New York Methodist Hospital Community Service Plan 2009 - 2012 – Year Three Update

1. Please give us your contact information.
CSP Liaison: Lyn Hill, Vice President for Communication and External Affairs
Email: lyh9001@nyp.org
Phone Number: 718.780.3301

2. Region hospital/system is part of: (choose all that apply)
New York City

3. Which hospital or health system do you represent? The hospital systems are listed in italics. If the
name of the hospital/system is not listed, or has changed, please select the "other" option at the end
of the list, and write in the correct name.
New York Methodist Hospital

4. In which county is the hospital located? If submitting a joint CSP for hospitals in multiple
counties, please select counties that are applicable.
Kings County

5. If you selected, New York City as an option, please indicate boroughs that are part of the service
area.
Brooklyn

6. What is your Mission Statement?
The mission of New York Methodist Hospital, a member of the
NewYork-Presbyterian Healthcare System, is to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

The Hospital is a non-sectarian, voluntary institution, which includes an acute care general facility and an extensive array of ambulatory and outpatient sites and services. New York Methodist Hospital has an historic relationship with the United Methodist Church.
In serving its community, the Hospital works to achieve these primary objectives:
• To make services accessible to patients and physicians without regard to age, sex, race, creed, national origin or disability;
• To provide patients with an environment that assures the continuous enhancement of patient safety.
• To serve as an educational and research center for the training and continuing education of physicians, nurses and healthcare professionals committed to the Brooklyn community;
• To provide an active ecumenical program of pastoral care and to
conduct a clinical pastoral education program;
• To offer an environment that is responsive to new and changing technologies and management principles that will stimulate creative solutions for our patients, physicians and employees;
• To assess periodically the healthcare needs of the community and to respond to these needs with healthcare services, including health education for patients and community residents; and
• To work with members of the NewYork-Presbyterian Healthcare System and other healthcare institutions, physicians and community groups in jointly pursuing the delivery of quality healthcare services, medical education and clinical research.

7. Please describe the Hospital Service Area. Indicate any changes to the primary service area used in the community service planning. Indicate whether or not any changes have occurred since the submission of the last report.
The primary service area for New York Methodist Hospital continues to be Kings County (the borough of Brooklyn). There have been no changes since the 2011 report.

8. Which partners have you worked with in planning, implementation and evaluation of your Community Service Plan? (Check all that apply)
   ⊗ Academia
   ⊗ CBOs
   ⊗ Elected Officials
   ⊗ Employers and Businesses
   ⊗ Faith Organizations
   ⊗ Local health department
   ⊗ Schools

9. How do you work with your partners? (Check all that apply)
   ⊗ Aware of services offered by our partner
   ⊗ Plan programs together
   ⊗ Implement programs together
   ⊗ Evaluate programs together
   ⊗ Coordinate outreach to the community

10. What are the Prevention Agenda Priorities identified in the CSP?
    Chronic Disease
    Physical Activity and Nutrition

11. How do these priorities compare to the priorities reported in the previous CSP?
The priorities have remained the same.
12. Please check priorities added or deleted or write NA (not applicable) if no change was made. There were no priorities added or deleted.

13. Please identify discrete (quantitative) goals/objectives for the selected priority areas. For example, a CSP reported that hospital x is working toward addressing obesity specified "To have 1,000 county overweight or obese residents lose an average of five pounds over three years, and in the first year the hospital reports that 181 people participated and lost an average of 5.6 pounds." Another hospital 'y' working on reducing rate of hypertension tracks "Hypertensive participants with BP < 140/90 mmHg". This hospital also tracks availability and sales of low salt menu items in their cafeteria.

- To increase the number of patients enrolled in Diabetes Education Classes offered by the Diabetes Education and Resource Center. Previous records indicate that we have been able to educate 2-3 people per workshop. (One 4-session workshop was previously offered quarterly. Workshop frequency is increasing to two 4-session monthly workshops.) Our goal is to increase the number attending by 30 percent.

- To increase the number of mothers receiving breastfeeding education and deciding to breastfeed, at least some of the time. In April 2012, the percentage of mothers breastfeeding (including breast and bottle) was at 91.1; in May it was 93.2 percent, in June it was 96.5 percent, and in July 2012, the number of mothers breastfeeding (including breast and bottle) was at 94.8 percent. Our goal is now to reach 98 percent.

- To keep re-hospitalization rates for patients with congestive heart failure under 20 percent; currently we are at a 14 percent readmission rate. (NYM continues to work towards the reduction of the re-admission rate for patients with congestive heart failure (CHF). The initiative began last year following receipt of a grant from the United Hospital Fund (UHF). As part of the program, Hospital volunteers provide bedside education to CHF patients. Before the program began, NYM’s 30-day readmission rates were at 30 percent).

- With regard to our public website, nym.org, we are using meta optimization, link optimization, and keyword density to increase the number of page views for pages relevant to our prevention agenda priorities, and tracking the results. We have also recently improved the cross-linking and navigation to service pages within our website. We are working towards setting and tracking service-related goals in Google Analytics.

- With regard to social media, our Facebook campaign aims to increase awareness of our services and of public health issues through engagement with users, tracked through Facebook Insights.
14. What measures are you using to track progress in your selected priorities? Example of an outcome measure is "Number of BMI/pounds reduced per participant", and a process outcome is "percent of participants who completed the program" or "number of programs offered. If "Not Applicable" please explain why.

The measures we are using to track progress for Physical Activity and Nutrition are as follows:
1. The number of children in **Pediatric Weight Management Program**, and patients' BMI measurement pre-treatment and after six months.
2. Number of adults treated in the **Medical and Surgical Weight Management Program**, and patients' BMI measurement pre-treatment and after six months.
3. The number of patients attending the **Diabetes Education Classes** offered by the Diabetes Education and Resource Center.
4. Number of community members who attend the annual **Registered Dieticians Day**, where they learn about food myths, facts and how to maintain a healthy lifestyle.
5. The number of adults participating in the **Diabetes/Obesity Self-Management Program, which is provided in** partnership with the Greater Brooklyn Health Coalition.
6. The number of brochures distributed at health fairs on physical activity and nutrition both for adults and children.
7. The number of children who receive sports-related physicals.
8. Number of mothers counseled immediately post partum and in the **Lactation Support Group**.

The measures we are using to track progress for Chronic Disease are as follows:
1. Number of community members screened for blood pressure and other heart-related screenings, along with the number screened for glucose, eye and foot screenings at community health fairs.
2. The number of patients at health fairs who are referred for treatment.
3. The number attending lectures on chronic disease.
4. Circulation numbers of media in which articles on chronic diseases and treatment are placed.
5. Web statistics showing number of page views for pages containing information on chronic disease.
6. **Measurement for Adult and Pediatric Weight Reduction, Physical Activity and Nutrition Programs** as noted in the previous health priority.
7. The average number of callers who hear on-hold phone messages promoting healthy habits to prevent chronic diseases.
8. Achievement of the “**Get with the Guidelines**” Awards.
9. Cancer Registry data.
15. Please provide an update on the Plan for Action. Provide a summary of the implementation status of your 3-year plan, including successes and barriers in the implementation process. If applicable, indicate how and why plans have been altered as a result of stated successes and barriers.

Physical Activity & Nutrition:
We have continued work with “Teen Battle Chef.” Teen Battle Chef is a shared initiative with City Councilman Brad Lander’s office. This project's purpose is to empower high school students with the knowledge and skill to cook and prepare their own food, encouraging them to make healthier decisions and choose fresh, unprocessed products.

This year, we have co-sponsored the program by financing most of the necessary training and supplies. Several NYM employees have attended and judged food battles throughout the course of the eight-week program. New York Methodist also hosted the final battle of the competition. We included coverage of the event in our Hospital newsletter, in a press release to local papers, and also on our Facebook page.

For the first time, NYM was invited to participate in the Healthcare Foodservice Administrators’ Association (HFAA) of Greater New York’s Fourth Annual Big Apple Healthcare Culinary Challenge. The culinary competition takes place between New York Hospitals. Once entered into the competition, the hospitals participate for three years or until their title as champion is defeated. The event focuses on a healthy approach to fresh produce and ingredients. This year, New York Methodist Hospital came in second place to NewYork-Presbyterian Hospital. Other hospitals competing included Maimonedes Medical Center and Kingsbrook Jewish Medical Center.

In 2012, we partnered with “Food Fight Schools,” an organization that focuses on teaching high school students about diabetes and obesity. NYM sends its own obesity and diabetes specialists into Food Fight partner schools to give presentations, which include healthy habits and prevention strategies for teens.

NYM continues to offer pre- and post-operation Surgical Weight Reduction Support Groups featuring free lectures by surgeons, psychiatrists, registered dieticians, and physical therapists.

Subsequent to the expiration of an NYS funded pediatric dental grant, NYM's Division of Dental Medicine has been successful in continuing to provide outreach at local schools and at health fairs in the community by sending dental residents and physicians to give presentations on oral hygiene and healthy food choices.

As part of our partnership with BP3D, [Greater Brooklyn Health Coalition’s (GBHC) Brooklyn Partnership to Drive Down Diabetes (BP3D)]—a publicly funded grant program aimed at educating the Central Brooklyn community on prevention and treatment for diabetes and obesity—we continue to host the organization’s bi-monthly meetings at our facility. We are planning to schedule a new DSMP for the fall. Members who attend the DSMP workshops are encouraged to
participate in BP3D’s other programs: Six-Weeks to Fitness, and a 24-week women’s fitness workshop.

NYM has also made breastfeeding tips for new mothers and the Breastfeeding Bill of Rights available on our public website. These tips can be found at http://www.nym.org/UploadedDocuments/For-Patients-and-Visitors/Breastfeeding_Your_Baby_2012.pdf and http://www.nym.org/UploadedDocuments/For-Patients-and-Visitors/Breastfeeding_Mothers_Bill_of_Rights.pdf respectively. Large posters with this information are also publicly displayed in all pre- and post-partum units of the Hospital.

We have recently launched a Cognitive Behavioral Treatment (CBT) Program to complement our Comprehensive Weight Management Program for adults. The CBT weight-loss program helps patients alter the way they think about food and their eating habits, while teaching them to remain in control of their individual nutrition and exercise regimens. Over the course of ten to twelve 30-45 minute sessions, the doctor works one-on-one to help overweight individuals identify the causes of unhealthy eating and weight gain.

Chronic Disease:
NYM continues to provide relevant community programs and services, including: regular diabetes screenings and lectures through NYM’s Diabetes Education and Resource Center, on-hold phone messages with tips on preventing chronic disease, press releases/columns on chronic disease prevention and treatment, community eye, foot, glucose and blood pressure screenings and community lectures on chronic disease awareness.

NYM continues to work towards the reduction of the readmission rate for patients with congestive heart failure (CHF). The initiative began last year following receipt of a grant from the United Hospital Fund (UHF). As part of the program, Hospital volunteers provide bedside education to CHF patients. Before the program began, NYM’s 30-day readmission rates were at 30 percent. The program has been widely successful, already reducing readmission rates to 14 percent. It has received additional support from other agencies including the Public Health Research Institute (PHRI), New York Community Trust (NYCT), and Community-Based Care Transitions Program (CCTP), and has been nationally recognized in UHF’s member newsletter and by the Association for Healthcare Volunteer Resource Professionals (AHVRP).

In 2012, New York Methodist Hospital introduced two new chronic disease support groups run by physicians, the Hepatitis C Support Group (meets once a month) and the Brain Aneurysm Support Group (meets once every other month). Both groups are free and open to all individuals affected by Hep C and aneurysms/stroke respectively.

NYM is has been recognized by the American Stroke Association as a "Get With The Guidelines-Stroke (GWTG-Stroke) Gold Plus Performance Achievement Award" winner, as well as a member of "the Target: Stroke Honor Roll." In addition, we have posted “Know the Signs of Stroke” prominently on the homepage of our website, nym.org (see attachment 1, part A).
New York Methodist has also begun a partnership with Spirit of Women, an organization whose mission is to increase physician engagement and patient loyalty by focusing on women as the primary healthcare consumers and decision makers.

The Hospital has recently acquired technology to offer lung cancer screenings, and is doing so free of charge for a limited time (see attachment 1, part B). A screening at NYM begins with a thorough evaluation by a program physician, followed by a low-dose, computed tomography (CT) scan of the chest, which provides detailed images of the patient’s lungs. According to the National Cancer Institute, screening with low-dose spiral CT scans, compared to chest X-ray, reduces lung cancer deaths among older heavy smokers by 20 percent.

16. Explain any impact or changes that have been realized to date as a result of your collaborative plan. If "Not Applicable", please explain why.

We successfully graduated eight participants from our first Diabetes Self-Management Program.

We have already seen the numbers for congestive heart failure readmissions drop noticeably. Of the 378 patients counseled (from September 2011 until August 2012) only 53 were readmitted within 30 days (14 percent). National readmission rates average about 25 percent; 1 in every 4 Medicare patients are readmitted within 30 days, according to a 2011 study in the New England Journal of Medicine. Prior to the start of our CHF program, readmission rates at NYM were at 30 percent.

NYM's Surgical Weight Reduction Program continues to report impressive health-benefit statistics. The average weight loss of patients in the program is 112 pounds a year. All patients had improved co-morbidity rates for arthritis, asthma, back pain, depression, GERD, high cholesterol, hypertension and urinary stress incontinence. One hundred percent of patients either improved (12.3 percent) or completely resolved diabetes (87.7 percent). (See attachment 2, parts A, B and C).

We have successfully increased the number of community members getting screened for blood pressure, glucose and foot screenings at our annual American Diabetes Alert Day and Stroke Alert Day by more than 30 percent. (Last year we screened 50 community members at American Diabetes Alert Day, which jumped to 67 people this year. At Stroke Alert Day last May, 31 people were screened, which went up to 42 individuals this year.)

17. Since completing your CSP in 2011, have you conducted any new surveys? No

18. Please list other non prevention agenda priorities or issues on which the hospital is working? If none, please write NA (not applicable).
NYM continues to offer Schooltours/Schooltalks for which class groups from preschool to high school receive tours of various areas of the Hospital, including the Department of Radiology, the Laboratories, the Department of Food Services, etc. In addition, Hospital speakers are available to provide relevant health-related lectures or workshops to classroom groups, assembly groups or groups of parents at PTA meetings.

NYM coordinates a Hospital Speakers Bureau, through which healthcare professionals are made available to speak to community groups at senior centers, community centers, churches, synagogues, health fairs, etc. on a variety of health and medicine-related topics.

As a part of our Health Literacy Project, Hospital volunteers are trained to work with individuals from underserved communities who may need help understanding physicians’ instructions, following prescription directions, reading labels, etc.


The Hospital recently implemented MyNYM, allowing patients to electronically access significant portions of their health records, at no cost.

The Hospital’s Facebook page continues to promote healthy habits with daily posts to nearly 2000 fans (and counting). In July and August 2012, the page averaged 15 health tips per month (seen by 600-1000 people).

We have posted links to the Hospital’s charity care policies, along with financial aid applications on the homepage of our public website, nym.org, thus increasing patient access to care. The links are prominently listed in English and Spanish (see attachment 1, part C).

19. Describe the hospital’s successes and challenges regarding the provision of financial aid, in accordance with Public Health Law 2807(k)(9a), and any changes envisioned for this year. Also, include a general overview of accomplishments, process improvements and/or best practices related to the hospital’s financial aid program. The hospital’s policy or financial data is not required.

Although the average number of financial aid applications have decreased by 11 percent from last year, the amounts granted have increased due to the higher deductibles and co-payments the patients or their families are responsible for. The specific numbers are as follows:

In 2012, the Financial Aid Division sent an average of 166 applications to patients each month. On average, 110 applications were received and 115 applications were approved per month (better approval numbers can be attributed to productivity increase). NYM approved and awarded an average of $292,434.00 each month in 2012.
In 2011, the Financial Aid Department sent an average of 186 applications to patients each month. On average, 105 applications were received and 109 applications were approved per month (better approval numbers can be attributed to productivity increase). NYM approved and awarded an average of $202,571.00 each month in 2012. (See Attachment 3).

The appeal process has increased this year due to the shift in patients opting for higher deductibles/co payments and the continued economic downturn.

All new employees are given training as part of their orientation with a post test. As in the past, Financial Aid brochures and applications are available in all clinical areas for easier access to the patients and/or family members. Continuous training to the registration staff is provided monthly.

We are in the midst of creating an easier, more visible, patient friendly financial aid portal. It will reside within our hospital web page and should be completed before the end of September. The Financial Aid instructions and application will also be available in Spanish.

20. Is your hospital/health systems' Community Service Plan posted on the website?
Yes

21. What is url address of the CSP posted on the hospital website?
http://www.nym.org/Get-Involved/Community-Programs/Community-Plan.aspx

22. What are some other ways that the CSP is disseminated to the public?
If requested via phone, a hard copy of the CSP is then mailed out to the interested party’s address.

23. Are there any additional comments that you would like to share about your hospital’s CSP? If you have attachments, please list the attachment title, and email the attachments to Charles Bonsu, cxb06@health.state.ny.us.
Attachment 2: Bariatric Surgery Statistics at NYM

Part A

Laparoscopic AGB - 1000 patients total

Average weight loss 5-Year data

Part B

Resolution of Diabetes

434 Consecutive Morbidly Obese Patients

Diabetes was resolved in 87.7% of patients and improved in 12.3% of patients.

100% of patients who underwent laparoscopic RY gastric bypass had resolved or improved diabetes.
### Attachment 2: Bariatric Surgery Statistics at NYM

**Part C**

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Resolved %</th>
<th>Improved %</th>
<th>Resolved or improved %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>87.7</td>
<td>12.3</td>
<td>100</td>
</tr>
<tr>
<td>HTN</td>
<td>61</td>
<td>35</td>
<td>96</td>
</tr>
<tr>
<td>Sleep apnea</td>
<td>87.1</td>
<td>10</td>
<td>97.1</td>
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<tr>
<td>GERD</td>
<td>89</td>
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<td>Asthma</td>
<td>53</td>
<td>34.8</td>
<td>87.8</td>
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<tr>
<td>Arthritis</td>
<td>69.4</td>
<td>24.7</td>
<td>94.1</td>
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<tr>
<td>Urinary SI</td>
<td>90.2</td>
<td>8.5</td>
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<td>Depression</td>
<td>71.3</td>
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<tr>
<td>Hypercholesterolem</td>
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<td>93</td>
</tr>
<tr>
<td>Back Pain</td>
<td>63.2</td>
<td>30.3</td>
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</table>
Attachment 3: New York Methodist Hospital Financial Aid Report

<table>
<thead>
<tr>
<th>Year</th>
<th>Avg Apps sent/month</th>
<th>Avg Apps Received Monthly</th>
<th>Avg Apps Approved Monthly (Cumulative)</th>
<th>Avg Dollars Approved Monthly</th>
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<tbody>
<tr>
<td>2012</td>
<td>166</td>
<td>110</td>
<td>115</td>
<td>$292,434</td>
</tr>
<tr>
<td>2011</td>
<td>186</td>
<td>105</td>
<td>109</td>
<td>$203,571</td>
</tr>
</tbody>
</table>
24. This question confirms whether you have completed the Community Service Plan. If you are not sure, please exit the survey, and do not press the “Done” button. If you are done with the survey, please respond with “I confirm that the CSP is completed,” and press the “Done” button. If you need a copy of the completed survey, please send a request to Charles Bonsu, cxb06@health.state.ny.us.