

St. Charles Hospital

Community Service Plan

2014–2016



Approved by the Board of Trustees on October 24, 2013



St. Charles Hospital
Catholic Health Services
At the heart of health

200 Belle Terre Road
Port Jefferson, NY • (631) 474-6797
stcharles.org



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.

St. Charles Hospital Service Area

St. Charles Hospital is located on the north shore of Suffolk County in the Town of Brookhaven. A not-for-profit hospital with 231 beds, St. Charles is a member of Catholic Health Services.

The population in the hospital's primary catchment area is more than 261,000 residents, representing 81% of the hospital's admissions. The hospital's secondary catchment area has more than 200,000 residents and accounts for another 16% of patient admissions. This service area (which has not changed since 2008) comprises underserved and economically challenged communities.

St. Charles Hospital's service area is shared with an acute care hospital, John T. Mather Memorial Hospital in Port Jefferson, and a tertiary care hospital, Stony Brook University Medical Center.

2012 St. Charles Hospital discharge data by ethnicity

White	9,674	92.3%
African American (Black)	523	5.0%
Other Race	144	1.4%
Asian	129	1.2%
Native American	6	0.1%
	10,476	100.0%

2012 St. Charles Hospital discharge data by age

0-5	1,883	18.0%
6-13	129	1.2%
14-17	148	1.4%
18-24	471	4.5%
55-64	1,125	10.7%
75-84	1,123	10.7%
35-44	1,084	10.3%
45-54	1,029	9.8%
85+	642	6.1%
	10,476	100.0%

St. Charles Hospital has served the residents of the Town of Brookhaven since 1907. St. Charles is a full-service, community hospital and regional rehabilitation center with eight outpatient satellite rehabilitation sites. The 231-bed hospital includes 59 medical/surgical beds, 16 intensive care/critical care beds, 8 pediatric beds, 6 neonatal and 22 maternity beds, 40 alcohol and chemical dependency beds and 80 physical medicine/rehabilitation beds. Ranked among the Best Hospitals by *U.S. News & World Report* (2013-2014), St. Charles is renowned for high-quality, compassionate care. In 2012, it was 1 of just 3 hospitals in all of Nassau or Suffolk *to be named as*

Top Performers on Key Quality Measures™ by The Joint Commission, placing St. Charles in the top 18% of more than 3,000 hospitals evaluated.

With a rehabilitation program that has achieved the highest level of certification available, St. Charles is the only hospital on Long Island accredited by the Commission on Accreditation for Rehabilitation Facilities for both inpatient and outpatient, adult and pediatric rehabilitation. The pediatric rehabilitation unit has the only inpatient pediatric traumatic brain injury unit on Long Island.

St. Charles was the first hospital in New York to introduce computer-assisted orthopedic surgery when performing a total knee arthroplasty and went on to become the first hospital in the region to perform computer-assisted surgery (CAS) on an anterior cruciate ligament and the first on the East Coast to use CAS during a total shoulder replacement surgery. With Joint Commission certification for its total hip and knee replacement program, St. Charles performed more than 500 total joint replacement surgeries in 2012. Due to the growing number of adult and pediatric patients in need of surgical services, an \$8 million expansion of an existing operating room suite at St. Charles added 4 operating rooms and features a highly skilled surgical staff, advanced equipment and more space, creating one of the most technologically advanced surgery centers in the area.

St. Charles Hospital reported \$2.0 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 \$10.5 million at cost, and \$531 thousand was reported in bad debt at cost net of offsetting revenues in 2012.

Public Participation

In May 2013, St. Charles Hospital conducted a Community Health Needs Assessment (CHNA). The goal of the CHNA was to improve residents' health status, increase their life spans and elevate their overall quality of life; reduce health disparities among residents; and increase accessibility to preventive services for all community residents.

The CHNA was a robust, county-wide process involving the Suffolk County Department of Health Services, the Nassau-Suffolk Hospital Council, Stony Brook University Medical Center, Brookhaven Hospital, Peconic Bay Medical Center, Good Samaritan Hospital Medical Center, St. Catherine of Siena Medical Center, Southampton Hospital, John T. Mather Memorial Hospital and the North Shore-LIJ Health System. The work group met on February 14, February 22, April 11, April 29, June 25 and July 30, 2013.

St. Charles Hospital worked closely with the Long Island Hospital Network (LIHN), including fellow member hospitals of Catholic Health Services (CHS), as well as with partners in the community including fire departments, libraries, civic organizations, YMCAs, school nurses, youth organizations and churches. The survey was also mailed to various groups of residents in the community, including physicians and business professionals, employees and patients, as well as to all residents living in the 11777 zip code (Port Jefferson, Port Jefferson Station and Belle Terre). The CHNA survey was available for electronic submission via Survey Monkey which was communicated through the hospital's website with a posting on the home page inviting the public to participate in the survey and providing a direct link to the survey on Survey Monkey. Signs were posted throughout the hospital informing the public of the survey and providing instructions on participation.

In addition, the CHNA survey was distributed at a community outreach event, Healthy Sundays, in Riverhead, NY. A total of 18 Hispanic individuals completed the survey. Healthy Sundays is a Catholic Health Services initiative that provides free health screenings and information specifically for underserved and uninsured populations.

Suffolk County 2012 Demographics	Suffolk County	New York
Population, 2012 estimate	1,499,273	19,570,261
Population, 2010 (April 1) estimates base	1,493,350	19,378,104
Population, percent change, April 1, 2010 to July 1, 2012	0.4%	1.0%
Population, 2010	1,493,350	19,378,102
Persons under 5 years, percent, 2012	5.6%	6.0%
Persons under 18 years, percent, 2012	23.1%	21.8%
Persons 65 years and over, percent, 2012	14.5%	14.1%
Female persons, percent, 2012	50.8%	51.5%
White alone, percent, 2012 (a)	85.8%	71.2%
Black or African American alone, percent, 2012 (a)	8.2%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.6%	1.0%
Asian alone, percent, 2012 (a)	3.7%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	1.7%	2.2%
Hispanic or Latino, percent, 2012 (b)	17.3%	18.2%
White alone, not Hispanic or Latino, percent, 2012	70.6%	57.6%
Living in same house 1 year & over, percent, 2007-2011	92.6%	88.5%
Foreign born persons, percent, 2007-2011	14.2%	21.8%
Language other than English spoken at home, percent age 5+, 2007-2011	20.1%	29.5%
High school graduate or higher, percent of persons age 25+, 2007-2011	89.5%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	32.4%	32.5%
Veterans, 2007-2011	89,799	986,313
Mean travel time to work (minutes), workers age 16+, 2007-2011	30.3	31.4
Housing units, 2011	572,995	8,119,364
Homeownership rate, 2007-2011	80.8%	54.8%
Housing units in multi-unit structures, percent, 2007-2011	14.0%	50.5%
Median value of owner-occupied housing units, 2007-2011	\$411,000	\$301,000
Households, 2007-2011	496,677	7,215,687
Persons per household, 2007-2011	2.93	2.59
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$36,588	\$31,796
Median household income, 2007-2011	\$87,187	\$56,951
Persons below poverty level, percent, 2007-2011	5.7%	14.5%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed, does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

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 including: 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 in the form of 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 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 the focus areas. Data will be collected and analyzed by one of LIHC's university partners. Currently, it is anticipated that

the metric 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.

Results of the CHNA Identified Five Areas of Community Health Needs:

- Nutrition/Healthy Eating
- Obesity/Overweight (Adults and Children)
- Heart Disease
- Diabetes
- High Blood Pressure

Assessment and Selection of Public Health Priorities

A total of 131 individuals completed the survey. 48.4% of respondents were 50–69 years old while 19.4% were 70–79 years. 82.4% were non-Hispanic and 14.4% Hispanic. 87.1% had health insurance, and 59% of the respondents were female.

Individuals from towns responding to the survey included both the primary and secondary service areas, as well as areas surrounding the Rehabilitation Networks:

Bayside	Mastic*	Ronkonkoma
Centereach	Medford	Roosevelt
Commack	Middle Island	Roslyn
Coram	Mt. Sinai	Selden
Hampton Bays	Oakdale	Smithtown
Holtsville	Patchogue	Sound Beach
Lake Grove	Port Jefferson	Stony Brook
Manorville	Ridge*	Wantagh*

*Key area with population of underserved and uninsured individuals.

Based on the information collected from St. Charles Hospital’s CHNA, it was logical to conclude that under the



New York State Department of Health’s Prevention Agenda Toward the Healthiest State and in the priority area of chronic disease, two community health issues achieved the highest priority and thus were identified for focus at St. Charles Hospital.

They are **obesity in children and adults** and the **need for increased access to high-quality chronic disease prevention, care and management**. A third focus area, **mental health**, was identified as it relates to obesity and access to chronic disease prevention and care.

Priority No. 1:

Obesity, Including Co-morbidities of Heart Disease and Diabetes, With a Focus on Nutrition and Exercise

Goals:

- Develop customized healthy lifestyle programs for children, adolescents and teens, and partner with Port Jefferson schools to roll out program.
- Develop and implement healthy lifestyle course hosted at St. Charles Hospital.
- Explore the possibility of partnering with a community organization/parish and/or the Village of Port Jefferson to offer a safe walking program.

Action Plans:

- Identify “at risk” individuals through community health screenings twice a year.
- Proactively engage “at risk” patients in healthy lifestyle programs including diabetes prevention and healthy eating.
- Identify opportunities to partner with community organizations, including the Suffolk County Department of Health Services and Port Jefferson Village, to drive participation in a minimum of two “healthy” events.
- Create educational curriculum, to be distributed at health screenings and healthy events, which will address the top health concerns identified in the community:
 - Nutrition
 - Exercise Programs
 - Obesity
 - Heart Disease
 - Diabetes
- Partner with Port Jefferson schools to target childhood obesity and encourage healthy eating and exercise.
- Partner with a minimum of four parishes to target individuals “at risk” and promote positive lifestyle changes.



**Priority No. 2:
Chronic Disease Prevention through Education/Awareness of Preventive Care**

Goals:

- Form a speakers' bureau with medical experts in key areas available to educate residents within the primary service on topics such as heart disease, blood pressure, cholesterol, diabetes and healthy eating/nutrition.
- Increase to a total of four, the number of health screenings provided to the community and offer education and resources. Screenings to include:
 - Blood pressure screenings, four times yearly
 - Cholesterol screenings, four times yearly
 - Diabetes screenings, four times yearly
 - Body Mass Index (BMI) screenings, four times yearly
- Diabetes educator to increase by 10% the number of educational visits made to inpatients identified as having type II diabetes.

Action Plans:

- Use four “national awareness” opportunities (below) to educate residents within the primary service area on the importance of preventive care.
 - National Heart Month, February
 - National Nutrition Month, March
 - National Childhood Obesity Month, September
 - American Diabetes Month, November
- Offer monthly educational lectures on healthy lifestyles at civic organizations, senior centers, parishes, schools and businesses and implement one event for each of the National Recognition Months listed above.
- Increase access to health care screenings and relevant educational information and resources.



Priority No. 3: Mental Health

Goal:

Improve access to mental health programs and resources for members of our community.

Action Plan:

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

Dissemination of the Plan to the Public

St. Charles Hospital will disseminate the Community Service Plan as follows:

- Mailing to more than 600 physicians, St. Charles's Board of Trustees and the St. Charles Hospital Foundation Board members.
- Distribution at community events, including health fairs/screenings and other educational events, as well as to prospective nursing students and at recruitment fairs.
- Mailing to community residents and civic groups upon request.
- Posting on St. Charles's website.
- Information included in the hospital's community newsletter, with a circulation of 85,000.

Next Steps for Priorities

For each of the priority areas listed above, St. Charles Hospital will:

- Identify any related activities being conducted by others in the community that could be built upon.
- Develop measurable goals and objectives in order to evaluate the effectiveness of the educational interventions.
- Build support within the community for the identified initiatives.
- Develop detailed work plans and measurable goals.
- Address budget and financial implications.

Conclusion

St. Charles Hospital will develop a steering committee for the purpose of planning, developing and implementing action plans for the focus areas. Using the hospital's strengths and resources, St. Charles will work to best address the community's health needs and improve the overall health and well-being of the residents of the north shore of Suffolk County. This effort will be a collaborative one, continuing to build on the foundation of the LIHC partnership and forge new partnerships, programs and services to achieve goals of a healthier community.