

The New York Hospital
Medical Center of Queens

Community Service Plan
3rd Year Update
2012



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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, 2011 – August, 2012
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 expansion and monitoring of the Colorectal Cancer Navigator program initiated in November, 2009.
New York City Office of Emergency Management	Collaborative disaster preparedness initiatives conducted throughout the year.

Healthcare Association of New York State, (HANYYS)	Hospital President and CEO is a Trustee member, attends regular meetings throughout the year. COO is Chairman of the HANYYS Chief Operating Officers Committee.
New York Hospital Queens Board of Trustees and Clinical Leadership	Annual Combined Board, Clinical and Administrative Leadership Strategy Session, February, 2012
New York State Department of Health Office of Health Systems Management	Ongoing interactions regarding healthcare needs and capacity in Queens County. Expansion of Emergency Department, opening of Transitional Care Unit, and Wound Care Center.
Queens County Borough President's Office	Ongoing dialogue with Borough President and representatives regarding health issues in Queens. Presentation on NYHQ service to the community, Queens Borough Cabinet, April, 2012.
General Community Focus Groups	Ongoing follow-up through Hospital Community Advisory Board meetings. Next formal focus group assessment scheduled prior to CSP submission in 2013.
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 CSP submission in 2013.
General Public Comment	Annual solicitation through public notice in Hospital Lobby, local newspapers. Summary plan update available on website, October, 2012.

<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 3rd Year Update:

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

During the past twelve months, seventy two percent of all physicians who joined the Hospital's medical staff are community based. Approximately thirty percent of the total medical staff speaks a second language including but not limited to Chinese, Korean, Hindi, Greek, Spanish and Russian.

#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 and the Hospital ultimately took on full funding responsibility for the program. 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 3rd 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. In addition, this student position is funded by the City University of New York through its collaborative navigator internship program with the NYSDOHMH.

Results reported by the NYCDOHMH Cancer Control Program, September 2010 through Jan 2012:

- A total of 1530 patients were recruited and followed by the Hospital's three colorectal navigators during this period of time with a total of 1774 since the program's inception.
- 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 2010 to 2011 baseline data cancellation rate of 8%.

Through the NYSDOH Cancer Services Program, the Hospital also hosted educational workshop and screening exam for colon cancer in March 2012 for Colon Cancer Awareness Month.

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

#3. Prevention Priority Indicator: Chronic Disease – Diabetes short-term complication hospitalization rate.

Three-Year Initiative: The Diabetes Education Program

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 3rd Year Update:

The Hospital continued to work through its Cardiac Health Center to enhance patients and families' capacity to manage behaviors that are under their control such as diet, exercise and consistent self-care to manage diabetes.

- 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, a CDE (certified diabetes educator), also provides nutrition counseling services and guidance for diabetes and bariatric patients who are not presently enrolled in our phase II or maintenance program. In addition to 90 patient counseling performed by the CDE in 2011, approximately 50 patients a year were privately referred to the Hospital's CED for nutritional guidance.
- A monthly diabetes support group is held the first Wednesday of every month and the nutritionist also accepts individual referrals from the community.
- The Hospital is actively seeking a grant from the ADA for intensive lifestyle intervention for diabetic cardiac patients that includes formal ADA diabetes education.

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.

IV Cont'd. Identification of Public Health Priorities & Goals
V. Action Plan Update
Other Prevention Agenda Priorities

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 3rd 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. In 2011, 250 uninsured women received mammography and 217 received cervical cancer screening through the program.
- The New York Hospital Queens continues to participate as a Corporate Sponsor in the annual Making Strides Against Breast Cancer Walk in October every year.
- Breast Cancer prevention and updates are to be conducted for the community at large Oct 2012.

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.

Action Plan 3rd Year Update

The Breast Center at NYHQ 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. This project will be reopened in 2012, more subjects will be evaluated and also the financial impact of pre-operative MRI will also be investigated.
2. Receptor Status in Early Onset Breast Cancer Across Race
 - a. This study is in collaboration with New York University (NYU).
 - b. The objective of this study is to analyze the variations in the expression of the receptor proteins-estrogen receptor (ER), progesterone receptor (PR), and Her2/neu, in early onset breast cancer across races. We are currently in data collection for NYHQ. A preliminary abstract has been sent by NYU to the AACR Cancer Disparity Meeting.
3. Disparities in Radiotherapy for Breast Cancer and Carcinoma-In-Situ: Survey
 - a. Funded by the American Cancer Society and in collaboration with 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 was sent to several journals for publication and we are waiting for an acceptance.
4. Breast Cancer and the Workforce: Ethnic Differences in the Impact of Breast Cancer on Employment, Financial Status and Quality of Life
 - a. This study is being done in collaboration with Memorial Sloan-Kettering Cancer Center.
 - b. The overall objectives of this study are to evaluate the impact of breast cancer on the employment status of women from different minority groups and to assess how this effect may vary between groups. This is a multi-institutional study, The Ralph Lauren Cancer Center and Lincoln Hospital are other sites. Thus far >100 participants have been enrolled.

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.

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 during the period.

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 70% in 2011, compared to Queens County at 69.6%² with the most recent available Department of Health data for Queens County Indicators for Tracking.

2011 results for low birth weight births at 6.19% compared favorably with most recent available data of 8.2%³ for Queens County.

² "Queens County Indicators for Tracking Public Health Priority Areas, New York State Department of Health, (2007-2009).

³ "Queens County Indicators for Tracking Public Health Priority Areas, New York State Department of Health, (2007-2009).

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 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.

Action Plan 3rd Year Update:

- Exercise sessions three times weekly. Currently 25 children regularly participates at the FIT Kids program with successful weight loss and improvement in metabolic parameters.
- More than 150 obese pediatric patients are being followed annually.
- The Medical Director of the Pediatric Gastroenterology conducted lecture series at Bureau of School Health Annual Physician In-service.
- Pediatric dyslipidemia/fatty liver clinic initiated in November, 2010 coordinates medical and nutritional care for patient referred from Brooklyn, Nassau County and over 20 private practices in Queens. Approximately 90% of the referral base for FIT Kids program and this clinic is from external sources.
- The Division of Pediatric Gastroenterology participates in NIH funded research and is a satellite center for nonalcoholic steatohepatitis clinical research network for children and adults.

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 The New York State Consensus Asthma Guideline Expert panel, NY State Senator Kirsten Gillibrand's Healthy Children's Advisory Group, New York City Asthma Partnership, Regional Asthma Coalition of Queens and the American Lung Association of the Northeast.

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.

Action Plan 3rd Year Update

- NYHQ's Pediatric Asthma Center (PAC) has a total of 4029 active patients with 115 total hospital admissions in 2011 providing a calculated proxy admission rate of 2.85, improved from 3.6 in 2010. There were a total of 5406 encounters with asthmatic children in the Pediatric Asthma Center in 2011.
- The PAC provided 15 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.
- The PAC continues to provide education to providers throughout the year, including two large pediatric practices at their office sites.
- TransCanada Corporation has awarded a grant to New York Hospital Queens to start a satellite pediatric asthma program in the Queens Bridge and Ravenswood housing projects in Long Island City. This is the largest housing project in the United States and has a high-risk population for pediatric asthma and relatively poor access to local expert care. This satellite pediatric asthma program will make a profound positive impact on the children who live there.
- The PAC Medical Director continues membership on the New York State Consensus Asthma Guideline Expert Panel.
- The PAC continues to be an active partner of Senator Gillibrand Healthy Children Advisory Group to promote availability of inhalers for low-income children and to

enhance asthma management in the schools.

- The NYSDOH has awarded the grant of \$90,000 for five years to the American Lung Association of the Northeast to set up a Regional Asthma Coalition in Queens. The PAC Medical Director has been appointed Chair of the Regional Asthma Coalition. In this capacity he is helping set up asthma education programs in underserved communities in Queens, instituting BREATHE a multidisciplinary asthma program from the ER, Inpatients, PICU and Outpatients in various Hospitals in Queens County. He is also developing a quality assurance tool to be instituted in the Excelsior IPA in Western Queens.
- The PAC Medical Director has also been appointed to the Board of the American Lung Association of the Northeast and has been elected to the Governance Committee. The PAC Medical Director is the only Pediatric Pulmonologist on the Board and is a strong voice in advocating for children with asthma.
- The PAC Medical Director sits on the Steering Committee of New York City Asthma Partnership (NYCAP) and is involved in instituting Inhaled Steroids on all pediatric patients discharged from Emergency Departments of New York City Hospitals.

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.

Action Plan 3rd Year Update

- Maintained nearly 25,000 Cardiac Rehabilitation annual visits
- **Tai Chi** program to improve balance, flexibility, and coordination while promoting relaxation has grown by **20%**.
- 800 inpatient **Phase 1 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. Providing health and wellness education and 60% discounts on prevention programs to employees. Programs include weight management, a cardiac risk reduction and exercise

program, lectures in collaboration with the NYHQ College to promote fitness, implementation of the Employee Better U program.

- Eighty employees who work in Hospital off-site facilities registered in an educational program on better eating and exercise. Nutrition and Exercise staff have provided and continue to be available to employee departments to provide education on how to start an exercise program safely and proper nutrition for health and weight management.
- Zumba dance classes for employees initiated in June, 2011. Forty employees participated.
- Yoga class to improve core strength and flexibility promote relaxation through meditation and breathing exercise has grown 20%.
- One hour **balance and flexibility class** conducted by exercise physiology staff offered twice weekly for all centers participants, including employees. Through needs assessment determined participant and employee interest in personal training and strength training for future programming.
- **Massage therapy** program has grown by 65% between 2010 and 2011. Stress Buster Therapeutic Massage will be rolled out in the future on site at the main hospital.
- **“Weigh to Shop” Supermarket Tour** is 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.
- Registered Dietician provides **nutrition consultation** on an **individual basis** for diabetes, bariatric and special needs of community and employees.
- One hour **Stress management session** incorporated in Better U and Weight Management program that includes meditation and breathing exercises and reiki.

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.

Action Plan 3rd Year Update

- Participated in a total of 36 health fairs in 2011
- Screening Activity
Blood Pressure – 143

Glucose – 128
Cholesterol – 96
Glaucoma screenings - 559
Stroke Risk Assessment – 96

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.

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).

Action Plan 3rd Year Update

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

- Queens County Emergency Preparedness Healthcare Coalition – Queens County wide disaster drill among all coalition hospitals and nursing homes
- Regional Emergency Medical Services Council of New York City Update on Revisions to Pre-hospital Treatment and Transport Protocols
- 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 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 16,000 patient encounters with charges of approximately \$24 million were granted financial aid in 2011.

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. Telephonic interpretation services are also used whenever necessary to enhance communication for all patients with limited English proficiency.

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.