

# Seton Edgar B. Davis Hospital

## Community Health Implementation Strategy



*Prepared by Seton Family of Hospitals.*

*Formally adopted by the Seton Family of Hospitals Board of Directors  
on November 14, 2016.*

*Formally adopted by the Ascension Texas Board of Directors  
on November 15, 2016.*

For questions or comments on this report, please visit <https://www.seton.net/chna-feedback/>

## Overview

Seton Edgar B. Davis is a hospital facility that is part of the Seton Family of Hospitals (Seton), a 501(c)(3) nonprofit corporation with a long-standing history of serving Central Texas, not only as a health care provider, but as a leader and advocate for improving the health of the population as a whole.

### *Seton's Mission:*

*Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.*

The 2010 Patient Protection and Affordable Care Act included an IRS mandate that changed Community Benefit reporting. Non-profit hospitals must now engage in a three-year cycle of addressing community health needs, beginning with a Community Health Needs Assessment (CHNA) for the communities it serves. Once the CHNA is complete, each hospital must create and adopt an Implementation Strategy that describes the actions the hospital plans to address the health needs identified in the Community Health Needs Assessment. These mandates are required as a condition of maintaining the hospital's federal tax exemption.

## Community Health Needs Assessment (CHNA)

In 2016, Seton and its partners conducted eight CHNAs for the communities served by the Seton Healthcare Family. The methodology for conducting the CHNAs included two main components:

- (1) Analysis of demographic and health data using primary sources such as the U.S. Census and the Behavioral Risk Factor Surveillance System and;
- (2) Collection of secondary data from community stakeholders (including residents, public health officials, nonprofit organizations, government and business stakeholders) through focus groups, community forums and surveys.

A detailed description of the methodology Seton used to conduct the 2016 CHNAs is included in the CHNA reports. The CHNA report that corresponds to the population each hospital serves is posted on the website of each respective hospital. The 2016 Caldwell County CHNA, used for Seton Edgar B. Davis Hospital, can be found [here](#).

## Community Health Implementation Strategy

Seton has developed 15 Community Health Implementation Strategies, one for each of its hospitals and joint venture facilities. Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area. As required by the IRS, the Implementation Strategies also address any needs that will not be met.

Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategies are not strictly operated by Seton Edgar B.

Davis. The majority of these Seton-led actions are designed to serve Central Texas residents regardless of where they live or seek health care.

## **About Seton Edgar B. Davis Hospital**

Seton Edgar B. Davis Hospital is a general acute care facility located 50 miles southeast of Austin in Luling, Texas. It originally opened in 1966 but became a Seton facility in 1999. Designated by the American Nurses Credentialing Center as a Pathways to Excellence hospital, Seton Edgar B. Davis is committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties.

The hospital offers 24-hour emergency, plus comprehensive diagnostic and treatment services, health education and wellness programs. The hospital also offers the Children's Care-a-Van, a specially-equipped recreational vehicle which makes weekly visits to area schools and day care centers, the Care-a-Van is a service of Seton Edgar B. Davis in cooperation with the Michael and Susan Dell Foundation.

Seton Edgar B. Davis is the only provider in Caldwell County offering mammograms. It offers one of South-Central Texas' largest Specialty Clinic services program. Independent physicians representing 14 different medical specialties hold weekly and monthly clinics in Luling on hospital grounds.

Seton Edgar B. Davis is part of Seton, which serves all of Central Texas. Both are part of Ascension, the largest nonprofit health system in the U.S. and the world's largest Catholic health system.

## **About the Caldwell County CHNA**

Seton collaborated with the St. David's Foundation (SDF) and Central Texas Medical Center to gather data and community input for the 2016 Caldwell County Community Health Needs Assessment.

## **Prioritized Health Needs for Caldwell County**

After carefully reviewing the data and community input, Seton prioritized five main health needs for Caldwell County in the 2016 CHNA:

**Need 1:** Mental and Behavioral Health Care.

**Need 2:** Primary and Specialty Care.

**Need 3:** Chronic Diseases.

**Need 4:** System of Care.

**Need 5:** Social Determinants of Health.

Seton recognizes that the five needs listed above are inter-connected and that many Caldwell County residents, especially the poor and vulnerable, have cross-cutting needs.

The needs prioritized in the 2016 plan are similar to the needs identified in the 2013 Caldwell County CHNA, which can be found [here](#).

The 2013 Prioritized Needs for Caldwell County were: behavioral health, access to care, obesity, chronic diseases and disease management and community collaborations.

## **Community Health Implementation Strategy for Seton Edgar B. Davis**

The following Community Health Implementation Strategy for Seton Edgar B. Davis addresses all the above needs. As required by IRS Guidelines, for each need, Seton has identified:

- Key actions to address the need.
- The anticipated impact of these actions.
- Available resource.
- Potential collaborations.

The Implementation Strategy begins with a discussion of five of Seton's most significant overarching strategies to transform health care in the region and address Caldwell County's prioritized health needs. Next, we have provided a logic model that provides more detailed information on several Seton projects that address one or more Caldwell County prioritized health need. A logic model is a tool used to create a framework to evaluate the effectiveness of a strategy or initiative.

The various actions included in the Implementation Strategy are not intended to be exhaustive or inclusive of every single Seton strategy, initiative or program. Instead, the plan highlights the most significant actions that Seton has undertaken to address the health needs prioritized in the Community Health Needs Assessment, including those overarching strategies that are expected to make the most significant impact on the delivery of health care in the region for the poor and vulnerable.

## **Overarching Strategies**

The following section of the Implementation Strategy describes three of the most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

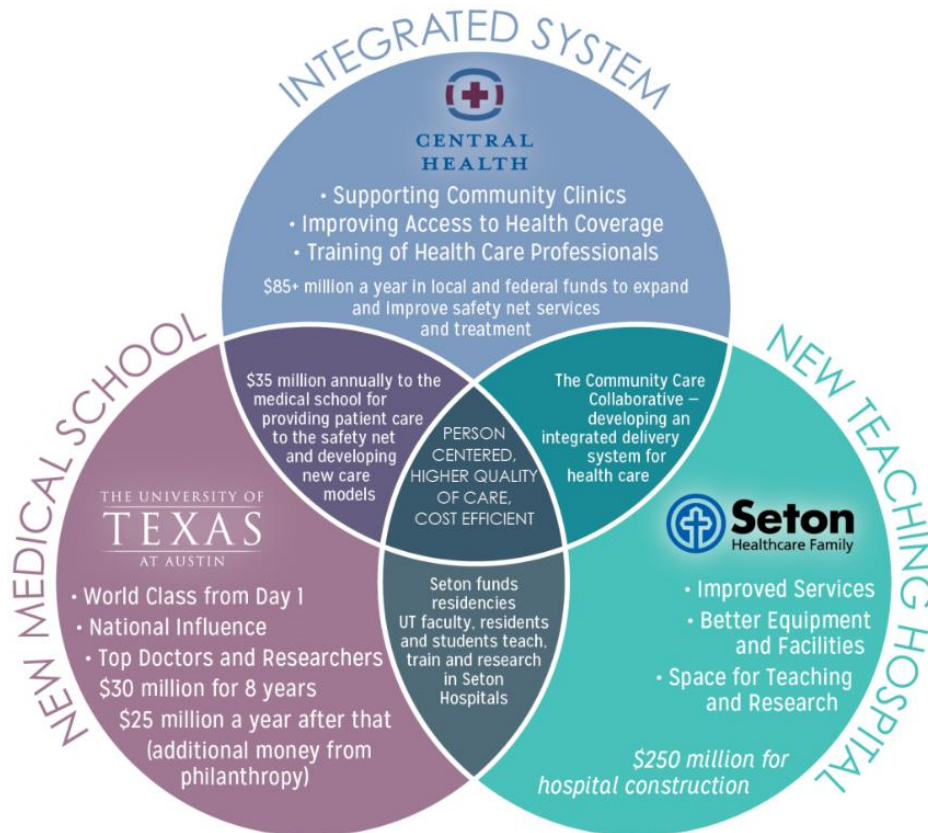
These strategies include:

- Dell Medical School/ Dell Seton Medical Center at the University of Texas.
- Telehealth.
- Population Health Command Center.

These overarching strategies address all of the five prioritized health needs identified in the Caldwell County Community Health Needs Assessment.

## A New Model of Health Care

The three-way partnership between Seton, Central Health and The University of Texas at Austin Dell Medical School is the foundation of Seton's significant investments to transform care delivery, improve the health of individuals and address community health needs.



## Dell Medical School & Dell Seton Medical Center at The University of Texas at Austin

### Background:

In November 2012, Travis County voters passed Proposition 1 to support investments in the health of the Austin community, including building the new medical school at The University of Texas at Austin, Dell Medical School (DMS). At the same time, Seton committed to fund and build a new state-of-the-art teaching hospital, Dell Seton Medical Center at The University of Texas, to replace University Medical Center Brackenridge, the aging public hospital Seton partnered with the city and county in 1995 to operate. Dell Seton will open in Spring 2017.

This historic partnership between Seton and the Dell Medical School is one of Seton's most significant, overarching strategies to transform the delivery of health care in the region and better serve the poor and vulnerable.

**Actions:**

Dell Medical School will play a central role in addressing many of the prioritized needs in the Caldwell County CHNA, including increasing access to specialty care for the poor and vulnerable. Specifically, Seton will work with population health experts among the medical school faculty to develop more efficient care pathways. These efforts work to address community health needs including primary and specialty care, systems of care, chronic disease, and mental and behavioral health.

For example, in June 2016, Dell Medical School, Seton, the CCC and community physicians launched a pilot project to reduce wait times for high-quality musculoskeletal care such as hip and joint pain. In three months, the pilot pruned the waiting list and more than 250 patients securing appointments with musculoskeletal specialists.

**Anticipated Impact:**

Seton was a driving force behind the campaign to bring a medical school to Central Texas and to build an adjacent modern teaching hospital because data show that hospitals affiliated with top-tier universities raise the standard of care in a community. Many of Seton physicians will serve as faculty for DMS medical students, residents and fellows.

Data also show that medical schools play a major role in a community's health care safety net. Seton expects its partnership with DMS will have a positive impact on the local safety net and will expand access to specialty and other health care services for the poor and vulnerable. In addition, DMS will help alleviate the physician shortage in Caldwell County and surrounding areas because, nationally, a large percentage of residents choose to practice medicine in the community where they received training.

**Resources:**

Seton has invested significant funding, time and leadership to support the creation of the Dell Medical School. Seton played a role in defining the new school's curriculum, employs area medical residents and funds graduate medical education. Medical students and residents will complete rotations in different specialties Seton hospitals (Dell Seton, Dell Children's Medical Center of Central Texas, Seton Medical Center Austin, Seton Shoal Creek Hospital) and clinics.

**Collaboration:**

Building a new medical school and teaching hospital is an historic collaboration between Seton, multiple schools at The University of Texas at Austin and Central Health. This three-way partnership with Central Health and Dell Medical School will drive our efforts to innovate address the prioritized health needs in our community.

## Telehealth

### Background:

Telehealth, also known as Virtual Care, is another cross-cutting, high priority network-wide strategy Seton is using to address all of the prioritized health needs identified in the seven 2016 CHNAs. Telehealth is a broad term that encompasses three core modalities: telemedicine, digital clinics and remote patient monitoring. Each of these modalities address one or more of the health needs prioritized in the Caldwell County Community Health Needs Assessment. All telehealth services are designed to be culturally competent by offering translation for non-English speakers and verbal instructions for individuals who are not able to read.

### Actions:

The actions that Seton is taking in the area of telehealth fall into three broad categories: telemedicine, digital clinics and remote patient monitoring.

**Telemedicine** has been an important Seton strategy to improve the overall system of care, while increasing access to primary, specialty and behavioral health care, since 2008. Telemedicine involves a video consultation between a patient (who is in a clinical setting) and a health care provider located at a different physical location. An example of this is a patient with a complex condition who is hospitalized at Seton Edgar B. Davis, but can be examined virtually by a specialty physician at University Medical Center Brackenridge. As illustrated by this example, the impact of telemedicine is significant. Telemedicine can increase access to specialty care, reduce wait times for specialist appointments and eliminate the need for extensive travel. Tele-pharmacy is a form of telemedicine that allows patients at rural hospitals to receive a pharmacy consult via video. Tele-psychiatry services are already offered at Seton's community-based clinics that serve the poor and vulnerable through DSRIP projects. In the next three to five years, Seton plans to establish and expand telemedicine services for rural care, specialty care, pharmacy, psychiatry and inmate care.

**Digital clinics** are a second form of telehealth similar to telemedicine except the patient does not need to be in a clinical setting. Instead, the patient can be at work, home or another non-clinical setting.

A third modality of telehealth is **remote patient monitoring**. Beginning in 2017, patients who meet designated criteria at Seton hospitals will be sent home with a special kit containing a tablet and, depending on the patient's condition, peripheral devices to help manage a patient's condition, like a scale, glucometer, or blood pressure cuff. These devices will be set up with a blue-tooth connection to automatically send patient readings to the Seton Population Health Command Center monitored 24/7 by professional staff. Triggers like blood pressure spikes, rapid weight gain or elevated blood sugars will alert the medical team to take appropriate action. In the initial roll-out of the program, remote patient monitoring will be used with pre- and post-surgical patients and individuals who have been to the emergency department more than twice in a year with Diabetes or Chronic Heart Failure. Remote monitoring is especially promising for patients who may not need or have access to full home health support services.

**Anticipated Impact:**

Each of the telehealth modalities described above is designed to have a positive impact on a broad segment of the population, including the poor and vulnerable. Specifically, the programs are expected to improve access to both primary and specialty care and reduce wait times for medical appointments, especially with specialists. Telehealth is also expected to improve patient compliance following hospital discharges, resulting in fewer readmissions, emergency room visits and overall better health. Seton is in the process of developing meaningful metrics to measure health outcomes for patients receiving telehealth services.

Notably, telehealth addresses needs identified by citizens in Caldwell County. Telehealth increase access to primary and specialty care as well as behavioral services; provides additional options to the system of care in this community; addresses and monitors chronic disease; and addresses social determinants of health like transportation. All forms of telehealth greatly reduce the need for patients to travel and diminish geographic barriers. For example, a patient living in a rural area who had surgery in Central Austin could use telemedicine or digital clinics for follow-up visits saving a long trip into the city.

**Resources:**

Seton's Telehealth Program is supported by the Seton Population Health Command Center staff who ensure the connection between the physician and patient and who follow up with both physicians and patients to ensure the continuum of care. Seton will also provide the technology devices and infrastructure needed to provide care via telemedicine, digital clinics and remote patient monitoring.

**Collaborations:**

Seton is collaborating with many different entities on its Telehealth strategy, including community physicians, Community-based clinics, Federally Qualified Health Centers and Dell Medical School.

**Population Health Command Center****Background:**

As a leading provider of health care in Central Texas, Seton is also deeply invested in improving population health. The Seton Population Health Command Center (Command Center) is one of Seton's newest strategies aimed at ensuring that patients receive the right care in the right place at the right time. Within our Humancare 2020 strategic plan, this is a strategic priority we call Optimized Delivery System. The Population Health Command Center is a key overarching strategy to addressing multiple community health needs for all the communities we serve. Telehealth, described in a separate section, is an important element of this strategy.

**Actions:**

The Command Center is a network-wide initiative that serves patients at all Seton hospitals and facilities. This new strategy directly addresses prioritized community health needs identified by 2016 CHNA for Caldwell County, including system of care, primary and specialty care, chronic disease and social determinants of health. During focus groups both community members and providers identified the need for better case management, coordination of care, patient



navigation and outreach, which all fall into the CHNA need, system of care. The Command Center provides these types of care and coordination services by phone or video, in the home and out in the larger community.

**Anticipated Impact:**

The Command Center plays a large role in Seton's ongoing strategy to improve population health by extending its reach to new locations, while addressing complexities in the population such as chronic disease prevalence, the social determinants of health and an aging population.

The Command Center, like telehealth, is expected to have a profound and positive impact on quality and cost of care for the Central Texas community and beyond. We expect to see lower hospital readmission rates, fewer unnecessary emergency room visits, reduced wait times for specialists and earlier detection and better management of chronic illnesses. In the long-term, we believe that people will be healthier because they have access to more convenient and affordable health care services. Seton is in the process of developing meaningful metrics to measure health outcomes for patients receiving support through the Command Center.

**Resources:**

Seton has invested in the staff, technology and infrastructure needed to seamlessly connect patients and providers through a wide range of centralized care and coordination services. The Command Center is staffed by an interdisciplinary team of health care professionals, including: registered nurses, nurse practitioners, clinical social workers, registered dietitians, certified diabetes educators, health promoters and patient access representatives. These professionals are all employed by Seton and work as a team to provide care coordination and navigation to strengthen the continuum of care. Services are available to Seton patients and the community 24/7.

**Collaboration:**

The Command Center is collaborating with many different entities, including community physicians, Community-Based Clinics, Federally Qualified Health Centers and Dell Medical School.

## Other Actions Addressing Prioritized Health Needs

### Mental and Behavioral Health

<p><b>Initiative:</b> Heritage Program  <b>Action:</b> Intensive outpatient psychiatric program for seniors in Caldwell and surrounding counties.  <b>Need Addressed:</b> Mental and Behavioral Health</p>		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Improved access for seniors with mental health conditions such as anxiety or depression and a comorbidity including congestive heart failure, diabetes, or COPD.	Nurse, social workers, master level therapist, program psychiatrist that visits weekly. Transportation assistance	Seton, local providers, social service agencies

*See also Telehealth and Seton Command Center above*

### Primary and Specialty Care

<p><b>Initiative:</b> Seton Edgar B. Davis Care-A-Van  <b>Action:</b> Mobile health van providing primary care, immunizations, education, referrals and other services to children in Caldwell, Hays, Gonzales, Travis, Guadalupe and Bastrop Counties at local schools and churches. Reduce transportation barriers.  <b>Need(s) Addressed:</b> Primary and Specialty Care, Social Determinants of Health</p>		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Increased access to primary care for low-income residents. Fewer missed days of school.	Nurse, Mobile Unit, Medical Supplies & Equipment.	Seton Edgar B. Davis, local schools, funders.

<p><b>Initiative:</b> Patient Prescription Assistance Program (PPAP)  <b>Action:</b> Support for uninsured residents of Caldwell County to apply for free medications from pharmaceutical companies.  <b>Need(s) Addressed:</b> Primary and Specialty Care, Chronic diseases</p>		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Improved access and reduced cost of medications. Better management of chronic disease and illnesses	Case workers, space, and technology.	Seton Edgar B. Davis, Community Health Centers, Rural Health Centers

<p><b>Initiative:</b> Lockhart &amp; Luling Rural Health Centers  <b>Action:</b> Provide primary, specialty and urgent health care for low-income residents with extended, convenient hours.  <b>Need Addressed:</b> Primary and Specialty Care.</p>		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Improved access to primary & specialty care and established primary care medical home for low-income residents including persons on Medicaid and Medicare. Earlier detection of disease and reduced use of emergency department	Physicians, nurses and other providers.	Seton Edgar B. Davis, local providers.

## Chronic Diseases

<b>Initiative:</b> Diabetes Education Program <b>Action:</b> Support for Caldwell County residents diagnosed with diabetes, including education and nutritional support. <b>Need Addressed:</b> Chronic Diseases		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Better coordinated care, Improved diabetes indicators, Reduced emergency department use	Registered Dietician	Seton Edgar B. Davis, Community Health Centers, Rural Health Centers

## System of Care

<b>Initiative: Caldwell County Indigent Health Care Program</b> <b>Action:</b> Enrollment, navigation and health care services for Caldwell County residents at or below 21% of the federal poverty limit. <b>Need Addressed:</b> System of Care		
<b>Impact:</b>	<b>Resources:</b>	<b>Collaboration:</b>
Increased access to a medical home and care delivered at the right time in the right setting.	Physicians, nurses, case managers.	Seton Edgar B. Davis, local providers, Rural Health Centers, Caldwell County

*See also Telehealth and Seton Command Center above*

## Social Determinants of Health

### Background:

The Centers for Disease Control and Prevention define social determinants of health as “conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.” During the CHNA process, when asked to identify the most pressing health needs facing Caldwell County, community members frequently cited social determinants of health such as transportation, affordable housing and poverty.

### Actions:

As part of Ascension, the largest non-profit health system in the U.S. and the world’s largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person’s health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing.

Seton is directly addressing social determinants of health in several ways:

- Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations.
- Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes.
- Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health.

### **Anticipated Impact:**

By building internal capacities, partnering with different agencies and providing leadership in the community, Seton anticipates our efforts will work toward addressing social determinants of health and have a positive impact on the communities we serve. We will identify initiatives that align with our mission and strategic plan, have measurable outcomes, demonstrate social and economic impact and meaningfully address social determinants of health.

### **Resources:**

Seton plans to continue to identify partnerships and invest with monetary donations in community organizations and nonprofits to address social determinants of health and other community health needs. All donations and sponsorship requests are currently reviewed by a formal Donations and Sponsorships Committee, composed of Seton associates and executive leaders. The Committee reviews requests and seeks partnerships with organizations that share Seton's mission, vision and values and can demonstrate the positive impact of their programs.

### **Planned Collaborations:**

Seton recognizes we cannot fully address social determinants of health alone. Collaborations with agencies that have expertise serving a broad range of social determinants of health are one of the most effective ways to serve these varied needs in our community. Through these community partnerships and financial investments, we will maximize community impact in addressing social determinants of health.

## **Conclusion**

Developing this Community Health Implementation Strategy was a collaborative effort of many areas within Seton and our partners. Seton views this document as dynamic and evolving plan of how we serve our communities. As we learn more from our community and build new investments and capabilities, this plan will change and grow. Substantive modifications and additions to this plan will be brought to our boards for review and approval.