

St. Francis Hospital, The Heart Center®
A Member of Catholic Health Services of Long Island

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

Submitted: September 2010

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1. Mission Statement

WE, AT ST. FRANCIS HOSPITAL, ARE COMMITTED TO EXCELLENCE IN THE CARE OF THE BODY, MIND AND SPIRIT OF EVERY PERSON WE SERVE.

This mission is unchanged and supports St. Francis Hospital's goals of:

- being a regional leader in the prevention, diagnosis and treatment of heart disease
- fostering a spirit of excellence in patient care, especially for those greatest in need
- and promoting a work environment where each person is respected, new ideas are encouraged, and each one's labor is valued.

2. Hospital Service Area

No significant changes exist with regard to St. Francis Hospital's service area. Its primary service area is Nassau County, from which the hospital obtained 53.1% of its discharges in 2009, based on data from HANYS and Thomson MEDSTAT. The secondary service area provides another 31.9% of discharges and is broken down into two areas, West and East. The West area comprises 33 zip codes in Queens and provided 17.0% of St. Francis discharges. The East area comprises 32 zip codes in Suffolk County and provided 14.9% of St. Francis discharges.

Although the overall primary service area population is projected to decrease 1.2% from 2008 to 2013, there will be a slight increase in the 45-64 age group with gains of 1.7% and a significant increase in the 65+ age group with gains of 9.3%. This is noteworthy because in the first three quarters of 2008, 27% of discharges were from the 45-64 age group and 67.4% of discharges were patients 65 and over. The primary service area has a slightly older population than the secondary service areas.

The population in St. Francis Hospital's service area is projected to become more racially and ethnically diverse. The Asian and Hispanic communities are rapidly growing. The increasing proportion of the population over age 45 is projected to place a significant demand on cardiovascular, orthopedic, oncologic and neurologic services.

3. Participants and Hospital Role

Community health needs continue to be assessed on a regular basis, with the following participants:

- Board of Trustees of St. Francis Hospital
- St. Francis Hospital Executive Leadership Council
- Community Health & Education and the Outreach Departments at St. Francis Hospital
- member hospitals of Catholic Health Services of Long Island (CHS)
- partners at community agencies and organizations including local schools, nursing homes and rehabilitation centers
- general public, through participant surveys conducted at multiple outreach sites in the community, which have increased in frequency since our last submission

We remain connected with the Nassau County Department of Health and other Nassau County hospitals in working toward our joint public health agenda, however no formal meetings have taken place since the last submission.

4. Identification of Public Health Priorities

Priority: Falls Prevention

Goal: Reduce the rate of fall-related hospitalizations for Nassau County residents age 65+ by tailoring educational outreach to focus on risk assessment and prevention strategies.

Impact of Plan: Our collaborative plan has resulted in a standardization of the training materials used in educating the public about falls prevention, as well as the assessments used to support early identification and prevention for patients at risk. We have identified multiple opportunities to include the falls prevention message in many of our existing community health programs. We have also launched new exercise and education programs related to the topic. In Year 1, the scope of the plan has been focused on hospitals utilizing standardized materials to conduct activities at their own sites. A joint public awareness campaign will be considered for Year 2.

Priority: Access to Quality Health Care

Goal: Expand outreach efforts and address the barriers and gaps in service for adults without health care coverage and/or a primary care provider.

Impact of Plan: St. Francis focused its plans to expand access to care based on results from community surveys which indicated that underinsurance and lack of transportation were major barriers to accessing quality care. Collaborations with local schools, media outlets, community centers, and our sister hospitals in Catholic Health Services of Long Island over the past year helped expand our efforts to bring quality health care out into the community and improve access over a broader geographic area. The scope of our outreach efforts has further expanded since the plan was submitted, with the acquisition of a physician practice in West Islip.

Priority: Cardiac Disease Prevention and Early Detection

Goal: Explore new methods of non-invasive imaging for the early detection of heart disease and advance existing programs which address cardiovascular risk factors.

Impact of Plan: We have made major investments in new technology for image-guided diagnostics and research. Collaborations with hospital physicians have also positively impacted patients' participation in medically-supervised cardiac and pulmonary rehabilitation programs.

Priority: Improve Rates of Physical Activity Among Adults

Goal: Increase participation in medically-supervised cardiac rehabilitation program and other exercise programs among patients and the general community.

Impact of Plan: Participation in the hospital's fitness programs have increased in both the patient and general population. A new Employee Wellness Committee is raising awareness about physical fitness opportunities during the workday and at home.

Priority: Senior Flu Immunization

Goal: Increase flu immunization rate among the senior population.

Impact of Plan: We have identified more opportunities to distribute the vaccines to seniors in conjunction with our existing community health events and partnerships.

5. Update on the Plan of Action

Falls Prevention

In a joint effort to prevent unintentional injury in older adults over the last year, St. Francis Hospital has successfully implemented the following initiatives:

- a) Developed new educational programs on falls prevention, intended for an outpatient audience, including seniors and their caregivers. We aim to deliver the falls prevention message to a population at risk before hospitalization prompts it. We exceeded our goal of offering two community-based falls prevention programs targeted at adults age 65+, and held four sessions within the last year. These included:
 - o *Healthy Aging* which was presented at the DeMatteis Center on May 3. This session featured a psychologist speaking about positive thinking, and the outpatient physical therapy coordinator at St. Francis presenting strategies to prevent falls from occurring. Twelve participants attended.
 - o *Stepping into Health: Through Movement Enjoy Independence Longer* was offered on May 20 by a senior exercise physiologist at St. Francis.
 - o A senior exercise physiologist also will deliver a *Balance Training* lecture for seniors at St. Francis on September 16, as part of the "Healthy Solutions" lecture series.
 - o Partnered with Sterling Glen in Roslyn, a local independent living facility, to provide annual programs on falls prevention, beginning in August 2009.
- b) Began offering a new tai chi class, a form of exercise highly recommended for seniors to improve balance and prevent falls, as a free workshop on September 9, 2009 and a six-week class starting in October 2009 and again in March 2010. There were 177 visits through June 2010. A new class begins in September 2010.
- c) The St. Francis Hospital Health Fair (April 24, 2010) featured falls prevention materials, such as a home safety checklist, and a balance screening by a hospital physical therapist. More than 200 members of the community attended this health fair.
- d) Created standardized learning resources, including a PowerPoint presentation used for training nurses and exercise physiologists who lead fall prevention sessions. Multiple St. Francis Hospital staff members have been trained using this standardized presentation. A Speaker's Bureau flyer was distributed to local libraries and senior centers, promoting the availability of our experts for lectures at these sites.
- e) Began utilizing the unified risk assessment tool from the Centers for Disease Control and Prevention (CDC) at every lecture series, to support early

identification and prevention for patients at risk. Participants also complete a standardized pre- and post-test of falls prevention knowledge. Data from these assessments will be analyzed and used to shape future programs.

- f) Provided at least one standardized CDC falls prevention handout to participants in community-based programs, including health lectures, physical therapy sessions, free screenings in the community, and to inpatients. Instructors in our basic life support and advanced life support classes also distribute these materials to participants at the community centers where they teach.
- g) Incorporated the falls prevention message into education materials and community outreach activities, including:
 - o Our Fall 2009 and Fall 2010 Community Calendars featured *Patient Safety Tips for Falls Prevention*. These were mailed to 76,000 households on Long Island and distributed in libraries, senior centers, churches and schools.
 - o A falls prevention section was added to the hospital's patient discharge packet.

In addition to launching new programs tailored specifically to falls prevention, we were also encouraged by the number of opportunities to incorporate the falls prevention message into our existing community health and education activities and offerings.

Preliminary data gathered from community assessments confirmed that there is a need for falls prevention education in our community. Going forward, the group of hospitals collaborating on this priority will make a year-to-year comparison of emergency department visits and admissions related to falls in the 65+ patient population. However, barriers may exist in making an immediate comparison to the Prevention Agenda goal, based on the availability of State data for same time period in which our plan was implemented.

Access to Quality Health Care

While improving access to quality health care has always been a priority for St. Francis Hospital, we have been successful in identifying new partners in this effort within the last year. As a result, we have been able to provide quality health services at no cost to those most in need with greater frequency and across a broader geographic area. Our newly implemented plans include:

- a) The successful expansion of our longstanding cardiac outreach program – which required an investment in a new mobile health van and additional personnel to eliminate barriers that previously existed. Prior to having the van, we were limited to conducting cardiac outreach in small quarters at just a few parish centers that were able to spare the space. Screenings would be scheduled on rotating weeks, but patient privacy and accessibility were outstanding concerns.

With the new self-contained mobile health van, we now have the advantage of scheduling screenings at any site where our van can be accommodated in a parking lot. As such, we have been able to forge new relationships in communities where we did not previously have an outreach site. Also, the three separate rooms within the van allow us to provide patients with private examinations and consultations.

The immediate success of the mobile health van has prompted an increase in the frequency with which we offer health screenings. Previously, we aimed to operate the mobile screening program 2 days per week and we will now increase to 5 days due to the added capacity and new opportunities.

Since the launch of the new mobile screening program in August 2009 through the end of July 2010, we had provided health screenings at no cost to 2,105 adults. Approximately 100 referrals were made to primary care physicians. To support further expansion in line with demand for this service, we are taking steps to make additional investments in staffing, with the addition of three part-time nurses, a second bus driver, and another secretary. Our investment in a mobile health van is also having a positive impact on the screening activities of our CHS sister hospitals, since we have made the van available for five of their community events this year.

- b) We continue to actively participate in the *Healthy Sundays* joint venture of CHS hospitals. Since last fall, 412 screenings were provided by St. Francis Hospital at seven outreach events, scheduled after weekend services at local houses of worship which have significant medically underserved populations.
- c) Our collaboration with two hospital physicians also resulted in a new screening program which provides free cardiac evaluations to high school athletes in the community. The goal is to detect and assess any underlying cardiac abnormalities which may put a strain on an athlete's heart, especially during strenuous physical activity. Since the program began in November 2009, four screenings have been held and more than 240 athletes have been screened.
- d) Participated in the annual *Daily News* prostate screening program and provided 334 free screenings to men age 40+ on five days in three locations during the week of Father's Day; this was an increase of 66% over 2009. Another screening

event is also scheduled for September 22, in recognition of Prostate Cancer Awareness month.

- e) Provided 1,228 free blood pressure screenings in the community during the year since our last submission (Aug. 1, 2009 – July 31, 2010). Sites included Port Washington Public Library, Westbury Public Library, St. Brigid's School in Westbury, Helen Keller Services for the Blind in Port Washington, Great Neck Senior Center, East Williston Public Library, and Sterling Glen Assisted Living of Roslyn.
- f) Fidelis Insurance continues to be a partner in our community outreach activities, providing participants with bilingual information on sliding scale insurance offerings and referrals to other resources for the uninsured. Most recently, Fidelis has attended our *Healthy Sundays* events and the screening at St. Brigid's School.
- g) Appropriate local referrals are being made to all screening program participants who lack a primary care physician.
- h) Promote and provide diabetes education through ADA-recognized Diabetes Care programs in collaboration with other CHS hospitals. We are also working with staff to educate inpatients about our outpatient program for diabetes management.
- i) Partnered with the International Gift of Life program to provide pro bono medical services at St. Francis to 12 children from abroad in need of cardiac care.
- j) A new community needs survey and data collection protocol has been developed to strengthen the community's participation in needs assessments. A user-friendly survey is now distributed to participants at every community health event and returns are entered into a database on a regular basis. From August 1, 2009 through July 31, 2010, 500 surveys have been collected and will be analyzed to identify any new or changing health needs in the community.

Since this community service plan was implemented, St. Francis Hospital has entered into a new partnership with South Bay Cardiovascular Associates which will provide new opportunities for outreach in the community surrounding the practice's West Islip location on the South Shore of Suffolk County. We have already conducted 15 free health screenings in the area and there are plans to collaborate on other outreach efforts with South Bay in the coming months.

Cardiac Disease Prevention and Early Detection

As a cardiac specialty hospital, St. Francis considers the early detection and prevention of cardiac disease an integral part of its mission, and has continued to implement its plan for this priority with much success. In fact, St. Francis Hospital was recognized as one of America's Best Hospitals by *U.S. News & World Report*, for its cardiac programs as well as other specialties, for the fourth consecutive year. Other notable achievements since our last report include:

- a) St. Francis Hospital became the first on Long Island to introduce a Cardiac PET/CT program. This nuclear medicine technology will improve the detection of impaired blood supply to the heart, aiding in the determination of whether a patient will benefit from cardiac bypass surgery. It can also be a valuable indicator of future risk for coronary artery disease, and has many other clinical applications including evaluating the extent of cancers and Alzheimer's disease.
- b) In the first three quarters of 2010, physician referrals have resulted in increased enrollment in cardiac rehabilitation (22%) and pulmonary rehabilitation (31%) programs at St. Francis Hospital. This was the result of a successful marketing campaign, aimed at increasing awareness among members of the physician community. Information on the programs was mailed to more than 500 physician offices and was also posted in the medical staff newsletter.
- c) Applied for national program certification for pulmonary rehabilitation
- d) Our Congestive Heart Failure (CHF) program has been participating in a pilot study of a telehealth system that allows CHF patients to be monitored on a daily basis from home via computer technology. This is being conducted in partnership with the CHS Home Care nursing staff and aims to evaluate the technology for its benefits in preventing complications of CHF and eliminating barriers to care.
- e) Research studies on non-invasive imaging modalities, such as cardiac MRI and Cardiac PET/CT, are ongoing to explore new methods for predicting a patient's risk for heart disease.

Improve Rates of Physical Activity Among Adults

St. Francis Hospital's strategy for improving the rate of physical activity among adults is focused on eliminating barriers to exercise for those with conditions that limit their physical activity, as well as for employees in sedentary jobs.

- a) Continue providing a safe environment in which to exercise, especially for those individuals whose health conditions might otherwise limit physical activity, by offering low-cost medically-supervised exercise programs such as cardiac and pulmonary rehabilitation. We have expanded the pulmonary rehabilitation program to include a maintenance track for those who have successfully completed rehabilitation. The fitness center also continues to offer low-impact exercise classes geared toward seniors.
- b) The Employee Wellness Program has expanded its efforts to include more opportunities for hospital employees to engage in fitness activities during the workday, including a walking club and fitness challenges held in the workplace

during National Fitness Week in April. They also promote a webinar series on various health issues, as well as offer discounts to the hospital fitness center and other local fitness clubs. In 2010, the Employee Wellness Committee partnered with the hospital's Food & Nutrition Department to publish a cookbook featuring healthy recipes.

Senior Flu Immunization

Due to the delay in vaccine shipments this past winter, our flu immunization program experienced some setbacks. The seasonal flu vaccine was not available to us in the fall and therefore we had to delay our program until January when additional supplies were released. We were able to secure supplies of the H1N1 vaccination and took advantage of health screening events that had already been scheduled to reach those in the community who might have the most difficulty accessing this care.

- In the fall and winter of 2009-2010, St. Francis Hospital provided 224 free seasonal flu immunizations, an increase of 7% over the same time period in 2008-2009.
- Coordinated with CHS *Healthy Sundays* program to deliver free H1N1 vaccinations during the regularly scheduled health screenings this winter. More than 110 immunizations were provided at the three sites: St. Patrick's in Glen Cove, St. Peter's in Port Washington and St. Aloysius in Great Neck.

6. Dissemination of the Report to the Public

St. Francis Hospital's community service plan has been posted on the hospital web site at

<http://www.stfrancisheartcenter.com/chsli/sfh/live/utility/news/requestpublications/2009CommunityServicePlan.pdf> and is available to be mailed upon request.

A new community benefit publication is currently in development and will include a summary of this three-year plan. It will also reflect the amount of charity care, uncompensated care, and community service and other charitable activities provided by St. Francis on an annual basis. This report will be available in common areas of the hospital and for mailing upon request. It will also be posted on the St. Francis Hospital web site.

7. Changes (Actual or Potential) Impacting Community Health, Provision of Charity Care, and Access to Services

Despite the overall economic challenges of the past few years, St. Francis Hospital continues to make a concerted effort to exceed the State requirements for charity care and identify the underserved through a proactive approach.

There is the potential to further increase access to services in the coming year, as St. Francis Hospital is in the final stages of opening an extension clinic, South Bay Cardiovascular in West Islip. This extension clinic will provide additional opportunities for conducting outreach in the community surrounding the practice's location on the South Shore of Suffolk County. In addition, St. Francis Hospital also has a pending CON application with the State of New York Department of Health to open a primary care extension clinic in Hicksville, New York. The charter of this location, which is consistent with our mission, will be to provide ongoing primary care services to those who are underinsured or have no insurance.

8. Financial Aid Program

St. Francis Hospital's financial aid program remains active. In addition to patients qualifying for charity care through presumptive eligibility, there are many more in need who are being identified through outreach efforts at the hospital. We are also seeing an increase in referrals from the agencies with which we partner.

Staff remains diligent in promoting the program in conversations with patients during the admitting process, through signage in the hospital and via a notice about charity care printed on all bills generated by patient accounting. The hospital's patient accounting staff members work with uninsured or underinsured patients on a daily basis to identify those eligible for charity care. In many cases, counselors are called upon to encourage and guide applicants through the process, especially with undocumented immigrants who are fearful of being reported if they seek charity care. The hospital has also provided charity care applications to contracted agencies working with patients on Medicaid applications. The agency staff then refers back information about patients' eligibility for charity care.