

Community Health Needs Assessment

Central Region: Travis County

**Ascension Seton Medical Center Austin
Ascension Seton Northwest
Ascension Seton Shoal Creek
Ascension Seton Southwest
Dell Children's Medical Center
Dell Seton Medical Center
Central Texas Rehabilitation Hospital**

May 2019



**Ascension
Seton**

Table of Contents

Background.....	3
Methodology	4
Focus Groups	5
Key Informant Interviews	5
Conclusion	6
Approval	6
Appendix One: Organizations Represented in Focus Groups and Interviews.....	7
Appendix Two: Summary of Community Health Resources	9
Appendix Three: Evaluation of Impact of Actions Since 2016 CHNA	11
Ascension Seton Medical Center Austin	12
Ascension Seton Northwest.....	13
Ascension Seton Shoal Creek.....	14
Ascension Seton Southwest.....	16
Dell Children’s Medical Center	17
Dell Seton Medical Center	21
Central Texas Rehabilitation Hospital.....	23



Background

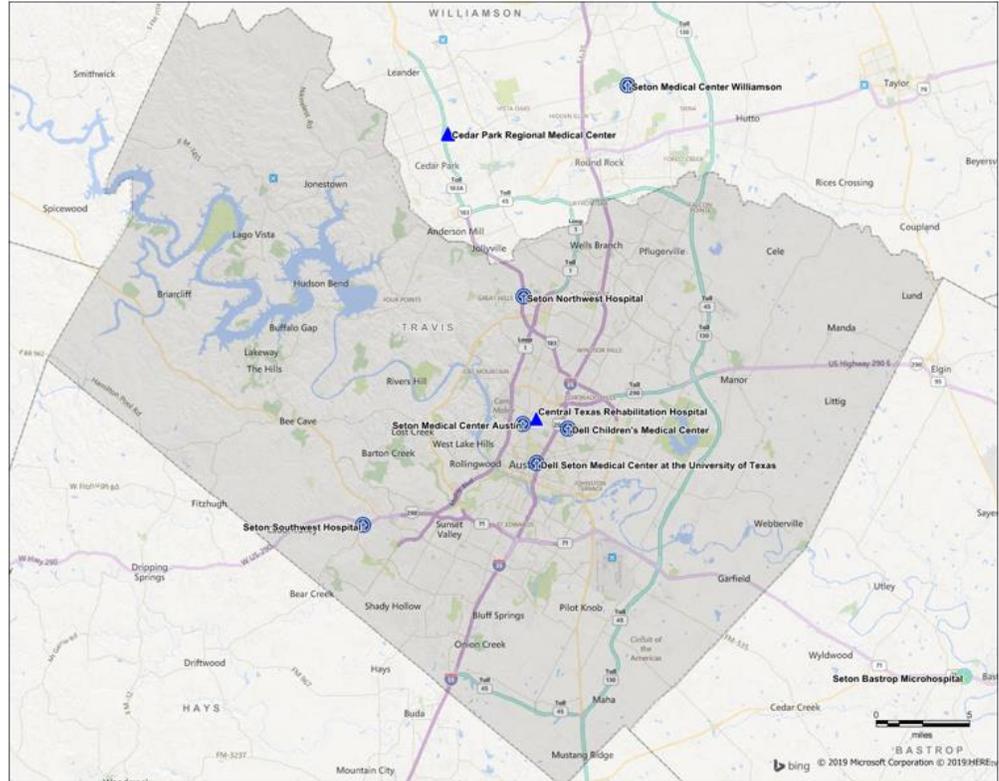
In December 2017, Austin/Travis County published the Community Health Assessment report (CHA) “Together we Thrive.” Ascension Seton was an official partner for the development of the CHA, along with the Austin Transportation Department, the Capital Metropolitan Transit Authority, Central Health, Integral Care, St. David’s Foundation, Travis County Health and Human Services, The University of Texas at Austin Dell Medical School and The University of Texas Health Science Center at Houston School of Public Health in Austin.

Ascension Seton associates participated in multiple meetings and discussions related to the creation of the CHA. Specifically, three former Ascension Seton associates were active participants: Mr. Ashton Cumberbatch was a member of the Steering Committee, while Ms. Liz Johnson and Ms. Danielle Owens were members of the Core Coordinating Committee.

Because Ascension Seton associates actively participated in the creation of the Austin/Travis County CHA, the Internal Revenue Service (IRS) allows health care entities to work collaboratively, and the CHA meets the federal legal requirements set forth for the Community Health Needs Assessments, Ascension Seton opted to adopt the Travis County CHA report, as incorporated herein, as the official Ascension Seton Community Health Needs Assessment for its Central Region (Travis County).

Given the gap in time between the 2017 Austin/Travis County CHA and the requirements for the 2019 Community Health Needs Assessment, Ascension Seton determined that it would be valuable to solicit supplemental feedback from Travis County stakeholders and community members in 2018. The process used to gather the supplemental information, along with a brief discussion of key findings from the focus groups and interviews are summarized briefly below.

CHNA – Central Region



Methodology

To gather supplemental qualitative data, Ascension Seton, in collaboration with Baylor Scott & White Health and St. David's Foundation engaged IBM Watson Health (formerly Truven Health Analytics) and Shared Strategy Group to conduct focus groups and interviews in Travis County.

IBM Watson Health conducted one focus group in East Austin and four key informant interviews, while Shared Strategy Group conducted five focus groups in different locations throughout Travis County.

Per IRS requirements, the consultants invited individuals to participate in the focus group based on their involvement with public health, chronic diseases and their work with medically underserved, low-income or minority populations. The consultants also sought participation from community leaders, other healthcare organizations and healthcare providers.

Focus Groups

IBM Watson Health (formerly Truven Health Analytics) conducted a focus group in East Austin, Travis County in July 2018. The focus group included sixteen participants representing a wide range of organizations. These organizations are listed in Appendix One. Most of the participants participating in the focus group worked with at-risk and low-income populations, minorities, the medically under-served and populations with chronic diseases.

The top three areas of need identified by participants at the East Austin focus group members were: (1) funding for health care and transportation; (2) enhanced culturally sensitive services and (3) behavioral health services. These needs align with the key findings and themes identified in the Austin/Travis County CHA report.

The focus group also identified key opportunities for improving health in Travis County, including (1) improving health education and literacy; (2) supporting a “living wage” and (3) using technology to “integrate the health care system” and “improve communication among providers.”

Key Informant Interviews

In addition to conducting a focus group in East Austin, Ascension Seton and Baylor, Scott & White contracted with IBM Watson Healthcare to conduct four key informant interviews in Travis County in August 2018. The interviews included representatives from: (1) Texas Department of State Health Services; (2) Lake Travis Independent School District; (3) Central Texas Food Bank and (4) Central Texas Catholic Charities.

Most of the interview participants offered a Central Texas regional perspective. However, several themes emerged from the stakeholder interviews that were also expressed in the Travis County focus groups. Those themes included language and cultural barriers to accessing care, limited access to public transportation and challenges involved in providing care for the uninsured population, including mental health care.

Other issues raised during the interviews included fear among the undocumented immigrants to access health care services and the public health impact, such as the spread of tuberculosis. Leaders also cited lack of Medicaid expansion or funding to provide services to the uninsured as a challenge.

On the topic of mental health, the interviewees noted that available services do not meet existing needs. Interviewees stated mental health problems exist across the population, but that they are more acutely experienced in the low-income and uninsured populations due to the lack of sustainable program funding.

Conclusion

The supplemental focus groups and “Community Conversations” conducted in 2018 provided Ascension Seton with additional insight into the perceived health care needs of Travis County residents, especially at the micro-neighborhood level. The feedback gathered from community members and stakeholders in 2018 mirror many of the same findings and themes identified in the Austin/Travis County CHA report, specifically the need to focus resources on improving access to care and mental health resources.

Findings from the focus group and community conversations carried out in 2018 are consistent with the top three prioritized health concerns identified in the CHA, including:

- Diabetes
- Mental Health
- Access to Healthcare

Approval

Prepared by Ascension Seton. Formally adopted by the Ascension Seton Board on May 21, 2019.

Appendix One: Organizations Represented in Focus Groups and Interviews

Organization	Community Input Sector
GO! Austin / VAMOS! Austin (GAVA)	Representatives or members of public, health, low-income and minority populations, populations with chronic disease needs
Manos de Cristo	Representatives or members of public health and low-income populations
Community Care Collaborative	Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs
Cardinal 360, LLC	Representatives or members of medically underserved, populations
The College of Health Care Professions	Representatives or members of low-income and minority populations
CareBOX Program	Representatives or members of medically underserved, low-income and minority populations, populations with chronic disease needs
Regarding Cancer	Representatives or members of medically underserved, low-income and minority populations, populations with chronic disease needs
Greater Austin Hispanic Chamber of Commerce	Minority populations
Austin Clubhouse, Inc.	Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs.
Women's Health and Family Planning Association of Texas	Representatives or members of public health, medically underserved, low-income and minority populations
The Arc of the Capital Area	Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs.
Austin Child Guidance Center	Representatives or members of public health, low-income and minority populations

Central Texas Food Bank	Representatives or members of medically underserved, low-income populations, populations with chronic disease needs
Baylor Scott and White Health	Public health
People's Community Clinic	Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs.

Appendix Two: Summary of Community Health Resources

The chart below provides a high-level overview of the health care resources available in or servicing Travis County, including acute care facilities (hospitals), primary and specialty care clinics, mental health providers and other nonprofit services that address the social determinants of health such as transportation, affordable housing, poverty and nutrition. Many of the facilities and organizations listed below are potential resources to address the health needs identified in this CHNA. In addition to the resources listed below, the following government resources are available in each Texas county: Women, Infant and Children (WIC) nutrition program, Texas Health and Human Services Commission programs, Texas Workforce Commission, Texas Mental Health and Mental Retardation (MHMR) offices.

As part of the CHNA process, Ascension Seton along with community partners identified resources that currently support health. This list is not meant to be exhaustive.

Acute Care	Primary & Specialty Care	Mental Health	Other Resources
Dell Seton Medical Center at the University of Texas	Ascension Seton McCarthy Community Health Center	Austin Travis County Integral Care (MHMR)	Medical Assistance Program (MAP)
Ascension Seton Medical Center Austin	University Physicians Group	Ascension Seton Shoal Creek	Central Health
Dell Children’s Medical Center	Seton Family of Doctors at Balcones Woods	Ascension Seton Psychiatric Emergency Department	The University of Texas at Austin Dell Medical School
Ascension Seton Northwest	Seton Family of Doctors at Jollyville	Ascension Seton Mind Institute	Community Care Collaborative
Ascension Seton Southwest	Seton Family of Doctors plus Express Care at Davis Lane	Grace Greco Maxwell Mental Health Unit at Dell Children’s Medical Center	Catholic Charities of Central Texas
St. David’s South Austin Medical Center	Seton Family of Doctors at Stone Hill	Texas Children’s Study Center/University of Texas at Austin	Foundation Communities

St. David's Medical Center	People's Community Clinic (Federally Qualified Health Center)	Austin State Hospital	Capital Metropolitan Transportation Authority (Cap Metro)
St. David's North Austin Medical Center	Lone Star Circle of Care (Federally Qualified Health Center)	Ascension Seton Health Services at Austin ISD	Capital Area Rural Transportation System (CARTS)
Baylor Scott & White Medical Center – Round Rock	CommuniCare (Federally Qualified Health Center)	Bipolar Disorder Clinic at UT Health Austin (Dell Medical School)	United Way for Greater Austin
St. David's Heart Hospital of Austin	El Buen Samaritano Episcopal Mission		Greater Austin Hispanic Chamber of Commerce Health and Wellness Committee
Lakeway Regional Medical Center	RediClinics		Austin Public Health Neighborhood Centers
Cornerstone Hospital of Austin	UT Health Austin (clinical practice of Dell Medical School)		
	St. David's Foundation Dental Program		
	Hope Medical & Dental Clinics		



Appendix Three: Evaluation of Impact of Actions Since 2016 CHNA

Ascension Seton conducted its last CHNA for the Travis County in 2016. The CHNA identified the following prioritized needs for FY 2016-FY 2018.

1. Mental and behavioral health
2. Chronic diseases
3. Primary and specialty care
4. System of care
5. Social determinants of health

Ascension Seton and Ascension Seton facilities in Travis County have worked to address these needs. The summary below includes a summary of the impact Ascension Seton has made on these community needs over the past three years.

Ascension Seton operates the primary teaching hospital where Dell Medical School at The University of Texas (DMSUT) undergraduate and graduate medical students train. Ascension Seton and DMSUT have collaborated on medical resident training as medical students and residents have completed rotations in different specialties at many of the Ascension Seton facilities, including Dell Seton Medical Center at The University of Texas, Ascension Seton Medical Center Austin, Dell Children's Medical Center, and Ascension Seton Shoal Creek.

Ascension's national access and care coordination center, called AscensionConnect, supports the 11 counties that Ascension Seton serves. This innovative center provides comprehensive access to health and innovative solutions all under one roof. By utilizing one number patients are able to schedule primary and specialty care appointments, access 24/7 nurse advice, utilize the digital urgent care for minor illnesses, access behavioral health through an iPad, and enroll in comprehensive remote care management programs. The center is staffed by teams of multidisciplinary professionals with both clinical and administrative backgrounds that utilize digital technology to extend access to services that traditionally have been very difficult to find.

AscensionConnect's remote care program serves an average of 800 patients per month. Clinicians work with individuals suffering from chronic illness or individuals who are preparing for surgery. Our navigators tailor each care pathway based on the individual's personal needs. This program has been live for three years and has demonstrated a reduction in readmissions to as low as 2.59% for participants of the intervention.

Ascension Seton made the previous Travis County CHNA report available online. The public was invited to submit comments via email. No comments were received on the 2016 CHNA.

Ascension Seton Medical Center Austin

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Navigate individuals at risk of a substance use disorder to intervention and treatment	Identification of maternal opioid use disorder in private and AMG clinics in initial stages of implementation. Behavioral health training for frontline staff in OB
	Expand access to psychiatric services through telemedicine	We provide 24/7 tele psych in the ED and Woman’s Services and other units as needed.
Chronic Diseases	Provide treatment and care coordination for adults with chronic conditions or serious injuries using a multi-disciplinary team of providers	Navigate patients in limited situations to use Good Health Solutions (e.g. COPD, Diabetes, hypertension)
	Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols.	No dedicated endocrinologists at SMCA currently. Currently no diabetic educator nursing support.
	Provide treatment and care coordination for adults with one or more chronic conditions (including diabetes, heart disease, asthma, HIV-AIDS)	Navigate patients in limited situations to use Good Health Solutions (e.g. COPD, Diabetes, hypertension)
Primary and Specialty Care	Expand timely access to breast and cervical cancer screening via a mobile unit	Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced

		technological 3-D units (as opposed to 2-D unit of mobile unit).
Systems of Care	Provide navigational services form cancer diagnosis to treatment and survivorship services for women	Applying for National Accreditation Program for Breast Center Currently, the network provides breast navigators for all sites
	Provide pre-natal and post-natal navigation for pregnant Hispanic women	Community partners provide this service at this time.
	Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making	All service areas have access to iPads for interpretation and special situations in person interpreters are available. This service is well utilized by our teams.

Ascension Seton Northwest

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Expand access to psychiatric services through telemedicine	SNW has telemedicine resources available
	Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County	Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest. Proactive psych consult service was effective. Patient and nurse satisfaction were improved when available. Currently, there are no remaining resources for the program.
Chronic Diseases	Provide treatment and care coordination for adults with chronic conditions or serious injuries using a multi-	Multi-disciplinary care teams meet daily to discuss inpatient care and treatment plans to help patients get better and follow up with the right care in order to avoid readmissions. Ascension Connect also participating to include remote patient monitoring.

	disciplinary team of providers	
	Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols.	Diabetes education resources have been reduced. Standard educational materials are provided and sent home with patients.
Primary and Specialty Care	Expand timely access to breast and cervical cancer screening via a mobile unit	Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit).
Systems of Care	Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making	Special Language Line translation phones are available in every patient room; Translation iPads are also available throughout SNW

Ascension Seton Shoal Creek

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Navigate individuals at risk of a substance use disorder to intervention and treatment	Imbedded hospital based social workers provided consult and support services to network facilities treating individuals with substance abuse disorders; provided treatment referrals and follow-up support These social workers are now integrated into Good Health Solutions
	Provide free behavioral health assessments and navigate individuals to community health providers	Resource Navigators have an established call line and provide free assessments; Current volumes include over 1000 calls/month with over 200 assessments provided/monthly

		80% of assessments result in admission to Seton BH programs (in patient, intensive outpatient, outpatient through Seton Mind Institute)
	Expand access to psychiatric services through telemedicine technology	Still a work in progress; Psychiatry consult liaison team provides telepsychiatry consults to reduce length of stay; Future state to include expanded telepsychiatry to support EDs and IP with 24 hour coverage
	Create a new psychiatric emergency department	Psychiatric Emergency department initially created as a separate unit within Brackenridge Hospital; primary site for all psychiatric crisis treatment for community; staffed with behavioral health social workers, nurses and psychiatrists; reduced inpatient hospital admissions (less than 40% of patients admitted); Current state is an integrated portion of the Dell Seton medical Center Emergency Department – staffing includes behavioral health social workers, nurses and psychiatrists with support from Emergency Department providers
	Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County	Increased from 28 to 32 general psychiatry residents and expanded services at the VA. Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest and have now expanded to Dell Seton Medical Center. The service provides proactively assess all patients and offer psychiatric services to those patients deemed at risk. Overall the service increases access to mental health services, reduces length of time to care, and reduces length of stay in the hospital. Have 8 child and adolescent psychiatry fellows who train at the new pediatric mental health unit at Dell Children’s. Have expanded inpatient access to mental health services at Dell Children’s.
Social Determinants of Health		Enhanced partnership with Integral Care to provide care for indigent patients has improved long-term stabilization of community members; lower readmission rates (below 3% readmissions within 15 days of discharge) for most chronic individuals; contract agreement for funding for inpatient care

Ascension Seton Southwest

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Provide free behavioral health assessments and navigate individuals to community health providers	Social Workers provide free mental health & substance abuse assessments & referrals.
	Expand access to psychiatric services through telemedicine	Telemedicine is in place in our ED to consult for our psychiatric patients.
Chronic Diseases	Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols.	Implemented diabetes education by nursing
Primary and Specialty Care	Expand timely access to breast and cervical cancer screening via a mobile unit	Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit).
Systems of Care	Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making	Ascension Seton Southwest utilizes the Language Line Solutions telephones and iPads for translation services to include American Sign Language. If patient requests an onsite interpreter, one will be provided.

Dell Children’s Medical Center

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Increase access to behavioral health services on school campuses for children and adolescents	Screening program no longer in effect (DSRIP project that ended in October 2016). During 2015-2016 school year, 737 students served, with 8491 individual encounters during 2016-2017 school year, 684 students served, with 9123 individual encounters
	Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County	Have 8 child and adolescent psychiatry fellows who train at the new pediatric mental health unit at Dell Children’s. Have expanded inpatient access to mental health services at Dell Children’s.
Systems of Care	Provide specialty treatment and care coordination for children with high disease complexity	According to 3-year study ending in October 2016, the Children’s Comprehensive Care clinic when compared to a control group: <ul style="list-style-type: none"> • Decreased utilization of ED by 40% in the treatment (medical home) group versus the control (community PCP) group. • Improved all domains of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey -32% greater satisfaction in the treatment (medical home) group versus the control group (community PCP). • Improved Pediatric Quality of Life Inventory (PEDsQL) in the domain of communication-Treatment (medical home) group increased by 13.5 points versus the control (community PCP) group increase by 0.76 points. • Currently receiving baseline claims data on approximately 40% of patients served in the medical home to determine cost of care.
Chronic Disease	Deliver a tiered, multi-delivery approach to	November 2018: The Ascension Texas Community Investments Committee agreed to extend the prior

	prevent and treat childhood obesity	<p>2016 contract with an additional three-year agreement to provide over 4,300 teachers and 78,000 students in Austin ISD, Round Rock ISD, and Hays ISD access to GoNoodle PLUS which has access to over 300 online movement videos. This level of access includes exclusive GoNoodle PLUS videos that bring movement and core-subjects together to develop fluency in grade-specific math and English topics.</p> <p>GoNoodle’s online movement videos get kids moving - - running, jumping, dancing, stretching, and practicing mindfulness for 3 to 5 minutes at a time and help teachers create an engaged classroom environment.</p> <p>GoNoodle channels classroom energy with short, interactive physical movement bursts proven to improve student health, boost cognitive processing, focus and academic performance. Both energizing and calming videos are available to help channel kids’ energy.</p>
Social Determinants of Health		Physicians with Children’s Health Express (Marylin Doyle and Kimberly Avila Edwards) attended a Central Texas Learning Collaborative held by the Texas Pediatric Society (TPS) on addressing SDOH. Screening for SDOH is being integrated into well child checks of CHE. Partnerships and collaborations have been fostered between DCMC, TPS, DMS and People’s Clinic to share resources for patients for those who screen positive. The process for identification and referral to these resources is in process.
	Provide evidence-based treatment for children and adolescents with emotional, behavioral and developmental disabilities	<p>Screening program no longer in effect (DSRIP project that ended in October 2016).</p> <ul style="list-style-type: none"> • During 2015-2016 school year, 737 students served, with 8491 individual encounters • During 2016-2017 school year, 684 students served, with 9123 individual encounters
	Provide primary care services for uninsured children and their teen parents through a mobile health unit (Children’s Health Express)	<p>2017 Children’s Health Express (Mobile Healthcare Van)</p> <ul style="list-style-type: none"> • 954 patient clinical encounters • 229 Health Education encounters • 8 sites of service to include: East Side Memorial HS, Houston Elem, Lanier HS, McBee Elem, Reagan HS, Travis HS, Webb MS, Wooten Elem

	<p>Provide campus-based services (AISD Health Services)</p>	<p>Referrals to primary care and preventative care 2015-2016 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 239,712 • Referrals to medical providers (not ED): 4513 encounters • Preventative screenings: 5916 encounters • Direct student encounters for diabetes, asthma: 24,290 • Case management encounters for diabetes, asthma: 6682 • Behavioral health direct encounters: 1630 • Behavioral health referrals: 1460 with 450 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>2016-2017 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 230,035 • Referrals to medical providers (not ED): 3603 encounters • Preventative screenings: 6022 encounters • Direct student encounters for diabetes, asthma: 23,358 • Case management encounters for diabetes, asthma: 8212 • Behavioral health direct encounters: 1764 • Behavioral health referrals: 1289 with 310 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>2017-2018 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 256,671 • Referrals to medical providers (not ED): 3199 encounters • Preventative screenings: 6547 encounters • Direct student encounters for diabetes, asthma: 25640 • Case management encounters for diabetes, asthma: 7497 • Behavioral health direct encounters: 1841 • Behavioral health referrals: 1289 with 149 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>The student population has continued to decrease between 2015-2016 and 2017-2018 school years,</p>
--	---	--

		<p>while at the same time RN/Clinical Assistant hours of coverage provided by AISD Student Health Services increasing to bell-to-bell coverage in majority of AISD campuses. The increase in hours of service provided by Ascension Seton staff is reflected in the statistics provided.</p>
	<p>Prevent childhood injuries and accidental deaths by raising awareness and providing free resources like child care seats and bicycle helmets</p>	<p>2018 – DCMC Injury Prevention Program Highlights</p> <ul style="list-style-type: none"> • Estimated number of Child Safety Seats (CSS) distributed: 1,674 • Estimated number of CSS inspections completed: 1,947 • Estimated number of media awareness messages broadcast: 55 <ul style="list-style-type: none"> ○ 20,000 viewers/each time • Estimated number of community events conducted: 179 • Estimated number of tip cards disseminated into the community: 61,500 • Estimated number of persons assisted by our community safety store: 1,302 • Child passenger safety technicians trained: 91 • Motor Vehicle Crash Data (DCMC 2016-17) Unrestrained – Declining • Bike/Ped Related Injuries Data (DCMC 2016-17) – Declining:
	<p>Utilize geo mapping data to identify hot spots of where uninsured children live and understand changes in the community’s health landscape, including the delivery and utilization of health care services</p>	<p>DCMC utilizes a degree of geospatial analysis with community programming related to child passenger safety. Resources are mapped to identify if they actually impact the low socio-economic populations DCMC targets. For example, when Back to School bash data (booster seat only program) is overlaid with current poverty maps of the region we are able to confirm current operations do address their intended audiences. DCMC also works with Children’s Optimal Health, a community collaborative that utilizes data from variety of organizations and overlays geo-mapping to inform decisions about policy and services related to children.</p>

Dell Seton Medical Center

Prioritized Need	Strategy	Actual Impact
Mental and Behavioral Health	Navigate individuals at risk of a substance use disorder to intervention and treatment	Operational efficiencies implemented to transition patients out of Behavioral health pod timely and to Seton Shoal Creek facility
	Provide free behavioral health assessments and navigate individuals to community health providers	
	Expand access to psychiatric services through telemedicine	The network provides, and we facilitate, on-demand psych and behavioral health consults using telemedicine provided by Seton Mind Institute and outside physicians.
	Create new psychiatric emergency department	Psychiatric Emergency department initially created as a separate unit within Brackenridge Hospital; primary site for all psychiatric crisis treatment for community; staffed with behavioral health social workers, nurses and psychiatrists; reduced inpatient hospital admissions (less than 40% of patients admitted); Current state is an integrated portion of the Dell Seton medical Center Emergency Department – staffing includes behavioral health social workers, nurses and psychiatrists with support from Emergency Department providers
	Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County	Increased from 28 to 32 general psychiatry residents and expanded services at the VA. Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest and have now expanded to Dell Seton Medical Center. The service provides proactively assess all patients and offer psychiatric services to those patients deemed at risk. Overall the service increases access to mental health services, reduces length of time to care, and reduces length of stay in the hospital.
Chronic Diseases	Provide treatment and care coordination for	Site initiatives directly impacting nursing and provider communication

	adults with chronic conditions or serious injuries using a multi-disciplinary team of providers	<p>Patient advocate resource as well as volunteer ambassadors who serve as additional support to the patient</p> <ul style="list-style-type: none"> • Multidisciplinary care conferences for patient and patient family when necessary • Multidisciplinary rounding • RN and Provider councils • Pursuing Excellence initiatives
	Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols.	<ul style="list-style-type: none"> • Integrated Diabetes Educator in the care team • Robust education for new diabetics • Specialized ED training so that ED/CDU care team can provide diabetes support to OP • Partner with CommUnity Care and Seton PC providers to ensure frequent flyers in the ED have additional support • Good Health Post Visit Diabetes Program-include multiple touchpoints spanning 60+ days
	Provide treatment and care coordination for adults with one or more chronic conditions (including diabetes, heart disease, asthma, HIV-AIDS)	Partner with CommUnity Care and Seton PC providers to ensure frequent flyers in the ED have additional support
Primary and Specialty Care	Expand timely access to breast and cervical cancer screening via a mobile unit	Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit).
Systems of Care	Provide navigational services from cancer diagnosis to treatment and survivorship services for women	<p>Active treatment navigators and survivorship navigators</p> <p>Survivorship navigators help the patients transition from the oncologist to a primary care home and provide the patient with a survivorship care plan which outlines the patient long term screening and follow up needs</p>
	Increase language translation and quality of communications	International translation platform to support communicating in the language of choice, as well as on-site resources for Spanish languages

	between the health care provider and patient to achieve greater patient involvement in shared decision-making	Over 50 iPad distributed across the facility Translation phones were strategically placed in all inpatient rooms with the new facility Spanish translation of discharge plan done with Seton translators within 60 minutes of request- ensuring patients leave with what they need
Social Determinants of Health	Provide a diverse population of patients with access to health care delivered by culturally competent professionals	<ul style="list-style-type: none"> • Care board utilization in the patient room • Site initiatives directly impacting nursing and provider communication • Patient advocate resource as well as volunteer ambassadors who serve as additional support to the patient • Multidisciplinary care conferences for patient and patient family when necessary • Modules for patient care givers have been distributed to address cultural awareness (I.E. transgender)

Central Texas Rehabilitation Hospital

Prioritized Need	Action	Actual Impact
Mental and Behavioral Health	Provide psychological consults for patients with primary and/or secondary psychiatric co-morbidities	Better overall health outcomes and increased access to community resources upon discharge Increased access to needed mental health assessments and treatments through psychology and neuropsychology consultations
Chronic Diseases	Provide stroke support and education	Each primary CVA admit is provided individualized education on personal risk factors as well as education for prevention of secondary stroke Families and caregivers are included in the education
Primary and Specialty Care	Expand medical staff to include specialty physicians in key areas	CTRH patients have access to psychiatry, neuropsychiatry, urology, nephrology and Internal Medicine as routine consultations. Many additional specialty physicians are credentialed to provide in-house consultations on an as needed basis.