

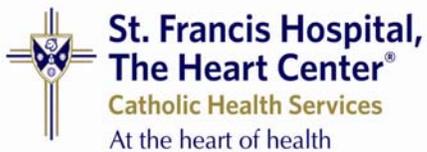
St. Francis Hospital, The Heart Center®

Community Service Plan

2014-2016



Reviewed and approved by the Board of St. Francis Hospital on September 17, 2013



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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.

St. Francis Hospital Service Area

St. Francis Hospital, The Heart Center® is a not-for-profit hospital located in Roslyn, New York, on the North Shore of Nassau County in the Town of North Hempstead. It is a member of Catholic Health Services (CHS). The Hospital’s primary service area is Nassau County, but it also serves patients from eastern Queens and western Suffolk. St. Francis’ hospital discharge data indicates that we are serving an ever increasingly older population.

St. Francis Hospital’s primary and secondary service areas include 85 percent of hospital discharges. In 2012, the Hospital obtained 56.3 percent of its discharges from its primary service area, Nassau County (up from 55.3 percent in 2011). The secondary service area provides another 29.2 percent of discharges (down from 29.8 percent) and comprises two areas, west and east. The Western area consists of 31 zip codes (30 in Queens and one in Brooklyn) and provided 15.6 percent of discharges (the same as 2011). The Eastern area consists of 26 zip codes in Suffolk County and provided 13.6 percent of discharges (down from 14.2 percent).

The population in the St. Francis Hospital service area is projected to become more racially and ethnically diverse in the coming years – with the Asian and Hispanic communities growing rapidly. In addition, the increasing portion of the population over age 45 is projected to place significant demand on cardiovascular, orthopedic, oncologic, and neurologic services.

2012 St. Francis Hospital discharge data by ethnicity

| | | |
|--------------------------|--------|--------|
| White | 14,069 | 90.4% |
| African American (Black) | 735 | 4.7% |
| Other Race | 510 | 3.3% |
| Asian | 230 | 1.5% |
| Native American | 23 | 0.1% |
| Total | 15,567 | 100.0% |

**2012 St. Francis Hospital
discharge data by age**

| | | |
|---------|------|-------|
| 0 - 5 | 1 | 0.0% |
| 6 - 13 | 2 | 0.0% |
| 14 - 17 | 3 | 0.0% |
| 18 - 24 | 71 | 0.5% |
| 25 - 34 | 200 | 1.3% |
| 35 - 44 | 462 | 3.0% |
| 45 - 54 | 1370 | 8.8% |
| 55 - 64 | 2413 | 15.5% |
| 65 - 74 | 3637 | 23.4% |
| 75 - 84 | 4557 | 29.3% |
| 85+ | 2851 | 18.3% |

Founded in 1922, St. Francis offers high quality cardiac and noncardiac care to the community regardless of race, creed, ethnic origin, or ability to pay. As a Catholic health care facility, St. Francis embraces the tradition, values, and charism of its founders, the Sisters of Franciscan Missionaries of Mary, emphasizing respect for the dignity of individuals and compassionate treatment for all.

St. Francis is New York State's only specialty designated cardiac center and a nationally recognized leader in cardiac care. The Hospital also provides an outstanding program in noncardiac surgery that employs the most advanced technology and minimally invasive techniques available for vascular, prostate, ear-nose-throat (ENT), abdominal, oncologic, gastrointestinal, and orthopedic surgery.

In July 2013, *U.S. News & World Report* ranked St. Francis Hospital among the top 10 hospitals in the nation for cardiology and heart surgery. It was the seventh consecutive year that *U.S. News* named St. Francis one of the Best Hospitals in America. The magazine also rated St. Francis among the best in the country in seven other adult specialties: ear, nose and throat; gastroenterology and GI surgery; geriatrics; neurology and neurosurgery; orthopedics; pulmonology; and urology – more than any other hospital on Long Island.

In the *U.S. News* regional rankings, St. Francis was the top ranked hospital on Long Island by *U.S. News* and rated fifth in the New York metro area. The magazine also recognized the Hospital as high performing in three specialties: cancer; diabetes and endocrinology; and nephrology.

St. Francis Hospital reported \$3.7 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 \$11.9 million at cost, and \$808 thousand was reported in bad debt at cost net of offsetting revenues in 2012.

New IRS Requirements

The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that all not-for-profit hospitals, recognized as 501(c)(3) organizations, are required to complete a Community Health Needs Assessment (CHNA). A CHNA is designed to identify, prioritize, and address health issues in a hospital's primary service area. According to IRS regulations, a CHNA must be completed at least once every three years.

A successful CHNA:

- Defines the hospital service area
- Identifies key health partners
- Includes results of a community-wide survey
- Identifies health priorities
- Explains how each partner plans to address health priorities through an Implementation Plan
- Reports health outcomes in the community
- Disseminates the findings to stakeholders

Public Participation

Community health needs are assessed on a continual basis by St. Francis Hospital's Board of Trustees and Executive Leadership Council, and its Department of Community Health & Outreach Education at collaborative sessions with member hospitals in Nassau and Suffolk counties. St. Francis Hospital also works closely with the Long Island Hospital Network (LIHN), including fellow member hospitals of Catholic Health Services of Long Island (CHS), as well as with partners in community agencies and organizations such as schools, nursing homes, and rehabilitation centers.

Assessments are also conducted via participant surveys collected at multiple outreach sites in the community. St. Francis Hospital distributed community needs surveys throughout Nassau County at over 900 community outreach events in 2012 alone. Surveys are distributed in English and in Spanish, and are available in written form and online.

Free health screening and education events are promoted via calendar listings in parish bulletins and flyers, which are posted in places of business and worship in the community, and are available on St. Francis Hospital's internet and intranet websites.

Key Health Partners

Partnering with community-based organizations is the most effective way to determine how the health priorities will be addressed. Some of these organizations include: Nassau County Department of Health and other hospitals in Nassau County, Island Harvest, and United Way of Long Island and local affiliates of American Heart Association, American Diabetes Association and American Cancer Society. This community collaboration team then develops its implementation plan in which all community-based organizations pool their resources and determine which agencies can address specific health priorities.

In 2012 and 2013 member hospitals gathered with the Nassau County Department of Health to assess community health needs by standardizing a survey that was distributed to businesses and patrons. This goal was to capture effectively pertinent data about the communities the Hospital serves, as well as to completely understand the public health needs and priorities in Nassau County.

Community Health Assessment

| NASSAU COUNTY DEMOGRAPHICS 2012 | Nassau County | New York State |
|---|----------------------|-----------------------|
| Population, 2012 estimate | 1,349,233 | 19,570,261 |
| Population, 2010 (April 1) estimates base | 1,339,529 | 19,378,104 |
| Population, percent change, April 1, 2010 to July 1, 2012 | 0.7% | 1.0% |
| Population, 2010 | 1,339,532 | 19,378,102 |
| Persons under 5 years, percent, 2012 | 5.4% | 6.0% |
| Persons under 18 years, percent, 2012 | 22.5% | 21.8% |
| Persons 65 years and over, percent, 2012 | 15.8% | 14.1% |
| Female persons, percent, 2012 | 51.5% | 51.5% |
| ----- | | |
| White alone, percent, 2012 (a) | 77.3% | 71.2% |
| Black or African American alone, percent, 2012 (a) | 12.2% | 17.5% |
| American Indian and Alaska Native alone, percent, 2012 (a) | 0.5% | 1.0% |
| Asian alone, percent, 2012 (a) | 8.4% | 8.0% |
| Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a) | 0.1% | 0.1% |
| Two or More Races, percent, 2012 | 1.6% | 2.2% |
| Hispanic or Latino, percent, 2012 (b) | 15.3% | 18.2% |
| White alone, not Hispanic or Latino, percent, 2012 | 64.1% | 57.6% |
| ----- | | |
| Living in same house 1 year & over, percent, 2007-2011 | 93.1% | 88.5% |

| | | |
|---|--------|---------|
| Foreign born persons, percent, 2007-2011 | 20.9% | 21.8% |
| Language other than English spoken at home, percent age 5+, 2007-2011 | 27.5% | 29.5% |
| High school graduate or higher, percent of persons age 25+, 2007-2011 | 89.9% | 84.6% |
| Bachelor's degree or higher, percent of persons age 25+, 2007-2011 | 41.2% | 32.5% |
| Veterans, 2007-2011 | 67,872 | 986,313 |
| Mean travel time to work (minutes), workers age 16+, 2007-2011 | 33.5 | 31.4 |

| | | |
|---|-----------|-----------|
| Housing units, 2011 | 468,593 | 8,119,364 |
| Homeownership rate, 2007-2011 | 81.8% | 54.8% |
| Housing units in multi-unit structures, percent, 2007-2011 | 21.1% | 50.5% |
| Median value of owner-occupied housing units, 2007-2011 | \$478,600 | \$301,000 |
| Households, 2007-2011 | 443,315 | 7,215,687 |
| Persons per household, 2007-2011 | 2.96 | 2.59 |
| Per capita money income in the past 12 months (2011 dollars), 2007-2011 | \$42,307 | \$31,796 |
| Median household income, 2007-2011 | \$95,823 | \$56,951 |

(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

(Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits. Last Revised: Thursday, 27-Jun-2013)

We will also partner with the Long Island Health Collaborative (LIHC) which is a working group of hospital members, local health department personnel, representatives from social service organizations, public health specialists from colleges, and others who form the core of health and human service for all Long Islanders. LIHC's goal is to help Long Islanders understand why prevention and primary care are important, why each patient must play a more active role in their own health, what resources and services are available here on Long Island, and how these resources and services can be reached.

Member organizations include:

Brookhaven Memorial Hospital
Eastern Long Island Hospital
Franklin Hospital Medical Center
Glen Cove Hospital
Good Samaritan Hospital Medical Center
Huntington Hospital
Long Beach Medical Center
John T. Mather Memorial Hospital
Mercy Medical Center
Nassau University Medical Center
North Shore University Hospital
Peconic Bay Medical Center
Plainview Hospital
St. Catherine of Siena Medical Center
St. Charles Hospital
St. Francis Hospital
St. Joseph Hospital
South Nassau Communities Hospital
Southampton Hospital
Southside Hospital
Stony Brook University Hospital
Syosset Hospital
Veterans Affairs Medical Center
Winthrop University Hospital
Nassau County department of health
Suffolk County department of health
Nassau-Suffolk Hospital Council
New York State Department of Health
United Way of Long Island
American Lung Association of Northeast
Adelphi University
Western Suffolk BOCES
Cornell University Cooperative Extension
YMCA
Catholic Charities
Hospital Association of New York State
Kaiser Family Foundation

Robert Wood Johnson Foundation
County Health Rankings and Roadmaps
Centers for Disease Control and Prevention (CDC)
Institute of Medicine
U.S. Department of Health and Human Services
National Institutes of Health
Healthypeople.gov

LIHC formed as a result of health care's change in direction and to provide the public with an online portal to the health and social service resources available. It is a collaborative effort to provide a forum for health care providers, local health departments and community-based service organizations to work together to assure and improve the health in the communities that they serve.

Results of Community-Wide Survey*

During various meeting in 2012 and 2013, members of the Nassau County Department of Health, in addition to community service plan coordinators from participating hospitals (including St. Francis), reviewed the New York State Prevention Agenda Objectives and discussed the areas of greatest need in Nassau County.

The results of the 2012 and 2013 CHNA Surveys identified the following areas of health concern in our community:

- Cancer
- Diabetes
- Heart disease
- High blood pressure
- Obesity
- Nutrition

Consequently, the health priorities chosen were:

- Chronic disease prevention
- Obesity reduction
- Vaccine-preventable disease prevention

The survey revealed that the priority geographical areas in Nassau County included:

- Freeport
- Hempstead
- Inwood
- Long Beach
- Westbury
- Roosevelt
- Uniondale
- Elmont
- Glen Cove

In analyzing the results (1083 surveys in 2012 and 166 surveys as of June 2013), it was noted:

- 66.7 percent of the respondents were female, and 33.3 percent were male
- Age range of respondents:
 - 27 percent of the respondents were in the 40-59 age group
 - 51 percent were in the 60 – 79 age group
 - 14 percent were 80+
- With regard to the top health challenges being faced:
 - 53 percent responded “Heart Disease”
 - 43 percent responded “Cancer”
 - 32 percent responded “Diabetes”
 - 69 percent of participants felt that learning more about nutrition as it relates to healthy weight management was an overriding health concern
- When asked to identify barriers to care:
 - 47 percent cited lack of health insurance
 - 27 percent noted inability to pay co-pays
 - 21 percent responded transportation problems
- When asked what health education/screenings were needed in the community, responses were:
 - Cancer: 51 percent
 - Cholesterol: 45 percent
 - High Blood Pressure: 45 percent
 - Heart Disease: 47 percent
 - Diabetes: 36 percent
 - Healthy Nutrition/Weight management: 38 percent
- Key themes were also noted by the Nassau County community-based organization surveys that included needs related to:
 - Access to care
 - Education and resources
 - Transportation
 - Hypertension
 - Obesity
 - Chronic disease management that includes heart disease, cancer and diabetes

By condensing these results, St. Francis Hospital identified the following areas of health concern:

- Cancer
- Diabetes
- Heart Disease
- High Blood Pressure
- Obesity/Overweight
- Nutrition/Healthy Eating

St. Francis Hospital's Plan to Address Community Health Priorities

a) Chronic Disease Prevention (Priority #1):

- Provide preventive health and fitness classes at low or no cost, including free student athlete cardiac screenings and free preventive health screenings for cholesterol, blood pressure and glucose via the St. Francis Hospital mobile outreach bus as well as other local venues easily accessed by public transportation throughout our communities.
- Expand prevention programs and increase access to high-quality chronic disease preventive care and management for cardiovascular disease, diabetes, and cancer in both clinical and community settings.
- Explore new opportunities to expand cancer screenings in conjunction with the opening of The Cancer Institute at St. Francis Hospital.
- Work with the Long Island Health Collaborative (LIHC) by attending regional meetings, accessing the inventory of services, and utilizing the universal screening tool as appropriate.

b) Obesity Reduction (Priority #2):

- Integrate a focus on obesity and nutrition in the hospital's community screening and education programs, by adding Body Mass Index (BMI) and waist circumference measurement to outreach program screening events.
- Increase community-based awareness initiatives related to obesity.
- Enhance services within the diabetes education department and services, and support the new bariatric surgical services at St. Francis with community education programs.
- Work with the Long Island Health Collaborative (LIHC) by attending regional meetings, accessing the inventory of services, and utilizing the universal screening tool as appropriate.

c) Vaccine-Preventable Disease (Priority #3):

- Expand the free flu vaccination program by offering it to all outreach patients. Priority #3 was selected because it clinically supports Priority #1, the prevention of chronic disease. Preventing the flu will avert complications that may occur in high risk populations, and in patients who may already have cancer, heart disease, and/or diabetes.

- Work with the Long Island Health Collaborative (LIHC) by attending regional meetings, accessing the inventory of services, and utilizing the universal screening tool as appropriate.

Note: The areas of mental health, substance abuse, and prenatal care were not selected because St. Francis Hospital does not have a behavioral health department, or OB/GYN services to support initiatives in these areas.

St. Francis Hospital's Three-Year Plan of Action

Priority #1: Prevent Chronic Disease – increase access to high-quality chronic disease preventive care and management for cardiovascular disease, diabetes, and cancer in both clinical and community settings.

Goal: Increase access to care via community-based approach.

Action Plan Strategy:

- Expand free community-based screenings for cholesterol, blood pressure, BMI, waist measurement and glucose via St. Francis Hospital's mobile outreach bus in communities across Long Island.
- Offer free cardiac screenings to high school athletes.
- Expand free blood pressure and glucose screenings via the Healthy Sunday programs, as well as at local libraries and community centers.
- Expand cancer screenings and educational programs in conjunction with the opening of the Cancer Institute at St. Francis Hospital.
- Select community centers and parishes in medically underserved areas with a high proportion of uninsured or under-insured individuals.
- Those individuals screened through the outreach program who are in need of further medical care or follow-up will be referred to either the patient's primary care physician (PMD), or if there is no PMD and/or no health insurance, the patient will be referred to the Catholic Health Services/St. Francis Hospital's Bishop McHugh Health Center for free medical care, management and treatment.

Evaluation:

Programs will be evaluated on a monthly basis of participation and successful management of those patients identified as at-risk based on the free health screenings provided. The universal screening tool will be used as appropriate.

Priority #2: Reduce obesity in adults through community-based awareness initiatives and the addition of bariatric services at St. Francis Hospital.

Goal: Increase awareness of achieving and maintaining a healthy weight.

Action Plan/Strategy:

- Add Body Mass Index (BMI) and waist circumference measurement to free community based screenings.
- Continue to develop and distribute free educational tools (in English and Spanish) to promote the benefits of healthy nutrition and increased physical activity.
- Refer those patients with identified elevated blood glucose/BMI/waist circumference measurements to the Bishop McHugh Health Center, and/or newly expanded Diabetes Education Center for medical management and education.
- Expand the Diabetes Education Center, a comprehensive educational program for non-insulin and insulin dependent people with diabetes and their families. Emphasize the treatment, self-management, and awareness of possible complications and prevention of diabetes.
- Continue to promote and offer nutrition classes, such as the Heart of Good Eating, to assist participants in making nutritious food choices.
- Establish a bariatric surgical specialty at St. Francis Hospital.

Evaluation:

Programs will be evaluated on a monthly basis by the numbers of participants who attend. Educational material, health counseling and referral to medical evaluation will be offered to those who screen out of range. The universal screening tool will be used as appropriate.

Priority #3: Prevent vaccine-preventable disease through community wide efforts to decrease the burden of influenza.

Goal: Provide free influenza vaccine to high risk/medically underserved populations at outreach sites across Long Island.

Action Plan/Strategy:

Flu immunization is an existing priority at St. Francis Hospital and represents an area of potential growth. The Hospital seeks to increase its reach in delivering free flu immunizations to seniors and the community through the addition of outreach sites and number of vaccinations offered. We plan to expand the free flu vaccination program through the Healthy Sundays program, and focus upon serving medically underserved communities identified in the CHNA. We will utilize the outreach bus to bring registered nurses with flu vaccines to community sites (i.e. senior centers, libraries, Project Independence locations, etc.)

- 1,600 flu vaccines are already on order for community use for the 2013-2014 flu season

Evaluation:

St. Francis Hospital’s goal is to reach more seniors and people with limited access to care with free immunizations during critical flu season. Evaluation of the program will be based on a monthly evaluation of the number of immunizations provided compared to previous years. The universal screening tool will be used as appropriate

Dissemination of the Plan to the Public

The St. Francis Hospital Community Service Plan will be posted on the hospital’s website at www.stfrancisheartcenter.com. Copies will be available at local free health screenings and can be mailed upon request.

A summary of the three-year Community Service Plan will be incorporated into a new publication titled “**St. Francis Hospital Serves the Community.**” This report will reflect the amount of charity care, uncompensated care, community service, and other charitable activities provided by St. Francis Hospital on an annual basis. It will be posted on the St. Francis Hospital website and be distributed at the Hospital’s community events.

By encouraging our friends and neighbors to complete our CHNA Survey online or at local screenings, our Community Health Needs Assessment will help St. Francis continue to develop ways to best serve our community. “**The SFH Community Health Survey – What is it? And Why?**” (attached) is a single-page explanation of the health survey, which is available at www.stfrancisheartcenter.com.

In addition, a condensed “How Are We Doing?” survey describing patient and program satisfaction (attached) will be disseminated to the public at local screenings and collected for analyses.

Tracking Progress

St. Francis Hospital maintains a database of all patients screened on the outreach bus and in the community. Those who screen out of range will receive follow-up telephone calls to assure that they have access to care and have made medical appointments as needed. If individuals do not have health insurance, a referral is made to the St. Francis Hospital CHS Bishop McHugh Health Center.

We also expect that our new Community Health Needs Assessment will help us to develop ways to best serve our community. The results of these surveys are being collected and incorporated into a statistical database for review and analysis.

Responses to the “**How Are We Doing?**” survey focused on patient and program satisfaction will be collected for analysis. LYONS/CBISA statistical analyses are run on a monthly basis to determine program needs and trajectory.

Financial Statement

The Institutional Cost Report has been provided to the New York State Department of Health under separate cover.

Conclusion

The Community Service Plan is intended to be a dynamic document. Utilizing the Hospital’s strengths and resources, St. Francis, along with community partners, will work to continue to best address health disparities and needs. We will strive to improve the overall health and well-being of individuals and families by expanding free health promotion and disease prevention/education screenings and programs in communities where they are most needed. St. Francis Hospital is committed to continue to develop ways to best serve the community.

**Note: Year 2013 data is based on 166 collected and analyzed surveys. Year 2012 data is based on 1083 collected and analyzed surveys.*

Resources

NYS Department of Health:

<http://www.health.ny.gov/statistics/quickfacts.census.gov/qfd/states/36/36059.html>