



NYCH

NewYorkCommunityHospital
We are a caring place.

COMMUNITY SERVICE PLAN

December 2016 – December 2018

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Updated December 2018



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A Brief History of NYCH

New York Community Hospital is a 134-bed voluntary non-profit hospital located in the Midwood section of Brooklyn, New York.

Founded in 1929 as a 59-bed proprietary Jewish hospital by Dudley Fritz, MD and his two physician sons, the Hospital was known as the Madison Park Hospital for maternal and child health. The one stable and enduring sign that has remained relatively unchanged since the Hospital continues to remain largely Jewish. In fact, in the 1950s, one of the many notables who lived in the area at the time was Joan and Sandy Weill. Joan Weill, in fact, gave birth to her son, Marc Philip Weill at Madison Park Hospital.

In the decade between 1965 and 1975 many changes occurred at the Hospital. At the time, one significant requirement of the State Department of Health was that every maternal and child health facility must deliver 2400 births a year in order for the program to remain licensed. Thus, not meeting that requirement meant the demise of the Madison Park Hospital.

By 1972, the Hospital was reconfigured and was converted to a voluntary non-profit acute care hospital providing medical and surgical services for inpatient and emergency services. It also changed its name to Community Hospital of Brooklyn. In that same year, the Hospital opened all of its 134 licensed beds.

Unfortunately, given the financial troubles of the time - both medical malpractice and financial woes that plagued all of the hospitals in the City - Community Hospital of Brooklyn filed for bankruptcy in 1977. In years thereafter, the Hospital continued to be plagued with financial troubles throughout this entire period until 1993.

In 1993, the Hospital joined as a sponsored member of the then The New York Hospital (The Society of the New York Hospital) and was given a line of credit of \$12.5 million. At its high point the Hospital drew down \$5.5 million. The Hospital's clinical affiliation became The New York Hospital and Cornell Medical College.

After suffering almost 20 years of financial trouble, the Hospital in 1996 completed its first year with a bottom line gain of \$446,000 at the end of 1996. At the end of 1998, the original financial draw down of \$5.5 million, from prior years, was completely paid back to The New York Hospital.

During 2006 NY Community Hospital was slated to merge with New York Methodist Hospital in Brooklyn. Initial reactions of the medical staff and the board of each of the two hospitals were not favorable. Each of the two hospitals serve different communities, each has its own distinct medical staff, neither hospital share any services, and each was founded by a different religious auspices - Methodist in one hospital and Jewish in the other.

Various attempts by the two hospitals to come to some agreement did not materialize in 2007 and 2008. However, some progress did begin to emerge in the early part of 2009.

By the summer of 2009, under the initiatives of New York Presbyterian, the three parties, that is, NYP in addition to the representatives from the two sister hospitals met to form an active parent holding company for the two hospitals. A new set of proposed Bylaws and an Affiliation Agreement were drawn and subsequently submitted to the State for approval on August 21, 2009. After final determination as a result of the Berger Commission Reports and in conjunction with the NYS Department of Health, New York Community Hospital along with The New York Methodist Hospital of Brooklyn, became joint members of a holding company.

Meanwhile, while the above was going on, in the early part of 2007 when the imminent closure of the Victory Memorial Hospital became a real possibility, a number of physicians at that hospital joined New York Community Hospital. By July 2007, the entire

Pain Management, Ophthalmology, Gynecology, Orthopedic, and General Surgery services of the Victory Memorial Hospital were absorbed by New York Community Hospital.

As a result of the above, Ambulatory care services at New York Community Hospital increased almost five-fold from a mere 3% to 15% in one year.

At the same time, the Hospital's inpatient average occupancy rate of 85% jumped to an average of 94%. Thus, the impact of the closure of the Victory Memorial Hospital has had significant impact to the inpatient and, even more significantly, to the ambulatory care services of New York Community Hospital.

When Hurricane Sandy arrived to Brooklyn in October of 2012, the Hospital staff were incredibly pro- active and most all of them came to work during the storm, even those who had their own damage and problems arising at home. The ability to accept surge patients from other facilities and from their homes was done expeditiously and very professionally so that all patients that arrived received the same level

of care. Senior Administrative Staff stayed over at the hospital for the first few days and the cheerfulness of the staff was very noticeable; they made the most of a difficult situation and took great care of the patients.

In 2014 the hospital with Board approval welcomed Mr. Barry Stern as its new President & CEO. In 2014, the relocation of a new Intensive Care Unit was completed on the third floor of the hospital in 2016, the new expanded Emergency Room was completed. The new ER doubled the space of the previous ER and has helped the hospital tend to the needs of the community.

In 2016, with approval of the Public Health Council, NYHB, the holding company was no longer the Active partner of NY Methodist and NYCH and New York Presbyterian Healthcare System, Inc. remained as the passive parent of NYCH.

In 2017, the sponsored relationship with the New York Presbyterian Healthcare Network was discontinued, and shortly thereafter, a new more informal clinical partnership was established with the Maimonides Medical Center in Brooklyn.

This new relationship has included the exchange of medical staff, the enhancement of clinical services, the maintenance of highly efficient referral tracks for cardiac patients, and improved coverage of critical services.

The success of the Hospital to date may be attributed partly to these affiliations, but also to the dedication and low turnover of clinical staff, the loyalty and efficiency of employees and volunteers, and the approval and support of numerous community organizations.

New York Community Hospital has been recognized for several years as a top performer in achieving Core Measure goals for Heart Attack, Heart Failure, Pneumonia and Surgical Care. In addition, the Hospital has been designated by the American Heart Association as a Stroke Gold Plus Award recipient. Additionally, in 2018 New York State Department of Health published HEART ATTACK outcomes for the first time and only two hospitals in NYC have the best outcomes - New York Community Hospital and Maimonides. And now we are caring for Brooklyn together. This relationship brings value to patients in the communities we serve and to both institutions. Brooklyn residents are able to obtain the highest –quality care in the most appropriate setting – without leaving the borough.



Welcome Message from the President and CEO

New York Community Hospital is a 134-bed, non-profit acute care hospital located in the Midwood/ Madison Park section of Brooklyn. Founded in 1929 by physician brothers Albert and Dudley Fritz, New York Community Hospital-then Madison Park Hospital-has been through many changes over the years to meet the needs of our ever-growing, dynamic and diverse community. Today, as in the past, the hospital prides itself on providing the highest quality healthcare along with compassion, respect and dignity to all our patients and to the community. With expanded facilities, state-of-the-art medical technology and a patient-centered approach to care, we continue to meet this goal. Our inpatient services include the best in emergency, medical, and surgical care. We are also proud to provide high quality, technically advanced Critical Care services.

Our patients are treated in a pleasant, friendly, charming environment. Providing full emergency services, New York Community Hospital is a designated 911 receiving hospital. Operating on a 24 hour 7 days a week schedule, the hospital has both basic life support as well as advanced trauma life support Ambulances serving the southern tier communities of Brooklyn. A number of outpatient services are available including ambulatory surgery, pain management, lithotripsy, clinical laboratory and diagnostic imaging services. Ambulatory Surgery services are comprehensive, covering many areas of specialization including Gastroenterology, Urology, Ophthalmology, Orthopedics, Vascular, Thoracic, and General Surgery. Fully staffed Operating Room Suites are available on a 24 hour 7 days a week schedule with around the clock Board Certified Anesthesiology coverage. Additionally, we provide full Laboratory and Pathology testing as well as expanded Radiology, Cat-Scan, Nuclear Medicine, and Sonography diagnostic services.

Until recently, the hospital benefited from its relationship with the New York Presbyterian Healthcare System. Since the beginning of 2018, we have been a solid foundation for a new clinical relationship with the Maimonides Medical Center which, to date, has been advantageous to both institutions.

In addition to high-quality medical care, New York Community Hospital continues its commitment to serve its community by offering educational programs, support groups, health screenings and many other unique programs. These initiatives strive to encourage each member of the Midwood and Madison Park communities to take charge of their health. We are also proud to be involved in several community, civic, religious and senior groups. New York Community Hospital understands that all patients have special needs and concerns- that is why we offer Kosher meals (supervised by the Vaad Harabbanim of the Flatbush Rabbinical Services), pastoral and patient representative services upon request, flexible visiting hours, multilingual translation services and complimentary food and beverage services for visitors.

The staff at New York Community Hospital is exceptional. Our hospital has an extraordinary team of over 150 physicians -including Internists, Cardiologists, Oncologists, Gynecologists and Surgeons, Board Certified in 31 specialties. I am proud to have a strong, compassionate, experienced team of nurses, technical, ancillary support, and management staff working together as and providing our patients with an exceptional level of care. In addition, our volunteers also provide friendly, helpful assistance to both patients and visitors alike. Should you need health-care services, you can rely on New York Community Hospital.

We are proud to be the highest scoring hospital in Brooklyn on CMS Patient Satisfaction Surveys as reported on CMS Hospitalcompare.org. Our quality is excellent. We are one of the few hospitals in Brooklyn to have avoided penalties for hospital acquired conditions three years in row.

Partnering with local Community Agencies and our local health organizations, New York Community Hospital will participate in making our community a healthier place. The State Department of Health's "Prevention Agenda toward the Healthiest State" is a set of goals designed to improve the health of our communities. We at New York Community Hospital have selected initiatives that we feel our community needs and that have been expressed to us over the year by various means including our patients, family members visitors as well as internal and external professional groups. These priorities will be addressed over the next few years. We will strive to fulfill the goals and objectives that we have chosen. If necessary we will modify and enhance them as necessary over the next few years in order to accomplish our prevention agenda priorities for a healthier State.

As always, we are eager to answer your questions and hear your comments and recommendations regarding New York Community Hospital. Let us know how we can serve you better - email your comments to bstern@nych.com or call our Patient Information Line at 718 692-5300.

Yours in good health,

Barry Stern

President and Chief Executive Officer



MISSION STATEMENT

New York Community Hospital is committed to provide quality care with compassion and dignity to all patients and to the community.

We the hospital staff recognize these values and our role in fulfilling our Mission.

We are: Committed to our **Patients**, Committed to **Leadership** and Committed to **Excellence**.

VISION STATEMENT

New York Community Hospital with linkage to the community provides inpatient Medical and Surgical Services. We see ourselves as a center for excellence in Cardiac, Pulmonary, Ophthalmology, and Orthopedic Medicine focusing on individualized attention and care.

New York Community Hospital and Maimonides Medical Center have joined to provide the highest level of specialty care for patients in the communities we serve.

VALUES STATEMENT

New York Community Hospital is a caring place. Patients are received and treated with the utmost respect and dignity.

Our Medical Staff Members and employees treat each other professionally and with respect and dignity.

We are a friendly place.

We are a team that is motivated to pursue our mission.



Executive Summary

Corporate Structure and Governance

New York Community Hospital is an acute care hospital in Brooklyn, New York. It is a voluntary not-for-profit corporation and has been recognized as a tax-exempt pursuant to Section 501 ©(3) of the Internal Revenue Code.

On March 12, 1993, New York Community Hospital became a sponsored Member of the New York- Presbyterian Health Care System (NYPHS). In 2017, the sponsored relationship with the NYPHS was discontinued, and shortly thereafter, a new more informal clinical partnership was established with the Maimonides Medical Center. This new relationship has included the exchange of medical staff, the enhancement of clinical services, the maintenance of highly efficient referral tracks for patient, and improved coverage of critical services. The Hospital will continue to be responsible for its own operations, assets and obligations.

The Board of Trustees consists of 10 members. New members are selected for their ability and the time to participate effectively in fulfilling the Board's responsibilities and, so far as possible, to provide for a Board of Trustees that is representative of major segments of the community served by the Hospital. Trustees are elected for terms of one year. Selected for their interest, experience, community involvement, and availability.

Qualifications for Board membership include high moral standards; involvement in community affairs in the Hospital's service area; an ability to work with others; a demonstrated specific interest in the Hospital; and skill, interests and attitudes that will inure to the benefit of the Hospital and the fulfillment of its purpose and mission.

The Board of Trustees has responsibility for the establishment of politics and for the proper control of all as- sets and funds; and control and management of the property, affairs, and quality of hospital and medical care; and has power and authority to perform acts and functions consistent with its responsibilities, including, among others:

- Actively participating in the process by which the Hospital shall continue to hold full accreditation by the Joint Commission and the Hospital's Operating Certificate issued under the provisions of the Public Health Law of the State of New York;
- Selecting and monitoring the performance of the Hospital's President & CEO;
- Providing for a safe physical plant, proper staffing and the Hospital's growth and development;
- Participating in planning to meet the health needs of the community;
- Appointing the members of the Medical Staff and reappointing them every two years;
- Reviewing and approving the Hospital's strategic, performance improvement and patient care plans; and
- Being responsible for the quality of patient care services.

Officers of the Board of Trustees, elected for one-year terms, include a Chair, Secretary, Assistant Secretary, and the Hospital President & CEO. Standing committees of the Board of Trustees perform much more of the routine work of the Board and include Executive, Finance Investment, Governance, Audit and Corporate Compliance, and Executive Compensation. The membership, authority and responsibilities of each commit- tee are defined in the Hospital's bylaws. Special Committees and Committees of the Corporation may also be appointed upon authorization of the Board.



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President and Chief Executive Officer

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Corporate Treasurer

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V.P. Chief Information Technology Officer



Strategic Plan for New York Community Hospital **Adopted and Approved by the Board of Trustees**

Quality Care and Provision of an "Amazing Healthcare" Experience for All Patients Served by the Hospital.

- Provision of extraordinary, compassionate care provided by all staff, physicians, management, and volunteers, as evidenced by patient/family complimentary letters and by the comparison of the Hospital's performance in HCAHPS and other Quality Care Indicators.
- Collaborate with physician and clinical staff to improve patient care.
- Create a positive and transparent work environment supported through effective communication, mutual respect, accountable leadership, and collegiality.
- Achieve service excellence through continuous improvement, innovation, and evidence based practice.
- Ensure compliance with all required Quality Indicators.
- Benchmark and report compliance data and compare against other Brooklyn Hospitals.
- Conduct aggressive management of Morbidity and Mortality Conferences in both the Departments of Medicine and Surgery.
- Achieve Magnet Recognition Status from the American Nurses Credentialing Center.
- Participate in the National Database of Nursing Quality Indicators (NDNQI which allows us to compare ourselves to other community hospitals and establish benchmarks for care quality.
- Ensure compliance requirements in order to maintain designation as a New York State Department of Health "Stroke Center" and as a FDNY 911 Ambulance Receiving Hospital.
- Strengthen our relationship with the Jewish Community by providing continued support of the Hatzolah Volunteer Ambulance, which serves our community and transports over 6% of our total in-coming ambulance patients. One of the Hatzolah of Flatbush Ambulances carries the name of "New York Community Hospital".
- Develop a Bikur Cholim Room at the Hospital, a dedicated room that ensures that the religious needs of our Orthodox Jewish patients are met. (Completed)
- Develop a culturally sensitive staff by filling each vacancy in nursing with a bilingual nurse in order to reach our goal of an 85% bilingual RN staff. Over 60% of our Registered Nurses are from the local Russian-Jewish Communities and are Bilingual Russian-Yiddish, affording us the assurance that our patients and their families are comfortable in the hospital environment and that their needs are being communicated and met.
- Continue to view New York Community Hospital as a "Boutique Hospital", a term coined by one of our Physicians, which refers to the fact that we "cater" to the unique language and cultural needs of our patients.
- Employ residents of the same neighboring Caribbean Communities to further strengthen our ability to provide culturally sensitive care to our patients and their families.
- Explore opportunities to serve our communities by expanding the Hospital's Primary Care and Ambulatory Care Services in the communities we serve.
Care Services through utilization of excess capacity in Ambulatory Care.

Financial Efficiencies and Effectiveness:

- Achieve operational efficiencies throughout the hospital.
- Maintain financial viability and strive for an annual positive bottom line gain of at least 2%.
- Only employ and retain employees who contribute to the greater good of the hospital.
- Track and monitor total "employee per occupied bed" and compare statistics with other hospitals.
- Maintain the operating and capital budgets at the approved level for the year.

Strengthen the Hospital's Culture for Providing "Amazing Care":

The Hospital has developed a "12 Point Strategy" for the Improvement of Patient Satisfaction

- Develop a hospital wide patient satisfaction "HCAHPS Improvement Council" (HIC).
- Conduct daily "post-discharge" calls to patients by nurse managers.
- Evaluate and grade each hospital worker based on, Character, Attitude, Attendance, and Reliability.
- Conduct daily "Courtesy Plus" rounds by the nurse managers.
- Improve worker morale through staff appreciation and staff recognition.
- Post HCAHPS Scores on every unit and update weekly.
- Share "negative comments and feedback" to identify areas for improvement.
- Implement daily patient visits by the pharmacists to provide "Patient Education" regarding their medications.
- Review "Sample" HCAHPS Surveys with patients prior to their discharge.
- Conduct daily patient report with the nurse managers and the CNO with emphasis on Clinical Care and Customer Service.
- Conduct Nursing "Hourly Rounds".
- Ensure Staff Accountability.

Physician Recruitment and Retention:

- Develop a Physician Recruitment and Retention Plan.
- Recruit additional physicians in Primary Care, General Surgery, Pain Management, Ophthalmology, Urology, Orthopedics, and Gastroenterology services.
- Retain valued physicians through effective communication, partnering with physician staff, physician recognition and maximizing physician satisfaction.

Continuing Staff Education, Development and Performance:

- Strengthen management skills and capabilities.
- Enhance education and competencies of the RN Staff.
- Increase the number of bilingual staff throughout the hospital, especially key areas such as Nursing, Intake Services, and Ambulatory Care.
- Achieve a high level of staff retention.
- Encourage high levels of staff performance.
- Improve staff communication through weekly interdisciplinary patient safety meetings, involvement in medical board sub-committees, inter-committee reporting and various departmental meetings.

Community Partnerships, Development and Support:

- Maintain strong linkages with our communities through a continued integral partnership with: Cherva Hatzalah

Volunteer Ambulance Corps
Council of Jewish Organizations (COJO) Bikur Cholim
Brighton Beach Neighborhood Association
Jewish Community Council of Greater Coney Island
Jewish Community Council of Marine Park Community
Advisory Committee Community Board 14

- Strengthen partnerships we have developed with nearby Rehabilitation Centers and Nursing Homes-Atlantis, Augustana, Bensonhurst Care Ctr, Bishop Henry B Hucles Episcopal, Boropark Care Ctr, Brookhaven Beach, Brooklyn Ctr, Brooklyn United Methodist, Buena Vida, Cabs, Caton Park, Cobble Hill, Concord, Crown, Sea Crest, Green Park, Hamilton Park, Norwegian Christian Home, Palm Tree, River Manor, St. Joachim, Shore- front, Palm Gardens, Menorah, Haym Solomon, King David, Shoreview, Sheepshead, Four Seasons, Spring Creek, Ditmas Park, Crown, and Promenade; and Adult Homes-Amber Court, Brooklyn Adult Care, Kings Adult Home, Mermaid Manor, New Central Manor, Oceanview Manor, Park Manor, Surf Manor, UCP Eli Goldstein, Palm Beach, Spring Creek, Sunrise Assisted Living, and the Garden of Eden; and the Revival Homecare Companies servicing our patients in the community.
- Sponsor annual "Open Houses" for the Caribbean Community, largely through the dedication and contributions from one of our Haitian Community physicians.

- Improve our community outreach programs and services for our patients and their families. Our focus will be to promote Healthy Life Styles, develop preventative programs specific to each community, continue to offer Health Screenings and Vaccinations, and support access to a range of services across the continuum of health care.

Strengthen Case Management:

- Achieve sustained reduction in the Length of Stay (LOS)
- Track and reduce the number of "Readmissions", with a focus on CHF, MI, and Community Acquired Pneumonia.
- Strengthen the hospitals "Transition of Care" program.

Upgrade and Maintain the Physical Plant:

- Upgrade and maintain all four hospital elevators. (Completed)
- Clean and refurbish the hospital building facade.
- Construct a dedicated treatment room for dialysis procedures. (Completed)
- Refurbish the front "Kings Highway" and the Emergency Department "Avenue O" entrances.
- Upgrade the hospital lighting to energy efficient LED lighting. (Completed)
- Replace patient room windows with those that can be pulled down for ease of service and cleaning.
- Continued upgrade of patient rooms, bathroom, and showers.

Enhancement and Strengthening of Ambulatory Care Services Components:

This expansion requires that the State grants our hospital the Out-Patient License to provide the full range of ambulatory services that is presently not supplied within a 5 mile radius by either our own neighboring hospital Mount Sinai-Brooklyn nor New York Community Hospital.

- *Development of off-site Ambulatory Care Services in an effort to serve the poor, the needy, and the elderly population of our community in a culturally sensitive manner.*
- *Out-patient services to include Primary Care, ED Follow-Up Care, Family Practice Pain Management, Ophthalmology, Women's Health, General Surgery, ENT, and Urology, co-located behavior health, dental and therapy services.*

Establish Clinical Affiliation with Maimonides Medical Center:

- Participate in Maimonides Medical Center Performance Improvement meetings.
- Integrate procedures for safe and efficient patient transfers.
- Enhance clinical coverage for New York Community Hospital Emergency Department. (ED physicians, Orthopedic and other specialties coverage)
- Planning ambulatory services joint ventures.

Enhance a Fully Integrated Electronic Health Record (EHR):

- Maintain "certified" Electronic Health Record technology. (Completed)



Strategic Plan for New York Community Hospital **Adopted and Approved by the Board of Trustees**

I. Governing Body, Physician Staff and Employees.

Board of Trustees:

- Recruit 5 additional Board Members over the next five years.
- Continued Board Education through Quality of Care Reports by Administrative Staff.

Physician Recruitment and Retention:

- Foster strong relations with our voluntary physician staff.
- Aggressive physician recruitment.
- Promote and support Medical Leadership.

Employee/Staff Development:

- Provide a supportive work environment that strengthens employee satisfaction.
- Promote the development of multitalented management staff.

II. Quality of Care

- Establish communication and collaboration with the Hospital-wide PI Committee at Maimonides Medical Center.
- Implementation of processes to support and improve patient quality and safety.

III. Business Development:

- Identify and evaluate new business opportunities.

IV. Facility Development:

- Expansion and strengthen the Emergency Department.
- Ensure a safe environment and protect existing infrastructure.

V. Information Technology:

- Maintain & Upgrade of the hospital wide EHR physician documentation program.
- Implementation of Physician's office-based EHR.



EXECUTIVE SUMMARY – COMMUNITY SERVICE PLAN

New York Community Hospitals Community Service Plan is the disclosure and demonstration of our commitment to provide quality health care to the community. Our Mission Statement which is central to the Hospitals strategic plan, provides the Focus to achieve our goal of caring for the sick in a compassionate and respectful manner.

The community's involvement in the strategic management of health care resources was solicited to validate the Hospitals health care priorities. Frequent communication with all levels of management and the community about what actions are necessary to meet operational objectives, proved to be the cornerstone in developing the Hospitals mission. Much of the information that was utilized to direct the Hospitals planning efforts was obtained from data obtained from our information systems, patient surveys, and involvement in community civic, religious and senior groups. Support groups, community education programs and volunteer groups and Community Advisory Board membership. Current and future public health priorities including those selected and to be selected in the future to meet the goals of the NY Healthiest State Agenda are solicited by these means in addition to solicitation methods to be developed at the hospital and in conjunction with its selected community health partners.

New York Community Hospital serves patients from the southern tier of Brooklyn, with its primary service areas defined as Sheepshead Bay, Manhattan Beach and Midwood. In 2015 there were 7,167 patients admitted to the Hospital, 13,638 patients treated in Emergency Services, and 4,283 ambulatory patient procedures performed. Service Areas provided by the hospital are derived from many years of census data including the Zip Code localities of the patient population derived from the Southern Tier communities of Brooklyn.

The unique needs of our patient population are provided for by professional staff who are loyal to the philosophy and values created by the Hospital's governing body.

At New York Community Hospital, quality health care is based not only on the out- come of the patients' health status, but also on the patients perception of how his/her care was delivered. Our Hospital-wide Continuous Quality Improvement Program emphasizes the importance of quality patient care outcomes as well as the delivery of hospital care. Our goal is to heal the patient, to satisfy the patients' expectations and to ensure his/her rights.

The Hospital Mission Statement speaks of commitment to excellence, to leadership as well as to our patients. Our Vision is to offer our surrounding communities quality medical care and a diverse array of medical services. The focus of the care is ease of accessibility, comprehensiveness and technology.

While the relationship with New York Presbyterian served the hospital well for more than two decades, we are anticipating that our new relationship with Maimonides Medical Center will benefit both institutions and the communities we serve, improving the quality of life and offering comprehensive multi-disciplinary care for every patient in a coordinated and comprehensive manner. This collaboration along with the hospitals long standing association with State and Local Associations such as HANYS and The Greater New York Hospital Association will allow us to provide a continuity of care for our patients who are in need of high tech surgery and tertiary care.

In addition to our affiliations, our own active Board of Trustees, with its strong commitment to quality improvement and patient safety, is working toward the goal of being a highly reliable organization that is responsible to the changing needs of the community we serve.

Presented on an annual basis and submitted for approval to the Board of Trustees is a complete set of Hospital Goals and Objectives for each upcoming year. Major goal statements as submitted by the Executive Administrative Office continue to be as follows:

- * *1- Continue to strengthen the Financial Management of the Hospital*
- * *2- Continue to Strengthen and Enhance Hospital Services to the Community and Strengthen Community Outreach.*
- * *3- Continue to strive to instill Culture for the enhancement of Employee and Medical Staff Morale. Improve and strengthen The Joint Commission and regulatory compliance areas of the hospital.*
- * *4- Strengthen Medical Staff Development to Include Retention and Recruitment. Strengthen Medical Staff Performance in PI/QA activities.*
- * *5- Improvement of the overall Hospital Facility.*
- * *6- Enhance Ambulatory Services based on Community Needs Assessment*
- * *7 Participation in making our NY community a healthier place via active involvement with the Prevention Agenda goals and selected hospital initiatives.*

New York Community Hospital of Brooklyn is proud to provide care to our community. Our doors are open 24 hours a day, seven days a week, and 365 days a year. Every year we serve thousands of individuals and keep our community healthy, strong, and vibrant. This record of service is and always will be our most valuable contribution to the community.

Hospitals strengthen the infrastructures of local communities. Communities rely on their hospitals and health systems to:

- **Provide high quality health care**
- **Bring life into the world**
- **Care for the aged**
- **Ensure safety when an emergency or disaster strikes**
- **Educate people about the impact of lifestyles on their health and wellbeing**
- **Provide comfort at the end of life.**

Less often recognized is the hospital's contribution to the local economy, including the people it employs, the impact of its spending, and the effect of hospital employees' spending and the taxes they pay. New York Community Hospital is critical to the economic viability of our community. New York Community Hospital is a major source of employment and purchaser of goods and services, as well as providing health care that allows people to be productive citizens. Aspects of this report have been prepared with assistance from the Healthcare Association of New York State, highlighting the significant role New York Community Hospital plays within our local community. It identifies and measures the direct involvement New York Community Hospital has on the local community and demonstrates the "ripple" effect of the dollars the health care sector brings into the community and the jobs it helps create. It also demonstrates the benefit the hospital provides for a safe, stable and healthy community.

New York Community Hospital is an Economic Anchor in Our Community

In addition to enhancing the health and wellbeing of the communities we serve, we contribute significantly to the area's economic health. Statistics available to us indicate that we had an estimated total annual economic impact of more than \$90,000,000.

New York Community Hospital is a Major Employer

New York Community Hospital of Brooklyn employs more than 594 full time and part-time employees with a gross total payroll of more than \$45,000,000. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the local and state economies.

Dollars earning by New York Community Hospital of Brooklyn employees and spent on groceries, clothing, mortgage payments, rent etc. generate approximately \$65,600,000 in economic activity for the local community.



New York Community Hospital Provides Other Important Economic Benefits

Construction activity at New York Community Hospital of Brooklyn affects the local economy from the convenience store located down the street to the insurance agent providing policies for the contractors and other companies working on the projects. Construction projects are currently underway at the hospital. These projects generate local jobs and revenue and result in improved health care delivery for the community.

Hospitals are a key ingredient to New York's quality of life and to keeping communities healthy and vibrant. New York Community Hospital is a major contributor to both the local and state economies and to keeping families healthy and secure by providing needed health care services. Data within this report provides evidence that the economic benefit of our hospital on the local and state levels is significant.

The Financial Resources Statement is included within this implementation Plan.

The Future

New York Community Hospital's vision is to further our purpose as a community resource, providing emergency services, preventive care and education, and inpatient care, as well coordinating long-term care to meet the needs of our community.

By coordinating the healthcare services in the community, the hospital will provide accessible, cost effective, clinically appropriate care to all of its community residents. The hospital's financial goals in 2016-2018 include identifying the implementation of Cost Reduction Programs to decrease operating expenses. This will include looking at all purchasing, billing and internal departmental budgets utilized by the institution.

As of 2015 the hospital has implemented of a fully operational Electronic Health Record and has met the requirements for "Meaningful Use". This project meets the needs of Local, State and Federal guidelines for providing cost effective healthcare as well as the reduction of errors, access to information and overall safety risks associated with the daily provision of care for the patient at our hospital.

As we approach 2019 New Contracts that have been executed including Microsoft Office 365 for E-mail, Derive Technology for networking, switches, firewall, wireless and security, EPSI Business Intelligence, 3M Encoder with abstracting tool, Lawson General Ledger, and Cerner Eagle for Billing and Patient Accounts.

The hospital will transition from NYP exchange email to Microsoft Office 365, and each user will be assigned a suite of online Microsoft office, PowerPoint, Outlook, Word, Project Management, 50G OneDrive and ability to load software to 5 machines.

The EPSI business intelligence system will be locally hosted on hospital Vmware, and it is hoped that this system will replace some of the functions of COQPIT that are needed for reports in connection with our Ongoing Physician Performance Evaluation (OPPE) required by the Joint Commission.

Other IT systems have been acquired through competitive bidding and rigorous negotiation which will have a significant positive financial impact on the hospital.



Description of Community Served by New York Community Hospital

2015 HIGH VOLUME ADMISSIONS	2015 UTILIZATION STATISTICS
1 Congestive Heart Failure	Discharges..... 7,167
2 Coronary Insufficiency	Emergency Service Visits..... 13,638
3 Myocardial Infarction	Emergency Service
4 Pneumonia	Admissions..... 6,092 (Walk in/referred by Attending physician)
5 Chronic Obstructive Pulmonary Disease	Referred Amb./Surg. Visits..... 4,283
6 Transient Cerebral Ischemia	
7 Septicemia	Medicare..... 66%
	Medicaid..... 21%
8 Diabetes mellitus Renal	Blue Cross..... 5%
9 Insufficiency	Commercial Plans..... 7%
10 Osteomyellitus/Gangrene	Others..... 1%

PRIMARY SERVICE AREAS

(Zip Code/Neighborhood)

11235, 11229
11223, 11224

11230, 11210
Flatbush, Midwood

Marine park
Sheepshead Bay
Kings Highway
Gravesend/Homecrest
Gerritsen Beach
Manhattan Beach
Bensonhurst
Coney Island
Brighton Beach
West Brighton
Seagate

11234, 11236
Mill Basin
Bergen Beach
Flatland
Canarsie

These admissions and the fact the New York Community Hospital serves, primarily, an elderly population, (65 percent of the admissions are Medicare-covered patients,) help to identify the outpatient and outreach programs needed to better serve the community.

The high volume diagnoses identified are not singular conditions. The patient population being cared for at the Hospital present with multiple problems; therefore, requiring more intensive or complex care, e.g., the patient presenting with congestive heart failure may have diabetes, pulmonary disease and renal failure.

Suggested interventions recommended for Brooklyn by Health Systems Agency in its publication, *Health Care Forums* are to improve access to primary care. Through which age-appropriate screening, preventive counseling, vaccinations and referral follow-up care will be provided.

Description of Community Served by NYCH - continued

The following map of Brooklyn is broken down by zip codes and highlights the primary service area of New York Community Hospital.



Description of Community Served by NYCH - continued

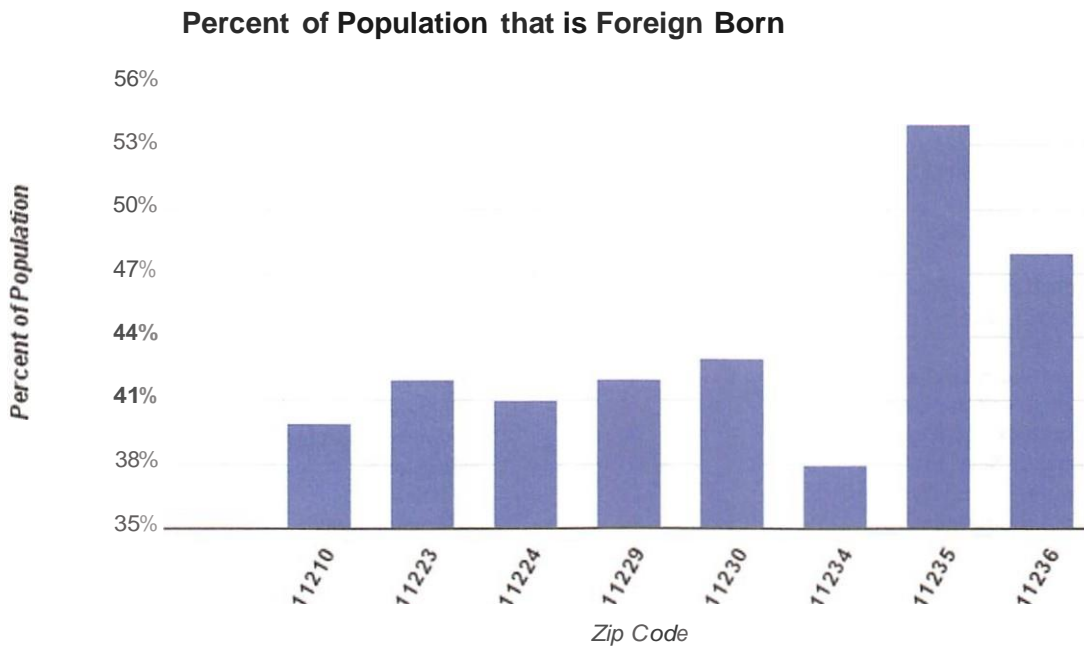
Although the data that we compiled from the NYSDOH American Fact Finder website shows that the overall median age of our community is 39 years, we know from experience and from in-house statistics that the majority of our inpatient community is made up of seniors over the age of 65 years. Approximately 15,626 (2.5%) of our community members are veterans which is a similar reflection the 2% of veterans in Kings County overall. There are 249,210 housing units in our service area (out of 1,000,293 total in Kings County) and the average income in our community is \$48,654 which is slightly higher than that of Kings County (\$44,593). In addition, the average rate of high school graduates for our service area is approximately 83.5% which is also slightly higher than that of Kings County (78%).

Demographics for NYCH Service Area as compared to Kings County

Zip Code	Population	Age (mean)	High School graduates	Housing Units	Income (median)	Foreign Born	Poverty	Veterans
11210	62,008	34.1	87.7%	22,476	\$52,895	24,881 (40%)	15.5%	1,082
11223	78,731	36.9	75.3%	32,407	\$31,822	32,947 (42%)	15.7%	2,917
11224	47,621	45.4	76.6%	20,768	\$31,822	19,368 (41%)	24.8%	1,331
11229	80,018	40.5	82.9%	34,885	\$48,683	33,469 (42%)	14.9%	2,033
11230	86,408	33.9	83.5%	34,028	\$43,147	37,291 (43%)	20.9%	1,302
11234	87,757	39.1	88%	33,714	\$67,776	33,200 (38%)	9.8%	3,079
11235	79,132	45	87.8%	37,619	\$42,492	42,891 (54%)	18.5%	1,716
11236	93,877	36.4	85.8%	33,313	\$61,794	44,670 (48%)	12.3%	2,166
Total/ Average	615,552	38.9	83.5%	249,210	\$48,654	268,717 (44%)	16.6%	15,626
Kings County	2,504,700	34.1	78%	1,000,293	\$44,593	926,511 (37%)	22.1%	54,941

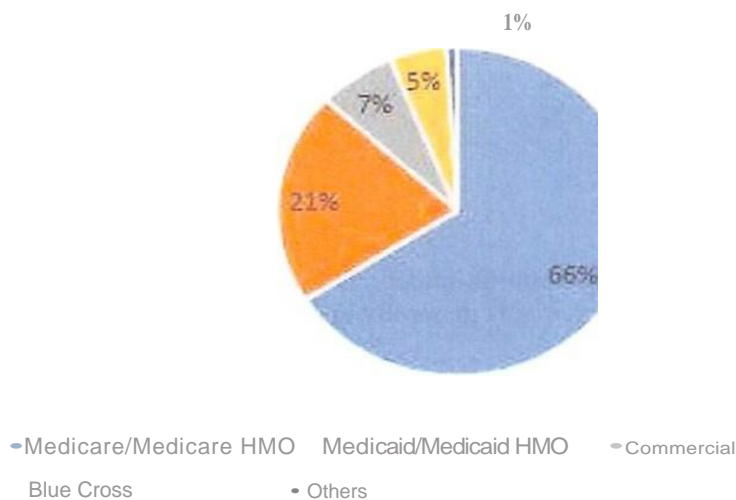
Description of the Community Served by NYCH-Continued

The total population of our primary service area is approximately 615,552 and at least 44% of that population is foreign born. The community surrounding NYCH is predominantly from a Russian and Jewish background but there are also growing Asian and Haitian populations as well.



The poverty rate for our community (16.6%) is slightly lower than that of Kings County (22.1%) however due to their age and retirement status the majority of our patients (>65%) are covered by Medicare.

Healthcare Providers for NYCH Patients in 2015





SERVICES PROVIDED BY THE HOSPITAL

New York Community Hospital, located in Midwood, Brooklyn, serves the health care needs of residents in the southern tier communities of the Borough. Expressions of health care needs by an economically stable, culturally diverse community represent a cooperative social context in which the Hospital seeks to develop services and health programs that meet the needs of the community.

Number of Beds

Medical/Surgical.....	134
Monitored beds.....	35
Critical Care/Intensive Care Unit.....	7
Progressive Care Unit.....	12
Telemetry.....	24

Services provided

Inpatient Services

Medical & Surgical
 Care Operating Room
 Suite CCU/ICU
 Diagnostic Radiology
 Progressive Care Unit
 Laboratory Services
 Patient Representative
 Social Work
 Physical Therapy

Outpatient Services

Ambulatory Surgery Center
 Emergency Medical Services
 Stroke Center Designated 911 Receiving
 Clinical Laboratory
 Diagnostic Medicine
 Nuclear medicine
 Ultrasound
 CT Scan
 Mammography
 Pain Management

Population Served:

In 2015 Emergency Services received 13,638 patient visits, 4,283 Ambulatory Surgery visits, and 7,167 inpatient admissions.

The average length of stay in 2015 was 5.32 days. The Hospital patient mix was as follows: ·

Medicare	66 %
Medicaid	21 %
Blue Cross	5 %
Commercial Plans	7 %
Others	1 %

New York Community Hospital employs approximately 594 people, many of whom are Brooklyn residents. Employee to patient ratio remains generally about 3.9-4.1:1.



PHYSICIAN SPECIALTIES

DEPARTMENT OF ANESTHESIA

DEPARTMENT OF PAHTOLOGY

DEPARTMENT OF RADIOLOGY

DEPARMENT OF MEDICINE

DEPARTMENT OF MEDICINE

Internal Medicine
Allergy and Immunology
Cardiology
Dermatology
Endocrinology
Family Practice
Gastroenterology
Hematology
Infectious Disease
Oncology
Nephrology
Neurology
Pulmonary Disease
Rheumatology
Urology

ALLIED HEALTH PROFESSIONALS

Podiatry
Pain Management Service

OUTPATIENT SERVICES

Ambulatory Surgery
Emergency Services
Laboratory service
Diagnostic Radiology
Nuclear Medicine
Ultrasound
CT Scan
ECT Therapy

DEPARTMENT OF SURGERY

General Surgery
Gynecology
Major Hand Surgery
Neurosurgery
Ophthalmology
Oral Surgery/Dentistry
Orthopedics
Otorhinolaryngology
Plastic and Reconstructive Surgery
Thoracic Surgery
Urology
Vascular Surgery

CONSULTATIVE SERVICES

Physical Medicine
Psychiatry

INPATIENT SERVICES

Medical & Surgical Care
Operating Room Suite
CCU/ICU
Progressive Care Unit
Laboratory Services
Pharmacy Services
Respiratory Service
Patient Relations
Social Work/Discharge Planning
Physical Therapy
Diagnostic Radiology
Nuclear Medicine

Ultrasound CT Scan
Vascular Sonography



NURSING SERVICES PROVIDING CRITICAL NEEDS

New York Community Hospitals Nursing Service is committed to providing quality competent and compassionate care to the community. The Nursing Staff is knowledgeable about cardiovascular, respiratory and other disorders and utilize the latest technology. Nurses in specialty areas such as Intensive Care, Emergency Care, Operating Room and Ambulatory Surgery have special training and competency requirements. All are adept at assessment, treatment and evaluation of patient outcomes. Our goal is to promote and restore health through on- going collaborative and interdisciplinary patient care and education. In some cases, our goal may be to support the patient and family through the end-of-life process. In all situations collaboration among the entire health care team, including the patient and family, is critical to success.

Nursing is key in providing a courteous, helpful and respectful atmosphere for our patients and their families. We strive to promote a caring environment at all times. Since our patients are of a diverse population, including a variety of ethnic, cultural and religious backgrounds, we have programs in place to meet the special needs of our patients. Translators are available to assure appropriate communication and we have made a special effort to recruit and hire Bilingual Nurses since many of our patients speak Russian. All issues related to patient satisfaction are reviewed with staff on a regular basis.

Nursing is acutely aware of the importance of protecting patient rights and confidentiality. Patients have a right to care which respects their values and beliefs. Our role as patient advocate involves promoting communication between the patient and the health care team. The presence of Advance Directives is established and respected.

Nursing Service participates in Community Outreach Programs. Stroke Education, Blood pressure/glucose screenings and community health fairs meet the needs of our community. In addition, the Nursing and Employee Health Service Department participates in an annual community Flu Vaccination program.

Improvements in patient care services include the upgrading of telemetry, updating and replacing the PCU Monitoring System, implementation of "POD Units", special observation areas at high risk for falls and the upgrade and additions to all bedside oxygen and suction wall units.

Proposed Goals and Objectives of the Nursing Service at New York Community Hospital will remain aggressive for 2016-2018. They include elements to achieve higher quality patient care, enhancement of services, enhanced management of finances and senior management operational responsibilities.

Nursing Services Continued

Some of the more significant objectives will be:

- Implement increased strategies and policies addressing and ensuring full compliance with the additional National Patient Safety Goals. (Completed).
- Enhancement to the Stroke Center in conjunction with the New York State DOH.
- Enhancement of Dialysis Services. (Completed)
- Expansion of the "POD" observation beds to all three Med Surg. Nursing Units to enhance patient safety through fall reduction. (Completed)
- Strengthening of "Advanced Healing and Wound Care Program". (Completed).
- Enhance emergency service (911) turn-around time through implementation of split triage. (Completed).
- Enhance Emergency Services through tracking and reducing "time to admission" (Completed).
- Implementation of strategies to ensure compliance with the Hospital Inpatient and Outpatient Quality Reporting Program.
- Strengthening of Emergency Preparedness plans through staff education.
- Strengthening of Nursing Education, Orientation and Competency Programs.
- Development of additional drug efficacy programs and effective strategies to reduce medication errors.
- Enhancement to the Falls Prevention Program. (Completed).
- Rapid Response Team program implemented throughout the hospital. (Completed)
- Expansion and enhancement to Emergency Services Facility on Main Floor. (Completed).
- Development of Urge-Care Center on the First Floor as part of ED renovation and expansion project 2015. (Completed)



CHARITY CARE - (FINANCIAL AID)

New York Community Hospital provides both hospital and physician services to all patients seen in the following settings of the hospital: inpatient care, emergency services, ambulatory surgery, and referred outpatient. All of these patients, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliations, may be subject to charity care (financial aid).

The process for determining patient eligibility for charity care/financial aid and collecting patient debt will reflect New York Community Hospital's commitment to treating all patients fairly and with dignity and respect.

Charity care/financial aid is not intended to be a substitute for existing government entitlement or other assistance programs. Based on the individual circumstances of each patient, every reasonable effort will be made to explore appropriate alternative sources of payment and coverage from third parties, and other public and private programs, to allow New York Community Hospital to provide care to persons in need without other payment alternatives.

The availability of charity care/financial aid does not eliminate personal responsibility. Eligible patients are required, whenever possible, to access public or private insurance options, and are expected to contribute to their care based on their individual ability to pay.

New York Community Hospital will employ a consistent process to consider an individual's need for charity care/financial aid based on that individual's documented demonstration that the charges for services provided cannot be covered by another payment source and that (s)he is unable to pay for those services.

New York Community Hospital will communicate the availability of charity care/financial aid to patients, the public in general, and local community service agencies. New York Community Hospital will maintain an accounting of the dollar amount charged as charity care.

Patients are deemed elective or non-elective. The elective patient is screened prior to service to determine ability to meet the financial requirements of the hospital. The non-elective patient (the vast majority seen in the hospital) will be treated at the hospital regardless of their ability to pay for services at the time they are rendered.

The hospital generates bills for all services rendered and expects full reimbursement from the patient and/or insurance carrier and/or governmental agencies, in accordance with regulations set forth by the federal, state, or local governments.

All patient coverage is reviewed for completeness and accuracy. If patients are in need of financial assistance they will be referred to company "Betz Mitchell" for Medicaid assistance.

The hospital provides financial assistance (charity care) by reducing the published charges appearing on its bill. Financial aid (charity care) is not to be confused with bad debts. The reduction of a bill takes place prior to an account being referred to a collection agency for follow up. However, on occasion the hospital may recall a bill sent to an agency for further reduction or write-off.

Our financial aid (charity care) policy is flexible. The hospital does not have the ability to fully investigate the financial background of patients, and thus, discounts rendered are based upon the forthright problems as set forth by the patient, and discretion exercised by key hospital personnel in Administration, Nursing Finance, Social Work, and Patient Representative Departments.

The patient's age, family status, health, living conditions, and basic resources are reviewed. For those patients who have no insurance coverage the hospital provides a discount on hospital and employed physician charges.

The same discount is generally applied to the balances due from the under insured patient.

There will be some instances where further discounts may be granted and, in some circumstances, an entire bill may be forgiven by the hospital.

There are instances where a patient's insurance will cover the hospital bill, but not the bill of the employed Physician. In these instances the hospital will waive the entire physician bill.

For the Self Pay Patient being treated in Ambulatory Surgery the hospital waves the house physician's fee for evaluation and management services.

Education/Public Awareness

New York Community Hospital will train appropriate staff members who are to implement this policy.

Staff are educated about the availability of charity care/financial aid and how to direct patients to obtain further information about the process.

Information about this policy will be made available in the Emergency and all registration areas of New York Community Hospital and can also be found by accessing our website at www.nych.com. Our Financial Assistance policy summary and the Financial Assistance application are posted on the Hospital's website. In addition, this information will be provided to anyone who calls, writes, or requests a copy in person.

New York Community Hospital will share information about this policy with appropriate community health and human service agencies and other local organizations that help people in need.

New York Community Hospital is proud to provide quality care to all who need it regardless of their ability to pay. More information about the Hospital's charity care guidelines may be obtained by calling
718-692-8729/5334/5335

Monday through Friday 7am to 4pm.

Patients may also contact “Betz Mitchell” at the offsite

Financial Aid Department:
1-516-333-2686, or 1-516-745-0161

As noted in the Community Service Plan,

New York Community Hospital has chosen to submit its current financial and charity care information as an addendum. These figures are in accordance with the figures reported in the (ICR) Institutional Cost Report.

Financial Aid Program continued:

Successes and Challenges

- During 2015, there was an increase to the number of patients that charity care was provided to. New York Community Hospital implemented a new policy that is able to review long stay cases (insured) for the potential initiation of Medicaid applications if needed. The process has already been in place for self-pay patients regardless of length of stay.
- The hospital is particularly proud of their efforts made in educating all patients, family members, and all hospital personnel about the FAP. Signs are posted throughout the hospital in multiple languages, providing a brief introduction of the program and telephone numbers for contact purposes. Also, we provide all our patients with literature for which they sign for, once again introducing our program and telephone numbers for contact, at the time of every registration.
- We have trained on-site Financial Counselors to assist patients and their family members in applying for Medicaid and/or Financial Assistance. The Counselors will advise them of the necessary documentation needed and the rules of the program. They will also initiate any phone calls on the patient's behalf to help expedite the process. It is an open door policy and appointments are not required. It is also the practice that the counselors, upon request, will visit patients while in-house to assist them in their financial needs.
- In addition, the Human Resources Department has implemented orientation procedures for the introduction of the Financial Assistance Program, as part of mandated orientation to all current employees as well as new hires, as part of the Hospital Wide Annual Mandatory Education Program.
- Despite our assistance to the patients in providing the necessary contacts and required documentation, NYCH is still left with the challenge of encouraging patients to follow through with financial aid applications, in order to receive the financial assistance they are entitled to.
- It is important to note, that NYCH will provide financial assistance to all patients that qualify even if they reside outside the hospital's service area.
- There are occasions when a decision will be made by management to provide a 25% discount for self-pay patients who do not qualify for Medicaid or financial assistance. A 25% discount will also be offered to all patients who have no insurance but would like to pay out of pocket for elective procedures.

CHANGES IMPACTING COMMUNITY HEALTH/ PROVISION OF CARE/ACCESS TO SERVICES

- There have been no changes to the hospital's operation or financial situation that would impact the care of the community, financial assistance and or access to healthcare.
- Some of the challenges facing New York Community Hospital and other New York State facilities has been the economic downturn and the increase in the number of un-insured patients. This has put a financial burden and strain on the hospital. Federal and State cutbacks are also increasing the challenges being faced by NYCH and other facilities. Increased compliance requirements by various regulatory agencies have significantly put a financial strain on the hospital because of the resources required to meet these compliance goals.



Dissemination of the Report to the Public

Public Information

The hospital Comprehensive Community Service Plan is going to be made available in the brochure or pamphlet format and put into specific brief concise language. This summary of pertinent information including the hospital's health programs, Prevention Agenda priorities and other programs committed to public health agenda issues will be incorporated. The availability of financial assistance will also be incorporated into this summary.

HOSPITAL WEB SITE

- WWW.NYCH.COM, New York Community Hospital's Web Site is a basic user friendly site allowing easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the Web Sites email webmaster address.
- This has been a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The Web site address is generally included in all advertising, mailings and print material generated by the hospital allowing for continued input from the public regarding all health needs.
- The 2016-2018 plan with update will be available via the link listed below and will be adjusted with updated and corrected versions as necessary.

Web site Main address: WWW.NYCH.COM

Public Participation

Patient Education and Community Outreach Programs presented within the Hospital and out in the community help us find new ways to better serve our patients and enable us to continue our dialogue with the community.

Most significantly, we achieved a common set of shared values that will frame the future success of New York Community Hospital. In 2016-2018 we will continue to aggressively pursue our common goals - to be more caring to our patients and continue to make our Hospital a success. Of all our achievements, the Hospital has regained its reputation in the community as a caring place, and, of this, we are most proud. Letters received regularly both of compliment and complaint, serve as a regular form of Public Participation. The hospital maintains a consistent mechanism to acknowledge each of these letters and interpret them accordingly for use in future Performance Improvement activities.

Patient Satisfaction Questionnaires are mailed to our patients following their discharge to insure we are meeting our patient's expectations and to assist the hospital Administration in our growth and continuous improvements. Patient satisfaction survey results are reported to the Quality Improvement Committee and utilized in the Long Range Planning Process for Needs Assessment as well as discussion for Prevention Agenda Priorities.

Since 2006 the hospital has participated in the HCAHPS initiative in order to help provide a standardized survey instrument for data collection and compare data against many other hospitals. HCAHPS will in essence be a report card of a set of core values that can be combined with a customized set of hospital specific items with the data utilized to support improvements in internal customer services and quality related activities. Complementary letters are forwarded to all the individuals involved and posted on our Appreciation Bulletin Board for all to see.

Our goal is to insure total Patient Satisfaction. With the goal of improving patient satisfaction, the formal voice of our public (our patients) will be heard through these surveys. Results are distributed to all members of the hospital and posted accordingly. As disseminated from the survey, results with health issues related to our priority agenda may be discussed in open forum with our partnering community relationships.

Web Site request for public participation:

By way of the hospital web site community members are asked for their Opinion Regarding the Top Health Priorities as designated by the NYS Department of Health's Agenda for a Healthier State. Continued modification and development of the hospital's Community Service Plan will remain a continuous process over the next several years and into the foreseeable future. Input from our community, now, and into the future, has been invited in order to consider ideas and general input for our Community Service Plan. We have requested this input for our continuous effort in providing the best healthcare to meet the health needs of the community we serve. Members of the community are specifically asked to consider the N.Y.S. Department of Health's 5 Prevention Agenda Priorities that they may feel are significant for our hospital to address.

COMMUNITY ADVISORY COMMITTEE

In 2016, the hospital formed a Community Advisory Committee that is represented by members of the board and Administration of the Hospital, leaders of the community board, representatives of local elected officials, leaders of community organizations and other active community members. The committee meets quarterly to discuss the urgent needs of the community and how the hospital could be a partner in addressing those needs. The committee has been very successful in bringing everyone together to solve the issues that face the community.

PASTORAL CARE PROGRAM

New York Community Hospital's Pastoral Care Program is reaching out to become more inclusive of local clergy. It offers a wonderful forum for inviting two-way communication about New York Community Hospital with both local clergy members and their congregations. Members of the clergy are active members of the hospital's advisory board and contribute to the needs of the hospital on an ongoing basis. Input regarding the health needs of our community have been ascertained on a regular basis by way of the hospital's continued association with the religious organizations of our community.

GLATT KOSHER KITCHEN

The hospital serves Glatt Kosher food to all the patients and thus maintains a Glatt Kosher kitchen as supervised by the Vaad of Flatbush, Brooklyn. A constant form of communication exists between community members, patient in-house population, visitors and family members, and the Vaad Supervisors working in conjunction with their daily on-site rabbinical staff. Patient as well as cultural sensitivity needs are enhanced by way of this on-going program.

HOSPITAL WEB SITE

In 2013 New York Community Hospital launched its updated Web Site. This user-friendly site allows easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the Web Sites email webmaster address.

The NYCH website has been completely redesigned and will be expanded in the near future for happenings and news at the hospital as well as the ability to allow for the ease of public input necessary to provide a constant dialogue associated with the health needs of the community and those provided by our hospital.

In addition, we have now made access to specific Physician information on many of our attending staff doctors associated with our hospital available on line. The CSP along with updates to this plan will be placed onto the Web site for public information. This will be a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The Web site address is generally included in all advertising, mailings and print material generated by the hospital allowing for enhancement of Public Participation and continued input regarding all health issues.

Note: As of December 2016, the hospital Web Site in conjunction with new Branding efforts by the hospital has been implemented. A new Web Site are in force at the beginning of 2017.

LOCAL AGENCIES, SCHOOLS, COMMUNITY LEADERS

The Community Service Plan as updated each year will be mailed to a list of local agencies, schools, community leaders and other community partners who can be helpful in our needs assessment. New York Community Hospital is working to become increasingly plan-driven, and public participation is essential as concerns effective planning. Information sharing in this manner should also improve New York Community Hospital's ability to coordinate effectively and share resources with other health and health-related agencies.

In meeting with local agencies and community health partners NY Community Hospital will be able to achieve successful results and outcomes in the goals set forth for the NY Healthiest State initiatives.

New York Community Hospital continues to meet with it's health partners formally and informally during the course of the year. The hospital maintains interaction with the following local, private and governmental City and State agencies in order to meet the goals for increased health awareness and improvements directly related to its prevention and non-prevention agenda items selected.

Community partners as well as associations with the following organizations are:

COJO: Council of Jewish Organizations of Flatbush
Brighton Neighborhood Association
JCC of Marine Park
Revival Home Care Services
Hatzolah Volunteer Ambulance Services of Flatbush and Midwood
NYCH Community Advisory Group
Vaad of Flatbush
American Stroke Association
New York City Department of Health and Mental Hygiene
American Cancer Society American Lung
Association American Heart Association
Greater New York Hospital Association
Mayor's Office of Emergency Management Centers for Disease
Control and Management New York City Fire Department
Assist Ambulance Services
Senior Care Ambulance Services
Greater Southern Brooklyn Health Organization
Local Community Boards 13, 14, 15, 18



AREA ORGANIZATIONS/AGENCIES

Outreach/Support Volunteers/Health Education

PASTORAL CARE, HOSPITAL VOLUNTEERS, ADVISORY COMMITTEE, FRIENDS OF NEW YORK COMMUNITY HOSPITAL

American Heart Association
American Stroke Association
American Cancer Society
American Diabetes Association
American Lung Association
Arthritis Foundation

Trustee Association of New York
Revival Home Care Services
United Hospital Fund
Healthcare Association of NY State
Greater New York Hospital Association
Greater Southern Brooklyn Health Coalition

NYC Dept. of Health and Mental Hygiene
Brooklyn Public Library
Brooklyn Housing Family Services
Interagency Council on Aging
Brooklyn Chamber of Commerce
Bergen Beach Youth Organization
Young Israel of Flatbush /Home crest
Brighton Neighborhood Association
Midwood Senior Center
Harama Senior Center
Hatzoloh Ambulance of Flatbush & Midwood
Assist Ambulance
Senior Care Ambulance

United Scleroderma Foundation

St. Brendans Church

Brooklyn Borough President
Community Boards #13, 14, 15
Greater Sheepshead Bay Development
Brooklyn Tenants' Council
Alzheimer Resources Association
Centers for Disease Control & Management

House of Jacobs Senior Center
Hadassah, Brooklyn Region

Council of Jewish Organizations Flatbush
United Way of New York City
United Hospital Fund
Senator Charles Schumer

Nottingham Association
Marine Park Civic Association

Councilman Chaim Deutsch (1-1-14)
Assemblywoman Helene Weinstein
Madison/Marine Civic Association
NYS Senate member Simcha Felder
Mayor's Office of Emergency Management

School District #21
School District #22

NYC Technical College, Human Services Interns

Volunteer Programs

Resurrection Church, Gerritsen Beach
Kings Bay Y/ Nostrand Avenue

Yeshiva Derech Ha Torah Bishop
Kearny High School
Edward R. Murrow High School
Madison High School
Sheepshead Bay High School
Xaverian High School
Midwood High

VAAD HARABONIN OF FLATBUSH

Additional Community Assets in NYCH Service Area

Community Based Organizations
Amethyst Women's Project Astella
Development Corporation Brighton
Neighborhood Association
Council of Jewish Organizations of Flatbush
Council of Pakistani Peoples Organization
Homecrest Community Services
Jewish Community Council of Greater Coney Island
and Shorefront JCC Kings Bay
YM-YWHA Kingsborough Community College
New York Aquarium
Shorefront YM-YWHA

NYSDOH Licensed Diagnostic & Treatment Centers
Ahava Medical and Rehabilitation Center
Be Well Primary Health Care Center LLC
Century Medical and Dental Center
City Wide Health Facility, Inc.
Mermaid Health Center
Allhealth Diagnostic and Treatment Center
Midwood Chayim Aruchim Dialysis Associates
Physicare Multi-Services Ltd.
Prime Care on the Bay LLC

Senior Centers
Ocean Parkway Senior Citizens Center
Sephardic Multi-Service Senior Center
Bensonhurst Senior Center
Haber Houses
JASA Luna Park Senior Center
JASA Scheuer House of Coney Island
Surf Solomon Senior Center
Jay Senior Center

Nursing Homes Atlantis
Nursing Home Augustana
Lutheran Home
Bensonhurst Care Center
Bishop Henry B Hucles Episcopal
Boropark Care Center
Brookhaven Beach
Brooklyn Center for Rehabilitation & Healthcare
Brooklyn United Methodist Church Home
Buena Vida Nursing Home & Rehab
Cabs Nursing Home
Caton Park Nursing Home
Cobble Hill Nursing Home

Nursing Homes---continued
Haym Solomon Home for the Aged
Menorah Home & Hospital for Aged & Infirm
Norwegian Christian Home & Health Ctr
Palm Gardens Nursing Home
Palm Tree Nursing Home
River Manor Care Center
Sea Crest Nursing Home
Sephardic Nursing Home
Sheepshead Nursing Home
Shorefront Nursing Home
Shoreview Nursing Home
Spring Creek
St. Joachim and Anne Residence

Adult Homes
Amber Court
Brooklyn Adult Care
Garden of Eden Home of Adults
Kings Adult Home
Mermaid Manor Home for Adults
New Central Manor Home
Oceanview Manor
Palm Beach Home for Adults
Park Manor
Revival Homecare Company
Sunrise Assisted Living
Surf Manor
UCP Eli Goldstein

Naturally Occurring Retirement Communities
Coney Island Active Aging NORC-SPP
Trump Outreach Program for Seniors
Trump 4 Us NORC-SSP
Brighton on the Ocean - at Shorefront YM-YWHA
Warbasse Cares for Seniors



Concord Nursing Home
Crown Nursing Home
Ditmas Park Care Center
Four Seasons Nursing & Rehab
Green Park Care Center

COMMUNITY HEALTH NEEDS ASSESSMENT ***Needs Assessment / Assessment of Public Health Priorities***

The Community Service Plan Committee is comprised of the Hospital Governing Body, Administrative and Medical Staff leadership and Professional/Clinical staff. This committee analyzes internal and external health related information to obtain a broad view of activities in order to determine community needs and how best to meet these needs.

The hospital has utilized information provided by the Department of Health during visits (under Article 28), as a means for assessment and improvement of processes and services to patients, families, physicians, and the community. This information is developed in an ongoing collaborative and interdisciplinary effort by way of various workgroups and Administrative and Medical Staff conferences, ongoing evaluation that provides a mechanism for update and change. In addition leadership and staff participation in Department of Health external programs (NYPORTS) has enhanced the hospital's education and thereby contributed to the development of our Community Service Plan.

Analysis of data that is obtained from our information systems as well as research into data provided by the DOHMH and ongoing communication with local community members enables the Hospital to identify our patient's needs. The information is based on the high volume diagnoses that are presented for treatment in Emergency Medical Services and for inpatient admissions as well as cultural needs of community members and local health disparities.

Health Care Team

Delivery of quality patient care is assured through a continuous process of quality assessment and evaluation of patient care needs. The composition of our Health care Team is in keeping with traditional health organizations, but with a significant difference in a philosophical approach to patient care. At New York Community Hospital we endeavor to assess, plan, implement and evaluate the outcome of daily operations that revolve around the patient. It is our belief that patients who participate in their health care planning have an improved outcome. Planning for most hospitalizations begin on the day of admission. Assuring quality patient care is our primary goal and is a continuous commitment on the part of each Health Care Team member.

The leadership at New York Community Hospital manages ongoing forums to develop methods to meet the standards of the Joint Commission on Accreditation of Health-Care Organizations, the State Department of Health and other regulatory bodies. This exercise has provided a state to discuss and address issues in the delivery of services that affect the Organization both in clinical and financial areas. Among our accomplishments, we improved our employee's morale, we made our Hospital a better place to work, we are continually improving our physical facility, we enhanced our medical equipment, and most important, we improved our services. We were more caring to our patients. We responded and served our doctors better. We provided better quality care to our patients.

Research and Preparations

In order to prepare and conduct additional research for our Community Health Needs Assessment, we coordinated more than twenty meetings over the course of June-September of 2013 with various community partners, employees, and upper-management staff members. These meetings were advertised by word-of-mouth throughout the hospital and the surrounding community, surveys were also distributed locally, inside the hospital, as well as at health fairs, and were designed to gather personal opinions on local community health needs in connection to NYCH.

The surveys included questions like:

- "What are the greatest health needs in this community and how well do you think NYCH addresses these needs? (for example: cardiac health, stroke, HIV/AIDS, MEB health, asthma etc.)"
- "What are the greatest strengths and weaknesses of NYCH and what might be done to improve upon its effectiveness in supporting the local community?"

Based on the information we received from group discussions, along with in-house utilization statistics and Community Health Needs Assessment Surveys; we found that our data is very similar to that which we found on the NYCDOHMH Community Health Survey Epiquery database website.

NYCH Utilization Statistics

Top Ten Volume Admissions 2015

1. Congestive Heart Failure
2. Chronic Obstructive Pulmonary Disease
3. Pneumonia
4. Sepsis
5. Gastroenteritis
6. Renal Failure
7. Osteomyelitis
8. Coronary Artery Disease
9. Transient Ischemic Attack
10. Diabetes

NYCH Community Health Assessment

Surveys and Group Discussions

Top Five Community Health Concerns

1. Diabetes
2. Tobacco Cessation
3. Obesity
4. Heart Disease
5. Alcohol Abuse

Prevalence of Self-Reported Health Needs in NYCH Service Area as compared to New York City
 Source: NYCDOHMH Community Health Survey Epiquery Database

Survey Measure	% of population in NYCH Service Area	% of population in New York City
Asthma	8.8%	11.9%
Diabetes	11.4%	10.5%
High Cholesterol	31.1%	30.6%
Hypertension	29.1%	28.9%
Obesity	25.1%	23.7%
Tobacco Smoker (adults)	16.3%	14.8%
Mental Health Counseling & Medication in the past year	7.7%	7.0%
No HIV Testing ever	43.1%	38.6%

In order to collect additional information about our community's health needs and to provide further information to our patients and community members in the future, we conducted research on various websites including:

- NYSDOHMH website (<http://www.nyc.gov/html/doh/html/home/home.shtml>)
 - Health Data NY (<https://health.data.ny.gov/>)
 - healthfinder.gov
- Strokeassociation.org
- The Community Toolbox
 - database of best practices (http://ctb.ku.edu/en/promisingapproach/Databases_Best_Practices.aspx)

- National Association of County & City Health Officials (<http://www.naccho.org/>)
- Thecommunityguide.org
 - the guide to community preventive services (<http://www.thecommunityguide.org/index.html>)
- American Hospital Association (www.aha.org)
- Corporation for National & Community Service
 - National Service Knowledge Network (<https://www.nationalserviceresources.org/>)
- Centers for Disease Control & Prevention (<http://www.cdc.gov/>)
- City-data.com
- National Prevention Strategy Implementation Toolkit (<http://www.astho.org/NPS/>)
- Surgeon General Website (www.surgeongeneral.gov)
- American Fact Finder
 - census bureau (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>)
- County Health Rankings & Roadmaps (<http://www.countyhealthrankings.org/roadmaps>)
- U.S. National Library of Medicine
 - National Institutes of Health (www.nih.gov)
- Livescience.com
- Suffolk County DOH Office of Health Education (<http://www.suffolkcountyny.gov/health>)

The following facts and figures were quoted from these websites:

Tobacco

- In order to improve Healthy Life Expectancy for adults over 65, state efforts are needed to promote healthier life- styles (more exercise and fresh products less smoking and drinking) and access to preventive healthcare needs to be more widely available and strongly encouraged. (healthfinder.gov)
- Tobacco use is the single most preventable cause of death in the world, with 6 million smoking-attributable deaths per year today, and these deaths are projected to rise to 8 million a year by 2030, if current trends continue. (healthfinder.gov)
- About one fifth of the U.S. and U.K. populations are current smokers, according to the researchers. Previous studies have found between 70% and 75% want to quit, but only 3% accomplish that every year. People tend to have a lot more success if they receive adequate smoking cessation treatments to help them such as nicotine replacement patches, gum, or prescription antidepressant medications as in varenline, bupropion, nortriptyline, and cystine. (U.S. National Library of Medicine, National Institutes of Health)
- Third hand smoke, the residue from cigarette smoke that lingers on surfaces and in dust long after the cigarette is out and the smoke has cleared, can cause damage to DNA -one of the first steps toward cancer. (livescience.com)
- Secondhand smoke
 - contains over 4,000 chemicals, over 60 of which are known to cause cancer
 - causes 3,000 lung cancer deaths and 60,000 fatal heart attacks in NON-SMOKING ADULTS each year
 - is responsible for 700,000-1,600,000 middle ear infections in children each year
 - causes 15,000 hospitalizations and 212 childhood deaths each year
 - affects a child's intellect and ability to do well in areas such as math, reading, and reasoning skills
 - increases the risk of Sudden Infant Death Syndrome (SIDS)
 - is responsible for up to 1 million asthma attacks in children each year
 - 43% of American children are exposed to it by members of their household
 - children exposed to it on a daily basis have more than triple the risk of lung cancer as an adult
 - causes cancer in household pets
 (Suffolk County Dept. of Health Services' Office of Health Education & Kiwanis International)
- On average, there are currently 25,400 smoking attributable deaths in NYS. (NYSDOH Tobacco Control Program)
- 389,000 NYS youth currently ages 0-17 are projected to die from smoking in the future. (NYSDOH Tobacco Control Program)
- \$8.17 billion spent annually to treat smoking-caused diseases in NYS. (NYSDOH Tobacco Control Program)
- \$6.05 billion lost in productivity costs associated with smoking. (NYSDOH Tobacco Control Program)

What can we do? (NYSDOH Tobacco Control Program)

- keep tobacco prices high
- increase number of tobacco free areas outdoors (parks, building entry ways, and institutional campuses)
- increase multi-unit dwellings that restrict or prohibit smoking
- increase the number of schools and universities with tobacco free policies

- implement media campaigns to promote smoking cessation
- support employers in offering tobacco cessation treatments for employees and tobacco free campuses
- provide cessation assistance through NYS Smokers' Quitline 1-866-NY-QUITS

Chronic Disease

- Seniors who don't get much physical activity, who smoke, or who eat fruits and vegetables less than once a day are at increased risk for disability and disease. (healthfinder.gov)
- New research shows that people who walk or bicycle to work are 40% less likely to develop Diabetes and 17% less likely to develop high blood pressure than those who drive or take public transit. (healthfinder.gov)
- Tracking your own blood pressure at home in conjunction with help from a clinician can help to control hypertension in the short term. (healthfinder.gov)
- One million people are hospitalized with Heart Failure each year and about 250,000 will be back in the hospital within a month. (healthfinder.gov)
- Staying positive, relaxed, and cheerful can reduce the risk of heart attack, sudden cardiac death, and other serious heart problems by as much as 50%. (healthfinder.gov)
- Failure to take blood pressure-lowering medicines as directed greatly increases the risk of stroke and death in patients with high blood pressure. (healthfinder.gov)
- Dementia rates are lower among people who control their blood pressure and cholesterol as well as among those with higher levels of education. This may be because some dementia is caused by mini-strokes and other vascular damage. (healthfinder.gov)

Tips for Reducing Stress: (healthfinder.gov)

- talk often with friends and family-maintain good relationships
- get some physical activity every day
- accept the things you cannot change
- break bad habits
- give back to others, serve the community
- try not to worry so much about the future or dwell on the past, stay aware in the present moment
- get plenty of sleep
- stay as organized as possible



Identified Risk Factors and Community Health Needs

Based on the information that we gathered from our community meetings, surveys, and in-house statistics as well as from various online resources including (but not limited to) the County Health Rankings and Roadmaps website; we have found several risk factors for our local service area. Although certain factors from within our immediate local community are not a direct reflection of the greater Kings County's health challenges (such as low socioeconomic status, prevalence of HIV and other STIs / STDs, elevated violent crime rates, and excessive use of illegal substances); it is *still* very important that we make ourselves aware of the issues faced by our neighboring communities, especially in light of the fact that so many other Hospitals in Brooklyn have been or are being shut down and we are therefore continuing to expand our catchment areas over time. We recognize that although we run a very small Hospital with a fairly homogenous inpatient population, it is none-the-less our own responsibility to stay apprised of the challenges faced by the greater community and to address those issues to the best of our ability.

The following table provides statistical information on the prevalence of 13 different health challenges in Brooklyn (Kings County) as compared with that of New York State as well as to the National Benchmark.

Health Factors for Kings County as of 2016

Measure	Kings County	New York State	National Benchmark*
Adult Obesity	22%	24%	25%
Adults Smoking	16%	14%	14%
Physical Inactivity	26%	24%	20%
Excessive Drinking	17%	17%	12%
Violent Crime	633**	400**	59**
Food Insecurity	20%	14%	11%
Insufficient Sleep	42%	38%	28%
Uninsured	15%	12%	11%
Children in Poverty	33%	23%	13%
Premature Death	5,600**	5,400**	5,200**
Diabetes Prevalence	11%	10%	9%
Severe Housing Problem	35%	24%	9%
HIV prevalence	1,268**	782**	41**

This information was gathered from the County Health Rankings and Roadmaps website. <http://www.countyhealthrankings.org>

* 90th percentile (only 10% are better)

** per 100,000 in the population

*** information not available



Identified Risk Factors and Community Health Needs-Continued

Potential Risk Factors within the NYCH primary service areas:

- Excessive use of tobacco products (and harmful second-hand smoke)
- Poor diet
- Physical inactivity
- Lack of appropriate health information
- Cultural and language barriers
- Inadequate social support

Potential Risk Factors within the greater Brooklyn community:

- Low socioeconomic status
- Violent crime
- Excessive use of tobacco products (and second-hand smoke)
- Excessive use of illegal substances
- Physical inactivity
- Teen pregnancy
- HIV/AIDS and other sexually transmitted diseases and infections
- Lack of education
- Inadequate social support
- Cultural and language barriers

Unfortunately, we are not able to address many of the issues that are faced by members of the Brooklyn community outside of our primary service area at this time due to limitations on functional space, employee training and time commitments in addition to the fact that we currently have no out-patient clinics or psychiatric department. We reviewed information on the websites for Methodists Hospital which are a member of the New York Presbyterian Hospital System in order to learn more about their efforts to address these risk factors within their own service areas. Some of the relevant services offered by these local hospitals are as follows:

- Nutrition Program

A team of medical professionals not only assists patients and their families with improving their diet, they also travel around to different neighborhoods in Brooklyn to educate community members.

- Adult Weight Management Program and Pediatric Weight Management Program
- Women's Health Programs and Birthing Center
- New York Methodist Speakers Bureau

Various medical professionals can be scheduled to attend community events and give talks on a variety of health-related topics.

- Program for AIDS Treatment and Health
- Wellness for Life Club

A free educational program which is held every month and offers Blood Pressure and other health screenings, light exercise, a monthly weight loss challenge, healthy recipes and wellness lectures.



DESCRIPTION OF SELECTED NYS DOH PREVENTION AGENDA PRIORITIES

Comprehensive Community Service Plan – 2016-2018

In keeping with the NYS Department of Health's Strategic Plan to improve the health of New Yorkers, New York Community Hospital has adopted two Health Agenda priority focus areas based on our analysis of community health problems and the concerns of an elderly Russian immigrant population.

The two significant Prevention Agenda priority areas currently being focused upon are:

- 1. Reduce illness, disability and death related to tobacco use and secondhand smoke***
- 2. Increase access to high quality chronic disease preventative care and management in both clinical and community settings***

1. Reduce illness disability and death related to tobacco use and secondhand smoke

Tobacco usage remains a widely prevalent problem among all age groups in our community, and is a deeply entrenched, culturally accepted practice among the new immigrant groups.

- Since tobacco use and dependency is the leading preventable cause of morbidity and mortality in New York, it seems appropriate for all institutions, agencies and organizations, to work together to encourage smokers to stop, and to discourage young people from starting and the seasoned user to stop as soon as possible. As it is never too late to stop, our patient in-hospital population is included as part of our community efforts.
- This priority will represent a new effort on the part of the hospital and the community associated agencies. The goal being to educate those willing to participate in any in-house programs as well as have our partners disseminate as much information as available to us in the scope of our resources and ability to accomplish the same.
- The Hospital, with its very substantial number of Russian-speaking patients and professional staff members, has developed relationships with healthcare providers and with influential public media in the Russian community that we believe can be used to promote smoking reduction and cessation through personal counseling and public education. Partnering with agencies such as our Community Board 14 as well as the Brighton Beach Neighborhood Association and COJO will enhance the efforts for success of this project. In addition, all hospital in-patients are counseled regarding smoking cessation prior to discharge. Participation by our Utilization Review Discharge Planning/ Social Work team is routine.
- Using information readily available from the American Cancer Society, the American Lung Association, and the American Heart Association, community physicians, public and parochial schools and media personalities in the Russian community smokers would be provided with educational materials and with lecturers from the Hospital staff as well as outside professional organizations aimed at Tobacco cessation techniques.
- New York Community Hospital has made the entire area around the hospital smoke-free. Full implementation took place on November 1, 2009. Education of our own staff, patients, family and visitors is a beginning and coincides with our future efforts for this health agenda.
- The hospital has participated in various external fairs in order to disseminate information regarding smoking and tobacco usage.

NYS DOH PUBLIC HEALTH PRIORITIES Continued

2. Increase access to high quality chronic disease preventive care and management in both clinical and community settings

Chronic Diseases with high prevalence in our elderly population include Diabetes, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Hypertension and Stroke, all conditions in which compliance with recommended treatment regimens has a positive effect on morbidity and mortality. The fact that over 70% of all deaths that occurred in NY State were due to chronic diseases, and the nature of our patient population is such, make it a clear hospital and community inspired choice as a health priority agenda for NYCH.

In our original submission, a plan for providing post-discharge counseling for patients with Diabetes was presented, but we were disappointed when it became clear that we would not be able to implement this plan because of several barriers.

First, it became clear that only trained and supervised professional personnel would have been capable of performing the necessary counseling function, and recruitment became an insurmountable problem. In addition, the hospital did not receive a grant that was to be used to supplement the hospital's own financial commitment.

We observed that as a designated and DOH approved "Stroke Center" we were attracting more patients with suspected or impending stroke, and that with our strong links to community-based pre-hospital care providers like the Hatzolah Ambulance service, this was an area where we could make a significant contribution to the community by providing timely and coordinated care and community awareness.

We decided, therefore, in collaboration with the hospital's clinical leadership and administration, to concentrate our efforts on this major health concern, that is, stroke, and to focus on staff patient, and local community education with respect to Stroke Prevention / Hypertension, early recognition of stroke symptoms and hypertension, and prompt management of impending stroke.

As a designated stroke center, our activities in this area have been coordinated closely by the Physician Director of the hospital's ED in conjunction with the hospital's approved Stroke Program. Varied initiatives are already in place.

After discussion with community physicians, our local partners as well as the input from our professional medical staff, our patient population and input from various local Ambulance Services, the Hospital has selected Stroke and associated chronic Hypertension as a disorder where education, awareness by the community and compliance with recommended treatment regimens where applicable, as the Chronic Disease initiative for improvement of healthier state protocols. This will represent a greatly expanded and generally new priority for NYCH.

- Among the strategies which are being implemented are dissemination of a variety of information via Brochures and Pamphlets along with workshops for patients at risk for complications, and a post-discharge counseling programs to check on recently discharged patients to reduce barriers to compliance, e.g., visual problems (cannot read instructions), economic problems (cannot afford prescriptions), misunderstanding about instructions (unsure about frequency, diet, signs and symptoms to look out for), etc.
- In order to provide staffing for volunteer counseling and associated follow up activities, the hospital is partnering with the Council of Jewish Organizations of Flatbush (COJO) and the Brighton Beach Neighborhood Association along with the local Community Boards, all of which are community based organizations, of which a great portion of our patient population is derived from. In consort with the NYCH Patient Relations & Volunteer Services departments as well as our affiliated EMT's and Physicians, the hospital will be able to move forward over the next three years and help ensure success of the project.
- New York Community Hospital, in cooperation with it's community-based organizations, is planning to reach out to selected discharged patients with Stroke and Hypertension diagnosis in order to provide education, support and encouragement to comply with their physician's instructions. The Chronic illness chosen is directly linked with the hospital's other chosen agenda item (with regard to tobacco usage) as the same community population that exhibits a high level of tobacco usage also have high tendencies for Hypertension and Stroke related disease.

- This program is being developed because many of the patients are recent Russian immigrants who have cultural and linguistic barriers to communication, and do not always appreciate the nature of their illness and the importance of compliance with medication and dietary instructions.
- The program will be hospital and community based, using volunteers to reach out to patients by phone to inquire about their comprehension of their discharge instructions, the quality of communication with caregivers, the availability of recommended services, current compliance with medication orders, and questions or problems that can be referred to professional hospital staff.
- The purpose and goals of the program are to enhance the competence of patients to understand and cope with their illness, to reduce avoidable readmissions to the hospital for preventable complications. To promote an understanding regarding the risks of Stroke / Hypertension, the "Signs and Symptoms" and to promote compliance where applicable with physician instructions. We will attempt to encourage mature volunteers to become involved in public education of Stroke and Hypertension. It is our goal to reduce the prevalence of Adult hypertension and risk of stroke in the New York Kings County of the Southern Tier Zip Code areas.
- Hospital statistics as available regarding admitted diagnoses of Hypertension and Stroke related diseases and readmission rates will be utilized for purposes of tracking any effectiveness within the community served by the hospital.
- The program will be supplemented by printed materials provided by the hospital, and support group meetings conducted inside and outside the hospital with the support of volunteer physicians and other staff. The hospital will (in conjunction with community partners) participate in as many outside Health Fairs and local health education events as possible.
- In addition, we will attempt to evaluate the effectiveness of the program through patient surveys, interviews with participating physicians, monitoring of re-admission rates and other hospital based statistics where and as feasible.



MEETING COMMUNITY NEEDS

Community Outreach and Non-Agenda Priorities

New York Community Hospital Physicians, Allied Health Professionals, clinical and support staff participate in health fairs, screenings, lectures and community programs in conjunction with local or borough wide Healthcare organizations, legislative officials, civic, senior and religious organizations.

New York Community Hospital as part of the Greater Southern Brooklyn Health Coalition, has been an active participant in the Borough Wide Health Conference.

As Community Leaders, people look to our Hospital to raise awareness about health issues and other concerns such as the environment, housing, transportation and safety and how these issues affect their lives. We endeavor to create a sense of community for the common good of our neighbors and to assure them that our programs are focused on keeping them healthy as we guide them through educational program encouraging preventive health measures.

In 2016, the Hospital created a Community Advisory Committee that meets a quarterly and is represented by a broad range of community organizations, representatives of elected officials and other community oriented individuals. The meetings have been very successful in bringing awareness to the Hospital and to the community on issues that are effecting the community on a daily basis.

The Hospital has joined the CCB (Community Care of Brooklyn) PPS as part of DSRIP. The hospital has already contracted with CCB to create an integrated delivery system in order to reduce 30 day readmissions as well as to create an Emergency Department triage initiative specifically for the At-Risk population of the community. Our involvement with DSRIP has allowed the hospital to partner with multiple healthcare providers in addressing the healthcare needs of the community as part of a group effort.

Through participation in DSRIP projects we are helping to connect patients with primary care providers and community assistance to help prevent unnecessary trips to the ED and maintain healthier lifestyles.

Health Fairs, Screenings, Lectures, visits to Senior Centers are arranged accordingly and held throughout the year. The programs clearly demonstrate an added sense of responsibility of our Hospital Physicians, Staff and our Advisory Committee, for our patients and the Community who are our neighbors and friends.

Community Preparedness

Community Preparedness involves training and networking in anticipation of natural disaster, such as flooding, an infectious disease epidemic or a man-made disaster that would affect a large number of individuals. Planning and preparation are clearly essential prerequisites for effective response and recovery. Hospitals, as major community resources, would be important partners in integrated and coordinated efforts to respond effectively to a major disaster.

As stated by the Department of Health of the State of New York, since September 11, 2001, it has become clear that public health has a crucial role to play in any emergency, whether naturally occurring or resulting from a deliberate act. Public health is now integrated into the emergency response system as a full partner, and often, as the lead player. That is because any type of hazard or emergency can affect the health and safety of New Yorkers. Natural disasters, food-borne disease outbreaks and vaccine shortages occur more and more often, and when they do, a quick and effective public health response is crucial to reduce injury, prevent or control illness and save lives. For that reason this Non- Agenda Priority for Community Preparedness aims to empower our hospital

and associated partners to promote readiness, foster community resilience and ensure a comprehensive and effective response should a disaster strike.

Objectives and indicators required over the next three to five years include the hospitals ability or inability to become 100% approved for emergency preparedness.

Indicators that will be reviewed over the course of this project will be:

Current Review as of 2016 indicates the following responses to these previously indicated questions.

- a) *Do we have comprehensive all hazards planning? (YES)*
- b) *Are we able to handle the isolation and quarantine of persons exposed to or infected with a communicable disease. (YES)*
- c) *Can we handle a pandemic influenza outbreak? (YES)*
- d) *Can we maintain operations of essential public health services for the public during an emergency? (YES and DEPENDING ON CONDITIONS see notation on flooding)*
- e) *Do we understand the needs of the community and the role they may play in an emergency? (Under review, as not all aspects and needs fully determined.)*
- f) *Do we have the necessary supplies to handle emergencies? (YES with annual review.)*

The hospital will continue to solicit public participation regarding aspects of emergency planning, in order to improve the services currently provided for.

- Since City Disaster Management authorities have identified this Hospital as being in an area that could be affected by flooding, plans have also been made for evacuation through collaborative agreements and have partnered with Senior Care and Assist Ambulance Services for ambulance transport and with Revival Homecare Services for accommodating patients evacuated from the Hospital.
- In addition the hospital was able to donate a fully equipped high tech Ambulance to our community Volunteer partner "Hatzolah Ambulance of Flatbush". This addition will aid the community efforts necessary should a serious situation occur. RE: Evacuation/Patient Transfer.
- The Hospital's preparedness program is described in an "Emergency Operations Plan." Since this is a 134-bed medical-surgical hospital, the plan naturally focuses on efficient and effective evacuation
- The plan was developed after a hazard and vulnerability assessment in cooperation with City and State agencies, using an assessment tool developed on the recommendation of the Mayor's Office of Emergency Management and the GNYHA.
- Once mobilized in response to a community disaster, the plan calls for an Incident Command Center to be established in the hospital with direct communication to the Command Center of the New York Presbyterian Healthcare System as described in a formal Mutual Aid Agreement. The plan is also co-ordinated with the City of New York's Healthcare Facility Evacuation Plan.
- Designed to meet community emergency needs, but located within the hospital, a variety of resources are stored in anticipation of biological, chemical or nuclear terrorist incidents, and natural disasters, and these include stores of antibiotics, hazmat equipment, personal protective and decontamination equipment, etc.
- Evacuation agreements are in place for evacuees from our community to be transferred to Maimonides Medical Center (718-283-6000), Kings County (718-245-3131), Kings Brook (718-604-5000) and Interfaith Hospital (718-613-4000). Separate plans are in place to respond to radiation disaster, chemical contamination and biological incidents requiring mass immunization and/or rapid distribution of prophylactic antibiotics. As stated the hospital has partner agreements with local ambulance companies, Assist & Senior Care, as well as Nursing Homes and Home Care agencies. (i.e. Revival Home Care)and when needed actively participate in the planning and coordinated efforts of the hospital in case of an emergency or disaster.
- The Preparedness Plan includes ongoing liaison with the New York Office of Emergency Management 718-422-8700, Greater New York Hospital Association 718-422-8767, Centers for Disease Control and Prevention 770-488-7100, Hazmat Spills Hotline 1-800-457-7362, Wadsworth Center Laboratories 518-474-2160, the New York City Fire Department (Brooklyn) 718-999-4444, and many other agencies.

- The intent of this planning is to ensure that the resources, experience and expertise of the hospital and its professional staff can be mobilized rapidly to respond effectively to unanticipated demands arising in the community, and to make available to local citizens in the community the resources of a City- wide network of organizations and agencies.



Community Health Improvement 3-Year Plan

NYS DOHMH-Hospital Partnership Initiatives

- NYC Tobacco-Free Hospitals Campaign
- NYC Healthy Hospital Food Initiative

NYC Tobacco-Free Hospital Campaign

- Our Community Health Assessment Team reached out to the DOH contact for the Tobacco-Free Hospital Campaign and arranged for a group of them to attend an initial meeting at our hospital.
- We have appointed a multi-disciplinary Quit Tobacco Steering Committee.
- We have placed orders with the NYC DOHMH for over several hundred copies of smoking cessation brochures to be distributed to patients and employees both inside the hospital and also at community health fairs and other local events.
- We have gathered information about our Tobacco-Free Policy and its enforcement protocol in order to complete three of the web-based assessments.
 - Culture of Wellness Assessment:** Completed.
 - Tobacco-Free Policy Assessment:** Completed.
 - Inpatient Quit System Assessment:** Completed.
 - Outpatient Quit System Assessment:** Incomplete. (We have no outpatient services)

Based on these assessments and the recommendations we received from the DOHMH, we intend to make the following adjustments to our policies and protocols as we move forward over the next three years:

Short Term Goals

To be implemented on or before November 15, 2017

- Broaden the Smoke-Free Policy to a property-wide 100% Tobacco-Free Policy.
- Begin screening for tobacco use at age 12
- Introduce a protocol for recommending multiple counseling resources for patients interested in quitting tobacco use.
 - NYS Quitline at 1-800-NY-QUITS
 - www.smokefree.gov/smokefreetxt
 - NYS Opt-to-Quit Program
 - www.smokefree.gov
- Invite a speaker from the NYC Tobacco-Free Hospitals Campaign to speak at a learning session during continuing education programs.
- Explore and/or develop educational materials that can be distributed to employees to inform them of the dangers of smoking and the benefits of quitting tobacco use
- Promote www.smokefree.gov on the NYCH website
- Include employee wellness responsibilities in the job description of at least one employee

Mid Term Goals

To be implemented on or before November 15, 2018

- Develop an evaluation system for our Tobacco Cessation Support Program
- # of patients advised to quit using tobacco
- # of patients accepting assistance
- Update tobacco policy to forbid employees from smoking any sort of hospital-identifiable garb and /or from coming on shift smelling of tobacco smoke
- Conduct a Health Risk Assessment (HRA) annually in order to identify employees who use tobacco and develop a protocol for encouraging them to quit by recommending multiple re- sources. Also include follow-up procedure at 30 days and 90 days after referral and provide individual feedback to employees who complete the annual HRA
- Allocate funding for employee wellness in the organizations budget (pending approval)

Long Term Goals

To be implemented on or before November 16, 2019

- Introduce a protocol to prescribe appropriate combinations of cessation pharmacotherapy to all patients who use tobacco if not contraindicated
- Use a team approach when counseling patients and develop a consistent cessation message so that each patient who uses tobacco is counseled by several different clinicians
- Update our tobacco-free environment signage and portray a more positive message for our environment of wellness
- Request to obtain and utilize a carbon monoxide detector from the NYC TFHC as a tool for encouragement during cessation counseling
- Negotiate for insurance carrier to provide cessation benefits and incentives
- Develop a communication plan to promote the use of cessation benefits
- Add cessation coverage for family members and include this in the communication plan
- Assess the surrounding community for local opportunities to support employee wellness.

NYC Healthy Hospital Food Initiative

- Our Community Health Assessment Team reached out to the DOH contact for the Health Hospital Food Initiative and organized an initial meeting to review the guidelines and standards for participation in their program.
- Our hospital cafeteria continues to provide free Glatt Kosher meals for all patients, visitors, employees, visiting staff, and any other community members that arrive during meal times. On average, we serve about 350 people per day.
- Our Head of Dietary is in the process of assessing our nutrition program based on the Healthy Hospital Food Initiative Standards for Patient Meals, Cafeteria Meals, Beverage Vending Machines, and Food Vending Machines. Once we have completed the assessment process, we will begin working to update our policies, procedures, and vendor agreements in order to provide the best possible nutrition for our patients, employees, and community members.

Short Term Goals

To be implemented on or before November 15, 2017

- Continue to work with Healthy Hospital Foods Initiative in order to assess our dietary program and receive recommendations for further improvement

Meet standards for Cafeterias

- Remove French fries from the menu in order to eliminate all use of deep fryers.
- Require calorie information to be posted for all items that do not include nutrition facts labels

Meet standard for purchased food for patient meals and cafeterias

- Purchase whole wheat/whole grain sliced bread with $\geq 2g$ of fiber per serving for sandwiches
- All other purchased baked goods should have $\leq 290mg$ of sodium
- Purchased cereal should have $\geq 2g$ of fiber per serving

Mid Term Goals

To be implemented on or before November 15, 2018

Meet standard for purchased food for patient meals and cafeterias

- Purchased canned tuna should have ≤ 290 mg of sodium per serving
- Purchased luncheon meat should have ≤ 480 mg of sodium per serving
- Change default milk option to skim or 1% (always unsweetened) and offer 2% as alternative.

Meet standards for specific populations

- Seniors-Their daily diet should consist of ≤ 1500 mg of sodium

Long Term Goals

To be implemented on or before November 15, 2019

Meet standard for purchased food for patient meals and cafeterias

- Ensure that each meal includes at least 2 servings of fruits or vegetables
- Offer fresh fruit as default dessert option and provide cakes/pastries as alternative

Meet standards for food and beverage vending machines

- Reduce the amount of high calorie beverages on display in the vending machines to only two slots in each machine
- Require that all high calorie beverages be sold in containers of 12oz or less



Delegation of Responsibility & Progress Evaluation

The area of the hospital that has been designated for Community Service Plan Activities is located inside the Board Room Suite in the Hospital Annex. In order for New York Community Hospital to continue to engage in ongoing community health improvement efforts and to evaluate progress along the way, we have constructed a Community Health Assessment Team and Steering Committee. This group of committed individuals is comprised of various employees and upper level management personnel (some of whom reside within the local service area) who can maintain contact with local community partners including but not limited to: local health department offices, healthcare providers, nursing homes, schools and businesses, as well as religious and non-religious community-based organizations. While maintaining open communication between the hospital and its community partners the Steering Committee will be able to monitor the impact of our efforts as well as to invite and utilize input from neighboring families and businesses in order to further our improvements. The following list includes the titles of all appointed members within the Steering Committee as well as some of their personal responsibilities.

Community Health Assessment Team and Steering Committee

Senior Vice President for Nursing Operations / C.N.O./ C.O.O.

- Responsible for facilitating the implementation of any new procedures and protocols in the Nursing Department with regard to our participation in the NYC Tobacco-Free Hospitals Campaign (TFHC).

Vice President for Administration & Human Resources

- Responsible for monitoring and responding to any inquiries or suggestions that are submitted regarding the Hospital's Community Service Plan via NYCH.com or otherwise.

Dietary Director

- Responsible for facilitating the implementation of any new procedures or protocols in the Dietary Department with regard to our participation in the NYC Healthy Hospital Food Initiative (HHFI).
- Responsible for working with vendors who provide purchased inventory, Rabbis who oversee food preparation, as well as kitchen staff, and meal service staff in order to establish realistic goals and promising practices for improving the nutritional value of meals served by NYCH.
- Responsible for maintaining contact with HHFI advisors from the DOHMH in order to evaluate continuous progress and consider additional avenues for improvement.

Assistant Director for Pre-Hospital Care

- Responsible for keeping the public informed of our ongoing efforts to improve the health of the community by visiting health fairs and community outreach events on a regular basis as well as seeking out input from community members for future interventions.

Vice President for Clinical/ Ancillary Services & Case Management

Vice President Quality & Patient Relations

Progress Evaluation Measures

- We will maintain regular communication with our DOHMH partners from the NYC Tobacco-Free Hospitals Campaign as well as the NYC Healthy Hospital Food Initiative. Their evaluations and assessments will continue to provide us with a clear picture of our progress as well as recommendations for improvement and resources for implementation of our various interventions.
- We will begin recording the number of patients who are advised to quit smoking as well as the number of patients who accept tobacco cessation assistance from any of the multiple supportive resources which we recommend.

- When patients are referred to the Opt-to-Quit program for tobacco cessation support, certain data will be automatically recorded and then reported back to us so that we may evaluate the impact of our Tobacco Cessation Support Program. Some examples of the data that they may provide for us are:
 - Number of patients taking cessation medications
 - Number of patients who made a quit attempt or reduced their smoking rate
 - Number of patients who successfully quit using tobacco
- We will conduct an annual Health Risk Assessment among our employees in order to identify those employees who use tobacco so that we may offer to include them in our Tobacco Cessation Support Program. Over the course of our three-year plan we will conduct multiple Health Risk Assessments in order to measure the impact of our efforts towards helping our employees to quit using tobacco.



Financial Information Year Ending 2017

The financial Resources of NYCH are indicated in the 2017 audited financial statements presented below.

The Total Revenue for 2017 was \$101,620,000 with related expensed of \$108,061,000 resulting in a loss from operations of \$6,441,000.

NYCH continuous to provide quality health care to its patients regardless of the individual's ability to pay. This has resulted in approximately \$9,319,000 in charity care expenses during 2017 and \$2,550,000 in bad debt.