



**BROOKS**

*MEMORIAL HOSPITAL*

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# **Community Service Plan**

*Comprehensive 3-Year Plan*

# **2009**

*(for 2010-2012)*



**Lake Erie**  
REGIONAL HEALTH SYSTEM  
*of New York*

*Brooks Memorial Hospital is an affiliate of the Lake Erie Regional Health System of NY*

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In response to NYS Public Health Law regarding the development of Community Service Plans by voluntary, non-profit hospitals, the following is a submission to fulfill the requirements of Section 2803-1 submitted this date, September 15, 2009. Copies of this report can be obtained on the Brooks Memorial Hospital website, or by contacting the BMH Marketing Department at (716) 363-7230.

## **I. BROOKS MEMORIAL HOSPITAL MISSION STATEMENT**

*The following Mission Statement was first adopted by the Brooks Memorial Hospital Board of Trustees on May 29, 1999 and most recently reaffirmed on June 2, 2008. There have been no revisions to this Mission Statement since its original adoption in 1999.*

Brooks Memorial Hospital is a primary acute care hospital dedicated to providing quality health care services to continuously improve the health of people in Western New York.

To Accomplish This Mission:  
S.E.R.V.E.

We will continue to Support the community/patient by providing a broad array of services to meet their primary health care and wellness needs, while sharing our special service capabilities to benefit our region.

We will continue to provide needed Education on wellness and health to our patients and community. We will foster this through the development and professional growth of all employees. We will remain dedicated to providing quality health care through quality people.

We will treat each person (patient, family, physician, employee, and visitor) with reverence and Respect, without discrimination on the basis of race, creed, religion, nationality, sex, age, financial class or any other basis. We will actively work with the physicians to fulfill our common goal of providing quality patient care.

We will Value all members of the health care system. We will continue to work with patients, families, physicians, hospital staff and clergy as a team. We will strive to continuously improve the quality of service to the community by meeting and exceeding the needs of the whole person in a compassionate, safe, modern, and efficient manner. We will seek long-term, mutually beneficial relationships to deliver quality health care.

We will monitor, Evaluate and update services and systems as needs change, so as to continue to provide quality health care, while being fiscally responsible to enable us to accomplish this mission.

## II. SERVICE AREA

Brooks Memorial Hospital (BMH) is a 65 bed primary acute care hospital located in the City of Dunkirk in Northern Chautauqua County, NY. BMH is an affiliate of the Lake Erie Regional Health System of NY. Based upon historical usage patterns and zip code analysis of discharge data, the hospital's primary service area includes the City & Town of Dunkirk, Villages of Fredonia, Brocton, Cassadaga, Forestville, and the Towns of Pomfret, Portland, Stockton, Sheridan, and Arkwright. The secondary service area includes the Towns of Hanover, Cherry Creek, Villenova and Westfield. July 1, 2008 data from the US Census Bureau (released on July 1, 2009) estimates the population of these combined areas to be 54,048. (see map below)



### III. PUBLIC PARTICIPATION

#### A. Participants

Brooks Memorial Hospital actively solicits input from the public to help assess community health needs. This input comes from many different areas including the county-wide community health planning team, patient satisfaction surveys, and public information & community health related news.

##### Community Health Planning Team

During the early CHA/CSP planning processes, several partners met and agreed to conduct community focus groups with the purpose of collecting community input about health priorities in Chautauqua County. These partners included BMH and the other three hospitals in Chautauqua County, select community agencies (Emergency Services, Office for the Aging, Chautauqua County Health Network, etc.), and the Chautauqua County Health Department.

A list of target populations was compiled during the joint planning meetings. The list of populations identified included elderly, students, Hispanics, Native Americans, African Americans, councilmen, employees, teachers, emergency responders, faith based church members, employers, charity organizations' staff and clients, parents, etc...

##### Patient Satisfaction Surveys

Brooks Memorial Hospital remains committed to the patient survey process, utilizing Press Ganey to present HCAHPS and other questions on the hospital patient satisfaction survey. In 2008, 1,296 surveys were sent out, with 585 returned by patients. By achieving a 45.14% survey response rate and collecting data from almost twice as many patients as is required by the CMS, Brooks gathers significant input from the community it serves. This feedback also helps BMH to measure the progress of hospital-wide Service Excellence efforts.

##### Public Information & Local Health Related News

Brooks Memorial Hospital regularly reviews statistical reports and public information pertaining to population characteristics, health status and healthcare needs, including information on healthcare trends and best practices.

#### B. Outcomes

Each team member was assigned the task to conduct a minimum of three focus groups within a two month time-frame. The focus group meetings were designed to be conducted in a uniform fashion throughout the County. The purpose of the focus group forums was to collect community responses to ONE question: "*What are the health needs of our community?*" Each focus group meeting was to be no longer than 60 minutes long. Participant's responses were captured by a recorder on a flip chart or index card and then submitted to the Health Department evaluator for categorization and tabulation. Five hundred and twenty-five individual responses were collected and tabulated from thirty-eight focus groups.

The seven focus groups conducted by Brooks Memorial Hospital included the youth members of the hospital's Medical Explorer Post (3/9/09), members of the hospital's Citizen's Advisory Committee (2/11/09), the hospital's Medical Staff (3/17/09), members of the BMH Quality PPC Committee (3/18/09), members of a local African American church (3/31/09), attendees at a hospital sponsored HealthQuest community education program (4/8/09), and hospital employees (3/11/09).

An overall analysis of input received from all thirty-eight focus groups identified the community's perceived health priorities as: Access to Quality Healthcare, Chronic Disease Management, and Physical Activity & Nutrition. Input from the community sessions conducted by Brooks Memorial Hospital corresponded with the priority areas identified by the group, and focused specifically on the following: access to primary care physicians and specialists, physician recruitment, lack of insurance, smoking cessation, chronic disease self-management (specifically Diabetes), wellness education, promoting healthcare careers for local students and residents, transportation, more community health screenings, managing obesity, men's health issues (Prostate), education and support for breastfeeding and new moms.

Our community health planning team also discussed barriers to care and gaps in service that exist in Chautauqua County, including transportation, physicians who do not accept specific insurance products, and a lack of specialists and primary care physicians.

Public notification of the community focus group sessions conducted by Brooks Memorial Hospital was accomplished via the hospital's Citizen's Advisory Committee and direct invitation.

#### **IV. ASSESSMENT OF PUBLIC HEALTH PRIORITIES**

##### **A. Criteria of Public Health Priorities**

During the collaborative process used to create this Community Service Plan, representatives from Brooks Memorial Hospital had a total of nine meetings or conference calls with the Chautauqua County Health Department, and other county hospitals and community partners. These meetings focused on presenting the information gathered from our communities, analyzing it and comparing the results with existing health risk and quality data. This data included 2004-2006 Vital Statistics, SPARCS, BRFSS, and local Chautauqua County Health Department data along with themes generated from the teams community focus group forums.

Based upon this analysis, and several brainstorming sessions, the team identified several health priority areas in our community. The group looked at these priority areas and identified several opportunities for collaboration between team members to better serve the residents in our service area.

##### **B. Selected Prevention Agenda Priorities**

The Community Health Planning Team and Brooks Memorial Hospital selected five Prevention Agenda priority areas to focus on; Access to Quality Health Care, Reducing the Burden of Chronic Disease (Diabetes), Tobacco Use, Immunizations (Influenza), and Physical Activity and Nutrition.

##### **Priority Area 1 - Access to Quality Health Care**

The issue of Access to Quality Health Care is not a new one for Brooks Memorial Hospital or Chautauqua County. Comments relating to this issue were among the most common received at the focus groups held by BMH and those held by the other community partners. The access issue is multifaceted, including inadequate insurance coverage, lack of physicians and other health professionals, and transportation. Working to address one challenge without concern for the others will do little to improve overall access to quality health care in a meaningful way.

- Inadequate Insurance Coverage as a barrier to Access to Quality Health Care  
The 2007 US Census Bureau Current Population Survey estimates that 12,456 Chautauqua County residents under the age of 65 do not have health insurance. Even with insurance, county residents may still not be able to access health care. Low reimbursement rates deter many health care providers from accepting all of the locally available insurance products. This issue is especially true when it comes to pediatricians, who are in short supply in the Brooks Memorial Hospital service area to begin with.

As our economy continues to struggle and unemployment increases, more people lose their health insurance. As of July 2009, the US Bureau of Labor Statistics shows 8.7% unemployment for Chautauqua County. The 2007 median income for Chautauqua County's 54,556 households is \$38,942, ranked by the Bureau of Labor Statistics as the fourth lowest of the 62 New York State counties (<http://www.ers.usda.gov/Data/>). According to the U.S. Census Bureau American Community Survey poverty rates of 2007, 14.9% of all Chautauqua County residents live below the federal poverty level and approximately 23% of children ages 0 to 17 years old and 26% of children in Chautauqua County less than five years old are living in poverty, compared to 9.6% of people aged 65 and over. Based on this insurance, income and poverty data, Chautauqua County is one of the poorest counties in the state, greatly impacting Access to Quality Health Care.

- Health Care Professional Shortages as a barrier to Access to Quality Health Care  
Data collected and analyzed by the Chautauqua County Health Network's Health Care Workforce Advisory Committee (HWAC) shows that there is cause for serious concern regarding the average age and likely retirement of 12% of primary care physicians over the next ten years. Of additional concern are the forecasted retirements of 27% of current physician assistants and 40% of nurse practitioners serving in primary care settings over this same period. The vacancy rate for RN's and LPN's will each be approximately 35% during this same period. A strong trend regarding a lack of both primary care physicians and specialists (urology, neurology, pediatrics, etc.) emerged as the Community Health Planning Team reviewed and analyzed focus group comments.
- Transportation as a barrier to Access to Quality Health Care  
By census definition, 58.8% of Chautauqua County's population resides in urban areas, while 41.2% resides in rural areas. The vast geographic area of Chautauqua County coupled with the fact that almost half of its residents are sparsely populated throughout the rural area lends itself to transportation and access challenges. Public transportation in the County is provided by the Chautauqua Area Rural Transit System (CARTS). While the system is inexpensive and provides service to every town, the coverage is inadequate, the system operates only during weekdays from 7:30 am to 5:30 pm, and arrangements for pick-up must be made in advance. If a request is made outside of a regular route, CARTS will offer services whenever requested; however, as inconvenience and cost of the pick-up increases for CARTS, fees for clients increase. For many families even the reduced fees of the CARTS van are prohibitive.

Transportation was another common theme that emerged from the focus groups that were conducted by the Community Health Planning Team. Many, many comments were seen relating to the lack of transportation to and from medical appointments, especially in the winter months.

### **Priority Area 2 - Reducing the Burden of Chronic Disease - Diabetes Self Management**

STEPS to a Healthier Chautauqua County BRFSS data from 2006-2007 estimates that 7.7% of Chautauqua County residents have diabetes, including 9.0% of males and 6.5% of females. Another 810 females, 1.5% of all females, were told only during pregnancy that they had gestational diabetes. Six hundred and sixty three County residents claimed not to have diabetes, but were pre-diabetic or borderline diabetes. Matching trends seen across the country and state, diabetes prevalence increases with age group in Chautauqua County. There were no Type 2 diabetics among residents aged 18-34. However, 223 women in this age group (0.70%) were told that they had gestational diabetes during pregnancy. Eighty-seven residents were pre-diabetic or borderline diabetic. The prevalence of diabetes increased for the next age group 35-64 years to 8.1% of the population, to 1.0% for gestational diabetes and 1.5% for pre-diabetes or borderline diabetes. For residents aged 65 or greater, diabetes was prevalent among 16.7% of the population and gestational diabetes was seen across 0.4% of the population. Additionally, pre-diabetes and borderline diabetes was at a maximum of 3.9% of the population for this age group. Diabetes is a growing problem in Chautauqua County. Data from New York State Vital Statistics show that from 2004 to 2006, the number of deaths attributable to diabetes have gradually increased. The Chautauqua County age-adjusted diabetes mortality rate of 23.2 is greater than the region (21.2) and New York State as a whole (18.7).

One of the most common complications from Diabetes is kidney failure, which often necessitates Dialysis. The Dialysis Unit at Brooks Memorial Hospital was recently expanded to better accommodate the ever-increasing need for Dialysis Services in the hospital's service area. The Dialysis staff at BMH also provides pre-dialysis counseling for area residents who do not yet need dialysis, but whose kidney function is deteriorating. This counseling includes information to better self-manage Diabetes to hold off or eliminate the need for dialysis.

### **Priority Area 3 - Physical Activity and Nutrition**

As is the case in the State and the Nation, major causes of morbidity and mortality in Chautauqua County are related to poor diet and physical inactivity. Diabetes is the most rapidly growing chronic disease directly related to obesity, affecting one out of every 12 adult New Yorkers and County-wide data and comments from the focus groups both indicate that physical activity and nutrition should be a priority area for Brooks Memorial Hospital and Chautauqua County.

Current Chautauqua County Women Infants and Children (WIC) Indicators show that 32.1% of pregnant women in our county's WIC program were pre-pregnancy "very overweight" (BMI >29) as compared to 26.1 statewide.

During the 2006-2007 BRFSS, obesity (31.6%) and overweight (38.7%) BMI status was most prevalent among County residents aged 35 to 64 years. The lowest prevalence of obesity (21.6%) and overweight (26.2%) BMI status was experienced by county residents aged 18-34. However, even in the category with the lowest prevalence, nearly half of the population (47.8%) was either overweight or obese. Overall, the majority of county residents over the age of 18 were overweight or obese (62.7%).

There is not a lot of current data available concerning obesity among Chautauqua County children. The NYSDOH County Health Assessment Indicator Data reported that from 2004-2006, 12.7% of children aged 2-4 years participating in the Women, Infants, and Children (WIC) program were obese, compared to 15.2% in New York State and 14.8% in the United States.

WIC Data also shows that only 14% of WIC mothers in Chautauqua County are still breastfeeding at 6 months, as compared to 38.6% of breastfeeding moms statewide. Obesity in children is an important risk factor for cardiovascular disease in adulthood. Many studies have shown that the risk of obesity in children may be reduced in children who have been breastfed for at least 6 months. Obese children have a higher risk of becoming obese adults, so preventative measures such as breastfeeding may contribute to a reduction in the prevalence of cardiovascular diseases and other diseases related to obesity.

#### **Priority Area 4 - Tobacco Cessation**

A number of chronic disease conditions, including lung cancer, asthma and cardiovascular disease are directly attributable to tobacco use. Many of the comments received at the Community Health Planning Teams focus groups related to tobacco and the community's desire for more education, cessation assistance and information about how to quit smoking. Tobacco cessation and education programs geared towards reducing tobacco use in Chautauqua County will lead to lower rates of chronic disease.

Estimates from 2007 indicate that 18.9% of New York State adult residents 18+ years old and 19.8% of U.S. residents of the same demographic smoke. Among Chautauqua County residents aged 18 years or greater in 2007, 22.9% were current smokers, 26.0% were former smokers and 51.1% were never smokers. Data from the 2004-2005 Steps to a Healthier Chautauqua County BRFSS suggest that the proportion of the population that currently smoke has decreased over the past two years from 28.8%. The proportion of people who smoke in Chautauqua County is greater than that for the state (18.9%). Of current and former smokers, 38.2% smoke every day and 8.6% smoke only some days. More than half (54.7%) of current smokers have attempted to quit smoking for at least one day.

Smokers in Chautauqua County are most likely to be white, non-Hispanics (94.0% of all smokers). While black, non-Hispanics make up only 1.5% of the current smoking population, smoking is exceedingly prevalent among the racial group at 63.4%. Black non-Hispanics are also much more likely to smoke every day (57.6%). The racial group classified as 'other, non-Hispanic' demonstrates the lowest proportion of smokers (14.4%) and the highest proportion of former smokers (51.9%) than all other racial groups in the County.

#### **Priority Area 5 - Infectious Disease - Immunizations**

Since the H1N1 (Swine Flu) outbreak began in March of 2009, every hospital in the nation has been preparing for this potential public health crisis. Brooks Memorial Hospital has been working very closely with the other county hospitals and the County Health Department to present a unified, coordinated response to H1N1 for the communities we serve. This coordination has enabled the hospitals and the Health Department to communicate quickly and effectively about the progression of H1N1 sampling, testing and reporting in our local community. However, the recent H1N1 outbreak made each hospital and the Health Department realize that a comprehensive educational campaign about the community's role in the prevention of disease spreading has not been activated in our community.

### **C. Status of Priorities**

Several existing programs at Brooks Memorial Hospital have been targeting many of the priority areas for years. The work that has been done by the Community Health Planning Team has

allowed BMH to renew focus on these programs and to develop and participate in additional collaborative strategies with team partners.

- Priority Area 1 - Access to Quality Health Care - Existing priority to be supplemented by input and support from the Community Health Planning Team.
- Priority Area 2 - Reducing the Burden of Chronic Disease - Diabetes Self Management - New priority to be supplemented by input & support from the Community Health Planning Team.
- Priority Area 3 - Physical Activity and Nutrition - Existing priority to be supplemented by input and support from the Community Health Planning Team.
- Priority Area 4 - Tobacco Cessation - Existing priority to be supplemented by input and support from the Community Health Planning Team.
- Priority Area 5 - Infectious Disease - Immunizations - Existing priority to be supplemented by input and support from the Community Health Planning Team.

#### **D. Non-Prevention Priorities Considered in Assessment Process**

- Support Groups - Brooks Memorial Hospital currently offers and/or supports a number of health related support groups including:
  - Breast Cancer Support Group
  - Diabetic Support Group
  - Mending Hearts Support Group
  - Expectant Parent Classes
  - Grief Support Group
  - Multiple Sclerosis Support Group
  - Prayer Group
- HealthQuest Community Education Program - BMH has been offering the free HealthQuest series of Community Health Education programs for the past 11 years. 9-10 monthly programs are offered each year on a variety of health care topics. Attendance at these programs varies from month to month, with an average of 30 people attending each program. Programs are lead by physicians and/or other health professionals with topics for 2009 including:
  - Sleep Apnea
  - Stress Testing
  - Multiple Sclerosis
  - Joint Replacement
  - Obesity
  - Vascular Medicine
  - Adult Immunizations
  - Digital Mammography
  - Alzheimer's Disease

Planning for the 2010 HealthQuest programs has begun and should be finalized by the end of October 2009. The majority of topics for 2010 will revolve around Prevention Agenda Priorities. Programs under consideration include: Diabetic Foot Care, Nutrition for a Healthier Life, The Flu and You, Smoking Cessation, Diabetes Self Management, Health Insurance, Kidney Disease and Dialysis. Brooks Memorial Hospital will be collaborating with the TLC Health Network on at least one program and possibly offering this program in both communities.

- Health Fairs - Brooks regularly participates in Health and Wellness Fairs throughout the community. These events are held at local schools, organizations, businesses and in the hospital itself. Along with informational materials, a variety of health screening is offered at these fairs, including cholesterol, glucose and blood pressure screenings. Some of the Health Fairs that Brooks participated in 2009 to date include:
  - Fredonia State Community Service Fair - 2/18
  - Fredonia State University EAP Wellness Fair - 3/26
  - Colorectal Cancer Informational Display at WalMart - 4/25
  - COPC Women's Health Fair - 5/9
  - Pine Valley High School Health Fair - 5/19
  - Brocton High School Health Fair - 5/31
  - Westfield Convoy of Hope - 6/13
  - Juneteenth Celebration - 6/13
  - Migrant Day Care Health Fair - 6/21
  - Cliffstar Health Fair - 8/19
  - Diabetes Program at Friendship Baptist Church - 8/30
  
- Individualized Education - In addition to support groups, HealthQuest education programs, and health fairs, Brooks Memorial Hospital also provides additional free individualized health counseling services to the community.
  - Joint Education Classes - Held each month for patients about to undergo any type of joint replacement surgery at the hospital. This multifaceted program includes information about how to prepare for surgery, the surgery itself and rehabilitation after surgery.
  - Pre-Dialysis Counseling - Offered by a multi-departmental team of health professionals for patients at risk of needing dialysis services.
  - Diabetic Counseling - One-on-one counseling offered by a Certified Diabetic Counselor, free of charge to anyone who requests it.
  - Lactation Counseling - The Obstetrics Nurse Manager, also a Certified Lactation Counselor, offers free education to new moms on an as-needed basis. She is available via phone or in person to provide guidance, advice and support for women who have questions or who are having difficulty breastfeeding. Local physicians also refer patients to her for assistance.

## **V. THREE YEAR PLAN OF ACTION**

A Three Year Plan of Action to address each of our identified priority areas has been developed by Brooks Memorial Hospital and the Chautauqua County Community Health Planning Team.

### **Priority Area 1 - Access To Quality Health Care**

Access to Quality Health Care requires adequate health care coverage for residents, a supply of trained and qualified physicians and other health care providers (including those that will accept the lower paying insurance plans), and a means of transportation. Working together and independently, Brooks Memorial Hospital and the Chautauqua County Community Health Planning Team will seek further systems that provide access to quality services and meet the needs of consumers as well as providers.

A significant portion of Brooks Memorial Hospital's strategy to improve access to quality health care includes the Chautauqua County Health Network and two of its collaborative committees; the Community Health Initiative (CHI) and the Health Care Workforce Advisory Committee (HWAC).

The Chautauqua County Health Network (CCHN) is an organization comprised of the four hospitals in Chautauqua County, their governing boards and medical staff. The CCHN is dedicated to strengthening the local health and wellness delivery system. The CCHN advances the interests of hospitals and patients by strengthening the economic viability of hospitals, promoting access to quality health care related services, facilitating partnerships to address community needs, planning for the efficient delivery of care and developing appropriate health resources.

#### **A. Insurance Coverage as a barrier to Access to Quality Health Care**

- Prevention Agenda Objective for Insurance Coverage: By the year 2013, increase the percentage of adult New Yorkers with health care coverage to 100%
- BMH & Community Health Planning Team Objective: Increase the number of persons receiving health care services and coverage in Chautauqua County.
  
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - Community Health Initiative - Brooks Memorial Hospital will continue to partner with the Chautauqua County Health Network and be a member of their Community Health Initiative (CHI) which is a committee charged with providing direction and feedback on activities related to increasing community involvement in locally-generated and innovative solutions to issues related to the system of accessing health care and health care coverage.
  
  - Get Covered Helpline - Continue to make referrals to the CCHN's Get Covered Helpline. In 2006, the CHI of the CCHN developed the *Get Covered Helpline* to link people to information about coverage options including medical care, dental, prescription, and vision, and may be used by individuals, agencies, and businesses in Chautauqua County. Daily operations of the Get Covered Helpline focus on identifying the health care coverage needs and circumstances of each individual caller, and finding solutions through extensive exploration of coverage options on a case by case basis. Since its inception in 2006, call volume to the Get Covered Helpline has steadily increased, with 703 calls coming in 2008. CCHN data reveals that 98% of callers were satisfied with the service, and nearly 62% were able to identify a coverage option as a result of their call.
  
  - Health Transaction Network - In partnership with the TLC Health Network, Brooks is currently evaluating the Health Card program which allows consumers the ability to access routine health and wellness services at discounted prices. The Health Card is a pay-as-you-go program that takes the uncertainty out of accessing important primary care services. This program through the Health Transaction Network has been operational at TLC since early 2009 with approximately 250 community residents participating.
  
  - Financial Assistance Program - Continue to educate and provide financial assistance options for those that are uninsured or unable to pay. In addition to the hospital's own Financial Assistance Policy brochure, Business Office personnel will continue to distribute brochures developed by CCHN to assist the uninsured or underinsured to find affordable healthcare. New staff will continue to be educated regarding all available assistance in obtaining health insurance.

**Evaluation:** Achievement of goals will be evaluated by the number of Health Cards issued in the community, as well as the number of providers who participate in the Health Transaction Network. An increase in calls to the Get Covered Helpline and the number of successful referral will also be a measure of success. State and County data on the number of uninsured will also be evaluated.

**B. Health Care Professional Shortage as a barrier to Access to Quality Care**

- Prevention Agenda Objective for Health Care Providers: By the year 2013, increase the percentage of adult New Yorkers who have a regular health care provider to 96%
- Brooks Memorial Hospital Objective: By the year 2013, increase the total number of primary care physicians on the Brooks Memorial Hospital Medical Staff by 2. Expand participation in hospital sponsored health care careers activities such as Medical Explorers & Health Care Careers Summer Camp.
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - Healthcare Workforce Advisory Committee (HWAC) - Participate in the quarterly meetings of the HWAC Physician Recruitment Planning Committee. Through Chautauqua County Health Networks Healthcare Workforce Advisory Committee, the hospitals and Chautauqua County Health Department work in partnership with physician offices where they have an opportunity to collaborate not only locally, but with regional efforts on the part of WNY Rural Health Education Center and the WNY Health care Association. The Community Health Planning Team will continue to participate and work with the HWAC to develop a comprehensive physician recruitment model based on successful models from similar communities across the county.
  - Doctor's Across New York - Brooks Memorial Hospital was awarded a total of \$480,000 in grants from the *Doctors Across New York* program – a program designed to help train and place physicians in medically underserved communities across the State. The funding is designed to aid physicians in expanding or establishing medical practices or health care facilities to recruit new physicians to practice in an underserved area. The awards are intended to aid physicians with repayment of qualified medical school loans in exchange for a minimum five-year commitment to practice in an underserved area. BMH has been diligently working with local pediatricians, orthopedic surgeons and other physician groups to maximize this funding and bring additional physicians to the community.
  - Additional Financial Resources - Continue to pursue additional grant and other funding resources to be used as incentives, loan repayment and recruitment costs for physicians.
  - Health Care Careers Education - Continue to focus on “growing our own” health care professionals through programs such as Medical Exploring, Loan/Scholarship programs, Careers Fairs and Health Care Careers Summer Camps. In an ongoing effort to help increase the focus on healthcare career education, Brooks Memorial Hospital has sponsored Medical Explorer Post 222 for over 20 years. Post 222 is one of the most active Medical Explorer Posts in New York State, with 20-25 students from around the county participating each year. These young people learn about the tremendous opportunities available in healthcare by going on tours & site visits, and also by shadowing health professionals within the hospital. The hospital’s efforts at “growing their own” healthcare workers has begun to bear fruit, with three former Explorers hired as Registered Nurses at the hospital in June 2009.

- **Evaluation:** Through the HWAC Committee reports which will be generated and recommendations based on findings from physicians who did not choose to locate in Chautauqua County.

## **Priority Area 2 - Reducing the Burden of Chronic Disease - Diabetes Self Management**

The collaborative process that was used by the Chautauqua County Community Health Team increased the group's awareness about all of the individual diabetes prevention and self-management care programs conducted at each hospital in the county. However, a comprehensive approach has not been successfully developed. If each hospital and the health department were to pool their resources a comprehensive approach becomes a reality. The Community Health Planning Team will develop a three-year plan for the development of a county wide Diabetes Task Force whose goal will be to increase the capacity to reduce the burden and mortality rates of Diabetes in Chautauqua County.

- Prevention Agenda Objective for Diabetes : By the year 2013, reduce the prevalence of adult diabetes and hospital complications of diabetes in New York so that:
  - The percent of adults with diabetes is no more than 5.7%
  - The rate of hospitalizations for short-term complications of diabetes are no more than:
    - 2.3 per 10,000 (ages 6-17)
    - 3.9 per 10,000 (ages 18+)
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - Coalition Capacity-Building and Sustainability - A new initiative to form a Chautauqua County Diabetes Prevention Task Force will be explored, to share and network diabetes programs, classes, initiatives, among hospitals, health department and interested health care agencies.

The mission of this new taskforce will be to increase the capacity to reduce the burden of chronic disease with an emphasis on diabetes in the county's targeted urban and rural regions. At least one representative from the Chautauqua County Task Force will network with the Tri-County Diabetes Coalition and the WNY Diabetes Coalition. The Chautauqua County Diabetes Prevention Task Force will interface with the two regional diabetes prevention coalitions to the fullest extent possible, thus increasing funding opportunities. This will also improve the involvement of the regional coalition's ability to outreach into the small niches of each specific community in Chautauqua County that are historically unintentionally neglected.

The first year objective of the Diabetes Prevention Task Force is to develop a meeting structure, and assign appropriate staff to the task force while meeting the specific goal of networking and information sharing of individual diabetes prevention initiatives. An additional task of the group during the first year is to investigate evidence-based programs that could be conducted as a group to address diabetes prevention comprehensively throughout the entire community. The task force will be assigned the job of evaluating existing diabetes education and prevention program in the hospitals for gaps and needed improvements. Base line data and information will be used to assist the Task Force in narrowing the focus of needed programming and funds. The evaluation will we used as tool to assist the task force in narrowing the focus of needed programming and funds.

The second year objective of this group is to identify funding to support the task force and the agreed upon evidence-based programming proposed to be implemented into the community to address previously identified gaps and needs. Applications will be submitted to funding entities to provide fiscal support for required continuing education courses for diabetes educators, dietitians, and hospital support staff. The funded programs will be implemented, tracked and reported upon, while additional funding sources will be sought to support additional diabetes prevention programming and initiatives in the community.

The Task Force will educate the community through, newsletters, and local papers once an evidenced based program has been chosen and is ready for implementation.

- Community Education & Health Screening - Brooks Memorial Hospital will continue to raise awareness regarding diabetes via community education programs, support groups and one-on-one interventions with a Certified Diabetes Educator to promote prevention of complications of diabetes in those who currently have the disease or who may be at risk for it. BMH will continue to provide outreach programming and health screening for community groups, organizations and businesses on diabetes risk factors and prevention. Working collaboratively with the TLC Health Network, Brooks Memorial Hospital will continue to hold joint community education programs to address health priorities, including Diabetes.
- Pre-Dialysis Counseling/Education - Expand upon current education services provided to those who are at a high risk of needing dialysis services. Work with physicians to begin this counseling earlier in the disease to stave off dialysis as long as possible. Brooks Memorial Hospital currently offers comprehensive counseling to patients with Stage IV kidney disease. These patients are referred by local physicians, and are individuals that the doctors have been treating for kidney disease. Should the patients disease progress to Stage V, the patient would need dialysis, or a kidney transplant. The pre-dialysis counseling educates the patients on what the options are for them are. Treatment options discussed include Hemodialysis, peritoneal dialysis, transplant referral and of course, and explanation of what will occur should treatment be refused. The patient and their care givers are seen by the Dialysis Nurse Manager, who is also a Certified Nephrology Nurse. They also meet with the hospital Dialysis Social Worker to review the social impact that dialysis would have on their lives, as well as payment and transportation issues. The hospital Dietitian reviews diet and fluid restrictions. Patients are given information to take home and review, and also receive a tour of the hospital's recently expanded and renovated Dialysis Unit. There is no charge for this 2-hour counseling session.
- Collaboration with the National Kidney Foundation - Expand upon existing relationship with the NKF to provide comprehensive kidney screening services to high risk populations. Collaborate with the NKF on at least one community health fair each year for at-risk populations in our community. Brooks has worked closely with the NKF in the past to offer free comprehensive kidney screening to members of the African American community.
- Policy, Environmental and/or Systems Change - The Community Health Planning Team would like to propose a Medicaid pilot model for Chautauqua County and work on this model for the future. The team feels Advocacy for self-management diabetes education and increased Medicaid reimbursement rates would have a positive impact on diabetes in the county.

- WNY P<sup>2</sup> - Brooks Memorial Hospital will be represented as a partner in WNY P<sup>2</sup> Collaborative and attend a P<sup>2</sup> conference Creating a Healthy Community.
- **Evaluation:** During the third and consecutive years following, the funded programs will be implemented, tracked and reported upon while supplementary funding sources will be sought to support additional diabetes prevention programming and initiatives in the community. The task force will also be investigating successful models for rural approaches to diabetes education and prevention that could be used within our communities.

### **Priority Area 3 - Physical Activity and Nutrition - Breastfeeding**

Breastfeeding is a safe, time-proven feeding method that helps infants to have a healthful start in life. The American Dietetic Association (ADA) has long recognized the value and benefits of breastfeeding including health, nutritional, immunological, psychological, economical, and environmental benefits. Women should be encouraged and given the necessary tools with which to breastfeed their infants. The experiences that a new mother has while still in the hospital can have a great impact on how likely she is to breastfeed, and how long she provides this beneficial nutrition to her baby. The hospital stay is known to be a critical period for the establishment of breastfeeding.

- Prevention Agenda Objective for Breastfeeding: By the year 2013, increase the proportion of New York mothers who breastfeed their babies at 6 months to at least 50%.
- Brooks Memorial Hospital Objective: Increase the initiation and duration of breastfeeding.
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - Continue to provide in-service training in breastfeeding for the Obstetrics staff. Increase the number of staff members who are available to provide new moms with information about the importance of breastfeeding.
  - Continue to have a certified lactation consultant on staff. This consultant provides information and assistance free of charge in the Expectant Parent classes, immediately after birth and after the mom has been discharged.
  - Work with OB physicians to provide them with guidance on breastfeeding as the preferred option for their patients. Encourage physicians to refer patients who are having difficulty to the hospital's lactation consultant.
  - Develop a supplemental feeding protocol so that pediatricians are supporting breastfeeding as much as possible.
  - Put detailed information about breastfeeding on the hospital's Internet website, as well as information about the hospital's policy and efforts towards encouraging breastfeeding.
  - Continue to collaborate with community organizations (i.e. WIC and the CCHD's MOMS program) that promote breastfeeding and newborn nutrition
  - Evaluate the Baby Friendly Hospital Initiative. Implement appropriate changes incrementally.

- **Evaluation:** The effectiveness of the new policies and procedures will be measured by the number of new moms who choose to breastfeed and can be tracked with data available from the NYS Perinatal Data System. The number of new staff members trained to provide breastfeeding support will also be a measure of effectiveness.

#### **Priority Area 4 - Tobacco Cessation**

Brooks Memorial Hospital was the first hospital in Chautauqua County to go Smoke-Free, making this important transition January 1, 2007. Both before and since that time, BMH has worked hard to help employees and the community understand the dangers of smoking and quit the habit.

- Prevention Agenda Objective for Tobacco Use : By the year 2013, reduce the prevalence of smoking in New Yorkers so that:
  - The percent of adults who smoke is no more than 12%
  - The percent of adolescents who smoked in the past month is no more than 12%
- BMH & Community Health Planning Team Objective:
  - Have all hospitals in Chautauqua County Smoke-Free by 2010.
- Brooks Memorial Hospital Objective:
  - 100% of all hospital inpatient admissions screened for smoking status and receive information about smoking cessation.
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - 2-Minute Intervention - In 2006, Brooks Memorial Hospital implemented a new program to assist health care providers to address patients' tobacco use and cessation efforts. This program, a joint collaboration through the Chautauqua County Steps Program and the local Tobacco Control Program, provided education to hospital staff and changed the patient intake and education forms to include questions about smoking status and interest in quitting smoking. Brooks will be continuing and expanding this program and adding smoking cessation advice to all hospital discharges.
  - Nicotine Replacement Therapy - Nicotine patches and gum are available at no cost to employees who are interested in quitting smoking.
  - Smoking Cessation Counselors - Utilize regional resources such as the Chautauqua County Tobacco Coalition to send additional hospital staff for the training required to be Certified Smoking Cessation Counselors.
  - Smoking Cessation for Asthmatics seen in the Emergency Department - Increased information for outpatients seen in the Emergency Department for Asthma, as well as information for their caregivers.
  - Smoking & Pregnancy education - Information is and will continue to be provided at Prenatal Education classes conducted by Brooks Staff. Continue to screen, educate and assist all Obstetrics admits. Refer to the NYS Quitline as appropriate. Brooks will evaluate evidenced based programs (eg Tobacco Free Moms).
- **Evaluation:** Increase referrals to the NYS Quitline from Chautauqua County residents. Increased number of Certified Cessation Counselors on staff within the hospital.

### **Priority Area 5 - Infectious Disease - Immunization**

The majority of vaccine preventable diseases now occur among adults in the United States. This is due to a combination of factors including lack of awareness and lack of insurance coverage. Influenza, Shingles and Pneumonia are three common diseases that can be prevented by immunization.

- Prevention Agenda Objective for Immunizations : By the year 2013, increase the percentage of New Yorkers over age 65+ who received recommended vaccines so that :
  - The percent of adults aged 65+ who had a flu shot in the past year is at least 90%
  - The percent of adults aged 65+ who ever had a pneumonia shot is at least 90%.
- Brooks Memorial Hospital Objective: To increase the awareness of how illness is spread and to decrease the spread of disease throughout the community.
  
- **Brooks Memorial Hospital Collaborative Strategies and Initiatives**
  - Coalition Capacity-Building and Sustainability – The Pandemic Preparedness Plan was developed based on current information from the NYS DOH, CDC, and the WHO. This plan is intended to be used as a fluid and flexible guideline for dealing with the problems associated with a Pandemic Influenza outbreak in our community service area, and not as strict policy and procedure. It has been designed to easily accommodate any changes recommended by the above agencies as a pandemic progresses. Information and epidemiology will be reported to the CCHD and disseminated to the other agencies.
  
  - Primary Prevention – Appropriate Immunizations in specific populations per CDC. Annual employee prevention education and flu vaccination. Goal is 100% vaccination for employees, volunteers, contract employees, etc. N95 respiratory mask fitting for employees who need it.
  
  - Awareness Raising - The Community Health Planning Team will implement a collaborative education program about the importance of immunizations and the availability throughout the community. In-house activities and programs including signage at all entrances, masks located at all entrances for patients and visitors who may have respiratory illness, alcohol-based hand sanitizer available throughout the hospital. Promotion of disease transmission at community health fairs, local businesses, newspapers and local schools. Continued community health education programs on Adult Immunizations.
  
- **Evaluation**: Tracking of employee vaccination rates and completion of additional community influenza clinics

## **VI. FINANCIAL AID PROGRAM**

Brooks Memorial Hospital has long offered Charity Care/Financial Assistance to patients who could not afford to pay. The hospital's Financial Assistance policy was enhanced with the implementation of New York States Health Financial Assistance Law in 2007, and the policy currently in use at Brooks goes beyond the minimum requirements set by New York State. The Brooks Memorial Hospital policy provides assistance to patients who live outside of our defined service area and even those who do not apply on their own. Brooks regularly reviews account balances and collaborates with collection agencies to identify and contact individuals who might qualify for financial assistance, but who have not applied for the program on their own. Information about the hospital's Financial Assistance Policy is provided upon admission, is posted on the hospital website, throughout the hospital, and provided through the Chautauqua County Health Network.

Over the past couple of years Brooks Memorial Hospital has experienced both success and been challenged in providing financial assistance to the community it serves. One of the biggest successes noted has been the increased awareness and utilization of the hospitals' financial assistance program. In 2008, 550 patient accounts were found eligible for financial assistance at Brooks, with a total of \$328,571 in financial assistance provided. To date in 2009 (January - August), a total of 473 accounts qualified for financial assistance, putting Brooks on-track for a projected 29% increase over 2008. A portion of this increase in financial assistance provided by Brooks Memorial Hospital can be attributed to the local Amish community. Brooks has seen an increase in Amish utilization in OB and other services at the hospital since the elimination of Obstetrics at Westfield Memorial Hospital. The success of the Brooks Memorial Hospital Financial Assistance program is evidenced by the letters, cards and other communications from a grateful public.

Another success is the training of additional staff to handle financial assistance applications and the streamlining of the application process itself. Brooks now has 5 Business Office staff members (up from 1 in 2007) who are trained to handle applications for financial assistance. The application process itself is now much smoother and quicker through the use of an automated spreadsheet application which was designed in-house. When an applicant comes to Brooks with the required documentation and meets with a financial counselor, their information is input into the system, which then provides an immediate result with the exact level of assistance to be provided. Since there has been no increase in staffing in the Business Office, it has been a challenge for the staff to process the ever increasing number of financial assistance applications.

The current economy is providing many challenges for Brooks in relation to financial assistance. With unemployment approaching 9% in Chautauqua County, more and more residents are finding themselves uninsured, or under-insured. Some health insurance policies have increased the deductible that the patient is responsible for, especially for services like the Emergency Department, and it is often these charges that are written off with financial assistance. Brooks anticipates that this trend will be continuing, even as hospital reimbursements and financial stability decline. Cash flow can be considered a challenge.

Transient patients are also a challenge when it comes to financial assistance. Patients who move often or who have no address can be difficult to locate for billing or financial assistance purposes. Students from a nearby college can also be included in the transient category. Even if a student or patient's family member can be located, privacy rules often hamper communication with them to inform them of eligibility for financial assistance.

Brooks shares and gathers "best practice" information in a variety of ways including participation in the Healthcare Financial Management Association. Hospital staff also meets regularly with county social service agencies and counterparts at local hospitals to keep abreast of local, state, and national trends and practices pertaining to financial assistance.

## **VII. CHANGES IMPACTING COMMUNITY HEALTH / PROVISION OF CHARITY CARE / ACCESS TO SERVICES**

It is anticipated that the next three years will bring many challenges for Brooks Memorial Hospital. These challenges include the current economic environment and expected state and federal budget cuts.

Another significant change that will impact Brooks Memorial Hospital's operations is the hospital's recent affiliation with the TLC Health Network. In late 2008 Brooks Memorial Hospital affiliated with TLC Health Network through the auspices of the Lake Erie Regional Health System (LERHSNY), an active parent corporation that is now governing both organizations in accordance with the legislative intent of the NYS Commission on Health Care Facilities in the 21st Century (aka the Berger Commission). The newly formed LERHSNY is governed by a newly constituted Board of Trustees and a newly appointed president and chief executive officer to lead the efforts of both organizations for the benefit of the broader community.

Whereas Brooks and TLC Health Network both provide important core services, each entity also provides unique, yet complementary programs and services. Examples of these at BMH include obstetrics, dialysis, and radiation oncology services, whereas TLC offers long term care, short term rehabilitation therapy, mental health, chemical dependency, long term home health care, primary care, dental, eye clinics, and child/adult day care. Through this coordinated, regional approach, the LERHSNY organizations will be able to more efficiently and effectively serve the needs of the collective community in support of our efforts to achieve the best possible quality outcomes. In addition to the improved clinical quality and economic efficiencies, anticipated benefits include the ability to attract and retain highly qualified physicians and health care professionals across of all disciplines.

## **VIII. DISSEMINATION OF THE REPORT TO THE PUBLIC**

The Brooks Memorial Hospital Community Service Plan and information about Financial Assistance will be disseminated to the public in a variety of ways.

- A summary will be created and prominently posted on the hospital website, [www.brookshospital.org](http://www.brookshospital.org). It is anticipated that this summarized report will be available on or before December 1, 2009. This report will include all pertinent financial data that demonstrated BMH's commitment to public health programs and financial assistance.
- Printed versions of the Summary Report will be available throughout the hospital including the lobby, waiting areas, etc. This Summary will also be available at the many community health fairs and community education programs that BMH participates in.
- A press release regarding the hospital's submission of the CSP to the NYSDOH will be run in the local papers before the end of September, 2009. This press release will provide information about how readers can obtain and/or view the summarized CSP.

## **IX. FINANCIAL STATEMENT**

The financial data that is required by the Department of Health was submitted as required in May 2009 through Brooks Memorial Hospital's Institutional Cost Report.