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June 30, 2017

Dear Fellow Texan:

At Baylor Scott & White Medical Center – Irving, we recognize that prevention, early detection and health education are very important areas of healthcare and have the potential to make a positive impact on the overall health of the communities we serve. During Fiscal Year 2017, Baylor Scott & White – Irving expanded health care services and added new technology including 3D mammography, robotic-assisted surgical services, low dose CT lung cancer screening program, an advanced skin cancer center, comprehensive vascular services, and comprehensive stroke care program. After completing an emergency department expansion and campus renovations in Fiscal Year 2016, we continue to see our commitment to improving patient experience thrive each and every day.

As a full-service, fully-accredited hospital, our dedicated team is working not just to mend bodies, but provide our community with the knowledge and tools to be successful in their health care journey. Baylor Scott & White – Irving remains committed to fulfilling the 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.”

The impact of our hospital extends far beyond bricks and mortar. As a preferred community partner, we continue to work collaboratively with school districts, businesses, community groups, and not-for-profit health organizations to support healthy lifestyles and improve quality of life in the region. Our community assessment reveals key areas of focus including multiple chronic conditions, preventive health screenings, access to care for low income/underserved, behavioral health, emergency and urgent care, patient safety and hospital acquired conditions. These areas have been addressed by the hospital through multiple channels including on-site health seminars and education, support groups, community wellness programs, monetary grants, health fairs and screenings that help identify those at risk.

Enclosed is the report for Fiscal Year 2017. Our plan is developed according to community needs identified by the FY 2017-20 Community Benefit Implementation Plan, Dallas County, as well as specific focus areas identified by Baylor Scott & White Health.

I encourage you to provide any feedback you may have. Please address comments to me, in care of Niki Shah, Vice President of Care Redesign and Equitable Health, Baylor Scott & White Health Care System, 8080 North Central Expressway Suite 700, Dallas, Texas 75206.

Sincerely,

Cindy K. Schamp
Baylor Scott & White Medical Center – Irving
Community Benefit Report: FY 2017
Page 3
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 Medical Center – Irving (Hospital), an affiliate of Baylor Scott & White Health (BSWH), is a leading community and safety-net hospital in its service area. Baylor Scott & White Medical Center - Irving has been a beacon of trusted, quality health care in our community for decades. This commitment to care continues to strengthen through innovative technology advancements, award-winning care and accreditations.

Baylor Scott & White - Irving is the premier medical facility providing care to Irving, Las Colinas, Grand Prairie, Coppell and the surrounding communities. For your whole family’s medical care, from joint replacements, diagnostic imaging, oncology and chest pain to delivering babies, Baylor Scott & White - Irving is committed to providing comprehensive care. When advanced treatment is required, Baylor Scott & White – Irving has got you covered.

The full-service, fully-accredited 293-bed hospital offers advanced health care services in cardiovascular care, diagnostic imaging, digestive health, physical medicine and rehabilitation, cancer care, orthopedic surgery, neurology, neurosurgery, minimally-invasive surgery, general surgery and emergency medicine.

- Baylor Scott & White - Irving has received numerous recognitions, accolades and accreditations including: Best Medical Center in Irving Award from the Greater Irving, Las Colinas Chamber of Commerce
- Top Performer on Key Quality Measures® Recognition from the Joint Commission
- Get With The Guidelines® – Stroke Gold Plus Quality Achievement Award from the American Heart Association and American Stroke Association
- High Performer and excellence in the treatment of Heart Failure and COPD by US News & World Report
- Magnet Designation from the American Nurses Credentialing Center
- Texas Award for Performance Excellence
- Texas Health Care Quality Improvement Award
- Texas Nurses Association and DFW Hospital Council Great 100 Nurses
- Cycle 4 Chest Pain Center with PCI accreditation
- Heart Failure Accreditation
- Advanced Certified Primary Stroke Center
- National Accreditation Program for Breast Centers
• Nationally Accredited Cancer Program from the American College of Surgeons Commission on Cancer
• Nurses Improving Care for Healthsystem Elders (NICHE) Exemplary Designation

The Hospital uses its revenue after expenses to improve the health of Irving and surrounding communities through patient care, education, research, and community service. In the fiscal year ending June 30, 2017, the Hospital had 20,839 total adult and special care nursery admits resulting in a total of 11,516 days of care; 1,592 babies were delivered and there were 71,147 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 288 nurses. Total unreimbursed cost of these programs was $1,077,370. 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 assessment, the hospital has defined their community to be the geographical area of Collin, Dallas and Denton 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.

BSWH Community Health Needs Assessment

Map of Community Served
The population of this community served is expected to grow 7.4% (310,512 people) by 2020. The 7.4% population growth is expected to be slightly higher than both the state growth rate (6.7%) and the national growth rate (3.5%). The ZIP Codes expected to experience the most growth in five years:

- 75070 McKinney (Collin County) – 11,518 people
- 75052 Grand Prairie (Dallas County) – 8,933 people

A majority (61%) of the community’s population was concentrated in Dallas County. Within the county, the city of Dallas is expected to grow at a rate of 5.4% with a population increase of 66,887 people; the rest of Dallas County is growing faster at 6.6% (86,559 people). Both Collin and Denton counties will see growth approaching 10% over the next five years with a population increase of 77,000 and 79,000, respectively.

The sixty-five plus cohort is expected to experience the most growth over the next five years. This is particularly true in Collin County (34% growth) and Denton County (37% growth). Overall in this community the age 65+ population will grow by 116,000 people. Growth in this age cohort will likely contribute to increased utilization of services as the population continues to age. The age group that will experience the least amount of growth in the community is the 18-44 age cohort with an expected increase of 36,975 people.

Diversity in the community is projected to increase. Collin and Denton counties are expected to experience higher rates of growth in minority populations than in Dallas County. In 2015, the community, a majority of the population (60%) was white followed by black at 17%. Black and Asian/Pacific Islander populations will see significant growth over the next five years. Growth in these populations is projected to be greater than 20% in both Collin County (37,000 additional people between both races) and Denton County at (171,000 additional people between both races). The total population can be analyzed by race or by Hispanic ethnicity. The graphs below display the community’s total population breakdown by race (including all ethnicities) and also by ethnicity (including all races).

Those of Hispanic ethnicity comprised 30% of the community’s population, just below the overall state proportion of Hispanics but above the national proportion. The Hispanic population in this community is expected to increase 11%, or 142,000 people. Collin and Denton counties are expected to experience higher growth rate of Hispanic population. Dallas County is projected to experience 10% growth in this population.

The median household income for the community served was $60,384, greater than both the state and U.S. benchmarks. Sixty-one percent (61%) of the community were commercially insured, which equates to over 2.5 million lives. Commercial covered lives are expected to grow by over 212,000 lives (6%) over the next five years. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) will experience the highest growth rates at 27% (90,000 lives) and 22% (12,000 lives) respectively. The number of uninsured and Medicaid lives are expected to decline slightly in all counties. Collin and Denton counties will see a greater percentage increase in Medicare, growing 33% (20,000 lives) and 37% (18,000 lives) respectively.

V. Identified Community Health Needs
During the fiscal year ending June 30, 2017, 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 identified community health needs as outlined below were reviewed and prioritized with input from the Baylor Scott & White Health (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.

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

Identified Community Needs

1. Access to care for middle to lower socioeconomic status
2. Drug abuse
3. Mental / behavioral health
4. Lack of dental providers
5. Preventable admissions: adult uncontrolled diabetes
6. Teen births

VI. Programs Addressing Identified Community Health Needs

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 benefit as well as managing or overseeing community benefit program activities.

- Costs associated with community benefit evaluation.
• Cost of fundraising for hospital sponsored and community sponsored community health improvement programs, including grant writing.
• Grant writing and other fundraising costs related to equipment used for Hospital sponsored community benefit services and activities.
• Costs associated with developing a community benefit plan, conducting community forums, and reporting community benefit.
• Overhead and office expenses associated with community benefit operations.

Persons Served: 23,248

Needs Addressed Under This Program:
• Access to care for middle to lower socioeconomic status

Program Title: Community Health Education – Aramark/Nutrition, Cancer, Cerebrovascular, Disease, Heart Disease, Joint Pain, School Based, and Other
Description: These events provide education and outreach through support groups that teach residents in the Hospital’s area about living with chronic diseases and issues related to caregivers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.

Persons Served: 8,126

Needs Addressed Under This Program:
• Access to care for middle to lower socioeconomic status

Program Title: Community Support Groups
Description: Baylor Scott & White Medical Center - Irving offers free support groups for individuals living with certain medical conditions and their caregivers. The cost of community support groups includes rental and facilitator fees. Community support groups offered at Baylor Irving includes Better Breathers Club, diabetes, and stroke support groups.

Persons Served: 371

Needs Addressed Under This Program:
• Mental/Behavioral Health

Program Title: Donations - Financial
Description: Baylor Medical Center at Irving provides financial support to non-profit organizations that serve residents in the hospital’s primary and secondary service area. The hospital supports organizations that address chronic health conditions, support education, and serve the poor and underserved.

• American Cancer Society: The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.
• American Heart Association: The American Heart Association is the nation’s oldest, largest voluntary organization devoted to fighting cardiovascular diseases and stroke.
• Coppell Community Development Foundation: The Coppell Community Development Foundation (CCDF) is a 501(c)(3) that helps provide assistance for business, philanthropic, and education programs in Coppell.

• Grand Prairie Education Foundation: The Mission of the GPISD Education Foundation is to promotion educational excellence and to inspire community ownership, commitment, confidence, and pride in the GPISD.

• Irving Cares: Founded by a group of concerned citizens in 1957, Irving Cares is committed to providing essential services to Irving, Texas residents in need. Irving Cares strives to meet those needs with caring volunteers and staff that guide their clients through their crises. They offer proven programs that are efficient, effective, and measured for productivity.

• Irving Family Advocacy Center: The purpose of the Irving Family Advocacy Center is to respond to the needs of families and victims of crime in our community. Under the direction of the Irving Police Department, the FAC brings together a wide variety of resources focused on providing assistance and services to the residents of Irving.

• Irving Schools Foundation: The Irving Schools Foundation, Inc. is a nonprofit corporation that seeks to maximize educational opportunities for teachers and students by funding projects and activities that are not within the budgetary guidelines of the Irving Independent School District and for which tax dollars may not be expended.

• Lake Joe Pool: The Grand Prairie Metro Rotary hosts the annual Lake Joe Pool Pumpkin Run reaches out to youth and families. The purpose of the event is to raise funds for local Alzheimer’s research and other local and international charities.

Needs Addressed Under This Program:
• Access to care for middle to lower socioeconomic status

Program Title: Donations – In Kind
Description: Baylor Irving supports area organizations through the donation of equipment, medical supplies and emergency medical care at community events. This provides a service to cities, municipalities, school districts and non-profit organizations that may otherwise not be provided.

Persons Served: 1,228

Needs Addressed Under This Program:
• Access to care for middle to lower socioeconomic status

Program Title: Donations – In Kind – Faith in Action Initiatives
Description: The Hospital donates retired medical supplies and equipment to the office of Faith in Action Initiatives 2nd Life program for the purpose of providing for the health care needs of populations in the community and nation whose needs cannot be met through their own organization.

Needs Addressed Under This Program:
• Access to care for middle to lower socioeconomic status

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**: 202 Irving patients have received chronic disease management services

• **Mental/ Behavioral Health Clinics** - 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.

**Measurable Results / Outcomes**: 458 patients from July 1, 2016-June, 30 2017 were enrolled in a behavioral health program at an Irving clinic.

• **Medication Management** - This project option combines project options to implement interventions that put in place teams, technology and processes to avoid medication errors and use evidenced based interventions that put in place the teams, technology and processes to avoid medication errors. The project option combines the components of both of these project options but focuses on medication management and compliance in the ambulatory setting within the patient’s Baylor Clinic Primary Care Medical Home (PCMH). Based on current estimates by providers, it is anticipated that more than 50% of patients in the Baylor Clinic have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible is important to
improve clinical outcomes. The project will utilize a clinical pharmacist who will review patient mediations for those patients who have multiple prescriptions on a regular basis to ensure that medications are appropriate and to ensure the patient understands how and why they are taking the medications. Additionally, eligible patients who qualify for mediations 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. Through this benefit and clinical pharmacist oversight and management, adherence and compliance to medications will increase. The additional advantage to embedding this team within the PCMH is that patients will receive comprehensive care management to address all of their needs in one care venue.

**Measurable Results / Outcomes:** 1,151 Patients have received medication management services in FY 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 6,181 encounters in the Irving primary care clinics.

- **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 1,649 specialty care clinic encounters in FY 2017.

- **Vulnerable Patient Network Home Visits** - The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients. The top 5% of high risk patients will be stratified and identified in the Medicaid and Uninsured population. Patient characteristics qualifiers for enrollment in this program include but are not limited to: home-bound, disabled, multiple chronic diseases, poly-pharmacy or any other medical or social conditions limiting the patients’ ability to access care in an ambulatory care setting. A multidisciplinary team comprised of an advanced nurse practitioner (APRN) and LVN to see patients in the home and provide acute, primary and chronic care. In addition, social workers will be part of the team to address barriers to care and any social issues. Care Coordinators will also be part of this team to facilitate coordination and continuity of care for patients and have high level oversight for patients; bringing together the necessary components of care for these complex patients. Lastly, a Medical Director will have management over the entire project. A full spectrum of services will be available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.

**Measurable Results / Outcomes:** 31 home visits through Baylor Scott & White Irving were provided in FY 2017.

**Persons Served:** 9,672

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

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Faith Community Health

Baylor Scott & White Medical Center – Irving
Community Benefit Report: FY 2017
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**Description:** Faith Community Health is a branch of Faith in Action Initiatives in the Office of Mission and Ministries of Baylor Scott & White Health (BSWH). We strive to form relationships and collaborate with faith communities to improve the health of those people in their congregations and communities. Congregations and communities are supported by integrating faith and health through health educators, faith community nurses, home visits, and church volunteer members.

**Number Served:** 300

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**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:** 205

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Health Professions Education

**Description:** Through the educational services department, Baylor Irving hosts and provides other professional education to students to encourage them to enter the medical field, thereby allaying the documented shortage of health care professionals.

**Persons Served:** 100

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**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.

**Persons Served:** 635

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Health Screenings - Pulmonary
**Description:** Pulmonary screening events focus on the provision of educational materials and screenings that impact lifestyle habits and on risk factors. Events include the Women’s Health Day, Men’s Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year. Various health screenings include pulmonary function testing.

**Persons Served:** 246

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Health Screenings - Wellness

**Description:** Events will focus on educational materials and screenings that will impact lifestyle habits. The focus will be on risk factors. Events will include the Women’s Health Day, Men’s Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year. Wellness health screenings include: Body fat/Body Mass Index.

**Persons Served:** 1,021

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Medical Education - Nursing Students

**Description:** The hospital is committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through the System’s relationships with many North Texas schools of nursing, the hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the hospital are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.

**Persons Served:** 288

**Needs Addressed Under This Program:**
- Access to care for middle to lower socioeconomic status

**Program Title:** Mission and Ministry Support Groups/Services

**Description:** Baylor chaplains are committed to providing effective ministry to people and their families who receive medical care at a Baylor Hospital. Pastoral care may work in close collaboration with physicians, nursing staff, administrative staff, local clergy and others involved in a patient’s care.

**Persons Served:**

**Needs Addressed Under This Program:**
- Mental/Behavioral Health

**Program Title:** Palliative Care

**Description:** Palliative care provides relief of emotional pain that accompanies end-of-life care. Providing palliative care services addresses cultural, spiritual, ethnic and social needs in a manner respectful of patient's individuality and inherent human dignity and worth. This service will be provided without regard to ability to pay.

**Needs Addressed Under This Program:**
- Mental/Behavioral Health

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Program Title: Translation Services
Description: The Hospital provides translation/interpreter services that go beyond what is required by state or federal rules or law or for accreditation. For example, translation services for a group that comprises less than 15% of the population.

Needs Addressed Under This Program:
- Access to care for middle to lower socioeconomic status

Program Title: Transportation
Description: The Transportation Program is a partnership with City Square to provide the Baylor Community Care Clinic and Healing Hands patients with transportation to appointments.
Persons Served: 678

Needs Addressed Under This Program:
- Access to care for middle to lower socioeconomic status

Program Title: Workforce Development
Description: Workforce Development - Recruitment of physicians and other health professionals for areas identified as medically underserved areas (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 hospitals 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 middle to lower socioeconomic status

VII. Charity Care and Government-Sponsored Indigent Health Care Provided
For Fiscal Year 2017, Baylor Scott & White Medical Center – Irving provided $33,938,585 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 Medical Center – Irving provided $21,034,380 in unreimbursed costs of government-sponsored health care.

IX. Other Types of Community Benefits Provided
$ 2,002,859
Baylor Scott & White Medical Center – Irving is committed to improving the quality of life for the many citizens living and working in its area. Baylor Scott & White Medical Center – Irving was pleased to allocate funds to the following community benefit activities.

A. Community Health and Wellness Improvement Services $20,939
B. Community Benefit Operations $159,183
C. Financial Donations $38,300  
D. In Kind Donations $6,672  
E. Health Care Support Services $280,481  
F. Enrollment Services $112,310  
G. Health Screenings $7,806  
H. Medical Education $1,077,370  
I. Workforce Development $106,587  
J. Subsidized Health Services $193,211  

X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge  
As required by Section 311.046 (a) (4), Baylor Scott & White Medical Center – Irving reports $730,415,223 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 25.39%. 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 Medical Center – Irving benefit to the community, conservatively estimated, was $56,975,824 for Fiscal Year 2017. Baylor Scott & White Medical Center – Irving 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 of Care Redesign and Equitable Health, Baylor Scott & White Health Care System, 8080 North Central Expressway Suite 700, Dallas, Texas 75206.
<table>
<thead>
<tr>
<th>Calculation of the Ratio of Cost to Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 311.046(a)(5)</strong></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Revenues</td>
<td>(a) 730,415,223</td>
</tr>
<tr>
<td>(from 2016 Medicare Cost Report, Worksheet G-3, Line 1)</td>
<td></td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>(b) 177,149,379</td>
</tr>
<tr>
<td>(from 2016 Medicare Cost Report, Worksheet A, Line 118, Col. 7)</td>
<td></td>
</tr>
<tr>
<td>Initial Ratio of Cost to Charge ((b) divided by (a))</td>
<td>(c) 24.25%</td>
</tr>
<tr>
<td>Application of Initial Ratio of Cost to Charge to Bad-Debt Expense</td>
<td></td>
</tr>
<tr>
<td>Bad Debt Expense</td>
<td>(d) 34,226,643</td>
</tr>
<tr>
<td>(from 2017 audited financial statements)</td>
<td></td>
</tr>
<tr>
<td>Multiply &quot;Bad Debt Expense&quot; by &quot;Initial Ratio of Cost to Charge&quot; ((d)*(c))</td>
<td>(e) 8,299,960</td>
</tr>
<tr>
<td>Add the allowable &quot;Bad-Debt Expense&quot; to &quot;Total Operating Expenses&quot; ((b) + (e))</td>
<td>(f) 185,449,339</td>
</tr>
<tr>
<td>Calculation of Ratio of Cost to Charge ((f) divided by (a))</td>
<td>(g) 25.39%</td>
</tr>
</tbody>
</table>