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June 30, 2014

Dear Fellow Texan:

My fellow Texans and community neighbors, “Do not withhold good from those who deserve it, when it is in your power to act,” Proverbs 3:27. This scripture about Christian ministry illustrates Baylor Scott & White Health’s mission to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

This simple frame of mind and decision to go beyond the walls of our hospital is our commitment to not only treat our patients but to serve our community.

Beginning with the vision of a great humanitarian hospital as the Texas Baptist Memorial Sanitarium, Baylor University Medical Center at Dallas has been a valuable source of community care for the past 112 years. We strive to act in our mission to serve all people with exemplary health care, education, research and community service. It is our goal to meet the needs of the underserved and uninsured, provide education to upcoming professionals in the future of health care, and seek out research that will lead to greater advances in medicine. Today, Baylor Dallas is one of the nation’s largest not-for-profit medical centers in the country with more than 1,000 patient beds, a Level 1 Trauma Center and Level 3 NICU designation. Now and going forward, we at Baylor Dallas will continue to invest our resources, time and dedication back into the community.

At Baylor Dallas, we provide community benefit activities throughout the city of Dallas but focus much of our efforts and resources on underserved and uninsured residents particularly in East Dallas and South Dallas near our campus. The medically and financially indigent are at highest risk for many diseases.

I encourage you to give me feedback for this report. Please address comments to me, in care of Jennifer Coleman, Senior Vice President, Public Affairs, Baylor Scott and White Health, 3500 Gaston Avenue, Suite 150, Dallas, Texas 75246.

Sincerely,

T. Douglas Lawson, MS, FACHE
President, Baylor University Medical Center at Dallas
President, Central Division, Baylor Scott & White Health – North Texas

Baylor University Medical Center
Community Benefit Report: FY 2015
Page 2
I. Effective Dates of the Report
The annual report of community benefits provided is for the fiscal year ended June 30, 2015 (Fiscal Year 2015).

II. Hospital Description
Baylor University Medical Center at Dallas (Hospital), an affiliate of Baylor Scott & White Health, is a leading community and safety-net hospital in its service area. For 112 years, the Hospital has provided exemplary health care, medical education, research and community service for the citizens it serves.

The Hospital is a nationally recognized faith based not-for-profit hospital caring for more than 300,000 people each year. In 1903, the Hospital opened with 25 beds. Today, it is a major patient care, teaching and research center for the Southwest. The Hospital has currently 998 licensed beds and serves as the flagship hospital for the System’s Central Region.

The campus of Baylor University Medical Center encompasses six connecting hospitals:

- A. Webb Roberts Hospital
- Baylor T. Boone Pickens Cancer Hospital
- Erik and Margaret Jonsson Medical and Surgical Hospital
- George W. Truett Memorial Hospital
- Karl and Esther Hoblitzelle Memorial Hospital
- Baylor Jack and Jane Hamilton Heart and Vascular Hospital

Additional BSWH facilities offering medical services on the Hospital campus:
- Advanced Imaging Center
- Baylor Annette C. and Harold C. Simmons Transplant Institute
- Baylor Institute for Rehabilitation (BIR)
- Baylor Institute of Immunology Research (BIIR)
- Baylor Research Institute (BRI)

- Baylor Tom Landry Health and Wellness Center
- Kimberly H. Courtwright and Joseph W. Summers Institute of Metabolic Disease
The Hospital is home to more than 20 specialty centers that are designed to treat a range of medical conditions.

Baylor Charles A. Sammons Cancer Center (Baylor Sammons Cancer Center): All forms of cancer are treated at the Baylor Sammons Cancer Center, with particular emphasis on cancers of the breast, prostate, lung, colon, and gynecologic cancers, as well as hematologic Malignancies (leukemia, lymphoma and myeloma). Through research underway at Baylor Research Institute BRI), Texas Oncology, U.S. Oncology and the Mary Crowley Cancer Research Centers, the cancer center offers patients access to more than 150 national clinical trials and innovative cancer treatments.

Heart and Vascular Services: Heart and vascular services are offered to patients at both the Hospital at Dallas and Baylor Jack and Jane Hamilton Heart and Vascular Hospital (BHVH)—the first North Texas hospital dedicated solely to the care and treatment of heart and vascular patients. The Hospital’s Heart and Vascular Institute, in partnership with BRI, coordinates more than 50 research studies involving cardiac surgery, cardiology, cardiac and vascular intervention, electrophysiology, vascular surgery and cardiovascular disease prevention. The Hospital was also the nation’s first hospital to receive the Gold Seal of Approval™ from The Joint Commission for the Ventricular Assist Device (VAD) program.

Baylor Neuroscience Center: Baylor Neuroscience Center, which includes a Headache Center and Movement Disorders Center, offers services to diagnose and treat all types of neurological disorders, injury and disease, including tumors of the central nervous system; stroke; spine care; seizure disorders; movement disorders and cognitive disorders. This nationally recognized center of excellence is also home to the region’s first nationally certified stroke program and the Baylor Radiosurgery Center, which offers both the CyberKnife® and Gamma Knife® technologies. As the first Hospital in North Texas—and one of only a few in the country—to offer both stereotactic Radiosurgery systems in one dedicated center, patients with brain, spine and other tumors previously considered inoperable or untreatable with conventional therapy may now be treated in one location at the Hospital.

Baylor Annette C. and Harold C. Simmons Transplant Institute: The transplant program at the Hospital is a national leader in solid organ transplantation and, in partnership with the program at Baylor All Saints Medical Center at Fort Worth (Baylor Fort Worth), is one of only three programs worldwide to have performed more than 3,000 adult liver transplants. Since the program’s inception in 1984, transplant surgeons on the medical staff have performed more than 8,700 transplants, including liver, kidney, pancreas, heart and lung, small bowel, as well as blood and marrow transplants. Through the Hospital’s transplant research program, physicians participate in more than 120 transplantation research protocols. In fact, many of the medications used as standard therapy today are a result of research conducted at the Hospital.

Digestive Disease Services: The Hospital’s digestive care center offers advanced and comprehensive inpatient and outpatient treatment for digestive and liver disorders by providing a full-range of diagnostic and therapeutic services. The centers’ 18,000 square-
foot gastrointestinal (GI) physiology and endoscopy laboratory provides physicians with the ability to perform esophageal motility studies, pH monitoring, manometer testing and double balloon endoscopy, in addition to typical endoscopic procedures in a centrally located area. The GI analytical lab also offers digestive disease clinical research opportunities for physicians and patients.

James M. and Dorothy D. Collins Women and Children’s Center (The Women and Children’s Center): The Women and Children’s Center at the Hospital provides obstetric and gynecological services, including advanced technology for prenatal diagnosis and care; labor and delivery; high-risk infant care; genetic counseling; and family education. On average, approximately 4,200 babies are delivered annually at the Hospital. Specially trained staff is also available in the center’s Level III 83-bed Neonatal Intensive Care Unit (NICU) to care for small and fragile newborn babies.

Baylor George Truett James Orthopaedic Institute: The orthopedic care team at the Hospital combines clinical care, research and patient education to diagnose, treat, and provide follow-up care for orthopaedic conditions. In addition to performing traditional evaluation, treatment, and surgical services, orthopaedic surgeons on the medical staff at the Hospital also take part in 5 several specialty programs: the Baylor Motion and Sports Performance Center; Biomechanics Laboratory; Limb Salvage Program; Laser Research Laboratory; the Baylor Spine Center; Total Joint Replacement Program and Joint Wellness Program.

Trauma Services at the Hospital: The Hospital is a comprehensive Level I trauma center; one of only two adult trauma centers in Dallas, covering 21 counties (18,000 square miles) and 5 million residents. The trauma services division has dedicated trauma and stroke teams, providing 24-hour coverage of emergency services. The Riggs Emergency Department (ED), with more than 75,000 square feet, 85 patient treatment rooms, has dedicated areas specifically for trauma care, physician referral and minor emergency care.

Other specialty centers at the Hospital include:
  - Baylor Center for Pain Management
  - Baylor Diagnostic Imaging Centers
  - Baylor George Truett James Orthopaedic Institute
  - Baylor Geriatric and Senior Center
  - Baylor Heart and Vascular Institute
  - Baylor Heart Failure Program
  - Baylor Motion and Sports Performance Center
  - Baylor Neuroscience Center
  - Baylor Radiosurgery Center
  - Baylor Ruth Collins Diabetes Center
  - Baylor Sammons Bone Tumor Center
  - Baylor Sammons Lung Cancer Center
  - Baylor Spine Center
  - Baylor SportsCare
- Darlene G. Cass Women’s Imaging Center
- Digestive Care Services
- Ernie’s Appearance Center
- Gastrointestinal and Endoscopy Laboratory
- Non-invasive Heart and Vascular Laboratory
- Hereditary Cancer Risk Program- Infectious Disease Center
- James M. and Dorothy D. Collins Women and Children’s Center
- Louise Gartner Center for Hyperbaric Medicine
- Martha Foster Lung Care Center
- Reuben H. Adams Family Health Center
- Simply Mom’s Mother and Baby Boutique
- Sleep Center
- Virginia R. Cvetko Cancer Patient Education Center
- Visual Function Testing Center
- Weight Loss Surgery Program
- W.H. and Peggy Smith Baylor Sammons Breast Center
- Comprehensive Wound Center

The Hospital has received numerous honors for excellent care. Recent honors include:
U.S. News and World Report ranked Baylor Dallas #1 in Dallas/Fort Worth and #3 in Texas. The hospital was recognized for the 23rd consecutive year as a leader among the nation’s top 50 rankings in Gastroenterology and GI Surgery, Diabetes and Endocrinology, and Neurology and Neurosurgery specialties. Specialties identified as “high performing” included Cancer, Ear, Nose and Throat, Geriatrics, Gynecology, Nephrology, Orthopedics, Pulmonology, and Urology.

For the 19th consecutive year, Baylor Dallas has received the Consumer Choice Award from the National Research Corporation (NRC) for the Dallas market. According to NRC Market Insights data, the country’s largest consumer survey on health care, local consumers who took the survey chose Baylor Dallas as having the highest quality and image.

Baylor Dallas was reaccredited as a Magnet hospital by the American Nurses Credentialing Center. Fewer than two percent of the nation’s hospitals have been reaccredited three consecutive times by ANCC, which recognizes hospitals that provide the highest level of nursing care.

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

The Hospital uses its revenue after expenses to improve the health of Dallas and surrounding communities through patient care, education, and research and community service. In the fiscal year ending June 30, 2015, the Hospital admitted 35,703 total adult and special care nursery patients resulting in 234,098 patient days; 4,660 babies were delivered, and there were 105,830 emergency department visits.

As part of the Hospital’s commitment to the community, the Hospital provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, the Hospital is committed to treating patients who are eligible for means tested government programs such as Medicaid and other government sponsored programs including Medicare, which is provided regardless of the reimbursement shortfall, and thereby relieves the state and federal government of the burden of paying the full cost of care for these patients. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital’s Financial Assistance Policy which can be located on the Hospital’s website at BaylorHealth.com/FinancialAssistance.

Medical education is a crucial part of the Hospital’s mission. Being one of the nations’ largest private teaching hospitals, the System annually trains residents and fellows in eight specialties and 13 subspecialties. These quality teaching programs add many dimensions to the System’s ability to serve patients. Residents in the Hospitals’ program graduate with demonstrated competence in population health management, continuous quality improvement, and the importance of patient satisfaction. Residents work with physician’s assistants and are active managers of the patient-centered medical home, often assuming leadership roles in clinic and hospital operations. To help address the state’s health care workforce shortage, the Texas A&M Health Science Center (TAMHSC) College of Medicine and the Hospital have joined forces to establish a Clinical Training Program in Dallas for students to complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at the Hospital and other clinical affiliates over their last two years of residency. While residents and fellows of the Hospital are not required to work for an affiliate of BSWH, most remain in North Texas upon completion of their program, providing a continuous supply of well-trained medical professionals for the region. In fiscal year ending in June 30, 2015, the Hospital invested more than $20,996,740 in training medical residents.

The Hospital is also committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through BSWH relationships with nine North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. Total unreimbursed cost of these programs was $2,007,146. Like physicians, nursing graduates trained at a System entity
are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions. The hospital also provided training to Dieticians who learn how nutrition impacts recovery and health. Total unreimbursed costs of this training was $316,511.

In addition to the Hospital’s Financial Assistance Policy, the areas of medical education, research, subsidized services and community health education and screenings are initiatives that take place across BSWH, but also comprise a significant portion of the Hospital’s community benefit program.

III. Hospital Mission Statement
Baylor University Medical Center at Dallas exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

IV. Description of Community Served
The System is committed to serving a vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community needs.
Located in Dallas County, the Hospital serves the Central Region of the System, and its total service area (TSA) includes zip codes from Dallas, Collin, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall and Tarrant Counties.

Based on population alone, Texas is the second largest state in the nation with more than 25 million people. From 2000 to 2010, Texas experienced a 20 percent growth in population, as compared to only a 9.7 percent increases nationally. Originally, the North Texas Region was defined to include Collin, Dallas, Denton, Ellis, Fannin, Grayson, Kaufman, Navarro, and Rockwall counties. There is considerable in-migration from the original counties to Dallas County for health care services.

The community inpatient payer mix is comprised of the following: 35.1 percent Managed care, 18.8 percent Medicaid, 34.7 percent Medicare, 11 percent Self Pay/Charity Care, and 0.5 percent Other.

White non-Hispanics represent 48.1 percent of the population, followed by Hispanics, Black non-Hispanics, Asians, and others, respectively. Approximately 44 percent of Dallas-Fort Worth residents are New Americans (defined as either foreign born or the children of foreign born) of which 46 percent are undocumented. English is not the language spoken in 32 percent of homes in North Texas and over 239 languages are spoken in the North Texas Area, with more than 1/3 reflecting African cultures new to the region.

The most prevalent age group is 35-54 years (27.6 percent), followed by the 0-14 age group (20.2 percent).

While 15.1 percent of adults have less than some high school level of education, approximately 85 percent of adults have at least a high school degree.
Medically underserved: The Hospital service area contains 25 medically underserved areas or populations. Dallas County has significant Health Professional Shortage Area (HPSA) and Medically Underserved Areas (MUA) that overlap and Kaufman County is a county-level HPSA with no MUAs.

Population Distribution by Age Group

Current Households by Income Group

Population Age 25+ by Education Level
V. Identified Health Needs by Priority

During the fiscal year ending June 30, 2013, the Hospital conducted a Community Health Needs Assessment (CHNA) to assess the health care needs of the community. The CHNA took into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health.

The CHNA has been made widely available to the public and is located on the website at the following address, BaylorHealth.com/Community. A summary of the CHNA is outlined below including the list of the needs identified in the assessment. Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. The development of this assessment brings together information from community health leaders and providers along with local residents for the purposes of researching, prioritizing and documenting the community health needs for the geographies served by the Hospital. This health assessment will serve as the foundation for community health improvement efforts for next three years.

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

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

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

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

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

VI. Programs Addressing Identified Community Health Needs

Program Title: Community Benefit Operations  
Description: Baylor University Medical Center at Dallas is represented through the Dallas Fort Worth Hospital Council which produces an annual Community Needs Assessment. The Hospital also provides dedicated staff for managing or overseeing community benefit program activities that are not included in other categories of community benefit. This staff provides internal tracking and reporting community benefit as well as managing or overseeing community benefits program activities.  
Needs Addressed Under This Program:  
- Multiple Chronic Conditions  
- Preventive Health Screenings  
- Access to Care for Low Income Populations

Program Title: Behavioral Health  
Description: This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as: anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include: PHQ2 or 9, GAD-7 and alcohol and substance abuse screeners. Additionally, the LCSW has the support of a Community Health Worker (CHW) to help with the screening and referral processes. The training for the CHWs, LCSWs and model development occurs at the Diabetes Health and Wellness Institute (Baylor entity in South Dallas) where the competencies and expertise are created. From there, this staff can be triaged to clinics and community locations to provide behavioral health services. The behavioral health program would require that the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient’s care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help
the primary care team to identify those patients whose behavioral health issues are impeding the management of their acute/chronic disease management models. We expect that approximately 85-90% of these patients will be Medicaid/Uninsured.

Persons Served: 1,825

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Chronic Disease Management and Prevention Program
Description: The Baylor Clinic houses a carved out chronic disease management program to provide focused and dedicated education and care for patients with Diabetes, Cardiovascular Diseases (CVD) (i.e.: Congestive Heart Failure) and Respiratory Diseases (Asthma/Chronic Obstructive Pulmonary Disease) within a primary care setting. Specific staff, comprised of Community Health Workers (CHW) and Nurse Care Managers, addresses the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. The focus of this time and education with patients not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self-management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (A1 testing and glucose testing using test strips) and asthma (peak flow meter assessments). This will help to overcome the barrier of patients' non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results. We will leverage the expertise and experience of both the Diabetes Health and Wellness Institute (Baylor entity in South Dallas) and Baylor Clinics to provide staff education, develop competencies, and create protocols that will result in a complete and robust program tailored for multiple community settings. The Diabetes Health and Wellness Institute would house this staff and appropriately triage and manage providers to see patients at Baylor Clinics based on volume and demand parameters. Baylor Clinics have had previous success in managing patients with chronic disease through the creation and development of a community health worker model (CHW). These successes and competencies will be leveraged to create programs around CVD and Respiratory illnesses.

Persons Served: 729

Needs Addressed Under This Program:
- Access to Care for Low Income Populations
- Healthcare Infrastructure

Program Title: Health Care Support Services
Description: Health care support services are provided by the hospital in increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations.

Needs Addressed Under This Program:
- Access to Care for Low Income Populations

Program Title: Medical Education - Nursing
Description: Baylor University Medical Center provides a clinical setting for undergraduate/vocational training to students enrolled in an outside organization and in the Baylor School of Nursing. BUMC incurs costs associated with underwriting nursing educators in response to shortages of nurses.

Persons Served:
Needs Addressed Under This Program:
- Access to Care for Low Income Populations

Program Title: Medical Education - Residency
Description: Baylor University Medical Center provides residency training for students who have completed medical school. Baylor Dallas has provided medical education since it began in 1903.

Needs Addressed Under This Program:
- Access to Care for Low Income Populations

Program Title: Physician Recruitment
Description: Recruitment of physicians and other health professionals for areas identified as medically underserved (MUAs) or other community needs assessment. The age and characteristics of a state’s population has a direct impact on the health care system. The state’s population is growing at an explosive pace – twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period. And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added demands on the system. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

Needs Addressed Under This Program:
- Access to Care for Low Income Populations
- Health Care Infrastructure
- Multiple Chronic Conditions
- Preventive Health Screenings

Program Title: Subsidized Health Services Lines
Description: The hospital provides in-patient and out-patient medical services to treat individuals with diseases, illnesses and injuries of varying complexities. Some of these services are provided despite a financial loss to the hospital.

Needs Addressed Under This Program:
- Access to Care for Low Income Populations

Program Title: Cvetko Behavioral Health Programs - Book Club
Description: Book Club is a program designed to provide tools that may reduce tension, anxiety, anger or fatigue and promote a healthy overall well-being for patients coping with the effects of cancer, cancer treatment or who have survived cancer. Each month the book club features a novel of general interest to read and discuss. This affords

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cancer patients, survivors and their loved ones to experience a 'cancer free zone',
helping them manage the physical, emotional and spiritual challenges of cancer.
Persons served: 48
Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Cvetko Behavioral Health Programs - Journaling
Description: This journaling group is open to all cancer patients, survivors or community
members and explores the ways words and the expressive arts come together. Participants
write and use art materials to enhance the healing process. This is a free and non-billable
program.
Persons Served: 55
Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Cvetko Cancer Support Groups - Bladder/Kidney Cancer
Description: Baylor University Medical Center at Dallas provides support groups for
patients and families who are impacted by cancer.
Persons Served: 5
Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Cvetko Behavioral Health Programs - Look Good/Feel Better
Description: Look good Feel Better is dedicated to improving the self-esteem and
quality of life for people undergoing treatment for cancer. The aim of the program is to
improve self-image and appearance through complimentary group, individual and self
help beauty sessions that create a sense of support, confidence, courage and
community. These services are non-billable and are extended to patients whose
physicians are not on the medical staff of the hospital.
Persons Served: 28
Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Cvetko Behavioral Health Programs - Passing the Hat
Description: This program teaches cancer survivors to knit with a loom while introducing
them to other survivors. The hats that are knitted by this group are given to patients
receiving treatment for their cancer - survivor to survivor.
Persons Served: 70
Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Cvetko Behavioral Health Programs- Exercise/Relaxation/Meditation
Description: The exercise/relaxation and meditation program that looks at the science
and theory behind relaxation practice to bring better understanding on how relaxation
aids healing. These educational events promote the health and overall well-being of
individuals and their loved ones who have been touched by cancer. This program is open to the community and serves those who have been patients at the hospital and those who have not.
Persons Served: 405
Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Bladder/Kidney Cancer
Description: Baylor University Medical Center at Dallas provides support groups for patients and families who are impacted by bladder and kidney cancer.
Persons Served: 5
Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Graft Vs. Host Disease
Description: Graft Versus Host Disease (GVHD) may occur after a bone marrow or stem cell transplant in which one receives bone marrow tissue or cells from a donor (called an allogeneic transplant). The new, transplanted cells regard the recipient's body as foreign. When this happens, the newly transplanted cells attack the recipient's body. The Hospital provides a support group for persons and care givers and loved ones to aid in coping with the physical, emotional and spiritual challenges presented by GVHD.
Persons Served: 7
Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Leukemia and Lymphoma
Description: Baylor University Medical Center at Dallas provides support groups for patients and families who are impacted by leukemia and lymphoma. Patient participants include those whose physician is not on the staff of the hospital.
Persons Served: 9
Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Lung
Description: Cancer can attack various parts of the lungs and chest. The Hospital provides support for patients, their families and the community who is receiving treatment or have survived all forms of lung cancer, including: carcinoid; lung cancer - non-small cell; lung cancer - small cell; and mesothelioma. These support groups help cancer patients, cancer survivors and loved ones understand and manage the physical, emotional and spiritual challenges of cancer.
Persons Served: 49
Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Multiple Myeloma
Description: The Hospital provides support groups for patients and families who are impacted by multiple myeloma. Multiple myeloma (also known as myeloma or plasma cell myeloma) is a progressive hematologic (blood) disease. It is a cancer of the plasma cell, an important part of the immune system that produces immunoglobulin (antibodies) to help fight infection and disease.

Persons Served: 80

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Ovarian
Description: This support and education group is offered for women who have been diagnosed with ovarian cancer. Anyone who is looking for someone to listen is welcomed and the group is provided free of charge. This group of special and caring patients, cancer survivors and loved ones help those struggling with this diagnosis to understand and manage the physical, emotional and spiritual challenges of cancer.

Persons Served: 96

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Prostate
Description: The hospital provides support groups for patients, families and community members who are impacted by prostate cancer. Each type of cancer has different symptoms and treatments and affects different groups of the population with varying frequency. Coping with the effects of treatment, and helping prostate cancer patients, survivors and loved ones understand and manage the physical, emotional and spiritual challenges of cancer is the focus of this program.

Persons Served: 13

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Support Groups/ Waldenstrom's Macroglobulinemia
Description: Baylor University Medical Center at Dallas provides support groups for patients and families who are impacted by Waldenstrom's Macroglobulinemia (WM). Since there is no standard therapy for the treatment of symptomatic WM and no agents have been specifically approved by the US Food and Drug Administration (FDA) or European Medicines Agency (EMA) for this disease, the common support of other stricken with the disease, and trained professionals help patients, survivors and loved ones understand and manage the physical, emotional and spiritual challenges of WM. Whenever possible, patients are encouraged to participate in clinical trials.

Persons Served: 46

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Cvetko Cancer Education – Super Saturday Lectures and Programs
Description: The Super Saturday program is a lectureship with varied topics of interest to cancer patients, caregivers, and family. This program is a free bi-monthly program...
held on Saturdays and is open to anyone experiencing cancer or a with a cancer diagnosis of a loved one. The content of the lectures is derived from feedback by the group and from issues identified by health care professionals as having importance in the recovery from, and treatment for many cancers. This program is intended to provide general information on healthy lifestyle choices, cancer prevention and surviving cancer.

Persons Served: 299

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Cvetko Cancer Education – Calendar of Events
Description: These activities are carried out to improve community health, extend beyond patient care activities and are provided at no cost to the patient. This calendar of events is maintained on a web site that is accessible to the general public and all programs and events on the calendar are free of charge to the community. The calendar is updated monthly and is primarily intended to educate the community about cancer issues and free community cancer health programs.

Persons Served: 7,000

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Cvetko Cancer Education - Chemotherapy Class
Description: This class is offered to newly diagnosed cancer patients to aid in understanding the process of receiving chemo and understanding what to expect with possible side effects, etc. This class is offered 3 times per week and is free of charge. This class is open to the community.

Persons Served: 321

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Cvetko Cancer Education – Nutrition
Description: This class is facilitated by oncology dietitians and assists cancer patients in learning nutritional habits and techniques. Cancer patients learn such things as: how dry brushing helps stimulate lymphatic and blood circulation, reduce fluid retention, and improve skin tone and texture; the importance the lymphatic system plays in maintaining good health; essential oils that boost the effectiveness of this daily self-care regimen; and how diet influences inflammation and insulin levels. This education is intended to stimulate healthy dietary options that optimize a cancer patient’s response to therapies and to increase their willingness to invest themselves in a holistic approach to coping with cancer.

Persons Served: 166

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Cvetko Cancer Education – Lymphedema
Description: Lymphedema classes are offered once a month at the Charles A. Sammons Cancer Center to Lymphoma patients. Clinicians provide education to patients on techniques and exercises that will increase lymph node function post treatment. A great deal of time is spent addressing the benefits of aquatic therapy.

Persons Served: 12

Needs Addressed Under This Program:

- Multiple Chronic Conditions

Program Title: Cvetko Cancer Support Groups – Amyloid
Description: Baylor University Medical Center at Dallas provides support groups for patients and families who are impacted by amyloid cancer.

Persons Served: 40

Needs Addressed Under This Program:

- Multiple Chronic Conditions

Program Title: Cvetko Cancer Support Groups – Breast
Description: Baylor University Medical Center at Dallas provides support groups for patients and families in the community who are impacted by breast cancer.

Persons Served: 56

Needs Addressed Under This Program:

- Multiple Chronic Conditions

Program Title: Diabetes Health & Wellness Institute - Health Fairs
Description: This clinic began providing services in April of 2010. It serves the needs of the Southern Sector of Dallas, specifically the Frazier Courts area and be housed in the Juanita J Craft Recreation Center. The project is a partnership with the City of Dallas, Baylor Scott & White Health, Baylor University Medical Center and The Southern Sector Initiative.

Persons Served: 75

Needs Addressed Under This Program:

- Healthcare Infrastructure
- Preventive Health Screenings

Program Title: Geriatrics Chaplaincy Program
Description: This program designed to meet the needs of senior citizens in the community through home visits, support groups and community based senior clinics.

Persons Served: 4,738

Needs Addressed Under This Program:

- Behavioral Health
- Healthcare Infrastructure
- Patient Safety and Hospital Acquired Conditions

Program Title: Mission and Ministry Support Groups/Services
Description: Baylor chaplains are committed to providing effective ministry to people and their families who receive medical care at a Baylor hospital. Pastoral care may work
in close collaboration with physicians, nursing staff, administrative staff, local clergy and others involved in a patient's care.

Persons Served: 2,481

Needs Addressed Under This Program:
  • Behavioral Health

Program Title: Medication Management
Description: This project option combines project options 2.11.1- Implement interventions that put in place teams, technology and processes to avoid medication errors and 2.11.2- Evidence based interventions that put in place the teams, technology and processes to avoid medication errors. The project option we chose combines the components of both of these project options but focuses on medication management and compliance in the ambulatory setting within the patient’s Baylor Clinic PCMH. Based on current estimates by our providers, we anticipate that more than 50% of patients in the Baylor Clinic have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible will be important to improve clinical outcomes. By combining two of the project options 2.11.1 and 2.11.2 to create an “other” option encompasses both a process for avoiding medication errors and evidence based interventions to avoid medication errors. We intend to utilize a clinical pharmacist who will review patient medications for those patients who have multiple prescriptions on a regular basis to ensure that medications are appropriate and to ensure the patient understands how and why they are taking the medications. Additionally, we plan to help patients obtain the medications they need through implementing a prescription assistance program to help patients who are eligible, qualify for medications and provide medications to those patients who cannot afford prescriptions. We will attempt to provide medications at little to no cost for patients who are 150% below the federal poverty level, have one or more chronic diseases and remain compliant with their appointments and care regimens. Through this benefit and clinical pharmacist oversight and management, we expect adherence and compliance to medications will increase. The additional advantage to embedding this team within the PCMH is that patients will receive comprehensive care management to address all of their needs in one care venue. The Baylor Clinic on the Baylor University Medical Center at Dallas tends to see more patients and more complex patients than similar clinics at Baylor Medical Center at Irving and Garland. The patients at Baylor University Medical Center present with more issues and on average can be more difficult to manage. The difference in valuation for this project versus the other facilities comes from 1) managing more patients and 2) managing more difficult poly-pharmacy patients.

Persons Served: 1,264

Needs Addressed Under This Program:
  • Patient Safety and Hospital Acquired Conditions

Program Title: Specialty Care
Description: Patients (including Medicaid and Uninsured) who are seen at a Baylor Clinic and have an established PCMH, can receive specialty care services such as outpatient procedures, specialty office visits, wound care, and facility based procedures such as
cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal. This project excludes transplants, oncology and perinatal services. The specialty care referral/coordination comes from the PCMH clinic per PCP’s request. Approximately 95% of patients who receive specialty care are Uninsured/Medicaid. This project is more than just providing specialty care to patients. Much of the value comes from building relationships, contracts and a network with local specialty care providers that can be easily accessible to this population. For Baylor University Medical Center, one of the goals included in the project was to contract with at least 12 providers in the community to create this specialty care network for the underserved population. Another facet of the project includes making the specialist part of the primary care team. Through utilizing the electronic health record and specialty care referral coordinator, specialists provide procedures to also participate in the screening and educational needs of these patients. This is why we included Category 3 outcomes around Asthma improvement, Cervical and Colorectal cancer screening. Engaging specialists in these types of preventive services helps to integrate them into the primary care team. Sharing feedback through the electronic health record also helps to create a central repository of patient information and allow the care team to track and improve patient outcomes. Lastly, value comes through avoiding ED visits and more serious specialty care needs due to clinical exacerbations from not receiving timely and effective care. Almost $74.9 million dollars in total costs were spent on inpatient visits and procedures (excluding any maternal/newborn procedures) that Medicaid/Uninsured patients received at Baylor University Medical Center at Dallas from July of 2011 to June of 2012.

Persons Served: 1,526

Needs Addressed Under This Program:

- Emergency and Urgent Care

Program Title: Donations - Financial
Description: Baylor Dallas provides funds in the community at large which include other not for profit organizations, contributions to charity events after subtracting the fair market value of participation by employees or the organization, contributions to individuals for emergency assistance and scholarships to community members not specific to health care professions.

Organizations Receiving Donations:

- **Name:** American Cancer Society
  Description: The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has regional and local offices throughout the country that support 11 geographical Divisions and ensure we have a presence in every community.

- **Name:** Agency for Healthcare Research and Quality
  Description: The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As 1 of 12 agencies within the Department of Health and Human
Services, AHRQ supports research that helps people make more informed decisions and improves the quality of health care services.

- **Name: Alzheimer’s Association**
  Description: The Alzheimer’s Association works on a global, national and local level to enhance care and support for all those affected by Alzheimer’s and other dementias. The Association is the leading voice for Alzheimer's disease advocacy, fighting for critical Alzheimer's research, prevention and care initiatives at the state and federal level. As the largest non-profit funder of Alzheimer's research, the Association is committed to accelerating the global progress of new treatments, prevention and ultimately, a cure.

- **Name: ARAMARK**
  Description: ARAMARK is a leader in professional services, providing award-winning food services to Baylor Scott & White Health and other health care institutions, universities and school districts, stadiums and arenas, and businesses around the world.

- **Name: Baylor Research Institute**
  Description: Baylor Research Institute (BRI) is a dedicated research center for finding prevention therapies and treatments for diseases and illnesses. Our research is focused on the patient. This means our work involves more than microscopic studies - it brings the research to the patient's bedside. We work to understand the basis of a disease, identify potential treatments or preventive therapies, and enroll patients in research trials.

- **Name: Bonnie J. Addario Lung Cancer Foundation**
  Description: The Bonnie J. Addario Lung Cancer Foundation (ALCF) is one of the largest philanthropies (patient-founded, patient-focused, and patient-driven) devoted exclusively to eradicating Lung Cancer through research, early detection, education, and treatment. The Foundation’s goal is to work with a diverse group of physicians, organizations, industry partners, individuals, patients, survivors, and their families to identify solutions and make timely and meaningful change and turn lung cancer into a chronically managed disease by 2023. The ALCF was established on March 1, 2006 as a 501c(3) non-profit organization and has raised nearly $25 million for lung cancer research and related programs.

- **Name: City of Dallas**
  Description: City of Dallas Chamber of Commerce, a non-profit community support organization partners with Baylor in community building and community support events.

- **Name: City of Dallas – Department of Public Safety**
  Description: Dallas Police Department community health event entitled Chief on the Beat--Safety and Health Fair. Located at Bryan Adams High School.

- **Name: CitySquare (Formerly Central Dallas Ministries)**
  Description: CitySquare exists to fight the root causes of poverty by partnering with those in need. Working together as a community, we feed the hungry, heal the sick, house the homeless and renew hope in the heart of our city.

- **Name: Epilepsy Foundation Texas**
Description: The Epilepsy Foundation Texas leads the fight to stop seizures, find a cure and overcome the challenges created by epilepsy. Established in 1983, the Epilepsy Foundation Texas-Houston/Dallas-Fort Worth/West Texas provides a number of programs and services, including the following:

- **Public and Professional Education & Awareness Programs**, Camp and Recreation Programs for people with epilepsy and their families, including Camp Spike ‘n’ Wave®, Kamp Kaleidoscope®, Camp Neuron, and Adult & Family Retreats, and Specialized Medical Care throughout the state.

- **Name: Health Texas Provider Network**
  Description: The Epilepsy Foundation Texas leads the fight to stop seizures, find a cure and overcome the challenges created by epilepsy. Established in 1983, the Epilepsy Foundation Texas-Houston/Dallas-Fort Worth/West Texas provides a number of programs and services, including the following: Public and Professional Education & Awareness Programs; Camp and Recreation Programs for people with epilepsy and their families, including Camp Spike ‘n’ Wave®, Kamp Kaleidoscope®, Camp Neuron; Adult & Family Retreats; Specialized Medical Care throughout the state; and Education & Consultation Services.

- **Name: Leukemia & Lymphoma Society.**
  Description: The mission of The Leukemia & Lymphoma Society (LLS) is: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients. We are the voice for all blood cancer patients and we work to ensure access to treatments for all blood cancer patients.

- **Name: National Brain Tumor Society**
  Description: The National Brain Tumor Society is fiercely committed to finding better treatments, and ultimately a cure, for people living with a brain tumor today and anyone who will be diagnosed tomorrow. This means effecting change in the system at all levels.

- **Name: Operation Care International Dallas**
  Description: Operation Care International (OCI) is a nonprofit ministry dedicated to caring for the homeless in Dallas and impoverished children around the world.

- **Name: Pancreatic Cancer Action Network**
  Description: The Pancreatic Cancer Action Network is the national organization creating hope in a comprehensive way through research, patient support, community outreach and government advocacy. The organization raises money for direct private funding of research – and advocates for more aggressive federal research funding of medical breakthroughs in prevention, diagnosis and treatment of pancreatic cancer.
  
  The Pancreatic Cancer Action Network fills the void of information and options by giving patients and caregivers reliable, personalized information they need to make informed decisions. The organization helps support individuals and communities all across the country in working together to raise awareness and funds to develop more effective treatment options for better patient outcomes.
We create a sense of hope and community so no one has to face pancreatic cancer alone

- **Name:** Scottish Rite  
  **Description:** TSRHC treats children with orthopedic conditions, such as scoliosis, clubfoot, hand disorders, hip disorders and limb length differences, as well as certain related neurological disorders and learning disorders, such as dyslexia.

- **Name:** Texas A&M Health Science Center  
  **Description:** TAMHSC-College of Medicine Clinical Training Program in Dallas—the result of an affiliation between Baylor and TAMHSC first announced in September. The affiliation furthers Baylor’s commitment to providing high quality medical education—a key component of our mission and Vision 2015—to the aspiring physicians who will be entrusted with caring for the health of our community for decades to come.

- **Name:** Texas State Federation of Garden Clubs  
  **Description:** The Texas State Federation of Garden Clubs, Inc. was organized on October 12, 1957 in Dallas, Texas at the home of Rev. and Mrs. E.C. Estell. The first regular meeting was convened at the St. John Baptist Church, Dallas, Texas, April 26, 1958. The Iris Garden served as host. The Texas State Federation of Garden club is a 501 3 © organization established in response to the need for an organization to promote civic beautification, conservation and outreach, horticulture and an appreciation of gardening.

- **Name:** The Stewpot  
  **Description:** The Stewpot offers a safe haven for homeless and at-risk individuals of Dallas, providing resources for basic survival needs as well as opportunities to start a new life. Established by First Presbyterian Church in 1975, The Stewpot began serving food when church members realized no other resources were available for the homeless and hungry. By 1991, Stewpot programs included a wide range of social services and the agency moved across the street to a donated two story office building that continues to be “home”. Over the years, The Stewpot has helped to “birth” new organizations to meet community needs including Austin Street Center, Genesis Women's Shelter, Interfaith Housing and The Bridge. The Stewpot collaborates with more than 25 other nonprofits in order to provide a continuum of care.

- **Name:** Transitional Care Project  
  **Description:** A program for high risk discharged to home or home care following heart failure or pneumonia stays. The team consists of nurse practitioners, RN's, pharmacists, social worker and clergy. This care continues for 30-90 days.

- **Name:** Union Gospel Mission  
  **Description:** Our purpose is to minister to the spiritual, physical and emotional needs of the last, least, lost and lonely in the Dallas area, the homeless. Our goal is to restore the destitute men, women and children of our community to a productive life, by encouraging them in their Christian faith as well as teaching them needed life and job skills.

**Needs Addressed Under This Program:**
• Behavioral Health
• Healthcare Infrastructure

Program Title: Donations - In Kind
Description: Baylor provides in kind donations such as meeting room overhead and space for not for profit organizations and social service networks; equipment and medical supplies; costs for coordinating events not sponsored by health care organizations; employee costs associated with board and community involvement on work time; food donations; etc.
Needs Addressed Under This Program:
• Behavioral Health

Program Title: Donations In Kind - Faith in Action Initiatives
Description: The office of Faith in Action Initiatives 2nd Life program provides monetary and medical supplies and equipment reclaimed from Baylor Scott & White Health and community partners for the purpose of providing for the health care needs of populations both locally and internationally whose needs cannot be met through their own organization. They provided recycled medical equipment to underserved health care organizations as well as monetary support in disaster situations in shipment of medical equipment to third world countries. This initiative also provided equipment and monetary support for Baylor Scott & White Health employees undertaking short health care missions of their own design.
Needs Addressed Under This Program:
• Access to Care for Low Income Populations

Program Title: Community Health Education
Description: Community health education includes lectures, presentations, and other group programs and activities apart from clinical or diagnostic services. This education often includes events such as seminars and medical presentations, with the purpose of educating the public about disease management, prevention and symptoms.
Persons Served: 3,445
Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Health Screenings – Cardiovascular
Description: The Hospital provides cardiovascular health screenings in the community in an effort to prevent disease and alert individuals to health risks at an earlier stage. Services are offered in both English and Spanish languages regarding the availability of preventive health screenings. The Hospital provides preventive health education such as stroke/heart disease screening profiles, to patients and the public to change health behaviors and reduce preventable hospital admissions or re-admissions.
Persons Served: 2,122
Needs Served Under This Program:
• Preventive Health Screenings
Program Title: Research
Description: The Hospital provides financial support for Baylor Research Institute (BRI) operating expenses and capital purchases. Research at BRI is focused on the patient. This means the work involves more than microscopic studies - it brings the research to the patient’s bedside. BRI helps to improve the understanding of the basis of a disease, to identify potential treatments or preventive therapies, and to enroll patients in research trials.

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program: Primary Care Connection
Description: This project aims to create a fluid care navigation program located in the Emergency Department for patients who are identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post-acute care needs. By having staff physically located in these locations, patients can receive real time assistance in finding a provider and ensuring they are connected with the appropriate resources they would require once discharged home. We will include staff coverage on the weekends as well to ensure that patients are able to be seen and connected to resources 7 days/week. Additionally, in order to close the loop, staff will follow-up with patients to make sure they have an appointment and that they attend their appointment. The staff will also be responsible for ensuring that other barriers such as transportation are addressed and patients are able to attend their follow-up visits. The Care Connect staff will receive e-mail notifications any time a patient revisits the hospital, at this time staff will proactively visit with the patient to ensure the patient is able to access their PCP/PCMH appointment and/or recommended community resource(s). Care plans will be developed for patients with high hospital utilization (especially patients with frequent emergency department visits) and complex needs. Care plans will include involvement with Social Work Supervisor, Hospital Medical Director and other hospital staff. Patients with care plans will be contacted as often as needed to ensure continuity of the care plan.

Persons Served: 1,694

Needs Addressed Under This Program:
- Emergency and Urgent Care
- Healthcare Infrastructure
- Patient Safety and Hospital Acquired Conditions

Program Title: News Media Generated Health Education:
Description: The Public Relations Team uses news media and social media efforts to equip the community with the latest health and wellness information as well as information on when and how to connect with health care professionals, hospitals, and other health care institutions. The scope of the efforts includes but is not limited to:
- public health
- disease-specific or injury-specific information
- identifying community resources for meeting health needs
• the development of tools and resources needed to get credible information to patients

This is accomplished through:
• publishing educational and diagnostic opportunities
• providing timely, relevant health content on social media sites
• hosting electronic education events
• maintaining health education blogs
• promoting the System health library
• monitoring and engaging government agencies and industry associations relative to connecting providers and patients
• promoting the tools and resources needed to improve the quality, cost-effectiveness, efficiency, patient-centeredness, safety and access to health care.

Stories Published:
Title: Slimming Down is Not Easy
Narrative: Baylor Scott & White Health Produces Media segments featured across regional media outlets for the purpose of providing community health education. One such segment featured information on genetics and weight control. Slimming down is not as easy as counting calories. Researchers at the national institutes of health have finally confirmed what many frustrated dieters suspect. Your metabolism may be working against you. Dr. Bradley Jones joins us more to talk about this. This study talked about the various me tackily -- metabolism. They measured their metabolism. And the people whose metabolism show slowed down the most and they didn't put them on a diet. And they lost the least amount of weight. And not surprising, so there is some variable. We’re not sure if you are born with it or you are required. So having says that is there a way for me to speed up metabolism. They still lost weight and so second of all they have done studies. One is to exercise and try some interval exercise. Try to do some weight training. Don't just do cardio. Do some weight training as well, and take good omega 3 like fish oil, salmon, nuts and cheese. Reasonable amounts of caffeine and green tea also help the metabolism. That is absolutely true -it does help your metabolism..

Title: Keeping Momma Happy Can Keep Everyone Happy
Narrative: “Why has John Michael not been scheduled for his summer school health class?” Suddenly, all accusatory eyes swooped in on me. Wait a minute! Why am I to blame if he has not yet been scheduled? Can someone else take charge? Instantly, I begin to feel my frustration rising. The kids know my scrunched-up “angry face” needs no words. I know what they are thinking: “Do not make Momma mad! If Momma is not happy, no one will be happy.” And, boy, are they right.

Fighting the frustration and trying my best not to display emotional distraught, I remember a study from Pediatric and Child Health that emphasizes the importance of stable emotional maternal balance. This led to compile a list of 5 reasons why you need to keep your Momma happy:
One in every 10 children has a depressed mother in any given year. Mother’s Day is not a once a year event, family. It is every day! She works hard to maintain the household and is the glue that keeps your family calendar events organized and deserves special thanks on a regular basis. A daily hug and a “thank you” are generally enough (although this mother loves a few parcels of dark chocolate on occasion...). Hugging releases oxytocin which makes us feel better and may be beneficial in relieving stress and reducing depressive symptoms.

Studies show that children with depressed mothers have increased psychiatric disorders. The negative psychiatric symptoms in the children decreased with effective medical attention and treatment of the mother’s depression. Interestingly, paternal depression had less impact on children’s mental health and the treatment of depressed fathers resulted in very little improvement in the children’s psychiatric symptoms. It is highly important to ensure both parents are nourished with appropriate medial attention for the any mental health illness. The importance of maternal health, however, cannot be overlooked.

3. Maternal depressed mood either before or after having children is linked to decreased cognition and language development in their children. Early attention to and management of any parental mood disorder should be addressed as soon as possible.

4. Infants of non-depressed mothers used healthier forms of emotional regulation versus infants of depressed mothers. Learning to cope with stress is an important part of normal physiologic development. Children thrive in mentally healthy environments. Keep Momma happy!

Infants of depressed mothers used less mentally healthy and more internally directed strategies. When infants were exposed to experiences mimicking maternal depression, they resorted to detrimental methods of self-soothing behaviors. These less healthful reactive habits were thought to be potential barriers to developing future healthy social skills. Watch for maternal depression and manage it early.

Not to be all doom and gloom, there is good news. Children whose depressed mothers received one year of treatment had improved general functioning and reduced psychiatric symptoms. The importance of professional medical attention with medical intervention cannot be overlooked.

Of course, most upset moms are not depressed; they are just a little rattled from the busy days. Mom keeps you on time for appointments, school events, soccer tournaments, and band concerts (among many other events). Please keep her happy. Don’t forget that Mother’s Day is on the horizon; but more importantly, remember that every day should be a mother’s day.

*Blog was written with research assistance from Claire Adkins M.S. M3, MD class of 2016; Texas A&M College of Medicine

Title: Help for Immigrant Children
Narrative: Baylor Scott & White Health’s FIAI is helping channel assistance for Central American children (mainly teenagers without parent accompaniment) arriving in the Dallas area. Ways you may help include:
• if you are a pediatrician or one who can assist with medical needs, please contact FIAI
• if you speak conversational Spanish, please contact FIAI so you may be added to a list of volunteers for tutoring, mentoring and facilitating recreational activities
• if you are able to contribute financially, please: make a check payable to Baylor Foundation and designate "Central American Relief" in the bottom left corner of your check. Send via interoffice or regular mail to Baylor Foundation, attn: Elizabeth Denton, 3600 Gaston Avenue, Suite 100, Dallas, Texas 75246. Please note, at this time, the donation of clothes, books and other items are being handled by other groups.

Thank you for your support and participation.
For more information contact FIAI via email or at 214-820-4835

Title: BUMC Tackles Language Barriers With New Technology
Narrative: On its website, WFAA-TV Dallas (5/12, Moore, 315K) takes a look at the remote video interpreter technology being used at Baylor Dallas, which sees 25 to 30 non-English speaking patients per day. ER nurse Amy Wilkins stated: “Seconds count. And you don’t want those seconds to be lost in translation. I cannot imagine being somewhere, having something really wrong with me, knowing there’s something wrong with me, and me not being able to communicate with the people who are trying to take care of me.”

Baylor Dallas director of guest services Dr. Joe Valenzuela spear-headed the effort to adopt the technology, which helps break down language barriers at hospitals.

The story was featured during the WFAA-TV Dallas Daybreak (5/13) and WFAA-TV Dallas (5/13, 315K) broadcasts.

Title: Community Garden at DHWI
Narrative: Cancer Research and Clinical Trials Highlighted on Social Media. Clinical research taking place at both the Baylor Charles A. Sammons Cancer Center and the Baylor Institute for Immunology Research was broken down into videos which highlight therapeutic cancer vaccines and the importance of clinical trials.Published on Apr 2, 2015

Immunotherapy and cancer vaccines
Normally, the immune system recognizes illness and fights against it. But in some cases, the cancer goes undetected and spreads. The Baylor Institute for Immunology is working to design vaccines that boost the immune system against the part of the cancer cell that is unrecognizable by the immune system.

The Baylor Charles A. Sammons Cancer Center Difference
This is a glimpse into the Baylor Charles A. Sammons Cancer Center and the many services it offers. As one of the leading cancer treatment centers in the nation, it is also the centerpiece of cancer research at Baylor, offering access to some of the most promising national clinical trials for a broad range of cancer.
Title: Mission to Ebola Ridden Africa — USA Today

Narrative: As researchers scramble to concoct an antidote to the Ebola virus and health workers try to contain its outbreak in Africa, Jo Weddle is busy making last-minute arrangements for her upcoming trip to the continent.

Weddle, 32, recently completed her surgical residency at Baylor University Medical Center in Dallas and, in a few weeks, will embark on a four-month trip to a Cameroon hospital to work as a training surgeon. The Ebola outbreak will be nearby, in neighboring Nigeria. Most of the deaths, however, have occurred farther west in Guinea, Sierra Leone and Liberia.

The Ebola outbreak — which has now claimed 932 lives and sickened more than 1,700 others — is worrisome but won't deter her from her trip, she said.

EXPLAINER: What you need to know about Ebola virus.

"It's something I've been wanting to do for a long time," Weddle said. "It's going to be challenging. But there are a lot of portions of the world that need a tremendous amount of help."

News of the African Ebola outbreak hit home this week when two Americans infected with the virus were flown to an Atlanta hospital for treatment. The two — Kent Brantly and Nancy Writebol — were on medical missions in Africa when they were infected.

USATODAY - Experimental Ebola therapies raise ethical questions

But the epidemic has done little to dissuade others from embarking on the rigorous, often dangerous missions. Groups like Dallas-based Faith in Action Initiatives, New York-based Doctors Without Borders USA and the Christian Medical & Dental Association, known as CMDA, all report a steady stream of doctors, nurses and medical workers still willing to go off to places like Cameroon, Ethiopia, Haiti and other developing nations.

At a CMDA training session last week, one female doctor was readying to go to the same hospital in Monrovia, Liberia, where Brantly contracted the virus, said David Stevens, a family practice physician and CMDA's chief executive. The group has recently seen a steep rise in the number of medical students signing up for missions abroad, he said.

"The level of commitment to these missions is significant," said Stevens, who served as a physician in Kenya in the 1980s.

Faith in Action, which is affiliated with the Baylor Scott & White Health, helps send about 150 doctors, nurses and other medical workers to missions around the world each year, with one-third of those going to Africa. Some have expressed caution about going directly to Liberia, Sierra Leone or other countries reporting Ebola deaths, director Don Sewell said. But interest in the missions — even in Africa — hasn't waned.

"In no respect has it deterred the general enthusiasm and fervor of people ready to go," he said. "People are still making plans to go."

Before each trip, Faith in Action sends out a six-page document to prospective missionaries detailing what vaccines to get, how to obtain international medical insurance, links to the U.S. State Department and Centers for Disease
Control and Prevention, and other vital information. But it’s ultimately up to the individuals to make all the necessary arrangements for each trip.

"We help equip them best we can," Sewell said. About two-thirds of the 400 medical workers sent abroad each year by Doctors Without Borders USA go to Africa, said Kate Mort, director of field human resources for the group. Unlike many faith-based groups that help mobilize medical missions, Doctors Without Borders USA makes pre-trip vaccinations mandatory. While in country, a doctor at the site and another one in the country’s capital constantly monitor the workers for any signs of contagious diseases, she said. "We have very strict rules when sending people abroad," Mort said. "We're medically-minded and medically-focused. That helps."

But sometimes even the most vigorous preparation isn't enough. Paul Gray left for south-central Ethiopia, with his wife, Rebecca, and 7-month-old son Nathan in 2008, shortly after finishing his residency program at Baylor University Medical Center. They got all the necessary vaccinations and prepared the best they could. But four years into his trip, Gray contracted a bad fever that went on for nearly three weeks and puzzled local doctors. He was airlifted to South Africa for further analysis, but the fever suddenly receded. It took him several months to fully recover.

The pair had hoped to make a career of working in Africa. But the diseases, cultural differences and daily struggles forced them to rethink their plans. They returned to the USA in June. Upon arriving, Gray tested positive for tuberculosis.

"Overall, it was very rewarding," he said. "It's something I certainly wouldn't trade for the world. But it was definitely challenging. It's a very difficult environment to try to serve."

Weddle has a personal connection to the current crisis: As a resident at John Peter Smith Hospital in Fort Worth, she briefly met Brantly, the infected doctor. She has been following the virus’ outbreak for months and has carefully mapped out its reach. Weddle has updated her vaccines, including those for yellow fever, meningitis, rabies and tetanus, and looks forward to the challenge, she said. Despite the ominous headlines from Africa, her enthusiasm for the trip remains strong.

"It's still a really important part of being a physician," Weddle said. "Everyone who goes to med school says what they really want to do is give back. This is a great opportunity to do that."

Title: Clinic Research Funded and Under Way
Narrative: Two new initiatives are underway at DHWI-the Family Health Center Patient Satisfaction Survey and the Cigna Foundation Patient Activation Project.

Starting in May, clinic patients will be able to offer real-time feedback on their patient experience. Service providers will give patients an iPad at the end of their visit and allow them to privately evaluate the staff, service and their overall patient experience. The survey will also capture data about access to technology in an effort to assess viability for virtual service delivery.

The Cigna Foundation Patient Activation project has provided funding to implement a pilot of the validated Patient Activation Measure tool (PAM). The PAM assesses the patient’s level of activation and affords us the
opportunity to deliver more tailored programs and services.

More targeted delivery of programs and services will improve the patient’s level of activation and empower them to become a more effective self-manager of their chronic condition(s).

Title: Novel Agents Set to Revolutionize Non-Hodgkin’s Lymphoma Treatment

Narrative: M. Yair Levy, MD. Non-chemotherapeutic regimens are poised to become the standard of care for patients with non-Hodgkin’s lymphoma (NHL), based on their safety profiles and effectiveness compared with traditional treatment options. This transformation in care was initiated by the approvals of ibrutinib (Imbruvica) and idelalisib (Zydelig) for patients with chronic lymphocytic leukemia (CLL), mantle cell lymphoma (MCL), and other types of indolent NHL. In addition to these small molecule inhibitors, and several others in development, the antibody-drug conjugate brentuximab vedotin (Adcetris) has demonstrated promise as a treatment for patients with lymphoma. M. Yair Levy, MD, discussed the impact of these agents on the treatment of patients with NHL in an interview with OncLive.

Levy is involved in the exploration of brentuximab and other novel therapies as the medical director for Hematologic Malignancy Clinical Research at the Texas Oncology-Baylor Charles A. Sammons Cancer Center in Dallas. Brentuximab is approved as a treatment for patients with Hodgkin’s lymphoma and systemic anaplastic large cell lymphoma.

At Baylor, the phase III ECHELON-2 study comparing brentuximab plus CHP (cyclophosphamide, hydroxydaunorubicin, prednisone) with standard CHOP for patients with CD30-positive mature T-cell lymphomas is currently enrolling participants (NCT01777152). OncLive: Brentuximab appears to have potential across several types of lymphoma. Can you discuss some of this ongoing research Dr. Levy: We are studying that here at Baylor. Our study is taking a look at brentuximab in addition to CHOP at two different dose levels.

Additionally, in 2013, there was an ASH abstract that looked at the response of diffuse large B-cell lymphoma to brentuximab. It is interesting to note that 15% to 20% of diffuse large B-cell lymphomas have some expression of CD30, but in the ASH study they did test brentuximab as a single agent in CD30-negative B-cell lymphoma. They actually had a response rate in the relapsed and refractory settings, approaching 40% for single agent brentuximab. Despite the fact that we are getting smarter and we have targeted therapies, we are not always sure what the target is. Scientifically, I don’t know if I could even tell you why it should work in this disease, but we have seen that is does.

We are excited for the results of our study with CHOP and brentuximab. Are there any challenges with combining brentuximab with other therapies? The concern that many of us have is overlapping neurotoxicity with the combination of brentuximab and CHOP, in particular with the vincristine in CHOP. The second arm of that study will examine brentuximab in CD30-positive disease without vincristine. Dose adjustments can be made in this study in both arms, and protection of patient safety is our most important goal, in addition to responses. We will be monitoring for toxicities very closely.
There has been much excitement regarding ibrutinib, idelalisib and other new agents in NHL. How are these being implemented into treatment? There has been a lot of excitement generated about various points of blockage in the B-cell receptor pathway, which has actually showed activity in a lot of different B-cell malignancies. The first drug that was approved in that pathway was the Bruton's tyrosine kinase (BTK) inhibitor ibrutinib, which has had unprecedented activity in chronic lymphocytic leukemia (CLL) as well as mantle cell lymphoma (MCL).

The first approval was in MCL. MCL is a disease that had a couple of approvals in the past year but before that there was nothing. We had lenalidomide and bortezomib approved in that space, with response rates in the low to mid 20 percentages for refractory and relapsed MCL. Then, ibrutinib comes along: a single agent that could achieve multiples of that response rate. It was truly unprecedented in terms of its response. In the CLL setting, we have seen great responses, even in the most difficult disease—17p CLL is a subset that is extraordinarily difficult to treat. The p53 pathway is required to be intact, in order to have responsiveness to the traditional cytotoxic regimens. With the 17p mutation, we just didn’t see great responses.

Ibrutinib has an indication for first-line therapy for 17p disease, and that has had great responses. In addition, we also see some responses in other indolent lymphomas, as well as in intermediate-grade lymphomas such as diffuse large B-cell lymphoma, but only in the activated B-cell type—not in the germinal center subtype. An important point in that pathway is PI3K delta, which idelalisib targets and has shown great activity in CLL. It also has shown activity in other low-grade lymphomas, including follicular lymphoma.

Obviously, there are other targets along this pathway that can be explored. What next steps will be taken to better understand these drugs, and further incorporate them into treatment? The question now is: do we combine these various drugs with our traditional cytotoxic agents or with each other? We do have a few studies at Baylor examining a BTK inhibitor with a PI3K inhibitor, in addition to other various therapies such as checkpoint inhibitors. It is all very exciting. I think the thing that excites me the most about these is that they are non-chemotherapeutic agents, so they have a lot less toxicity than our cytotoxic agents, which are a lot less effective. It is an exciting time in B-cell malignancies. - See more at: http://www.onclive.com/web-exclusives/Novel-Agents-Set-to-Revolutionize-NHL-Treatment#sthash.0niK6uyU.dpuf

Title: Islet Cell Transplant Milestone
Narrative: Congratulations to the autologous islet program for reaching this significant milestone – performing its 100th auto islet cell transplantation earlier this month. Our team is one of only a few in the world offering this innovative procedure to treat patients suffering from chronic pancreatitis.

This treatment is for carefully-selected patients experiencing severe pain from chronic pancreatitis and who have exhausted traditional therapeutic options. In the procedure — known as an auto-transplant — the pancreas is surgically removed and then taken to the lab where the patient’s own islet cells are extracted.
Then, these cells are infused into the patient’s liver through the portal vein, where they take hold and ideally begin to produce insulin again on their own.

This may allow the patient to become less dependent on insulin or not dependent on insulin at all. In addition, the patient is relieved of much or all of the pain they had experienced with chronic pancreatitis.

This November, Baylor University Medical Center (BUMC) performed its 100th auto islet cell transplant. Considered the preeminent center in the southwestern United States, the Pancreatic Islet Cell Transplant Program is a joint project of BUMC, Baylor All Saints Medical Center at Fort Worth and Baylor Research Institute.

Since its inception in 2005, our pancreatic islet cell transplant program has made remarkable progress both in the clinical and basic research arenas. Some noteworthy achievements have included:

• Becoming the first center in Texas to gain FDA permission to process pancreatic islet cells for transplantation.
• Becoming the first hospital in the Southwest to perform islet cell transplantation from our own lab for type 1 diabetes patients and chronic pancreatitis patients.
• Being awarded a patent (to the Baylor Research Institute) from the U.S. Patent Office for a potential strategy to improve the outcomes of islet cell transplantation.

Now, the program can add performing its 100th transplant to this already-impressive list. The future is sure to have many more patients counting their blessings, as the number of transplants continues to increase and more people are helped by this talented and dedicated team.

Title: South Dallas Kids Train to Outrun Diabetes
Narrative: Dallas Morning News 1/19 -Nathan Hunsinger/Staff Photographer
By SEEMA YASMIN syasmin@dallasnews.com, Staff Writer, Published: 04 June 2015 01:56 PM, Updated: 06 June 2015 11:18 PM.

Morgan Dupree, 10, is a self-described tomboy with a weakness for chips and soda. She lives in a three-bedroom house in the Frazier Courts neighborhood of South Dallas with her mother and 11-year-old brother, Jordan. Also living with them are her grandmother and aunt, both of whom have diabetes.

Here, diabetes, obesity and poverty share a ZIP code. If you live in Dallas, there’s a 1-in-9 chance you have diabetes. And if you live in Morgan’s neighborhood, your risk of dying from the disease is nearly three times higher than for Dallas overall.

Morgan’s mother, Michelle Polk, 43, is aware of the health disparities. Polk, a clinical assistant at a pediatric dental office in Highland Park, knows that exercise can prevent diabetes.

That’s why, late last fall, she enrolled Morgan and Jordan in a program to train a group of Frazier Courts kids for the Baylor Tom Landry children’s triathlon. Lack of exercise is just one factor driving diabetes and obesity rates, which are at epidemic levels. It’s a complex confluence of factors, particularly in disadvantaged
neighborhoods, where poverty, inadequate access to healthy foods and lack of medical care converge to drive rates of obesity and diabetes to their highest.

Polk hoped that training for the April triathlon would give her children a fighting chance against the statistics.

Triathlon training - In November, Morgan and Jordan began the training with 18 children from Frazier Courts in a program run by the Baylor Diabetes Health and Wellness Institute. By April, more than half of the children had dropped out of the program.

Morgan and Jordan persisted. Only bad weather, illness or a last-minute school assignment could keep the siblings away from a training session. The brother and sister were the most committed athletes in the group, missing fewer classes than anyone. They were also the only children to have a parent or guardian accompany them to training. “Either my mom, my aunt or grandma comes with us,” said Morgan. “If we’re not their cheerleaders, who else will be?” Polk said.

As part of the program, the kids were picked up from school by Baylor staff and escorted to training facilities where they swam, ran and rode bicycles. Baylor provided bicycles, sneakers and swimming gear.

“Some of these kids have never set foot in a pool,” said Baylor spokesman Craig Civale. “They’re at high risk for diabetes, and they don’t have safe outlets for exercise. The idea behind the program is to help them be healthier and make healthier choices.”

One evening in January, standing poolside at the Baylor Tom Landry Fitness Center, Polk watched as Morgan and Jordan slowly lowered themselves into the swimming pool. They had chosen brightly colored buoyancy boards for their first exercise.

“You need to put your face in the water,” said instructor Elijah Brumwell, as six more children entered the pool. “It’s cold,” said Timmondre Jennings, 13. “Yeah, it’s too cold for this,” said Jaquay Willis, 13.

Morgan was not complaining. Her brown eyes were focused on the instructor’s face as he offered the group more instructions. She adjusted the white T-shirt that she wore over her black swimsuit as she listened.

“Face down, arms straight, and kick,” said the instructor. One by one, they pushed off the wall and started their journey to the other side. “She’s focused,” Polk said. “She loves to swim, so does Jordan. But there’s nowhere for them to swim where we live.”

Kim Fulda, associate director of the Primary Care Research Institute at the University of North Texas, said that’s why such programs need to be about more than just getting kids to swim, bike and run.

“We need a broader approach to making children healthier because it’s about more than exercise,” she said. “It’s about their housing, their social environment, healthy habits. There’s a lot of things we need to take into account.”

Progress and safety - Three months into the program, the siblings’ progress impressed Brumwell. “Stay in your lane! Stay in your lane!” he shouted, using a blue traffic cone as a megaphone.
Unable to swim a full length of the pool in December, by March the pair were steadily completing lap after lap. “I can do eight [laps] without having to hold on to the side,” Jordan said. “But I do get out of breath a bit. I have asthma.”

Their aunt, Cheryl Polk, who had accompanied them to this session, felt that the program had improved the children’s athletic ability, but the real boon was having a safe space to be active. It’s hard to find space for them to be on bicycles or play in their neighborhood, she said. “It’s not safe for them to be outside like that.”

Food desert - A lack of safe places for children to exercise isn’t the only barrier to staying healthy in Frazier Courts. The neighborhood, along with half of South Dallas, has been designated a food desert by the U.S. Department of Agriculture.

Food deserts lack grocery stores selling fresh fruit, vegetables and other healthy foods. Instead, many residents of South Dallas rely on gas stations and corner stores which, according to studies conducted by the USDA, are more likely to sell processed foods high in sugar and salt.

In a 2009 study in the journal Pediatrics, researchers at Temple University found that children from ethnic minorities were more likely to be obese and live in a neighborhood with an abundance of corner stores.

The study showed that children who live near corner stores are more likely to snack on high-energy, high-calorie foods of poor nutritional value. In a typical corner store, 25 cents can buy an 8-ounce artificially flavored fruit drink, a bag of chips or an assortment of candy, according to the study. “We watch what they eat,” said Cheryl Polk.

Yet one evening, before Michelle Polk returned home from work, Morgan had eaten three corn dogs for dinner. That evening, mother and daughter decided to walk to a nearby corner store for snacks. They linked arms as they walked and pointed at houses that were for sale.

“Mom, this house is big,” said Morgan, pointing at a two-story house. In their house, Morgan and Jordan share a bedroom. “You said you would put a curtain to split up our room.” “Yes, yes, I did,” said Michelle Polk. “My side is going to have the closet,” Morgan said, reasoning that her brother would find somewhere else to put his clothes.

They arrived at Hackney Food, a small store selling meat, snacks, cigarettes and lottery tickets. Morgan picked four kinds of soda and four bags of chips for herself and her brother. “Mom, can I get this?” she said, waving a can of Mountain Dew Kickstart. “Sister, you know that has too much sugar in it. Put it back,” the mother said.

Race day - If the challenges the siblings face are clear, so are the program’s rewards. At six o’clock on an April morning, Morgan, Jordan and Michelle made their way to the Juanita J. Craft Recreation Center a few minutes’ walk from their house. They boarded a bus with other kids from Frazier Courts and headed to the triathlon where 178 children would compete. They were nervous. The big day was here.

The race course was staged in and around the Tom Landry Fitness Center. The first event was swimming, with Morgan’s age group starting 15 minutes ahead of the older children. Morgan glided through the water as Brumwell watched
proudly. “Her technique was so strong,” he said. “She turned and took breaths just the way we practiced.”

After completing the 100-yard swim, Morgan slipped her wet feet into sneakers. There was no time to dry off. Next was a 3-kilometer bike ride followed by a 1-kilometer run. Michelle Polk and her sister, Adrienne Mobley, and the children’s paternal grandmother, Evelyn Mitchell, found a patch of grass near the finish line and waited.

Polk clutched two bottles of chocolate-flavored protein shakes in her hands as Jordan approached the finish line. Mother, aunt and grandmother cheered and clapped. “You did so good,” Polk told Jordan. “I feel like I could accomplish anything now,” he said between deep breaths. “Anything.”

Moments later, Morgan turned a corner and appeared in sight. She was walking with another girl, but the sight and sound of her family spurred an increase in effort. She kicked up her heels and ran toward the finish line. “Come on, Morgan!” shouted Polk. Morgan’s family clapped and whooped. “You got it, baby! It’s been a hard journey, Morgan, but we so proud of you, baby!”

Dr. Seema Yasmin, a former epidemiologist with the Centers for Disease Control and Prevention, is a physician and a professor at the University of Texas at Dallas

Title: Art in Support of Those Impacted by Cancer
Narrative: Paint the Painted Desert—Create Art in Support of Those Impacted by Cancer
You’ve heard of painting the town? Now, you can paint the desert in town (near downtown Dallas). The Hope Murals Project invites you to help paint a large desert mural in show of support for those touched by cancer.
When: Sept. 22 and 23 from 9:00 a.m. – 4:00 p.m.
Where: Baylor Charles A. Sammons Cancer Center lobby
Please note: Sept. 23, WFAA/Channel 8, Dallas-Fort Worth’s ABC affiliate, will broadcast live from the lobby in the morning, at midday, and in the afternoon (at 4:00pm and 5:00 p.m.)
Cancer survivors, their friends and families, health care providers and other members of the community are encouraged to help the staff of Baylor Sammons Cancer Center turn the Dallas winner of The Hope Mural Project’s contest into a Texas-sized version of itself—using a paint-by-number format. No artistic talent is required. All supplies are provided.
After completion, the large mural will be permanently installed at the Dallas Opera Rehearsal Production Center.
About the painting
Mary McIntosh Tepper, an artist living in New Braunfels, Texas created this piece, titled “After the Storm,” to honor her husband, Steven Tepper. A non-smoker, Steven passed away in August 2008, one year after being diagnosed with stage IV lung cancer. The painting features Cathedral Rock near Sedona, Arizona. One of Steven’s favorite places, the couple had traveled there together many times—one final time when Mary left Steven’s ashes at the mountainous rock’s base.
Mary writes, “This is a very special place. This is my husband’s place now. His spirit rests here among the mountains and spires, hillsides and valleys, trees, creeks, sunsets and summer showers. ...My painting says that after the storm, after the sun comes out again, life is all around us and so are the loved ones we have lost.”

About The Hope Murals Project
With more than 4,100 cancer journeys shared through art and narrative, Lilly Oncology On Canvas Art Competition is celebrating 10 years through The Hope Murals Project. Dallas is the sixth stop on its 10-city tour, and Baylor Sammons Cancer Center is the only location in Texas. After the Storm was one of three Texas finalists and was elected the winner last month via “likes” on the Lilly Oncology On Canvas Facebook page

Title: Obesity Research Trial
Narrative: To help combat the growing obesity epidemic, investigators at Baylor seek overweight, non-diabetic men and women for a new research study focused on weight loss. The study, which mixes a well-known old therapy with an innovative new one, could help identify safe weight loss strategies for people whose body mass index (BMI) falls between 30 and 50.

Led by Priscilla Hollander, MD, researcher at the Baylor Endocrine Center, the study offers overweight individuals a chance to take part in a large-scale national research effort while staying in the DFW area. In exchange, selected participants receive free study-related medical tests and weight loss counseling.

“We’re so pushed to find effective methods of helping people lose weight,” said Dr. Hollander, who has led clinical trials for obese diabetics and non-diabetics for 20 years. “It’s difficult, because even though there are a couple of new drugs out that have been helpful, they haven’t made a huge impact.”

Through this effort, investigators will determine if the combination of canagliflozin (a diabetes drug) and phentermine (a weight loss pill) supports a safe change in body weight over a 26-week period. Both drugs are already approved by the FDA individually. In early testing, the combination approach works because it attacks weight gain in two different, but supplementary, ways.

“We find that one drug alone to lose weight just doesn’t seem to work as well,” Dr. Hollander said. “The problem with weight is that there are so many pathways in the body that play a role in weight gain. If you block one pathway, another may take over.”

Some may recognize phentermine from its role as the innocent partner in fenfluramine/phentermine (“fen-phen”), a popular 1990s weight loss drug that was dropped because of fenfluramine’s fatal side effects. Fen-phen resulted in rapid weight loss because it, too, was a multi-drug combo. By itself, phentermine showed no harmful effects and is still used today as a safe appetite suppressant, but results tend to be mild and people often regain the weight they lose.

As the newer half of the old drug/new drug blend, canagliflozin received FDA approval in March 2013 for diabetics to reduce their blood sugar. The drug works by helping the kidneys extract sugar from the blood. In non-diabetics, canagliflozin does not trigger low blood sugar.
“They saw when they were testing [canagliflozin] that the drug did have positive effects on blood sugar, but also that people did lose some weight,” Dr. Hollander said. “When they were developing this class of drugs [for diabetes], they looked at doing small studies to develop it as a weight loss drug.”

Fast-forward nearly two years, and those small studies have evolved into this national trial with an intended 344 participants across 19 research centers. Dallas and Odessa are the only two cities in Texas where the trial is available.

To continue DFW’s involvement, Dr. Hollander’s team needs up to 30 overweight or obese men and women between the ages of 18 and 65. At this time, diabetics will not be considered.

Since both drugs are currently FDA-approved individually and the research doesn’t involve new drug development, the go-to-market process could be faster than usual. If the trials show promising results for the canagliflozin/phentermine combo, Dr. Hollander said, the potent drug mix could be available to the general public in as little as a year.

Currently, more than one-third of the nation’s adult population suffers from obesity, a serious health risk that can cause chronic problems, including diabetes, heart disease and cancer. Studies such as this one help address those emerging problems within structured research overseen by the FDA and regulated by the Institutional Review Board.

For enrollment information or to learn more, call 214-818-7155 or email researchtrials@baylorhealth.edu.

Title: Research Identifies New Frontiers for Cerebral Palsy Treatment
Narrative: A permanently debilitating condition, cerebral palsy occurs in babies from the prenatal stage to toddlers and comes with more than its fair share of lifelong challenges – from mobility problems to developmental setbacks.

One of the biggest challenges posed to physicians when treating cerebral palsy patients is the problem of gait, or a patient’s movement patterns. In those patients, brain damage limits their arm and leg motor functions, which affects posture and free movement in the limbs.

But the clinical problem – for the physicians, at least – is identifying gait issues, as it can be difficult to support a patient’s mobility functions without knowing their true extent.

New research from the Motion and Sports Lab at Baylor University Medical Center, however, may give children with cerebral palsy better treatment options in the future – and it all starts with looking at how cerebral palsy patients move compared to their peers.

The research, conducted by Baylor’s Scott Coleman along with investigators in Sweden, involved the study of three-dimensional gait analysis (GA) in both patients with and without cerebral palsy. By comparing the two groups (a patient group and a control group, each with a mean age of 17), investigators successfully determined the many ways cerebral palsy affects patients’ movement patterns.

The result? Four new clinical categories in which patients can be assigned for optimum treatment. “The ultimate goal of this novel methodology was to aid in
identifying different movement patterns that are of importance for improved treatment planning for children with cerebral palsy while also aiding in making more accurate prognosis,” said Coleman, manager of the Motion & Sports Performance Center, part of Baylor’s Department of Orthopedics. “This should give doctors that have access to a gait laboratory further insight into a treatment plan and outcome of surgical intervention for a particular child with cerebral palsy.”

In the study’s results (published in the April 2014 edition of Clinical Biomechanics), Coleman and his Sweden-based team identified those four clinical categories as:

1. close to normal
2. deviations mainly in the leg
3. deviations mainly in the arm
4. deviations in the arm and the leg

The new methodology can be used to help classify cerebral palsy based on their specific treatment needs.

The research, led internationally by Jacques Riad from Skaraborg Hospital in Skövde, Sweden, represents a special collaboration between Baylor and the Nordic researchers (Dr. Riad and Dan Lundh, from the University of Skövde). That collaboration is not the first of its kind, as Coleman has worked with the Swedish researchers on previous investigations and studies, some of which predate Coleman’s eight-year tenure at Baylor.

Currently, Coleman and the Swedish researchers are collaborating on more studies on the topic of gait analysis to be released in the future.

Title: Abstract Ideas Awarded by Nursing Council

Narrative: The Baylor Scott & White Central and North Texas Nursing Research Councils would like to thank the participants of their “2015 Endowed Nursing Research and Evidence-based Practice Calls for Abstracts” and recognize the award recipients:

Nursing Evidence-Based Practice Abstract Award:
“Nurse-led Inpatient Acute Stroke Response: Utilizing a Rapid Response Team as Team Lead for an Inpatient Acute Stroke Alert”
Scott & White Memorial Hospital – Temple
Principal Investigator: Leigh Allen, MSN, RN. Team Members: C.W. Luther, RN; Sonya Ochoa, BSN, RN; Jennifer Rasmussen, MD; Gail Thornton, RN. Nursing Research Abstract Award: “Chronic Pain and the Effects of Self-regulation and Mindfulness”
Baylor University Medical Center – Dallas. Principal Investigator: Debra Kahnen, RN, CMSRN. Team Member: Marygrace Hernandez-Leveille, PhD, RN, ACNP-BC

A total of 12 abstracts (brief overviews of proposed projects) were submitted – eight for research and four in the evidence-based practice category. After a rigorous blinded review by an inter-professional team of research experts from across both divisions, these abstracts were selected as the winners, receiving $1,000 each to continue their projects.

The ultimate goal for this program is developing practice changes that enhance patient experience. Our Central and North Texas nursing divisions are
unified in this endeavor, which began with the System-wide adoption of a nursing professional practice model – of which research is a critical component.

“Our team is very excited about the continued integration of nursing and our research and education initiatives,” says Susan Houston, PHD, RN, FAAN, NEA-BC, director of nursing research – North Texas. “We are all dedicated to improving nursing practice and patient experience. Expanding our research efforts to include both Central and North Texas patient populations is particularly invigorating.”

The councils were so impressed by the abstracts received that they are hoping to find additional funding to support some of the un-awarded submissions. “Baylor Scott & White is fortunate to have remarkable nursing talent,” says Phyllis H. Tipton, PhD, RN, research associate, Nursing Professional Development – Central Texas. “We appreciate all the hard work and the level of engagement in this endeavor.”

The nursing research councils anticipate the next round of applications will be spring of 2016 and look forward to reviewing submissions at that time.

Title: Pre-Pregnancy Weight and Developmental Delays
Narrative: BUMC’s Dr. LeAnn Haddock Talks Pre-Pregnancy Weight And Developmental Delays – WFAA-TV Dallas (TX) Midday News (5/7)

Title: Study Reduces Need for 12 Injections in Preemies
Narrative: A premature baby’s outcomes have more to do with the birth site itself than a pharmacologic drug, according to new research from the Baylor University Medical Center at Dallas (BUMC). Because of those conclusions, which were recently published in the Journal of the American Medical Association Pediatrics, researchers expect a shift in the way future neonatal care is delivered.

The findings come from a research study involving 6,200 premature infants born between 2010 and 2012 at hospitals across the country. In looking at the data retrospectively, researchers set out to determine if the absence of a certain drug affected the outcomes of those preemies.

That drug was Vitamin A, a preventive therapy that was thought to reduce bronchopulmonary dysplasia, a chronic lung disease in extremely low birth weight babies. The drug became popular from the early 2000s until 2010, when a national shortage stripped its availability from neonatal intensive care units (NICUs). This was substantial because at the height of Vitamin A’s popularity, about one in three NICUs across the country used it.

Results with a Surprising Twist
Baylor’s team, led by neonatal researcher Veeral Tolia, MD, along with biostatistician Monica Bennett, PhD, explored whether that shortage affected the babies. Among the 6,200 infants studied, some received Vitamin A during this time; others didn’t. By looking at the data, researchers could investigate whether lack of Vitamin A impacted other babies born after 2010. What they found, in many ways, surprised them.

“When this medicine was taken away, there didn’t appear to be an increase in bronchopulmonary dysplasia,” said Dr. Tolia, director of neonatal research at
BUMC. “After having done the research, I’m pretty convinced that it doesn’t really make a difference at all, actually.”

A Shift from Pharmacy to Quality

But what did make a difference was the birth location. The results showed that a premature baby’s place of birth had a direct link to his or her chance of death and/or chronic lung disease. This finding quashed the theory of Vitamin A, shifting it from a conversation about pharmacy to one of quality.

“If you’re a premature baby, who your doctors are is probably more important than what medications they have available to treat you,” Dr. Tolia said. “And that was surprising because nearly 20 years have passed since the Vitamin A trials were done, and in those 20 years, risk for bronchopulmonary dysplasia has decreased by about 10 to 15 percent.”

This new research suggests that chronic lung disease has gone down because neonatal care has improved nationally, not because providers have been using Vitamin A.

“Independent of these drugs, I think we’re getting better at caring for these infants in a non-pharmacologic way,” Dr. Tolia said.

Answering the Quality Question

Of course, not all neonatal caregivers are equal, as evidenced by the findings. The study shows that outcomes vary by location, but what is it about those locations that impact the care babies get?

“That’s the most important question we have to answer,” Dr. Tolia said. “It may be the physician care, or it may be the nursing care. Or it may be a combination of things.”

He pointed to Baylor’s NICU as an example. BUMC has had one of the lowest mortality rates for premature babies in the country for the past decade.

“Some people have suggested that the more volume of patients that you see, the better you become at taking care of them,” he said. “This is probably a part of the story, but not all of it.”

To finish telling that story, Dr. Tolia and his team will continue their research to identify what impacts the caliber of neonatal care. Many of those efforts will include a deeper look at the existing data to find similarities between the high-performing and low-performing centers.

“What is very exciting is that our research program at Baylor is addressing this question of quality at both national and local levels,” he said. “We have presented BUMC quality improvement work nationally, and we have three current projects focused extensively at how quality of care drives outcomes.”

As those studies continue, the use of Vitamin A will likely dwindle as news of Baylor’s research spreads. And while the shortage ended in September 2014, its refreshed supply probably won’t matter much to the NICU world. That’s good news for the babies born in 2014 and beyond – they escape the 12 injections that came with one Vitamin A dose.

Title: Overuse of Antibiotics
Narrative: Baylor Dallas Physician Talks About Antibiotic Resistance – (4/30) WFAA-TV, Dallas

Persons Served: 3,701,000

Needs Addressed Under This Program:
- Access to Care for Low Income Populations
- Multiple Chronic Diseases
- Behavioral Health
- Health Care Infrastructure
- Patient Safety and Hospital Acquired Conditions

VII. Charity Care and Government-Sponsored Indigent Health Care Provided
Sheryl Provides For Fiscal Year 2015, Baylor University Medical Center provided $84,076,942.00 in unreimbursed costs of charity care and government-sponsored indigent health care.

VIII. Government-Sponsored Health Care Provided
Sheryl provides For Fiscal Year 2015, Baylor University Medical Center provided $57,114,640.00 in unreimbursed costs of government-sponsored health care.

IX. Other Types of Community Benefits Provided

Baylor University Medical Center is committed to improving the quality of life for the many citizens living and working in its area. Baylor University Medical Center was pleased to allocate funds to the following community benefit activities.

A. Community Health and Wellness Improvement Services $119,512
B. Community Benefit Operations $644,168
C. Financial Donations $67,000
D. In Kind Donations $243,018
E. Health Care Support Services $1,443,526
F. Medical Education $23,320,397
G. Physician Recruitment $420,826
H. Research $20,100,000
I. Subsidized Health Services $2,681,805
X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
As required by Section 311.046 (a) (4), Baylor University Medical Center reports $921,403,682 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 33.33%. Please see the attached worksheet for the full calculation.

XI. Report of Community Benefit Provided During Fiscal Year
In a commitment to fulfill its mission, Baylor University Medical Center benefit to the community, conservatively estimated, was $190,231,834.00 for Fiscal Year 2015. Baylor University Medical Center is filing its Annual Statement of Community Benefits Standard (Statement) as a consolidated system with the other affiliated hospitals of BSW excluding those that qualify as Medicaid disproportionate share hospitals).

Through community benefit activities, BSW-affiliated hospitals provided: quality patient care and subsidized services otherwise not available in the community; medical education, training for medical technicians, hospital chaplains, nurses, and future physicians; and medical research that will speed the time between scientific finding and its application to improving medical care.

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

### Total Operating Expenses

**Section 311.046(a)(4)**

| For the Fiscal Year Ended June 30, 2014 | 921,403,682 |

### Calculation of the Ratio of Cost to Charge

**Section 311.046(a)(5)**

| Total Patient Revenues (from 2014 Medicare Cost Report, Worksheet G-3, Line 1) | (a) 2,526,406,434 |
| Total Operating Expenses (from 2014 Medicare Cost Report, Worksheet A, Line 118, Col. 7) | (b) 820,464,409 |
| Initial Ratio of Cost to Charge ((b) divided by (a)) | (c) 32.48% |
| Bad Debt Expense (from 2015 audited financial statements) | (d) 66,563,964 |
| Multiply "Bad Debt Expense" by "Initial Ratio of Cost to Charge" ((d) x (c)) | (e) 21,619,976 |
| Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" ((b) + (e)) | (f) 842,084,385 |
| Calculation of Ratio of Cost to Charge ((f) divided by (a)) | (g) 33.33% |