Community Service Plan
Update and Progress Report
March 2015

Copies of this document can be downloaded from the Richmond University Medical Center website, RUMCSI.org

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Richmond University Medical Center (RUMC), an affiliate of The Mount Sinai Hospital and Mount Sinai School of Medicine, is a 473-bed healthcare facility serving borough residents as a leader in the areas of surgery, gastroenterology, pediatrics and pediatric gastroenterology, endocrinology, urology, oncology, orthopedics, surgery and maternal health. With over 2,000 employees, RUMC is one of the largest employers on Staten Island. Its main campus is located at 355 Bard Avenue, Staten Island, New York 10310. RUMC also offers behavioral health services at its Bayley Seton campus located at 75 Vanderbilt Avenue, Staten Island, New York 10304. Both are easily accessible by public transportation.

RUMC is recognized for its outstanding neonatal intensive care unit (NICU) which has the lowest mortality rate in the metropolitan area and a survival rate of 99.6% (2012) (Source: Vermont Oxford Study). Its Maternity Ward was recently renovated and now offers private maternity suites.

RUMC is a Level 1 Trauma Center and a designated Stroke Center. The hospital was the recipient of the American Heart Association/American Stroke Association’s Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award for 2010, 2011 and 2012. RUMC maintains a Wound Care Center, Pain Management Center and a Sleep Disorder Center on-site at its main campus. The hospital also offers behavioral health services at its Bayley Seton campus, encompassing both inpatient and outpatient services for those with psychiatric and substance abuse problems. RUMC is the only borough facility that offers inpatient psychiatric services for adolescents at its main campus and is currently in the process of expanding its capacity to meet the needs of the community.

**Mission Statement**

The Medical Center is a not-for-profit health care provider serving the ethnically diverse community of Staten Island and its neighbors. We provide premier quality patient care through a full spectrum of emergent, acute, primary, behavioral health and educational services. We do this in an environment that promotes the highest satisfaction among patients, families, physicians and staff.
Program Goals

Promoting Healthy Women, Infants, and Children

- Increase the proportion of NYS babies who are breastfed.
- Increase utilization of preventative health care services among women of reproductive ages.
- Reduce premature births in New York State.

Promote a Healthy and Safe Environment

- Reduce violence by targeting prevention programs particularly to highest risk populations
Program Interventions

Promoting Healthy Women, Infants, and Children

- Provide structured, comprehensive breastfeeding education and professional lactation counseling and support during pregnancy, in the hospital and at home.
- Other maternal/infant health strategy
  1. Centering Program for pre-natal patients with group support and empowering techniques
  2. Working with the NYS Partnership for Patients to implement NYS Perinatal Quality Collaboration Obstetrical Quality Improvement Project with the goal of reducing
- Implement maternity care practices consistent with the World Health Organization’s Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.

Promote a Healthy and Safe Environment

- Develop a multi-sector violence prevention programs (e.g. LHDs, criminal justice, social services, job training, CBOs) such as SNUG, Cure Violence or CEASEFIRE in high risk communities.
In 2014 Richmond University Medical Center continued to work towards implementing maternity care practices consistent with the World Health Organization’s Ten Steps to Successful Breastfeeding and increase the number of baby Friendly Hospitals in NYS. The following processes measures are being used to monitor progress on this intervention:

- Number of hospitals that have joined NYS BQIH (Breastfeeding Quality Improvement Hospital Initiative), NYC BHC, Great Beginnings NY, or Latch On NYC
- Number and demographics of women reached by policies and practices to support breastfeeding
- Number and percent of women within target population reached by educational campaign addressing the importance of receiving early prenatal care and attending prenatal visits

The target population for this program is pregnant women; with a goal of 3,000 being reached by the end of the first year of the program. To date over 2,000 women have been reached. Disparities within this intervention are currently being addressed, specifically race/ethnicity.

The program takes into consideration specific cultural needs by providing program screens and offering services to high-need participants. Baseline data was collected in some cases for the process measures. This data is collected monthly.

The program is on track with the implementation schedule. Aiding in the development and progression of this initiative are groups and organizations from the, hospital, businesses, media and local coalitions. These highly engaged partners assist in providing health services and conducting educational activities; allowing RUMC to offer interventions to the target population.
Program Updates

Promoting Healthy Women, Infants, and Children

Program Successes

- Identifying burden/problems to be addressed
- Educating the community about the problem
- Engaging community leaders to address problem
- Defining target population
- Establishing clear goals
- Researching evidence-based interventions to address problems among the population
- Identifying process and outcome measures to monitor progress towards reaching goals
- Developing data collection methods
- Establishing clear implementation plan/timeline based progress
- Disseminating results broadly through a variety of methods

For about 600 Staten Island babies a year, many weighing less than 3 pounds, Richmond University Medical Center’s Neonatal Intensive Care Unit (NICU) is a lifesaver—literally, in 2012, the NICU, once again, had one of the highest survival rates in the region: 99.6 percent.

Richmond University Medical Center focuses on leading-edge technology as well as a hands-on philosophy that emphasizes human interaction.
Program Updates

Promote a Healthy and Safe Environment

In 2014 Richmond University Medical Center continued to work towards promoting a healthy and safe environment, with a specific focus on injuries, violence and occupational health. This is being accomplished through the development of a multisector violence prevention program, Cure Violence, CEASEFIRE in high risk communities. The process for measurement in the progress of this intervention is monitored through tracking victims of crime with community based organizations.

The demographics of this intervention are focused on high risk Staten Islanders of Richmond County, NY. The program has been operational since January 2014. Statistics were gathered starting in March 2014. In 2014, 27 victims were reached. On average, the data is collected monthly. The implementation efforts on this intervention are on track with the designed schedule.

The highly engaged, community partners of this intervention coordinate events, conduct educational activities, fund the intervention, allow/sponsor access to the site or population and assist with advocacy.

**Partner Participation**
- Focused efforts allowing us to make clear progress on the priority
- Contributes staff time to help with intervention
- Helps with training coalition members
- Enables us to offer intervention activities to a target population
- Provides site for meetings
- Defining a target population
- Establishing clear goals
- Making adjustments to implementation plan/timeline based program

**Community Partners**
- Local Schools
- Faith-based organizations
- Media
- Government and community based organizations-Youth Focused
- Local Coalitions
- 49 Strong
- Staten Island Mental Health
- Safe Horizon
- NYCID
- Staten Island Youth Justice Center
- Office of Council Woman Debi Rose
SCOPE:
Consistent with the Mission, Vision and Value statement of Richmond University Medical Center this protocol is applicable to any victim of gun violence and stabbings. Patients will be directed to partner organizations for conflict mediation, mentoring, behavioral health services, and other appropriate services designed to address issues of violence and will notify such partner organizations of the patient within the guidelines established by RUMC.

PROTOCOL:
Richmond University Medical Center (RUMC) has been funded for a hospital based violence intervention program, CeaseFire/ Cure Violence Program. The role of the CeaseFire Coordinator is to work individually with patients who are victims of violence as well as be a part of an interdisciplinary team of local organizations, whose goals is to interrupt and thereby reduce incidents of gun violence on the North Shore of Staten Island. It is valuable that all Emergency Department staff at RUMC, including but not limited to trauma doctors and nurses, social workers and clerks, understand the program and individual roles to contribute to the success of the CeaseFire/ Cure Violence Program. Hospital responders, who are part of 49 Strong, will work with both, persons hospitalized as well as those in the community injured by gun and/or penetrating wounds (stab wounds), to prevent retaliation and/or repeat episodes of violent injury and identify those at-risk for individualized interventions.

RESPONSIBILITIES:
Hospital Staff/ CEASEFIRE Coordinator

- RUMC’s Emergency Department (ED) staff will notify the CeaseFire Coordinator of each patient presenting with a gunshot and/or stabbing.
- The CeaseFire Coordinator will respond, within 30 minutes, on site to the Emergency Department for the purposes of engaging with the patient and/or family members and friends.
Program Updates

Promote a Healthy and Safe Environment

- The CeaseFire Coordinator will notify 49 Strong of each patient presenting with a gunshot and/or stabbing.
- With permission from the patient and/or patient’s designee, CeaseFire Coordinator will interview the patient for the purpose of documenting the violent incident and ascertaining any details that:
  (a) may assist team members in interrupting future violent incidents,
  (b) may assist team members in determining appropriate services to offer the patient and
  (c) connect the patient to a support network for future interventions.
- The CeaseFire Coordinator will distribute program education materials to patients for the purpose of engaging them in the Cure Violence initiative.
- The CeaseFire Coordinator will document each interaction with patients including, but not limited to, resources and referrals offered to the patient, and a brief description of future follow-up post discharge with the patient.

* Please note, in the absence of CeaseFire Coordinator, the Manager of the Care Coordination Department and/or her designee will fill the role.

Hospital Responder / 49 STRONG

- The Hospital Responder (HR)/ 49 Strong Staff will respond to the hospital when notified of traumas associated with violence occurring in the catchment area.
- Check in with Hospital Security.
- Hospital ID cards will be provided to the HR/ 49 Strong Staff.
- Engage with the patient at bedside.
- Engage with patient’s family/ friends.
Program Updates

Promote a Healthy and Safe Environment

- When HR/49 Strong visit RUMC, Hospital Security will retain NYS Identification Card and give the HR appropriate.
- When leaving RUMC, Responders will revisit Security to retain their NYS ID and return Hospital ID.

Hospital Security

- The Responders will check in with hospital security in the Emergency Department upon arrival.
- The Officer will provide the HR/49 Strong with appropriate identification cards.
- If the patient is in police custody, no visitors permitted until cleared by NYPD.
- Once patient is admitted to RUMC, in-patient status, the Cease Fire Coordinator will provide escort to Hospital Responder(s), if needed.

Procedure:

- Any patient arriving to the hospital with a gunshot wound or stabbing will be triaged by ED staff, and given an acuity level. Patient will be evaluated and treated for his/her injuries by the Physician and medical team.
- The ED clerk will alert the Cease Fire Coordinator.
- Patient will receive appropriate referral information prior to discharge.
- All referrals will be made by the Cease Fire Coordinator and Hospital Responder.
- Data will be collected and reported monthly to DOHMH for review.
- Communication and collaboration between the CeaseFire Coordinator is ongoing (i.e. Stakeholders meetings, onsite meetings at RUMC and on-site visits to discuss patients who have been referred).