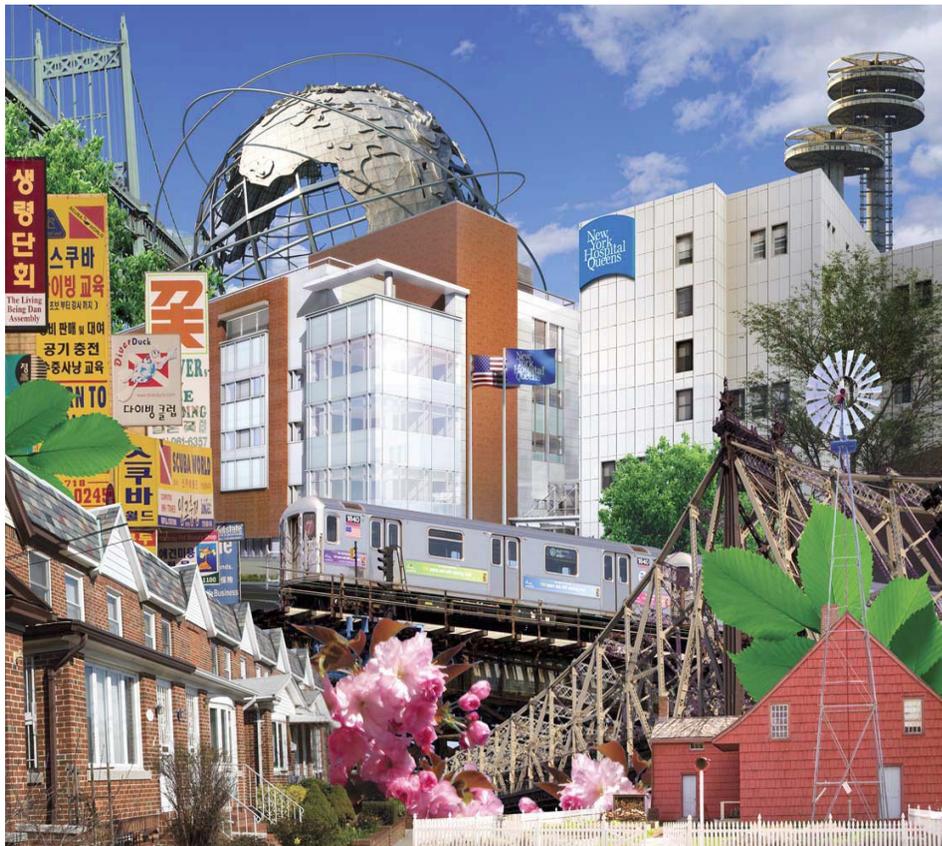


The New York Hospital  
Medical Center of Queens

**Community Service Plan  
One-Year Update  
2010**



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## I. The Mission Statement for New York Hospital Queens

There have been no changes to the mission statement since the last September, 2009 Community Service Plan submission.

## II. Service Area

There have been no changes to the primary service area since the last September, 2009 Community Service Plan submission.

## III. Participants and Hospital Role

New York Hospital Queens plays a significant role in the development, and ongoing evaluation of community health need and resource availability to establish prevention, service and program priorities. The Hospital collaborates with many organizations and community groups in the process, disseminating health priority data to relevant constituents, and monitoring feedback from both the general public and regulatory agencies to assess progress and outcomes.

A representative list of those who participated in the development of the 2009 Community Service Plan submission and current participation status follows:

2009 CSP Participants	Participant Activity October, 2009 – August, 2010
American Association of Chinese American Physicians (ACAP)	Ongoing interaction throughout the year via group meetings with administrative and clinical leadership and individual meetings to update progress and to share information on access to services.
Korean American Physicians' Organization (KAPO)	Ongoing interaction throughout the year via group meetings with administrative and clinical leadership and individual meetings to update progress and to share information on access to services.
New York Hospital Queens Health Outreach® Membership	Annual members survey conducted to evaluate program offerings and to identify priority health topics for future educational programs.
New York City Department of Health and Mental Hygiene	Continued involvement in development, implementation and monitoring of the Colorectal Cancer Navigator program initiated in November, 2009.
New York City Office of Emergency Management	Multiple collaborative initiatives conducted throughout the year.
Greater New York Healthcare Association	Hospital President and CEO active Board member, attends regular meetings throughout the year..
New York Hospital Queens Board of Trustees and Clinical Leadership	Annual Combined Strategic Planning Retreat, March 17, 2010
New York State Department of Health Office of Health Systems Management	Ongoing discussion throughout the year as the Hospital nears opening of new building and addition of 80 medical surgical beds.

Queens Borough President's Hospital Task Force	Queens Borough President Helen Marshall has initiated an Update on the Status of Queens Hospitals agenda to begin this Fall as part of the Queens Borough Cabinet. The purpose is to provide opportunity for continued assessment of health needs versus provider capacity in Queens County. Hospitals will share information with a broad group of community leaders including the Borough President as Chair, 14 Queens County Community Board District Managers, and City Agency representatives, including Police, Fire, Human Service, DOHMH, and others. NYHQ is scheduled to present in early 2011.
General Community Focus Groups	Ongoing follow-up through Hospital Community Advisory Board meetings. Next formal focus group assessment scheduled prior to triennial CSP submission in 2012.
Chinese and Korean Patient Focus Group	Ongoing follow up through local community representatives, Press Ganey patient satisfaction surveys in both Chinese and Korean languages. Next formal focus group assessment scheduled prior to triennial CSP submission in 2012.
General Public Comment	Annual solicitation through public notice in Hospital Lobby, local newspapers. Plan update available on website, October, 2010.

<p><b>IV. Identification of Public Health Priorities &amp; Goals</b></p> <p><b>V. Action Plan Update</b></p> <p><b>Hospital's Selected Prevention Priorities</b></p>
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The following three Prevention Agenda Priorities were selected for focus during the three-year period between 2009 and 2012:

**#1. Prevention Priority Indicator: Access to Quality Care: % of Adults with Regular Health Provider**

***Three-Year Initiative: Expansion of the Primary Care Base***

The Hospital's Physician Relations Office, working with the clinical leadership from each of the major clinical disciplines, Medical Staff Society leadership and relevant culturally aligned physician organizations, such as the Association of Chinese American Physicians, the Korean American Physician Association, and others, collaborate to improve the percentage of adults in Queens County with regular health providers through the identification, recruitment and credentialing of high quality primary care physicians from the multiple ethnic backgrounds represented by the Hospital's patient population.

**Overall Goal**

The goal of the collaborative effort is to ensure adequate availability of culturally relevant physicians in the community.

**Impact of Collaboration:**

A total of sixty-eight physicians, representing identified priority cultures, were credentialed as members of The New York Hospital Queens Medical Staff.

In addition, approximately sixty additional bi-lingual professional and support staff members were employed by the Hospital to enhance communications with limited English speaking patients and physicians, increasing multi-lingual employee resources to forty-one percent of the total Hospital employed staff.

**Action Plan Update:**

- In 2010, the Hospital reorganized its physician recruitment effort to be directly coordinated by the Office of the President and Chief Medical Officer in order to enhance the identification and recruitment of high quality, culturally relevant physicians.

**#2. Prevention Priority Indicator: Access to Quality Care: Early Stage Cancer Diagnosis - Colorectal**

***Three-Year Initiative: Colonoscopy Patient Navigator Program***

The Hospital was awarded a contract with the New York City Department of Health and Mental Hygiene to initiate a Colonoscopy Patient Navigator Program. The contract provides \$80,000 in funding for two full time navigators for one year with an option to renew for a second year (if additional funding is available.) The initiative submitted was designed to increase screening colonoscopies in Chinese and Hispanic adults, who are less likely to participate in screening activities than the general population<sup>1</sup>.

**Overall Goal**

The overall goal of the initiative is to enhance access to screening colonoscopy for Asian and Hispanic residents in Queens County.

**Impact of Collaboration:**

Two full-time navigators, one Spanish and one Chinese speaking were employed in the Fall of 2009. The Medical Director of Gastroenterology, the Vice President for Professional Services, and the Nurse Manager of the Endoscopy Unit worked with representatives from the NYCDOHMH to establish baseline data for the program and to implement electronic reporting capability.

The navigators designed and conducted outreach recruitment initiatives among targeted populations in collaboration with the Hospital's Ambulatory Care Department and Health Outreach®.

Preliminary results reported by the NYCDOMH Cancer Control Program, January through July, 2010:

A total of 483 patients were recruited and followed by the Hospital's two colorectal navigators.

The demographics characteristics of the navigated patients show that the targeted groups represent a higher percentage of total navigator caseload when compared to baseline: 29% versus 22% for Hispanics; 26% versus 17% for Asians; and 20% versus 14% for Blacks. The percentage of Whites receiving navigator services remains the same.

The cancellation rate of navigated patients was one percent (1%) compared to 2009 baseline data cancellation rate of 8%.

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<sup>1</sup> NYCDOHMH Cancer Prevention and Control Program, November, 2006.

**Action Plan Update:**

- Preliminary results of the program are very favorable. The Hospital signed and submitted the NYCDOMH contract upon commencement of the program, however, the agreement is currently in Mayor's office of contracts and is in the final stages of being registered. Reimbursement for expenses incurred is pending.

**#3. Prevention Priority Indicator: Chronic Disease – Diabetes short-term complication hospitalization rate.*****Three-Year Initiative: The Diabetes Education Program***

New York Hospital Queens' Cardiac Health Center entered into partnership with The Diabetes Care and Information Center of New York, offering a community-based American Diabetes Association recognized educational program for diabetic patients and families. Program content is derived from evidence-based studies and in compliance with standards for Diabetes Self-Management Education.

**Overall Goal**

The goal of the initiative is to increase patients and families' capacity to manage behaviors that are under their control such as diet, exercise and consistent self-care to manage diabetes.

**Impact of Collaboration:**

- Planning meetings were held throughout the latter half of 2009 and the first quarter of 2010. The planning group determined that it would be more efficient for the Hospital to coordinate the effort through its existing Health Outreach® resources.
- More than nine hundred community residents were screened for Diabetes between January and June of 2010 through the Health Outreach® program.

**Action Plan Update:**

- The Hospital will continue to work through Health Outreach® and other internal resources to achieve the goal of this initiative.

<p style="text-align: center;"><b>IV Cont'd. Identification of Public Health Priorities &amp; Goals</b> <b>V. Action Plan Update</b> <b>Other Prevention Agenda Priorities</b></p>
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**Prevention Priority Indicator: Access to Quality Care: Early Stage Cancer Diagnosis - Breast**

***NYHQ Initiative: Breast Cancer Awareness Public Education Campaign***

The New York Hospital Queens' Breast Center physicians and staff participate annually, in collaboration with the American Cancer Society, to promote breast cancer awareness and early detection in the community. The Hospital has been designated a flagship hospital for Making Strides Against Breast Cancer due to the level of participation in breast cancer related initiatives. Throughout the year, and in particular during October, Breast Cancer Awareness month, The Breast Center Team engages hospital employees and the public in numerous activities designed to positively influence women's perceptions about the benefits of breast cancer screening.

**Overall Goal**

The overall goal of the initiative is to promote breast cancer awareness and increased participation in screening for early detection.

**Impact of Collaboration:**

- Seven community based lectures given by the Director of the Breast Center and the Genetics Counselor
- Selection of the Hospital's Genetics Counselor by The National Society for Genetic Counselors as one of three genetic counselors to produce a professional education video on effective counselor-client interviewing techniques.
- Annual participation in the American Cancer Society's Queens County *Making Strides Against Breast Cancer Walk*.
- Breast Center navigator provided direct referral to the American Cancer Society for participation in support programs and other services for greater than 90% of all Breast Center patients diagnosed with cancer.

**Action Plan Update:**

- The Breast Center will participate with the Hospital's Health Outreach® Program to implement the New York State Cancer Services Program grant to provide breast cancer screening and follow up care for high risk, uninsured women over age forty.
- Breast Center navigator and American Cancer Society have revised process for tracking actual participation in ACS programs after diagnosis.

***NYHQ Initiative: Breast Cancer Clinical Research Projects***

The New York Hospital Queens Breast Center, The Theresa and Eugene M. Lang Center for Research and Education, NYHQ clinical departments of Surgery and Pathology, and the Cancer Center, in partnership with the Association of Chinese American Physicians and American Cancer Society Asian

Initiatives representatives joined in a genetic research project. The collaborative project is exploring changes in the DNA codes and genes unique in Asian women. Another collaborative research project including NYHQ and the University of Medicine and Dentistry of New Jersey physicians and research staff is in progress that may help in the non-invasive diagnosis of breast cancer.

### **Overall Goal**

The overall goals of the two projects are to provide valuable clinical and scientific information that may enhance the understanding of cultural factors on breast cancer and to increase early detection through use of non-invasive diagnosis.

### **Impact of Collaboration:**

Three collaborative initiatives to conduct breast cancer research in Asian women continue as described in the 2009 Community Service Plan submission.

- (1) Chinese Breast Cancer Genomic Project
- (2) Breast Cancer (BRCA) Mutations and Variants in Young Asian Women at High Risk
- (3) Molecular Origins of Cancer: Impact of Race on Breast Cancer

Results of the participants' study of 68 Asian women showed that specific types of DNA changes, some of them associated with breast cancer, were different compared to the 126 Caucasian women tested. Asians with breast cancer were younger and fewer Asians had genetic counseling prior to developing breast cancer, suggesting barriers to screening. Findings emphasize the need for further research and education to hopefully accelerate the development of strategies to reduce disparities of cancer screening and prevention in minority women.

The collaborative project with University of Medicine and Dentistry of New Jersey, a multi-center study examining the outcome of using a laser device to treat small breast tumors also continues to be active.

To date 24 patients have been treated and early results show the procedure to be a promising alternative to surgical excision, with less scarring and pain, and quicker recovery time. Enrollment continues.

The Breast Center at NYHQ is continues to be involved in multiple projects exploring the impact of breast cancer in a multiethnic population

1. Impact of Preoperative Breast MRI on Management of Premenopausal Breast Cancer
  - a. The purpose of this study is to determine the impact on treatment of pre-operative breast MRI in premenopausal women diagnosed with in situ (DCIS) or invasive breast cancer (IDC or ILC). The impact of breast MRI findings on additional breast imaging, biopsy and/or surgical management will be evaluated, in addition to the differences in ethnicity affecting these findings. Thus far, 51 patients have been evaluated and further updating will be done in 2010.
2. Applicability of Breast Cancer Nomograms in Predicting Non-sentinel Lymph Node Status in the Elderly Population.
  - a. Currently there are multiple nomograms, which are used to predict whether non-sentinel nodes will be positive in the presence of a positive sentinel node. Elderly women tend to have less likelihood of sentinel node metastases. This study will evaluate women over 70 years of age who have had a positive node to determine the applicability of these nomogram and any variations among ethnic populations. The data is currently being analyzed and thus far we have 27 women who are eligible for this study.
3. Disparities in Radiotherapy for Breast Cancer and Carcinoma-In-Situ: Survey

- a. Funded by the American Cancer Society and in collaboration with Heather Gold, MD at Weill Cornell Medical College,
- b. Study explores the impact of social factor, including ethnicity, education and income in receiving and complying with radiation. Study is now closed (12/09) and the data is being evaluated with enrollment of 56 patients.
- 4. Identification and Isolation of Breast Cancer-specific Biomarkers in Tissue and Biological Fluids
  - a. In collaboration with Kiran Madura, PhD at UMDNJ.
  - b. The purpose of the project is to determine if a narrowly defined set of specimens from breast cancer patients (blood, urine, sputum/saliva and breast tissue can be interrogated to identify differences in proteasome activity and biomarker levels and if these differences:
    - i. Can distinguish lobular, ductal or other breast cancer subtype
    - ii. Are related to the grade and/or stage of cancer (malignancy)
    - iii. Reflect distinct regions of the tumor
    - iv. Can distinguish early onset from late-onset (post-menopausal) cancer
    - v. Will allow for the identification of specific proteomic ‘risk-factors’ of different ethnic populations
  - c. This project is active and currently 187 patients have been enrolled.

**Action Plan Update:**

Participation in a project to study ethnic differences on the impact of breast cancer on employment status, financial situation and quality of life, in collaboration with Memorial Sloan Kettering Cancer Center faculty, is planned.

**Prevention Priority Indicator: Tobacco Use - % cigarette smoking in adolescents and adults**

***NYHQ Initiative: Health Outreach® Smoking Cessation Program***

New York Hospital Queens Health Outreach®, has established partnerships with the American Lung Association, American Heart Association, and New York State Department of Health “Queens Quits” program to enhance opportunities to reduce smoking among Queens residents.

**Overall Goal**

The goal of the redesigned Health Outreach® smoking cessation program is to increase participation. The goal of the *Sabemos* partnership is to teach parents how secondhand smoke can affect them and their children.

**Impact of Collaboration:**

The traditional 7-session adult support group was modified to allow participation in a single session format. The program was in place for approximately one year with very little community interest or participation.

As a result, the program was revised again to offer individualized assistance, providing phone support, referral to Queens Quits, and face to face counseling as needed. Since the project was restructured, at least 12 people have been individually counseled.

The Theresa Lang Children’s Ambulatory Center continues to provide Sabemos education and literature to parents who smoke to help educate and thereby reduce the effects of second hand smoke.

### **Action Plan Update:**

- A log of each adult involved in the smoking cessation program is in place to monitor identified needs and services provided.

### **Prevention Priority Indicator: Healthy Mothers/Healthy Babies/Healthy Children – Increase % of 2-year old children who receive recommended vaccines.**

#### ***NYHQ Initiative: Vaccines for Children (VFC)***

Between 1989 and 1991, a measles epidemic in the United States resulted in tens of thousands of cases of measles and hundreds of deaths. Upon investigation, Centers for Disease Control (CDC) found that more than half of the children who had measles had not been immunized, even though many of them had seen a healthcare provider. In partial response to that epidemic, Congress passed the Omnibus Budget Reconciliation Act creating the Vaccines for Children (VFC) Program in 1994. New York Hospital Queens contracts with the VFC to provide free vaccines to eligible children.

#### **Overall Goal**

The goal of the program is to assist families of children who may not otherwise have access to critical immunizations by providing free vaccines to eligible children.

#### **Impact of Collaboration:**

The Hospital's pediatric centers were in 100% compliance for recommended doses of 4Dtap, 3 polio, 1 MMR, 3 HIB, and 3 HepB, as well as recommended Adolescent vaccinations.

### **Action Plan Update:**

- There are no anticipated changes to this initiative. The Hospital's collaborative program with Vaccines for Children is a long-standing positive relationship to ensure appropriate immunization.

### **Prevention Priority Indicator: Healthy Mothers/Healthy Babies/Healthy Children – % of early prenatal care (1<sup>st</sup> Trimester).**

#### ***NYHQ Initiative: Prenatal Care Assistance Program (PCAP)***

New York Hospital Queens participates in the New York State Medicaid Program preferred provider model for obstetrical care, PCAP, to deliver quality, comprehensive perinatal care services to eligible low-income uninsured and underinsured women to improve perinatal outcomes.

#### **Overall Goal**

The goal of the program is to improve perinatal outcomes in low-income uninsured and underinsured women.

#### **Impact of Collaboration:**

Entrance into prenatal care in first trimester was 67% in 2009, and is roughly comparable to Queens County at 66% with the most recent available Department of Health data for Queens County Indicators

for Tracking.

2007 results for low birth weight births at 3% compared favorably with 8.3%<sup>2</sup> for Queens County.

#### **Action Plan Update:**

- There are no anticipated changes to this initiative. The Hospital's collaborative program with the Prenatal Care Assistance Program is a long-standing positive relationship to ensure the appropriate level of quality for perinatal care .

#### **Prevention Priority Indicator: Physical Activity and Nutrition -% of obese children grades K through 10.**

##### ***NYHQ Initiative: Fit Kids Program***

The Department of Pediatrics and the division of Pediatric Gastroenterology have a multi-faceted strategy to combat obesity in children. The program includes participation in national advocacy initiatives coupled with a community based nutrition and exercise program modeled after the American Heart Association recommendations for diet and exercise in children.

The Department collaborated with NYC Council Member Tony Avella in support of a United States Congress action to pass the Fitness Integrated with Teaching (FIT Kids) Act, legislation that would amend the Elementary and Secondary Education Act of 1965 to improve standards for physical education.

#### **Overall Goals**

The goals of the program are to increase awareness of children and parents about the benefits of healthy lifestyles and to assist program participants to achieve targets and to secure legislation and potential funding for program support.

#### **Impact of Collaboration:**

- On April 21, 2010, the House of Representatives passed a modified version of the FIT Kids Act, sponsored by Congressman Ron Kind (D-WI). The bill requires school districts to make public information on the quality and quantity of physical education in our nation's schools and call for a National Research Council study on the association between physical education and activity, and cognitive performance and academic performance.
- Nearly 100 children were evaluated in 2009 exercise and nutrition education program
- A Nurse Practitioner who is also Registered Dietician was added to the program's support team.
- On-site cooking classes were added to the program
- Parents and siblings were permitted to participate in the exercise program to promote family-wide changes

#### **Action Plan Update:**

- Beginning the Fall 2010 a monthly dyslipidemia (high cholesterol) and fatty liver clinic will be offered
  - Patients evaluated will have the opportunity to participate in group counseling and all aspects of the Fit Kids program.

## **Prevention Priority Indicator: Healthy Environment – Asthma Related Hospitalizations**

### ***NYHQ Initiative: New York Hospital Queens Pediatric Asthma Center***

The New York Hospital Queens offers the longest-running community based program in Queens County dedicated to the care of children with Asthma. The Center's objective is to minimize the impact of Asthma related symptoms and illness on both the patient and family and to reduce acute exacerbations requiring hospitalization.

New York Hospital Queens is also participating in an advisory workgroup including the NYSDOH, IPRO, the New York City Asthma Initiative, APNY and others in an 18-month project to develop an asthma self-management toolkit for New Yorkers with asthma and their families.

In addition, the Pediatric Asthma Center is active in asthma advocacy initiatives, including NY State Senator Kirsten Gillibrand's Healthy Children's Advisory Group.

#### **Overall Goals:**

- to provide comprehensive disease management based protocols for children with asthma from infancy through age 18.
- to assure that NYS residents with asthma will have access to accurate, culturally and linguistically appropriate asthma educational materials to assist them in controlling their asthma.
- to make inhalers available to low-income children, have schools create management plans for asthma cases, increase availability of certified asthma educators and to enhance asthma research.

#### **Impact of Collaboration:**

- 2009 calculated admission rate based on active patients of 3,305 and total hospital admissions of 126 provides a proxy admission rate for the Asthma Center population of 3.8 compared to the 2009 reported rate of 4.0
- Asthma self-management toolkit advisory group continues to meet and the project remains on target.
- Senator Gillibrand's workgroup remains active and continues to pursue legislation introduced.

#### **Action Plan Update:**

- There are no anticipated changes to the initiatives.

## **Prevention Priority Indicator: Chronic Disease – Coronary heart disease and Congestive Heart Failure hospitalization rates.**

### ***NYHQ Initiative: The Cardiac Health Center***

New York Hospital Queens' Cardiac Health Center was the first community-based cardiac disease prevention and rehabilitation facility in Queens County. The Center is under the supervision of a Medical Director who is a Board Certified Cardiologist and who is assisted by a staff of physicians, nurses, nutritionists, and exercise therapists. The program focuses on education, early detection and treatment as the most important way to prevent and manage cardiovascular disease. The Center's education programs in nutrition and exercise help many individuals make the lifestyle changes they need for a heart healthy future.

### **Overall Goal**

The Center's goal is to promote primary and secondary prevention of cardiac disease in at risk populations and those diagnosed with existing conditions.

### **Impact of Collaboration**

- More than 25,000 Phase II Cardiac Rehabilitation annual visits
- Overall enrollment increased by 4% in 2009
- 1,000 inpatient cardiac rehabilitation visits designed to introduce patients to the benefits of continued rehabilitation post discharge. Approximately 25% of patients visited in hospital enrolled in the outpatient program post-discharge.
- Expanded services to participate in the Hospital's Employee Wellness program beginning in July, 2010. Thirty employees interviewed. Three employees registered to date. In-service education scheduled for eighty employees at off-site facilities scheduled for September, 2010.
- Weight management participant completion of more than 8 weeks in program increased from 37% between 2003 and Fall, 2008 to 60% from Fall of 2008 to 2009.

### **Action Plan Update**

- Major revision of the Cardiac Health Center website is in progress to provide easier access to services, as well as direct links to relevant health sites such as the American Heart Association and American Diabetes Association.
- Continued expansion of Employee Wellness initiatives, including lectures in collaboration with the Hospital's Corporate College Employee Lunch and Learn program.

### **Prevention Priority Indicator: Chronic Disease – Coronary heart disease, Congestive Heart Failure, Diabetes and Stroke Hospitalization Rates**

#### ***NYHQ Initiative: Health Outreach® Public Education and Community Health Fair and Screening Program.***

New York Hospital Queens Health Outreach® program is a long standing community outreach initiative to support the health and well being of the community's senior population. The program operates from a storefront facility where seniors can access health information and assistance to navigate health care related issues. The program conducts an active education and early detection program that concentrates on the population's identified health priorities, especially cardiovascular health and diabetes risk and detection.

### **Overall Goal**

The Center's goal is to promote primary and secondary prevention of cardiac disease in at risk populations and those diagnosed with existing conditions.

### **Impact of Collaboration**

Between 2008 and 2009...

- Increased the number of health fairs conducted throughout Queens from 44 to 81 .
- Expanded from 30 to 75 community partners who hosted the Fairs in churches, synagogues, schools, and other community venues.
- Increased the number individuals who benefited from the cardiovascular and diabetes screening services from 2,500 to 3000.
- Increased screenings conducted....

Blood Pressure – from 2512 to 3,158 participants

Glucose Screening: 2,459 to 3,025 participants

Cholesterol Screening: from 2,432 to 2,882 participants

Cardiovascular Risk Assessment: from 1,164 to 1,603 participants

The program also includes screening for glaucoma, a recognized complication of diabetes that may also be related to hypertension. Health Outreach® partners with the New York Hospital Queens Eye Center and the Friends of the Congressional Glaucoma Caucus Foundation in this initiative. The program also provides free treatment at the Queens Eye Center for eligible candidates identified during screenings. More than 2,000 Queens residents were screened through the program in 2009 and more than 250 were referred to the Queens Eye Center for treatment.

In addition, 12 public health prevention and early detection lectures were sponsored in 2009 by Health Outreach® and held in the Hospital's Theresa and Eugene M. Lang Center for Education and Research Auditorium.

### **Action Plan Update**

No change is anticipated in this initiative. All partners are fully engaged and participate in the design, development, and execution of the Center's prevention agenda.

### **Prevention Priority Indicator: Community Preparedness - % of population living in jurisdiction with state-approved emergency preparedness plans.**

#### ***NYHQ Initiative: Disaster Preparedness***

New York Hospital Queens is an active participant in various emergency management related community forums, including the GNYHA Emergency Management Steering Committee that helps to set priorities for the GNYHA Emergency Preparedness Council. Collaborative goals established include ensuring hospital preparedness through a partnership with other emergency providers (police, fire, EMS) vis-à-vis, implementation of incident command through NIMS and HICS training and response matrices, discussion of risks and hazards that can affect the entire area (coastal storms, surge capacity, mass fatality planning, evacuation and pandemic planning).

### **Overall Goals**

Collaborative goals established include ensuring hospital preparedness through a partnership with other emergency providers (police, fire, EMS, implementation of incident command through National Incident Management Systems (NIMS) and Hospital Incident Command Systems (HICS) training and response matrices, discussion of risks and hazards that can affect the entire area (coastal storms, surge capacity, mass fatality planning, evacuation and pandemic planning).

### **Impact of Collaboration**

New York Hospital Queens participated in the following collaborative emergency preparedness activities:

- Queens County Emergency Preparedness Healthcare Coalition
- Regional Emergency Medical Services Council of New York City Update on Revisions to Prehospital Treatment and Transport Protocols
- New York City Department of Health and Mental Hygiene Emergency Disaster Drill on burn patient management.
- NYHQ and American Red Cross community education presentation on emergency preparedness.

### **Action Plan Update**

No change is anticipated in this initiative. The Hospital will continue to lead and participate in the development, implementation, and monitoring of emergency preparedness activities in the Queens community.

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

A written summary of the CSP is available to the Public. Instructions for obtaining access to the Community Service Plan are posted in the Hospital's Lobby and in local newspapers.

The full [Community Service Plan](#) and summary are posted on the hospital website at [www.nyhq.org](http://www.nyhq.org). The public can also make inquiries about the plan and obtain a printed copy of the summary by contacting the Department of Public Affairs and Marketing at 718-670-1065.

A copy of the summary PDF document is attached.

## **VII. Changes Impacting Community Health Provision of Charity Care Access to Services**

Barriers to expanded provision of charity care and expansion of access to services continue to be based in financial threats described in the Hospital's 2009 Community Service Plan submission:

- Economic downturn – resulting in unprecedented incremental financial burdens on hospitals, e.g., budget gap closure strategies like the MTA and employer taxes; increases in uninsured and underinsured resulting from rising unemployment; declining philanthropy.
- Declining reimbursement - projected reductions in Medicare and Medicaid reimbursement and potential shift of funding from acute care to prevention programs before sufficient inpatient efficiencies have been achieved.

- Malpractice/defensive medicine – forcing redirection of operating revenues from program support to increase reserves and fund settlements/judgments; proliferation of unnecessary testing; and most important, decreasing numbers of qualified physicians in primary care areas such as Obstetrics due to continuing increases in malpractice insurance premiums.
- Increased regulatory surveillance/tracking – expansion of requirements for multiple regulatory agencies without additional funding to secure sufficient resources to mine, interpret, and report routine data and respond to inquiries.
- Continued rise in Labor costs – salary and benefits demands continue to rise in the face of declining reimbursement; failing pension plans requiring increased funding.
- Lack of capital funding – preventing expansion and addition of programs due to inadequate space and aging facilities.

## **VI. Financial Aid Program**

New York Hospital Queens (NYHQ) has always serviced both the underinsured and uninsured as part of its Mission. NYHQ conducts its financial aid program in full compliance with the policy and procedures set forth in the Financial Aid Law 2087.

The NYHQ application process is designed to be best practice and is constantly reviewed to evaluate outcomes, and to design and development improvements. There is ample signage, which includes information regarding the Medical Center's Mission to provide quality care to all who need it, on display at all registration and intake points throughout the Medical Center as well as the various ambulatory care sites throughout the community. Financial Aid information is available in numerous languages including, but not limited to, English, Spanish, Chinese (Mandarin), Korean, and Russian.

Despite the increasingly difficult environment in which the Hospital is forced to operate, more than 19,000 patient encounters with charges of approximately \$27 million were granted financial aid or presumptive eligibility.