

## **2010 New York State One-Year Community Service Plan Update**

### ***St. John's Riverside Hospital (SJRH)***

- ***Andrus Pavilion***
- ***Dobbs Ferry***
- ***ParkCare Pavilion***
- ***Malotz Skilled Nursing Pavilion***
- ***Cochran School of Nursing***

#### **1. Mission Statement**

St. John's Riverside Hospital's (SJRH) mission statement has not changed since the submission of the 2009 community service Plan (CSP). St. John's is currently involved in a strategic planning process which has led to a focused effort on addressing quality of care, customer satisfaction, access to care, market share and physician alignment.

#### **2. Hospital Service Area**

The SJRH primary service area utilized in community service planning is the same as reported in the 2009 CSP.

#### **3. Participants and Hospital Role**

Our primary source for collaboration in addressing community needs is through the Health Yonkers Initiative (HYI) established in 1998 by St. John's and the City of Yonkers. Healthy Yonkers Initiative is a partnership of over fifty community-based organizations, local health and city departments, schools, businesses, faith-based institutions and individuals in the City of Yonkers. These community partners are involved in the assessment of community health needs in our primary service area- the city of Yonkers and its surrounding communities. St John's serves as the lead organization and coordinates efforts to focus on prevention agenda priorities. New members to the collaborative are NYS Literacy Zone participants, United Way representatives, and Pace Women's Institute. The community partners continue to meet quarterly, rotating venues among the members. During our sessions we share health information from the New York State and Westchester County Departments of Health and disseminate market share data. The hospital hosts focus groups with community members and local physicians. In addition, we coordinate the HOPE Center's Consumer Advisory Groups and the annual AIDS institute Mandated Outpatient Primary Care and Case Management Forum. Other forms of communication and participation are: surveys mailed to the community, employee forums, consumer inpatient satisfaction surveys, a newly established physician alignment team, testing and counseling satisfaction surveys, continued involvement in the Yonkers Chamber of Commerce, rotaries, pastoral care committee, political leader briefings and media announcements.

#### 4. Identification of Public Health Priorities

##### Prevention Agenda Priorities:

##### (1.) Access to Quality Health Care & (2.) Chronic Disease

Hybrid Model – The first year focus was on preventing unnecessary admissions for patients with asthma and other chronic obstructive pulmonary disease (COPD) issues, diabetes management, pneumonia, hypertension, and dehydration.

- Institute a primary care approach incorporated into the Dobbs Ferry Emergency Room Service with follow-up case management in the community;
- Provide more cost effective care for patients in alternative settings while focusing on the patients' chronic conditions in addition to the "health issue of the day";
- Expand the role of the emergency room as a medical assessment unit where our emergency medicine team will provide more intensive treatment in the emergency room;
- Provide a coordinated team care approach as a key element for the "Medical Home" patient-centered demonstration program.

##### (3.) Community Preparedness

- Community education, screenings, and outreach will include:
  - Access to insurances and alternative third party payers, should individuals not qualify for insurance.
  - Outreach, education and information for free screenings/low cost programs focused on breast cancer, cervical cancer screening, colon cancer, hypertension, obesity, blood pressure screenings.
  - Adult and child asthma education
  - Diabetes prevention and management including dietary information
  - Promotion of substance abuse programs available at SJRH Smithers Program.
  - Establishment of additional linkages with organizations in the river towns and expansion of our Pediatric Asthma Program into zip codes outside of Yonkers area.
  - Faith-based organizations will be consulted to identify opportunities to provide services for minority and uninsured populations.
  - Continue our partnership with Cabrini Immigration located in Dobbs Ferry to provide services to immigrants.

##### (4.) Substance Abuse

- Continue to expand our treatment programming to meet the needs of those patients involved in the criminal justice system.
- Continue outreach and treatment programming to meet the needs of the veterans and military.
- Continue growth of our Smithers Training Program.

**Health Improvement Goals:** Over the past year we have worked closely with other area hospitals, the Westchester County Department of Health (DOH), the city of Yonkers/Dobbs Ferry municipalities and other community partners to focus on preventing disease and reducing health disparities.

**5. Update on the Plan of Action**

**Access to Quality Care and Chronic Disease – Hybrid Model**

The Hybrid Model team currently meets monthly and more frequently as needed to discuss patient needs. The Emergency Department was determined to be the key area of focus for our project. The goal of a safe discharge was always foremost in our plan. The Emergency Department staff was educated about the Hybrid Model plan and their importance to the success of the model. Additional discharge instructions were developed for the Prevention quality Indicators (PQI's) to be given to the patient at discharge. The program goal is to decrease the admission rate during the first year of the program for the PQI diagnoses. Patients who are compliant with their discharge plan usually do not have recurrent visits/admissions.

We would like to see an increase in patient contact especially with patients diagnosed with asthma due to the need for long term therapy and education. It has been a challenge for the Nurse practitioner working with the program to contact patients for follow-up and counseling, however those patients that we are able to reach are appreciative of the phone call and the availability of free additional education. One contributing issue to the problem contacting patients is lack of correct phone numbers (numbers not in service, incorrect numbers, hang-ups, etc.) This has been especially problematic with the patients suffering from asthma.

Initially, we experienced an increase in emergency department visits and admissions by patients diagnosed with dehydration. We believe this increase was primarily related to age and co-morbidities of the population. We experienced and increase in the number of asthma patients visiting the Emergency department, but our admission rate for patients with this diagnosis remains low. Some patients had begun treatment with their primary physician but had worsening symptoms requiring an Emergency department visit. Also on holidays and weekends physicians may have limited hours that may have increased the volume.

The Hybrid Model successes included:

- Positive reaction of contacted patients, especially if they had questions about care.
- Primary care physician involvement in the model.
- Patients and primary care physicians have been pleased with the education sessions provided.

- Assisting uninsured patients in obtaining information, financial assistance, access to free programs, and low cost medications in a timely manner.
- A decreased number of Emergency Department visits and hospital admissions for patients diagnosed with dehydration.
- Referrals to the Ashikari Breast Center have increase for Medicaid and self-pay patients.

### **Community Preparedness**

The opportunity to reach a large number of newly arrived adults in Yonkers surfaced from a series of meetings with community partners that presented the issue and data, regarding lack of knowledge among community partners that presented the issue and data regarding a lack of knowledge among community residents about utilizing the health care system and the need to be proactive in response to individual health care needs. The adult learners seeking a general education diploma (GED) and English as a second language (ESL) services provided a collaborative partnership opportunity for SJRH and the Yonkers Public Schools in its quest for a Literacy Zone designation. Health literacy was an important component of the application which was viewed favorably by the State of New York. Yonkers was awarded two Literacy Zone grant designations. Aware of the trepidations of the students when seeking health care we decided to integrate basic concepts into the curriculum:

- o Appropriate use of emergency department
- o Establishment of a medical home
- o Communication skills necessary during a physician visit
- o Importance of knowing family health history
- o Negotiation skills related to medical bills
- o Elementary financing skills to pay for medications
- o Importance of following medication dosage instructions

Once a relationship was established with the students, they began to request specific health topics: (currently being provided)

- Cancer prevention, detection, and treatment
- Nutrition
- Diabetes
- HIV education, testing, and treatment

In 2009, over 413 ESL/GED students attended health related educational sessions sponsored by SJRH and many stated they felt comfortable seeking personal contact for guidance on their specific health needs.

Our outreach into the community utilizing the agencies, faith-base organizations and private groups from our Health Yonkers Initiative (HYI) consortium, enabled SJRH to reach over 1,200 people with health education information relating to cancer , hypertension, diet, and salt consumption (Weschester County Department of Health [WCDOH]“health priority”). Our participation with the WCDOH Health Living Partnership has enabled SJRH to refer women who are underinsured or uninsured for free Pap and breast exams as well as mammography treatment if needed. We are also able to refer people over 50 years of age who are un/underinsured for colonoscopies.

Responding to the needs of the community is demonstrated by the continued facilitate meetings of our Breast Cancer and Cancer support groups. Individuals diagnosed with cancer, are able to avail themselves of our “Look Good Fell Better Program” which provides cosmetic assistance and wigs for those in need. Breast health Patient navigators are at all hospital sites serving inpatients and outpatients with a continuum of health care needs and other resources.

Responding to the identified needs of our community, St. John’s Riverside Hospital was awarded funds to launch a hepatitis C support group and community education program. The objective of the group is to provide peer support to those individuals undergoing treatment for Hepatitis C and to assist those contemplating treatment.

### **Substance Abuse and HIV Services**

#### **Smithers Alcoholism Treatment and Training Center**

##### **2010 Criminal Justice Initiatives**

St. John’s Riverside Hospital has a longstanding history of working with alcoholic and drug addicted patients who have become involved with the criminal justice system. We work with patients, courts, and agencies to facilitate a treatment option in place of incarceration and to provide services that will break the cycle of addiction and criminal behavior. Demand for treatment and for alternatives to incarceration is expected to increase significantly due in part to the repeal of the NYS Rockefeller drug laws in 2009. In January 2010 (48) beds for male patients were added to the SJRH jail-based Solutions Program. We also signed a contract for 2009-2010, with Fishkill Department of Correctional Services (DOCS). The Fishkill DOCS send SJRH referrals for prisoners released back into the community who need addiction counseling.

**Westchester County Department of Correction:** Our “Solutions” program has provided alcohol and drug treatment combined with educational services to incarcerated men and women since 2000. The program expanded in 2010 and now includes 152 beds on three dedicated cellblocks. Graduates are linked with aftercare at SJRH upon discharge.

Resolve to Stop the Violence Project (RSVP) was begun in 2008 and is based upon a successful San Francisco restorative justice model that seeks to end violent criminal behavior. The program has 44 male inmate participants and a community center location for graduates in Yonkers. The Westchester version of RSVP also includes an alcohol and drug treatment component. St. John’s is in discussions with the Westchester County Department of Probation to develop a community based version of RSVP this year.

**Westchester County Department of Probation:** Since 1990, St. John’s has contracted with the Department of Probation to operate the “Direct Treatment Alternative to Incarceration (DTATI) program at our outpatient clinics in Mount Vernon, Yonkers, and Greenburgh. The program provides intensive treatment and supervision of alcohol and drug dependent probationers convicted of felony offences and includes a dedicated, on-site probation officer at each clinic.

**New York State Division of Parole:** St. John's has a close working relationship with the NYS Division of Parole and receives a large number of parole referrals to all of our inpatient and outpatient services. We have assigned staff members who provide outreach services at the district office in New Rochelle and we are a member of the parole revocation hearing held weekly at the Westchester County Department of Correction.

**Westchester County Re-entry Task Force:** Operated under the auspices of the Westchester County District Attorney, the task force coordinates the re-entry needs of inmates who are released into Westchester County from the NYS prison system. St. John's is represented on the task force at both the executive and program levels.

**New York State Department of Correctional Services (NYS DOCS):** Since 2009, St. John's has contracted with NYS DOCS as the sole Westchester County provider of outpatient alcohol and drug treatment services for work-release inmates from the Fishkill Correctional Facility. Treatment is provided at our Yonkers, Mount Vernon, and Greenburgh sites.

**Community Link:** In operation since 2000, this intensive case management program is funded by contract with the NYS Division of Probation and Correctional Alternatives and targets alcohol and drug dependent female inmates at the Westchester County Department of Correction. Upon discharge, participants attend SJRH sponsored community based alcohol and drug treatment services and receive a variety of supportive services intended to foster self-sufficiency and family reunification.

**Drug and Specialty Courts:** St. John's has and continues to play an important role in every drug and specialty court in Westchester County. We provide the expertise, outreach and access to care that allows courts to refer with confidence and for patients to receive appropriate and effective services. Current courts are as follows:

Drug Courts: City of Yonkers, City of Mount Vernon, city of New Rochelle, city of white Plains city of Peekskill, town of Greenburgh, Westchester Felony court, Mid-Town NYC community Court.

Specialty Courts: Westchester County Mental health court, Yonkers Integrated Domestic Violence Court.

**Westchester County Criminal Justice Advisory Board:** Appointed by the Westchester County Executive, this board reviews and approves criminal justice planning initiatives and programs provided by the county and its contract agencies. The Vice President of Behavioral Health Services represents St. John's on this board.

#### **The HOPE Center (HIV Services)**

We continue to receive funding from several sources to support our comprehensive array of HIV – related services. Grant funding includes, Ryan White HIV/AIDS Treatment Extension Act of 2009 – Part A funding from the Westchester County Department of Health and NY State Department of Health to support intensive medical case management, targeted medication adherence and a social networking initiative. We continue to receive Part B funds from the NY State Department of Health to help support

### **The HOPE Center (HIV Services) continued**

our outpatient medical case management and health behavior change services. In 2010 we received new funding to support a HIV/ Hepatitis C co-infection treatment service and an integrated HIV counseling and testing initiative (partially funded through the Centers for Disease control and Prevention).

We also receive support in Part C funding from the US Department of Health and Human Services to support our Early Intervention Services. For individuals living with HIV as well as for their families, we offer a comprehensive array of services. This includes comprehensive primary care, (provided by HIV Specialists), case management, HIV-specific dental services, mental health services, adherence counseling and transportation related to care needs. SJRH also received a grant of \$2.2 million (over five years, currently on year -2) to provide enhanced substance abuse treatment services to individual of color who are at-risk of HIV infection or who are HIV-infected. The grant is from the US Department of Health and Human Services' Substance Abuse Mental Health Services Administration. This grant-funded service is a cooperative venture between the HOPE Center and St. John's Behavioral Health Services. Services are co-located at the New Focus Center and the Greenburgh ATS.

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

Since our 2009 submission the St. John's Community Service Plan was made available in the Administrative offices at both St. John's Riverside Andrus and Dobbs Ferry Pavilions. The 2009 CSP was also made available through the hospital website@[www.riversidehealth.org](http://www.riversidehealth.org)) and to our employees on the St. John's intranet. Copies were also obtained by calling the hospital's public relations office and a public services announcement was sent to the local media. The 2010 update will be disseminated in the same venues.

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

Since the submission of the 2009 community Services Plan the hospital has not had any significant operational or financial changes, (i.e. mergers, service closures that impacted the care of the community, provision of financial assistance and /or access to health care). However, we continue to face the challenges of operating within current and proposed federal and state fiscal constraints and the directives of health care reform.

### **8. Financial Aid Program**

St. John's continues to provide comprehensive medical and nursing care to every patient, regardless of ability to pay. To accomplish this goal, SJRH makes available to all of its patients a medical care financial assistance program entitled Health Solution (the Charity Care Program). Despite the challenges of obtaining appropriate documentation we have been successful in providing financial assistance to a majority of patients who were unable to pay for all or a portion of their medical expenses incurred at the hospital and who met the eligibility guidelines established under the program.