

# COMMUNITY SERVICE PLAN

*With update as of  
March 15, 2015*



**NYCH**

NewYorkCommunityHospital  
We are a caring place.

*member*

— **NewYork-Presbyterian**  
— **Healthcare System**

*affiliate: Weill Cornell Medical College*



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## ***NEW YORK COMMUNITY HOSPITAL***

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***NYCH.com***

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— **NewYork-Presbyterian**  
— **Healthcare System**

*affiliate: Weill Cornell Medical College*

*November 2013— November 2016*

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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.

New York Community Hospital continues to operate efficiently and in the black throughout these past 15 years, and the Hospital has achieved uninterrupted annual bottom line gain in the 2% to 6% range. Few hospitals in the State can make such a claim.

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 proactive 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 2013-2014, modernization programs will continue to move forward including the relocation of a new Intensive Care Unit which will be constructed on the third floor of the hospital.

Finally, the remarkable success of New York Community Hospital is in large measure due to the dedication of the Hospital's medical staff, the devotion of its management and employees and volunteers, the steadfast support of its Board of Trustees members, the loyalty of the numerous community organizations and partners, the Hospital's affiliation with The New York Hospital, and its present day affiliation with New York Presbyterian, and most significantly, the Hospital's satisfied customers - its patients.

***New York Community Hospital is recognized by The Joint Commission as a Top Performer on Key Quality Measures for achieving excellence in performance on its accountability measures during 2011 and in 2012, 2013 and 2014 for Heart Attack, Heart Failure, Pneumonia and Surgical Care. Out of 3343 eligible hospitals submitting accountability measure data to The Joint Commission, NYCH was one of 1099 hospitals across the country to meet or exceed the target rates of performance for 2012. This represents being in the top 33 percent of all Joint Commission accredited hospitals reporting accountability measure performance data in 2012.***

***As of March 2015, NYCH has been designated by the American Heart Association as a 2015 "Get with the Guidelines STROKE GOLD PLUS AWARD recipient 2015."***

In 2014, the hospital with Board Approval welcomed Mr. Barry Stern as its new President and CEO.

## **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. The hospital is a member of The New York Presbyterian Healthcare System and maintains an academic affiliation with The Weill Medical College of Cornell University.

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, the largest Orthopedics department in Brooklyn, as well as 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, Sonography and Mammography diagnostic services. The patients of New York Community Hospital have access to services offered at any of more than 40 hospitals within the New York-Presbyterian Healthcare network.

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.

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—e-mail your comments to [smm9003@nyp.org](mailto:smm9003@nyp.org) or call our Patient Information Line at 718 692-5300.

Yours in good health,

**Barry Stern**

**President and Chief Executive Officer**

# New York Community Hospital



## MISSION STATEMENT

*New York Community Hospital is committed to provide Quality Care with Compassion and Dignity to all patients and to the community.*

*The Hospital staff recognizes these values and their role in fulfilling our Mission.*

### COMMITTED TO OUR PATIENTS

We recognize the unique physical, emotional and spiritual needs of each person.

We strive to extend the highest level of courtesy and service to patients, families, visitors and each other.

### COMMITTED TO LEADERSHIP

We deliver state-of-the-art health care services with excellence.

We engage in a wide range of continuing education, medical and nursing education and other educational programs for the public.

### COMMITTED TO EXCELLENCE

We strive to create an environment of team work and participation where through continuous quality improvement, people pursue excellence and take pride in their work, the organization and their personal development.

We strive to provide physicians with an environment that fosters high quality diagnosis and treatment.

We believe that the quality of our physicians, employees and volunteers is the key to our continued success.

We make every attempt to maintain financial viability through a cost-effective operation to meet the Hospital's long-term commitment to the community.

# NEW YORK COMMUNITY HOSPITAL



## VISION STATEMENT

*New York Community Hospital, with linkage to the community through community health centers and physician practices, provides inpatient Medical and Surgical Services.*

*We see ourselves as a center for excellence in providing Emergency Services, Medical, Surgical, Critical Care and Ambulatory Care services focusing on individualized attention and care.*

*We envision ourselves as an active and strong member of New York Presbyterian Healthcare System.*

## VALUE 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. They believe in working diligently to continually provide excellent healthcare services to patients and to the people of the community.*

*We are a friendly place.*

*We provide the utmost in attention and services to all those coming through our doors. We are a team that is motivated to pursue our mission and determine our own destiny.*

# **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). The relationship with NYPHS will promote efficiencies of scale and scope in clinical and administrative operations and continuously improve the quality of health care for the communities served by New York Community Hospital. The Hospital will continue to be responsible for its own operations, assets and obligations.

The Board of Trustees consists of 15 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. Three of the members are appointed by NYPHS. Trustees are elected for terms of one year, and the consecutive terms of any trustee may not exceed six. 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 skills, 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 assets 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 on Accreditation of Healthcare Organizations 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 committee are defined in the Hospital's bylaws. Special Committees and Committees of the Corporation may also be appointed upon authorization of the Board.

**Board of Trustees  
Officers**

George Weinberger  
Chairman

Barry Stern  
President and  
Chief Executive Officer

Kathleen M. Burke, Esq.  
Corporate Secretary

Gary Zaur  
Corporate Treasurer, VP Finance  
NYP

Leonardo Tamburello  
Assistant Treasurer

Una E. Morrissey  
SVP Operations /CNE

Irene Delizzo-Raninga  
Assistant Secretary

**Members**

John Wm. Fischer  
Jeffrey Goldberg  
Doreen Garson  
Kimlee Roldan-Sanchez  
Josh Rubenstein  
Sol Herskowitz, Esq.  
Louis Krawiecz  
Julius Derdik  
Elias J. Nikas  
Gary Zuar

**Executive Committee of the  
Medical and Dental Staff**

Sultan Khan, M.D.  
President

Jacquelin Belamy, M.D.  
Vice President

Alexey Isakov, M.D.  
Secretary Treasurer

**Department of Medicine**

Steve Nozad, M.D.  
Director of Medicine /  
Medical Director

**Department of Medicine  
Continued**

Gabriel Spergel, M.D.  
Assistant Director of Medicine

**Department of Surgery**

Mark Song, M.D.  
Chief of Surgery  
Vascular Surgery

Constantino V Gulmatico, MD  
Director of Surgery

Norman Saffra, M.D.  
Medical Dir. of Ambulatory  
Surgery

**Department of Radiology**

A. Berlly, M.D.  
Director of Radiology

**Department of  
Anesthesiology**

Hui Wang, M.D.  
Director of Anesthesiology

**Department of  
Pathology**

Hyunsook Kim Ohm, M.D.  
Director of Pathology

**Department of  
Podiatry**

Lawrence Santi, DPM  
Director of Podiatry

**Administration**

Barry Stern  
President and  
Chief Executive Officer

Una E. Morrissey, R.N.  
Senior Vice President  
C.O.O. / C.N.O. Nursing Ops

Donna Fitzmartin  
V.P. for Clinical / Ancillary Ser-  
vices and Case Management

Stephen M. Meyers  
Vice President for  
Administration and H.R.

Ismael Fontanez  
V.P./ Facilities & Safety

Jemmuel Jasmin  
Administrative Dir Perioperative  
Services

Leonardo Tamburello  
Divisional V.P.  
Chief Financial Officer

Marina Bilik  
V.P. for Support Services

Edward B. Stolyar, DO  
V.P. Chief Information Technology  
Officer

Mark Shiowitz  
V.P. Marketing and Planning

**ADVISORY BOARD**

*President Position Open & Pending*  
Ben Akselrod  
Stephen M Meyers  
*Nych Administration Representative*  
Jacqueline Shapiro  
Reva Sokol  
Nelson Soto  
Kelly Steier

## **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 a report compliance data and compare against our two competitive hospitals in Brooklyn, other Brooklyn Hospitals, and all of NYPH System 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 incoming ambulance patients. One of the five 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.
- 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 Jamaican/Haitian Communities to further strengthen our ability to provide culturally sensitive care to our patients and their families. Presently almost our entire Nursing Assistant staff is residents of the neighboring Jamaican/Haitian Communities.
- Continue to serve our three communities by expanding the Hospital’s Primary Care and Ambulatory 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 ration with other hospitals.
- Perform annual reduction of nonessential staff while maintaining hospital efficiencies.
- 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”.
- Esure Staff Accountability.

**Physician Recruitment and Retention:**

- Develop a Physician Recruitment and Retention Plan.
- Recruit additional physicians in Primary Care, General Surgery, Pain Management, Ophthalmology, Orthopedic, 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 our weekly Leadership Sharing Group (LSG) meetings, weekly Administrative Operations Group (AOG) meetings, department and unit based staff meetings, and through the use of nychinfo.com, our internet based hospital website, that is accessible to all staff.

**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  
 New York Association for New Americans (NYANA)

- 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, Shorefront, Palm Gardens, Menorah, Haym Solomon, Sephardic, 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 Company
- Sponsor annual “Open Houses” for the Jamaican/Haitian 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 rang 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:**

- Replace and upgrade all four hospital elevators.
- Replace roof-top air handlers.
- Clean and refurbish the hospital building façade.
- Construct a dedicated treatment room for dialysis procedures.
- Refurbish the front “Kings Highway” and the Emergency Department “Avenue O” entrances.
- Upgrade the front lobby lighting.
- 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 Beth Israel 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.*

#### **Continue as a Sponsored Member of the New York Presbyterian Healthcare System:**

- Achieve economies of scale with Group Purchasing, Managed Care Contracts, and Emergency Preparedness.
- Strengthen staff education through participation at NYPHS sponsored “cutting edge” seminars.
- Enhance quality care monitoring, tracking and benchmarking with other system hospitals.
- Provide a continuum for our Tertiary Care patients.

#### **Adopt a Fully Integrated Electronic Health Record (EHR):**

- Adopt “certified” Electronic Health Record technology.
- Meet “Meaningful Use” requirements, as issued by the Centers for Medicare and Medicaid Services (CMS), to qualify for HER incentive program eligibility.

## **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**

- **Development of metrics to evaluate ongoing clinical performance and benchmark with NYPHS Hospitals.**
- **Implementation of processes to support and improve patient quality and safety.**

### **III. Business Development:**

- **Identify and evaluate new business opportunities.**

### **IV. Facility Development:**

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

### **V. Information Technology:**

- **Implementation 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, involvement in community civic, religious and senior groups. Support groups, community education programs and volunteer groups and 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 it's 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 2014 there were 6,925 patients admitted to the Hospital, 13,965 patients treated in Emergency Services, and 4,260 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 outcome 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.

New York Community Hospital's affiliation with NewYork Presbyterian Hospital-Weill-Medical College of Cornell University enables us to participate in joint planning and collaborative efforts as applicable to our hospital. This collaboration along with the hospitals long standing association with State and Local Associations such as HANYS and The Greater New York Hospital Association has allowed us to provide a continuity of care for our patients who are in need of high tech surgery and tertiary care.

As a member of the NewYork Presbyterian Healthcare System, a network of more than 40 hospitals, long term care facilities and rehabilitation facilities, allows our patients to have access to specialized services that are not provided at our location. The System offers a true continuum of care from primary to acute, and from prenatal to geriatric. Our System improves the quality of life in the communities it serves by emphasizing preventive services and offering comprehensive multi-disciplinary treatment to every patient.

In addition to our affiliation with NewYork Presbyterian Hospital, our own active Board of Trustees, hospital based Performance Improvement Program, Internal Committees and sub-committees and ongoing weekly Administrative Staff , Short and Long Term Planning Meetings contribute to the ever changing community needs assessment aspects that the hospital must address.

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 JCAHO 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, 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 well being**
- **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 well being 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 561 full time and part-time employees with a gross total payroll of more than \$42,000,000. 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 \$61,200,000 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 totaling more than \$ 7,216,000 have been completed at New York Community Hospital of Brooklyn. Construction projects totaling approximately \$ 800,000 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 serve as a magnet health care center for patients in need of acute care, health education and referral services through its affiliation with New York Presbyterian Healthcare System. 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 2013-2016 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 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.

## Description of Community Served by New York Community Hospital

### 2014 HIGH VOLUME ADMISSIONS

1. Congestive Heart Failure
2. Coronary Insufficiency
3. Myocardial Infarction
4. Pneumonia
5. Chronic Obstructive Pulmonary Disease
6. Transient Cerebral Ischemia
7. Septicemia
8. Diabetes Mellitus
9. Renal Insufficiency
10. Osteomyellitus / Gangren

### 2014 UTILIZATION STATISTICS

Discharges .....	6,925
Emergency Service Visits .....	13,965
Emergency Service Admissions.....	5,904
(Walk in/ referred by Attending physician)	
Referred Amb / Surg. Visits	4,260
Medicare.....	65%
Medicaid.....	9%
Blue Cross .....	5%
Commercial Plans .....	19%
Others .....	1%

### PRIMARY SERVICE AREAS

(Zip Code/Neighborhood)

**11235, 11229  
11223, 11224**

**11230, 11210  
Flatbush, Midwood**

**Marine Park  
Sheepshead Bay  
Kings Highway  
Gravesend/Home crest  
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 the 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 the Community Served by NYCH—Continued

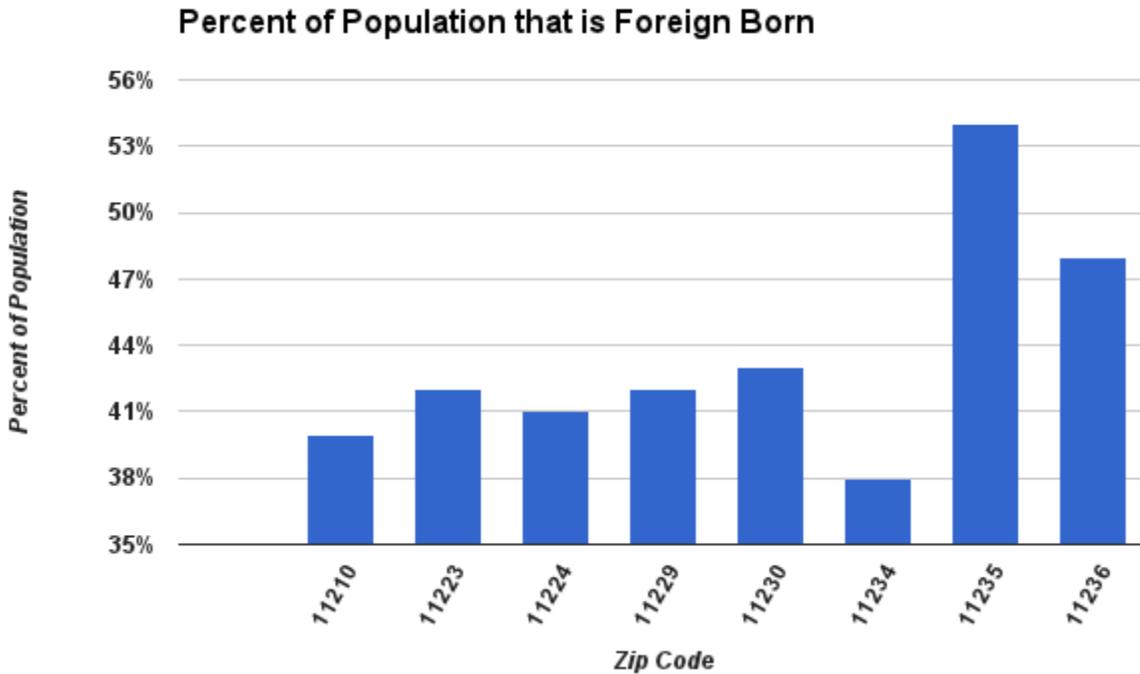
Although the data that we compiled from the NYSDOH American Fact Finder website shows that the overall median age of our community is 39 years, we know from experience and from in-house statistics that the majority of our inpatient community is made up of seniors over the age of 65 years. Approximately 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
<b>Total/ Average</b>	615,552	38.9	83.5%	249,210	\$48,654	268,717 (44%)	16.6%	15,626
<b>Kings County</b>	2,504,700	34.1	78%	1,000,293	\$44,593	926,511 (37%)	22.1%	54,941

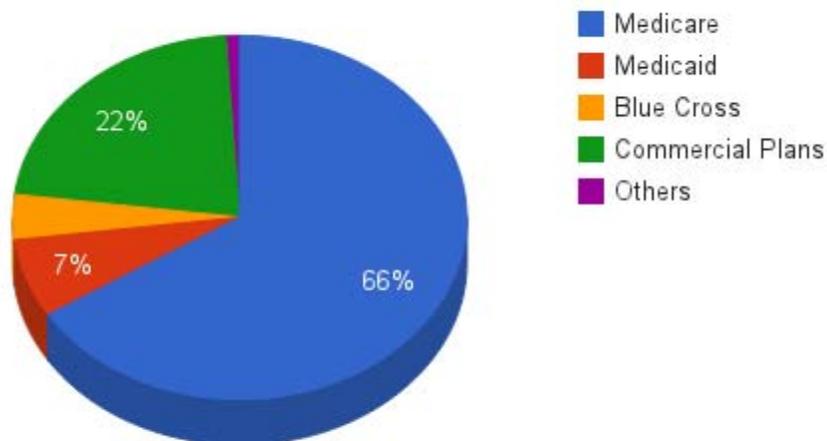
## Description of the Community Served by NYCH—Continued

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 2012**



## **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  
 Pharmacy Services  
 Respiratory 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:

<u>Russian Speaking</u> .....	75%
Local Southern Brooklyn Communities .....	25%

In 2014 Emergency Services received 13,965 patient visits, 4,260 Ambulatory Surgery visits, and 6,925 inpatient admissions.

The average length of stay in 2014 was 5.57 days. The Hospital patient mix was as follows:

Medicare .....	65 %
Medicaid .....	9 %
Blue Cross .....	5 %
Commercial Plans .....	19 %
Others .....	1 %

New York Community Hospital employs approximately 485 people, many of whom are Brooklyn residents. Employee to patient ratio remains generally about 3.9-4.1:1.

# **PHYSICIAN SPECIALITIES**

## **DEPARTMENT OF ANESTHESIA**

## **DEPARTMENT OF PATHOLOGY**

## **DEPARTMENT OF RADIOLOGY**

## **DEPARTMENT OF MEDICINE**

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

## **CONSULTATIVE SERVICES**

Physical Medicine  
Psychiatry

## **OUTPATIENT SERVICES**

Ambulatory Surgery  
Emergency Services  
Laboratory Service  
Diagnostic Radiology  
Nuclear Medicine  
Ultrasound  
CT Scan

## **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

## **ALLIED HEALTH PROFESSIONALS**

Podiatry  
Pain Management Service

## **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 ongoing 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 2013-2016. 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.
- ◇ Enhancement to the Stroke Center in conjunction with the New York State DOH
- ◇ Enhancement of Dialysis Services.
- ◇ 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”.
- ◇ Enhance Emergency Services through tracking and reducing “time to admission”
- ◇ Implementation of strategies to ensure compliance with the CMS National “Core Measures” for patients with diagnosis of Pneumonia, Congestive Heart Failure and Myocardial Infarction.
  - Enhanced Stroke practice with mandatory DVT prophylaxis
- ◇ 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
- ◇ Rapid Response Team program implemented throughout the hospital. (Completed)
- ◇ Expansion and enhancement to Emergency Services Facility on Main Floor
- ◇ Development of Urge-Care Center on the First Floor as part of ED renovation and expansion project 2015.

**NEW YORK COMMUNITY HOSPITAL**

**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 Network Recovery, an affiliate of New York Presbyterian, as this hospital is, 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](http://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 718-692-5334/5335 Monday through Friday 7am to 4pm.**

**Patients may also contact our toll free numbers at the Offsite Financial Aid Department:**

**Inpatient: 1-866-822-5576  
Outpatient: 1-866-252-0101**

**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.**

**New York Community Hospital**  
**Financial Aid Program**

**Successes and Challenges (update pending review)**

- During 2010, 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.

As evident in the following statistics, NYCH increased the amount of patients that received Charity Care by 361. In 2008 145 received charity care. In 2009 the number rose to 1,786. In 2010 the number was 2,147. In 2011 the number of patients who received charity care was reduced to 191 and in 2012, 186 patients received charity care.

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
<u>Inpatient</u>	48	376	559	92	79
<u>Outpatient</u>	97	1,410	1,588	99	107
<u>TOTAL</u>	145	1,786	2,147	191	186

- 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.
- New York Community Hospital (NYCH), is a member of the New York Presbyterian Healthcare System (NYPHS). Therefore, many of our practices, policies, and guidelines, pertaining to the Financial Assistance Program (FAP), mirror those at NYPH with some exceptions.

## **Dissemination of the Report to the Public**

### **Public Information**

The hospital Comprehensive Community Service Plan is going to be made available in 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. The CSP will be translated into the Russian language in order to accommodate the surrounding Russian speaking immigrant zip code communities of which more than 75% of our patient population is derived from.

### **HOSPITAL WEB SITE**

- 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 2014—2016 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](http://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 2013-2016 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 patients 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 the N.Y.S. Department of Health's 5 Prevention Agenda Priorities that they may feel are significant for our hospital to address.

## **ADVISORY BOARD**

Public participation has routinely occurred via the hospital's long standing Advisory Board. This Board is made up of members of the local community, volunteers and clergy from our community and the Pastoral Care program. Information disseminated from these meetings have enhanced our public awareness and contributed to the structuring and development of our Community Service Plan. The Advisory Board has played an important role in the development and continuing selection of priorities for the Health Prevention Agenda for the Healthiest State. Current members of this Advisory Board are listed within this Community Service Plan.

## **Public Participation coninued**

### **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**

As of the fourth quarter 2013 New York Community Hospital launched it's 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 March 2015, the hospital Web Site in conjunction with new Branding efforts by the hospital has been implemented. A new Web Site is expected to be in force prior to the end of 2015.

## **Public Participation con't**

### **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  
Revival Home Care Services  
Hatzolah Volunteer Ambulance Services of Flatbush and Midwood  
NYCH Hospital Advisory Board  
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*

## **AREA ORGANIZATIONS/AGENCIES**

### **New York Community Hospital**

#### **Outreach/Support/Volunteers/Health Education**

PASTORAL CARE    HOSPITAL VOLUNTEERS    ADVISORY BOARD

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  
Assembly member Steven Cymbowitz  
Mayor's Office of Emergency Management

School District #21  
School District #22

#### Volunteer Programs

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  
Kingsborough Community College Interns  
Bikur Cholim

NYC Technical College, Human Services Interns

Resurrection Church, Gerritsen Beach  
Kings Bay Y/ Nostrand Avenue

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

## ***COMMUNITY HEALTH NEEDS ASSESSMENT***

### ***Needs Assessment / Assessment of Public Health Priorities***

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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 patients 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 Healthcare 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 employees 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 advertized 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 it’s 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 2014**

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

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

## **Research and Preparations—Continued**

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](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](http://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](http://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](http://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 lifestyles (more exercise and fresh produce—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, cystine. (U.S. National Library of Medicine, National Institutes of Health)
- Thirdhand 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)

## **Research and Preparations—Continued**

### **Tobacco—Continued**

- On average, there are currently 25,400 smoking attributable deaths in NYS. (NYSDOH Tobacco Control Prgrm)
- 389,000 NYS youth currently ages 0-17 are projected to die from smoking in the future. (NYSDOH Tobacco Control Prgrm)
- \$8.17 billion spent annually to treat smoking-caused diseases in NYS. (NYSDOH Tobacco Control Prgrm)
- \$6.05 billion lost in productivity costs associated with smoking. (NYSDOH Tobacco Control Prgrm)

#### **What can we do? (NYSDOH Tobacco Control Prgrm)**

- 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 2013**

<b>Measure</b>	<b>Kings County</b>	<b>New York State</b>	<b>National Benchmark*</b>
<b>Adult Obesity</b>	25%	25%	25%
<b>Adults Smoking</b>	15%	18%	13%
<b>Physical Inactivity</b>	28%	25%	21%
<b>Excessive Drinking</b>	13%	17%	7%
<b>Violent Crime</b>	567**	391**	66**
<b>Not Proficient in English Language</b>	13%	7%	***
<b>Inadequate Social Support</b>	31%	24%	14%
<b>Uninsured</b>	16%	14%	11%
<b>No Dr. visits due to cost</b>	15%	12%	***
<b>Premature Death</b>	6,284**	5,650**	***
<b>Diabetes Prevalence</b>	10%	9%	***
<b>Chlamydia Prevalence</b>	830**	516**	92**
<b>HIV prevalence</b>	1,259**	796**	***

This information was gathered from the County Health Rankings and Roadmaps website.

\* 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 norms/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 norms/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 also do not directly experience many of the same issues as the greater Brooklyn area and therefore do not have the opportunity or urgent need to address these issues directly very often. We have however discovered a number of important assets for the areas of central Brooklyn which are struggling with these additional risk factors. We reviewed information on the websites for two local hospitals which are also members 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.
- Brooklyn Hospital Center Speakers Bureau
  - Various medical professionals can be scheduled to attend community events and give talks on a variety of health-related topics.

## **DESCRIPTION OF SELECTED NYS DOH PREVENTION AGENDA PRIORITIES**

Comprehensive Community Service Plan – 2013-2015

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***

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### **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..
- In concert with efforts being made at New York Presbyterian Hospital, of which New York Community Hospital is a sponsored affiliate, NYCH 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 of this health agenda.
- The hospital has participated in various external fairs in order to disseminate information regarding smoking and tobacco usage. In July 2010 participation in the Coney Island Board Walk Summer Health Fair was a successful undertaking, with hundreds of community residents seen and several more fairs attended thereafter.

**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 and 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.

**2. Chronic Diseases continued:**

- 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 its 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.

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 Board, for our patients and the Community who are our neighbors and friends.

Social Work Services sponsored several meetings with the community and with other health care agencies related to **Alzheimer's and the elderly and also Domestic Violence.**

**P.S.A. screenings for Prostate Disease**, co-sponsored by a local legislator, has been presented by the Department of Laboratory Services at several locations in the community. ***Annual Flu Shots have been donated and given to the local community through our local Assemblywoman's local district office.***

**Blood Pressure Screenings, Glucose Screenings, Nutrition Screenings** were given throughout the community. Outreach Programs are presented at Senior Centers, religious organizations, civic groups, banks and other locations.

## MEETING COMMUNITY NEEDS—continued

### 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 effect 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 2010 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.

- Presently, the most likely infectious disease emergency is H1N1 Influenza. In preparation for a major demand on hospital services, space has been allocated and fitted out in an adjacent facility where patients who are not critically ill but are concerned about symptoms of flu can be assessed, treated and discharged. In 2013 and beyond, the hospital will work with various community partners to supply and administer Flu Vaccinations to our local community.
- 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 aide the community efforts necessary should a serious situation occur. RE: Evacuation/Patient Transfer.

## **MEETING COMMUNITY NEEDS—continued**

### **Community Preparedness—continued**

- The hospital is a sponsored member of the New York Presbyterian Healthcare System and as such is linked to its communication system that permits constant assessment of needs and resources across the entire system so that materials and patients can be moved from high risk areas to alternate sites where appropriate facilities can be made available.
- 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 coordinated 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 New York Methodist Hospital (718-780-3000), Kings County Hospital (718-245-3131), and New York Presbyterian Hospital – Cornell Campus. 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 a 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. Initial Grade: **D**
  - **Tobacco-Free Policy Assessment:** Completed. Initial Grade: **C**
  - **Inpatient Quit System Assessment:** Completed. Initial Grade: **C**
  - **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, 2014**

- 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](http://www.smokefree.gov/smokefreetxt)
  - NYS Opt-to-Quit Program
  - [www.smokefree.gov](http://www.smokefree.gov)
- Invite a speaker from the NYC Tobacco-Free Hospitals Campaign to speak at a learning session during continuing education programs in the Fall of 2013
- 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](http://www.smokefree.gov) on the NYCH website
- Include employee wellness responsibilities in the job description of at least one employee

**Community Health Improvement Three-Year Plan**  
**NYC Tobacco-Free Hospital Campaign (TFHC)**  
(continued)

**Mid Term Goals**

**To be implemented on or before November 15, 2015**

- 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 resources. 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, 2016**

- 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.

# **Community Health Improvement 3-Year Plan**

## **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, 2014**

- 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  $\geq 2$ g of fiber per serving for sandwiches
- All other purchased baked goods should have  $\leq 290$ mg of sodium
- Purchased cereal should have  $\geq 2$ g of fiber per serving

## **Mid Term Goals**

**To be implemented on or before November 15, 2015**

### **Meet standard for purchased food for patient meals and cafeterias**

- Purchased canned tuna should have  $\leq 290$ mg of sodium per serving
- Purchased luncheon meat should have  $\leq 480$ 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  $\leq 1500$ mg of sodium

## **Long Term Goals**

**To be implemented on or before November 15, 2016**

### **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 Support Services**

#### **Vice President for Clinical / Ancillary Services & Case Management**

## **Delegation of Responsibility & Progress Evaluation** **(Continued)**

### **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.

**NYCH Progress Report as Submitted to the NYS DOH December 2014 UPDATE**

***First Prevention Agenda Priority Area***

**Preventing Chronic Illness**

Our first prevention agenda priority reviewed is “Prevent Chronic Diseases”

Within this Prevention Agenda priority area, the Focus Area we reported on was to reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure.

The hospital reported that as part of this focus area it was farthest along in its progress and implementation by creating linkages with local health care systems to connect patients to community preventative resources.

The hospital uses various process measures to monitor its progress on implementation of this focus area. As such and as reported in our current CSP NYCH utilizes the Number of referrals to evidence-based initiatives from health care professionals; the number of individuals navigated to and/or through cancer screening; and the number of individuals (inpatient and out-patient) plus community individuals interacted with for smoking assessment and quit smoking assessment, counseling and referral to multiple resources who have interest in quitting smoking and tobacco cessation techniques.

The hospital as required, has described and reported the target population (e.g., problem/burden affecting this population, demographics, geographical locations, etc.) as part of its CSP reporting for this Focus Area. Specifically, New York Community Hospital serves patients from the southern tier section of Brooklyn, New York with its primary service areas defined as Sheepshead Bay, Manhattan Beach, Marine Park and Midwood. Zip Codes of coverage include 11229, 11235, 11223, 11224, 11230, 11210, 11234 and 11236.

The hospital serves a primarily elderly population of recent immigrant status. Included are foreign born Russian speaking patients (approx. 44%) with more than 66% Medicare coverage among them along with an increasing population of foreign born Haitians and Asians in the surrounding service area. High volume diagnoses identified in this target area include Congestive Heart Failure, COPD, Diabetes, Pulmonary and Coronary Insufficiency. Health problems/burdens affecting this population include: Tobacco Cessation, Obesity, Hypertension, Diabetes, Heart Disease and Alcohol Abuse.

The expected number of people to be reached by years’ end 2014 or the end of the first year of activities was targeted to be approximately 14500.

In actuality the number of people reached toward this target was <10830.

While addressing this intervention the hospital has encountered and has attempted to address various disparities within its target population for this intervention.

Specifically, the hospital has been dealing with an Elderly Immigrant Population of predominantly Russian speaking individuals and patients along with an expanding Haitian and Asian community. Cultural and Language Barriers exist throughout these groups.

**The hospital is working with the target populations addressed for this intervention by focusing its efforts within specific neighborhoods. The program takes into consideration specific cultural needs. Tobacco Usage is prevalent within the Russian immigrant community and has been associated with above average to heavy alcohol abuse. The program attempts to take this into consideration, as the cessation of Tobacco usage is challenging when associated to a culture of alcohol usage and the combined social behavioral aspects.**

**Baseline data collection for the process measures was selected for some of the measures. On average, data was collected for your intervention on a Quarterly basis. Our current Implementation efforts related to this intervention are running behind our targeted implementation schedule at this time. The hospital partners with, and utilizes as available for this intervention the following:**

**LHD, Hospital, College /University,  
Government or community-based organization -Social Services  
Clinical or Community Based Lifestyle ChangeProgram Local coalition,  
NYC Tobacco Free Hospital Campaign NYCDOHMH**

**The role of our partners in this intervention consists primarily with conducting educational activities, providing a health service, and or assisting with advocacy. Our partners have remained somewhat engaged throughout the process. They have helped with the training efforts and contributed staff time in order for the hospital to offer intervention activities to our target population.**

**Challenges exist in keeping members of your partnerships engaged and/or actively participating in the implementation of this intervention. Challenges in offering programs to the target population. Some partners at times may lack correct training to further the intervention. Further follow up is required to assess scope and level of training that may be required for this intervention.**

**The hospital feels that it has successfully accomplished various aspects of implementation for this intervention. Specifically, we have been successful in:**

- a. Identifying burden/problem to be addressed,**
- b. Educating the community about the problem,**
- c. Defining target population,**
- d. Researching evidence-based interventions to address problem among target population.**

**Challenges still exist in the implementation process for this intervention. Some include, developing data collection methods and reviewing and monitoring progress with partners.**

## **Second Prevention Agenda Priority Area**

### **Preventing Chronic Diseases**

#### **Promote Evidence-Based Interventions to Prevent or Manage Chronic Disease**

The hospital's second prevention agenda item, as reported within our CSP update is to promote the implementation of a "Healthy Food Initiative" including our inpatient population-employees-volunteers-visitors and community in order to increase awareness of Health Risks associated to unhealthy diets causing Adult Obesity, Coronary Artery Disease, COPD, Diabetes, Heart Disease.

Process measures being utilized to monitor progress on this intervention include: The number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement. The number of referrals to evidence-based initiatives from health care professionals. The number of colorectal cancer awareness events held/promoted/attended. The number of individuals affected by the Healthy Food Initiative Programs internally and externally by way of events sponsored by the hospital and events sponsored by our health partners in conjunction with and or sponsored by our hospital.

The target population for this prevention agenda remains the same as our first agenda item. New York Community Hospital serves patients from the southern tier section of Brooklyn, New York with its primary service areas defined as Sheepshead Bay, Manhattan Beach, Marine Park and Midwood. Zip Codes of coverage include 11229, 11235, 11223, 11224, 11230, 11210, 11234 and 11236. The hospital serves a primarily elderly population of recent immigrant status. Included are foreign born Russian speaking patients (approx. 44%) with more than 66% Medicare coverage among them along with an increasing population of foreign born Haitians and Asians in surrounding service area. High volume diagnoses identified in this target area include Congestive Heart Failure, COPD, Diabetes, Pulmonary and Coronary Insufficiency. Health problems/burdens affecting this population include: Tobacco Cessation, Obesity, Hypertension, Diabetes, Heart Disease and Alcohol Abuse.

The expected number of people to be reached by the end of 2014, or the end of the first year of activities is targeted at >19500. The number of people actually reached toward this target is currently > 15280. Disparities within this intervention do not differ dramatically from our first agenda item. They include: Race/Ethnicity, Age, Cultural issues, elderly immigrant population, foreign born, several language barriers.

The program attempts to take into consideration the specific cultural needs of the population. The use of Bi-Lingual Clinical and Therapeutic Dietitians working on a daily basis internally as well as externally throughout the year on the target population. Translation of written material IE:DIETS and Healthy Food Initiative Material for the target population described within our agenda has been formulated.

Some baseline data has been collected and / or made available for use for some of the process measures we have selected. On average we collect data for review on a monthly basis.

We are currently ahead of our implementation efforts related to this intervention. Current partners involved in the implementation process of this intervention just described include but are not limited to: LHD, Hospital, Business, Government or community-based organizations - Social Services, Clinical or Community Based Lifestyle Change Programs.

The role of our partners in this intervention include but are not limited to

- a. Allowing sponsors access to the site or population,
- b. Assist with advocacy
- c. Business and Vendor relationships in order to promote agenda of the Healthy Food Initiative.
- d. Provide literature and vendor assistance for internal changes to hospital Dietary Program and internal Vending Machine Program.

Our partners have remained highly engaged throughout the implementation of this intervention. Partner engagement has been successful in their focused efforts allowing us to make clear progress on the priority. The contribution of staff time to help with the intervention. It has enabled us to offer intervention activities to our target population.

Challenges exist in keeping some of our partners focused and do not at times seem to know how to proceed. Hospital Direction is required for some Business Partners in order to stay focused on our goals and the aspects of the ultimate agenda items.

Successes in implementing the intervention include:

- a. Identifying burden/problem to be addressed.
- b. Defining our target population and establishing clear goals.
- c. Researching evidence-based interventions to address problem among target Population. Establishing clear implementation timelines/milestones
- d. Making adjustments to implementation plan/timeline based on progress

Challenges still exist in the implementation of the intervention. They are at different levels and degrees:

- a. Educating the community about the problem,
- b. Identifying process and outcome measures to monitor progress toward reaching goals.
- c. Reviewing and monitoring progress with partners

*Note 1:* The Prevention Agenda activities listed within the context of this update are incorporated in our State DSRIP application. They have been described as a community benefit in the Schedule H tax form.

*Note 2:* On our current DSRIP application "Community Care of Brooklyn" related to project 3.b.i. is listed as Evidence Based Strategies for Managing Adult Population with Cardio Vascular Disease.

*Note 3:* Healthy Food Initiative Program as part of "Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings" is not spelled out in specific detail in 2013 990 Schedule H.

## **FINANCIAL INFORMATION—YEAR ENDING 2014**

The Financial Resources of New York Community Hospital of Brooklyn, Inc. are indicated in the 2014 financial statements presented below. The total revenue for 2014 was \$94,175,000 with related operating expenses of \$91,131,000 resulting in an excess of revenues over expenses .

New York Community Hospital continues to provide quality health care to its patient community regardless of the individual patient's ability to pay. This has resulted in approximately \$ 2,52,000 in charity care costs during 2014 and 3,447,000 in bad debt. *Projected Charity Assistance for 2015 in excess of \$2,000,000.*

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**NAME OF FACILITY: NEW YORK COMMUNITY HOSPITAL**  
**SUMMARY FINANCIAL STATEMENT 2012**  
\$000's

<b>I.</b>	<b>Total Revenue:</b> (see attachment 1 of 2)	*	<b>94,175</b>
<b>II.</b>	<b>Total Expenses:</b> (see attachment 1 of 2)		<b><u>91,131</u></b>
<b>III.</b>	<b>Charity Care:</b> (see attachment 1 of 2) (Excludes Community Benefits)	*	<b>2,520</b>
<b>IV.</b>	<b>Bad Debt/Uncompensated Care</b> (see attachment of 1 of 2)		<b><u>3,447</u></b>

### **NOTES:**

- I. Revenue** - includes income from patient care billings, donation, and fund raising;
- II. Operating Expenses – Includes:** salaries/benefits, supplies, other expenses, depreciation and interests expenses on loans. **Excludes:** grants, research, and medical education
- III. Charity Care** - this accounting is a result of facility charity care policies reflecting expenditures associated with **free care** to patients not expected to pay their medical bills (e.g., patients without health insurance, or financial resources)
- IV. Bad Debt** - reflects expenditures not collected from patients expected to pay their medical bills - uncollected medical charges (e.g., patients with some form of health insurance or financial resources...)

The New York Community Hospital of Brooklyn, Inc.

Statements of Financial Position

	<b>December 31</b>	
	<b>2012</b>	<b>2011</b>
	<i>(In Thousands)</i>	
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 40,936	\$ 34,020
Patient accounts receivable, less allowance for uncollectibles (2012 – \$10,372; 2011 – \$9,424)	16,352	12,796
Other current assets	2,054	2,784
Assets limited as to use, current portion (self insurance fund) (Notes 3 and 6)	978	828
Total current assets	<u>60,320</u>	<u>50,428</u>
Assets limited as to use (Notes 3 and 6):		
Trusteed self-insured fund	8,871	8,015
Funded depreciation	881	1
Assets limited as to use – noncurrent	<u>9,752</u>	<u>8,016</u>
Property, buildings and equipment – net (Note 4)	17,544	17,977
Insurance recovery receivable	460	2,125
Total assets	<u>\$ 88,076</u>	<u>\$ 78,546</u>

	<b>December 31</b>	
	<b>2012</b>	<b>2011</b>
	<i>(In Thousands)</i>	
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 13,288	\$ 11,086
Accrued salaries and related liabilities	3,890	3,023
Due to related organizations (Note 8)	121	158
Current portion of estimated professional liabilities (Note 6)	978	828
Total current liabilities	<u>18,277</u>	<u>15,095</u>
Accrued pension liability (Note 7)	5,765	5,411
Estimated professional liabilities, less current portion (Note 6)	9,261	9,580
Other noncurrent liabilities and deferred revenue (Note 2)	13,985	16,861
Total liabilities	<u>47,288</u>	<u>46,947</u>
Commitments and contingencies (Notes 2,5, 6, and 7)		
Net assets:		
Unrestricted net assets	40,788	31,599
Total liabilities and net assets	<u>\$ 88,076</u>	<u>\$ 78,546</u>

The New York Community Hospital of Brooklyn, Inc.

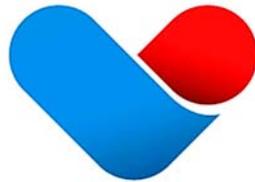
Statements of Operations and Changes in Net Assets

	<b>Year Ended December 31</b>	
	<b>2012</b>	<b>2011</b>
	<i>(In Thousands)</i>	
<b>Revenue</b>		
Net patient service revenue	\$ 102,120	\$ 90,957
Provision for bad debts	(2,420)	(2,304)
Net patient service revenue, less provision for bad debts	99,700	88,653
Other revenue <i>(Note 10)</i>	2,610	2,809
Total revenue	<u>102,310</u>	<u>91,462</u>
<b>Operating expenses</b>		
Salaries and wages	41,090	39,568
Employee benefits	15,644	14,671
Supplies and other expenses	33,040	28,543
Depreciation	2,949	2,856
Total operating expenses	<u>92,723</u>	<u>85,638</u>
Income from operations	9,587	5,824
Change in unrealized gains and losses on marketable securities	26	38
Excess of revenue over expenses	<u>9,613</u>	<u>5,862</u>
<b>Other changes in unrestricted net assets</b>		
Change in pension liability to be recognized in future periods <i>(Note 7)</i>	<u>(424)</u>	<u>(1,840)</u>
Increase in unrestricted net assets	9,189	4,022
Net assets at beginning of year	<u>31,599</u>	<u>27,577</u>
Net assets at end of year	<u>\$ 40,788</u>	<u>\$ 31,599</u>

The New York Community Hospital of Brooklyn, Inc.

Statements of Cash Flows

	<b>Year Ended December 31</b>	
	<b>2012</b>	<b>2011</b>
	<i>(In Thousands)</i>	
<b>Operating activities</b>		
Increase in unrestricted net assets	\$ 9,189	\$ 4,022
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation	2,949	2,856
Change in unrealized gains and losses on marketable securities	(26)	(38)
Changes in operating assets and liabilities:		
Patient accounts receivable, net	(3,556)	(3,026)
Other current assets	730	(390)
Insurance recovery receivable	1,665	(2,125)
Accounts payable and accrued expenses	2,202	607
Accrued salaries and related liabilities	867	129
Due to related organizations	(37)	(14)
Accrued pension liability	354	1,694
Estimated self-insured professional liabilities	(169)	3,381
Other liabilities and deferred revenue	(2,876)	4,298
Net cash provided by operating activities	<u>11,292</u>	<u>11,394</u>
<b>Investing activities</b>		
Acquisitions of property, buildings and equipment	(2,516)	(2,377)
Net change in assets limited as to use	(1,860)	(355)
Net cash used in investing activities	<u>(4,376)</u>	<u>(2,732)</u>
Net increase in cash and cash equivalents	6,916	8,662
Cash and cash equivalents at beginning of year	34,020	25,358
Cash and cash equivalents at end of year	<u>\$ 40,936</u>	<u>\$ 34,020</u>



**NYCH**

NewYorkCommunityHospital

We are a caring place.

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 **NewYork-Presbyterian  
Healthcare System**

*affiliate: Weill Cornell Medical College*

**COMMUNITY SERVICE PLAN  
AS SUBMITTED FOR  
IMPLEMENTATION**

**November 2013—November 2016**

**Plan Update December 2014**

**NEW YORK COMMUNITY HOSPITAL**

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