

The New York Hospital
Medical Center of Queens

Community Service Plan
2nd Year Update
2011



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I. The Mission Statement for New York Hospital Queens

To provide our greater community with excellence in clinical care, patient safety, education, clinical research and service.

There have been no changes to the mission statement since the first year update of the Community Service Plan submission in September 2010.

II. Service Area

The New York Hospital Queens uses Queens County for community/local health planning for the purposes of the Community Service Plan. The Hospital serves residents from every Take Care New York (TCNY) defined neighborhood in the borough. The neighborhoods are based on UHF definitions that are specified by zip code.

There have been no changes to the primary service area since the first year update of the Community Service Plan submission in September 2010.

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, 2010 – August, 2011
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 monitoring of the Colorectal Cancer Navigator program initiated in November, 2009.
New York City Office of Emergency Management	Multiple collaborative disaster preparedness 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	Approval for opening of 80 additional medical surgical beds, ambulatory surgery center and interventional cardiology, vascular, and radiology suite. Submission and approval of Certificate of Need to open a Transitional Care Unit in October of 2011.
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 rescheduled to present late Fall 2011 or 1 st quarter 2012.
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, 2011.

<p>IV. Identification of Public Health Priorities & Goals</p> <p>V. Action Plan Update</p> <p>Hospital's Selected Prevention Priorities</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.

Action Plan 2nd Year Update:

During the past twelve months, twenty-two ethnically relevant physicians were added to the Hospital's medical staff, including Chinese, Korean, South Asian, Greek and Russian physicians. More than fifty percent of these physicians are general internists whose practices are community based.

Hospital leadership, including the Chairman of the Board of Trustees, Chief Executive Officer, Chief Medical Officer and other clinical leadership met frequently with its community partners both at the Hospital and in the community to assess, and address, specific culturally significant health needs.

In addition, the Hospital has created at full-time Vice President level position to oversee Hospital/Physician relationships to better coordinate and prioritize physician/community health needs.

#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 provided \$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 population¹.

Overall Goal

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

Action Plan 2nd Year Update:

The Hospital has expanded the program to include an additional part-time navigator, enhancing our ability to effectively reach out to Spanish, Chinese, and Korean speaking community residents at risk. This position is partially funded by the City University of New York through its collaborative navigator internship program with the NYSDOHMH.

Preliminary results reported by the NYCDOHMH Cancer Control Program, September 2010 through June 2011:

- A total of 907 patients were recruited and followed by the Hospital's three colorectal navigators during this period of time with a total of 1378 since the program's inception.

¹ NYCDOHMH Cancer Prevention and Control Program, November, 2006.

- Demographic characteristics of the navigated patients show that the targeted groups represent a higher percentage of total navigator caseload when compared to baseline: 19% versus 22% for Hispanics; 25% 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 four percent (4%) compared to 2009 to 2010 baseline data cancellation rate of 8%.

#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.

Action Plan 2nd Year Update:

The Hospital continued to work through its Health Outreach® program and Cardiac Health Center 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.

- More than 100 community residents were screened for Diabetes between January and June through the Health Outreach® program between January and June of 2011.
- Thirty percent population of phase II monitored and maintenance phase cardiac rehabilitation patients are also diabetic. All phase II monitored patients have nutrition counseling with the RD and establish goals such as reduced saturated fat in their diet, weight loss or gain, better nutritional choices, and improved HgbA1c for the diabetics(if necessary).
- Phase IV rehabilitation diabetic patients receive continued nutrition counseling, supermarket tours, reduced weight management class to this population, and since we monitor all patients for medication change and new events, we offer education and counseling for patients who may develop diabetes while in program.

The Hospital's Cardiac Health Center nutritionist is currently enrolled in a program to become a certified diabetes educator(CDE).

- A monthly diabetes support group is held the first Wednesday of every month and the nutritionist also accepts individual referrals from the community.

Inpatient cardiac rehabilitation staff also screen for patients with diabetes in order to encourage direct follow up in the outpatient rehabilitation program to initiate education on managing diabetes as soon after discharge as possible.

<p style="text-align: center;">IV Cont'd. Identification of Public Health Priorities & Goals V. Action Plan Update Other Prevention Agenda Priorities</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.

Action Plan 2nd Year Update:

- The Breast Center is working with the Hospital's Health Outreach® Program to implement the New York State Department of Health Cancer Services Program grant to provide breast cancer screening and follow up care for high risk, uninsured women over age forty. Between October of 2010 and September, 2011, 177 uninsured women received free breast and cervical cancer screening through the program.
- The New York Hospital Queens participated for the second year as a Corporate Sponsor in the annual Making Strides Against Breast Cancer Walk in October 2010.

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 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.

2nd Year Action Plan Update

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. Forty-five additional subjects were deemed eligible since the 1st year CSP update bringing the total number of subjects to 72. Further database review is being conducted to identify additional subjects.
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. The study closed in December of 2009 and a manuscript describing results has been submitted for publication.
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

There are now more than 200 patients enrolled in the study with 80 complete collection sets. Data is currently being analyzed on the complete collections.

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’s 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.

Action Plan Update:

- The Hospital continues to participate in the New York State Department of Health “Queens Quits” program.

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.

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 (1st 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 66.6% year to date 2011, compared to Queens County at 68.1%² with the most recent available Department of Health data for Queens County Indicators for Tracking.

2010 results for low birth weight births at 7.4% compared favorably with most recent available data of 8.3%³ 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.

2nd Year Action Plan Update:

- Exercise sessions three times weekly. Currently 30-60 regular participants with approximately 100 children evaluated annually.
- Exercise sessions divided into older and younger age groups. This allows more focus on varied interest of each age group.
- Pediatric dyslipidemia/fatty liver clinic initiated in November, 2010. Sixty children with high cholesterol/triglycerides and fatty liver disease, now followed through the program. Parents are encouraged to participate in all aspects of care. Treatment coordinated among Pediatric Gastroenterologist, Nutritionist, and FITKIDS exercise/child life program. One of three programs in the New York metropolitan area.

² "Queens County Indicators for Tracking Public Health Priority Areas, New York State Department of Health, (2006-2008).

³ "Queens County Indicators for Tracking Public Health Priority Areas, New York State Department of Health, (2006-2008).

- FITKIDS/Queens Botanical Garden program began in May of 2011. Queens Botanical Garden staff educates participants on herb gardens, bees and honey, etc. The educational session was followed by one hour of exercise conducted by FITKIDS staff in the Garden.
- Collaboration with local farmer's market is in planning for 2012 FITKIDS monthly nutrition sessions, some of which will be led by local professional chefs.

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.

2nd Year Action Plan Update

- NYHQ's Pediatric Asthma Center has a total of 3661 active patients with 134 total hospital admissions in 2010 providing a calculated proxy admission rate of 3.6, improved from 3.8 in 2009.
- The Pediatric Asthma Center staff conducted nine asthma education workshops in Queens' schools during the year and participated in community health fairs sponsored by corporate entities such as Trans Canada Corporation, insurers such as Health Plus, Amerigroup and Health First, and government representatives, such as Councilman Leroy Camrie's Family Days.
- Asthma Center staff also provided education to providers throughout the year, including four large pediatric practices at their office sites.
- The Pediatric Asthma Center (PAC) continues to be an active member of the NYS Asthma Self-Management Tool Kit Workgroup. Workgroup goals and activities were updated in May of 2011, including "Asthma Polis", the use of mobile technology to

support and enhance public health messaging and data collection that is expected to be introduced in pilot hospitals in Fall of 2011.

- The PAC Medical Director continued membership on the New York State Consensus Asthma Guideline Expert Panel that revised published guidelines that were distributed to all primary care physicians in New York State in May of 2011.
- Work with Senator Gillibrand Healthy Children Advisory Group continues to promote availability of inhalers for low-income children and to enhance asthma management in the schools.
- The PAC Medical Director was appointed Chair of the Steering Committee of the American Lung Association's Asthma Coalition of Queens and Co-chair of the Asthma Coalition in Queens of the New York City office of School Health.

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.

2nd Year Action Plan Update

- More than 25,000 Phase II Cardiac Rehabilitation annual visits
- Overall enrollment increased by 5% in 2010
- Tai Chi program to improve balance, flexibility, and coordination while promoting relaxation has grown by 25%.
- 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.
- Initiated participation in the **Hospital's Employee Wellness program** in July, 2010. Implemented employee access to America on the Move website for Spring into Fitness challenge. Established 59 teams each with 10 employees participating to meet a goal of 10,000 steps per employee per day.
- Eighty employees who work in Hospital off-site facilities registered educational program on better eating and exercise program.
- Zumba dance classes for employees initiated in June, 2011. Forty employees participating.

- One hour balance and flexibility class conducted by exercise physiology staff offered twice weekly for employees. Class will be opened to public in Fall of 2011.
- Massage therapy program has grown by 65% between 2010 and 2011.
- **“Weight to Shop” Supermarket Tour** offered monthly. Health Center Registered Dietician leads participants through tour of a local market, educating on label reading, meal planning, healthy food preparation, budgeting, and shopping for special health needs.

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.

2nd Year Action Update

- Participated in a total of 73 health fairs in 2010
- Screening Activity
 - Blood Pressure – 1,089
 - Glucose - 975
 - Cholesterol - 504
 - Cardiovascular Risk - 125

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 1,900 Queens’s residents were screened through the program in 2010 and more than 200 were referred to the New York Hospital Queens Eye Center for treatment.

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).

2nd Year Action Plan Update

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 Pre-hospital Treatment and Transport Protocols
- New York City Department of Health and Mental Hygiene Emergency Table Top Drill on regarding pandemic influenza
- NYHQ Emergency Management Committee participation in the Hospital Incident Command System (HICS) training initiative for improving emergency management planning, response, and recovery capabilities for unplanned and planned events .
- Multi-area hospital collaborative disaster table top drill.

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](http://www.nyhq.org/Community_Service_Plan) and summary are posted on the hospital website at www.nyhq.org/Community_Service_Plan

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.

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) services 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 develop improvements. There is ample signage, which includes information regarding the Medical Center’s Mission to provide quality care to all who need it, without regard to financial condition or mode of payment, on display at all registration and intake points throughout the Medical Center as well as the various ambulatory care sites throughout the community. Printed financial aid information is available in numerous languages including, but not limited to, English, Spanish, Chinese (Mandarin), Korean, and Russian. Language line interpretation services are also used whenever necessary to enhance communication for all patients with limited English proficiency.

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 2011 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; significant premium increases; 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, rapidly

- escalating costs of medical benefit plans
- Lack of capital funding – preventing expansion and addition of programs due to inadequate space and aging facilities.

Despite the increasingly difficult fiscal 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 in 2010.

New York Hospital Queens' Community Service Plan is a dynamic document that reflects the Hospital's commitment to meet the needs of more than 2.3 million residents living in Queens County. It incorporates the unique challenges associated with caring for the most culturally diverse community in the United States and, according to some sources, the world.

The Hospital collaborates with many organizations and community groups in ongoing discussion and analysis of community health need and resource availability to establish and monitor program priorities and service outcomes.

As the financial environment continues to reduce availability of funds to support pressing health care needs, creative partnerships among providers and all other stake holders will be critical to the Hospital's ability to respond.