

BON SECOURS CHARITY HEALTH SYSTEM NEW YORK STATE COMMUNITY SERVICE PLAN 2016 – 2018

For submission December 2016

Introduction

Bon Secours Charity Health System (BSCHS) includes three area hospitals: Bon Secours Community Hospital, Port Jervis, NY, Good Samaritan Hospital, Suffern, NY, and St. Anthony Community Hospital, Warwick, NY. Additionally, BSCHS provides the services of a Certified Home Health Agency, two long-term care facilities; an assisted living and adult home facility and several other off-site medical programs.

BSCHS is a member of the Westchester Medical Center Health Network (WMCHHealth), a 1,700-bed healthcare system headquartered in Valhalla, New York, with 10 hospitals on eight campuses spanning 6,200 square miles of the Hudson Valley. WMCHHealth employs more than 12,000 people and has nearly 3,000 attending physicians. From Level 1, Level 2 and Pediatric Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals, dozens of specialized institutes and centers, skilled nursing, assisted living facilities, homecare services and one of the largest mental health systems in New York State, today WMCHHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley.

WMC is the anchor institution for a DSRIP (Delivery System Reform Incentive Payment Plan) Performing Provider System (PPS) in the Hudson Valley region of New York State that spans eight counties. As part of its DSRIP planning efforts, WMC led a comprehensive, collaborative Community Needs Assessment (CNA), recognizing the integral role that a CNA plays in supporting the delivery of patient-centered, population-based health care. This eight county CNA was undertaken in collaboration with Westchester Medical Center, Montefiore Medical Center, Refuah Health Center, and Health Alliance of the Hudson Valley.

Based on data from the above mentioned CNA and the NYS Prevention Agenda priorities, the most significant health needs of our service area are as follows:

- Prevent Chronic Diseases
- Promote Healthy and Safe Environments
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare Associated Infections

The Prevention Agenda priorities and goals outlined in this CNA form the framework through which we will address the health needs of our community.

I. Mission and Vision Statement

The Mission of the Bon Secours Charity Health System is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System by the year 2018, will be distinguished as the leading provider of quality, compassionate and community based health care services in the Hudson-Delaware Valley.

II. Definition of the Community Served

BSCHS has defined a service area by zip code within Orange and Rockland Counties based on the volume of inpatients receiving care at our acute care facilities. The table below lists the zip codes and towns used for our CSP planning purposes:

Zip Code	Town	Zip Code	Town	Zip Code	Town
10901	Suffern	10916	Campbell Hall	10917	Central Valley
10918	Chester	10920	Congers	10921	Florida
10923	Garnerville	10924	Goshen	10925	Greenwood Lake
10926	Harriman	10927	Haverstraw	10928	Highland Falls
10930	Highland Mills	10931	Hillburn	10940	Middletown
10941	Middletown	10950	Monroe	10952	Monsey
10954	Nanuet	10956	New City	10960	Nyack
10965	Pearl River	10969	Pine Island	10970	Pomona
10973	Slate Hill	10974	Sloatsburg	10975	Southfields
10977	Spring Valley	10980	Stony Point	10984	Thiells
10987	Tuxedo Park	10989	Valley Cottage	10990	Warwick
10993	West Haverstraw	10998	Westtown	12719	Barryville
12729	Cuddebackville	12737	Glen Spey	12746	Huguenot
12771	Port Jervis	12780	Sparrow Bush		

III. Methodology and Assessment of Public Health Priorities

In July 2014 the CNA leadership of the PPS in the Hudson Valley Region partnered to undertake an extensive regional assessment of community needs. We recognized the integral role that a community needs assessment plays in supporting the delivery of patient-centered, population-based health care. We were guided by the CDC's Community Health Assessment and Group Evaluation (CHANGE) toolkit. The needs and opinions of community stakeholders across sectors were gathered in a systematic way that included compilations of data into workbooks, chart books, and map books; surveys; focus groups, key informant interviews; and a public comment period. Rigorous analysis of extant health, socio-demographics, and built environment data enhanced our ability to identify DSRIP projects that focus interventions on individuals and communities most in need.

Our CNA utilized the power of geospatial data analysis to inform project selection and planning. The needs assessment was designed within a geographic information science (GISc) framework. GISc and spatial analyses were used to identify particular population-based health issues. For example, access to care at clinics or hospitals, socio-economic data and patterns of disease burden by population and region have all been assessed utilizing this framework. Detailed-level SPARCS (Statewide Planning and Research Cooperative System) data provided by our academic colleagues at Iona College, along with Medicaid claims data accessed through Health.NY.Gov dashboard, combined with Census information, were mapped to identify community needs by prevalence indicators for major diagnostic categories. Using SPARCS data we identified patients' ER visits, hospitalizations and readmissions and analyzed trends over the past three years to identify negative quality indicators.

We worked with the other three PPS partners in our region and county health department teams to coordinate local surveys about capabilities (e.g., health IT, Community Resources, Healthcare Resources, consumer survey, focus groups) to supplement what was available on secondary websites. Conforming to our goal of improving population health, we isolated "hot and cold spots" (statistical clusters of zip codes with values higher or lower than would be expected). This approach was expanded to include variables from a range of other sources (e.g., American Community Survey, Vital Statistics, DSRIP dashboards) related to outcomes and sociodemographic determinants (e.g., poverty, English-speaking ability, race/ethnicity, employment, physical activity). Select narrative and community profiles were developed for hot spot zip codes so that community "stories" could more easily be shared with stakeholders. To ensure broad representation across all community sectors, we met with and sought input from local teams established by each county DOH. All data analyses and chart, map and work books were shared as they were developed with providers and stakeholders across the region through public meetings with county health commissioners and project team meetings conducted by the PPS in the region.

As part of the CNA, the PPS conducted a survey of Hudson Valley consumers to gather information and feedback about demographics and community health needs. The survey was drafted at a sixth grade reading level and reviewed and approved by health literacy experts. It is available online and in paper form in five languages prevalent in the Hudson Valley: English, Spanish, Portuguese, French Creole, and Yiddish. The survey received almost 5,000 responses from respondents living in 303 ZIP codes across the eight counties and respondent demographics are representative of the overall region.

CNA Survey Timeline:

Prior to Mid-September 2014

- Prepared, translated and finalized survey instruments; created public facing websites as platforms for data collection and communication
- Distributed survey through email and postal mail to DOH and PPS partners; carried out public awareness campaigns
- Commenced data collection

Mid-September- December 2014

- Continued with data collection and entry
- Conducted quality assurances and data cleaning
- Performed preliminary data analysis for PPS's DSRIP applications

January 2015- March 2015

- ❖ Completed data collection and entry
- ❖ Completed data cleaning and quality assurances
- ❖ Conducted data analyses and disseminated research findings

CNA Survey Key Findings for Orange County:

Top ranked health issues in the community y respondents (out of 17):

- Diabetes*¥
- Obesity
- Mental Health
- Cancer*
- Heart Disease*

**Top 3 leading causes of death in NYS, according to the NYS DOH Vital Statistics*

¥One of the leading causes of death among minority populations

Orange County - Health Services Access & Utilization Take Away Points:

Among the 8% of respondents that did not have a routine physical check-up and 30% of respondents that did not have a routine dental check-up, cost, time, fear, and the quality of care were some of the barriers for participants to access good primary and preventive care.

Respondents from Orange County also reported the highest rate (30%) of Emergency Department utilization in the past year, compared to the region. Diabetes, obesity, mental health, and cancer were identified among the top community health issues, yet 9% - 23% of respondents did not know where to get basic preventive care for these conditions.

CNA Survey Key Findings for Rockland County:

Top ranked health issues in the community y respondents (out of 17):

- Cancer*
- Obesity
- Diabetes*¥
- Heart Disease*
- Mental Health

*Top 3 leading causes of death in NYS, according to the NYS DOH Vital Statistics

¥One of the leading causes of death among minority populations

Rockland County - Health Services Access & Utilization Take Away Points:

Among the 11% of respondents that did not have a routine physical check-up and 27% of respondents that did not have a routine dental check-up, cost, time, fear, and the quality of care were some of the barriers for participants to access good primary and preventive care. Cancer, obesity, and diabetes were identified among the top community health issues, yet 16% - 36% of respondents did not know where to get basic preventive care for these conditions. Compared to the rest of the region, respondents from Rockland County reported higher rates of fair/poor physical and mental health.

IV. Process to sustain engagement

We will continue to work with our county health departments and the PPS partners in our region to achieve the deliverables as set forth under DSRIP and as outlined below. Additionally, our hospitals are active participants in regional coalitions focused on improving population health, and remain active partners in our communities.

V. Dissemination of Report to the Public

The Bon Secours Charity Health System Community Service Plan will be posted on the hospital website(s) in pdf format. Hard copies will be mailed upon request.

VI. Implementation Plan

Goal	Hospital Facility*	Outcome Objectives	Evidence Based Interventions	Process Measures Shorter term goals (1 year)	Partners	Partner Roles/ Resources	By When	Address disparity Y/N
Prevent Chronic Diseases	BSCH	Create a Medical Village	Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	<ol style="list-style-type: none"> 1) Use EHRs and other technical platforms to track all patients engaged in the project 2) Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment 	Cornerstone Family Health Center, Orange County Dept. of Mental Health	Assistance with additional primary care resources	3/31/17	Y
	SACH	Create community environments that promote physical activity	Adequately invest in proven community-based programs that result in increased levels of physical activity	Work with the Village of Warwick to pass a Complete Streets policy and develop a designated municipal walking loop	Village of Warwick, Orange County DOH, Orange County Citizen's Foundation	Planning and collaboration	12/31/17	
	GSH	Cancer Screening	Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	Analysis of Cancer Services Program best practices and lessons learned	Cancer Services Program	Collaborative data analysis and process improvement planning	12/31/17	
	GSH	Tobacco Cessation	Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure	Convene a region-wide tobacco cessation campaign committee	Rockland County DOH, PCPs	Personnel, research data, planning assistance	3/31/17	

Promote Mental Health and Prevent Substance Abuse	BSCH	Integration of Primary Care and Behavioral Health Services	Promote Mental, Emotional and Behavioral Well-Being in Communities	Develop collaborative evidence-based standards of care including medication management and care engagement process	Orange County Dept. of Health	Assistance with care coordination	3/31/17	Y
Promote Health Women, Infants and Children	SACH	Provide counseling, education, and improved clinical interventions to promote breastfeeding in clinical and community settings	Increase the proportion of New York State babies who are breastfed.	Provide community based breastfeeding support programs targeting both breastfeeding and pregnant women, including high-risk pregnant women and women with disabilities	Orange County Dept. of Health	Identification of areas of highest need for education and support	12/31/17	Y

*BSCH: Bon Secours Community Hospital

SACH: St. Anthony Community Hospital

GSH: Good Samaritan Hospital