

RICHMOND UNIVERSITY MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

2013



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**Richmond University
Medical Center**



**An Affiliate of The Mount Sinai Hospital and
Icahn School of Medicine at Mount Sinai**

RICHMOND UNIVERSITY MEDICAL CENTER – CLOSE TO YOU

Richmond University Medical Center (RUMC), an affiliate of The Mount Sinai Hospital and Mount Sinai School of Medicine, is a 510-bed healthcare facility serving nearly 500,000 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. Located on the Island's North Shore, on two campuses, the Medical Center has filled the role of a traditional public hospital by caring for the impoverished and underserved of the community.

RUMC is recognized for its outstanding neonatal intensive care unit (NICU) which has one of the lowest mortality rates in the metropolitan area. The survival rate is 99.6% (2012) (Source: Vermont Oxford Study). RUMC is a New York State designated Stroke Center and received the American Heart Association/American Stroke Association's Get With The Guidelines® -Stroke Gold Plus Quality Achievement Award for 2010, 2011 and 2012.

RUMC's Emergency Department is a Level 1 Trauma Center seeing nearly 70,000 visits per year. Additionally, RUMC is a designated SAFE (Sexual Assault Forensic Examiner) center of excellence, treating victims of domestic violence and working with a coalition of law enforcement and social service agencies to provide additional services related to the incident.

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 comprehensive emergency psychiatric program (CPEP) on Staten Island, and only borough facility that offers inpatient psychiatric services for adolescents at its main campus. RUMC is currently expanding the adolescent psychiatric inpatient capacity to meet the needs of the community.

1. MISSION

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

VISION

- To establish a regional identity as Richmond University Medical Center and a region-wide reputation for excellence in providing the highest standards of medical care to the community
- To develop a culture of pride in the history of the institution, the current activities, and its initiatives for future growth and expansion.
- To be recognized as the provider of choice.

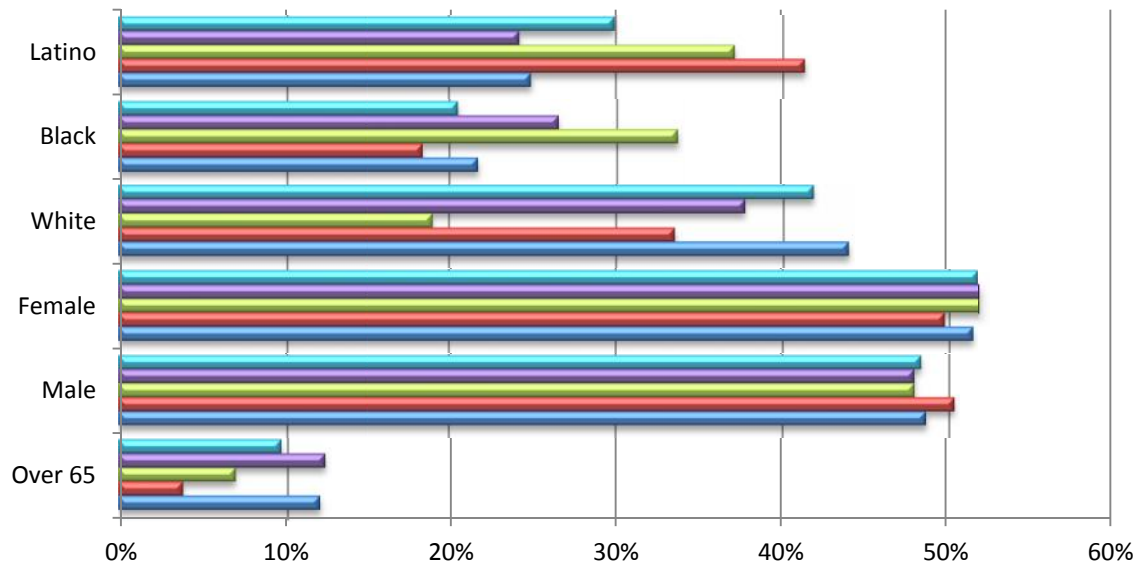
VALUES

W	Welcoming	C	Compassion
E	Energized	A	Advocacy
		R	Respect
		E	Excellence

2. THE COMMUNITY WE SERVE

Richmond University Medical Center, as one of two hospitals on Staten Island, serves a population of 468,730 residents according to the 2010 US Census, which was an increase of 5.6% over 2000. By 2015, Richmond County’s population is expected to grow to 481,609 (an increase of 2.8% over 2010). RUMC’s primary service area (PSA) is the North Shore of Richmond County, which includes the following five (5) ZIP Codes: 10301 (St. George); 10302 (Port Richmond); 10303 (Mariner’s Harbor); 10304 (Stapleton); and 10310 (West Brighton). RUMC’s secondary service area (SSA) is 10314 (Mariner’s Harbor/Willowbrook) and 10305 (Rosebank). The total population of RUMC’s Primary Service Area (PSA) is approximately 152,000 people.

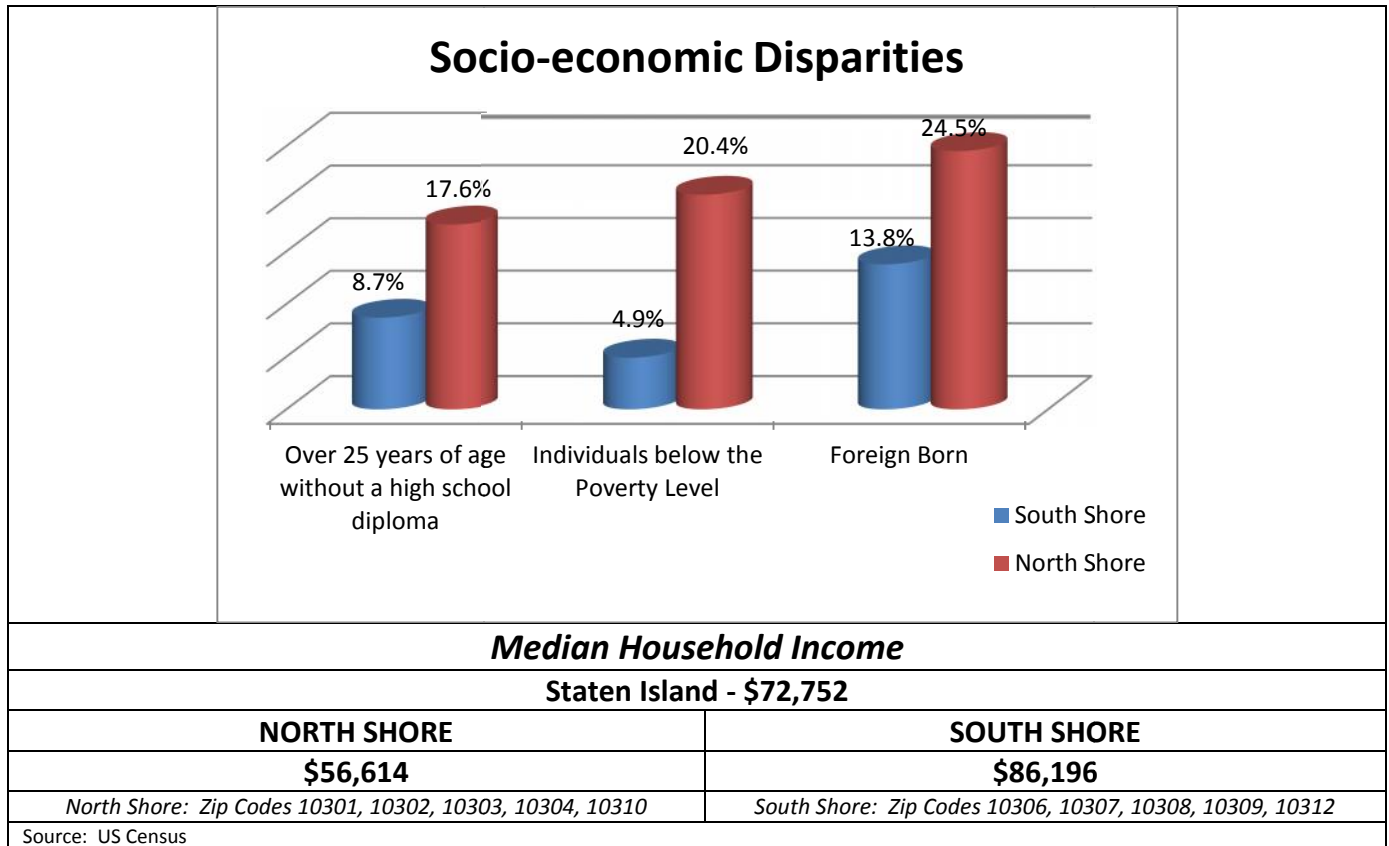
The Community at a Glance Primary Service Area



	Over 65	Male	Female	White	Black	Latino
10310	9.6%	48.3%	51.7%	41.8%	20.5%	29.9%
10304	12.2%	47.9%	52.1%	37.7%	26.5%	24.2%
10303	6.9%	47.9%	52.1%	19.0%	33.6%	37.1%
10302	3.8%	50.3%	49.7%	33.5%	18.4%	41.3%
10301	11.9%	48.6%	51.4%	43.9%	21.7%	24.9%

A Tale of Two Staten Islands

Richmond University Medical Center’s primary service area encompasses a population that is financially disadvantaged, ethnically diverse, and medically underserved. Compared to the South Shore of Staten Island, the North Shore has historically been poorer, less educated and due to its percentage of foreign born residents, subject to cultural and linguistic barriers that have prevented access to care.

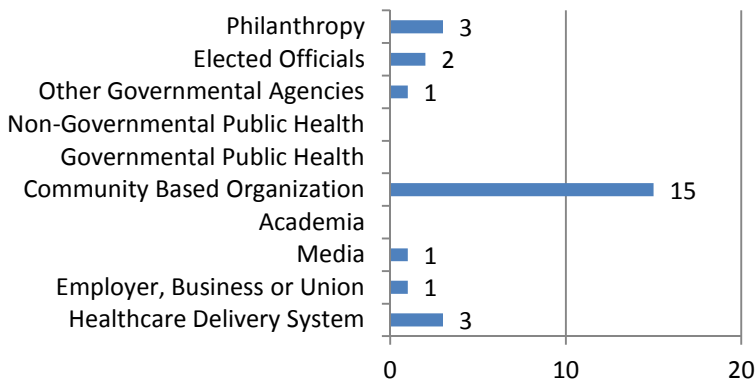


According to a 2008 study commissioned by the Richmond County Medical Society, there are large disparities in access within Staten Island, and “residents of the poorest communities within the borough [e.g., RUMC’s PSA] do not have adequate access to primary or specialty care.”

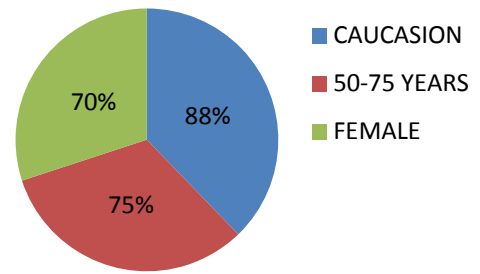
3. PUBLIC PARTICIPATION - OUR COMMUNITY’S INPUT

In order to gauge the collective healthcare needs of Staten Islanders, Richmond University Medical Center conducted two surveys, one of Staten Island based organizations and the other of individuals. RUMC surveyed over 26 organizations, including community social service organizations, philanthropic foundations, elected officials and others to determine its priority focus areas. A complete list of organizations is included in Attachment 1. In addition, RUMC surveyed Staten Island residents for their health need priorities. RUMC emailed over 5,000 residents directly through the utilization of partner organizations’ email lists and internal employee distribution, provided links to its community survey at local community outreach events and solicited input via social media. Overwhelmingly, individual respondents were female, white and middle-aged. It is important to note that all three of Staten Island’s community boards responded which represent the entire population and therefore a truer picture of health needs across all socioeconomic strata of the borough.

Community Groups Responding



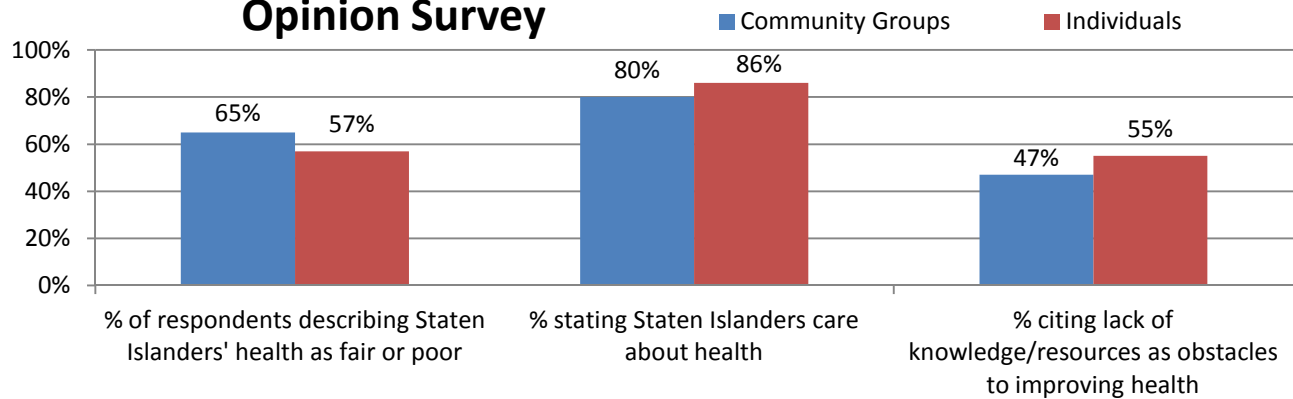
Demographic of Individual Respondents



Both surveys queried respondents’ opinions on the perceived health status of Staten Island residents, obstacles to better health, methods for improving health outcomes and their preference for addressing 5 specific health areas that comprise the New York State 2013-2017 Prevention Agenda: *Prevent chronic disease; Promote a health & safe environment; Promote healthy women, infants and children; Promote mental health and prevent substance abuse; and Prevent HIV, STDs, vaccine preventable diseases and healthcare associated infections.* Based on their preference, respondents were further queried as to their preference for various focus areas and goals.

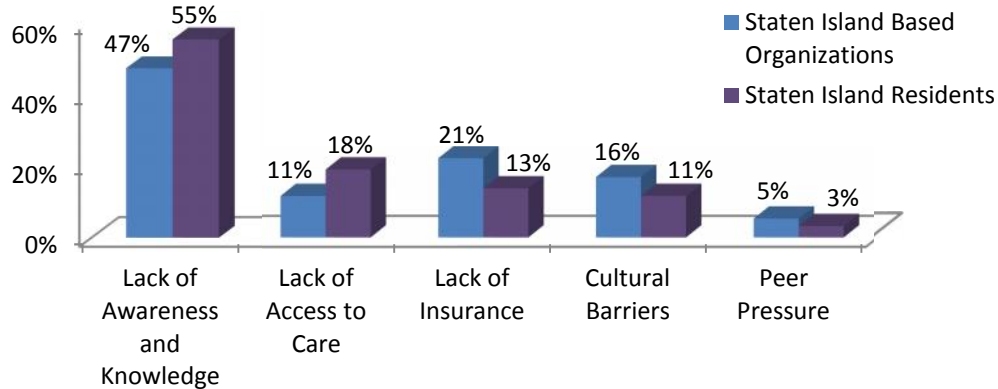
Of the 26 organizations responding to Richmond University Medical Center’s survey, 65% of the respondents felt that Staten Islander’s health was fair or poor. This reconciles with those individuals surveyed where 58% of the respondents answered similarly. Over 80% of both organizations and individuals overwhelmingly agreed, however, that Staten Islanders do care about their health but that a lack of knowledge and resources is the main obstacle to making necessary lifestyle improvements. Individuals were more likely to feel that a lack of access to care prevented improvements in health status (18%) whereas organizations saw a person’s lack of insurance (21%) and cultural barriers (16%) as equally significant.

Opinion Survey



Obstacles to Improving Health Status of Staten Islanders

self-reported



In order to combat the public’s lack of awareness and knowledge, 76% of organizations cited the need to partner with Richmond University Medical Center as a means to increase awareness and community outreach. These groups equally supported expanding access to primary care (71%).

RUMC has collaborated with the New York State Department of Health by incorporating various 2013-2017 Prevention Agenda priorities into its implementation strategy and the New York City Department of Mental Health and Hygiene via its Take Care New York 2016 priorities from which it will implement select interventions. In addition to these collaborations, members of RUMC’s senior leadership team have been engaged with the New York State Department of Health, the Hospital Association of New York State, United Hospital Fund, the New York City Department of Health, the NYC Fund for Public Health, and the Greater New York Hospital Association on ways to improve the quality of care that RUMC delivers to the community. RUMC has also established collaborative relationships with a number of healthcare providers and social service organizations that have directly resulted in new initiatives that address community needs.

RUMC and The Mount Sinai Hospital and Icahn School of Medicine

RUMC has entered into a clinical and academic affiliation with the Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai. This affiliation has resulted in the submission of a joint certificate of need (CON) for percutaneous cardiac interventions to be performed at RUMC in a Mount Sinai Hospital catheterization lab. The CON is currently pending.

RUMC and the Community Health Center of Richmond

Richmond University Medical Center has entered into a memorandum of understanding with the Community Health Center of Richmond (CHCR), a local federally qualified health center (FQHC), to transition the operation of an obstetrical clinic to CHCR. CHCR focuses on wellness, preventative care and disease management in the care of its patients.

RUMC and Community Health Action of Staten Island (CHASI)

As part of the opening of an HIV ambulatory clinic, RUMC and Community Health Action of Staten Island (CHASI) are collaborating on clinical and social services for HIV positive patients. These efforts are sponsored by HRSA through the Lower Manhattan Consortium for HIV Patients and Families, in NYU.

For a complete list of collaborative partners, please see Attachment 2.

4. ASSESSMENT and IDENTIFICATION OF HEALTH NEEDS AND PUBLIC HEALTH PRIORITIES

POOR LIFESTYLE CHOICES = POOR HEALTH

Overall, Staten Island residents exhibit some of the worst risk factors for chronic and preventable diseases in comparison to residents citywide. Despite having the highest median income of all five boroughs of New York City (\$72,752 Source: US Census Bureau), Staten Island residents suffer from a higher incidence of cancer and heart disease, with mortality rates for those conditions exceeding those of the other four boroughs and New York State. They smoke more and weigh more than their counterparts in the other boroughs, and exercise less and consume more sugary drinks than other city residents – all factors which contribute to their increased risk for chronic disease.

BOROUGH	Percent of Adults reporting active smoking (2011)	Percent of Adults who are overweight or obese (2011)	Percent of Adults reporting physical activity	Percent of Adults reporting consumption of 12oz or more of a sugary drink
New York City	15	57.7	79.4	30
Bronx	17.1	66.3	75.5	36.6
Brooklyn	16	60.4	79.4	30.5
Manhattan	12.6	47.1	87	22.6
Queens	12.3	55.4	77	30.4
Staten Island	25.6	70.3	75.4	33.4
Source: NYC Department of Health & Mental Hygiene Community Health Survey				

Staten Islanders also lead the city in mortality rates for preventable diseases. In four significant categories, Staten Island residents have a higher mortality rate than the citywide average.

Condition	Mortality Rate per 100,000 residents (age adjusted)	
	Staten Island	Citywide
Heart Disease	306	225
Cardiovascular Disease	334	260
All Cancers	158	146
Chronic Lower Respiratory Disease	26	19
Source: NYS Community Health Indicator Reports 2007 - 2011		

A brief look at the following statistics compiled by the NYCDOHMH and NYSDOH indicate the poor state of Staten Island residents' health:

- Age-adjusted diabetes related deaths rose between 2000 and 2010 and exceed the New York State rate.
- Staten Island leads both the City and State in age-adjusted mortality for the following cancers: colon and rectum, lung and bronchus, female breast cancer, and ovarian cancer.
- Staten Island's age-adjusted mortality rate due to chronic lower respiratory disease exceeds the New York City rate, 25.5% compared to 19.2%.

- Staten Islanders ages 15 to 85+ are hospitalized due to falls more than City and State residents.
- Staten Island has a higher premature death rate (ages 35-64) due to heart disease than New York City and State.

Within Staten Island, across various ethnic groups, the statistics are even more startling. Seventy percent of non-Hispanic blacks are likely to die prematurely before the age of 75 compared to 38% of whites. Similarly, 62.5% of all deaths for the Island's Hispanic population are considered premature. Blacks are three times more likely to be hospitalized for asthma and twice as likely to be hospitalized for diabetes as whites. Both blacks and Hispanics die at twice the rate than whites due to diabetes.

These disparities are significantly greater when comparing data from Staten Island's North and South Shores. Indeed, RUMC serves a financially disadvantaged population that is at a greater health risk than the average Staten Island resident. In 2008-2009, avoidable hospital admissions (for ambulatory care sensitive conditions) in RUMC's PSA were 152% of the expected statewide rate for all diabetes conditions (164% for uncontrolled diabetes), 156% of the expected statewide rate for all respiratory conditions (182% for asthma) and 110% of the expected statewide rate for all circulatory conditions (162% for hypertension). For African-Americans and Hispanics in the PSA (which collectively comprise 47% of the PSA population), avoidable hospital admissions were 217% and 121%, respectively, of the overall expected statewide rate. For African-Americans, avoidable admissions were 243% of the expected statewide rate for circulatory conditions, 296% for diabetes and 245% for respiratory conditions. For Hispanics, avoidable admissions were 157% of the expected statewide rate for diabetes and 155% for respiratory conditions.

By contrast, avoidable hospital admissions in the five (5) ZIP Codes (10306, 10307, 10308, 10309 and 10312) that comprise the South Shore of Richmond County (which are 86% Caucasian and located outside of RUMC's PSA and SSA) were significantly lower than the expected statewide rate for every PQI category measured by the NYSDOH PQI database (69% overall, 55% for all diabetes conditions, 70% for all circulatory conditions, 71% for all acute conditions and 74% for all respiratory conditions).

In 2004, the death rate on Staten Island (825/100,000) was significantly higher than the New York City rate (707/100,000). By 2009, Richmond County's overall death rate/100,000 population was 30% higher than New York City's and 29% higher than New York State's. The infant mortality rate on the North Shore was almost 60% higher than New York City overall and nearly three (3) times above that of the South Shore, according to a report commissioned by the Richmond County Medical Society in 2008, which recognized that poverty and access to care have a serious impact on the health status of the residents in RUMC's PSA.

The overall poverty rate on Staten Island was 11.4% in 2009. The Office of the State Deputy Comptroller for the City of New York's *Neighborhood Economic Status*¹ indicates that neighborhoods with the highest rate of poverty on Staten Island are located on the North Shore of the Island: Stapleton (21% poverty rate); Port Richmond (17.5% poverty rate); Mariner's Harbor (17.4% poverty rate); and West Brighton (15.4% poverty rate). By contrast, the poverty rate in the Tottenville/Great Kills sections on the South Shore of Staten Island was only 4.6% in 2007. In the South Beach and Willowbrook sections, the poverty rate was 7.6% in 2007.²

¹ *Neighborhood Economic Status*, The Office of the State Deputy Comptroller for the City of New York, <http://www.nyc.gov/economic>

² The Furman Center for Real Estate and Urban Policy: State of New York City's Housing and Neighborhoods 2008.

New York City's *Community Health Profiles*³ contain startling statistics that clearly indicate the most serious lack of healthcare resources, combined with poor health status and poverty exists on the North Shore of Staten Island. Port Richmond, Stapleton, St. George and Mariner's Harbor residents have an annual heart disease hospitalization rate that is 20% higher than New York City, 25% of the residents are obese and 8-9% of the residents have diabetes. The Stapleton, St. George and Port Richmond communities have a cancer rate that is 20% higher than New York City overall. There are twice as many new HIV diagnoses (.48 vs. .24 per 1,000 for Staten Island) for residents in the area surrounding the Bayley Seton campus than in the rest of Staten Island, per the New York City Department of Health and Mental Hygiene.

The utilization of the Emergency Department at RUMC by Medicaid and self-pay patients is an insight into the lack of access to primary care. Over 88% of the 33,000 patients in this demographic are treated and released from the ED with ambulatory sensitive conditions such as asthma, flu and diabetes exacerbation.

The data indicates one overarching premise – the prevention and management of chronic diseases is imperative to improving the community's overall health.

Prescription Drug Abuse – A Borough Scourge

Staten Island also has a serious prescription drug problem and leads the city in various indicators. While the overall New York City rate for deaths due to unintentional opioid analgesic poisoning declined, in Staten Island, it soared by 261%, from a rate of 9% in 2005 to 20% in 2011 (Source: NYCDOHMH Epi Data Table No. 27) Not surprisingly, Staten Island continues to have the highest rate among all boroughs at 11.2 per 100,000. (In addition, in 2012, Staten Island residents had the highest rate (10.2 per 100,000) of drug poisoning deaths involving heroin. Significantly, this is up 57%, from 6.5 per 100,000 in 2011. Staten Islanders seem to have easier access to opioid analgesics than residents of the other boroughs.) Staten Islanders had the highest rate of opioid analgesic prescriptions, and those prescriptions were, on average, for a longer period of time: In 2011, for the most commonly prescribed formulations, Staten Island residents received a median day supply of 25 days, compared with 15 days among residents of the Bronx, Brooklyn, and Queens, and 10 days among Manhattan residents.

³ New York City *Community Health Profiles*, NYC Department of Health and Mental Hygiene, <http://www.nyc.ny.gov/data>

5. IMPLEMENTATION STRATEGY

RUMC has identified the prevention and management of chronic disease and its underlying causes as the single most important health need facing the borough and for which disparities exist across ethnicities due to socioeconomic factors. This decision is supported by survey respondents who were queried as to their preference for addressing the five (5) priority areas outlined in the State’s Prevention agenda.

NYS 2013-2017 PREVENTION AGENDA PRIORITIES	Staten Island Based Organizations	Staten Island Residents
Prevent Chronic Disease	35%	36%
Promote a Healthy and Safe Environment	27%	24%
Promote Healthy Women, Infants and Children	12%	9%
Promote Mental Health and Prevent Substance Abuse	27%	27%
Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections	0%	2%

RUMC has decided to align its interventions with those recommended by the New York State Prevention Agenda 2013-2017 and NYC Take Care New York 2016 in developing its implementation strategy. Toward that end, the following strategies will be implemented:

A. PREVENT CHRONIC DISEASE

Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Across the board, stakeholders indicated the need to adopt prevention and expanded primary services in order to address chronic disease management. Stakeholders in both groups overwhelmingly support increased access to high-quality disease preventative care and management with increased screenings for cardiovascular disease, diabetes, and breast, colorectal and cervical cancers, especially among disparate populations as well as providing tools for self management of chronic diseases. Preventative measures to reduce obesity rates, tobacco use, and prescription drug use, particularly among youth, were seen as appropriate mechanisms for decreasing chronic disease and preventing substance abuse.

Richmond University Medical Center recognizes that a hospital is not always the most appropriate setting for treatment, particularly for chronic disease management where providing primary care services in an outpatient setting is better suited to preventing negative health outcomes and reducing avoidable hospital admissions. For this reason, RUMC is transitioning its clinics to a Patient-Centered Medical Home (PCMH) model that has become the new industry standard in the provision of primary care. RUMC is completing its first phase with implementation of the electronic medical record (ECW). The second phase of the Patient Centered Medical Home transformation is to be recognized by the National Committee for Quality Assurance (NCQA) by July 2014. The NCQA designation is awarded for

transforming the clinic to team-based care that is accessible, coordinated, follows evidence-based guidelines and fosters patient self-management.

The PCMH model was developed as a proven alternative to the nation’s costly, fragmented delivery system. Research confirms that medical homes can lead to higher quality and lower costs, and can improve patient and provider experiences of care. With one patient care provider at the helm of a single patient’s health, evidence has shown greater health benefits which leads to a healthier overall population. The patient is cared for by a team consisting of a primary care physician, a dedicated nurse, the same resident for their three years rotation, and a host of additional providers such as social workers, nutritionist, and a multitude of sub-specialty physicians that already exist within Richmond University Medical Center.

At the beginning of 2013, RUMC purchased a 20,000 square foot medical arts pavilion at 800 Castleton Avenue to house the PCMH. The PCMH is the cornerstone of RUMC’s strategy to provide high quality care in an appropriate setting. The new center is expected to reduce emergency room utilization, readmissions and unexpected returns to the emergency room for diabetes, asthma and heart failure. In the pediatric setting, a focus will be on healthy lifestyle, preventing childhood obesity and compliance with immunizations. Through a collaboration with another community provider, screening treatment for early signs of behavioral health conditions will be accomplished. The overall goal is to improve the health of the community we serve.

The following plan for the PCMH will also address health disparities for diabetes, asthma and heart failure for individuals in RUMC’s PSA and SSA and referenced in Section 4, Page 6.

ACTIVITY	STRATEGY	INDICATOR	GOAL YEAR 1 (2014)	GOAL YEAR 2 (2015)	GOAL YEAR 3 (2016)
Adopt and use Certified EMR with Clinical Decision Support and registry functions. Send reminders to patients for preventive and follow-up care, and identify community resources available to patients to support disease self-management.	The Outpatient EMR has these features and will be used as noted.	Patient will receive reminders for preventive care and follow up.	50%	75%	100%
Adopt Medical Home or team-based model of care.	The Primary Care Adult and Pediatric services are adopting the Patient-Centered Medical Home model according to the NCQA standards. This model is based on continuity of care with the same team.	All eligible patients will be enrolled in the PCMH Model of Care.	70%	85%	100%
Provide Feedback to Clinicians around clinical benchmarks and incentivize quality improvement efforts.	The Outpatient EMR has built-in Quality analytics and dashboard reports. They are provided on a quarterly basis.	Providers will review their quarterly reports and implement action plans to improve all indicators.	50%	75%	100%

Transition primary care services to appropriate outpatient settings.	Apply evidence based care protocols in community setting	Reduce preventable inpatient medical admissions for diabetes, asthma and heart failure	5%	5%	10%
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Richmond University Medical Center also plans to expand its community outreach efforts by increasing the number of screenings and events it will conduct. RUMC will specifically target neighborhoods and organizations that are underserved and exhibit poor health statuses. Capitalizing on its successful Know Your Cardiac Numbers that the hospital kicked off in 2012 – where individuals are encouraged to get screened for cholesterol, blood pressure, glucose and BMI – RUMC will offer the following community screenings and events:

- Peripheral Artery Disease (PAD) – 6 times per year
- Vascular Screening – 6 times per year
- Blood Pressure/BMI/Cardiac Education – 6 times per year
- Prostate-Specific Antigen (PSA) – annually
- Carotid Artery Screening – semi-annually

Easing Financial Constraints for Access to Care

In keeping with its charitable purposes, and to improve the community’s access to care, RUMC provides healthcare services to all individuals in a non-discriminatory way, regardless of race, color, creed or ethnicity. RUMC continues to provide reduced-fee or free care in accordance with public law 2807(K) (9-A).

Although not required by this law, RUMC does extend this policy to individuals who may not be qualified based on the guidelines of its financial assistance policy, but do demonstrate an inability to pay all of their medical expenses. As part of best-practice care, RUMC is in communication with local community-based consumer advocate organizations to be certain that they are aware of the provisions of our financial aid policy. RUMC’s patient access department has received summary data of the law and the hospital’s requirements. Assistance continues to be offered by RUMC’s financial screening staff and medical application office to those individuals not eligible for Medicaid, as well as financial screening staff located in the emergency department.

RUMC posts the hospital’s charity care policy summary and financial assistance contact information in many different languages (as determined by RUMC’s annual language needs assessment) in locations such as the emergency department, intake, registration and admission areas. Patients are provided a summary of the policy and financial assistance contact information as part of the intake process and financial screening process. Patient bills include a statement on financial assistance. Every patient seen in the financial office has a discussion on the availability of government benefits such as Medicaid and at the same time qualifications on the hospital’s financial assistance program.

RUMC has an interdisciplinary team that interacts with financial assistance counselors such as social workers and case managers to identify and assist eligible patients. Staff training on financial assistance

is done annually through an in-service program that includes a review of how to qualify patients for Medicaid and other government programs. All third parties that work for RUMC in the collection of fees are required to follow the hospital's policies regarding patient notification about the availability of financial assistance.

As follows: RUMC's financial assistance policy clearly states that medical care is provided to individuals in need, regardless of their ability to pay and makes certain that all requests for financial assistance are evaluated and processed fairly and consistently with dignity, compassion and in a respectful manner, consistent with RUMC mission and values.

Richmond University Medical Center will provide Financial Assistance to all qualifying patients for non-elective services. Eligibility will be based solely on ability to pay and will not be based on age, sex, race, creed, religion, disability, sexual orientation, national origin, handicap, marital or veteran status. Full Financial Assistance will be limited to persons whose family income is not more than 100% of the current Federal poverty guidelines established by the Department of Health. A sliding fee scale (for Hospital based services excluding clinics) and flat fees for Clinic visits will be granted to families with resources up to 300% of the poverty level. Special consideration will be given to patients with extenuating circumstances. Requests for Financial Assistance may be made in Patient Access, Financial Counseling, Social Service, Counselor, Clinics and/or Business Office.

Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

With the highest smoking rate of all five (5) New York City boroughs, Richmond University Medical Center has undertaken a number of initiatives to address this startling statistic. For the past 4 years, Richmond University Medical Center has been the Richmond County Smoking Cessation Center (RCCC) through a grant of the New York State Health Department. Through this initiative, RUMC works with Staten Island physicians to promote cessation of tobacco use and address the disproportionately high rates of tobacco use by specific population groups. RUMC is reapplying for this grant in 2013; however, the funding opportunity has been scaled back from a cessation center in each county to 19 regional centers. In the event another provider is selected for the Staten Island region, RUMC will partner with this organization to continue the program goals.

Richmond University Medical Center also participates in the New York City Department of Health and Mental Hygiene's (DOHMH) Tobacco-Free Hospital's Campaign, which assists hospitals across New York City to create tobacco-free campuses and comprehensive tobacco cessation programs for employees and patients. RUMC was awarded a Bronze Star by DOHMH for implementing tobacco-free best practices. The following chart details objective measures to address tobacco usage in relation to chronic disease management.

ACTIVITY	STRATEGY	INDICATOR	GOAL YEAR 1 (2014)	GOAL YEAR 2 (2015)	GOAL YEAR 3 (2016)
Use Electronic Medical Record (EMR) to prompt providers to complete the 5 A's: Ask, Assess, Advise, Assist, Arrange	The EMR in outpatient primary care setting was implemented in July 2013. It has built in Evidence-based Guidelines for Tobacco Cessation.	All patients are assessed according to the 5 A's.	50%	75%	100%
Facilitate Referrals to the NYS Smoker's Quitline.	The Outpatient EMR will have automatic Fax-to-Quit feature.	All patients who consent are referred to the NYS Quitline.	50%	75%	100%

Reduce Obesity in Adults and Children

Staten Island leads New York City in obesity rates. Often, this reflects a lack of early interventions to address weight gain and lifestyle choices. Richmond University Medical Center plans to implement intensive nutritional assessment and support for pre-natal patients with high body mass indices (BMI) and refer all patients ages 12-18 with high BMI for nutritional consultation.

INDICATOR	GOAL YEAR 1 (2014)	GOAL YEAR 2 (2015)	GOAL YEAR 3 (2016)
Promote preventive interventions for obesity in pre- and post-natal care. Reduce high pre-natal BMI	5%	7%	10%
Facilitate referrals for wellness services. All patients ages 12-18 with high BMI receive nutritional consultation.	50%	75%	100%

B. PROMOTE A HEALTHY AND SAFE ENVIRONMENT

Society increasingly looks to all participants to play a role in stemming violent incidents. Although gun violence is sharply down throughout New York City, RUMC still encounters a significant number of violent incidents resulting in trauma. In 2012, RUMC saw 139 violence related trauma injuries – one incident every 2 to 3 days. The New York City Council was prompted to fund a Cease Fire Anti-Violence initiative to stem violent incidents through prevention, outreach and community support. RUMC was identified as the health organization to participate in a coalition of community groups, city agencies and social service organizations and has received funding for program support, including the hiring of a cease-fire coordinator to identify and respond to patients injured through violent incident. The coordinator will work to provide resources and referrals to the victim while advancing the overall goal of violence prevention. RUMC worked with the office of NYC Council Member Debi Rose, 56th District, Staten Island Mental Health Society, Inc., First Central Baptist Church, Center for Court Innovation, and the New York Center for Interpersonal Development to determine its role and services in the Cease-Fire coalition. ***The yearly goal is to document 100% of violent cases to the Cease-Fire coalition.***

Violence Against Women Program (VAWA)

Through a grant from the New York State Division of Criminal Justice Services, Richmond University Medical Center is a designated SAFE (Sexual Assault Forensic Examiner) Center of Excellence. The goal of the program is to enhance the availability of services to sexual assault victims, improve the collection of the treatment of sexual assault victims by promoting an effective Coordinated Community Response between medical, law enforcement, prosecutors and sexual assault victim service agencies.

Features of the program include forensic exams, crisis intervention, short term counseling, advocacy, referrals, and follow-up medical care to victims of sexual assault who present at the hospital's Emergency Department. RUMC has a team of forensically trained medical professionals who work closely with Safe Horizons, rape victim advocates who are on-call 24/7 to hospitals in Staten Island. Trained registered nurses support sexual assault victims following incidents by providing short term counseling and advocacy. Culturally and linguistically competent services are available to all victims who seek services. RUMC works closely with the Community Rape Victim Advocacy Program, the Child Advocacy Center, the Staten Island Sexual Assistance Task Force, the NYC Alliance Against Sexual Assault, and the Special Victims Unit law enforcement team to provide services and support to survivors. In 2013, a RUMC SAFE nurse received the Lydia Martinez Multidisciplinary Collaboration Award from the New York City Alliance Against Sexual Assault. The Lydia Martinez Multidisciplinary Collaboration Award recognizes excellent service by professionals involved in the coordinated response efforts of sexual violence in New York City.

The program is evaluated annually against the following objectives:

1. Enhance sexual assault victim treatment to improve victim cooperation, evidence collection and victim support and increase the number of cases in which criminal prosecutions are pursued.
 - a. Maintain a Sexual Assault Examiner (SAE) Center of Excellence at Richmond University Medical Center.
 - b. Provide support for the sexual assault victim by involving the Rape Crisis Center from initial contact with victim through prosecution.
2. Maintain ongoing relationship between SAE program and District Attorney's Office to enhance prosecution levels.
 - a. Meet regularly with District Attorney's Office to develop an on-going cooperative relationship and to establish protocols for dealing with victims of sexual assault.
3. Facilitate ongoing training for SAEs
 - a. Provide professional sexual assault training.

C: PROMOTE HEALTH WOMEN INFANTS AND CHILDREN

Maternal and Infant Health

Although the community response to Richmond University Medical Center's needs assessment focused on chronic disease, behavioral health and environmental concerns, RUMC understands that women and children's health is an integral component of the overall health of the community. RUMC believes that establishing good health from birth will result in healthy adults and a community that suffers less from chronic diseases. RUMC has also built a reputation for exceptional health care and programs to support women and children's health that it will continue to include in its long term planning.

Reduce premature births in New York State
Centering Pregnancy Program

Since October 2010, Richmond University Medical Center has collaborated with the March of Dimes, Staten Island Chapter, on a Centering Pregnancy (CP) model of prenatal care (PNC) with the goal of improving pregnancy outcomes. The CP program provides women with an opportunity to participate in group PNC with their peers. The CP program includes group sessions with women in their first trimester through early postpartum. Each group begins with individual PNC risk assessment and is followed by education and group support. The CP model changes the way prenatal care is provided. In the traditional medical model, clients spend much of their time waiting to see a nurse and waiting to see a physician, nutritionist, or social worker; their care and their experience can often be fragmented and drawn out. The CP model provides a seamless flow of care, and empowers individuals to be active participants in their health. The CP program teaches individuals to monitor their own pregnancy; provides increased time for education and discussion; encourages networking with peers; and allows individual to modify the curriculum so that it is timely and valuable to each member.

The goal of the CP is to increase enrollment so that this beneficial and effective program reaches as many participants as possible. Currently, the program has approximately 47 patients enrolled.

STRATEGY	GOAL YEAR 1 2014	GOAL YEAR 2 2015	GOAL YEAR 3 2016
Increase enrollment in the centering model as a percentage of total pre-natal patients.	50%	55%	60%

New York State Partnership for Patients

Richmond University Medical Center is working with the New York State Partnership for Patients (NYSPFP) to implement the New York State Perinatal Quality Collaborative (NYSPQC) Obstetrical Improvement Project, a statewide initiative by the New York State Department of Health (DOH) to improve perinatal outcomes by reducing scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks gestation and improve maternal and newborn outcomes.

RUMC is currently implementing the program in order to achieve the following goals:

- Reduce all scheduled deliveries without medical indication between 36 0/7 and 38 6/7 weeks gestation to 5% or less.
- Increase documentation of maternal and fetal indications for scheduled deliveries to 100%
- Increase documentation of assessment of gestational age using optimal criteria to 100%
- Reduce number of infants delivered by scheduled delivery without medical indication between 36 0/7 and 38 6/7 weeks gestation who were admitted to the NICU by 75%.
- Increase documentation of discussion with expectant mother about the risks and benefits of scheduled deliveries at 36 0/7 to 38 6/7 weeks to 100%.

Increase the Proportion of NYS Babies that are Breastfed

The Baby-Friendly Hospital Initiative

Richmond University Medical Center is pursuing designation under the Baby-Friendly Hospital Initiative (BFHI). The BFHI is a global initiative of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It is implemented in the United States by Baby-Friendly USA, Inc. Designation indicates that a hospital has achieved excellence in providing evidence-based maternity care which includes achieving optimal infant feeding outcomes and mother/baby bonding. A cornerstone of the designation is the implementation of “Ten Steps to Successful Breastfeeding” – evidence based practices that increase breastfeeding initiation and duration.

RUMC has completed 2 of the 4 phases required for designation as a Baby-Friendly Hospital. RUMC is also a member of the New York City’s Department of Health and Mental Hygiene’s Latch On NY program, a hospital-based initiative to support a mother’s decision to breastfeed. The goal is to improve the health of mothers and children by increasing breastfeeding initiation and duration and exclusive breastfeeding.

The four phases to secure Baby-Friendly hospital designation are Discovery, Development Dissemination and Designation.

Phase 1 – Discovery: RUMC has the support of its Chief Executive Officer and senior leadership team to implement baby-friendly practices. RUMC has completed a self-appraisal tool to benchmark current maternity practices.

Phase 2 – Development: RUMC has successfully developed a comprehensive plan for achieving and sustaining baby friendly benchmarks consistent with the Ten Steps to Successful Breastfeeding and has implemented a data collection plan to monitor progress.

Phase 3 – Dissemination: In this phase, due for completion in 2014, RUMC began implementation of the policies and practices for the BFHI. RUMC will concentrate on 4 focus areas:

- Increase the rate of “rooming in” - Having the baby present in the mother’s room after birth, instead of in the nursery, encourages baby to mother bonding. The baby’s attachment to the mother, the perception of safety and the opportunity to breastfeed are promoted by this best-practice. RUMC’s goal is to increase rooming in time (23 of 24 hours daily) to 30%
- Promote Skin to Skin – Increase skin-to-skin contact between infant and mother within the 1st hour of birth to 50% for vaginal births and 25% for caesarian sections (c/section).
- Increase initiation of breastfeeding within 1st hour of life to 50%
- Increase exclusive breastfeeding on discharge to 75%

Base on the initial rollout, for the period of June 2012 – March 2013, RUMC can report the following results:

Indicator	June 2012	March 2013	Increase
Breastfeeding Instruction	60%	100%	40%
Intent to Breastfeeding upon hospital admission	53%	62%	9%
Intent to Breastfeed upon Discharge	48%	62%	14%

Breast Milk Feeding	50%	61%	11%
Formula Feeding	41%	20%	(11%)
Support on Discharge *	100%	100%	NA
Latch On success Vaginal Births	20%	61%	41%
Latch on success C/Section	7%	37%	30%
Indicator	June 2012	August 2013	Increase
Rooming In	0%	53%	53%
Skin to Skin Vaginal Births	77%	90%	13%
Skin to Skin C/Section	0%	76%	76%

*Richmond University Medical Center provides structured, comprehensive breastfeeding education and professional lactation counseling and support, including use of Internal Board Certified Lactation Consultants (IBCLCs) – during pregnancy, in the hospital and at home. Each year RUMC organizes a lactation forum to advise mothers on breastfeeding practices and benefits.

Upon completion of successful implementation of Phase 3, RUMC will seek Baby-Friendly designation in Phase 4 which will include implementation of a quality plan, interviews and an on-site assessment.

Infant Mortality Reduction Initiative

Each year, Richmond University Medical Association receives funding from the New York City Department of Health and Mental Hygiene (DOHMH) to operate an Infant Mortality Reduction Initiative, of which the specific aim is to educate high-risk, underserved women of childbearing age about the importance of breastfeeding, and to ensure that they have the information to make an informed decision about feeding their newborns and the support they need to succeed. In addition, breastfeeding workshops, support groups, and referrals assist mothers and families in raising healthy and developmentally on target children. The impact of this program will increase the likelihood that more mothers provide the benefit of breastfeeding to their newborns and infants and the initiation and duration rates will increase.

Overall Indicator: Richmond University Medical Center’s goal is to increase breastfeeding initiation rates to 70% and the duration of breastfeeding at 3 months to 30% among new mothers in Staten Island who deliver at RUMC, each year for which DOHMH funding is received.

In 2014, the goals for the program are:

- Conduct fifteen (15) support group sessions on breastfeeding by a peer counselor or health educator for pregnant or postpartum.
- Conduct four (4) series of breastfeeding health workshops on the following topics: (1) partner and family support for breast-feeding mothers; (2) getting your baby to nurse successfully; (3) how to know if your baby is getting enough; (4) making sure your milk supply is not compromised; (5) questions and concerns when breastfeeding; and (6) how to make breast-feeding last longer.
- Conduct follow-up survey outreach with 13 workshop participants at 6-8 weeks postpartum.

Increase utilization of preventive health care services among women of reproductive ages

In 2013, Richmond University Medical Center established the Amboy Medical Practice and Comprehensive Women's Center – a one-stop shop for women's health. Led by RUMC's Clinical Chair for Obstetrics and Gynecology, the intent is to provide an integrated approach to women's health, including well-woman visits, menopausal care, adolescent care, contraception, osteoporosis screening and treatment, obstetrical care and cancer screening. In addition, the staff includes a certified women's health nurse practitioner, an endocrinologist, primary care physicians, a cardiologist, a midwife and a yoga instructor. Women will find an array of programs at the center that focus on well-being, including nutrition, stress management, yoga, massage, acupuncture, reflexology and exercise counseling.

D. PROMOTE MENTAL HEALTH AND SUBSTANCE ABUSE

Promote Mental, Emotional and Behavioral Well-Being in Communities.

Major Improvements for RUMC's Behavioral Health patients

Richmond University Medical Center is the only healthcare facility on Staten Island that operates a psychiatric emergency department, its Comprehensive Psychiatric Emergency Program (CPEP). The program is currently located at an off-site facility that houses other RUMC behavioral health services but is not a full service acute care facility. Richmond University Medical Center is undergoing a major renovation project in order to bring its CPEP to its main campus in order to treat patients presenting with co-morbidities for medical and behavioral health conditions. Having a psychiatric emergency room isolated from primary and acute care does not serve the comprehensive health needs of the patient.

As part of the New York City 9-1-1 Emergency Response system, behavioral patients presenting with medical co-morbidities must be transported to a full service acute care facility. The current location of CPEP results in a number of patients with co-morbidities being diverted to other healthcare facilities that lack emergency psychiatric programs. With the relocation of CPEP to space adjacent to RUMC's current emergency room, RUMC expects to receive significantly more behavioral and medical patients which it can treat for co-morbidities. Of the 5,000 behavioral health transports in 2012, only 800 were transported to RUMC's CPEP program. ***RUMC anticipates an additional 500 behavioral health patients to its CPEP annually.***

The overall goal for the CPEP renovation, in addition to being able to serve the emergency psychiatric needs of the community, is to expand referrals to our robust outpatient behavioral health programs to reduce readmission and facilitate more effective transition to follow up treatment. Currently, many patients from RUMC's catchment area that need emergency behavioral health services are transported out of their communities. Given the socioeconomic demographics of this population, compliance with prescribed follow up treatment is challenging. By seeing additional patients at the new CPEP location, RUMC will be able to improve the rates of follow up treatment to outpatient providers, thereby reducing behavioral health readmissions to emergency rooms. ***RUMC expects to reduce behavioral health readmission by 10% by 12/31/15.***

In facilitating better follow up care for discharged behavioral health patients, ***RUMC expects the mobile crisis program to generate 10% more activity annually compared to the 2013 baseline.***

Concurrent with the CPEP renovation, RUMC is expanding its adolescent inpatient psychiatric unit. RUMC currently is the only healthcare facility on Staten Island offering inpatient adolescent psychiatric

beds. The current capacity is at 5 beds and insufficient for the needs of the psychiatric adolescent community on Staten Island. RUMC is undergoing a major renovation to expand the unit for 10 beds. ***RUMC anticipates 100% capacity in annual census for its adolescent psychiatric inpatient unit.***

Prevent Substance Abuse and other Mental Emotional Behavioral Disorders.

Prescription Drug Abuse – A Borough Scourge

Staten Island also has a serious prescription drug problem and leads the city in various indicators. Although the rate of drug poisoning deaths involving opioid analgesics decreased across all boroughs between 2011 and 2012, Staten Island continued to have the highest rate (10.1 per 100,000). In addition, in 2012, Staten Island residents had the highest rate (10.2 per 100,000) of drug poisoning deaths involving heroin. Significantly, this is up 57%, from 6.5 per 100,000 in 2011. Staten Islanders seem to have easier access to opioid analgesics than residents of the other boroughs. Staten Islanders had the highest rate of opioid analgesic prescriptions, and those prescriptions were, on average, for a longer period of time: In 2011, for the most commonly prescribed formulations, Staten Island residents received a median day supply of 25 days, compared with 15 days among residents of the Bronx, Brooklyn, and Queens, and 10 days among Manhattan residents.

A New Program for Substance Abuse Patients

Richmond University Medical Center has a very strong collaborative relationship with The Center for Excellence and Integrated Care (CEIC), which was established in 2008 by the New York State Health Foundation to assist providers in improving care for patients with co-occurring disorders related to mental health and substance abuse. Through this collaboration, RUMC has implemented a new outpatient program for patients with a history of substance abuse but who are not currently abusing narcotics.

RUMC operates the St. George Clinic, a New York State Office of Mental Health (OMH) outpatient clinic that treats over 1,600 patients with mental illness. Two sub-specialty programs are the CTC program which serves developmentally disabled patients presenting with mental illness and the MICA program, which treats patients for both substance abuse and mental illness. A third tract – the MICA Recovery program – was created in the beginning of 2013, to provide a separate course of treatment for individuals with a history of substance abuse but who are not current users. There is a tendency among patients with a history of substance abuse to regress to previous behaviors – the Recovery program understands this tendency and treats patients for potential relapses – rather than direct them to the MICA program which treats individuals currently addicted to narcotics. In this way, RUMC is capturing all patients – current and previous substance abusers – with co-occurring mental health conditions.

Currently, RUMC's Evaluation and Referral intake center does not tract MICA Recovery referrals separate from those to the St. George Clinic. The following goals are established for the MICA Recovery program:

- Goal 1: Beginning in 2014, RUMC will document its MICA Recovery program caseload, including patients who are subsequently referred back to the full MICA program and those who are successfully treated in MICA Recovery.
- Goal 2: Expand enrollment in 2015 over 2014 baseline by 10%.
- Goal 3: Document recidivism rate for patients enrolled in MICA Recovery in 2016.

Strengthen infrastructure across systems

Richmond University Medical Center is represented on the board of the Staten Island Partnership for Community Wellness (SPICW), a membership organization of individuals and community organizations from the public, private and non-profit sectors established to promote wellness and to improve the health of the Staten Island community through collaboration and a multidisciplinary approach. A key initiative of SPICW is the Tackling Youth Substance Abuse (TYSA) Initiative. RUMC is represented on the Executive Team of the Steering Committee and the Social Norms workgroup, where many of the community education and media strategies are housed. SPICW's three (3) primary goals are to reduce smoking rates on Staten Island, reduce alcohol use and drug dependence and promote physical activity and nutrition.

E. PREVENT HIV, SEXUALLY TRANSMITTED DISEASES, VACCINE-PREVENTABLE DISEASES, AND HEALTHCARE-ASSOCIATED INFECTIONS

Prevent HIV and STDs

There are approximately 2,000 known individuals living with HIV/AIDS on Staten Island, mostly concentrated on the North Shore in RUMC's catchment area. RUMC estimates that only about 500 of these individuals may be in care. There is enormous potential to address this community as well as to increase its outreach efforts to those who are unaware of their positive HIV status. RUMC has initiated the following:

For HIV-Positive/AIDS patients: In 2013, Richmond University Medical Center reactivated a previously closed ambulatory clinic for HIV-positive patients who are without providers. RUMC is working with AMIDACARE to operationalize healthcare management of HIV patients and facilitate appropriate acute and post-acute services for eligible enrollees. RUMC currently has a clinic roster of approximately 30 patients and accept new patients who have been tested at the hospital or elsewhere.

Identifying HIV-Positive/AIDS patients: RUMC is currently assessing an expansion of HIV screening via its Emergency Department and Ambulatory Clinic in an effort to identify patients who are unaware of their HIV status. Through cooperative arrangements with local social service providers and a social media campaign, RUMC plans to offer and promote HIV testing and ensure appropriate follow-up for all patients who test positive. As part of this plan, target levels will be identified and incorporated in the Community Service Plan.

6. DISSEMINATION

Richmond University Medical Center intends to disseminate the Community Service Plan (CSP) it has developed from the community health needs assessment, and which includes the implementation strategy, directly to all individuals and organizations that participated in the assessment survey, and organizations will be asked to make the assessment available to its client list in a manner of their choosing. In addition, the CSP will be sent electronically to local, state and federal elected officials.

RUMC will make the CSP available on its website at www.rumcsi.org, with postings to its social media outlets as well. RUMC will also have the CSP printed for distribution and have a public inspection copy available at the hospital at all times.

ATTACHMENT 1: COMMUNITY LEADERS SURVEYED

1. Staten Island Heart Society
2. Staten Island Center for Independent Living
3. The Eger Foundation
4. St. Phillips Baptist Church
5. North Shore Rescue Squad
6. Staten Island Mental Health Society, Inc.
7. Office of the Staten Island Borough President
8. Northfield Bank Foundation
9. The Staten Island Foundation
10. Staten Island Inter-Agency Council for Aging
11. NY 1 News
12. New York Center for Interpersonal Development
13. Elm Park Civic Association
14. The North Shore Waterfront Greenway, Inc.
15. New York City Community Board 1 Staten Island
16. New York City Community Board 2 Staten Island
17. City Harvest
18. Goldfarb Abarndt Salzman & Kutzin LLP
19. Stapleton UAME Church
20. Meals on Wheels of Staten Island
21. New York City Community Board 1 Staten Island
22. Staten Island Behavioral Network
23. Office of Congressman Michael Grimm
24. Staten Island Arts
25. Community Health Center of Richmond
26. Community Agency for Senior Citizens, Inc.

ATTACHMENT 2: COLLABORATIVE PARTNERS

New York State Department of Health
New York City Department of Health and Mental Hygiene
Greater New York Hospital Association (GNYHA)
Hospital Association of New York State (HANYS)
NYC Fund for Public Health
Community Health Center of Richmond
United Hospital Fund
Coordinated Behavioral Care (CBC)
Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai
Visiting Nurse Association of Staten Island
New York City Fire Department
Dialysis Clinic, Inc.
Community Health Action of Staten Island
Project Hospitality
March of Dimes Staten Island Chapter