Baylor Scott & White Health
Baylor Medical Center at Garland & McKinney
dba Baylor Medical Center at Garland
Annual Report of Community Benefits
2300 Marie Curie Blvd.
Garland, Texas 75042
Taxpayer ID # 75-1037591
For the Fiscal Year Ended June 30, 2015
**Letter from the President**

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*Baylor Medical Center at Garland*  
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Dear Fellow Texan:

Baylor Medical Center at Garland (Hospital) has served residents of Garland and surrounding communities since 1964, and we are proud of the community support that helped build and sustain a facility with a wide array of specialists and services to meet the health care needs of the community.

In support of its mission, the Hospital exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing. The Hospital is dedicated to providing advanced, quality health care, as well as subsidized services to the community such as health education and screenings, training for nurses, patient care assistants and other health care workers.

The Hospital is also committed to promoting the healthy well-being of individuals and families beyond the health activities of the traditional hospital or clinic setting through its community outreach programs. For example, the medical center provides free community health seminars throughout the year at the hospital and local community centers. The Hospital also has a tradition of collaborating with key community groups like the school district by offering education programs to employees on a variety of health and wellness topics at no cost.

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 Health Care System, and 3500 Gaston Avenue, Dallas, Texas 75246.

Sincerely,

Tom Trenary
President
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  
In 1958 the Garland Chamber of Commerce appointed a hospital board to investigate the need for a community hospital. Incorporation papers were submitted to the State in April 1958, and were accepted in May of the same year. The hospital was named Memorial Hospital of Garland in memory of the veterans of World War II. Plans were to raise $1,000,000 locally and that was to be matched by the federal government under the Hill-Burton Act. This would provide for a one hundred bed hospital. Groundbreaking for that hospital began in January 1963. Memorial Hospital of Garland opened its doors in March 1964. The first expansion was the emergency department in 1970. Bed capacity was raised to 176, with an addition of a patient tower in 1972. In 1980, Phase I was built with a nursery and new labor and delivery areas. In November 1988, the $4.7 million professional office building and Day Surgery area was opened. In 1991, Memorial Hospital joined Baylor Scott & White Health (BSWH) and was renamed Baylor Medical Center at Garland (Hospital). The Hospital is a 117-bed acute care facility located at 2300 Marie Curie Drive, in Garland. An affiliate of BHCS and guided by its values, the Hospital strives to make a positive difference for patients, the workforce and the community every day.

In August 2004, the hospital opened the Don and Ruth Buchholz Pavilion, a 105,000-square-foot addition that united the Hospital and the adjacent Baylor Medical Plaza I office building, into a streamlined medical complex. The four story addition was designed not only to provide additional clinical capacity, but to encourage the community to seek out the Hospital in new ways as a health care resource. In recent years, Baylor Medical Plaza III and IV have expanded the space for outpatient health services and physician offices, further underscoring the Hospital’s goal to provide quality health care close to home.

In the summer 2010, the Hospital completed a 4,300-square-foot expansion and renovation of the Emergency Department (ED) with a goal of expanding access to care and reducing wait times. The Hospital ED now offers a dedicated ambulance entrance, eight medical screening exam rooms, new lobby, check-in and waiting areas, twenty treatment rooms and seven critical care rooms. Laboratory and pharmacy services, as well as expanded radiology capabilities, have been added including a dedicated radiology room and a 16-slice computed tomography scanner.
The Women's Center at the Hospital provides for the unique needs of women. The Women's Center features medically advanced facilities and gynecological services including digital mammography screening and diagnostics through the Baylor Breast Center, and osteoporosis detection through bone densitometry testing.

The Hospital is now offering gynecologic robotic surgery. The da Vinci® Si™ robotic surgery system for certain gynecologic surgical procedures such as hysterectomy and myomectomy, is now available. Baylor Breast Center offers screening and diagnostic digital mammography services, along with additional testing including ultrasound. Bone densitometry testing to detect osteoporosis is also available.

Dedicated to providing quality health care, the Hospital has received numerous quality awards such as the Get With The Guidelines®—Stroke Silver Plus Quality Achievement Award from the American Heart Association. The award recognizes the Hospital’s commitment and success in implementing a higher standard of care by ensuring stroke patients receive treatment according to nationally accepted guideline processes to improve patient care and outcomes.

The Hospital’s Cardiovascular Rehabilitation Program has been accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). Certified AACVPR programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. The Hospital’s cardiac rehab department was recognized for its commitment to improving quality of life by enhancing standards of care.

U.S. News & World Report's annual Best Hospitals Metro Area Rankings reported the Hospital as Number 10 among area hospitals. The report gives consumers information about “high performing” regional hospitals in the U.S. The Hospital is high performing in both orthopedics and urology.

The Hospital has been granted a three-year full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and undergo a rigorous evaluation process and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. A Breast Center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

The Hospital offers more than thirty specialties and services including diabetes self-management training programs to help individuals of all ages learn how to successfully manage diabetes. These services are for both type 2 diabetes and type 1 diabetes. Team members include a registered dietitian and registered nurse. Classes empower participants
to plan meals, make better food choices and learn how to monitor glucose levels and interpret results.

Other aspects of the program includes a Pre-Diabetes Education Program centered on a healthy lifestyle with a comprehensive assessment and meal planning with a registered dietitian; the program consists of intensive, individual meal planning, blood glucose and ketone testing instructions, exercise plans as recommended by a physician and insulin therapy when required; medical nutrition therapy which focuses on meal planning and using a variety of tools with the assistance of a registered dietitian for individuals who need additional support and education in food management.

As part of its Christian ministry of healing, community service is a cornerstone of the Hospital’s mission. Patients may access libraries and community centers, offering free educational seminars, health fairs, and screenings. At the Hospital itself, a new conference center and community resource center provide an ongoing forum for speakers and community education.

The Hospital uses its revenue after expenses to improve the health of Garland and surrounding communities through patient care, education, and community service. In the fiscal year ending June 30, 2015, the Hospital had 7,823 total adult and special care nursery admits resulting in a total of 34,587 days of care; and there were 59,752 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.

In addition to the Hospital’s Financial Assistance Policy, as part of a large faith based integrated health care delivery system (System) the areas of medical education, research, subsidized services and community health education and screenings are initiatives that take place across the System, and also comprise a significant portion of the Hospital’s community benefit program.

Medical education is a crucial part of the Hospital’s mission. Being one of the nation’s 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 $2.2 million 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 the System’s relationships with fifteen North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. In the fiscal year ending June 30, 2015, the Hospital invested in training 79 nurses. Total unreimbursed cost of these programs was $186,689. 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.

III. Hospital Mission Statement
The Hospital 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
Located in Dallas County, the Hospital serves the Eastern Region of the System. Its TSA includes zip codes from Wylie, Rowlett, Sachse, Mesquite and Murphy. The service area comprises:
- An urban/suburban geographic area
- Service area population: 639,648
- Service area ethnicity: White Non-Hispanic = 45.3 percent; Black Non-Hispanic = 16.3 percent; Hispanic = 29.5 percent; Asian and Pacific Islanders Non-Hispanic = 6.3 percent; All others = 2.5 percent
- Service area payer mix: managed care = 33.3 percent; Medicaid = 20.6 percent; Medicare = 33.9 percent; self-pay/charity = 11.4 percent; other = 0.8 percent
- Service area household average income = $67,316
• Service area living below the Federal Poverty Level (FPL): 10.5 percent (compared to 10.5 percent living below the FPL in the Dallas/Fort Worth Metroplex, and 10.2 percent living below the FPL in the United States)
• Number of other hospitals serving the community: six hospitals other than The Hospital
• Medically underserved: The Hospital service area does not contain any medically underserved areas or populations.
• Service area education: less than high school = 7.2 percent; some high school = 9.7 percent; high school diploma = 26.8 percent; some college/associates degree = 31.0 percent; bachelor’s degree or greater = 25.3 percent
• Service area male population = 318,890; service area female population = 320,758
• Service area age: 0-14= 24.6 percent; 15-17 = 4.4 percent; 18-24 = 9.2 percent; 25-34 = 14.7 percent; 35-54 = 28.8 percent; 55-64 = 9.4 percent; 65+ = 8.9 percent

V. Identified Community Health Needs
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 the Hospital, each of which takes into account input from persons 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 BSWH Senior Leadership, the BHCS Mission and Community Benefit Committee and approved by the BHCS 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 as 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 on 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:

Identified Community Needs

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

VI. Programs Addressing Identified Community Health Needs

Program Title: Behavioral Health
Description: The behavioral health project co-locates and integrates behavioral health services into the outpatient primary care setting. The model consists of providing a Licensed Clinical Social Worker (LCSW) to provide basic counseling services to address behavioral health needs such as: anxiety, depression, and substance abuse issues. The screening tools used are evidence based and will include (but not be limited to): PHQ2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW will have the support of a Community Health Worker (CHW) to help with the screening and referral processes. The behavioral health program requires that the LCSW and CHW 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. 133% of patients seen at a Baylor Garland BCC clinic were screened utilizing the PHQ-2 screening tool. (% above 100% because overall volume of patients seen at a BCC Garland clinic in DY3 was higher than baseline of DY2). 655 patients who screened positive for a behavioral health concern were referred to and seen by a licensed social worker for treatment of depression, anxiety and/or substance abuse.

Persons Served: 1,312
Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved
- Behavioral Health
- Multiple Chronic Conditions

Preventive Health Screenings

Program Title: Chronic Disease Management
Description: The Hospitals clinic houses a carved out chronic disease management program providing 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 address 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 will not only entail clinical counseling, but will also include prevention components to focus 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 (HbA1c testing and glucose testing using test strips) and asthma (peak flow meter assessments). This testing will aid in overcoming the barrier of patient non-compliance with completing lab orders and any financial or transportation issues that would arise in obtaining these important lab results. We have leveraged 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 result in a complete and robust program tailored for multiple community settings. The Diabetes Health and Wellness Institute houses this staff and appropriately triages and manages providers to see patients at the Hospital’s Baylor Clinic 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 are leveraged to create programs around CVD and respiratory illnesses. 15% of patients from the above population were adherent to their treatment plan.

Persons Served: 479
Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved
- Multiple Chronic Conditions

Program Title: Community Benefit Operations
Description: The Hospital has committed marketing staff for the benefit of providing community health care for the identified health care needs of the community. This work is
accomplished through the provision of community health education, community health services, and community health needs assessments. The cost associated with this service includes assigned staff and any other costs associated with community benefit strategy and operations.

Persons Served: 19,854

Needs Addressed Under This Program:
- Multiple Chronic Conditions
- Preventive Health Screenings

Program Title: Community Outreach and Education
Description: The Hospital provides community health improvement services which extend beyond patient care activities and are subsidized by the hospital. These activities include, but are not limited to, community health education, support groups, pastoral outreach programs, community based clinical services, and education on specific diseases.

Persons Served: 10,690

Needs Addressed Under This Program:
- Multiple Chronic Conditions

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 reclamation from Baylor Health Care System 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.

Persons Served: 203,800

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

Program Title: Donations - In Kind
Description: The Hospital supports other not for profit organizations with in kind donation, such as serviceable equipment or supplies. Also provided are 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. These donations extend the Hospital's services beyond its walls.

Persons Served: 600

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Donations - Financial
Description: The Hospital supports several not for profit civic and community events and organizations whose goals and mission enhances the ability to improve the health infrastructure of the communities it serves.

- Agencies Receiving Donations:
  - Name: Buckner International
Description: For more than 135 years, Buckner International has been transforming lives through hands-on ministry, serving the most vulnerable from the beginning to the ending of life. Buckner is one of the oldest and most unique faith-based social service organizations of its kind, serving hundreds of thousands of people each year in the United States and around the world.

Mission and Vision: Buckner International transforms the lives of vulnerable children, enriches the lives of senior adults, and builds strong families through Christ-centered values.

- Name: Health Texas Physicians Network
  Description: HealthTexas Provider Network was established in 1994. Headquartered in Dallas, TX, HealthTexas is a multi-specialty medical group that employs over 850 providers practicing in 250 care delivery sites in the North Texas area. This medical group practice is comprised of 70 primary care centers, 180 specialty care clinics which include 9 psychiatric medicine centers; 8 hospitalist programs; 3 pulmonary critical care units; 9 liver outreach clinics; 5 heart failure outreach clinics; 1 kidney outreach clinic, 3 senior health centers; and a family practice residency program.

  In FY14 HealthTexas reported more than 2.0 million patient visits per year. In 2010 HealthTexas was awarded AMGA’s Medical Group Preeminence Award. HealthTexas was named a American Medical Group Association (AMGA) Acclaim Award Honoree in 2011, 2012 and 2014, making them one of the leading medical groups in the nation.

  Since its inception, HealthTexas Provider Network has been devoted to quality and dedicated to fulfilling our mission: “To deliver the highest value patient experience through quality, safety, accessibility, and cost-effectiveness, enhanced by medical education and research in collaboration with Baylor Scott & White Health.”

- Name: New Beginning Center
  Description: New Beginning Center was born in 1983 with an initial budget of $750, donated office space, a volunteer board, and a staff of one. Spurred by an abiding concern for the number of abused women seeking treatment in the local hospital’s emergency room, this initial group of twelve committed citizens planted the seeds for a program to serve families affected by domestic violence. The organization today has a budget of $1.8 million, 4 service sites and a staff of 42. The mission of the New Beginning Center is: New Beginning Center provides education, prevention and intervention programs and services to those affected by domestic violence. The Vision is to be the community’s driving force in the prevention of domestic violence.

- Name: Hope Clinic of Garland
  Description: Hope Clinic exists to share the love of Jesus Christ by partnering with our community to provide primary health care and resources for healthy living to the underserved population. Physicians, nurses, and volunteer health care professionals of Hope Clinic give unselfishly of their time to provide a high level of quality services to the
working poor population and children in the community. Our desire is to partner with patients in their healthcare journey towards wellness. Patient education is a key priority in healthcare management. We address all aspects of well-being: physical, emotional, spiritual, psychological and intellectual.

- **Name: Universal Health Services**
  Description: UHS is a Fortune 500 company that owns and operates 200 behavioral health facilities centers in 37 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, and employs more than 65,000 people. “UHS has an outstanding reputation as the largest provider of behavioral health services in the U.S. and in Texas,” says Tom Trenalny, president, Baylor Garland. “We’re very fortunate to be able to bring this resource to our community, the hospital and Baylor Scott & White Health.”

- **Name: Galaxy Counseling Center**
  Description: Galaxy Counseling Center, founded in 1975, has served more than 55,000 families since its inception. Services include: Individual Therapy, Couples Therapy, Family Therapy, Play Therapy, Group Therapy, Teen and Adult Anger Management and Psychological Evaluations, Individual Therapy for Adolescents and Adults - Relationship adjustment, school or work problems, grief, depression, anxiety, abuse, post-traumatic stress, bi-polar disorders, personality disorders.

  Play Therapy -Impulse control, bedwetting, ADHD, adjustment to changing families, school performance, authority conflicts, physical and sexual abuse. Family Therapy -Adjustment to change within families, gay & lesbian families, adoption, making divorce manageable for parents and children, grief and loss, reconnecting dads to kids, abuse, helping families learn relationship skills to increase family competence.

  Couples Counseling-Separation and divorce, co-parenting, pre-marital counseling, adjusting to stressors such as finances, illness, infidelity, sexual dissatisfaction, and major life transitions.

  Group Therapy -Anger management for adults. Group therapy has the added benefit of helping clients learn from peers experiencing similar struggles as themselves in a controlled therapeutic setting. If there is enough interest in a specific area of need, a group may be formed, i.e. sexual abuse survivors, parenting, adolescent anger management.

- **Name: Timberlawn Mental Health System**
  Description: Timberlawn at Garland offers care for adults in immediate crisis, focusing on a cognitive approach and medication management to promote recovery. The main goal of our adult psychiatric program is to resolve the crisis that resulted in hospitalization and to create a stable foundation that the patient can continue to develop long after discharge. Our diagnostic and treatment components include: psychiatric evaluation and diagnosis, social support, physical examination and
laboratory data, medications when indicated, dialectical behavioral therapy, oriented groups, cognitive behavioral skills, daily face to face meeting with a psychiatrist, psych-educational classes, recreational therapy groups, discharge planning, individual and family therapy, as needed. Our treatment team consists of the patient, his or her family, the physician, the therapist/social worker, nurses, and other mental health professionals. Anyone on the treatment team can address questions regarding a patient’s individualized treatment plan. The primary group therapist serves as the patient’s case manager, and he or she coordinates the individual treatment plan with the assigned physician to ensure proper diagnosis and treatment. The therapist also coordinates therapy sessions and family therapy, along with coordination of discharge and outpatient appointments.

Group therapy sessions are implemented through the Dialectical Behavioral Therapy orientation, which is a cognitive behavioral approach that emphasizes the psychosocial aspects of treatment. Groups are oriented around the four Dialectical Behavioral Therapy modules which include: mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance skills. Timberlawn at Garland provides behavioral health treatment for older adults.

- **Name:** The Achievement Center of Texas  
  **Description:** The Achievement Center of Texas was started by a group of parents frustrated by their inability to find suitable day care for their children with disabilities. Beginning with a dream and $800 raised from a parking lot sale, this group formed their own day care center. The Reverend Michael Haynes, father of a child with disabilities, offered this group the use of the Sunday School building of the St. Paul United Methodist Church. The center was housed at St. Paul’s for 16 years. The Achievement Center of Texas moved into its new facility at 2950 North Shiloh Road in Garland on February 3, 2003. Now, after celebrating our 35th birthday on October 12th, 2012, the Achievement Center currently serves approximately 140 students daily from 7 a.m. to 6 p.m. Monday through Friday. The Achievement Center loves their facility and is grateful to all who made this possible. The new facility offers students greater opportunities to develop their strengths and talents, make and maintain friendships, use up-to-date equipment and modern technology, including a full library/computer room, life skills lab and nurses station. The home economics suite (life skills lab) will help students learn to make a light meal, use a washer, dryer, dishwasher, microwave, make a bed, fold clothes, use a vacuum and many other functional living skills needed to develop self-confidence and greater independence.

- **Name:** The American Cancer Society  
  **Description:** The American Cancer Society (ACS) is the largest nongovernmental funder of cancer research in the United States, having spent more than $4 billion since 1946 to find cures. The ACS funds both external research projects through grants and scholarships as well as conduct our own research into cancer epidemiology, surveillance, and health policy. The ACS funds beginning researchers with cutting-edge ideas in their
careers -- 47 of whom have gone on to win the Nobel Prize, the highest accolade in scientific achievement.

- **Name: Melanoma International Foundation**
  Description: Established in 2003, the Melanoma International Foundation (MIF) is a 501(c)(3) non-profit organization created to provide the scientifically sound guidance and support our founder could not find when she was diagnosed with melanoma. MIF is primarily funded through the generous donations of individuals. We do receive a smaller portion of funding from family foundations, community foundations and pharmaceutical foundations. Our fundraising event at Wilson Farm Park in Wayne, PA, is the largest melanoma awareness event held in the world. Other events are held all over the United States, with an emphasis on providing free screenings and educational opportunities in communities nationwide. Our website’s scientific information is validated by our Scientific Advisory Board listed on this site; all are credentialed medical professionals and most are melanoma specialists.

Persons Served: 15
Needs Addressed Under This Program:
- Behavioral Health
- Multiple Chronic Conditions

**Program Title: Health Care Support Services**
Description: Health care support services are provided by the Hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. The Hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the Hospital.

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

**Program Title: Health Screenings - Diabetes**
Description: Baylor has determined that diabetes is the number six cause of death in America. The American Diabetes Association (ADA) recommends that adults age 45 and older get screened for type 2 diabetes every three years by their health care provider. It is estimated that one-third of people with diabetes are unaware of their condition and there can be virtually no symptoms. Individuals could have diabetes and not know it. If an individual has diabetes, screening for early diagnosis is essential for decreasing the risk of developing diabetes complications, treating it appropriately, and helping [the person] stay healthy. Most diabetes screening recommendations focus on type 2 diabetes, since symptoms of type 1 diabetes often develop suddenly and the disease is usually diagnosed soon after symptoms appear. People with type 2 diabetes can go un-diagnosed for three to four years or more making screening an important tool for catching it.

Persons Served: 1,500
Needs Addressed Under This Program:
- Multiple Chronic Conditions
• Preventive Health Screenings

Program Title: News Media Generated Community 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.

The Public Relations Team produces opportunities for free health and wellness education for all people – whether they are insured, uninsured or under insured patients – through well-developed relationships with news media outlets. The goal of the team’s work is to educate the public about health issues.

Articles Published:
• Title: Garland Hope Clinic Opens New Space to Treat Uninsured
  04/20/2015 | by Matt Goodman
  The nonprofit, faith-based Hope Clinic in Garland held a ribbon cutting for its expansion on Friday, celebrating a new space that more than doubles its current square footage and boosts patient volume by an expected 15 percent.
  The Hope Clinic has served the medically indigent in Garland since 2002. In 2011, it signed an agreement with Baylor Scott & White’s HealthTexas Provider Network, a physician group owned by BS&W. It offers primary care, chronic disease management, behavioral health, and prescription assistance programs to patients who have no way to pay for the services.
  It is part of the Baylor Community Care program, which consists of eight primary care clinics. The new space will total 4,635 square feet. The Hope Clinic was also recently certified by the National Committee for Quality Assurance as a NCQA Level 3 patient-centered medical home, the organization’s top certification. The new clinic is located at 800 South 6th Street in Garland. The charitable program qualifies patients at 200 percent of the federal poverty level for free care. Patients must be uninsured to take
advantage of the services. The clinic has 13 paid staff and a network of 48 volunteer physicians. “Hope Clinic works with HealthTexas Provider Network to serve almost 2,000 poor, economically disadvantaged patients who have no payment sources — and care is delivered to that population on par with full-pay clinics,” said Carl Couch, MD, president of Baylor Scott & White Quality Alliance and a member of the Hope Clinic board of directors.

- **Title: A New Space at the Hope Clinic in Garland**
  D Healthcare Daily (4/20, Goodman) reported on the dedication ceremony of a new space at the Hope Clinic in Garland that more than doubles its current square footage and boosts patient volume by an expected 15 percent. The story notes Hope Clinic is part of the eight-clinic Baylor Community Care program. Baylor Scott & White Quality Alliance President Carl Couch, MD commented that Hope Clinic works with HealthTexas Provider Network to serve almost 2,000 poor, economically disadvantaged patients who have no payment sources — and care is delivered to that population on par with full-pay clinics.

- **Title: Behavioral Health Expansion**
  Date: 6/20/2014
  Baylor Medical Center at Garland and Universal Health Services (UHS) have signed an agreement that will bring quality adult and geriatric inpatient psychiatric services to Baylor Garland. In order to help meet the changing health care needs of the hospital’s service area, this new agreement with UHS will create a ‘hospital-within-a-hospital’, utilizing existing space on the upper floors of the medical center. UHS is a Fortune 500 company that owns and operates 200 behavioral health facilities centers in 37 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, and employs more than 65,000 people. “UHS has an outstanding reputation as the largest provider of behavioral health services in the U.S. and in Texas,” says Tom Trenary, president, Baylor Garland. “We’re very fortunate to be able to bring this resource to our community, the hospital and Baylor Scott & White Health.” Recently, Baylor Garland also announced a similar agreement with Select Medical to build a ‘hospital-within-a-hospital’ that will focus on providing long-term acute care to patients that require an acute care inpatient setting but also require a significantly longer hospital stay. “This year, Baylor Garland is marking its 50th anniversary of serving the community,” explains Trenary. “The new agreements with UHS and Select Medical will help solidify Baylor Garland’s commitment to meeting the health needs of Garland and surrounding communities for years to come.” The projected opening of the new inpatient adult and senior psychiatric program is January 2015. Select Medical will open its new beds in September 2014.

- **Title: Hope Clinic Expansion**
  Date: 4/20/2015
  Garland Hope Clinic Opens New Space to Treat Uninsured
  04/20/2015| by Matt Goodman| Share Post The nonprofit, faith-based Hope Clinic in Garland held a ribbon cutting for its expansion on Friday, celebrating a new space that more than doubles its current square footage and boosts patient volume by an expected
15 percent. The Hope Clinic has served the medically indigent in Garland since 2002. In 2011, it signed an agreement with Baylor Scott & White’s HealthTexas Provider Network, a physician group owned by BS&W. It offers primary care, chronic disease management, behavioral health, and prescription assistance programs to patients who have no way to pay for the services. It is part of the Baylor Community Care program, which consists of eight primary care clinics. The new space will total 4,635 square feet. The Hope Clinic was also recently certified by the National Committee for Quality Assurance as a NCQA Level 3 patient-centered medical home, the organization’s top certification. The new clinic is located at 800 South 6th Street in Garland. The charitable program qualifies patients at 200 percent of the federal poverty level for free care. Patients must be uninsured to take advantage of the services. The clinic has 13 paid staff and a network of 48 volunteer physicians. “Hope Clinic works with HealthTexas Provider Network to serve almost 2,000 poor, economically disadvantaged patients who have no payment sources — and care is delivered to that population on par with full-pay clinics,” said Carl Couch, MD, president of Baylor Scott & White Quality Alliance and a member of the Hope Clinic board of directors.

- Title: Some Fats Are Not Bad
  Date: 5/2/2015
  My friends scoff at my love of drinking half-and-half in coffee and lattes. To me, that added fat is the “bees knees”. So, let us settle two questions in this short (and late-night written blog). 1. Is half and half really bad for me? 2. Do bees really have knees? As a medical doctor, I have to think professionally and answer question No. 1 (the answer to No. 2 comes later…). An April American Journal of Clinical Nutrition article found that many fat-rich proteins such as eggs, whole milk, full-fat cheese and nuts do not have a significant impact on weight gain. These fat-rich foods, generally avoided in low-fat diets, are less important to pass up for successful weight loss. Instead, adults should be more concerned about calories consumed in high carbohydrate-laden foods such as breads, crackers, potatoes, sugary soda or fruit drinks.
  According to the article, both the quantity and quality of carbohydrates seem to be most important to weight management. Labeled the glycemic load, this measurement can more easily compare and contrast carbohydrates and better prepare us for healthy choices to reduce our muffin tops (or maintain our shapely figures). MedlinePlus compares single servings of white flour bagels with a glycemic load of 25 units to quinoa (pronounced Keen-wah), with a glycemic index of 13 units and chickpeas with a glycemic index of 3. The lower the glycemic index the better, which makes this glycemic index approach more dietary specific and scientifically sophisticated when compared to simple caloric counts. Perhaps we should not be so strict in reducing our kids’ whole milk to 1 percent milk (who likes that watery substitute anyway?). Perhaps we should be more careful about the other foods they eat and let them have a little bit more peanut butter and boiled eggs (yolks included). Now, to answer question No. 2: It is very difficult to find legitimate scientific articles about bees
and their knees but I think I have an answer. Bees do not actually have knees but they
do have a femur and
a tibia, which is what we humans call our thigh and shin bones (respectively). Without a
hinged joint and knee-cap (patella), it would be very difficult to attest that bees have
knees. The phrase, however, is cute and catchy so I feel no need to remove the idiom
from my bookshelf.

- Title: Eleven Baylor Scott & White Facilities Named ‘Top Performers’ The Joint
Commission’s recognition for delivering consistent quality care;
Eleven Baylor Scott & White Health hospitals have been recognized as a Top
Performer on Key Quality Measures® by The Joint Commission, the leading
accreditor of health care organizations in the United States.
Hospitals named ‘Top Performers’ are considered national leaders by The Joint
Commission when it comes to consistently practicing evidence-based health care
shown to significantly improve outcomes for certain serious conditions and
procedures. These include heart attack, heart failure, pneumonia, surgical care and
stroke, among others.

The 11 Baylor Scott & White Health facilities achieving ‘Top Performer’ status
include:
• Baylor Medical Center at Carrollton (recognized for: Heart Attack, Heart Failure,
Pneumonia, Surgical Care)
• Baylor Medical Center at Garland (recognized for: Heart Attack, Heart Failure,
Pneumonia, Surgical Care)
• Baylor Heart & Vascular Center, LLP (recognized for: Heart Attack, Heart Failure,
Surgical Care)
• Baylor University Medical Center at Dallas (BUMC) (recognized for: Heart
Attack, Heart Failure,
Pneumonia, Surgical Care)
• North Central Surgical Center (recognized for: Surgical Care)
• Baylor Surgical Hospital at Fort Worth (recognized for: Surgical Care)
• Baylor Regional Medical Center at Grapevine (recognized for: Heart Attack,
Heart Failure, Pneumonia, Surgical Care)
• Baylor Medical Center at McKinney (recognized for: Heart Attack, Heart Failure,
Pneumonia, Surgical Care)
• Baylor Regional Medical Center at Plano (recognized for: Pneumonia, Surgical
Care)
• Baylor Medical Center at Waxahachie (recognized for: Heart Failure,
Pneumonia, Surgical Care)
• Scott & White Hospital –Brenham (recognized for: Pneumonia, Surgical Care)

Each accountability measure represents an evidence-based practice—for example,
giving aspirin at arrival for heart attack patients, giving antibiotics one hour before
surgery, and providing a home management plan for children with asthma. “This
achievement demonstrates Baylor Scott & White’s commitment to delivering

Baylor Medical Center at Garland
Community Benefit Report: FY 2015
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evidence-based interventions in the right way and at the right time, because it’s the right thing to do for your patients,” says Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer, The Joint Commission. The complete list of Top Performers is published in The Joint Commission’s “Improving America’s Hospitals” annual report; Baylor University Medical Center Dallas will also be recognized on The Joint Commission’s Quality Check website (www.qualitycheck.org).

- Title: Garland Top Performer on Key Quality Measures® by JCAHO
  Date: 11/1/2013

A total 11 Baylor Scott & White Health hospitals were recognized this week as “Top Performers” on Key Quality Measures® by The Joint Commission, the leading accreditor of health care organizations in the United States. Hospitals named “Top Performers” are considered national leaders by The Joint Commission when it comes to consistently practicing evidence-based health care shown to significantly improve outcomes for certain serious conditions and procedures. These include heart attack, heart failure, pneumonia, surgical care and stroke, among others. Below is a complete list of Baylor Scott & White Health hospitals that made the list (10 Baylor Health Care System hospitals and one Scott & White Healthcare hospital). Two press releases, one in the North Texas market and one in the Central Texas market, as well as a corresponding social media campaign have been created to promote this news.

The 11 “Top Performers” Include:
- Baylor Orthopedic and Spine Hospital at Arlington
- Baylor Medical Center at Carrollton
- Baylor Jack and Jane Hamilton Heart and Vascular Hospital
- Baylor Medical Center at Uptown
- Baylor University Medical Center at Dallas
- Baylor Surgical Hospital at Fort Worth
- **Baylor Medical Center at Garland**
- Baylor Regional Medical Center at Plano
- THE HEART HOSPITAL Baylor Plano
- North Central Surgical Center
- Scott & White Hospital – Brenham

Area hospital employees awarded at April 22 luncheon
IRVING, TX – A salute to the North Texas hospital workforce, the Dallas-Fort Worth Hospital Council Foundation’s (DFWHC Foundation) Annual Employee of the Year Luncheon celebrated its 18th year on April 22 with the announcement of the 2014 recipients at Irving Convention Center. More than 700 attendees turned out to honor the fourteen winners introduced from a pool of 50-plus area hospitals. “We hope this luncheon can serve as a tool for hospitals to inspire great employees,” said Kristin Jenkins, president of the DFWHC Foundation. “Our goal is to make a difference by helping to build morale in our hospitals, improve quality of care, quality of life and
recognize the importance of each individual. Every nominee, the best of the best of North Texas, deserved to be recognized.”

Recipients were:
Rex McRae Scholarship
• Erik Sletten, VA North Texas Health Care System/UT Arlington College of Nursing
Nurse Preceptor Award
• Milagros Cruz, Registered Nurse, VA North Texas Health Care System
Physician Award
• Dr. Ignacio Nunez, Texas Health Arlington Memorial Hospital Volunteer Award
• Lou and Synthia Pisz, Texas Health Harris Methodist Hospital Southwest Fort Worth
Community Service Award
• Cameron Brown, Staff Care Chaplain, Cook Children’s Health Care System
System Award
• Dale Munday, Graphics Center Specialist, Methodist Health System Special Recognition Awards
• Al Sypniewski, Registered Nurse, Baylor Scott & White Health Medical Center at McKinney

Prabh Jit Batra, Nurse Supervisor, Baylor Scott & White Health Medical Center at Garland
Victor Vera, Registered Nurse, Baylor Scott & White Health Regional Medical Center at Grapevine
• Latora Scott, Heart Failure/Lung Disease, Baylor Scott & White Health University Medical Center

Employee of the Year Awards
• Patti Wren, Rehab Supervisor, Our Children’s House at Baylor Scott & White Health
• Alpha Jalloh, Sous Chef, HCA’s Medical Center of Lewisville
• Kathryn Davitt, Child Life Specialist, Cook Children’s Health Care System
• Glenn Timmons, Security Officer, Children’s Medical Center Dallas

David Hira, illusionist and inspirational speaker, served as guest keynote speaker. Daniela Decell, CEO of HCA’s Las Colinas Medical Center, and Harvey Fishero, chair of the DFWHC Foundation, served as masters of ceremonies. Board members of the Dallas-Fort Worth Healthcare Human Resources Association judged nominations with the names and hospitals removed. The DFWHC Foundation is a non-profit 501c3 public charity with a mission to serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.
• Title: Nursing Excellence  
  Date: 2/27/2013

The Baylor nurses below were honored in the D Magazine Excellence in Nursing award, and their stories are featured in March 2013 D Magazine and on D Healthcare Daily. The link below will take you to D Healthcare Daily article.


“So many lives have been touched by the nurses featured on this list. Their hard work, sharp minds, and easy bedside manner earned them a spot in our second Excellence in Nursing Awards. We received 339 nominations (to see how we narrowed down the list and for the full list of finalists, click here). One nurse continued to treat others as she underwent chemotherapy. Another broke through language barriers to better care for two young boys. And there’s the nurse whose impact was so felt that his young patient declared she wanted to take him home with her. We’re lucky to have these nurses in North Texas.”

• Title: Janice Walker, Leadership  

Janice Walker is the devoted and passionate chief operating officer/chief nursing officer at Baylor Medical Center at Garland, but her co-workers and peers can attest that she is a dedicated nurse first and foremost. Walker has demonstrated her top-tier leadership qualities throughout her career, most recently by implementing 10 am leadership rounds that require the facility’s leaders to make daily morning rounds to engage with staff and assigned patients—a program that has increased inpatient Press Ganey Patient Satisfaction scores for the facility since its adoption. Despite her administrative role, Walker doesn’t hesitate to roll up her sleeves and help patients in need, such as a child who was admitted to the emergency room after being hit by a truck on the way to school. In this instance, Walker went above and beyond to send nurses with the EMS team to provide support during the child’s transfer to a nearby children’s hospital. Walker stayed behind to work as a bedside nurse and pick up the slack.

—Hilary Lau

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

Program Title: Medical Education - Family Medicine Training

Description: Medical education is a crucial part of the Hospital’s mission. Being a private teaching hospital, Baylor Garland annually trains residents for family medicine in a three year program. This quality teaching program adds many dimensions to the hospitals 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.

Persons Served: 185

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

Program Title: Medical Education - Nursing Students

Description: The Hospital is 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 the System’s relationships with many North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the Hospital 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.

Persons Served: 739

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

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 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 Primary Care Medical Home (PCMH). Based on current estimates by providers, it was anticipated 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 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 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 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 their needs in one care venue.

Persons Served: 691

Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved
- Emergency Department and Urgent Care
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/Underserved

Program Title: Specialty Care
Description: Patients (including Medicaid and Uninsured) who are seen at the Baylor Community Care at Garland clinic have an established primary care medical home (PCMH) there, and can receive the following specialty care services: certain outpatient procedures such as: office visits with specialists, 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 and coordination comes from the PCMH clinic per request by the patient’s Primary Care Physician (PCP). Between 90-95% of clinic patients are Uninsured/Medicaid, we expect that patients served by this Specialty Care program will be at least 95% Uninsured/Medicaid. 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. The Hospital contracted with providers in the community to create this specialty care network for the under-served population. Another facet of the project includes trying to make the specialist part of the primary care team. Through utilizing our electronic health record and specialty care referral coordinator, we hope engage specialists that 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 allows the care team to track and improve patient outcomes. Lastly, we expect value through avoiding ED visits and more serious specialty care needs due to clinical exacerbation from not receiving timely and effective care.
Persons Served: 1,050
Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved

Program Title: VPN Home Visit
Description: The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients.
Using a combination of the Hot Spotting model, developed by Dr. Jeffery Brenner of the Camden Coalition of Healthcare Providers, and a validated risk stratification tool, the top 5% of high risk patients in the Medicaid and Uninsured population have been identified. Qualifiers for enrollment in this program include patient characteristics that include but are not limited to: homebound, disabled, multiple chronic diseases, polypharmacy or any other medical or social conditions limiting the patients’ ability to access care in an ambulatory care setting. A multidisciplinary team comprised of an advanced nurse practitioner (APRN) and LVN to see patients in the home and provide acute, primary and chronic care. In addition, social workers will be part of the team to address barriers to care and any social issues. Care Coordinators are part of this team to facilitate coordination and continuity of care for patients and have high level oversight for patients; bringing together the necessary components of care for these complex patients. Lastly, a Medical Director has management over the entire project. A full spectrum of services are available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education. 17 patients were referred to and seen by the home visit RNP.

Persons Served: 24

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

Program Title: Primary Care
Description: The Baylor Community Care at Garland at the hospital, expands current capacity by opening patient panels to non-Baylor patients and fully utilizes the space and providers’ capacity. Additional support staff was hired to better coordinate patient care, ensure transition from the hospital to a Baylor Community Care clinic and help to facilitate the care of the complex under-served patients. Additionally, the clinic provides high quality primary care services to a greater number of people. Essentially, through expanding the capacity of the current clinic, adding additional support staff and services, a patient can receive comprehensive and complete services in one primary care location. In addition to receiving primary care, this project also proposes that ancillary services such as labs, imaging (i.e.: CT scans, MRI, mammograms, ultrasound, echocardiograms, and interventional radiology) and diagnostics (i.e.: colonoscopy, stress tests, esophageal diagnostic, retinal screens) would also be provided upon physician request. This project aims to close the loop of care and increase patient compliance by co-locating/coordinating many of the essential services that the underserved population often has issues accessing and completing.

Persons Served: 9,937

Needs Addressed Under This Program:
- Health Care Infrastructure

VII. Charity Care and Government-Sponsored Indigent Health Care Provided
For Fiscal Year 2015, The Hospital provided $24,479,150.00 in unreimbursed costs of charity care and government-sponsored indigent health care.

VII. Government-Sponsored Health Care Provided Sheryl provides
For Fiscal Year 2015, The Hospital provided $12,017,992.00 in unreimbursed costs of government-sponsored health care.
IX. Other Types of Community Benefits Provided

$2,902,772

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

A. Community Health and Wellness Improvement Services $6,663
B. Community Benefit Operations $47,117
C. Financial Donations $18,550
D. In Kind Donations $219,966
E. Health Care Support Services $93,756
F. Health Screenings $41,036
G. Medical Education $2,410,054
H. Physician Recruitment $65,630

X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge

As required by Section 311.046 (a) (4), The Hospital reports $173,953,736 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 27.20%. Please see the attached worksheet for the full calculation.

XI. Report of Community Benefit Provided During Fiscal Year 2015

In a commitment to fulfill its mission, The Hospital’s benefit to the community, conservatively estimated, was $39,399,914.00 for Fiscal Year 2015. The Hospital 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 Medical Center at Garland
| Total Operating Expenses  
Section 311.046(a)(4) |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>For the Fiscal Year Ended June 30, 2014</td>
<td>173,953,736</td>
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| 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) 548,990,202 |
| Total Operating Expenses  
(from 2014 Medicare Cost Report, Worksheet A, Line 118, Col. 7) | (b) 141,508,013 |
| Initial Ratio of Cost to Charge \((\text{b}) \div \text{(a)}\) | (c) 25.78% |

| Application of Initial Ratio of Cost to Charge to Bad-Debt Expense |
| --- | --- |
| Bad Debt Expense  
(from 2015 audited financial statements) | (d) 30,321,041 |
| Multiply "Bad Debt Expense" by "Initial Ratio of Cost to Charge" \((\text{d}) \times \text{(c)}\) | (e) 7,816,764 |
| Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" \((\text{b}) + \text{(e)}\) | (f) 149,324,777 |
| Calculation of Ratio of Cost to Charge \((\text{f}) \div \text{(a)}\) | (g) 27.20% |