Baylor Scott & White Health

Baylor Scott & White All Saints Medical Center – Fort Worth

Annual Report of Community Benefits

1400 8th Ave

Fort Worth, Texas 76104

Taxpayer ID # 75-1008430

For the Fiscal Year Ended June 30, 2017
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June 30, 2017

Dear Fellow Texan:

Since 1906, Baylor Scott & White All Saints Medical Center – Fort Worth has had the honor of serving the residents of Tarrant County and the surrounding areas. Originally founded as All Saints Episcopal Hospital, Baylor Scott & White - Fort Worth is a comprehensive medical center with 538 licensed beds located in the medical district of Fort Worth.

With areas of excellence including cardiovascular care, neuroscience, transplantation, orthopedics, oncology, women’s services, outpatient care, orthopedics and trauma, Baylor Scott & White – 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 Scott & White – 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 2017. This will offer a side-by-side comparison of what we planned versus what we actually accomplished.

Our plans are developed according to community needs identified by the 2017 Baylor Scott & White Health Community Health Needs Assessment, North Texas Zone 3, as well as specific focus areas identified by Baylor Scott & White Health. Each year, our facilities spearhead a number of health fairs targeted at the underserved and support local not-for-profit organizations with similar missions such as heart disease, oncology, stroke, chronic respiratory disease, 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 on this report. Please address comments to me, in care of Niki Shah, Vice President, Care Redesign and Equitable Care, Baylor Scott and White Health, 8080 North Central Expressway Suite. 700, Dallas, Texas 75206.

Sincerely,

Mike Sanborn, FACHE
President

Baylor Scott & White All Saints Medical Center – Fort Worth
Community Benefit Report: FY 2017
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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, 2017 (Fiscal Year 2017).

II. Hospital Description
Baylor Scott & White All Saints Medical Center – Fort Worth, an affiliate of Baylor Scott & White Health (BSWH), is a leading community and safety-net hospital in its service area. Baylor Scott & White – Fort Worth, located near downtown Fort Worth, is an award-winning full-service hospital dedicated to providing for the health care needs of the community. Baylor Scott & White – Fort Worth is among Tarrant County's oldest not-for-profit hospitals and celebrated 100 years of service in 2006. The medical center has 538 licensed beds and offers a broad range of medical services including programs of excellence in cardiology, transplantation, neurosciences, oncology and women's services. The hospital was recently recognized by the U.S. News & World Report as a nationally recognized facility and by the Fort Worth Star-Telegram as the Fort Worthy winner for best hospital. Additionally, staff were awarded with the Silver Level Beacon Award for Excellence from the American Association of Critical Care Nurses, and the hospital was recently designated as a Level III NICU by the Texas Department of State Health Services.

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, 2017, the Hospital had 18,065 total adult and special care nursery admits resulting in a total of 77,847 days of care; 5,398 babies were delivered and there were 39,422 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 BSWHealth.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, 2017, the Hospital invested in training 211 nurses. Total unreimbursed cost of these programs was $1,039,694. 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 Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing._

“Personalized health” refers to our commitment to develop innovative therapies and procedures focusing on predictive, preventive and personalized care. For example, we’ll use data from our electronic health record to help us predict the possibility of disease in a person or a population. And with that knowledge, we can put measures in place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. We’ll tailor our care to meet the individual medical, spiritual and emotional needs of our patients.

“Wellness” refers to our ongoing effort to educate the people we serve, helping them get healthy and stay healthy.

“Christian ministry” reflects the heritage of Baylor Health Care’s founders and Drs. Scott and White, who showed their dedication to the spirit of servanthood — to equally serve people of all faiths and those of none.

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.

For the 2016 Community Health Needs Assessment (CHNA), the hospital has defined their community to be the geographical area of Denton, Johnson and Tarrant counties. The community served was determined based on the counties that make up at least 75 percent of each hospital’s inpatient and outpatient admissions.
Over 2.8 million people resided in the community served by the Hospital. A majority (66%) of the population for this community is located in Tarrant County. The population of the community is expected to grow 8% (220,502 people) by 2020. The 8% population growth is slightly higher compared to the state growth rate (6.7%) and higher compared to the national growth rate (3.5%). Johnson County had the smallest population in the community and will experience the smallest growth (6%) by 2020. Denton County will grow the most (10%) over the next 5 years. The ZIP codes expected to experience the most growth in five years:

- 76063 Mansfield – 8,166 people
- 76179 Fort Worth – 6,909 people

None of the ZIP codes in this area are expecting a decline in population; however, several ZIP codes are not predicted to experience a population increase.

Denton County is predicted to have a larger amount of growth in two age groups when compared to the remaining community, those 45-64 and 65+ year of age. The age 65+ cohort is predicted to experience the largest increase in residents in Denton, Johnson and Tarrant counties, adding approximately 84,000 people. Those less than 18 years of age are predicted to experience the least amount of growth (25,483 people).
The median household income for the community served was $60,593, greater than both the state and U.S. benchmarks. More than two-thirds of the population was commercially insured. Commercial covered lives are expected to grow 9% (155,000 people) by 2020. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) are expected to experience the largest percentage increases of 21% and 27%, respectively. The number of uninsured and Medicaid lives will show a modest decrease. Johnson County is expected to experience a 5% decline in the number of uninsured and a 3% decline in Medicaid covered lives. Denton and Tarrant counties will decline by 1% in both uninsured and Medicaid covered lives. Medicare covered lives will experience the largest amount of growth in Denton County at 37%, compared to Johnson and Tarrant counties at a 20% and 25% increase.

Overall, the community ranked slightly higher (3.4) on the CNI score when compared to the national average (3.0). The city of Denton in Denton County, Arlington and Ft Worth in Tarrant County, and Cleburne and Keene in Johnson County had the highest CNIs in the community.

V. Identified Community Health Needs

During the fiscal year ending June 30, 2016, 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, BSWHealth.com/CommunityNeeds.

To assess the health needs of the community served, a quantitative and qualitative approach was taken. In addition to collecting data from a number of public and Truven Health Analytics proprietary sources, interviews and focus groups were conducted with individuals representing public health, community leaders/groups, public organizations, and other providers. This health assessment will serve as the foundation for community health improvement efforts for next three years.

The prioritization of community health needs identified through the assessment was based on the weight of quantitative and qualitative data obtained when assessing the community. The identified community health needs as outlined below were reviewed and prioritized with input from the BSWH Senior Leadership, and approved by the BSWH Board of Trustees.

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant. These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritized health needs of this community are below.

1. Access to care for middle to lower socio-economic status
2. MD and Non-MD primary care providers to population ratio
3. Mental/behavioral health
4. Chronic disease
5. Dentists to population ratio
6. Health & wellness Promotion

By addressing the above prioritized needs via an implementation strategy, the Hospital aims to impact and elevate the overall health status of the community.

VI. Programs Addressing Identified Community Health Needs

Program Title: **Donations – In-Kind and Emergency Medical Coverage**
Description: Baylor Scott & White SportsCare help to prevent sports-related injuries by providing athletic trainer coverage for teams as well as educational programs and health screenings. They help organize valuable sponsorship connections for special events, lend proven expertise to the development and promotion of athletic programs and activities and make it easier for you to access specialized sports medicine services across the Metroplex. Additionally, they provide on-site, immediate emergency medical coverage for a variety of athletic events.
Persons Served: 360,929
Net Community Benefit: Persons Served: 360,929
Needs Addressed Under This Program:
  • Access to Care for Middle to Lower Socio-Economic

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 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 underserved health care organizations, and provides monetary supporting disaster situations in shipment of medical equipment in the U.S. and in third world countries.
Needs Addressed Under This Program:
  • Access to Care for Middle to Lower Socio-Economic

Program Title: **Delivery System Reform Incentive Payment (DSRIP) Program**
Description:
  • Chronic Disease Management - The Baylor Community Clinic (BCC) houses a carved out chronic disease management program to provide focused and dedicated education and care for low to middle socio-economic status 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 not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self-management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose
testing using test strips) and asthma (Peak Flow Meter Assessments). This will help to overcome the barrier of patients’ non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results. Measurable Results / Outcomes: 117 patients have received chronic disease management services in FY 2017 (July 1, 2016-June 30, 2017).

- Primary Care Expansion - The Baylor Clinics expand current hospital capacity by opening patient panels to non-Baylor lower and middle income under-served patients and fully utilize the space and providers’ capacity. Additional support staff will be hired to better coordinate patient care, ensure transition from the hospital to a Baylor Clinic and help to facilitate the care of the complex underserved patients. 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.
Measurable Results / Outcomes: In FY 2017, we have had 3,148 encounters at the Baylor Carrollton clinic.

- Specialty Care - Patients (including Medicaid and Uninsured) who are seen at a Baylor Clinic and have an established primary care medical home (PCMH), can receive specialty care services such as outpatient procedures, specialty office visits, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal. The specialty care referral/coordination will come from the PCMH clinic per PCP’s request. This project’s value comes from building relationships, contracts and a network with local specialty care providers that can be easily accessible to this population. 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 Colo-rectal cancer screening. We believe engaging specialists in these types of preventive services will help to integrate them into the primary care team. Sharing feedback through the electronic health record also will help to create a central repository of patient information and allow the care team to track and improve patient outcomes.
Measurable Results / Outcomes: There were 742 specialty care clinic encounters in FY 2017 at Baylor Carrollton.

Persons Served: 1,177
Needs Addressed Under This Program:
- Access to care for middle to lower socioeconomic status
• Drug abuse
• Mental / behavioral health
• Preventable admissions: adult uncontrolled diabetes

Program Title: **Enrollment 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 hospital within or outside the Hospital.
Persons Served: 1,628
Needs Addressed Under This Program:
  • Access to Care for Middle to Lower Socio-Economic

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: 179
Needs Addressed Under This Program:
  • Mental/behavioral health
  • Health and Wellness Promotion

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 to have increased 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: 179
Needs Addressed Under This Program:
  • Mental/behavioral health

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: 466

Needs Addressed Under This Program:
- Health and Wellness Promotion

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 not included in other categories of community benefit. This staff provides internal tracking and reporting of community benefit as well as managing or overseeing community benefit program activities.

Persons Served: 399,010

Needs Addressed Under This Program:
- Access to Care for Middle to Lower Socio-Economic

Program Title: Community 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.

Persons Served: 6,500

Needs Addressed Under This Program:
- Chronic Disease
- Health and Wellness Promotion

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 times 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.

Persons Served: 179

Needs Addressed Under This Program:
- Chronic Disease
- Health and Wellness Promotion

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 levels 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.

Persons Served: 1,981

Needs Addressed Under This Program:
- Chronic Disease

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 ailment 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.

Persons Severed: 179

Needs Addressed Under This Program:
- Chronic Disease
- Health and Wellness Promotion

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 aiding in preventing smoking related illnesses. Smoking cessation counselling 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.

Persons Severed: 179

Needs Addressed Under This Program:
- Chronic Disease
- Health and Wellness Promotion

Program Title: **Community Education and Outreach - Transplant**

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.
Persons Severed: 179
Needs Addressed Under This Program:
  • Chronic Disease

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. Sleep apnea, can cause fragmented sleep and low blood oxygen levels. 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.  
Persons Severed: 179  
Needs Addressed Under This Program:  
  • Health and Wellness Promotion

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.  
Persons Served: 833  
Needs Addressed Under This Program:  
  • Health and Wellness Promotion

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.  
Persons Served: 1,500
Needs Addressed Under This Program:
- Chronic Disease
- Health and Wellness Promotion

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 on hypertension and cholesterol in men and women and minority groups at high risk for disease development.
Persons Served: 1,500

Needs Addressed Under This Program:
- Chronic Conditions
- Health and Wellness Promotion

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.
Community Partners:
- **Name: American Cancer Society** - 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: American Heart Association** - The American Heart Association is a non-profit organization in the United States that fosters appropriate cardiac care in an effort to reduce disability and deaths caused by cardiovascular disease and stroke.

- **Name: Cancer Care Services** - Cancer Care Services helps clients relieve emotional stress through support groups, educational events, holiday adopt-a-family programs, care for caregivers, wellness programs like yoga and massage, and many other activities. All of these services and activities are free for anyone and everyone impacted by cancer. To provide help and hope to cancer patients and survivors and their families and caregivers through direct financial, emotional, spiritual and social programs, services and activities.

- **Name: Fort Worth Promotion and Development Fund** - The Fort Worth Promotion and Development Fund works to attract conventions and tourism, and looks for opportunities to spotlight in national media our success story as a diverse city with a robust economy, cultural excellence and an exceptional place for families. With a focus on promoting Fort Worth as a medical destination, the Fund continues to highlight medical research, new and innovative procedures and medical professionals throughout
Fort Worth.

Name: Hispanic Wellness Coalition - The mission of the Hispanic Wellness Coalition (HWC) is to provide opportunities for access to health care and information through the Hispanic Wellness Fair and other programs. These activities are designed to increase awareness of all forms of healthcare and healthy living opportunities available and to build relationships with health practitioners and wellness providers.

Name: Jewel Charity - Jewel Charity was founded in 1953 by Nenetta Burton Carter and Bille Bransford Clark. To raise funds for uncompensated health care for children at Cook Children’s Medical Center. Jewel Charity is a 501(c)(3) non-profit organization of 400 members governed by a board of directors. Fundraising is accomplished by soliciting donations from individuals, businesses and foundations. All proceeds are donated to Cook Children’s Medical Center for the Uncompensated Care Fund and other specific fields of interest as designated annually by the Jewel Charity Board of Directors.

Junior League of Fort Worth - The Junior League of Fort Worth, Texas, Inc. is an organization of women committed to promoting voluntarism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable. This year Junior League members will serve more than 50,000 volunteer hours with 50+ community agencies to make positive and measurable impacts in the City of Fort Worth. Our service in the community will focus on five, key impact areas: educating children, connections to arts programs, access to social services, health & nutrition, and job training.

Name: Juvenile Diabetes Research Foundation (JDRF) - JDRF is the leading global organization funding type 1 diabetes (T1D) research. JDRF’s goal is to progressively remove the impact of T1D from people’s lives until we achieve a world without T1D. JDRF collaborates with a wide spectrum of partners and is the only organization with the scientific resources, regulatory influence, and a working plan to better treat, prevent, and eventually cure T1D. As the largest charitable supporter of T1D research, JDRF is currently sponsoring $568 million in scientific research in 17 countries. In 2012 alone, JDRF provided more than $110 million to T1D research.

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

Name: LifeGift - LifeGift provides services and support to patients who need lifesaving organ transplants, and to countless others who need lifesaving tissue transplants. As the designated organ procurement organization for North, Southeast and West Texas, LifeGift partners with more than 200 hospitals across 109 counties. LifeGift is approved by the Centers for Medicare and Medicaid Services (CMS) and accredited by the Association of Organ Procurement Organizations (AOPO) and the American Association
of Tissue Banks (AATB).

Name: March of Dimes - The March of Dimes funds lifesaving research and programs and works to end premature birth, birth defects and infant mortality. Every baby deserves a healthy start. The March of Dimes Foundation is a United States nonprofit organization that works to improve the health of mothers and babies. It was founded by then-President Franklin D. Roosevelt in 1938 to combat polio. It has since taken up promoting general health for pregnant women and babies.

Name: Mental Health Association of Tarrant County - For over 60 years the Mental Health Association of Tarrant County (MHATC) has had the privilege of promoting and providing mental health support to the members of our community and are very excited to continue to do so for the next 60 years and beyond. MHA has been providing services since 1942, and was incorporated as a 501(c)3 nonprofit agency in 1958. Mental health issues do not discriminate and could affect us and our loved ones at any time. Each of us is challenged daily as we strive for balance in our lives and look for ways to cope successfully. The mission of Mental Health America of Greater Tarrant County is to enhance the mental health of the community and improve the lives of those impacted by mental illness.

Name: Mother's Milk Bank of North Texas - MMBNT follows the guidelines of the Human Milk Banking Association of North America. The Human Milk Banking Association of North America (HMBANA) is a non-profit professional membership association for milk banks in Canada, Mexico and the United States and as such sets the standards and guidelines for donor milk banking for those areas. MMBNT is one of 16 non-profit donor human milk banks in North America. Milk processing is costly, so a small processing fee is charged. This fee covers less than half of the actual costs involved in screening donor mothers and pasteurizing, testing and storing of donor milk. No baby with a medical need is denied donor milk regardless of their ability to pay processing fees.

Name: NAMI Tarrant County - National Alliance on Mental Illness (NAMI) is a grassroots, family and consumer, self-help, support, education and advocacy organization dedicated to improving the lives of persons with serious mental illnesses, also known as severe brain disorders. NAMIWalks is the largest mental health education and fundraising effort in America. NAMIWalks brings together thousands of individuals and supports to celebrate mental illness recovery, to honor those who have lost their lives to mental illness and to help raise funds, combat stigma and promote awareness.

Name: National Kidney Foundation - The National Kidney Foundation is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk. The Better Business Bureau Wise Giving Alliance Charity Seal provides the giving public with an easily recognizable symbol which certifies that the National Kidney Foundation meets the comprehensive standards of America's most experienced charity evaluator.
Name: Recovery Resource Council - Recovery Resource Council is a 501(c)(3) nonprofit organization with more than 50 years of experience providing hope, conquering addiction and healing families. They provide the link between substance abuse services and the adults, youth and families who are in need. Recovery Resource Council has an extensive history of providing case management and behavioral health services to those seeking help with substance abuse and mental health issues. Since its inception in 1957, Recovery Resource Council has grown to be recognized as a leader in North Texas in the fields of outreach, intervention and prevention.

Name: Rutledge Foundation - The Rutledge Foundation exists to bring awareness and attention to the over one million adolescents and young adults, ages 15 to 39, diagnosed with cancer every year. It is committed to finding less toxic, more curative treatments for sarcoma cancers and supporting young cancer patients as they battle this devastating disease. Since its establishment, the Rutledge Foundation has operated under three main objectives:
1. Support research and clinical trials for pediatric sarcomas
2. Identify and meet the unique needs of adolescent and young adult cancer patients
3. Increase awareness and early detection of adolescent and young adult cancers.

Name: Sister Cities International - Fort Worth Sister Cities International, a 501c3 nonprofit, is the only organization dedicated solely to promoting Fort Worth globally and enriching our community through international education, exchange and commerce. We provide a world of opportunities for our city leaders, citizens, educators, students and businesses alike. Since 1985, the Fort Worth Sister Cities organization has been in the forefront of Sister Cities’ leadership, recognized nationally and internationally for its far-reaching, innovative model programs. Its continuously expanding international network now includes eight sister cities. As the 16th-largest city in the United States – and one of the fastest-growing – Fort Worth must expand its global perspective to sustain success. Forming international relationships, fostering new business connections and promoting tourism and cultural understanding are vital to seizing opportunities and overcoming challenges in this global era.

Name: South Plains Kidney Foundation - The South Plains Kidney Foundation of West Texas (SPKF) is the leading health organization dedicated to the issues of all renal diseases related to the kidney and urinary tract. The foundation supports programs in research, professional education, patient and community services, public education and organ donation.

Name: Susan G. Komen Breast Cancer Foundation - Susan G. Komen, formerly known as Susan G. Komen for the Cure, often referred to as simply Komen, is the most widely known, largest and best-funded breast cancer organization in the United States. Since its inception in 1982, Komen has spent nearly $1.5 billion for breast cancer research, education, advocacy, health services and social support programs in the U.S., and
through partnerships in more than 50 countries. Today, Komen has more than 100,000 volunteers working in a network of 124 affiliates worldwide.

Name: Tarrant County Medical Society Alliance Foundation - The stated mission of the Tarrant County Medical Society Alliance Foundation is to enhance the lives and health of Texans through cooperative programming with the Tarrant County Medical Society, to provide opportunities for member growth and development and to assist in developing friendly relations and mutual understanding among physicians, their families and the general public.

Name: Texas Christian University Texas Christian University is a private, coeducational university located in Fort Worth, Texas. The campus is located on 272 acres about three miles from downtown Fort Worth. TCU is affiliated with, but not governed by, the Disciples of Christ. The TCU Nursing program’s mission is to prepare professional nurses to identify and respond with competence to multiple, complex human health-care needs. Graduates serve society through professional nursing roles and provide ethical leadership in practice, administration, teaching and scholarship.

Name: Vulnerable Patient Network - HealthTexas Provider Network (HTPN) physicians and staff with opportunities to take part in the reduction of health disparities throughout our community and beyond. Coordinated by the HTPN Office of Community care, VIM has grown to provide a diverse menu of opportunities for employed physicians to participate in community service, furthering the System’s mission to serve all people through exemplary patient care, medical education, research and community service. These opportunities to serve include the Vulnerable Patient Network programs in Dallas, Denton and Tarrant Counties.

Persons Served: 12,285
Needs Addressed Under This Program:
   • Chronic Disease

Program Title: Health Screenings - Blood Pressure
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.
Persons Served: 4,213
Needs Addressed Under This Program:
   • Health and Wellness Promotion
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 individuals may not 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.
Persons Served: 4,500
Needs Addressed Under This Program:
- Health and Wellness Promotion

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 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.
Persons Served: 236
Needs Addressed Under This Program:
- Health and Wellness Promotion

Program Title: **Care Connect – Patient Care Navigation Program**
Description: Through the Patient Navigation Program the Hospital creates a fluid care navigation program located in the Emergency Department for patients who are identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post-acute care needs. By having staff in these locations, patients can receive real time assistance in finding a provider and ensuring they are connected with the appropriate resources they would require once discharged home. Weekend staff coverage ensures that patients are seen and connected to resources 7 days/week. Additionally, in order to close the loop, staff conducts follow-ups with patients to make sure they have an appointment and that they attend their appointment. The staff is also responsible for ensuring that other barriers such as transportation are addressed and patients are able to attend their follow-up visits. The Care Connect staff receives e-mail notifications any time a patient revisits the hospital so they proactively visit with the patient to ensure the patient is able to access their PCP/PCMH appointment and/or recommended community resource(s). Care plans are developed for patients with high hospital utilization (especially patients with frequent emergency department visits) and complex needs. Care plans include involvement with Social Work Supervisor, Hospital Medical Director and other hospital staff. Patients with care plans are contacted as often as needed to ensure continuity of the care.
Persons Served: 3,483
Needs Addressed Under This Program:
- Access to Care for Middle to Lower Socio-Economic
- Chronic Diseases
2016 MD and Non-MD Primary Care Providers to Population

Program Title: **For Women For Life**
Description: Regular health exams and tests can help find problems before they start. They also can help find problems early, when the chances for treatment and cure are better. Through For Women For Life the Hospital provides health services, screenings, and treatments, assisting women in taking steps that help their chances for living a longer, healthier life. This annual event for women focusing on proactive health care including preventive health screenings, seminars and healthy lifestyle information.
Persons Served: 3,306
Needs Addressed Under This Program:
- Chronic Diseases
- Health and Wellness Promotion

Program Title: **Chronic Disease Management and Prevention Program**
Description: This DSRIP project houses a carved out chronic disease management program to provide focused and dedicated education and care for low to middle socio-economic status 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 not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self-management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and asthma (Peak Flow Meter Assessments). This will help to overcome the barrier of patients’ non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results.
Persons Served: 214
Needs Addressed Under This Program:
- Chronic Diseases
- Access to Care for Middle to Lower Socio-Economic

Program Title: **Mental and Behavioral Health**
Description: This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as: anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include: PHQ2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW will be supported by a Community Health Worker (CHW) to help with the screening and referral processes. This staff can be triaged to clinics and community locations to provide behavioral health services. The behavioral health program requires the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient’s care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help the primary care team to identify those patients
whose behavioral health issues are impeding the management of their acute/chronic disease management models. We expect that approximately 85-90% of these patients will be Medicaid/Uninsured.

Persons Served: 553 patients from July 1, 2015-June 30 2016 were enrolled in a behavioral health program at Baylor All Saints clinic

Needs Addressed Under This Program:
- Mental/Behavioral Health

Program Title: **Medication Management**
Description: This project combines to implement interventions that place teams, technology and processes to avoid medication errors. The project combines the components of both of these 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 is anticipated that more than 50% of current patients have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible, is important to improve clinical outcomes. The project will utilize a clinical pharmacist who will review patient medications for those patients with multiple prescriptions on a regular basis. This will ensure that medications are appropriate and that the patient understands how and why they are taking the medications. Additionally, patients who qualify for medications and those patients who cannot afford prescriptions will receive help obtaining the medications they need through implementing a prescription assistance program. An attempt will be made 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.

Persons Served: 529

Needs Addressed Under This Program:
- Chronic Diseases
- Access to Care for Middle to Lower Socio-Economic

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: 4,374

Baylor Scott & White All Saints Medical Center – Fort Worth

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Needs Addressed Under This Program:
- Chronic Diseases
- Access to Care for Middle to Lower Socio-Economic

Program Title: Specialty Care Expansion
Description: Patients (including Medicaid and uninsured) in an established Primary Care Medical Home (PCMH) will receive specialty care services through this DSRIP project, 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.
Persons Served: 554

Needs Addressed Under This Program:
- Chronic Diseases
- Access to Care for Middle to Lower Socio-Economic

Program Title: Medical Education/Nurses
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: 211

Needs Addressed Under This Program:
- 2016 MD and Non-MD Primary Care Providers to Population

Program Title: Child Life Specialists Services
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 without regard to ability to pay. The patient/family receives assistance in coping with stages of illness and grief and planning for the future.
Persons Served: 645

Needs Addressed Under This Program:
- Mental / Behavioral Health

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: 274

Needs Addressed Under This Program:
- Mental / Behavioral Health

Program Title: **Workforce Development**

Description: Workforce Development - The hospital will recruit physicians and other health professionals for areas identified as medically under-served. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

Persons Served:

Needs Addressed Under This Program:
- 2016 MD and Non-MD Primary Care Providers to Population

VII. Charity Care and Government-Sponsored Indigent Health Care Provided

For Fiscal Year 2017, Baylor Scott & White All Saints Medical Center – Fort Worth provided $28,722,794 in unreimbursed costs of charity care and government-sponsored indigent health care.

VIII. Government-Sponsored Health Care Provided

For Fiscal Year 2017, Baylor Scott & White All Saints Medical Center – Fort Worth provided $49,968,291 in unreimbursed costs of government-sponsored health care.

IX. Other Types of Community Benefits Provided

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

A. Community Health and Wellness Improvement Services $13,944
B. Community Benefit Operations $61,608
C. Financial Donations $40,200
D. In Kind Donations $31,264
E. Enrollment Services $533,395
F. Health Care Support Services $82,055
G. Health Screenings $23,838
H. Medical Education $1,039,694
I. Workforce Development  $49,560  
J. Subsidized Health Services  $41,974  
K. Research  $170,159  

X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
As required by Section 311.046 (a) (4), Baylor Scott & White All Saints Medical Center – Fort Worth reports $329,973,413 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 31.12%. Please see the attached worksheet for the full calculation.

XI. Report of Community Benefit Provided During Fiscal Year 2017
In a commitment to fulfill its mission, Baylor Scott & White All Saints Medical Center – Fort Worth benefit to the community, conservatively estimated, was $80,778,776 for Fiscal Year 2017. Baylor Scott & White All Saints Medical Center – Fort Worth is filing its Annual Statement of Community Benefits Standard (Statement) as a consolidated system with the other affiliated hospitals of BSWH excluding those that qualify as Medicaid disproportionate share hospitals).

Through community benefit activities, BSWH-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 Niki Shah, Vice President, Care Redesign and Equitable Care, Baylor Scott and White Health, 8080 North Central Expressway Suite. 700, Dallas, Texas 75206.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Revenues (a)</td>
<td>1,001,092,797</td>
</tr>
<tr>
<td>Total Operating Expenses (b)</td>
<td>305,158,459</td>
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<tr>
<td>Initial Ratio of Cost to Charge ((b) divided by (a)) (c)</td>
<td>30.48%</td>
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<tr>
<td>Bad Debt Expense (d)</td>
<td>21,011,563</td>
</tr>
<tr>
<td>Multiply &quot;Bad Debt Expense&quot; by &quot;Initial Ratio of Cost to Charge&quot; ((d)*(c))</td>
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</tr>
<tr>
<td>Add the allowable &quot;Bad-Debt Expense&quot; to &quot;Total Operating Expenses&quot; ((b) + (e))</td>
<td>311,562,783</td>
</tr>
<tr>
<td>Calculation of Ratio of Cost to Charge ((f) divided by (a)) (g)</td>
<td>31.12%</td>
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