

Good Samaritan Hospital Medical Center

Community Service Plan

2014–2016



Approved by the Board of Trustees on October 24, 2013



**Good Samaritan Hospital
Medical Center**

Catholic Health Services

At the heart of health

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Mission Statement

Catholic Health Services of Long Island (CHS), as a ministry of the Catholic church, continues Christ's healing mission, promotes excellence in care and commits itself to those in need.

CHS affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its health care practice, business, education and innovation with justice integrity and respect for the dignity of each person.

Good Samaritan Hospital Service Area

Good Samaritan Hospital Medical Center is a 537-bed (including 100 nursing home beds), medical center located on the south shore of Long Island in West Islip, New York. On March 20, 1958, the name Good Samaritan was chosen for the then 175-bed, not-for-profit community hospital under construction on a 60-acre site overlooking the Great South Bay. It is one of six hospital members of CHS, an integrated health care delivery system that also includes three nursing homes, a regional home care and hospice network and a community-based agency for those with special needs.

Good Samaritan Hospital Medical Center serves a broad geographic area covering western Suffolk County's south shore and part of southeastern Nassau County, a region that is home to more than 850,000 individuals. The median age in the primary and secondary service areas, from which more than 90% of the hospital's inpatients and Emergency Department patients come, is 38.4 years. In these communities, 85.7% of adults are high school graduates, which exceeds both the United States and New York State averages, but falls short of the Suffolk County average of 88.4%. Median household income is \$82,065, which is slightly lower than the Suffolk County average of \$87,187. Exceeding the county average of 5.7%, residents in the hospital's service area are below the federal poverty level of 6%. Nearly 19% of residents are foreign-born.

Good Samaritan reported \$9.3 million in charity care at cost net of offsetting revenues in 2012. Community service, uncompensated care and other charitable activities provided for the community totaled \$17.3 million at cost, and \$3.9 million was reported in bad debt at cost net of offsetting revenues in 2012. The medical center supplies residents with the tools necessary to maintain good health, including community lectures, screenings, health fairs and other programs and services.

2012 Good Samaritan Hospital discharge data by ethnicity

Spanish/Hispanic origin	2423	15.19%
Not Spanish/Hispanic origin	13463	84.38%
Unknown	69	.03%

2012 Good Samaritan Hospital discharge data by age

Newborn	2813	10.18%
Under 1 Year	559	2.02%
1-14	1509	5.46%
15-18	586	2.12%
19-24	1143	.41%
25-34	2975	10.77%
35-44	2395	8.67%
45-54	3089	11.18%
55-64	3196	11.57%
65-74	2984	10.80%
75-84	3671	13.29%
85 and older	2701	9.78%

Introduction

In 1968, Good Samaritan partnered with the Suffolk County Department of Health to create the Martin Luther King, Jr., Health Center (MLK), Suffolk County's first health center located in Wyandanch, a designated, medically underserved area. Now one of eight such centers, MLK provides services to patients who would otherwise have no access to regular primary care. Good Samaritan provides the community with comprehensive primary care without regard to age, race, creed or ability to pay. Staff is always ready and willing to provide the care and support patients need to promote a good quality of life.

Programs of particular importance to improving the health of the community include outreach services, which provide medical screening and physical examination services to the medically indigent and elderly. Under the leadership of Good Samaritan's medical staff, a team of retired physicians and nurses have been recruited to provide this important and necessary service. Relationships have been established with Catholic Charities and parish outreach coordinators who receive referrals primarily from various social service agencies and the community church/parish. The parish outreach coordinators serve as liaisons between Good Samaritan and the community and also provide important functions such as making appointments and arranging transportation for the program's participants. In addition, the following events are held to meet the needs of the elderly and underserved communities:

- Good Samaritan offers a free lecture series, "Good Sam University," providing expert advice on topics related to health and wellness with blood pressure/glucose screenings, designed to educate the community, raise awareness and help explain risk factors, methods of diagnosis and treatments
- Good Samaritan provides monthly informational tables at local libraries offering education on hospital services and programs
- Yearly Tanner Park Senior Health and Wellness Fair, Copiague
- Good Samaritan offers monthly blood pressure screenings at Bay Shore library
- Six Healthy Sundays events annually at local parishes, providing parishioners with free cholesterol, glucose and blood pressure screenings, as well as educational material on hypertension, diabetes, nutrition, stroke and cardiology
- The Annual Theresa Patnode Santmann Heart and Soul Symposium, a free wellness seminar exploring healthy mind-body connection and its impact on chronic illness

There are 12 hospitals within a 20-mile radius of Good Samaritan's service area and more than 2 dozen urgent care/walk-in centers. Within a 15-mile radius of the hospital, there are 2 dozen freestanding imaging centers and nearly 50 ambulatory centers providing outpatient surgery, endoscopy or other interventional services. These providers complement services offered at Good Samaritan. More than 36 substance abuse service providers are located within a 15-mile radius of the hospital, and 13 mental health providers are within a 25-mile radius, offering services not currently available at Good Samaritan.

In an effort to remain responsive to evolving community health needs, Good Samaritan is engaged in an ongoing process of soliciting feedback from community members, patients and partner organizations. In 2013, a more formalized approach to assessing community health needs was undertaken. This

multipronged effort consisted of gathering information from a number of sources representing the population served, including:

- A random telephone survey of 500 health care decision makers in the hospital's primary and secondary service areas;
- A focused community health needs assessment survey distributed to patients, community members and staff;
- Evaluation forms completed by attendees at Good Samaritan's various community health education programs;
- Data derived from surveys of community-based organizations;
- Transcripts of interviews with community-based organizations serving the Long Island region;
- United States Census data;
- Publicly available data from the County Health Rankings & Roadmaps to Health, the Community Guide, Healthy People 2020 and other widely used sources of indicators and evidence-informed program activities provided by Community Commons' CHNA Toolkit¹.

While the data sources represented a diverse group of stakeholders, several common themes emerged from the various survey instruments. The top three health issues identified were overweight/obesity, high blood pressure, and back and joint pain. Cancer and diabetes were also frequently mentioned as health challenges. In a similar vein, weight loss and nutrition information were commonly cited as services that respondents felt they needed in order to improve their health.

Based on the data collected by Good Samaritan Hospital in the first two quarters of 2013, the hospital will focus on **chronic disease prevention through the provision of nutrition and weight management services**; on **improving outcomes for cancer patients through the provision of a comprehensive array of educational, preventive, diagnostic and treatment services**; and on **facilitating referrals to appropriate resources for identification and treatment of mental health issues**.

Methodology, Data Sources and Collaborating Organizations

March 3 – 6, 2013, First Market Research, Inc., a Newton, MA-based market research firm, conducted a telephone survey of 503 randomly selected health care decision makers in Good Samaritan Hospital's primary and secondary service areas. Using a survey instrument developed in consultation with the hospital, First Market Research queried respondents about hospital usage, key factors affecting hospital selection, hospital services most frequently used and preferred methods of communication about available health care services. A demographic profile of health care decision makers was also obtained.

Following this, a 20-question community health needs survey was developed and disseminated throughout the month of May 2013. Designed to capture specific information about the community's perception of unmet health care needs, the survey was distributed to more than 4,000 individuals electronically, through an e-mail blast. In addition, 500 surveys were distributed in hard paper form at

¹ <http://assessment.communitycommons.org/CHNA/>

three health screenings, in hospital and ambulatory center waiting areas including the Martin Luther King, Jr., Health Center, and at support groups. Of these, 115 completed surveys were collected (50 online and 65 paper). In addition, more than 600 attendees at community health education seminars were asked to complete an evaluation form that included questions about the program content, as well as their preferences for future health education offerings.

Good Samaritan Hospital partnered with Suffolk County's other not-for-profit hospitals and the Suffolk County Department of Health Services, under the auspices of the Nassau-Suffolk Hospital Council, to survey community-based organizations throughout Long Island. An online survey was completed by 102 representatives of community-based health, human service, government, civic, educational and business agencies who shared their views on the unmet health care needs and barriers to accessing health care services in both Nassau and Suffolk counties. The work group met on February 14, February 22, April 11, April 29, June 25 and July 30, 2013.

In-depth interviews were conducted by members of the Nassau-Suffolk Hospital Council's Public Health Workgroup, which included representatives of Long Island's hospitals, health systems, county health departments and academic institutions, with representatives of local chapters of the American Heart Association, the American Diabetes Association and United Way. Transcripts of these conversations, during which the interviewer was able to probe for information and discuss responses at length, provided a more qualitative and contextual framework for the survey findings.

United States Census data, including demographic information provided through the American Fact Finder website, was used to benchmark local demographic information against county, state-wide and national statistics for measures such as median age, income level, percent of population living below the federal poverty level, educational attainment and percent of residents who are foreign-born.

Community Commons' CHNA Toolkit, an online resource for hospitals, public health departments, academic institutions and the general public, provided access to publicly reported data from a variety of sources including the County Health Rankings & Roadmaps to Health, the Community Guide, Healthy People 2020 and others.

Lastly, Good Samaritan Hospital's own internal data was used to determine primary and secondary service areas, patient demographics and most heavily used health care services.

Continued Engagement with Partners and Tracking Progress Long Island Health Collaborative

As a result of the CHNA process and with both Nassau and Suffolk counties identifying the same two public health priorities, a collaborative bi-county work group was formed with participants include: hospitals, county health departments, health and welfare organizations, and colleges.

- Long Island's 24 hospitals
- Nassau-Suffolk Hospital Council
- New York State Department of Health
- Nassau County Department of Health
- Suffolk County Department of Health Services
- United Way of Long Island

- American Lung Association of Northeast
- Adelphi University
- Western Suffolk BOCES
- Cornell University Cooperative Extension
- YMCA
- Catholic Charities
- Healthcare Association of New York State
- Kaiser Family Foundation
- Robert Wood Johnson Foundation
- County Health Rankings & Roadmaps
- LIHC program inventory
- HITE site
- Centers for Disease Control and Prevention (CDC)
- Institute of Medicine
- U.S. Department of Health and Human Services
- National Institutes of Health
- Healthypeople.gov

Unique in New York State, this collaboration will allow for health systems and community partners to be involved in the education, planning and provision of services that goes well beyond clinical care and enters the realm of public health and prevention.

Long Island Health Collaborative (LIHC) is a partnership created to support the work group's collective efforts in addressing the selected Prevention Agenda priority and focus areas. This innovative regional effort will culminate with a comprehensive, island-wide public awareness campaign. A website, which will be maintained by the Nassau Suffolk Hospital Council, is currently being designed for LIHC.

The LIHC website will explain the purpose for LIHC, as well as provide information on population health, the role of reform in the changing landscape of health care and the role of patients and consumers in maintaining their own health. A brief narrative of the focus areas will be found with links to more detailed information and resources as well as an explanation of state and federal mandates, which are driving more robust and collaborative community health planning. The site will also include links to helpful resources such as BMI calculators and specific disease risk assessment tools.

Additionally, the bi-county work group is creating a universal metric assessment in order to be able to collect reliable and reportable data for the region. The metric will feature four subscales, which will dovetail with the focus areas. Data will be collected and analyzed by one of LIHC's university partners. Currently, it is anticipated that this measurement tool would be given to program participants in chronic disease management or wellness programs with three or more education sessions. Participants would

complete a survey a total of three times: pre-program, immediately post-program and again 3–6 months post-program.

Hospital members within the Nassau-Suffolk Hospital Council will use an organization Wellness Survey to assess health-promoting activities in the areas of nutrition, exercise, psychological well-being, and health responsibility. The Self-Rated Abilities Practices Scale (SRAHP) is a 28-item, 5-point scale to measure self-perceived ability to implement health-promoting behaviors. SRAHP contains four subscales: Exercise, Nutrition, Responsible Health Practice, and Psychological Well Being. Each subscale has seven items. Respondents are asked to rate the extent to which they are able to perform health practices related to these four domains. An example of an item from the Health Practices subscale is “I am able to get help from others when I need it.” Items are rated from 0 (not at all) to 4 (completely). Ratings for each subscale are summed to yield subscale scores. Subscale scores are summed to obtain a total score. Total scores range from 0–112. Higher scores indicate greater self-efficacy for health practices.

Good Samaritan Hospital Community Health Needs Assessment Survey Results

Respondents to the CHNA survey were predominantly female, and most were over the age of 50.

Answer Choices	Responses
Male	17.39%
Female	82.61%

Income levels of respondents to this survey were similar to the First Market Research group, with 25% earning under \$50,000, 35% earning \$50,000–\$100,000 and 37% earning more than \$100,000. Of the respondents, 83% were white, while approximately 8% were African-American and 7% Hispanic.

The main health challenges faced include overweight/obesity, high blood pressure, joint or back pain.

Answer Choices	Responses	
Cancer	12.84%	14
Diabetes	14.68%	16
Overweight/obesity	35.78%	39
Lung disease	4.59%	5
High blood pressure	31.19%	34
Stroke	3.67%	4
Heart disease	6.42%	7
Joint pain or back pain	32.11%	35
Mental health issues	5.50%	6
Alcohol overuse	0.92%	1
Drug addiction	0.92%	1
I do not have any health challenges	27.52%	30
Total Respondents: 109		

Among those who experienced barriers to accessing routine care, the most often cited issues are scheduling conflicts and an inability to afford co-payments or deductibles. Respondents suggested that the health of their families and neighbors could be improved through, among other services, greater access to healthier food, wellness services and free health screenings.

Answer Choices	Responses
Healthier food	45.05%
Job opportunities	27.03%
Mental health services	9.01%
Recreation facilities	18.92%
Transportation	7.21%
Wellness services	42.34%
Specialty physicians	7.21%
Free or affordable health screenings	35.14%
Safe places to walk/play	15.32%
Substance abuse/rehabilitation services	0.90%
I don't know	12.61%
Total Respondents: 111	

Among the screenings and health services that respondents felt would be most beneficial were blood pressure, cancer, cholesterol, exercise, nutrition and routine care or well checkups.

Answer Choices	Responses
Blood Pressure	47.22%
Cancer	31.48%
Children's Health	16.67%
Cholesterol (fats in the blood)	40.74%
Dental screenings	25.93%
Diabetes	22.22%
Disease outbreak prevention	2.78%
Drug and alcohol abuse	1.85%
Eating disorders	5.56%
Emergency preparedness	3.70%
Exercise/physical activity	35.19%
Falls prevention for the elderly	3.70%
Heart disease	16.67%
HIV/AIDS & STDs	0.93%
Routine well checkups	30.56%
Memory loss	9.26%
Mental health/depression	8.33%
Nutrition	37.96%
Prenatal care	1.85%
Quitting smoking	7.41%
Suicide prevention	0%
Vaccination/immunizations	5.56%
Weight-loss help	34.26%
Total Respondents: 108	

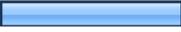
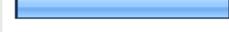
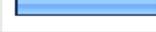
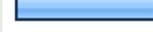
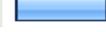
Respondents reported that they require education about blood pressure, cholesterol, diabetes, exercise, nutrition and weight loss.

Answer Choices	Responses
Blood pressure	22.73%
Cancer	17.05%
Cholesterol	27.27%
Dental Screenings	4.55%
Diabetes	23.86%
Disease outbreak prevention	7.95%
Drug and alcohol abuse	2.27%
Eating disorders	3.41%
Emergency preparedness	12.50%
Exercise/physical activity	29.55%
Falls prevention in the elderly	7.95%
Heart disease	15.91%
HIV/AIDS & STDs	0%
Routine well checkups	11.36%
Mental health/depression	6.82%
Nutrition	37.50%
Prenatal care	1.85%
Quitting smoking	7.41%
Suicide prevention	0%
Vaccination/immunizations	5.56%
Weight-loss help	34.26%
Total Respondents: 108	

Community-Based Organization Survey

The hospital’s CHNA survey results were somewhat divergent from the results of a survey administered to staff at community-based organizations who were asked to provide their opinions about the health care needs within the communities they serve.

While obesity and weight-loss issues were identified by 49% of these respondents, mental health issues and drug and alcohol dependency were also frequently cited by 38.2% and 52.9% of respondents.

		Response Percent
Access to vaccinations		10.8%
Asthma/lung disease		27.5%
Cancer		41.2%
Care for the elderly		43.1%
Memory loss		12.7%
Diabetes		34.3%
Drugs and alcohol abuse		52.9%
Environmental problems (water, pollution, air, etc.)		10.8%
Falls in the elderly		13.7%
Heart disease and stroke		32.4%
HIV/AIDS and sexually-transmitted diseases		11.8%
Infections		9.8%
Preventable injuries		5.9%
Mental health including depression and suicide		38.2%
Nutrition/eating habits		25.5%
Obesity/weight loss issues		49.0%
Premature births		0.0%
Smoking/tobacco use		24.5%
Teen pregnancy		15.7%

Violence in home, guns, murder, rape, other		10.8%
Women's health and wellness		21.6%
Other		2.0%

A total of 43% of community-based organization staff cited health education programs, drug and alcohol services, affordable housing and health screenings as the top services to improve health within the communities they serve. Of those surveyed, 78% felt that individuals within their service areas face barriers in accessing necessary health care, with ability to pay cited as the most common concern. Screenings requested included blood pressure, cancer, cholesterol, dental, physical activity, routine health checkups and nutrition.

Public Health Priorities Chosen

Based on all the recent data collected, Good Samaritan Hospital has selected chronic disease prevention through the provision of nutrition and weight management services; improving outcomes for cancer patients through the provision of a comprehensive array of educational, preventive, diagnostic and treatment services, and the identification and provision of referrals for mental health services as its three priority areas for community health improvement projects in 2014–2016.

Among the 115 respondents to Good Samaritan’s CHNA, overweight and obesity were the most commonly chosen health challenges reported. Since overweight and obesity are contributing factors to chronic ailments such as diabetes, hypertension, cardiovascular disease and orthopedic problems, community health interventions that focus on nutrition and weight management have the potential to positively impact the chronic health problems most prevalent within the communities served by Good Samaritan. With a robust clinical team consisting of cardiologists, endocrinologists, orthopedic surgeons, registered dietitians and others who specialize in preventing and managing these conditions, Good Samaritan is well positioned to provide high-quality educational, preventive and treatment services in this area.

Cancer was the only other health challenge mentioned by more than 10% of respondents to Good Samaritan’s survey. Cancer rates in Suffolk County exceed those of New York State, with local clusters reported. A 2003 study found that the communities of Ronkonkoma, Central Islip, Islip Terrace and East Islip had clusters of lung cancer in females that were 40% higher than the New York State average,² and the New York State Department of Health reports that thyroid cancer rates in men across Suffolk County are 30% or more higher than the state average.³ Good Samaritan has a documented record of expertise in managing cancer. In 1993, it opened one of Long Island’s first Breast Health Centers and has continued to pioneer new techniques in diagnostic technology. The Women’s Imaging Center, accredited by the American College of Radiology for excellence in the performance of stereotactic and ultrasound-guided biopsies, was named a Breast Imaging Center of Excellence, and the Breast Health

² Geoffrey M. Jacquez and Dunlie A. Greiling, “Local clustering in breast, lung and colorectal cancer in Long Island,” New York; International Journal of Health, 2003 February 17; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC151676/>

³ Maps of Cancer by County: <http://www.health.ny.gov/statistics/cancer/registry/cntymaps/cntymaps.pdf>

Center was granted three-year full accreditation by the National Accreditation Program for Breast Centers. The hospital's multidisciplinary cancer program has earned the Outstanding Achievement Award and three-year accreditation with commendation in eight areas from the American College of Surgeons Commission on Cancer on three consecutive surveys, nine years in a row. This makes the hospital uniquely qualified to undertake community health improvement activities centered on cancer care.

Priority Area 1: Chronic Disease Prevention through Weight Management and Nutrition

One of the federal government's Healthy People 2020 goals is to "Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights."⁴ The Healthy People 2020 website cites strong scientific evidence endorsing the benefits of consuming a healthy, balanced diet and maintaining a healthy body weight for both children and adults. The site recommends interventions that help support a healthier diet by providing education and skills to empower individuals to make healthier food choices.

Programs focusing on nutrition, weight management and obesity were mentioned by a majority of survey respondents as the services from which they could derive the most benefit.

Priority Area 2: Improving Outcomes for Cancer Patients through Educational, Preventive, Diagnostic and Treatment Services

Another Healthy People 2020 goal is to "Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer."⁵ Cancer survivors number approximately 13.7 million in the United States.⁶ Survivors face a range of physical, emotional, psychosocial, employment, legal and interpersonal challenges, many of which the health care system is still in the early stages of addressing. At the same time, it has long been understood that risk factor management, early detection and advanced, evidence-based treatment protocols can prolong life and improve the odds of achieving a cure. These advances will lead to increasing numbers of cancer survivors, many of whom will view their cancer as a chronic illness requiring ongoing management.

Many of the same lifestyle factors that impact on heart disease, diabetes, hypertension and other chronic diseases may also contribute to the development of certain cancers. The use of tobacco products, physical inactivity, poor nutrition and obesity may increase the risk of cancer. Other modifiable risk factors include exposure to ultraviolet light due to sun exposure or the use of tanning salons. Given Good Samaritan Hospital's location less than half a mile from the Great South Bay and proximity to the destination beaches of Fire Island, focus on the prevention, diagnosis and treatment of skin cancer, as well as other cancers, is an important community health initiative for the hospital.

⁴ Healthy People 2020 Website:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>

⁵ Healthy People 2020 Website:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>

⁶ "Number of Cancer Survivors Expected to Increase to 18 Million by 2022," Official Website of the National Cancer Survivors Day: http://www.ncsd.org/_blog/Front_Page_News/post/number-of-cancer-survivors-expected-to-increase-to-18-million-by-2022/

Priority Area 3: Providing Referrals to Appropriate Resources for Mental Health Services

Mental health issues continue to challenge many Long Islanders, and are often seen concurrently with other chronic disease states. Good Samaritan's goal is to provide targeted populations with information about the signs and symptoms of mental health and substance abuse issues (often occurring concomitantly with a physical chronic disease) and to offer links to community-based clinical programs and services. Through this effort, we hope to achieve earlier identification of mental health and substance abuse issues among patients of all ages.

Three-Year Implementation Plan

Priority Area 1: Weight/Nutrition Management

A number of initiatives surrounding this topic area are in the planning stages or have been recently implemented at Good Samaritan Hospital:

- Health care professionals participate in numerous free, community-based screenings for cholesterol, glucose and high blood pressure held at local libraries, street fairs and festivals, and community- and hospital-based health fairs
- Within the hospital, the Department of Nutrition and Food Service will hold monthly Farmer's Markets during the summer to provide employees and visitors with the opportunity to purchase local, fresh and organic produce and baked goods
- Menu changes within the employee and visitor cafeterias resulted in the elimination of fried foods and the inclusion of locally grown produce. Healthy snack choices have replaced many unhealthy options in hospital vending machines

In addition, three focused initiatives with measurable outcomes will address this priority area:

I. Healthier Families Program

In conjunction with the Bay Shore School District and the Bay Shore Wellness Alliance, Good Samaritan Hospital will offer a free, 10-week weight management program for children in grades 2 – 5 who are identified as being at risk for obesity-related health issues. The program will meet at the Bay Shore Middle School twice each week for a 45-minute exercise session, which will take place in the school's Wellness Center under the supervision of licensed physical education instructors. One day each week, the parents will also attend for an additional 45-minute educational session taught by a Good Samaritan Hospital registered dietitian. Students and parents will learn how to make appropriate food choices and read a food label, as well as about the importance of calorie counting, fat content, and portion control. Up to 20 children may participate in each 10-week session.

Goal: To positively impact the knowledge level and behaviors of program participants with respect to food choices and incorporating regular physical activity into their lives. This will be measured by a survey instrument to be administered at the conclusion of the 10-week session.

II. Wellness Seminar

More than 200 individuals attended Good Samaritan's Nutrition Symposium in April 2013. Billed as "A Healthy Serving of Knowledge," the event featured workshops taught by registered dietitians, physicians and allied health care professionals addressing issues such as "How to Read a Food Label," "Stress

Management,” “Which Diet Options Work?” and “How to Feed Picky Eaters.” In addition, for the next five years, as part of a \$1 million donation from Babylon resident Theresa Patnode Santmann to support a \$5.6 million upgrade to Good Samaritan’s interventional cardiac services, there will be funding for an annual symposium (with the first in October 2013) focusing on the psychosocial and emotional issues that impact on health and well-being.

III. Web-based education for the community and medical staff

Data gathered during the CHNA survey process revealed that, while 83.5% of community residents receive their health information directly from their health care provider, nearly 50% reported using the Internet as a main source of health information. In response to this, in 2013 Good Samaritan Hospital began to use web-based technology to expand its educational offerings to community members and physicians. This initiative will introduce webinars focusing on weight loss including information on bariatric surgery as a treatment for morbidities associated with severe obesity, defined as having a body mass index (BMI) of 40 or higher or a BMI of 35 – 40 with co-morbidities such as diabetes, sleep apnea or hypertension.

Goal: To provide education to 100 community members and 100 physicians or more through the end of 2016 as measured by log-ins to the Livestream platform, which Good Samaritan will use to provide webinars.

Budgeting: The hospital has absorbed the cost of this educational initiative as part of its operating budget, allowing the programming to be offered to both the community and participating physicians free of charge.

Priority Area 2: Cancer

Good Samaritan Hospital has long been committed to cancer prevention, as well as providing access to the most advanced diagnostic and treatment protocols. In this realm, the hospital offers an ongoing series of annual free screenings, including a prostate cancer screening, skin cancer screening, head and neck cancer screening, and colorectal cancer screening. Professionally facilitated support groups for cancer patients and caregivers, including separate groups for breast cancer patients and those diagnosed with breast cancer at a very young age, are offered. In 2013, a comprehensive cancer services brochure was created to provide patients and the community with information about the range of cancer programs available at Good Samaritan.

In addition, specific new initiatives include:

I. Physicians’ newsletters

A new, electronic publication was launched in 2013 to provide community-based physicians with information on the latest breakthroughs in cancer treatment and to familiarize them with locally available services in order to enhance access to evidence-based treatment protocols for their patients. The inaugural issue focused on breast cancer. A second issue tackled gynecological cancer. The publication is disseminated electronically to Good Samaritan’s 900 voluntary attending and employed physicians, and mailed to 1,442 non-affiliated physicians.

II. Enhanced outreach through Breast Cancer Help, Inc.

In 2013, The Good Samaritan Hospital Foundation absorbed the Board of the not-for-profit Breast Cancer Help, Inc., an organization headquartered in nearby Bay Shore, whose mission is to provide free supportive services to cancer survivors. With this organization now under the auspices of Good Samaritan Hospital Medical Center, the hospital has an expanded footprint in Bay Shore and an offsite location through which it will continue offering yoga, massage, art therapy and other non-medical support to cancer patients and survivors. In late 2013/early 2014, the hospital will add to those services, offering bereavement support and smoking cessation, as well as support groups, lectures and screenings within the Breast Cancer Help, Inc. building.

III. YouTube videos

Using its recently launched YouTube channel to disseminate video content allows Good Samaritan physicians and allied health professionals to provide education and information to a wide range of community members who may not be inclined to attend a health education event at the hospital or at another physical location. Good Samaritan produced short videos with information on skin cancer, breast cancer and radiation therapy. In addition, clinicians will be approached to comment on new research study findings and health news appearing in the popular press. In July 2013, social media channels including Facebook and Twitter became available as additional distribution channels for this programming, providing access to previously unreached audiences.

Goal: To provide the community with a reliable source of information on cancer prevention, diagnosis and management via online video content. Success will be measured by the achievement of a 50% increase through 2016 in the average number of viewers for cancer videos, as compared to existing YouTube channel video content.

Budget: Social media sites such as YouTube, Facebook and Twitter are available free of charge. The hospital is using its internal public affairs and marketing staff, existing equipment, and employed or affiliated physicians to create the video content. There is no additional cost beyond salaries attached to this activity.

Priority Area 3: Mental Health

When a lack of access to mental health resources are identified through the chronic disease prevention priorities, Good Samaritan Hospital will provide information on and refer to the extensive mental health services available within Catholic Health Services.

Conclusion

Throughout the course of its 54-year history, Good Samaritan Hospital Medical Center has striven to be responsive to the evolving health care needs of the community it serves. This Community Service Plan will be available on Good Samaritan Hospital's website, www.good-samaritan-hospital.org; a paper copy is available by contacting the Office of Public and External Affairs at (631) 376-4104.

In addition to the hospital's long-standing, active partnerships with many organizations and groups throughout the community such as the American Cancer Society, Bay Shore School District, Pronto, local breast cancer coalitions and chambers Good Samaritan is also a member of a Long Island Health Collaborative (LIHC), as mentioned earlier. LIHC is a newly formed collaborative of local hospitals, county

health departments, health and welfare organizations, and colleges working together to improve the health of all Long Islanders by focusing on prevention and wellness.

As prevention assumes a greater role in our nation's health care delivery system, Good Samaritan Hospital will continue to evolve and create services that focus on keeping our communities healthy in order to achieve the Institute for Healthcare Improvement's Triple Aim: improving the patient experience of care; improving the health of populations; and reducing the cost of health care.⁷

⁷ Institute for Healthcare Improvement website:
<http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/default.aspx>