

St. James Mercy Hospital One-Year Community Service Plan Update September 2010

1. Mission Statement

There were no changes to the mission statement:

Faithful to our sponsor, the Sisters of Mercy, St. James Mercy Hospital, a member of Catholic Health East, is a community of persons committed to being a transforming, healing presence within the rural communities we serve, particularly addressing the needs of the poor, underserved and disadvantaged.

2. Hospital Service Area

There were no changes to the primary service area:

The primary service area for St. James Mercy Hospital (SJMh) is the 15-mile radius extending from Hornell (Steuben County), New York, and includes the towns of Wayland to the northeast and Troupsburg to the southeast (just outside of the 15-mile radius). The secondary service area is the 30-mile radius extending from Hornell.

There were no unexpected changes to the population indicators:

The population for the primary service area declined 2.5% from 38,029 in 2005 to 37,072 in 2009, and is projected to remain relatively flat at 37,002 through 2014. The senior population (age 60 and over) comprises a slightly larger proportion of the primary service area population than the general US population, and is projected to grow from 19.2% in 2009 to 21.9% by 2014.

3. Participants and Hospital Role

There have been no significant changes to the participants and hospital role:

In 2009, St. James Mercy Hospital (SJMh) participated in a collaborative, county-wide Community Health Assessment (CHA) in Steuben County to evaluate and prioritize area health care needs, based on New York State's "Prevention Agenda" initiative. Of the local counties served by SJMH, Steuben accounts for 79% of the hospital's volume.

The CHA project was organized by Steuben County Public Health, and included studies of consumer needs and preferences through surveys and focus groups, assessment of county health resources, and meetings with the CHA group to determine health care priorities. Participating organizations included the three county hospitals (St. James Mercy, Corning Hospital, Ira Davenport Hospital), RCAN (Regional Community Asthma Network), S2AY Rural Health Network, TACFL (Tobacco Action Coalition of the Finger Lakes), Steuben Marketing Coalition on Under Age Drinking, Eat Well Play Hard, Community Health & Wellness Network, and Steuben County Rural Health Network. [The collective group ultimately named itself "Steuben County Health Priorities Team", and continues to meet quarterly to assess progress with the collaborative plan.??]

Several assessments were conducted. The first examined the Community Health Status Indicators. The second assessment evaluated the effectiveness of the Public Health System and the role of the Public Health Department within that system. The third was the Community Themes and Strengths Assessment, conducted through Focus Group meetings throughout the county. The fourth assessment was conducted through Focus Group meetings and evaluated the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes.

In addition, SJMH conducted its own assessment in 2008 through Alfred University to determine community needs in regards to health care services within the service area. Surveys were mailed to 6,867 people within a 30-mile radius of SJMH, and 1,012 people responded, for a response rate of 14.74%.

Respondents to the Alfred study identified their priorities relative to access to services. The following priorities for management of chronic conditions were identified by at least 10% of respondents: pain management, cancer support, cardiac monitoring, diagnostic imaging, chiropractic services, sports medicine, long-term care, patient education, and wellness. Although providers exist for a number of these services, access for some residents is limited due to distance and/or lack of transportation, lack of or limited insurance coverage, and other factors.

Based on results of the county Community Health Assessment and the Alfred University study, SJMHNY is clear on its intent to continue developing and enhancing services that address access to quality health care and management of chronic disease. Some of the health issues require more intense efforts since changing human behavior is very difficult. Behaviors related to chronic disease require long-term, comprehensive interventions, and can only be successfully addressed in conjunction with other community partners. Thus, collaborative efforts are required at several levels of intervention.

4. Identification of Public Health Priorities

The scope of priorities has not changed:

The Steuben County Health Priorities Team identified and agreed upon two key health care priorities as a result of the CHA study: **Access to Quality Health Care**, and **Chronic Disease**. This led to the development of a 2010 – 2013 Community Health Improvement Plan for Steuben County, wherein each group member committed to addressing specific objectives related to the two health care priorities, individually or collaboratively.

Overview of the Problem:

- In 2007, Steuben County had an estimated population of 96,874 over 1,393 square miles with a population density of 71 people per square mile. Steuben County is the state's seventh largest county and is twice as large as any of the other counties in the nine-county Finger Lakes Health System Region. Almost 30% of the county's population lives in its three urban areas – the cities of Corning and Hornell, and the village of Bath (county seat).
- The county is predominately rural with more than two-thirds of its residents living in rural areas. Along with Yates and Allegany Counties, it is one of the Network region's

least densely populated counties. Almost 14,000 of the county's residents live in towns that have a density of fewer than 30 persons per square mile. The greatest challenge for these residents scattered throughout other parts of the rural county is transportation.

- 2009 CHA respondents indicated that there are many issues in Steuben County including health insurance, doctors who accept Medicaid/Medicare, and the availability of doctors and medical facilities – all very important to County residents.
- Steuben County's provider rate is 149 physicians per capita (per 100,000 persons), compared with NYS average of 197 and national average of 170. This is the second lowest of the seven S2AY Network counties trailing only Ontario County, per Sperlings "Best Places" data.
- Approximately 16.3% of Steuben County residents do not have health insurance, compared with 13.7% statewide, per Behavioral Risk Factor Surveillance System (BRFSS) data. This does not account for those who cannot get dental or vision care due to lack of ability to pay/insurance, which is a much larger percent of the population.
- 77.6% of 2009 CHA survey respondents felt that transportation to health care was an issue in Steuben County, and 78.9% felt access to specialty care was a problem. For too many residents, emergency room care may be the only type of care accessed. For a significant portion of females, family planning services may be their only access point to primary care services.
- According to the 2008 BRFSS data, 15% of the county residents reported that cost prevented them from visiting a doctor within the past year compared to 12.6% across the state. In the 2009 CHA survey, 15.6% reported that they had gone without something else in order to afford the cost of health care. Steuben County numbers for adult routine checkups in the past one or two years lag approximately 10% behind the NYS averages.
- Other access issues:
 - Lack of adequate assisted living, senior housing and other continuum of care services in the service area; local resources cannot support the model due to the rural nature of the area.
 - Growing number of under- and uninsured patients, resulting in delay or avoidance of treatment. 2005 Census data indicate that 13.3% of Steuben County residents under the age of 65 are uninsured. State programs (i.e. Healthy New York) have become harder to access.
 - Growing number of primary care providers who cannot or will not take new patients, including those who are uninsured
 - Configuration of SJMNY's aging facilities and distance between services within and outside of the primary campus

Chronic Disease -- Overview of the Problem:

- Higher incidence of chronic conditions in the PSA than in the rest of the state.
- Significantly higher death rate/100,000 (977.2) in Steuben County than the state rate (764.6).
- Markedly greater county rates of death due to lung cancer, cerebrovascular disease, and breast cancer than the state, overall.
- Significantly higher proportion of adults reporting that they smoke (30.8%) in Steuben County than in the state, overall (18.2%).
- Greater proportion of Steuben County residents that are obese (24.9%) than in the state, overall (22.9%).

- Higher proportion of PSA residents assess their own health as “poor” compared to county, state and national benchmarks. The 30-mile radius population compares more closely to the PSA self-reported health status than to the other benchmark areas

The two chronic diseases of greatest focus for SJMH are Diabetes and Chronic Obstructive Pulmonary Disease (COPD):

Diabetes: During the Community Health Assessment process in 2009, Diabetes was ranked as a problem in Steuben County by 92.5% of respondents. The County leads the region and upstate in mortality from diabetes and years of potential life loss, with a rate of 22.6/100,000 compared to 18.6 for the region and 19.7 for NYS, per Vital Statistics data. Per SPARCS data, Diabetes-related hospitalizations for Steuben County are the highest in the seven-county region. With both major causes of death and years of potential life loss above state and regional averages, this is a chronic disease that requires careful attention.

Chronic Obstructive Pulmonary Disease (COPD): Per Behavioral Risk Factor Surveillance System (BRFSS) data, COPD hospitalizations among adults in Steuben County is 51.6/10,000, versus 39.7 and 23.0 for the State and nation, respectively. Per Vital Statistics data, death rates for chronic lower respiratory disease (per 100,000 population) are 53.6% for Steuben County, compared to 42.9% for the region and 32.6% for NYS. A major contributing factor in COPD and respiratory disease is tobacco use. BRFSS data indicate that the rate of cigarette smoking among adults in Steuben County is 30.8%, versus 18.2% for the State and 20.1% nationwide. As with Diabetes, with both major causes of death and years of potential life loss above state and regional averages, COPD is a chronic disease that warrants concerted focus.

5. Update on Plan of Action

Access to Quality Health Care and Management of Chronic Disease had previously been identified by SJMH for long-term strategic focus. Following is SJMH’s updated work plan defining timeframes, activities and measurements to address these priorities.

Access to Quality Health Care:

a. Ambulatory Care Center (ACC)

To increase access, SJMH plans to construct an Ambulatory Care Center (ACC) on land contiguous to the long-term care facility (McAuley Manor). When completed, this facility will bring together outpatient services currently located within the hospital and Article 28 outpatient clinics scattered among eight different buildings. This project will contribute to the overall health improvement of the community, facilitate care coordination of numerous health services, and reduce costly hospitalizations and Emergency Department visits by providing better access to primary care services.

The ACC will enhance access to quality health care by:

- Expanding the access and range of primary care services;
- Improving health care outcomes through improved access, targeted interventions, and care coordination;

- Supporting the recruitment and retention of high-quality physicians;
- Co-locating the Women’s Center, Family Medicine/Ob, and Pediatric clinics to increase prenatal care and subsequently decrease low birth weight deliveries
- Relocating the After Hours Clinic to further transition services from the Emergency Department;
- Implementing central registration, EMR, and PACS systems between the ACC and hospital to create a seamless flow of information.

Originally designed as a 75,000 ft.² facility with construction beginning in 2009, the ACC project has been delayed due to the economic downturn. SJMHNY has redesigned the plans with a smaller facility and anticipates seeking the requisite approvals from the State. A construction timeline has, yet, to be developed.

In lieu of the ACC construction, SJMHNY has allocated a portion of its 2010 capital toward the renovation of the adult inpatient psychiatric care unit, to improve the current and future delivery of care for psychiatric patients. In addition, planning will continue for the ACC throughout 2010.

b. Uninsured Children Outreach Project

Starting in the fall 2010 school year, SJMHNY wellness personnel will initiate a pilot program with the Hornell City School District to address the issue of students without health insurance. This project has grown out of efforts that began to take place during National Cover the Uninsured Week. According to 2007 Census data, 17% of the uninsured are less than 19 years of age in Steuben County. The goal is to educate parents of school age students in the Hornell area about public health insurance options.

Steps for 2010:

- Summer 2010 meeting with Hornell City School District to identify issues of school age students without health insurance and discuss a plan to address need.
- Planning will continue throughout the year and will include a process to communicate information to families of all students 1st through 6th grade.
- Collaborate with county supervisor of facilitated enrollers to place an enroller in Hornell schools on specified dates as well as have the current enroller screen for the information source of parents enrolling students in insurance plans.

Steps for 2011:

- Modify processes as needed and continue program.
- Based on 2010 findings, implement process for Pre-K and Kindergarten screenings that will include information about public health insurance programs for families and children including steps for enrollment.

Steps for 2012:

- Continue to modify practices established in prior years, as needed.
- Modify processes to include 6th – 12th grades.

Measurement:

- Parents of children in Hornell City School District Elementary Schools will receive information about student health insurance resources.
- In 2009, 166 children (under the age of 19) were enrolled in a health insurance program in the 14843 zip code (primary zip code for the Hornell City School District). The facilitated enrollers in the schools and at SJMHNY will track and monitor enrollment data related to SJMHNY's efforts. [On April 1, 2010 the requirement to have a face-to-face meeting with a facilitated enrolled was discontinued. A person may go directly to county offices for enrollment; it is not possible to obtain the number of students enrolled as a result of SJMHNY efforts from the county.]
- 2010: establish SJMHNY enrollment program.
- 2011: increase by 5% 2010 performance.
- 2012: increase by 5% 2011 performance.

c. Cancer Screening Outreach Program

In 2010, Corning Hospital and the Cancer Services Program of Steuben County*, under the lead agency of SJMHNY, are partnering to increase access to cancer screening services for uninsured women. An evidenced-based model from the Northern Appalachia Cancer Network (NACN) has been modified for development in Steuben County. The program works with local food pantries to promote access to care in a systematic and structured way. Trained volunteers make direct contact with clients at the food pantries to educate and assist them with breast, cervical, and colorectal cancer screening services, then follow up with the clients during their next visit to the food pantry.

*The Cancer Services Program of Steuben County is a NYSDOH grant that provides breast, cervical and colorectal cancer screenings to un/underinsured individuals in Steuben County. St. James Mercy Hospital is the administrating lead agency on the grant and provides staff and in-kind support for all aspects of the program.

Steps for 2010:

- Train food pantry workers and Corning Hospital auxiliary volunteers on processes of outreach program.
- Implement program.
 - April: Flyer in food pantry bags with information and dates of project
 - May and June: Volunteer and Cancer Services Program staff hold event at food pantry. Enrollment on site will be available.
 - July: Follow up flyer in food pantry bags with contact information to enroll in Cancer Services Program.
- Evaluation of Program including number of clients receiving information and number enrolled in Cancer Services Program.
- Outreach program extended out to other food pantries throughout Steuben County.

Steps for 2011:

- Modify program as necessary and expand to additional sites as determined and mimic program in Hornell.

Steps for 2012:

- Modify program as necessary and expand to additional sites as determined.

Measurement:

100% of food pantry clients will receive information on breast cancer prevention and access to screenings for un/underinsured woman on days that Cancer Screening Program staff are present at the food pantry. Those who are eligible for Cancer Services Program of Steuben County will be enrolled for screening.

In 2009, 319 women received a mammography screening from the Cancer Services Program of Steuben County. In 2010, the goal is to increase this number by 5% (335 women screened, an increase of 16 individuals). It is expected that a significant amount of this increase will be from women enrolled through participation in the Cancer Screening Outreach Program.

Determine using information received from enrollees if physical presence of volunteers and staff that are trained to engage clients in enrollment process increases number of enrollments.

d. Potential Partnership – Guthrie Health

In March 2010, SJMHNY announced it had entered into a formal agreement with Guthrie Health System (GHS) to explore a potential affiliation between the two organizations. Based in Sayre, Pa., GHS has similar values to SJMHNY and is supportive of the religious directives. GHS has proven its ability to successfully build a strong, long-term presence in a rural health care environment, as well as attract high-quality physicians. SJMHNY is in an exploratory phase with GHS, with anticipation of a more definitive agreement in the future.

Management of Chronic Disease:

a. Certified Diabetes Education Program

SJMH is in the initial stages of establishing a Certified Diabetes Program. The addition of a certified Diabetes educator and program will assist primary care providers in improving the rates of diabetic complications.

Steps for 2010:

- Education curriculum content that includes 1,000 hours of education services provided to the community
- Communication tool to introduce the program to the SJMHNY affiliated physician staff
- Education for Emergency Department staff on patient survival skill training for new diabetics
- Initial enrollment of patients into the program

- Screening of diabetic inpatients for ongoing education needs
- Community Program presentations to educate the community on diabetes and the available community resources at SJMH
- Building of a database for patient demographics and outcome indicator management
- Building of quarterly program reports for the diabetes education program

Steps for 2011:

- Upon completion of the 1,000 hours community education requirement, the current patient educator can apply to take the test to be a certified diabetic educator
- SJMHNY will also apply for program certification

Steps for 2012:

- Produce outcome reports to identify the efficacy of the program including: demographics, Disease type, Severity by A1C, A1C improvement by population sorts.
- Develop outcome improvement initiatives as needed based on collected data.

Measurement: Co-educators complete 1,000 hours community education and achieve successful certification as certified diabetes educators and SJMH is certified as a Diabetes education center. Patients enrolled in the diabetes program will receive appropriate education for self management of their disease process and be able to verbally review the principles of daily diabetes management. The individual's comprehension will be documented and areas of deficit understanding will receive ongoing education or alternate education services for a significant other.

The individual patient and educator will develop an individual A1C goal and there will be documented evidence of a progressive improvement in their A1C levels over a period of one year in the program.

The individual patient will be counseled to obtain a retinal screening exam on an annual basis in collaboration with their primary provider.

b. Pulmonary Health/COPD and Smoking Cessation Program

SJMH currently has Pulmonary Rehabilitation Services to address COPD and related chronic pulmonary conditions. Through a structured exercise program with clinical monitoring and medication management, these services help to promote optimum pulmonary function for patients who have COPD or chronic pulmonary conditions. The program is directed at improving functional capacity and promoting optimum quality of life for these patients in our community.

SJMH is committed to providing ongoing pulmonary rehabilitation services for both Level II patients and Level III patients who are determined to be at a maintenance level. Level II pulmonary rehabilitation is now a covered service under Medicare. Level III is for maintenance that includes the principles of pulmonary rehabilitation on a routine

(maintenance) basis. These services are available Monday through Friday at SJMH on a private pay basis.

In addition, pulmonary rehabilitation professionals stress that smoking cessation is a key element in healthy pulmonary function and must be promoted with smokers who have chronic pulmonary conditions. As such, SJMH is committed to educating patients and supporting smoking cessation in our community.

In an effort to address prevention of COPD, which is most commonly associated with a history of smoking, SJMH and its Primary Care Services have partnered with the New York State Coalition/Smokers Quit Site. Through this initiative, all inpatient areas, emergency services and private offices assess each patient for current smoking status. If the patient is a smoker, he/she is provided with information on quitting and access to free nicotine replacement patches.

Steps for 2010:

- Enhance current pulmonary rehabilitation program to include Level II and Level III services.
- Increase smoking cessation efforts with inpatients, to include widespread assessment of smoking status in inpatient, emergency department, and private offices.
- Participate in chart audits for inpatients to confirm that smoking status has been assessed.
- Provide patients with educational materials for smoking cessation and contact information for free smoking cessation products available through NYS Quit Site <http://www.nysmokefree.com/>.

Steps for 2011:

- Analyze and report outcome data on internal assessment compliance for the patient population.
- Identify improvement initiatives based upon outcome findings.

Steps for 2012:

- Analyze regional data on smoking status for Steuben County to identify if and how hospital and primary care initiatives are working.

Measurement: 95% of inpatients or who access SJMH's primary care services assessed as smokers will receive smoking cessation information.

6. Dissemination of the Report to the Public

St. James Mercy Hospital will disseminate its Community Service Plan in a variety of ways including the employee intranet, public website (www.stjamesmercy.org), and e-mail. Notices of availability will be placed with the local media. Copies of the CSP will be e-mailed to NYSDOH, HANYS, appropriate Catholic Health East System Administration, and SJMH Administration and Management. SJMH staff and physicians will be notified that the CSP is posted on the employee intranet. A copy of the report will also be made available in the public library and posted on

SJMH's public website. The CSP will also be made accessible to local community leaders and organizations such as the Mayor of Hornell, Mayor of North Hornell, Hornell Chamber of Commerce, Hornell Partners for Growth, St. James Mercy Hospital Board, St. James Mercy Foundation Board, St. James Mercy Properties Board, Catholic Charities (Bath), Steuben Rural Health, and Steuben County Health Priorities Team.

7. Changes (Actual or Potential) impacting Community Health, Provision of Charity Care, and Access to Services

The unemployment rate in Steuben County (10.3% in March 2010) is one of the highest in New York State. The problem has been exacerbated by recent layoffs from two major county manufacturers, Alstom and Bombardier.

The number of uninsured individuals locally continues to grow. Accordingly, SJMH has experienced increased bad debt, uncompensated care, and reduced volumes, particularly for elective and outpatient services. Unemployed and/or uninsured patients delay routine primary care visits, eventually presenting at the Emergency Department when their condition becomes acute or even life-threatening.

As a result, SJMH generated net loss from operations of over \$400,000 in the first half of 2010. The five-year projections have weakened over the past six months primarily due to declining case mix (acuity), declining volumes (economy), declining reimbursement (NYS financial crisis), delay in general surgery recruitment, and delay in Ambulatory Care Center project (due to the pending financial performance and economic climate).

Uncertainties around NYS Medicaid reimbursement exist that could have a financial impact (positive or negative) to SJMH. The Governor has also expressed his intent to correct the current fiscal year deficit in his executive budget. Accordingly, there are uncertainties surrounding the amount and if payment will occur.

In March 2010 St. James Mercy Hospital announced it had entered into a formal agreement with Guthrie Health (Sayre, PA) to explore an affiliation between the two organizations. The due diligence should be completed by the end of summer 2010. The projections noted above do not reflect the financial impact of a strategic partner, as the impact is not known. If discussions with Guthrie do not yield any mutually beneficial options, SJMH will continue to look for partnership opportunities.

8. Financial Aid Program

St. James Mercy Hospital successfully assisted over 400 families in 2009 that were underinsured or who exceeded governmental guidelines for state-funded health insurance programs. In concert with its Mission, SJMH reaches out to all self pay patients through its internal financial counseling process, and has added an on-site Med Assist Eligibility Service to assist in ensuring patients are screened for governmental assistance versus financial aid. Challenges arise when patients who are screened qualify per the guidelines, but do not meet the timelines in providing required documentation.

As reported through Schedule H of Form 990, SJMH estimated its 2009 bad debt expense attributable to individuals who would likely qualify for financial assistance, but for whom sufficient information was not obtained to make a determination, to be \$390,756. SJMH anticipates a growing need locally for financial assistance of all kinds due the weak local economy, and efforts are focused on improving internal financial assistance resources and outreach to the under/uninsured population.

For more information on this report contact:

Kate Kreger, Director
Business Development and Marketing
St. James Mercy Hospital
411 Canisteo Street
Hornell, NY 14843

Ph: 607-324-8233
E-mail: kkreger@sjmh.org