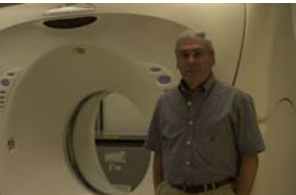


# Community Service Plan 2009

## Elizabethtown Community Hospital



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## **Introduction**

Elizabethtown Community Hospital (ECH), which first opened in 1926, is a 25-bed Critical Access Hospital located in Essex County, New York. The Hospital's service area includes a large part of Essex County, which according to the 2000 Census and estimated for 2008, has a total population of 30,101, as well as the thousands of tourists and seasonal residents who visit the area. Also included in the ECH catchment area is the New York State Adirondack Northway from Exits 29 to 33; the scene of major motor vehicle accidents.

All of the Hospital's service area is located in the Adirondack Park, a mountainous terrain, often with severe weather that makes it difficult for patients to travel out of the area. Because a large portion of the population is low-income and/or disabled, residents do not have the ability to travel out of the area because they do not have a car or cannot afford fuel.

The Hospital has 185 employees and in 2008 treated 730 inpatients and over 4,600 emergency room patients. The Hospital has a network of primary health care clinics at Elizabethtown, Wilmington and Westport, New York and also houses a Veterans Clinic. The Hospital maintains a 24-hour emergency room and a large variety of specialty clinics staffed by board certified physicians. Residents of northern Essex County rely on the Hospital and its clinics for all types of health care services including digital medical imaging, laboratory, and in and out patient physical therapy. In February 1993 a formal affiliation between Community Providers Incorporated, the parent holding company of CVPH Medical Center in Plattsburgh, and the Elizabethtown Community Hospital was created. ECH received its Critical Access Hospital status in 1997.

Elizabethtown Community Hospital is accredited by the Joint Commission and is licensed and certified by the New York State Department of Health and the Center for Medicare and Medicaid Services. The Hospital is a member of the Hospital Association of New York State, the Iroquois Health Care Consortium and the Eastern Adirondack Healthcare Network.

ECH, along with Adirondack Medical Center and Essex County Public Health, participated in the shared Community Health Assessment and Community Service Plan process of the tri-county (Clinton, Essex and Franklin counties) MAPP (Mobilizing for Action through Planning & Partnership) process as well as the Adirondack Rural Health Network process, a six county partnership which encompasses Essex County and its neighbors to the south (Hamilton, Fulton, Saratoga, Warren, and Washington). In this way, each of the organizations was able to participate and partner with all partners with whom they regularly work to provide the best continuum of care for the community.

## **Mission Statement for Elizabethtown Community Hospital**

The mission of the Elizabethtown Community Hospital is to promote wellness in the communities we serve by providing quality health care with skill, compassion and dignity.

## **Vision**

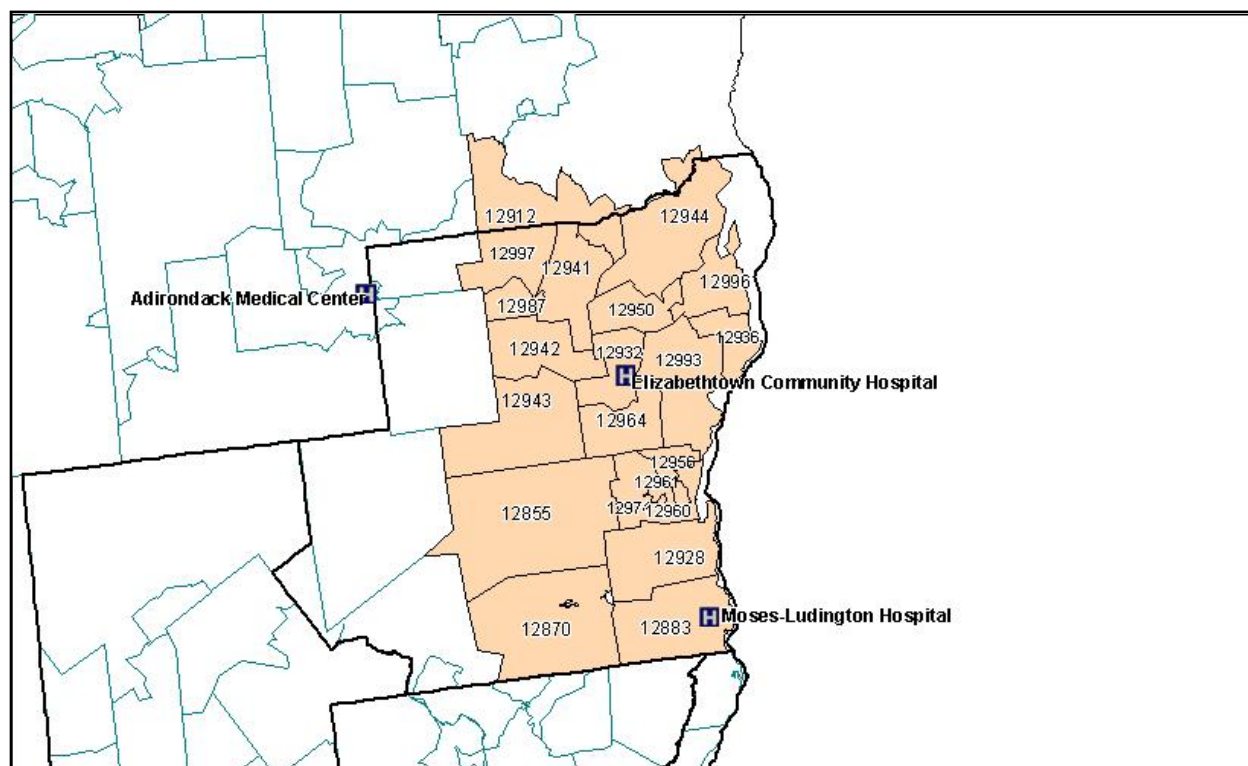
Elizabethtown Community Hospital shall:

- Create healthier communities by creatively challenging individuals to be more responsible for their personal health status;
- Be viewed as the provider of choice for primary care in the region and capable of delivering a broad level of care, while maintaining financial viability;
- Continually rethink, reshape and refine solutions to healthcare challenges in our service area;
- Continue to strive to be a Critical Access Hospital model for primary care delivery;
- Be viewed as a progressive, innovative, community healthcare system;
- Be recognized for its excellence in patient care

### Elizabethtown Community Hospital Service Area

The service area for Elizabethtown Community Hospital is composed of twenty-two ZIP codes in northeastern Essex County.

### Elizabethtown Community Hospital's Service Area



In 2008, approximately 3,160 residents of Elizabethtown Community Hospital's service area required hospitalization. Of this amount, 452 (14%) were acute care patients and were discharged from Elizabethtown Community Hospital. These 452 acute care patient discharges represented 62% of the total discharges from ECH. The other 38% were sub-acute care and swing bed patients.

### Description of Service Area

With the addition of the High Peaks Health Center in Wilmington in 2008, the direct coverage area of the Hospital expanded to include Wilmington and surrounding towns such as Jay and Upper Jay. The following table shows the patient distribution by ZIP Code for Elizabethtown Community Hospital. The Hospital's service area also includes the New York State Adirondack Northway from Exits 29 to 33; the scene of major motor vehicle accidents.

# Elizabethtown Community Hospital Community Service Plan

**2008 Patient Origin for Elizabethtown Community Hospital**

ZIP Code Of Patient Residence	Town Name	Discharges From All NYS Hospitals	Discharges From Elizabethtown Community Hospital	Elizabethtown Community Hospital Percent of Total	Elizabethtown Community Hospital Dependency	Elizabethtown Community Hospital Market Share
12993	Westport	197	69	14.6%	14.6%	35.0%
12932	Elizabethtown	155	56	11.9%	26.5%	36.1%
12950	Lewis	119	47	10.0%	36.4%	39.5%
12996	Willsboro	212	43	9.1%	45.6%	20.3%
12974	Port Henry	126	40	8.5%	54.0%	31.7%
12943	Keene Valley	108	37	7.8%	61.9%	34.3%
12960	Moriah	92	35	7.4%	69.3%	38.0%
12956	Mineville	104	28	5.9%	75.2%	26.9%
12941	Jay	150	25	5.3%	80.5%	16.7%
12936	Essex	63	16	3.4%	83.9%	25.4%
12998	Wltherbee	41	14	3.0%	86.9%	34.1%
12928	Crown Point	115	9	1.9%	88.8%	7.8%
12944	Keeseville	483	7	1.5%	90.3%	1.4%
12942	Keene	54	6	1.3%	91.5%	11.1%
12883	Ticonderoga	446	4	0.8%	92.4%	0.9%
12961	Moriah Center	28	4	0.8%	93.2%	14.3%
12855	North Hudson	32	4	0.8%	94.1%	12.5%
12912	AuSable Forks	274	3	0.6%	94.7%	1.1%
12987	Upper Jay	27	2	0.4%	95.1%	7.4%
12997	Wilmington	96	2	0.4%	95.6%	2.1%
12964	New Russia	10	1	0.2%	95.8%	10.0%
12870	Blue Ridge	228	0	0.0%	95.8%	0.0%
Service Area Total		<b>3,160</b>	<b>452</b>			<b>14.3%</b>
Other Areas			20	4.2%	100.0%	
Elizabethtown Community Hospital Total			<b>472</b>	<b>100.0%</b>		

Based on estimates for 2008, 30,101 people live within Elizabethtown Community Hospital's service area of which 49.5% are male and 50.5% are female. Of the total female population, approximately 38% are of child-bearing age. People over the age of 65 constitute 17.1% of the population and children under the age of 15 make up 16.2% of the population. The average household income is \$54,706 which is slightly lower than the national average of \$67,918. Ethnically, 96.1% of the population is white, non-Hispanic and 16.6% of the population has achieved an educational level of Bachelor's degree or higher. By 2013 the population of this area is expected to decline by an estimated 1.5%. The following tables summarize the socio-demographic profile for the residents of Elizabethtown Community Hospital's service area.



## Public Participation

### Participants

Elizabethtown Community Hospital partnered with two regional groups to fully assess community health needs throughout the region, the Mobilizing for Action through Planning and Partnerships Committee and the Adirondack Rural Health Network.

**Mobilizing for Action through Planning & Partnership (MAPP):** In 2004, the MAPP process began with agency representatives coming together from Clinton, Essex, and Franklin Counties to apply community based approaches to local health issues. At that time, the group used a variety of methods to draw together information necessary for their report. This included assessments of the local public health systems and a lengthy Center for Disease Control Local Public Health Indicator Survey, a quality of life survey of seniors and parents with children, and focus groups. In 2008, the MAPP group used updated public health information and statistics from its hospital partners to reassess priorities with members determining the top priorities for the next three years.

**Adirondack Rural Health Network (ARHN):** Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, the Adirondack Rural Health Network is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system.

As a member of ARHN, Elizabethtown Community Hospital actively supported and participated in the gathering of information from a variety of stakeholders. This process was conducted regionally and included conducting both a survey and focus groups.

Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes.<sup>1</sup> The questionnaire was organized into fifteen sections as follows:

- Geographic location
- Current health status
- Health care access and utilization
- Workplace injuries
- Healthy Living
- Tobacco Use
- Emergency Medical Services
- Screening and testing
- Oral Health
- Infant, children and youth health
- Women's health issues

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<sup>1</sup> The survey data tables can be viewed online at <http://www.arhn.org/regional-health-assessment.php>. The survey data can be queried online at <http://www.arhn.org/online-query-tools.php.assessment.php>. Survey data findings are presented throughout the ARHN report, "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan." where the data has relevance to specific health issues.

- Mental health
- Elderly and those with disabilities
- Alcohol consumption
- Demographics

The Siena Research Institute administered the telephone survey and researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May, 2007 to include 300 households from Fulton County, as well as for the southern portion of Saratoga County.

The ARHN Stakeholder Focus Groups<sup>2</sup> were conducted to obtain in-depth feedback related to what community leaders and consumers feel are the biggest challenges and assets in the community. In order to obtain this qualitative feedback from professionals and consumers in the region, ARHN facilitated a series of focus groups with various community leaders, consumers, organizations and stakeholder constituencies.

The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report and complements the quantitative data that has been collected. To accomplish this task, a team of eighteen professionals representing the six counties of the ARHN region were trained in the facilitation of focus groups.

The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six county region and a total of 286 participants, including:

- Aging, Long Term Care & Disability
- Consumer Groups
- Correctional Facility Residents and Staff
- Employers
- Government
- Providers of health and human services
- School Youth Groups

The following table details the dates, locations and number of attendees for each focus group:

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<sup>2</sup> The complete ARHN focus group report is available beginning on page \_\_\_ of "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan."

**Focus Group Summary**

<b>Date</b>	<b>Event</b>	<b>Location</b>	<b># Attendees</b>	<b># Ideas</b>
11/20/08	Facilitator Training	Great Escape Lodge	18	144
1/6/09	Warren County Public Health	Warren County Municipal Building	15	77
1/30/09	Washington County Correctional Facility – B-Pod	Washington County Correctional Facility	6	62
2/6/09	Washington County Correctional Facility C-Pod	Washington County Correctional Facility	4	32
2/9/09	Hamilton County Community Services	Indian Lake	14	57
2/10/09	Glens Falls Hospital	Warren County	9	50
2/18/09	Chestertown Municipal Center	Chestertown	6	36
2/20/09	Washington County Correctional Facility	Washington County Correctional Facility	5	31
2/23/09	Hamilton County Board of Supervisors	Lake Pleasant Courthouse	9	32
2/27/09	Catholic Charities	Glens Falls	5	49
3/3/09	Whitehall Central School Faculty	Whitehall Central School	23	100
3/5/09	Saratoga Springs High School Students	Saratoga Springs	17	78
3/9/09	Washington County Office for Aging Advisory Council	Washington County	9	21
3/13/09	Queensbury HS Health Students	Queensbury High School	32	47
3/19/09	C.R. Bard	Queensbury	5	25
3/23/09	WSWHE BOCES New Visions	Glens Falls	14	78
3/24/09	Indian Lake CS	Hamilton County	13	32
3/27/09	HealthLink – Fulton Co. Healthcare Providers	HealthLink	14	69
3/30/09	Essex County Public Health	Essex County	8	57
3/31/09	Fulton County Chamber of Commerce	Fulton County Chamber Office	11	74
3/31/09	Lake George Senior Center	Lake George	4	25
4/6/09	Johnstown Senior Citizen’s Center, Fulton County	Johnstown	30	48
4/9/09	Glens Falls Hospital – Medical Staff	Glens Falls Hospital	3	19
4/27/09	Mountain Lakes EMS	Mountain Lakes EMS, Queensbury	12	80
		<b>Totals</b>	<b>286</b>	<b>1,323</b>

Outcomes of these focus groups included:

- Identification of barriers to accessing health care
- Discussing and determining health care priorities
- Generation of community/policy change ideas

**Elizabethtown Community Hospital (ECH):** In addition to our partnerships with the ARHN and the MAPP processes, each year, ECH independently takes steps to seek the views of community members to gain their thoughts as to the state of health care in their community and feedback regarding Hospital services. Throughout 2008 a variety of methods were used to communicate with area residents.

- Each year Hospital Administrator, Rod Boula, attends town board meetings for 16 of the 18 townships throughout Essex County in an effort to update town leaders and community members on the state of the hospital, its plans for the future, and to address any questions.
- Annually, the Administrator meets with emergency service providers, including nine EMS and fire departments within the hospital service area to encourage open communications and a good working relationship.
- Presentations about Hospital services and future plans were given to local groups and organizations throughout the year, including the Elizabethtown Kiwanis Club and the Senior Meal Site in Willsboro and Essex. There were several informational meetings held throughout the summer months to educate seasonal residents about the services that are offered at the hospital, the upcoming expansion project and to gain feedback about our services. In 2007, six events were hosted throughout the various townships the hospital serves and in 2008, an additional four sessions were held for community members and local businesses and organizations.
- The ECH Board of Directors is composed of 14 representatives of either a specific community and/or organization, including the Essex County Office for the Aging, Town of Elizabethtown Supervisors Office, and Essex County Mental Health. A Planning Committee, made up of members of the Board of Directors, identifies gaps in services and develops goals to fill these needs.
- Patient satisfaction surveys are conducted for each department on a continual basis. Patients receive a survey in the mail after using hospital services. Nearly 550 surveys were returned in 2008.
- In 2008, the Hospital conducted a community survey to evaluate the needs and gain further feedback about health care in the ECH service area. The surveys were conducted through online through the hospital website and with a direct mail request and a total of 214 responses (21%) were received.

### **Assessment of Public Health Priorities**

In 2004, the MAPP process began with agency representatives coming together from Clinton, Essex, and Franklin Counties to apply community based approaches to local health issues. Building upon this process, in 2008 and 2009 the MAPP Committee used the following process for priority selection:

1. Data Collection using the NYS Prevention Agenda and other Community Health Assessment indicators by the Data Collection & Needs Assessment Committees
2. Compilation and analysis of the data by the Data Collection Committee

3. Selection of first round of priorities using a prioritization matrix and strategy by the Leadership Committee
4. Selection of final priorities by sharing first round priorities with the Full MAPP Committee and requesting input for the final priority selection and the strategic planning process. The Needs Assessment Committee met to discuss the results of the first round of priority setting, the focus group discussions and other contributing factors in order to come to group consensus.

The ARHN group followed a similar process and in both areas, physical activity and nutrition along with barriers to accessing healthcare were the top priorities identified. As noted in the “MAPPING Our Way to a Healthier Community in Clinton, Essex & Franklin Counties, NY 2010-2013 Community Health Assessment, Priorities and Strategies”, prevention agenda priorities are:

### Priority 1: Physical Activity and Nutrition

Lack of physical activity and poor nutrition are the underlying or actual causes of many chronic diseases and are the fastest growing areas of disease burden. Selecting this priority provides the opportunity for health departments, hospitals and other partners to further develop and coordinate the continuum of care. Following the lead of the local health departments in the northern region and the ARHN in the southern region, committees will work together to coordinate an approach to address physical activity and nutrition.

As a combined group, this will be a new community initiative, though as individuals, Committee partners have all taken steps over the years to individually implement programs.

### Priority 2: Access to Quality Healthcare

Access to quality healthcare determines the health outcome of everyone throughout their life. And includes a variety of issues ranging from:

- adequate health insurance for all,
- physician and other provider supply and distribution,
- and preventive, diagnostic and treatment healthcare.

Particularly in the Adirondack Mountain area, regional factors prohibit access to care due to extreme weather conditions, rugged terrain, lack of educational and employment opportunities, and transportation.

Selecting Access to Quality Healthcare as a priority provides the opportunity for hospitals, health departments and other partners to further develop and coordinate efforts to positively impact the factors and issues that compromise access to quality healthcare. As a hospital, ECH and its hospital partners have accepted the role of leaders for this priority and will work to bring others aboard to collaborate on an approach.

For Hospitals, this initiative will primarily focus on the Adirondack Region Medical Home Pilot, which is a new initiative that is now in the planning stages. The Medical Home project will provide a new model for the delivery of health care services that emphasizes the role of primary care. The pilot is expected to improve access to services, improve the quality of care, and lower costs over the long-term. Under the pilot, primary care providers in the Adirondack Region of New York State will receive increased reimbursement in exchange for expanded responsibility for coordinating care, providing preventive care and managing chronic diseases. The increased

reimbursement is expected to be offset by decreased costs from fewer hospital admissions, less frequent referrals to specialists, lower prescription costs, and overall better health.

Pilot participants include health care providers in 35 practices (representing 101 physicians and 76 physicians assistants and nurse practitioners), four hospitals, six commercial health plans and Medicaid, the State of New York, the Medical Society of the State of New York, and the New York State Association of Counties. The pilot includes parts or all of Clinton, Essex, Franklin, Hamilton, St. Lawrence, Herkimer, Lewis, Fulton, Saratoga, Warren, and Washington counties. The New York State Department of Health will provide supervision and arrange for ongoing evaluation of the program.

This is a new initiative for Elizabethtown Community Hospital and all of its program partners.

### **Non-Prevention Priorities for Elizabethtown Community Hospital**

Non-Prevention Priorities for Elizabethtown Community Hospital include implementing a cardiac rehabilitation program beginning in 2010 and consideration in adding an osteoporosis support group.

#### **Cardiac Rehabilitation Program**

The need for cardiac services close to home was clearly one of the top areas in which services were deemed critical at ECH. Cardiovascular disease is the leading cause of death in Essex County and also accounts for a significant rate of hospitalizations. "These high rates of heart disease and stroke increase demand for a wide range of health care services from emergency medical services, to hospitalization and cardiac rehabilitation" (MAPP study 2006). Essex County, in 1999, had a rate of 348.2 people per 100,000 died from cardiovascular disease, well above the recommended average rate of 166 per 100,000 people from the Healthy People 2010 report.

The high concentration of cardiac patients in our area, as noted above, points to the need for cardiac rehabilitation close to home. Patients in a cardiac rehabilitation program typically need three to five days per week of therapy and currently must travel either 45 minutes one-way north or south to a program. The inconvenience of traveling this distance adds unhealthy stress and leads many people to not complete their rehabilitation program. This combined with a lack of health education and other lifestyle variables can decrease the success rate of a full recovery and cause recurring health problems.

A Cardiac Rehabilitation Program at ECH will greatly improve patient recovery from heart health problems and the overall health of the community.

#### **Osteoporosis Support Group**

With a bone densitometry unit at ECH to screen patients for osteoporosis, it would be beneficial to refer those diagnosed with the disease or at risk for getting the disease to a local support group. Beginning in 2009, Elizabethtown Community Hospital will explore adding some sort of osteoporosis support group or exercise group.

**Three Year Plan of Action**

**Elizabethtown Community Hospital (ECH)**

***Participating Member of the Adirondack Rural Health Network (ARHN),  
the ARHN Community Health Planning Committee, and the Tri-County MAPP Initiative***

**3-Year Community Service Plan of Action 2010-2012**

**ARHN Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION**

**New Priority for Elizabethtown Community Hospital? YES**

**Long-Term ARHN & MAPP Regional Goal: Positively impact physical activity and nutrition in the region**

**Measures of Effectiveness**

Outcome	Strategies	ECH Program or Department Responsible	Regional and Community Partners
<p><b>OUTCOME 1:</b> Establish a taskforce of regional representatives whose goal is to select activities, design an implementation schedule and select a method of evaluation for evidence-based programs focusing on physical activity and /or nutrition by January 1, 2010 for year 2 and 3 implementation.</p>	1. Identify ARHN staff to facilitate activities of 3-year plan	Community Relations	Community Health Planning Committee
	2. Community Health Planning Committee compiles list of physical activity and nutrition experts as potential members of task-force	Community Relations	Community Health Planning Committee
	3. ARHN & Committee members solicit interest in task force & determine participation	Community Relations	Community Health Planning Committee
	4. Convene taskforce, initial meeting held or strategic planning session planned and conducted	Community Relations Cornell Cooperative Extension ECH Physical Therapy Others as Identified	Community Health Planning Committee
	5. Summary outlining planning priorities provided to partners	Community Relations Cornell Cooperative Extension ECH Physical Therapy Others as Identified	Community Health Planning Committee Region Taskforce

Elizabethtown Community Hospital Community Service Plan

Outcome	Strategies	ECH Program or Department Responsible	Regional and Community Partners
<p><b>OUTCOME 2:</b> Work plan(s) with measurable outcomes, implementation schedules and budgets developed by taskforce by June 30, 2010.</p>	1. Taskforce needs and structure determined	Community Relations Others as Identified	Regional Taskforce
	2. Meeting schedule developed	Community Relations Others as Identified	Regional Taskforce
	3. Priority programs identified	Community Relations Others as Identified	Regional Taskforce
	4. Implementation plan developed using logic model and taskforce responsibilities identified	Community Relations Others as Identified	Regional Taskforce
	5. Outcomes and evaluation methods determined	Community Relations Others as Identified	Regional Taskforce
	6. Budget(s) developed and recommendations made to Community Health Planning Committee for approval	Community Relations Others as Identified	Regional Taskforce
	7. Work plan(s) finalized and recommendations made to Community Health Planning Committee for approval	Community Relations Others as Identified	Community Health Planning Committee Regional Taskforce
<p><b>OUTCOME 3:</b> Physical activity and/or nutrition interventions are implemented by taskforce by June 30, 2011.</p>	1. ARHN provides oversight of taskforce activities/programs and administrative functions	Community Relations	ARHN Staff
	2. Work plan activities commence, taskforce begins data collection and assessment of activities	Community Relations Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce
	3. Participate in educational opportunities provided by MAPP Committee	Nursing Team, Medical Staff as appropriate	MAPP Committee

Elizabethtown Community Hospital Community Service Plan

Outcome	Strategies	ECH Program or Department Responsible	Regional and Community Partners
	4. Taskforce collects and reports data	Community Relations Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce
<b>OUTCOME 4:</b> Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30, 2012.	1. Data collection on specific interventions completed and results submitted to ARHN Staff	Community Relations Others as Identified	ARHN Staff Regional Taskforce
	2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of interventions and activities	Community Relations Others as Identified	ARHN Staff Regional Taskforce
	3. Regional summary developed by ARHN Staff and shared with ARHN Partners and other stakeholders	Community Relations Others as Identified	ARHN Staff Community Health Planning Committee
	4. Conduct assessment of approach and procedures that were used throughout the 3-year process to evaluate the success of the regional action plan	Community Relations	ARHN Staff Community Health Planning Committee
	5. Share lessons learned from process evaluation with Community Health Planning Committee	Community Relations	ARHN Staff Community Health Planning Committee

**Essex County Prevention Agenda Priority: Access to Quality Healthcare**

**Provide adequate access to quality preventive, diagnostic and treatment healthcare so that community needs may be met throughout each person’s lifespan.**

**Is this a new priority for Elizabethtown Community Hospital? YES**

**Measures of Effectiveness**

Outcome	Strategies	ECH Program or Department Responsible	Regional and Community Partners
<p><b>OUTCOME 1:</b> Work towards a coordinated approach that encourages systematic improvements in access to quality healthcare starting January 1, 2010 and continuing over the next several years</p>	1. Serve as a community partner to look at where access to care can be improved	Community Relations Quality Director	Essex County Public Health
	2. Implementation and partnership with the Medical Home Model Project	Quality Director Hospital Administrator	Medical Home Pilot Committee
<p><b>OUTCOME 2:</b> Educate providers and community about newly developed programs and how to access healthcare by June 1, 2011.</p>	1. Educate providers on how to encourage patients to find medical home and use the healthcare system designed	Quality Director Hospital Administrator	Medical Home Pilot Committee
	2. Educate providers on physician supply and distribution in the region and what they may be able to do to help	Quality Director Hospital Administrator	Medical Home Pilot Committee
	3. Conduct outreach and educational opportunities within the community that focus on the importance of medical home, preventive healthcare and appropriate use of the healthcare system	Community Relations Quality Director	Medical Home Pilot Committee
<p><b>OUTCOME 3:</b> Evaluate results of program and community response and</p>	1. Data/evaluation compiled and analyzed by Medical Home Model Project Committee to determine impact of program	Quality Director	Medical Home Pilot Committee
	2. Share lessons learned from process evaluation	Quality Director	Medical Home Pilot Committee

Elizabethtown Community Hospital Community Service Plan

Outcome	Strategies	ECH Program or Department Responsible	Regional and Community Partners
understanding by June 30, 2012	3. Adjust strategies for future growth and improvement	Quality Director	Medical Home Pilot Committee
	4. Provide education on Medical Home project monitoring tools to staff at the three ECH health centers	Quality Director Clinic Manager	Medical Home Pilot Committee

**Elizabethtown Community Hospital Priority: Cardiac Rehabilitation Program**

**To implement a cardiac rehabilitation program at ECH that will improve patient recovery from heart health issues.**

**Is this a new priority for Elizabethtown Community Hospital? YES**

<b>Measures of Effectiveness</b>		
<b>STRATEGIES</b>	<b>ECH Program or Department Responsible</b>	<b>Timing</b>
1. File a certificate of need with NYS	Administration	1 <sup>st</sup> quarter 2010
2. Train staff to be proficient in working with cardiac patients	Cardiac Nurse Supervising Physician	1 <sup>st</sup> and 2 <sup>nd</sup> quarter 2010
3. Purchase equipment for the program	Physical Therapy Purchasing	2 <sup>nd</sup> and 3 <sup>rd</sup> quarter 2010
4. Hire specialists needed for the program, ie. Exercise Physiologist	Physical Therapy Human Resources	3 <sup>rd</sup> quarter 2010
5. Educate providers and community about the new program	Cardiac Nurse Physical Therapy Community Relations Medical Staff	4 <sup>th</sup> quarter 2010 to 2011
6. Evaluate success of program and determine strategies for improvement	Cardiac Nurse Physical Therapy Administration	2012

**Elizabethtown Community Hospital Priority: Osteoporosis Support Group**

**To provide a comprehensive osteoporosis management program**

**Is this a new priority for Elizabethtown Community Hospital? YES**

Measures of Effectiveness		
STRATEGIES	ECH Program or Department Responsible	Timing
1. Explore the usage rate of an osteoporosis group	Community Relations	June 2010
2. Determine the needs of patients with and at risk for osteoporosis	Program Director Radiology	June 2010
3. Work with community partners to develop a program and inform the public. Partners include Essex County Office for the Aging and Moses Ludington Hospital	Community Relations Radiology Physical Therapy	June 2011
4. Implement a program	Community Relations	June 2011
5. Monitor and evaluate success of program	Community Relations Radiology Physical Therapy	June 2012

## **Financial Aid Program**

Elizabethtown Community Hospital is proud of our not-for-profit mission to provide quality health care with skill, compassion, and dignity to all who need it. Through the Helping Hands Program the Hospital provides financial assistance to eligible patients based on their income and needs.

### **Successes**

In 2008, ECH assisted over 140 patients with their health care expenses, totaling approximately \$117,000 compared to 2007 when ECH assisted over 150 patients with expenses totaling approximately \$129,000. The table below demonstrates ECH's commitment to working with patients who do not have insurance coverage and can not afford to pay their medical bills.

### **Challenges**

The three main challenges that ECH faces with its Helping Hands Program are the paperwork provided by the patient, qualifying patients for Medicaid, and the variation in our qualifications scale.

- It is often difficult to get full cooperation from patients who are applying to the program for assistance. Incomplete applications and tardiness in submitting paperwork can make it challenging to qualify patients for the program in a timely manner.
- The Helping Hands Program requires all Medicaid eligible patients apply for Medicaid. However, many patients do not want to apply to the program either due to the stigma or the amount of paperwork that is involved in the process. This further hinders the number of patients who can receive assistance from the program.
- The income eligibility criteria, as defined by the Hospital, ranges from 100%, 75%, 50%, and 15% assistance on a bill and must be stringent in following the guidelines. Patients can become upset when they are only \$100 over the criteria to receive a 50% reduction in their bill and must then only get a 15% reduction. This is a steep difference in assistance.

### **Accomplishments & Process Improvements**

ECH has set its 2009 guidelines at 300% above the national poverty guidelines allowing us to assist a large number of the uninsured and non-eligible Medicaid patients. The Helping Hands Program at ECH covers not only patients in the Hospital setting, but is also extended to patients of our three satellite health centers located throughout our coverage area. This broadens the range of patients we can assist and it is our hope that they will use this assistance for preventive care measures. Regardless of which facility the patient uses, only one application needs to be filed, making the process much simpler for applicants.

Information about Elizabethtown Community Hospital's financial aid program can be found in the Institutional Cost Report (ICR) as reported to the New York State Department of Health.

## **Impacts of Operational Changes**

### **Changes Impacting Community Health**

Any time there is a positive or negative change in reimbursement rates to a hospital, it affects the care provided to the community. An increase in rates can improve the bottom line allowing hospitals to invest more money in upgrading programs and adding new services. The opposite is true when funding is taken away.

Legislation is pending for the 340B Drug Pricing Program to be accessible to Critical Access Hospitals. The program provides access to 340B sub-ceiling prices for over 2,800 drug products, access to multiple wholesale distributors at favorable rates, and access to other related value-added products. This program would result in an estimated half million dollars in savings for ECH. The savings that ECH could realize through this program, however, would be negated by a decline in reimbursement from the federal government set to begin in 2009. Because of the necessity for and small size of hospitals with the Critical Access Hospital designation, the federal government has reimbursed CAHs at cost plus one percent through the Medicaid program for years. Starting January 1, 2010, CAHs will be reimbursed only at cost. The difference in the 1% reimbursement could mean hundreds of thousands of dollars for ECH, potentially hindering or limiting our ability to add new services and programs that would benefit our patients.

### **Challenges**

Challenges to ECH include declining reimbursements, professional recruitment and unfunded mandates in rural health care.

Reimbursements for services billed through Medicaid continue to challenge the hospital's bottom line. In fact, outpatient services reimbursed through Medicaid are based on fees developed approximately 14 years ago. This, combined with a continual decline in the reimbursement rate for inpatient services threatens the financial strength of all institutions in New York State. In 2007, reimbursement from Medicaid was reduced from \$300 to \$165 per day, retroactive to the beginning of 2006. This cost ECH \$300,000. In 2008, Medicaid reduced the rate of pay to \$100 per day from \$165 via a letter stating that this would be retroactive to January 2007. The Hospital was required to refund the difference causing a loss for 2007.

Recruitment of professionals is difficult for a small rural hospital. Openings for Physicians, Physician Assistants, Physical Therapists, Occupational Therapists and Nurses continually go unfilled. Skilled professionals require higher salaries. This, coupled with lower reimbursements and the rural setting of the hospital, compounds recruitment efforts.

For small hospitals in particular, mandates through state and federal regulations can become cumbersome and sometimes nearly impossible to implement. These mandates are generally unfunded, challenging ECH to implement programs and technologies without jeopardizing the bottom line. One example is the Health Insurance Portability and Accountability Act (HIPAA) where guidelines are required but hospitals are not given funding to compensate for the costs of becoming compliant. Training of staff, adding new security to the information technology systems, reconfiguration of space and developing policies all cost valuable time and resources.

### **Access to Care**

Despite the changes in reimbursement and challenges that ECH faces, access to care for Essex County residents has improved and will continue to improve over the next couple of

years. In 2008, ECH took over operation of the High Peaks Health Center in Wilmington, NY, providing more office hours and accessibility of providers to this area. The surrounding towns have welcomed this change and the volume of patients seen continues to increase.

Medical resonance imaging (MRI) has become a standard of care as more and more physicians order this diagnostic test. To save local patients the inconvenience and expense of traveling out of the area for these tests, ECH will be starting a MRI program in the summer of 2009 with a mobile unit. In addition, the Hospital has filed a certificate of need with New York State to begin a chemotherapy program in later 2009. A recent hospital-wide expansion and renovation project has also allowed room to add a Cardiac Rehabilitation Program to its Outpatient Therapy Department in 2010.

### **Dissemination of the Report**

The Community Service Plan for Elizabethtown Community Hospital is posted on the hospital website [www.ech.org](http://www.ech.org) each year. In addition, paper copies are distributed to the ECH Board of Directors. Information about our Helping Hands financial assistance program is in an easy to read brochure format that is posted on the hospital website, made available throughout the Hospital and its health centers, and handed out at local health fairs.

In working with the MAPP Committee and the ARHN group, copies of the ECH CSP will be attached to each of the plans created by those groups. Websites where these reports will be accessible are:

[www.clintonhealth.org](http://www.clintonhealth.org)

[www.co.essex.ny.us/PublicHealth](http://www.co.essex.ny.us/PublicHealth)

[www.franklincony.org](http://www.franklincony.org)

[www.alicehyde.com](http://www.alicehyde.com)

[www.amccares.org](http://www.amccares.org)

[www.cvph.org](http://www.cvph.org)

[www.ech.org](http://www.ech.org)

[www.arhn.org](http://www.arhn.org)