Baylor Scott & White Health
Baylor All Saints Medical Center at Fort Worth
Annual Report of Community Benefits
1400 Eighth Avenue
Fort Worth, Texas 76104
Taxpayer ID # 75-1008430
For the Fiscal Year Ended June 30, 2014

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June 30, 2014

Dear Fellow Texan:

Since 1906, Baylor All Saints Medical Center at Fort Worth has served the residents of Tarrant County and the surrounding areas. Originally founded as All Saints Episcopal Hospital, Baylor Fort Worth is a comprehensive medical center with 574 licensed beds located in the medical district of Fort Worth.

With areas of excellence including cardiology, neuroscience, transplantation, orthopedics, oncology, women’s services, outpatient care, bariatrics, orthopedics and behavioral health, Baylor Fort Worth serves more than 195,000 people annually through its full-service hospital, primary care clinics, rehabilitation and fitness center and a variety of special medical services. Baylor Fort Worth is committed to fulfilling its mission:

“Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.”

Enclosed is the community benefit report for Fiscal Year 2014. This will offer a better side-by-side comparison of what we planned versus what we actually did.

Our plans are developed according to community needs identified by the 2014-2016 Baylor Health Care System Community Needs Assessment, Tarrant County, as well as specific focus areas identified by Baylor Health Care System. Each year, our facilities spearhead a number of health fairs targeted at the underserved, supports local not-for-profit organizations with similar missions such as heart disease, oncology, stroke, chronic respiratory disease, accidents, diabetes, and Alzheimer’s disease. As a preferred community partner, our commitment is to provide advanced health care for the ever-changing needs of our community. 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,

David Klein, M.D., President

Baylor All Saints Medical Center at Fort Worth
Community Benefit Report: FY 2014
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I. Effective Dates of the Report
The annual report of community benefits provided is for the fiscal year ended June 30, 2014 (Fiscal Year 2014).

II. Hospital Description
Baylor All Saints Medical Center at Fort Worth (Hospital), an affiliate of Baylor Scott and White Health (System), is a leading community and safety-net hospital in its service area. Founded in 1906, the Hospital has been providing quality medical care to Fort Worth and the surrounding communities for more than 100 years.

Located near downtown Fort Worth, the Hospital is a 574-bed medical facility offering the convenience and personal attention of a local hospital, with the respected medical staff and advanced medical technology expected from a regional health care system. The Hospital offers nearly twenty medical specialties, including programs of excellence in cardiology, neuroscience and oncology. It has an extensive transplant program in The Baylor Annette C. and Harold C Simmons Transplant Institute, the award winning Andrews Women's Hospital and the Joan Katz Breast Center.

The Hospital has received numerous awards and commendations for excellent care. Recent honors include: U.S. News and World Report top ranking for three specialties; Texas Award for Performance Excellence Honoree; Pathway to Excellence designation by the American Nurses Credentialing Center; Commission on Cancer Accreditation from the American College of Surgeon; recognized as a Thomson Reuters Top 100 Hospital; and the Innovations in Women’s Health Award.

The Hospital uses its revenue after expenses to improve the health of Fort Worth and surrounding communities through patient care, education, research, and community service. In the fiscal year ending June 30, 2014, the Hospital had 30,411 total adult and special care nursery admits resulting in a total of 86,377 days of care; 5,659 babies were delivered and there were 38,834 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/Financial Assistance.

In addition to the Hospital’s Financial Assistance Policy, as part of a large faith based integrated health care delivery 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.

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 six North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. In the fiscal year ending June 30, 2014, the Hospital invested in training 405 nurses. Total unreimbursed cost of these programs was $902,223. 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

Baylor Scott & White 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 Tarrant County, Hospital serves the Western Region of the System and its total service area (TSA) includes ZIP codes from Tarrant, Parker, Hood and Johnson counties’ It combines urban, suburban and rural areas with a total 2011 population of nearly 1.2 million residents.
The Hospital’s TSA is fast growing, having grown 31 percent between 2000 and 2011. It is projected population increase of 9.6 percent between 2011 and 2016. (Table 1)

- Average household income, $64,678, is below the average for both Texas and the U.S. 12 percent of the population has household incomes under $12,000 and 11 percent have average household incomes between $15,000 and $25,000.

- 17 percent of the population has incomes over $100,000. (Table 5)

Over half (54 percent) of the TSA population is White/Caucasian compared to 48 percent in Texas and 64 percent in the U.S. TSA minority populations include 28.5 percent Hispanic/Latino and 12.4 percent Black/African American. (Table 2)

- The TSA and Texas are similar in terms of age breakdown. In comparison to the U.S., the TSA has a larger percentage of children (age 0 -14 years) and smaller percentages in the 55 and older age ranges. (Table 3)

- Over 20 percent of TSA residents have not graduated from high school. This is a higher percentage than found in both Texas (19 percent) and the U.S. (15 percent). (Table 4)

- Considering insurance status, 18.5 percent of Tarrant County residents are uninsured compared to 24.7 percent of Texas residents and 15.5 percent of U.S. residents.

1 The TSA is defined by the health care industry standard eighty percent rule (fifty percent of inpatient volume from the primary service area plus thirty per cent of the inpatient volume from secondary service area). To ensure that a true representation of the community is served, the outlier Zip codes are removed, missing Zip codes adjacent to the facility are included and Zip codes needed to complete the contiguous service area are included.
V. Identified Community Health Needs

During the fiscal year ending June 30, 2013, the Hospital conducted a 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 10 (Region 10 RHP), the Tarrant 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 Baylor Scott & White Health (BSWH) Senior Leadership, the BSWH Mission and Community Benefit Committee and approved by the BSWH 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 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. Behavioral Health Services
C. Care Coordination and Care Transition
D. Emergency and Urgent Care
E. Multiple Chronic Conditions
F. Preventative Health Screenings
G. Dental Care

VI. Programs Addressing Identified Community Health Needs

Program Title: Behavioral Health Services
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 has 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 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

Persons Served: 1,806

Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved
- Behavioral Services
- Multiple Chronic Conditions
- Preventive Health Screenings

Program Title: Child Life Specialists Services in Palliative Care
Description: The Child Life Specialist Services program in Palliative Care provides relief of emotional pain that accompanies end-of-life care through palliative care services. These services address cultural, spiritual, ethnic and social needs in a manner respectful of the patient's individuality, inherent human dignity and worth. The patient/family receives assistance in coping with stages of illness and grief and planning for the future.

Persons Served: 8

Needs Addressed Under This Program:
- Behavioral Health Services

Program Title: Chronic Disease Management
Description: The chronic disease management program provides 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 the primary care setting of the Hospital’s clinic for uninsured patients. Specific staff, comprised of CHWs 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 not only entails clinical counseling, but also includes prevention components to focus on lifestyle issues and self-management. The other key advantage that patients will 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). We believe this will overcome the barrier presented by patients’ non-compliance with completing lab orders and any financial or transportation issues that might arise in obtaining these important lab results. The expertise and experience of both the Diabetes Health and Wellness Institute (Baylor entity in South Dallas) and the Hospital’s clinic are leveraged to provide staff education, develop competencies, and create protocols that result in a complete and robust program tailored for multiple community settings. These successes and competencies are leveraged to create programs around CVD and respiratory illnesses.

Persons Served: 745

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

Program Title: Community Benefit Operations

Description: The Hospital 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 benefits as well as managing or overseeing community benefit program activities.

Persons Served: 103,070

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Community Health Education and Outreach

Description: Community health education activities are carried out at the Hospital and in the community to improve community health and extend beyond patient care activities. These services do not generate patient care bills and include such activities as community health education, community-based clinical health services and screenings for under-insured and uninsured persons, support groups, and self-help programs.

Number Served: 568

Needs Addressed Under This Program:
- Multiple Chronic Conditions
Program Title: Community Health Education - Aramark/Nutrition
Description: Aramark provides a means to healthy living, disease prevention and disease management through nutrition education. The goals of this program include:
- Provoking life-long healthy eating and physical activity habits by using the principles of the Food Guide Pyramid;
- Building nutrition knowledge and skills which encourage healthy eating and physical activity choices;
- To positively influence states of physical wellness, recovery from illness, disease prevention and chronic disease management through nutrition education;
- And to promote a healthy nutritional paradigm in the community. The education program includes:
  - Analysis of food nutrition labels;
  - Research referencing the benefits of nutrients, minerals and vitamins;
  - Food guide research;
  - Developing healthy eating habits via production of grocery lists, menu preparation, budgeting for food and creating a balanced diet;
  - Brainstorming about nutrition and making healthy choices with food consumption in relation to physical need and body requirements while emphasizing the results of poor long term nutritional decisions;
- And measuring body fat and muscle density and providing appropriate nutrition education for optimal health status achievement.
Number Served: 303
Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Community Health Education and Outreach - Asthma
Description: Asthma has been identified as a severe chronic condition for which the community is at high risk when compared to the region, state or nation. The Hospital participates in programs for predominantly poor and medically under-served by providing education on asthma to improve self-management, which is essential in controlling asthma. If asthma symptoms are controlled, the patient should have fewer exacerbations, a higher quality of life, lower costs, slower progression of airway remodeling from inflammation, less morbidity, and lower risk of death from asthma.
Number Served: 181
Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Community Education and Outreach - Behavioral Health
Description: The statistics concerning suicide, depression, eating disorders, binge drinking, drug use, bullying and other mental health issues are alarming. The Hospital provides education on behavioral health to increase awareness about mental disorders and to offer effective tools for seeking treatment. All but one county in the region served by the Hospital are recognized as health professions shortage areas for mental health providers.
Persons Served: 170
Needs Addressed Under This Program:
- Behavioral Health Services

Program Title: Community Health Education – Breast Cancer
Description: The Hospital participates in community health education to promote the importance of breast cancer screenings, avoiding risk factors, and the need for education, especially among minorities. Breast Cancer is the most prevalent cancer among American women. On average, every woman has a one in eight (12%) chance of developing breast cancer at some time in her life. According to the American Cancer Society, there will be an estimated 240,000 new cases of breast cancer diagnosed in the United States in 2007. About 180,000 of these will be invasive breast cancer.

Number Served: 22

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Community Education and Outreach – Diabetes
Description: Diabetes education is the cornerstone of diabetes management, because diabetes requires day-to-day knowledge of nutrition, exercise, monitoring, and medication. Diabetes is unlike other diseases, such as cholesterol and hypertension, where medication alone can often be successfully treated. There are many components to diabetes, such as: the diabetes disease process, nutritional management, physical activity, medications, glucose monitoring, and psycho-social adjustment. Diabetes education increases awareness of diabetes, what is required for its treatment, and enhances the power to control it. Diabetes education enhances incorporation of positive lifestyle changes.

Number Served: 220

Needs Addressed Under This Program:
- Multiple Chronic Conditions

Program Title: Community Education and Outreach - Fall Prevention
Description: Fall-related injuries among older adults, especially among older women, are associated with substantial economic costs. As the number of older adults increases dramatically over the next few decades, so will economic burden of falls. Falls are preventable. Today, there are effective fall prevention interventions that can be used in community settings. By offering effective fall prevention programs in our communities, the Hospital can be instrumental in reducing falls and helping older adults live better, longer lives.

Persons Served: 223

Needs Addressed Under This Program:
- Emergency and Urgent Care

Program Title: Community Health Education - Heart Disease
Description: The Hospital participates in community health education by providing blood pressure screenings to improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors. The focus of this education is particularly on hypertension and cholesterol in men and women and minority groups at high risk for disease development.

Number Served: 467

Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Community Education and Outreach - Oncology
Description: The Hospital participates in community health education programs to provide information about the importance of maintaining a healthy lifestyle in an effort to increase awareness about the risk of cancer. The Hospital provides information to increase awareness about the risk of cancer. A blog published by the American Cancer Society stated the importance of cancer education citing that those with a higher educational level had fewer total cancer deaths and deaths from lung and colorectal cancer than those with a lower educational level. Those comparisons showed greater differences than comparing similar educational level on a racial basis (for example, white men with 8 or less years of education compared to black men with less than 8 years of education). For these circumstances, education trumped race when it came to impact of risk of dying.
Number Served: 996
Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Community Education and Outreach - Pain Management
Description: The Hospital provides education and supportive pain management programs for predominantly poor and medically under-served. These programs aim to prevent re-admission and escalations of pain associated with their ailments due to mismanaged medications. The importance of pre-surgery patient communication is paramount and is not only a means of educating the patient but is also a method for preserving a patient’s well-being after a surgical procedure. There is an art behind delivering information to patients and this topic has been reported on extensively in the literature. It has been reported that optimal patient communication can improve health outcomes in various ways including symptom resolution, emotional healing and recovery, and pain control.
Number Served: 171
Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Community Education and Outreach - Sleep Apnea
Description: The Hospital provides information to predominantly poor and medically under-served in an effort to improve their quality of life and prevent escalation of additional health issues as a result of sleep apnea. Obstructive sleep apnea is a sleep disorder in which breathing is briefly and repeatedly interrupted during sleep. For people with sleep apnea, the combination of disturbed sleep and oxygen starvation may lead to hypertension, heart disease and mood and memory problems. Sleep apnea also increases the risk of drowsy driving.
Number Served: 257
Needs Addressed Under This Program:
• Multiple Chronic Conditions
Program Title: Community Education and Outreach - Smoking Cessation
Description: The Hospital provides community health education to encourage smoking cessation. This information aids in improving quality of life in the community as well as aids in preventing smoking related illnesses. Smoking cessation counseling is widely recognized as an effective clinical practice. Even a brief intervention by a health professional significantly increases the cessation rate. A smoker’s likelihood of quitting increases when he or she hears the message from a number of health care providers from a variety of disciplines. Health professionals are perhaps the most credible source of health information.
Number Served: 128
Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Community Education and Outreach - Supportive and Palliative Care
Description: The Hospital provides education and support on palliative care. There is a need for health professionals to better understand the concept of palliative care, and factors that contribute to honest, open, authentic and therapeutic relationships of those concerned in the care of patients and their loved ones who face death and dying. Palliative care education improves the quality of life of patients and their families who are facing life threatening illnesses through a means of early identification and impeccable assessment and treatment of pain and other problems including physical, psycho-social and spiritual.
Persons Served: 166
Needs Addressed Under This Program:
• Behavioral Health Services

Program Title: Donations – Financial
Description: The Hospital provides funds in the community at large whose mission compliments the mission of the Hospital. These funds include gifts to other not for profit organizations, contributions to charity events after subtracting the fair market value of participation by employees or the organization and help to extend the services of the hospital beyond its walls.
Needs Addressed Under This Program:
• Multiple Chronic Conditions

Program Title: Donations – In Kind; Faith In Action Initiatives – In Kind
Description: The Hospital supports other not for profit organizations with in kind donations, such as serviceable equipment or supplies. These donations extend the Hospitals’ services beyond the walls of the hospital. The office of Faith in Action Initiatives 2nd Life program provides monetary and medical supplies and equipment reclamation from Baylor Scott and White Health 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. 2nd Life provides recycled medical equipment to under-served health care organizations, and
provides monetary supporting disaster situations in shipment of medical equipment in the U.S. and in third world countries.

**Persons Served:** 65,000

**Needs Addressed Under These Programs:**

- Access to Care for Low Income Populations

**Program Title: Fetal and Infant Mortality Review Program**

**Description:** The National Fetal and Infant Mortality Review (NFIMR) is a collaborative effort between the American College of Obstetricians and Gynecologists and the federal Maternal and Child Health Bureau. NFIMR serves as a national resource center for state and local fetal and infant mortality. The Tarrant County Fetal Infant Mortality Review (TCFIMR) program was developed in 2007 and uses the NFIMR model. The infant mortality rate in Tarrant County has been increasing since 2000 and is currently at 7.6 deaths per 1,000 live births (year 2006), which is higher than state and national rates, and much higher than the national Healthy People 2010 goal of 4.5 per 1,000.

**Persons Served:** 95

**Needs Addressed Under This Program:**

- Access to Care for Low Income Populations

**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 underserved 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 other licensed hospital within or outside the Hospital.

**Needs Addressed Under This Program:**

- Access to Care for Low Income Populations

**Program Title: Health Screenings - Behavioral Health**

**Description:** The Hospital conducts screening assessments to alert the community to depression and how individuals at increased risk for depression are considered at risk throughout their lifetime. Groups at increased risk include persons with other psychiatric disorders, including substance misuse; persons with a family history of depression; persons with chronic medical diseases; and persons who are unemployed or of lower socioeconomic status. Also, women are at increased risk compared with men. Significant depressive symptoms are associated with common life events in older adults, including medical illness, cognitive decline, bereavement, and institutional placement in residential or inpatient settings.

**Persons Served:** 375

**Needs Addressed Under This Program:**

- Behavioral Health Services
- Preventive Health Screenings

**Program Title: Health Screenings – Cholesterol**
Description: The Hospital provides cholesterol screenings to help reduce the risk of heart related disease due to high cholesterol levels and improve the quality of life for all persons who have or are at risk for the disease. Cholesterol buildup as plaque can prevent enough blood from flowing to the heart muscle. It is the most common cause of coronary heart disease, and happens so slowly that an individual may not even be aware of it. This plaque can rupture, forming a blood clot that leads to a heart attack or stroke. The higher your LDL cholesterol, the greater the chance of heart attack or stroke. This is why cholesterol screening is so important. Cholesterol can build up for many years before any symptoms develop. Individuals may feel healthy and not realize they could be at risk for high cholesterol.

Number Served: 2,674

Needs Addressed Under This Program:
- Preventive Health Screenings

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 individuals 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 undiagnosed for three to four years or more making screening an important tool for catching it.

Number Served: 1,144

Needs Addressed Under This Program:
- Preventive Health Screenings

Program Title: Health Screenings – Glucose

Description: The Hospital provides glucose screenings to measures the body’s ability to break down glucose, or sugar. Those who suffer from diabetes (type 1) have trouble processing glucose because the body is not able to make an adequate supply of insulin. This test is also used to diagnose the presence of gestational diabetes and type 2 diabetes. Gestational diabetes is when a pregnant woman who is not a diabetic, has high blood sugar levels as a result of the pregnancy. According to the American Diabetes Association (ADA), gestational diabetes occurs in 18 percent of pregnancies, usually around the second trimester.

Number Served: 4,365

Needs Addressed Under This Program:
- Preventive Health Screenings

Program Title: Health Screenings - Heart Disease
**Description:** The Hospital provides blood pressure screenings to improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors through focusing particularly on hypertension and cholesterol in men and women and minority groups at high risk for disease development. The key to preventing cardiovascular disease, also called coronary artery disease (CAD), is managing risk factors such as high blood pressure, high total cholesterol or high blood glucose. Regular cardiovascular screening is important because it helps detect risk factors in their earliest stages and identify lifestyle changes and pharmacotherapies, if appropriate, before it ultimately leads to the development of cardiovascular disease.

**Number Served:** 2,687

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

**Program Title: Health Screenings - Multiple Diseases**
**Description:** Similar to national trends, residents in the Hospital's service area exhibit increasing diagnoses of chronic conditions. It is common that the pathology for one condition may also affect other body systems, resulting in co-occurrence or multiple chronic conditions (MCC). The presence of MCC's adds a layer of complexity to disease management. The Hospital conducts screenings for MCC's including body fat analysis, BMI, and injury prevention.

**Number Served:** 1,873

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

**Program Title: Health Screenings – Oncology**
**Description:** The Hospital participates in community health screenings to aid in reducing the number of undiagnosed cancer cases, as well as the illness, disability, and death caused by cancer. Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure.

**Number Served:** 921

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

**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 fifteen 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: 383

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

Program Title: Medical Education – Other
Description: The Hospital provides medical education to students other than nursing education and residency programs to assist in attaining medical degrees, certifications or licenses. These education programs include students of rehabilitation services and social work.
Persons Served: 22

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

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-centerededness, 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.

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/Underserved
- Emergency and Urgent Care
- Multiple Chronic Conditions

**Program Title: Primary Care Expansion**
**Description:** The Baylor Clinic 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 has been hired to better coordinate patient care, ensure transition from the hospital to a Baylor Clinic and help to facilitate the care of 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 under-served population often has issues accessing and completing.

**Persons Served:** 1,983

**Needs Addressed Under This Program:**

- Access to Care for Low Income Populations
- Care Coordination and Care Transition
- Multiple Chronic Conditions
- 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 Title: Specialty Care Expansion**
**Description:** Patients (including Medicaid and uninsured) in an established Primary Care Medical Home (PCMH) receive specialty care services at the Baylor Clinic, including office visits with specialists, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e., gallbladder/hernia), excision of masses (breast, lymphoma), and cataract removal and excluding transplants, oncology and perinatal
services. Specialty care referral and coordination comes from the PCMH clinic per request by the patient’s PCP.

**Number Served:** 789

**Needs Addressed Under This Program:**
- Multiple Chronic Conditions

VII. Charity Care and Government-Sponsored Indigent Health Care Provided
For Fiscal Year 2014, Baylor All Saints Medical Center at Fort Worth provided $22,047,066 in unreimbursed costs of charity care and government-sponsored indigent health care.

VIII. Government-Sponsored Health Care Provided
For Fiscal Year 2014, Baylor All Saints Medical Center at Fort Worth provided $30,228,987 in unreimbursed costs of government-sponsored health care.

IX. Other Types of Community Benefits Provided (total of A-H) $1,689,007

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

A. Community Health and Wellness Improvement Services $49,684
B. Community Benefit Operations $29,948
C. Financial Donations $41,585
D. In Kind Donations $47,101
E. Health Care Support Services $310,066
F. Medical Education $902,223
G. Physician Recruitment $44,359
G. Research $221,345
H. Subsidized Health Services $42,696

X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
As required by Section 311.046 (a) (4), Baylor all Saints Medical Center at Fort Worth reports $313,214,181 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 33.51%. Please see the attached worksheet for the full calculation.
XI. Report of Community Benefit Provided During Fiscal Year 2014
In a commitment to fulfill its mission, Baylor All Saints Medical Center at Fort Worth benefit to the community, conservatively estimated, was $53,965,060 for Fiscal Year 2014. Baylor All Saints Medical Center at Fort Worth 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.