

### Implementation Strategy Design Process

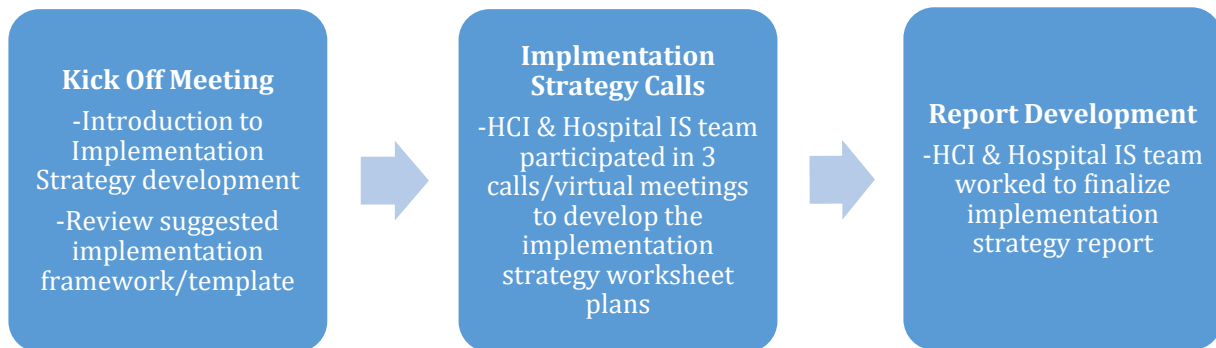
Memorial Hermann Southeast and Pearland Hospitals are dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Following the identification of the six priority health needs, the Community Benefit team began subsequent work on implementation planning. Hospital contacts and participants were identified and representation included Memorial Hermann Southeast and Pearland Hospital leaderships.

During initial planning meetings, representatives from HCI and Memorial Hermann Southeast Hospital and Pearland Hospital reviewed the hospital's most recent implementation plan (2019-2022), noting strengths and areas of improvement to inform the development of the new implementation plans.

Hospital representatives were invited to participate in an Implementation Strategy Kick-Off meeting. The meeting was offered on June 21, 2022, and June 23, 2022, two separate times to accommodate schedules. A total of eighty participants attended from Memorial Hermann Health System. Following the initial planning meetings, Conduent HCI hosted a series of virtual meetings and email exchanges to finalize the implementation strategy report as shown in Figure 1.

**Figure 1: Implementation Strategy Work Schedule**



## Memorial Hermann Southeast Hospital and Pearland Hospital Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be implemented by Memorial Hermann Southeast Hospital and Pearland Hospital to directly address the health needs identified in the CHNA process. They include:

Memorial Hermann Pillars	Memorial Hermann Health System Prioritized Health Needs
Access:	<p>Access to Healthcare</p> <ul style="list-style-type: none"> <li>○ Strategy: Improve and expand opportunities for patient interactions for health education, timely delivery of care, and cost reduction measures that increase access to the right healthcare at the right time and at the right place.</li> </ul>
Emotional Well-Being:	<p>Mental Health and Mental Disorders</p> <ul style="list-style-type: none"> <li>○ Strategy: Increase awareness and accessibility of mental health services in the community to improve quality of life for patients, family members, and employees.</li> </ul>
Food as Health:	<p>Diabetes, Heart Disease, Stroke, Obesity/Overweight</p> <ul style="list-style-type: none"> <li>○ Strategy 1: Provide diabetes prevention education and weight management opportunities to reduce the incidence of diabetes and obesity.</li> <li>○ Strategy 2: Provide cardiovascular prevention education and support services to reduce the incidence of cardiovascular diseases.</li> </ul>
Exercise is Medicine:	<p>Diabetes, Heart Disease, Stroke, Obesity/Overweight</p> <ul style="list-style-type: none"> <li>○ Strategy 1: Increase physical activity opportunities and support services to reduce the incidence of diabetes .</li> <li>○ Strategy 2: Increase physical activity opportunities and support services to reduce the incidence of chronic disease.</li> </ul>

The Action Plan presented below outlines in detail the individual strategies and activities Memorial Hermann Southeast and Pearland Hospitals will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

Memorial Hermann Southeast Hospital and Pearland Hospital Implementation Strategy Action Plan

**Pillar 1: Access**

**Goal Statement:** From 2022-2024, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

**Hospital Focus Area/Priority:** Access To Healthcare

**Strategy:** Improve and expand opportunities for patient interactions for health education, timely delivery of care, and cost reduction measures that increase access to the right healthcare at the right time and at the right place.

Programs/Activities	Responsible	Evaluation Measures	Data Source	Baseline	Process Measure Y1	Process Measure Y2	Process Measure Y3
<b>Activity:</b> Make follow up calls on aortic stenosis patients undergoing TAVR procedure post discharge to promote follow up care and offer assistance as needed, preventing readmission.	Heart Program	30 Day All Cause Readmission Rate	NCDR TAVR Dashboard	11.4% readmission rate	10% readmission rate	7.5% readmission rate	5% readmission rate
<b>Activity:</b> Nurse Health Line - Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.	Community Benefit Corporation - Nurse Health Line	# of call by county for the counties comprising SE/PL's CHNA (Brazoria, Galveston, and Harris)	LVM Reporting	37,276	39,140	41,004	42,867
		% Callers satisfied with the NHL (rating good or excellent)		98%	98%	98%	98%
		% Callers who followed the NHL Advice		95%	95%	95%	95%

		% Callers who will use the service again		99%	99%	99%	99%
<b>Activity:</b> ER Navigation Services (Southeast) - Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	Community Benefit Corporation – ER Navigation	# of Encounters	LVM Reporting	4,520	4,520	4,520	4,520
		# of Referrals		9,636	9,363	9,636	9,636
		Decline in ER visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals		6 month - 75%	6 month - 75%	6 month - 75%	6 month - 75%
				12 month - 66%	12 month - 66%	12 month - 66%	12 month - 66%
	18 month - 61%		18 month - 61%	18 month - 61%	18 month - 61%		
<b>Activity:</b> ER Navigation Services (Pearland) - Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	Community Benefit Corporation – ER Navigation	# of Encounters	LVM Reporting	2,000	2,000	2,000	2,000
		# of Referrals		4,000	4,000	4,000	4,000
		Decline in ER visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals		First year of implementation	6 month - 75%	6 month - 75%	6 month - 75%
					12 month - 66%	12 month - 66%	12 month - 66%
			18 month - 61%	18 month - 61%	18 month - 61%		



<b>Activity:</b> Provide care through Seva Clinic Pearland partnership: weekly health services provided.	Joanne Barrett	# Patients seen	Clinic Records	25 per month	30-40 per month	40-50 per month	60 – 70 per month
<b>Activity:</b> Memorial Hermann Health Centers for Schools— WAVE and Kruse Clinics provide pharmaceuticals associated with the patient visit at no cost to the family. The two on-site Class D Pharmacies are supported by MHSE.	Community Benefit Corporation – Health Centers for Schools	Pharmaceuticals dispensed	Pharmacy logs	972	1,000	1,000	1,000
<b>Activity:</b> Community Resource Center – Southeast (CRC-SE) - Provide education and eligibility application assistance for healthcare services for uninsured and under insured patients and community members.	Community Benefit Corporation – Community Resource Center - SE	# of completed applications	LVM Reporting	Implementation	637	701	771
<b>Anticipated Outcomes:</b> <ul style="list-style-type: none"> <li>• Short-Term: Increase awareness, knowledge, and access for patients and community to better navigate health care services for better health outcomes</li> <li>• Long-Term: Improve overall health outcomes</li> </ul>							
<b>Target/Intended Population(s):</b> <ul style="list-style-type: none"> <li>• Uninsured patients</li> <li>• Medicaid patients</li> <li>• Low income/underserved populations</li> </ul>							
<b>Resources:</b> <ul style="list-style-type: none"> <li>• Community Resource Center operations</li> <li>• ER Navigation operations</li> <li>• Nurse Health Line operations</li> <li>• School-Based Clinic</li> <li>• Volunteer for community fairs/screenings</li> <li>• Physician volunteers</li> </ul>							

**Collaboration Partners:**

- United Way
- Bridge Over Troubled Water (Bridge specifically partners with the SE ER to send a resource person to the ER)
- Women's Center of Brazoria County
- Seva Clinic
- City of Pearland
- Pearland ISD
- Greater Houston Safety-Net Providers

**Pillar 2: Emotional Wellbeing**

**Goal Statement: From 2022-2024, Memorial Hermann will implement initiatives that connect and care for community members that are experiencing a mental health crisis with: access to appropriate psychiatric specialists at the time of their crisis; redirection away from the ER; linkage to a permanent, community based mental health provider; and knowledge to navigate the system, regardless of their ability to pay.**

**Hospital Focus Area: Mental Health and Mental Disorders**

**Strategy: Increase awareness and accessibility of mental health services in the community to improve quality of life for patients, family members, and employees.**

Programs/Activities	Responsible	Evaluation Measures	Data Source	Baseline	Process Measure Y1	Process Measure Y2	Process Measure Y3
<b>Memorial Hermann Psychiatric Response Team</b> - Memorial Hermann Psychiatric Response Team, a mobile assessment team, works 24/7 across the System and provides behavioral health expertise to all acute care campuses, delivering services to ERs and inpatient units.	MH Behavioral Health	# of patients from Southeast (including Pearland)	CARE4	1,500	1,623	1,623	1,623
		# ED patients referred to outpatient care		773	696	696	696
<b>Memorial Hermann Mental Health Crisis Clinics</b> - Memorial Hermann Mental Health Crisis Clinics (MHCCs) are outpatient specialty clinics open to the community, meant to serve individuals in crisis situations or those unable to follow up with other outpatient providers for their behavioral health needs. Includes substance abuse screenings.	MH Behavioral Health	# of patients	CARE4	2,554	2,592	2,592	2,592
		# Substance abuse screenings completed		N/A	2,592	2,592	2,592
		# PCP Referrals		438	321	321	321

<b>Memorial Hermann Integrated Care Program</b> - Memorial Hermann Integrated Care Program (ICP) strives to facilitate systematic coordination of general and behavioral healthcare. The program integrates evidenced based tools into the EMR for providers to screen patients for depression and suicide and refer to a behavioral health specialist efficiently.	MH Behavioral Health	# of patients	CARE4	N/A	52,091	52,091	52,091
		# Unique patients screened for depression (using PHQ9)		N/A	15,764	15,764	15,764
<b>Anticipated Outcomes:</b> <ul style="list-style-type: none"> <li>• Short-Term: Increase awareness of mental health programs and access to resources</li> <li>• Long-Term: Improve mental health of patients, family members, employees, and community members</li> </ul>							
<b>Target/Intended Population(s):</b> <ul style="list-style-type: none"> <li>• Inpatients/outpatients</li> <li>• Families/caregivers</li> </ul>							
<b>Resources:</b> <ul style="list-style-type: none"> <li>• Human Resources - Behavioral Health Services Employees</li> <li>• Operating Resources – Computers, EMR, and other documentation tools</li> <li>• Capital Resources – Offices and other facilities</li> </ul>							
<b>Collaboration Partners:</b> <ul style="list-style-type: none"> <li>• Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community Service Providers, and other community partners</li> </ul>							

**Pillar 3: Food as Health**

**Goal Statement: From 2022 – 2024, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.**

**Hospital Focus Area: Diabetes, Overweight/Obesity**

**Strategy 1: Provide diabetes prevention education and weight management opportunities to reduce the incidence of diabetes and obesity.**

<b>Programs/Activities</b>	<b>Responsible</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Process Measure Y1</b>	<b>Process Measure Y2</b>	<b>Process Measure Y3</b>
<b>Activity:</b> Pediatric Weight Program: eating habit education (also educating parents with diabetes).	Hospital Dietitian, Physician Resources	# of those that complete the course	Registration and completion records	0	5	10	15

**Anticipated Outcomes:**

- Short-Term: Increase awareness and education about the factors that are known to increase diabetes and obesity
- Long-Term: Reduce diabetes rates and change behaviors to improve the health of the community in the MH Southeast/Pearland service area

**Target/Intended Population(s):**

- Youth/children and families
- Uninsured patients
- Parents/Caregivers

**Resources:**

- Meters & Syringes donations: BD Medical Company, Arkray, Onetouch, Accu-Chek,
- Libres CGMs with Discharge kits
- Glucometers donations
- Staff: Certified Diabetes Care & Education Specialists, Endocrinologists (in-patient and out-patient), Dietitians, Pharmacists

**Collaboration Partners:**

- Pasadena ISD
- BD Medical Company
- Meals on Wheels

**Pillar 3: Food as Health**  
**Goal Statement: From 2022 – 2024, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.**  
**Hospital Focus Area: Heart Disease/Stroke**  
**Strategy 2: Provide cardiovascular prevention education and support services to reduce the incidence of cardiovascular diseases.**

<b>Programs/Activities</b>	<b>Responsible</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Process Measure Y1</b>	<b>Process Measure Y2</b>	<b>Process Measure Y3</b>
<b>Activity:</b> Provide stroke education and outreach activities to members of the community.	Heart Program and Performance Improvement	# of presentations	Reported by Program Coordinator	1 activity per program per year (pandemic)	2 activities per program per year	2 activities per program per year	2 activities per program per year
<b>Activity:</b> Offer monthly Stroke Support Group in partnership with stroke service line, virtually on various topics.	Heart Program and Performance Improvement	# of participants (survivors and caregivers)	Reported by Program Coordinator	Avg. 12 per group	15 per group	15 per group	15 per group

**Anticipated Outcomes:**

- Short-Term: Increase awareness and education on the importance of healthy eating and its impact on chronic disease
- Long-Term: Decrease the incidence of poor cardiovascular health; improve quality of life; reduce mortality from heart disease and stroke

**Target/Intended Population(s):**

- Stroke patients/families/caregiver
- Aging/Senior populations
- Community

**Resources:**

- Cardiology staff

**Collaboration Partners:**

- American Heart Association (AHA)

**Pillar 4: Exercise as Medicine**

**Goal Statement:** From 2022 – 2024, Memorial Hermann will implement initiatives that promote physical activities that promote social cohesion, emotional well-being, and the reduction/postponement of chronic disease.

**Hospital Focus Area:** Diabetes

**Strategy 1:** Increase physical activity opportunities and support services to reduce the incidence of diabetes.

<b>Programs/Activities</b>	<b>Responsible</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Process Measure Y1</b>	<b>Process Measure Y2</b>	<b>Process Measure Y3</b>
<b>Activity:</b> Senior /Wellness Health Fairs (chambers)	Marketing, Physician Reosurces	# of attendees	Registration	5	15	20	25
Activity: Provide Diabetes support group (monthly) open to staff & community	Education	# of participants	Registration and attendance	0	10	15	20

**Anticipated Outcomes:**

- Short-Term: Increase support, awareness and education about the importance of exercise and factors known to prevent diabetes
- Long-Term: Reduce incidence of diabetes, improving quality of life and mortality

**Target/Intended Population(s):**

- Community members
- Hospital employees
- Patients

**Resources:**

- System Diabetes Care and Education Specialists, Pharmacists, Dietitians,

**Collaboration Partners:**

- American Diabetes Association (ADA) and Association of Diabetes Care and Education Specialists (ADCES)

**Pillar 4: Exercise as Medicine**

**Goal Statement: From 2022 – 2024, Memorial Hermann will implement initiatives that promote physical activities that promote social cohesion, emotional well-being, and the reduction/postponement of chronic disease.**

**Hospital Focus Area: Heart Disease, Stroke, Obesity/Overweight**

**Strategy 2: Increase physical activity opportunities and support services to reduce the incidence of chronic disease**

<b>Programs/Activities</b>	<b>Responsible</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Process Measure Y1</b>	<b>Process Measure Y2</b>	<b>Process Measure Y3</b>
<b>Activity:</b> Walk with the Doc (monthly)	Marketing, Physician Resources	# of participants	Registration/sign in	5	10	15	20
<b>Activity:</b> Bariatric support groups (monthly)	Bariatric Program	# of participants	Registration/sign in	0	5	5	10

**Anticipated Outcomes:**

- Short-Term: Increase awareness and knowledge on how to improve health, fitness, and quality of life through exercise
- Long-Term: Reduce incidence of obesity/overweight

**Target/Intended Population(s):**

- Obese population
- Population that needs to exercise
- Anyone that needs/desires to walk for exercise

**Resources:**

- Walk With a Doc

**Collaboration Partners:**

- Walk With a Doc (Texas Medical Association)