Introduction
A comprehensive Community Health Needs Assessment (CHNA) was conducted for TIRR Memorial Hermann from August 2012 to June of 2013. The goal of the assessment was to clarify the health needs of Memorial Hermann TIRR’s study area, defined as Harris County that represents 46.3% of the hospital’s inpatient discharges. Recognized as one of the leading rehabilitation hospitals in the country, TIRR Memorial Hermann serves as a model system for interdisciplinary rehabilitation services, patient care, education and a center of research. Patients are referred on a local, statewide, national and global basis.

The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge of public health. Findings indicated that there were eight main needs in the communities served by TIRR Memorial Hermann. The CHNA Team, consisting of leadership from Memorial Hermann Health System (Memorial Hermann), prioritized those eight needs by studying them within the context of the hospital’s overall strategic plan and the availability of finite resources, with the following prioritization, in descending order, resulting:

1. **Education and prevention for diseases and chronic conditions**
2. **Address issues with service integration, such as coordination among providers and the fragmented continuum of care**
3. **Address barriers to primary care, such as affordability and shortage of providers**
4. **Address unhealthy lifestyles and behaviors**
5. **Address barriers to mental healthcare, such as access to services and shortage of providers**
6. **Decrease health disparities by targeting specific populations**
7. **Increased access to affordable dental care**
8. **Increased access to transportation**

This implementation plan addresses the top six of those eight needs. The need for “increased access to affordable dental care” and the need for “increased access to transportation,” are not addressed largely due to their positions (last and second to last) on the prioritized list, the fact that dental and transportation services are not core business functions of the health system and the limited capacity of each hospital to address those needs. Furthermore, the hospitals do not have the expertise to address access to transportation, and the system views this issue as a larger city and county infrastructure related concern. Memorial Hermann fully supports local governments in their efforts to impact these issues.
However, there are some dental services initiatives which are being addressed at the system level. Memorial Hermann funds various Federally Qualified Health Centers and private not-for-profit clinics which offer dental services (notably Spring Branch Community Health Center and Interfaith Community Clinic) and funds and operates two dental vans offering preventive and restorative dental procedures to pre-kindergarten to twelfth grade students at 40 schools as a part of its school-based healthcare initiative.

The end result of the assessment process was the development of a strategic plan to address the major needs identified. This document is the Implementation Strategy for TIRR Memorial Hermann. Since this hospital serves the specialized population of patients facing impaired physical functioning, this strategic plan addresses the major needs identified as they pertain to this population. The plan details the rationale for each priority, the current services and activities supporting each priority, and the planned objectives and activities determined by TIRR Memorial Hermann leadership to further support each priority.

**PRIORITY #1 RATIONALE:** Data suggests that there are high rates of various diseases and chronic conditions in the study area and in the Houston-Baytown-Sugar Land MSA. As of 2009, heart disease and cancer are the first and second leading causes of death in the study area. Harris County, which comprises 46.3% of TIRR Memorial Hermann’s discharges, has higher mortality rates for both diseases than Texas. There are also higher Alzheimer’s mortality rates in the study area than there are in Texas. According to the Behavioral Risk Factor Surveillance System (BRFSS), diabetes is also a prevalent condition in the Houston-Baytown-Sugar Land MSA. In the survey conducted by Memorial Hermann, more than 90% of respondents indicated that promoting chronic disease management and improving access to preventive care (screenings for diseases) were important or very important initiatives for residents in the community. Diabetes, hypertension, cancer, and heart failure were consistently reported as top conditions in the community (questions ranging from top health problems, most prevalent conditions and top preventable hospitalizations).

**PRIORITY #1 RESPONSE:** TIRR Memorial Hermann provides comprehensive medical rehabilitation for individuals who have experienced: traumatic brain injury, stroke, spinal cord injury, amputation, multiple trauma, multiple sclerosis, Parkinson’s disease, other neurological or neuromuscular disorders, and complex orthopedic injuries. A national leader in medical rehabilitation and research, TIRR Memorial Hermann transforms lives and inspires hope in people whose lives have been significantly altered by an illness or injury. TIRR Memorial Hermann’s community needs the same education and
access to prevention programs for the chronic diseases of diabetes, heart disease, cancer, and Alzheimer’s as the general population, however TIRR Memorial Hermann’s implementation strategy must focus on addressing education and prevention of the health conditions of this specialty hospital’s expertise. Nevertheless, the interrelated chronic conditions of diabetes, heart disease, cancer, and Alzheimer’s can be escalating secondary conditions, and must be addressed, if not through direct services, then through an effective referral network. As part of the Memorial Hermann Health System, TIRR Memorial Hermann has access to such a network.

In FY 2012, TIRR Memorial Hermann provided the following programs to patients, community members, and industry professionals:

- **Rehabilitation Solutions**: An annual conference for nurses, social workers, case managers, certified disability management specialists and certified rehabilitation counselors to provide education on advances in rehabilitation, readmission prevention and continuity of care – 200 individuals participated.
- **Internships/teaching sites** for over 100 schools world-wide, in several disciplines. Training is provided to medical/allied healthcare professionals in the field of rehabilitation so that individuals are better able to serve those with disabilities, advance the continuum of care and become informed on how rehabilitation affects healthcare.
- **Support Groups**: Parkinson’s, Stroke, Brain Injury, and Spinal Cord Injury.
- **A full-time librarian** staffs the TIRR Memorial Hermann resource library that provides current information on brain and neurological impairments and spinal cord injuries, assists with signing up for community resources, and provides journal articles for those doing research or for those looking into new techniques for clinical care.
- **Up to date website** on Caregiver and Community Resources dedicated to community education and research on brain injury and stroke.

**PRIORITY #1 STRATEGY:**

**Objective #1.1:** To provide patients, families and professionals with training and education to address ongoing and recurring needs of persons with brain and neurological impairments and spinal cord injuries.

**Implementation Activities:**

- Continue to update the library and website so individuals can find resources, research and general information related to disabilities resulting from brain and neurological impairments and spinal cord injuries.
  - Explore options for added website components (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)
- Assess programs, pertinent to the rehabilitation population that will address education and prevention for diseases and chronic conditions.
  - Explore program options (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)
**PRIORITY #2: Address issues with service integration, such as coordination among providers and the fragmented continuum of care**

- Lack of information and record sharing, such as electronic medical records
- Lack of communication between providers
- Patient needs for medical homes
- Inappropriate ED use

**PRIORITY #2 RATIONALE:** Findings suggest that there are various issues that fall under the “service integration” category in the communities served by Memorial Hermann hospitals. The *Houston Hospitals Emergency Department Use Study (2010)* demonstrates the frequent inappropriate use of emergency departments for primary care related conditions in the community. Many interviewees noted frustrations about the lack of record sharing among providers in the community and many said that patients must be transitioned out of the Emergency Department settings and into primary care settings. Another common concern was that too much of the patient population lacks a viable primary care access point or “medical home” focused on primary care.

**PRIORITY #2 RESPONSE:** Many persons who have brain and neurological impairments and spinal cord injuries have difficulty finding primary care physicians (PCPs) who are willing to accept a patient with this type of condition in their practice. This is usually due to the PCP’s inexperience in treating this type of patient and perhaps lack of physical facilities to adequately examine them. TIRR Memorial Hermann is currently addressing information sharing, patients’ needs for medical homes, and inappropriate ED use through several significant programs.

- By providing training to community professionals on a regular basis, TIRR Memorial Hermann is ensuring that they are better able to serve those with disabilities within the continuum of care, while understanding how rehabilitation impacts healthcare.
- Through the TIRR Memorial Hermann website, physicians can make online referrals and prospective patients can provide online scheduling. The “make a referral” section is used by medical professionals and families who use the “contact us” to ask general questions about the requirements to access TIRR Memorial Hermann. The form then goes to the admissions staff that can generate a referral for either inpatient, outpatient or clinic programs from the online resource.
- Admission to TIRR Memorial Hermann can occur as soon as the patient is medically stable and accepted for admission. Many of TIRR Memorial Hermann’s patients do not reside in Houston. Provision of the Memorial Hermann Information Exchange (MHiE) allows for the viewing of images by TIRR Memorial Hermann physicians for evaluation and preliminary treatment decision making prior to patient arrival. TIRR Memorial Hermann provides access to the MHiE to selected referral sources in remote locations based on their frequency of referrals.
- The Rehabilitation Network providers are now using Memorial Hermann’s core clinical applications, thus rehabilitation documentation is now standardized, improving access to information, record sharing and service integration within Memorial Hermann.
TIRR Memorial Hermann has a growing hospital-based physician clinic, intended as a rehabilitation medical home, which provides TIRR Memorial Hermann patients with access to primary care as well as cardiology, psychiatry, podiatry, dental, gynecology, and urology care not only under one roof, but with physicians who are comfortable treating them. By creating support for co-morbidities and creating a medical home environment, patients have increased primary care and specialty accessibility and reduced emergency room usage.

TIRR Memorial Hermann has embedded case managers and social workers in the hospital-based physician clinic to help patients with their doctors and needs. TIRR Memorial Hermann inpatients and outpatients require a great deal of assistance with a wide range of resources, and case management plays a significant role in providing supportive services to each patient. Social workers provide not only case management, but behavioral counseling as well. If needed, social workers can refer patients to TIRR Memorial Hermann’s psychiatrist. Counseling services are available to families as well as to patients.

Since many patients live outside of Houston, both a Spinal Cord Injury and a Brain Injury Manual with everything a patient needs to know (i.e., nutrition needs, bladder management, community resources, stay active ideas, skin care, anatomy, etc.), accompanies them.

To assist with continuity of care and the lack of knowledge of community physicians caring for both the primary care needs as well as the secondary complications of these patients, some of which can be life threatening if not cared for appropriately, TIRR Memorial Hermann continues to create protocols specific to the disabled population for these physicians.

Two outpatient clinics have opened at Memorial Hermann Northwest Hospital and Memorial Hermann Memorial City Medical Center to provide for TIRR Memorial Hermann patients in these communities to receive their outpatient care closer to home.

To better serve patients with rehabilitation needs/potential, TIRR Memorial Hermann hosts payer companies to educate them on the benefits of rehabilitation versus a nursing home, so they can understand how much progress patients can make, and direct them appropriately. Payer companies play a decision making role in directing patients simply by refusing to pay for one form of care over another. TIRR Memorial Hermann impresses upon payer companies the services that TIRR Memorial Hermann offers over the less expensive care that a nursing home might offer.

TIRR Memorial Hermann continues to expand the types of services offered on-site to reduce the amount of time spent in transfer to nearby Memorial Hermann Texas Medical Center for medical acute conditions. The result is less therapy sessions missed, a reduced length of stay, and reduced health care costs. For example, TIRR Memorial Hermann patients can get EEGs, CT scans, sleep studies, and simple procedures on-site, as part of their therapy at TIRR Memorial Hermann.

PRIORITY #2 STRATEGY:

Objective #2.1: To expand Memorial Hermann’s Information Exchange (MHiE) which uses a secure, encrypted electronic network to integrate and house patients’ digital medical records so they are easily accessible to authorized MHiE caregivers.
Implementation Activities:
- Educate staff responsible for offering the service to patients for consent. (ongoing)
- 70% of registered patients will consent to the Health Information Exchange (HIE). (2014, 2015)

Objective #2.2: To grow the existing hospital based physician clinic as a rehabilitation medical home.

Implementation Activities:
- Assess options for additional specialties. (ongoing)
- Implement selected specialties and establish baseline metrics. (2014, 2015)

Objective #2.3: To continue to improve service integration and the continuity of care.

Implementation Activities:
- TIRR Memorial Hermann patients will receive a SCI (spinal cord injury) Med Alert card to carry in their wallet that provides information on the steps needed to assist an SCI patient in the ER to prevent more serious medical situations from developing. For example, recommendations on the card include breathing and massage techniques, etc.
- Continue to develop standards of care and treatment protocols for common secondary medical complications resulting from brain and neurological impairments and spinal cord injury.
- To develop a physician resource package designed to assist local primary care physicians in integrating patients with brain impairments and spinal cord injuries into their existing practices.
  - Identify target physician population (2014)
  - Develop packet and establish baseline metrics (2015)
  - Report metrics (2016)
- To expand satellite clinics within the Houston area.
  - Explore opportunities for target sites (2014)
  - Develop business plan(s) and metrics (2015)
  - Implement business plan(s) and monitor metric (2016)

PRIORITY #3 RATIONALE: According to the most recently released (in August of 2012) census data, more than one fourth of residents in Texas are uninsured. Nearly 30% of residents in Harris County are uninsured. Furthermore, many of the residents (18.8%) in the Houston-Baytown-Sugarland MSA experience medical cost barriers with regard to accessing healthcare. The Health of Houston Survey 2010: A First Look also indicated that women who didn’t receive the appropriate prenatal care often
cited cost and insurance barriers (34%). There was a perception among interviewees that primary care providers are “running at full capacity” and there is a need for additional primary care providers to serve the communities both in the general population and the safety net population. The Safety Net Review Key Informant Study suggests that lack of availability of primary care services and difficulty accessing primary care are two of the top three problems among the safety net. Finally, in the survey conducted by Memorial Hermann, “lack of coverage/financial hardship” was ranked first with regard to barriers to access to primary and preventive care for low income residents in the community. The lack of capacity (e.g. insufficient providers/extended wait times) ranked third.

**PRIORITY #3 RESPONSE:** Compounding the lack of capacity for the general safety net population, are the barriers faced by the disabled community. Providers that cared for TIRR Memorial Hermann patients prior to their infirmity may no longer be able to treat or feel comfortable treating their needs anymore. TIRR Memorial Hermann has expanded its services to perform as a rehabilitation medical home, so that patients have access to primary care as well as cardiology, psychiatry, podiatry, dental, gynecology, and urology care not only under one roof, but with physicians who are comfortable treating them. By creating support for co-morbidities and creating a medical home environment where they are comfortable, patients have increased accessibility and reduced emergency room usage.

TIRR Memorial Hermann continues to evolve services and operations to address barriers to care. TIRR Memorial Hermann recently added a Pediatric Physical Medicine and Rehabilitation physician to serve children age 11 and older.

An innovative operational change is the extension of the hours of therapy not only per day, but also to seven days a week, to achieve the same outcomes for a shorter stay. Discharging patients sooner, increases inpatient capacity.

As a part of Memorial Hermann, the largest not-for-profit health system in Southeast Texas, TIRR Memorial Hermann plays a significant role in Memorial Hermann’s annual $309.3 million dollar contribution to the community. This represents financial assistance and means-tested government programs, community health improvement services and community benefit operations, health professions education, subsidized health services, research, and cash and in-kind contributions for community health, and is representative of costs using the IRS 990 schedule H reporting.

**PRIORITY #3 STRATEGY:**

**Objective #3.1:** To assess the abilities and needs to expand services.

**Implementation Activities:**
- Access feasibility of on-site dental services. (2014)
- Assess options for additional services/specialties. (ongoing)
- Implement selected services/specialties and establish baseline metrics. (2014, 2015)
PRIORITY #4: Address unhealthy lifestyles and behaviors

- Obesity
- Communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, syphilis)
- Accidents

PRIORITY #4 RATIONALE: Findings suggest that there is a need to address unhealthy lifestyles and behaviors in the community, such as obesity, communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, and syphilis), and accidents. Harris County has high rates of chlamydia (413.8 per 100,000) and gonorrhea (127.8 per 100,000). Furthermore, as of 2009, Harris County’s tuberculosis, primary and secondary syphilis and AIDS rates have been higher than the state’s rates since 2007. According to BRFSS, more than 76% of residents in the Houston-Baytown-Sugar Land MSA do not consume the recommended daily intake of fruits and vegetables and more than 23% do not engage in any “leisure time physical activity.” Houston youth were more likely than Texas youth to engage in 14 different risky behaviors, ranging from physical violence, to obtaining cigarettes by purchasing them from a store or gas station, to sexual intercourse before 13, to never being taught in school about AIDS or HIV, and various nutrition and physical activity indicators. In the survey conducted by Memorial Hermann, adult and childhood obesity ranked as the third and fourth most important health problems in the community. More than 82% of respondents believe that obesity is the second most prevalent chronic disease in the community and more than 70% rated nutrition and weight management programs as inadequate or very inadequate in the community.

PRIORITY #4 RESPONSE: For patients with disabilities, achieving physical and mental well-being can be challenging. TIRR Memorial Hermann provides a wide range of programs and services to meet the community health needs of persons who have sustained brain and neurological impairments and spinal cord injuries. The following are existing programs and services:

- Provision of AA meetings – alcohol is a source of numerous accident victims that are treated at TIRR Memorial Hermann.
- Provision of public relations/media pieces on the dangers of texting and driving profiling TIRR Memorial Hermann patients.
- Education to pediatricians regarding the permanent disability resulting from leaving babies in car seats for long periods of time, resulting in shortened neck muscles.
- Provision of a treadmill to provide patients upright time improving circulation for wheel chair bound patients.
- Provision of active sports programs for patients, former patients and community members to help them stay active and healthy. Adaptive (wheelchair) sports include basketball, rugby, golf, hand cycling, tennis and a summer camp.
- Addition of a nutritional counseling component added to TIRR Memorial Hermann’s rehabilitation medical home clinic.
- Availability of TIRR Memorial Hermann’s community wellness gym for former patients and community members early and late in the day when patient therapy is complete.
environment accommodates individuals with disability limitations and needs more appropriately than a community gym. Trainers and memberships are available.

- Accommodation of patients' well-being during holiday time by hosting celebratory meals for families (400+).
- Memorial Hermann, one of the largest employers in the Houston area, has numerous programs promoting healthy lifestyle living and behavior changes for TIRR Memorial Hermann’s employees. Among them are:
  - Required annual physicals (for employees participating in the Edge insurance program)
  - Incentive based weight loss program (Leaner Weigh)
  - Financial penalty for smoking for existing employees and a “no smokers” hiring policy for new employees. TIRR Memorial Hermann is a non-smoking campus.
  - Wellness & You Program which incorporates fresh and delicious recipes that meet established guidelines into daily retail food offerings
  - My Fitness Pal which, free for iPhone and Android, provides a personalized diet profile to one’s unique weight loss goals
  - Cooking for Wellness where chefs and dietitians host cooking demonstrations using healthy cooking techniques
  - Meatless Mondays which encourages reduction of meat consumption by 15% to improve personal health and the health of the planet
  - Eat This…Not That signage to drive awareness of options, calories, and ingredients

**PRIORITY #4 STRATEGY:**

**Objective #4.1:** To facilitate opportunities for networking, communication, and peer support among people with brain and neurological impairments and spinal cord injuries, family members, and care givers.

**Implementation Activities:**
- Assess pertinent on-going education on healthy lifestyles and healthy choices for the population facing brain and neurological impairments and spinal cord injuries.
  - Explore program options (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)

**Objective #4.2:** To promote injury prevention messages to more audiences.

**Implementation Activities:**
- Explore additional opportunities relevant to at-risk behaviors. (2014)
- Implement select programs and establish baseline metrics. (2015)

**Objective #4.3:** To promote healthy lifestyles and behaviors for TIRR Memorial Hermann employees.

**Implementation Activities:**
• Implement Memorial Hermann System Wellness Initiatives.
  o Continue current wellness programs including incentive/disincentive for wellness/non-wellness selections (2013-2016)
  o Expand on the successful pilot “Eat This...Not That” (2013-2016)
  o Implement vending program revisions (2014)
  o Implement catering menu revisions (2014)
  o Implement patient menu revisions (2014)
  o Report metrics on reduced caloric intake and reduced weight gain (2015, 2016)

**PRIORITY #5 RATIONALE:** Access to mental health services ranked as a top concern over and over again in the survey conducted by Memorial Hermann. For example, 79.5% of respondents indicated that the needs of persons with mental illness were being either inadequately or very inadequately met. Mental health problems ranked as the number one most important health problem in the community, with 71% of respondents ranking it first. More than 85% of respondents said that access to mental/behavioral healthcare services for low income residents was difficult or very difficult. Finally, more than 80% of respondents indicated “inadequate or very inadequate” for services provided for mental health screenings. Interviewees also noted the need to address barriers to mental healthcare, such as the inadequacy of mental and behavioral health treatment programs available in the community, the limited number of beds for inpatient mental health services and the critical need for substance abuse intervention and rehabilitation programs.

**PRIORITY #5 RESPONSE:** Houston is struggling with a mental health crisis. With a shortage of psychiatric facilities and a lack of financial resources, insured as well as uninsured patients are left seeking services from emergency room physicians and nurses untrained in psychiatry or go without care completely. Within the Memorial Hermann System, two innovative mental health programs operate.

Since 2000, on call day and night, Memorial Hermann’s Psych Response Team acts as mental health experts for the ERs. They are a team of mental health professionals, responding to calls from Memorial Hermann’s emergency rooms and when patients present with symptoms of mental illness, such as depression, psychosis, or chemical dependency. They stabilize, evaluate, arrange referrals, and follow-up to maintain patient compliance.

The team refers to 30 mental health community treatment providers. This size enables the program to leverage the mental health community’s resourced patients (72%) to obtain care for the community’s non-resources patients (28%). No longer is it one ER/Nurse/MD competing with the rest of the ERs for a
limited amount of psychiatric resources. Rather, there is a coordinated approach, and the community’s psychiatric programs accept Psych Response team referrals because it is in their best interests. A report is shared monthly, detailing the number of resource and non-resource patients referred throughout the community. The team supports TIRR Memorial Hermann despite TIRR Memorial Hermann not having an emergency room. The team helps determine the level of care needed.

The Memorial Hermann Prevention and Recovery Center (PARc), the number one drug rehab and alcohol program in Houston providing detoxification, residential treatment, intensive outpatient programs, and an aftercare program is a substance abuse referral source for TIRR Memorial Hermann. TIRR Memorial Hermann partners with Memorial Hermann PARc for substance abuse, opiate dependence, management of chronic pain and chemical dependency.

The PARc has 30 years of experience treating addiction as the chronic, progressive, primary illness research and medical technology have shown it to be. The CEO of the PaRC participates on numerous boards and councils promoting mental health awareness, policy, and expansion of services including: membership on the Texas Hospital Association (THA) Psychiatry and Chemical Dependency Services Constituency Council, membership on the Coalition of Behavioral Health Providers, chairmanship of the Treatment Services Subcommittee for the Houston/Harris County Office of Drug Policy, advisory board membership on Montgomery County Mental Health Treatment Facility (MCMHTF), president of Texas Association of Addiction Professionals (TAAP), and an informal advisor and provider of in-kind donations to The Men's Center and Santa Maria Hostel, local non-profits that serve homeless and disadvantaged substance abusing men (Men's Center) and women with children (Santa Maria).

TIRR Memorial Hermann offers neuropsychology, psychiatry, and social workers to address depression in TIRR Memorial Hermann’s rehabilitation medical home clinic.

**PRIORITY #5 STRATEGY:**

**Objective #5.1:** To increase awareness and understanding of patient behavioral issues related to their injury and educate physicians regarding appropriate behavioral interventions for dealing with these issues.

**Implementation Activity:**

- To develop more robust psychiatric consulting services in collaboration with PARc.
  - Explore both inpatient and outpatient opportunities (2014)
  - Develop business plan(s) and metrics (2015)
  - Implement business plan(s) and monitor metrics (2016)
PRIORITY #6: Decrease health disparities by targeting specific populations

- Safety net population (under/uninsured, working poor, indigent)
- Unemployed
- Children
- Elderly and “almost elderly” (those who are not yet eligible for Medicare)
- Asian immigrant population
- Homeless

PRIORITY #6 RATIONALE: Data suggests that there are various health disparities among specific populations in the community. There are disparities among those who face medical cost barriers with regard to gender, race/ethnicity, income and education. The Health of Houston Survey 2010: A First Look indicates that health insurance and access to care is a particular concern for the Houston area, with Hispanic and Vietnamese residents having much higher uninsured rates than the average. The Health of Houston Survey 2010: A First Look also indicates that there are disparities among children’s access to insurance. According to the BRFSS, there are mental health disparities with regard to gender, race/ethnicity, income and age. There are also disparities among those who report diabetes, those who are overweight or obese and those who do not participate in any leisure time physical activity. Interview data also demonstrates these disparities. The populations most at risk include the safety net population, the unemployed, children, elderly and “almost elderly,” non-English speaking minorities, Asian immigrant populations and the homeless.

PRIORITY #6 RESPONSE: TIRR Memorial Hermann must address the health disparities faced by the population facing sustained brain impairments and spinal cord injuries.

- TIRR Memorial Hermann publishes an emergency preparedness booklet called Disability 911 and posts information via a link on its website during hurricane season specifically for citizens with disabilities who need “supply kit”, back-up power, and evacuation information. This information helps ready the individual during natural disasters and guides them through the process to inform friends, family, and the authorities of where they are during a crisis. The website offers a process to register in the City of Houston for emergency transportation. The online registration form, in English and Spanish, goes to the Transportation Assistance Registrar so there is a record of a household member with disabilities and how many are in the household.
- Through a partnership with United Airlines, TIRR Memorial Hermann teaches people to safely manage travel with their new disability. Individuals practice airport check-in and mobility in and out of the airplane.
- Through a partnership with the Metro Lift program, patients learn to purchase tickets and board and exit the bus.
- TIRR Memorial Hermann provides many independent living seminars, webinars and training for individuals with disabilities to learn to use their resources in the community. Patients visit
restaurants, nail salons and even the zoo so they can learn how to adapt back to life and visit everyday places.

- Technical assistance is provided for individuals world-wide. Through grants, a group of lawyers with the ADA help provide certifications for buildings to be accessible. Individuals and groups, such as designers and builders, can both get help and resources about reasonable accommodations to reduce physical barriers in buildings, particularly barriers to healthcare facilities.

- TIRR Memorial Hermann acquired a Lokomat body weight supported treadmill which provides robotics strapped to a patient’s legs to provide the locomotion therapy needed to work on gait, mobility and locomotion for adults and children as young as four years old. There are very few in Texas and in the United States.

- Vocational training is provided at TIRR Memorial Hermann to help individuals with disabilities get back to work. Additionally, former patients, often volunteer at TIRR Memorial Hermann to assist them with the move into competitive employment.

**PRIORITY #6 STRATEGY:**

**Objective #6.1:** To assess the abilities and needs to expand services/programs pertinent to the rehabilitation population.

**Implementation Activities:**

- To expand pediatric rehabilitation services.
  - Explore program/service options (2014)
  - Implement select programs and establish baseline metrics (2015)
  - Report metrics (2015, 2016)

- Assess options for additional services/programs.
  - Explore program/service options (2014)
  - Implement select programs and establish baseline metrics (2015)
  - Report metrics (2015, 2016)