

“None of the other hospitals could beat the care I received at St. Elizabeth.”

~ Mike Moffett



“My mother-in-law’s care just got better and better. She was treated with dignity and kindness, and the doctors and nurses were wonderful. I will always use St. Elizabeth!”

~ Mary Caister



Community Service Plan 2011

Prepared for the New York State
Department of Health
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www.stemc.org

1. Mission Statement

A. Mission Statement for St. Elizabeth Medical Center (SEMC)

St. Elizabeth Medical Center community, inspired by St. Francis of Assisi and faithful to the teachings of the Roman Catholic Church, is committed to excellence in healthcare and education. We pledge to do this with compassion and respect for the dignity of all.

2. Hospital Service Area

St. Elizabeth Medical Center's Primary Service Area (PSA) consists of the zip codes in which 80% of its patients live (mostly Oneida County and some within Herkimer County). Its Secondary Service Area (SSA) consists of zip codes in which the remaining 10+% of its patients live (mostly outlying regions of Oneida and Herkimer counties, plus some zip codes in Madison and Lewis counties.) The final 10% of patients live outside the area.

This definition has not changed since the Community Service Plan was submitted in 2010.

3. Participants

Community partners involved in assessing the community health needs include: St. Elizabeth Medical Center, the Health Departments of Oneida and Herkimer counties, the Oneida County Health Coalition, Herkimer County HealthNet, Faxton St. Luke's Healthcare, Rome Memorial Hospital, Little Falls Hospital, Oneida County Dept. of Mental Health, United Way of the Valley and Greater Utica Area, American Cancer Society, Mohawk Valley Resource Center for Refugees, Multicultural Association of Medical Interpreters, Catholic Charities, American Heart Association, American Diabetes Association, Visiting Nurse Association of Utica and Oneida County, Inc.

4. Identified Prevention Agenda Priorities

The Community Service Plan identifies the following items from the Prevention Agenda Priorities:

- **Mental Health and Substance Abuse**

- **Healthy Mothers, Healthy Babies, Healthy Children**
- **Chronic Disease**
- **Access to Quality Healthcare**
- **Physical Activity and Nutrition**

These are the same priorities reported in the 2010 The Community Service Plan.

During the community health assessment process in 2009, St. Elizabeth Medical Center (SEMC) identified appropriate employees to sit on each of the Public Health Priority work groups, to represent the hospital and communicate plans and action items. These SEMC employees are expected to report the outcomes of meetings to the SEMC Community Design Team, which now meets bimonthly.

The Oneida County Health Coalition Steering Committee is the group that oversees local Prevention Agenda priorities. This committee meets monthly, with the last meeting held Sept. 14, 2011.

The hospitals (St. Elizabeth Medical Center, Faxton St. Luke's Healthcare and Rome Memorial Hospital), the Oneida County Health Department, Herkimer County Health Department and other partners have agreed to focus their efforts and work with others regarding these health-improvement goals:

- **Mental Health and Substance Abuse** – The specific need was identified as: The lack of acute, emergency, especially community, mental-health services for adolescents. Goals include: to increase Mobile Crisis Assessment Team (MCAT) staff members at the 911 Center, who will accompany law enforcement officers on appropriate calls; to take appropriate patients to the Addiction Crisis Center (ACC); to evaluate patients on a case-by-case basis and use the law enforcement Request for Examination form to determine reasons why patients repeatedly utilize the EDs.
- **Healthy Mothers, Healthy Babies, Healthy Children** – Two primary initiatives for Oneida and Herkimer counties were: reducing teenage pregnancy and increasing numbers of pregnant women seeking care during their 1st trimester. An additional initiative was consolidation of OB Care Services between St. Elizabeth Medical Center and Faxton St. Luke's Healthcare.
- **Chronic Disease** – The Chronic Disease Work Group, which is comprised of representatives from different healthcare and community organizations, is working to establish two, data-driven objectives for 2011 – 2012:

1. Increase healthcare provider interventions related to prevention and early detection of chronic diseases (cancer, heart disease, stroke and diabetes).
 2. Reduce the morbidity and mortality associated with cancer, heart disease, stroke and diabetes.
- **Access to Quality Healthcare** – To address barriers, such as affordability and availability, which can prevent individuals from accessing quality healthcare services to achieve the best possible health outcomes.
 - **Physical Activity and Nutrition** – Utilize the activities being promoted by the United Way of the Valley to promote regular physical activity and healthy eating to reduce the poor health outcomes and large healthcare costs associated with obesity.

5. Update on the Plan of Action

The Oneida County Health Coalition Steering Committee meets monthly, and has become the body that oversees progress of the Public Health Priorities work groups. Representatives include not only the hospitals, but Catholic Charities, Oneida County Health Coalition, Kids Oneida, Medical Societies of Herkimer and Oneida Counties, Mohawk Valley Resource Center for Refugees, Herkimer County Integrated Planning, members of the Oneida County Health Coalition Steering Committee/MAPP Team and Herkimer Community Health Assessment Steering Committee. The Steering Committee's purpose is to improve communication; coordinate Health Summit workgroups; problem-solve, communicate and report on successes and challenges.

The top three selected priorities are discussed below and defined in terms of five points, numbered 1 to 5.

Priority 1 – Mental Health and Substance Abuse

The specific need was identified as: The lack of acute, emergency, especially community, mental-health services for adolescents. This was identified in 2009 and action areas changed in 2010 as a result of meeting with the Oneida County Dept. of Mental Health to coordinate priorities within its planning process. Access to mental healthcare, cross-systems collaboration and suicide rates have been areas that the county health department's Mental Health Subcommittee has identified that integrate with the findings of the County's Community Health Assessment.

A. This priority is pre-existing and action is still urgently needed for acute and community mental health services for adults, adolescents and children. The Oneida County Department of Mental Health (OCDMH) has created an Emergency Psychiatric Services System (EPSS) committee, which includes representatives from all three Oneida County hospitals (St. Elizabeth, Faxton St. Luke's and Rome Memorial), and the Mobile Crisis Assessment Team (MCAT) of the Neighborhood Center. Also included were representatives of local law enforcement and community mental health providers. The EPSS committee began meeting annually in 2010.

B. As the Oneida County Mobile Crisis Assessment Team (MCAT) ceased assessing adults in Emergency Departments as of August 1, 2009 and ceased assessing children there as of October 1, 2009, three EPSS Subcommittees worked on plans to improve mental health/substance abuse services to patients. Each collaborative committee is comprised of representatives of the above organizations. The committees were established as a Utilization Review Subcommittee, a Transition Subcommittee and a Community Development Subcommittee.

According to the Oneida County Health Coalition's summary of Priority Areas in December 2010, the Oneida County Mental Health Subcommittee reported that since a subcommittee focusing on Mental Health already existed in Oneida County, it was decided to utilize that forum to address the areas of mental health that were identified in the Oneida County Community Health Assessment from September 2009.

Janet Soldato, Director of Adult Services for Oneida County Department of Mental Health (OCDMH), met with the Steering Committee to assure that areas of concern were being properly addressed. Among the areas of concern were lack of child psychiatrists, high rates of teenage suicide and binge drinking. OCDMH facilitated mechanisms for local providers to access child psychiatry services via telepsychiatry services. The annual planning goals of the department (access and cross system collaboration) are consistent with areas being addressed through the coalition.

The Oneida County Department of Mental Health brought numerous community partners together at its Emergency Psychiatric Service System (EPSS) Annual Meeting on January 14, 2011. EPSS restructuring began with an initial hypothesis that moving the Mobile Crisis Assessment Team (MCAT) out of hospital Emergency Departments (ED) would lead to a greater number of community evaluations and fewer ED presentations as a result. This assumption proved false, however, as OCDMH and community providers did not adequately anticipate the adverse impact of an increased substance-abuse

population upon the overall system. In addition, MCAT's increased availability for community assessments has not been utilized effectively by law enforcement agencies within the county. As a result, there has been no decrease in ED presentations to date. The consensus was that those being served present a greater range of needs, problems and service coordination than in the past.

The Emergency Psychiatric Service System continues to address issues related to mental health emergency responses by providers, Mobile Crisis Assessment Team, local law enforcement and Emergency Departments as there continues to be a high volume of presentations to Emergency Departments that do not result in psychiatric hospitalization.

Subcommittee results to date in 2011 are:

Transition Subcommittee – The Adult Transition Subcommittee was created to develop formal protocols and implement related trainings for adult mental health. During the past year, the larger Transition Subcommittee decided to disband after the changes in 2010. The work continued through the Children & Youth Transition Subcommittee, which concentrated its efforts on the priority issue of “parking” children in EDs.

Children & Youth (C&Y) Transition Subcommittee – The following tasks have been accomplished:

- Meeting held with Oneida County Department of Social Services (DSS) administration to discuss issues related to obtaining signatures for children in DSS custody.
- Reviewed and revised:
 - Children & Youth (C&Y) Clinical Provider protocol
 - Information-sharing protocol
- Updated contact information.
- Parent Advocates are in the process of developing a guide for parents to use in the ED to help familiarize them with the Pinefield program at Mohawk Valley Psychiatric Center (MVPC).
- September, 2010 – Panel discussion with children's providers (Neighborhood Center/MCAT, House of the Good Shepherd, Kids Oneida and Intensive Case Manager, or ICM) to review roles and responsibilities.
- The C&Y Subcommittee has attained its primary goal of reducing the waiting time for children in the ED to be admitted to Mohawk Valley Psychiatric Center's Pinefield Children and Youth Unit.

Ongoing tasks and goals identified for the C&Y Subcommittee were:

- Finalize above-mentioned Parent Guide for distribution

- Continue to meet at least quarterly
- Continue to assess the usefulness of the Provider ED Communication Form
- Identify and incorporate needed modifications to the new Request for Examination (RFE) Form and EPSS Memorandum of Understanding (MOU), respectively.

9.41/Utilization Review – 9.41s are emergency admissions for immediate observation, care and treatment. OCDMH, Crisis Services, Law Enforcement, Emergency Departments and the Outpatient Mental Health provider network continue to meet at regular forums to address the high levels of mental health presentations in Oneida County Emergency Departments. Oneida County Department of Mental Health will be taking the lead on the 9.41 meeting and restructuring data to identify the system barriers. Chair Anna Giannico presented her subcommittee’s positive and negative outcomes at the Jan. 14 EPSS meeting as:

Positive outcomes:

- Monthly meetings involving similar representation are now held back-to-back with the C&Y Subcommittee.
- Improved communication among and between attendees, including the return of former members.
- Increased awareness of the formal Memorandum of Understanding. Law enforcement has improved its awareness and use of the new Request for Evaluation Form. This results in better communication to hospital staff, for patients in crisis. The 9.41 subcommittee meets monthly with Law Enforcement and EMS providers. As of 9/1/11, some law enforcement departments have computerized completion of the above-mentioned form, resulting in timely submission to OCDMH to help gather data.
- Greater focus has been placed on frequent ED patients being compliant with treatment plans.
- An Adult Case Conference was held, involving communication issues between EDs & law enforcement and transfer of custody.
- 12/9/10 – Children & Youth (C&Y) and Utilization Review/9.41 Subcommittees met with representatives from the Oneida County District Attorney’s Office to discuss the issue of violent individuals.
- Increased awareness and attention to alcohol/substance abuse patients.

Psychiatric Social Work staff hired in EDs has been a great benefit to the EDs. Each of the three Oneida County hospitals has dedicated funding to support this additional staff: St. Elizabeth Medical Center has 2 ED Psychiatric Social Workers; Rome Memorial Hospital has 1, and Faxton St. Luke’s Healthcare has 1 Case Manager. There has been improvement with communication, patient placement and a decreased hospital length of stay since the hospitals added social workers in the EDs. In 2011, the focus of social workers and the Utilization Team has evolved to examine records of frequent users, starting with those that have had three or more mental-health visits. This project is starting in September.

Negative outcomes:

- Increased 22.09 (public intoxication) presentations, including and especially patients abusing alcohol, mainly during the evening shift.
- While the volumes of community-based MCAT assessments are up for 2010, the overall assessments completed annually by MCAT decreased due to poor utilization of this resource by law enforcement, public and school systems. This increase in community assessments has not resulted in a decrease in 9.41 or 22.09 presentations to the ED. Assessments are up for 2010; this has not resulted in a decrease in 9.41 or 22.09 presentations.
- Involuntary presentations to the Emergency Departments have risen 16%. In addition, voluntary presentations continue to increase steadily.
- Increased cost to hospitals for transportation and other discharge-planning needs.
- Continued access to local EDs by Herkimer County residents, both voluntarily and via 9.41s.
- Breakdown in communication between outpatient providers and EDs/9.39 Admission Units. (9.39 is a section of the mental health law meaning a hospital that has an inpatient psych unit.)

Many 9.41 presentations are not subsequently admitted to hospital psychiatric units.

According to the data that MCAT presented to the Utilization Review Subcommittee, MCAT's community assessments increased from 441 in 2008 to a total of 764 in 2010. During that timeframe, there were 3,188 patients – more than a 16% increase – in the voluntary and involuntary psychiatric transports to the EDs, just by ambulance. Members of the Utilization Subcommittee continue to be concerned as to the effectiveness of our system in meeting the needs of our community mental health patients, particularly from the ED standpoint.

Last year's performance measures for the 9.41/Utilization Review Subcommittee were not met and may have been unrealistic. They were:

1. MCAT face-to-face community screenings will achieve the same numbers as prior to MCAT leaving the EDs.
2. MCAT will demonstrate increased law enforcement interactions on the 4-12 p.m. shift.
3. Total 9.41s will decrease in number.

The Utilization Review Subcommittee's goals for the 2011-2012 year are:

1. To increase MCAT staff members at the 911 Center, who will accompany law enforcement officers on appropriate calls. (Several MCAT workers started at the 911 Center in mid-August 2011.)

2. To take appropriate patients to the Addiction Crisis Center (ACC)
3. Evaluate patients on a case-by-case basis and use the law enforcement Request for Examination form, to determine reasons why patients repeatedly utilize the EDs.

Other actions include:

- Oneida County Department of Mental Health Directors completed in-service training for 250 members of the Utica and Rome Police Departments. Training topics included the EPSS Memorandum of Understanding, Mental Hygiene Law, use of the new Request for Examination form and open discussion on issues and concerns.
- Oneida County Department of Mental Health Directors have completed 5 days of intensive training offered by the New York State Office of Mental Health/Division of Criminal Justice Services on a) Responding to Situations Involving Emotionally Disturbed People and b) Police Mental Health Recruit Curriculum Training. Completion of these training means that OCDMH Staff will be integrated in all MVCC Police Academy Classes.
- Oneida County Department of Mental Health developed a triaging protocol between the Addiction Crisis Center, Local Department of Social Services and Conifer Park Inpatient program. This protocol was designed specifically for Oneida County residents and began in July 2009. The protocol allows individuals without active insurance coverage who are admitted to the Addiction Crisis Center for opiate addiction to receive an immediate appointment at the Department of Social Services to obtain emergency Medicaid. A referral is then made directly to Conifer Park Inpatient. The Addiction Crisis Center reports a 2010 count of individuals admitted: 22.9 % were primary opiate. However, alcohol continues to be the primary substance. All local hospitals have also been introduced to this protocol and have triaged several to Conifer Park, due to the influx of individuals accessing the emergency rooms. There continues to be a growing need for services for this population. Oneida County continues to have discussions with outpatient providers to enhance their programs to include medication management to serve the opiate population; however, we are faced with many obstacles which include the lack of certified doctors willing to treat this population.
- Oneida County currently lacks a Medical Withdrawal and Stabilization service and utilizes the Addiction Crisis Center, an OASAS-licensed Medically Monitored service, to manage individuals suffering from withdrawal. Due to the Addiction Crisis Center being a Medically Monitored service, this has placed more pressure on Emergency Departments for a temporary fix. This simply is a "quick fix" and causes individuals to return to their drug of choice, rather than be triaged to an appropriate treatment.

- Oneida County has worked with the Addiction Crisis Center to explore the opportunity of converting some of its bed capacity to a Medically Supervised model to serve the individuals who are seeking out the Emergency Department as the quick fix. Oneida County and the Addiction Crisis Center visited a local provider on 4-8-2011, whose model encompasses Medically Supervised and Medically Monitored beds. Oneida County will be looking to possibly RFP this medical model to support the needs within Oneida County, based on data that was collected in 2010.

Mobile Crisis Assessment Team (MCAT) -- Community-based assessments increased by 63% from 2008/09 to 2009/10 with only an occasional service now provided directly in the ED. Moreover, phone assessments have increased significantly during this period. Additional assessment information was provided by gender and age, respectively.

MCAT's average response time for face-to-face activities in the community is 34.25 minutes. Referrals to MCAT are primarily made by family members, followed in order by others, self, school, medical providers, residential, police, current (mental health) providers and MCAT itself. Law enforcement agencies reported that lengthy response times continue to be the biggest barrier to their utilization of MCAT for community-based resources. Several agencies stated that this factors heavily into the decision to transport directly to the ED in most cases.

Chair Frank Tocco reported to EPSS on 1/14/11 that MCAT has conducted numerous training/educational programs to increase awareness of its availability both by the public-at-large and community providers, including schools and law enforcement. The "changing face of MCAT" has been highlighted during these presentations.

MCAT will continue its own public-relations efforts over time. Specifically, a PSA aired on local media at the beginning of the year. Oneida County's Mobile Crisis Assessment Team is currently in the process of staffing the County 911 Center in efforts to reduce unnecessary law enforcement responses to mental health emergency calls. All 911 and MCAT staff will be trained on "ASIST – Applied Suicide Intervention Skills Training". Oneida County is looking at the possibility of implementing a MCAT worker on site at ACC if the ACC moves forward with converting to a Medically Supervised Model.

St. Elizabeth Medical Center and Faxton St. Luke's Healthcare's Psychiatric Departments meet jointly monthly, as do the Children's Mental Health teams. New York State government is still decreasing inpatient psychiatric beds for both adults and children, including at the Mohawk Valley Psychiatric Center's Pinefield Children and Youth Unit.

Priority 2 – Healthy Mothers, Healthy Babies, Healthy Children

Two primary initiatives for Oneida and Herkimer counties:

1. Reducing teenage pregnancy.
2. Increasing numbers of pregnant women seeking care during 1st trimester.

Additional initiative:

3. Consolidation of OB Care Services (Faxton St. Luke’s Healthcare and St. Elizabeth Medical Center).

1. Reducing teenage pregnancy:

The Mohawk Valley Perinatal Network (MVPN) and Planned Parenthood established a Teenage Pregnancy Prevention Network that includes community partners Faxton St. Luke’s Healthcare (FSLH), St. Elizabeth Medical Center, Rome Memorial Hospital, CareNet and Herkimer/Oneida County Planning. The group developed a teen pregnancy workshop for school nurses, teachers and community agencies on the topic of teen health, including teenage pregnancy and sexuality. The workshop was presented in March 2011 with 94 participants.

- Representation from the following schools/school districts:
 - Rome CSD
 - Utica CSD
 - Oneida CSD
 - Seneca St. Elem.
 - Willard Prior
 - Durhamville
 - Oneida High School
 - DeRuyter
 - Poland
 - Oriskany
 - Westmoreland
 - Canastota
 - Hamilton
 - Oppenheim- Ephratah
 - Madison-Oneida BOCES
 - E. Herkimer BOCES
 - Whitesboro
 - Camden
 - Cazenovia
 - Dolgeville
 - Cincinnatus CSD (Cortland county)
 - West Canada Valley
 - Owen D. Young
 - NYSSD
 - Remsen
 - Morrisville Eaton
 - VVS
 - Ilion
 - Mt. Markham
 - Oneida-Herkimer-Madison BOCES
- Representation from the following health & human service agencies (tabling and/or presentations):
 - Oneida County Health Department
 - Herkimer County Health Department
 - Madison County Department of Health
 - Planned Parenthood
 - Herkimer-Oneida Counties Comprehensive Planning Program
 - Mohawk Valley Perinatal Network

- YWCA
- Utica Safe Schools
- Care Net
- Cornell Cooperative Extension: Eat Smart NY Program
- Faxton St. Luke's OB Care Center
- New York State Center for School Safety
- Upstate Poison Control
- AIDS Community Resources
- Merck
- Sanofi Pasteur
- Epilepsy Foundation

Sixty-seven evaluations were received by school personnel and agencies. The information was assessed and broader-reaching communication vehicles for students on the topic of teen pregnancy and prevention are in development. New programs include a Teen Support Group offered through Planned Parenthood and MVPN (active in September 2011), a Facebook page (www.facebook.com/ImInTheKnow), information that has been made available for a variety of publications that teens access, as well as making the Teen Pregnancy Workshop an annual program.

2. Increasing numbers of pregnant women seeking care during 1st trimester:

Led by the Mohawk Valley Perinatal Network (MVPN), the Maternal-Child Health work group addresses priority areas of low birth weight, preterm birth, and early entry to prenatal care, which are common problems in our community.

In 2010, the team promoted the available services for prenatal care, including the mass distribution of posters that listed locations where women may obtain prenatal care. The outreach included traditional areas like schools and agencies, as well as non-traditional places such as food pantries, grocery stores and nail salons.

The team reviewed a Centering Pregnancy model in which groups of women who are at the same stage in their pregnancy go to their appointments together, learn how to take their own vital health information, and experience a support network. Research shows this approach supports a decrease in low birth weight and preterm births and increases rates of exclusive breastfeeding. While this model may not be fully adopted in the community, the discussion has helped create a greater awareness among OB Care Centers and agencies for possible modification of their current programs.

In April 2011, the Mohawk Valley Perinatal Network Consortium participated in the review of an Assessment of Maternal Child Health Care Needs in the Mohawk Valley. Kara Williams presented on behalf of the Community Health Foundation of Western and Central New York, which commissioned the assessment.

The assessment identified limited postpartum services and the lack of a standardized assessment of needs as significant gaps in care. Barriers in transportation, cultural variations and a limited supply of qualified professionals were also contributing factors.

Of those interviewed, 80 percent had received care during their first trimester, indicating progress in our goal to provide prenatal services. However, unemployment, varying levels of family support and unaddressed mental health issues following birth signal that postpartum services need to be simultaneously addressed for continued prenatal success. The Maternal-Child Health work group continues to meet to determine how best to communicate with pregnant mothers and families that prenatal care is vital to the health of their babies.

New in 2011, Faxton St. Luke's Healthcare received funding from the United Way of the Valley and Greater Utica Area to develop a Patient Navigation program in their OB Care Center (OBCC). This program begins in September 2011 and is funded for two years (\$70,000 a year for two years). Estimated expense of the program is \$92,000 annually. FSLH will fund the difference between the grant and the actual cost.

The OBCC refers high-risk women to the Patient Navigation program based on a risk screening tool completed for each patient. Two part-time staff members (a nurse and a health educator) fill the role of patient navigator. The nurse is a FSLH employee and the health educator is employed by MVPN.

Both staff members meet with women at the OBCC to make meetings more convenient for patients. While the nurse is available every day, the health educator is available at the OBCC two to three days each week. The nurse is responsible for completing a reconception/interconception health screening tool and educating the patient about the screening results. The nurse refers the highest-risk patients on to the Patient Navigation program. The nurse may also accompany patients to ancillary visits while helping them to advocate for themselves.

The nurse also encourages the women to ask their providers questions to increase communication between providers and their patients. This relationship building helps to improve patient compliance, therefore improving birth outcome. While the program has been piloted in the Syracuse area, no other Patient Navigation program currently exists in the Mohawk Valley.

Faxton St. Luke's Healthcare (FSLH) is the birth center for the Utica area with 2,156 births in 2010. In that same year the OBCC had 972 patients with 8,125 patient encounters. Based on the OBCC's 2010 numbers,

FSLH plans to offer preconception screening and counseling to 600 women in one year, while targeting 40 high-risk pregnant women during the first year of the Patient Navigation program. All new patients to the OBCC or those referred through MVPN are screened for the program. Particularly high-risk women are those with previous preterm or low birth-weight infants, teens, those with co-morbidities such as high blood pressure and chronic stress (domestic violence, homelessness, substance abuse, no or poor emotional or financial support).

The program will help raise awareness and knowledge of preconception/interconception health among high-risk women, reduce stress levels among high risk pregnant women and reduce rates of very preterm birth (before 32 weeks).

3. Consolidation of OB Care Services (Faxton St. Luke's Healthcare and St. Elizabeth Medical Center) was unsuccessful.

Since April 2008, the hospitals have been working on a model to centralize services at one site, providing a comprehensive, community-based program. The project included renovations to the existing 1,810-square-foot OB Care Center located at the St. Luke's Campus of Faxton St. Luke's Healthcare, adding a new 3,860-square-foot addition. The new center would accommodate the services of the St. Elizabeth Family Practice Residency Program and support the staffing needs of the center. Estimated project cost was \$1.6 million (2008). The organizations applied for and received a \$1.6 million grant approval from the HEAL NY Phase 7 awards in September 2008. The initial plan called for renovation and construction with the first phase beginning in late 2009 and completion anticipated by summer 2010.

In the past three years, the two organizations have worked with the New York State Department of Health on a comprehensive, financial model for reimbursement. Because of unresolvable reimbursement issues, we have been unsuccessful in our attempts to physically consolidate the two OB Care Centers. FSLH and St. Elizabeth Medical Center will continue to look for other ways to work collaboratively to support the needs of the area obstetrical patients.

Through the Patient Navigation pilot program, there are plans to replicate and expand services to all the OB Care Centers in Oneida County, including at St. Elizabeth Medical Center and Rome Memorial Hospital. Ashraf S.B. Aly, MD and Sunday Asaju, MD provide care for both OB and GYN patients at St. Elizabeth's Women's Health Center, located at 2212 Genesee Street, Utica, NY 13501. Residents from the St. Elizabeth Family Medicine Residency Program receive their OB clinical education at that location. Annual volumes at the St. Elizabeth site are:

	<u>Year</u>	<u>Visits</u>	
GYN Services	2009	2,196	
	2010	2,148	Volumes stayed about the same; slight decrease.
OB Services	2009	5,543	
	2010	5,844	Additional 301 OB visits from 2009 to 2010; a 5.2 % increase.

Priority 3 – Chronic Disease Management

The Oneida and Herkimer County Chronic Disease Work Group was formed in response to the identification that our communities have a higher than state and national average incidences of chronic diseases. The most recent county health assessment data (Oneida County 2010-2013) confirmed that the high incidences of chronic diseases such as diabetes and hypertension were likely contributing to higher than average rates of heart disease, stroke and higher mortality rates. The work group’s charter is to spearhead an expanded regional effort that develops and implements strategies that enhance the health and wellness of community members in Oneida and Herkimer counties.

Since its inception in 2010, the group has identified common threads among the target diseases groups:

- Need for increased healthcare provider understanding of best practices for prevention
- Lack of appropriate community health screenings
- Lack of an information “clearinghouse” in each county to disseminate information on already existing services related to prevention and treatment.

Two initial strategies were implemented in 2010:

- **Use of evidence-based practice guides by healthcare providers to review with their patients, as well as encouraging patient self-advocacy.**

Existing screening materials are available from the American Cancer Society (ACS), American Heart Association (AHA), and American Diabetes Association (ADA). Screening guides from the Preventative Health Partnership, a national collaborative of the ACS, AHA and ADA, were selected as the way to affordably disseminate evidence-based standards to the healthcare providers and their patients. A pilot program was established using the team members of the Tri-County Tobacco Cessation Program. These members visit area providers on a regular basis. The team selected as provider participants four (4) primary care provider office sites in Oneida and Herkimer counties

(ACP Waterville of Faxton St. Luke's Healthcare; Clinton and Sauquoit Family Practices of St. Elizabeth Medical Center and Newport Primary Care of Bassett Health Care.)

These sites received materials with the commitment that the providers would share them with their patients during office visits. The same materials were provided to healthcare providers who participate in community health fairs for distribution to the general population. Post-pilot survey results demonstrate that the materials were received favorably and used by the provider sites and community members. Based on the success of the pilot project, the implementation has now expanded to include all provider sites visited by the Tri-County Tobacco Cessation Program, a total of 181 locations. Measurements of patient outcomes at these offices are difficult to obtain and follow in the first year of implementation. The team will use the baseline patient outcome from the 2010-2013 assessment and compare it to the data collected in the upcoming survey by the County Health Departments in 2012 (Oneida and Herkimer).

- **Establish a means through which businesses, agencies and providers might gain access to screening, prevention and treatment resources. Establish a method to keep information current and up-to-date.**

The availability of current print publications, online information and telephone resources were evaluated for access, content and usability noting how best to ensure use and implementation by the general population. Online resources were determined to be the best available resource as they were easiest to update and access. Appropriate online links will be made available through the websites of the County Health Departments. The logistics of the implementation of the online resource guide are being developed by the participating agencies with expected implementation by year end, 2011.

The Chronic Disease Work Group, which is comprised of representatives from different healthcare and community organizations, is working to establish two, data-driven objectives for 2011 – 2012:

1. Increase healthcare provider interventions related to prevention and early detection of chronic diseases (cancer, heart disease, stroke and diabetes).
2. Reduce the morbidity and mortality associated with cancer, heart disease, stroke and diabetes.

The Chronic Disease Work Group is now focusing its efforts on disease management of diabetes. The Central New York Diabetes Education Program (a cooperative program of Faxton St. Luke's Healthcare

and St. Elizabeth Medical Center) is collaborating with the Oneida and Herkimer County Departments of Health and other agencies to lead the discussions on how best to increase the use of evidence-based standards and practices in the management and education of diabetes. Key components of this initiative will be provider and community education. The hospitals will be working with primary care providers on identifying diabetes patients within their practices, setting up protocols for education, and following up on management and outcomes of patients. The planning, development and tactics for implementation are currently underway.

Priority 4 – Access to Quality Healthcare

Goal:

To address barriers, such as affordability and availability, that can prevent individuals from accessing quality healthcare services to achieve the best possible health outcomes.

Measures:

Nine measures were identified in the Oneida County 2010-2013 Community Health Assessment to assess the success of strategies implemented through community partnerships and efforts of individual organizations that share the same goal to promote access to quality care. The nine measures include:

- Increase the percentage of adults with healthcare coverage from 84.3% to 100% by 2013.
- Increase the percentage of adults with a regular healthcare provider from 86.8% to 96% or higher by 2013.
- Increase the percentage of births with early prenatal care from the 3rd quartile to the 4th quartile (Q4) or better by 2013.
- Increase the percentage of early stage diagnosis of breast cancer from 68% to 80.0% or higher by 2013.
- Increase the percentage of early stage diagnosis of colorectal cancer from 42% to 50.0% or higher by 2013.
- Increase the percentage of adults who have seen a dentist in the past year from 70.3% to 83% or higher by 2013.
- Decrease the percentage of all 3rd grade children with untreated caries (cavities) from 38.2% to 21.0% or lower by 2013.
- Increase the percentage of all 3rd grade children with at least one dental visit in the last year from 75.2% to 83.0% or higher by 2013.
- Increase the percentage of all 3rd grade children with dental insurance from 77.5% to 100.0% by 2013.

These long-range measures will be updated in the county's 2014-2017 Community Health Assessment. The opening of the federally qualified healthcare center in Utica in 2010 is expected to have a positive impact on access measures. Examples of short-term measures for the county's hospitals include number of physicians recruited and number of residents referred to a facilitated enroller.

Update:

While not identified as a core component of Oneida County's hospitals' 2009 action plans, this initiative had a collaborative team of area agencies working to reduce emergency room usage for primary non-emergent purposes via a public education campaign. The committee conducted a survey of urgent care centers to determine hours of operation and investigated existing public education materials.

Since the opening of the federally qualified healthcare center in Utica, the access committee has been dormant. The Utica Community Health Center (UCHC) provides affordable and accessible medical and dental services to the underserved. The center welcomes all forms of health insurance and provides sliding fee discounts for the uninsured and underinsured. To improve accessibility, it extended its hours in March 2011 to provide evening and Saturday appointments.

Rome Memorial Hospital (RMH) has met with the center's leaders to explore the possibility of establishing a satellite in Rome because of the shortage of primary care physicians in the community. Many existing physicians are not accepting new patients because their practices are full. Others don't accept patients with Medicaid. As a not-for-profit, the UCHC is evaluating how to best utilize its resources to meet community needs: 1) expand at its current location; 2) open a second site in Utica; or 3) open a satellite in Rome.

Oneida County's hospitals continue their efforts to recruit and retain quality providers to the Mohawk Valley, which has the lowest ratio of physicians to the population in New York State. As a result of the physician shortage, many patients who don't have a physician or can't get in to see their own doctor turn to hospital emergency departments for routine care at a greater cost to the healthcare system.

Recruiting physicians to Upstate New York isn't easy with the national physician shortage. It's challenging to compete against communities that promise warmer weather, a better call schedule, higher reimbursements and lower malpractice insurance.

In a larger community, doctors have more time to spend with their family if they share night and weekend call responsibilities with a group of 20 doctors instead of only three or four. In addition, the region has a large

population of residents who depend upon Medicaid, which pays physicians poorly for their services. Physicians are attracted to communities with a higher percentage of privately insured residents where they have greater earning potential. For example, a new gastroenterologist, who was expected to join a Rome practice, exercised an out-clause in his contract before starting because of the promise of higher earning potential in other communities.

One strategy that hospitals have used with some success is to create a separate company to hire physicians as employees. But, this means the hospitals bear all the risks and the costs of establishing the practice and, when state and federal governments look at spreading the sacrifice of reimbursement cuts among hospitals and physicians, hospitals get hit twice with the same budget axe. RMH's newest recruits, a neurologist and general surgeon, are both employed physicians. RMH's primary care clinics in rural communities are at risk because of difficulty recruiting providers.

St. Elizabeth Medical Center (SEMC) and Faxton St. Luke's Healthcare (FSLH) examine and assess the number of physicians in the community, including specialists, and identify community need together. We have collaboratively recruited together to benefit patients at both facilities. One example is a Neurosurgery search and recruitment of an additional physician. Orthopedics was an extreme need for patients in our area, and SEMC has successfully recruited an additional physician who has trauma training and experience.

Hospitals use expensive, short-term physicians, when necessary and continually work to find new and better ways to recruit.

Participating in facilitated-enrollment efforts is another way the county's hospitals are trying to address access barriers. With patient consent, St. Elizabeth Medical Center and RMH refer patients to facilitated enrollers to help them assemble the documents that they need to apply for low-cost or free health insurance. RMH has shared its referral form with its primary care and specialty physician practices to increase the number of patients enrolled in affordable insurance options and promoted these options at its annual health fair.

Looking ahead, recruiting primary care physicians to the Mohawk Valley will continue to be the major priority to improve access. Unless this basic need is addressed, eliminating other barriers will not be fully effective.

Priority 5 – Physical Activity and Nutrition

Goal:

To promote regular physical activity and healthy eating to reduce the poor health outcomes and large healthcare costs associated with obesity.

Measures:

Four measures were identified in the Oneida County 2010-2013 Community Health Assessment to assess the success of strategies implemented through community partnerships and efforts of individual organizations that share the same goal to promote regular physical activity and healthy eating. The four measures include:

- Decrease the percentage of obese children 2 to 4 years old (pre-school, WIC) from 14.7% to 11.6% or less by 2013.
- Decrease the percentage of adults who are obese (BMI>30) from 23.7% to 15% or less by 2013.
- Increase the percentage of adults eating 5 or more fruits or vegetables per day from 28.6% to 33% by 2013.
- Increase percentage of adults engaged in some type of leisure time physical activity from 76.6% to 80% or higher by 2013.

These long-range measures will be updated in the county's 2014-2017 Community Health Assessment. Short-term measures include the completion of deliverables, such as the development of the *Get Moving* handbook and pilot wellness program.

Update:

With representation from public health, hospitals and community agencies, the Regional Health Council of Herkimer and Oneida Counties identified *Get Moving!* as its primary initiative for 2010 with the help of the community's voice through the 2010 Regional Health Summit. The objective was to develop and disseminate an evidence-based practice guide for physical activity and nutritional interventions that have the potential to reduce the morbidity and mortality associated with obesity. With a focus on a-la-carte interventions, the handbook was distributed in September 2010 to regional partners as a resource for schools, communities and workplaces. Each of the interventions includes references to model programs and implementation tips for success.

Authored by a master of public health graduate student, the guide was funded by the Healthy Communities Grant from the NYS Department of Health through the Oneida County Department of Health with substantial support from Herkimer County HealthNet and the participation of the Herkimer County Public Health Department and the United Way of the Valley and Greater Utica Area.

The handbook is easily accessible on the Oneida County Department of Health's website: www.ocgov.net/oneida/sites/default/files/health/GetMoving/Get%20Moving%20Handbook.pdf.

Other community-wide awareness building activities that supported the overarching goal included:

- Get Moving All Week Kick-Off: Following the Regional Health Summit, participants were encouraged to exercise wearing their "Get Moving" T-shirts and encourage co-workers and family members to join them for walks or other activities.
- Maintain Don't Gain Challenge: The goal was to help residents avoid gaining weight over the holidays by providing them with a physical activity log, weight log, recipe book, and weekly newsletter with helpful tips. The promotion was developed by Herkimer County HealthNet and shared through the regional partnership.

In addition to participating on the Regional Health Council, Rome Memorial Hospital supported the prevention agenda priority by continuing its 10-week Choose to Move walking program. This program starts each February to motivate members of the community to become more active, even during the cold days of winter. RMH also provided employees with an opportunity to join Weight Watchers at work and implemented a "Take the Stairs" campaign. The hospital also launched an 8-week couch to 5K running program for employees.

The council's primary initiative for 2011 was the development of the *Get Moving!* Employee Wellness Pilot Program for Oneida and Herkimer county employees. Through the generosity of program sponsors, participants received a complimentary three-month gym membership, health and wellness informational materials, coaching sessions, as well as pre- and post-assessment screenings for body mass index (BMI), weight, blood pressure, heart rate, A1C, cholesterol, and triglyceride levels. All testing, coaching and gym memberships were donated by the program sponsors, which included Faxton St. Luke's Healthcare, Herkimer County HealthNet, Rome Memorial Hospital, Oneida and Herkimer counties and their health departments, as well as Function Better Fitness centers.

After the post-assessment testing and participant surveys are completed in September 2011, the planning committee will critique the pilot program and assess the feasibility of expanding to other employers. A key

barrier to expansion is funding. The planning team is hopeful that the successful results of the pilot can be leveraged to attract grant dollars or funding from additional sponsors.

6. Non-Prevention Agenda Priorities or issues on which the hospital is working

St. Elizabeth Medical Center operated an Outpatient Imaging Center, offering CT scan, plain film X-Ray, Ultrasound, DEXA and Mammography services at Marian Medical Imaging. The Medical Center relocated Marian Medical Imaging to 4401 Middle Settlement Road, New Hartford, N.Y. on Sept. 5, 2011 and has renamed the facility Imaging at St. Elizabeth Medical Arts.

This expansion and upgrade joins other expanding outpatient services at St. Elizabeth Medical Arts, such as Advanced Wound Care of St. Elizabeth Medical Center, which added a third Hyperbaric Oxygen Chamber for therapy in August, 2011. Plans for the near future include the addition of primary care and laboratory services at that building.

7. Dissemination of the Report to the Public

A. Public Information

Staff members of the St. Elizabeth Department of Marketing and Public Relations (MPR) and other Medical Center departments make the Community Service Plan (CSP) and the SEMC Annual Report available to the public upon request. Press releases about the reports and about St. Elizabeth's community services and events are provided to the news media and posted throughout the year on the St. Elizabeth website (www.stemc.org). The MPR Department also posts the Community Service Plan and the Medical Center's Annual Report there.

In addition, the CSP or the SEMC Annual Report, which includes a summary of the CSP information, is available in waiting rooms in the hospital and at offices of St. Elizabeth Medical Group. They are also distributed to members of the Medical Center's Board of Trustees, the Foundation's Board of Trustees and the Mohawk Valley Heart Institute Board.

The Community Service Plan and St. Elizabeth Medical Center's Annual Report are also available at the St. Elizabeth Department of Marketing and Public Relations. St. Elizabeth welcomes public comment and input. Contact the Department (315-798-8195; marketing@stemc.org), St. Elizabeth Medical Center, 2209 Genesee St., Utica, NY 13501.

8. Financial Aid Program

Successes and Challenges

The Mission of St. Elizabeth Medical Center is to care for all who request healthcare services, especially the poor.

Our Patient Information Guide includes telephone numbers for the patient to call regarding the various programs that are available to assist the patient with paying his or her account. Our Patient Statements contain a message alerting the patient of our Discount Policies. For those patients who are truly unable to pay, the Medical Center offers the Mother Bernardina Charity Care Program. Enrollment in this program is based only upon the prior year's earnings and no consideration is given for assets owned by the patient. The application is updated annually and is based on current Federal Poverty Level Guidelines with the high end of eligible income being 220% of the aforementioned Federal Poverty Level.

The Medical Center employs three In-House Patient Account Specialists, as well as a fourth Specialist who works specifically with the Women and Children's Health Center and Medical Group sites, as needed. The Patient Account Specialists focus on Inpatient and Emergency Department accounts while the patient is still in the hospital. The goal is to determine the patient's eligibility for state insurance coverage and to obtain coverage, if applicable. During the Pre-registration process, accounts that are self pay are automatically forwarded to the Patient Account Specialists, who also assist patients in applying for Unemployment Insurance, Disability Insurance and Social Security. These staff members also work closely with Discharge Planners and the area's nursing homes and outpatient rehabilitation centers. Additionally, the Mohawk Valley Perinatal Network staff members are on site two days a week and the Medical Center staff works closely with them to obtain insurance coverage for the patient.

The increased numbers in our aged population have presented many challenges related to the collection of patient account balances. Coupled with an increase in the out-of-pocket deductible/coinsurance balances on regular commercial carrier accounts, this has caused us to develop alternative opportunities for repayment.

All self-pay Inpatient and Outpatient accounts have their balances significantly reduced at the time of billing. Extensions for repayment are commonly given for all such accounts.