



**Community Service Plan
Comprehensive 3-Year Plan Format
September 15, 2009**

I. Mission Statement

A. Mission Statement for Niagara Falls Memorial Medical Center

“Improving the health of the Greater Niagara Region with a passion for excellence.”

B. Changes to the Mission Statement

n/a

II. Service Area

A. Hospital Service Area

Western Niagara County and northern Erie County

B. Description of Service Area

Zip codes: 14301, 14303, 14304, 14305, 14072, 14092, 14107, 14109, 14120, 14131, 14132, 14144, 14172, 14174

III. Public Participation

A. Participants

Identify the participants involved in assessing community health needs.

In September 2008, NFMCC engaged HMS Associates, a firm specializing in guiding innovation and health services development through comprehensive multifaceted needs assessments and evaluations, to perform a Quantitative Community Health Needs and Services Assessment. When that report was completed in November 2008, we shared it with our physicians, senior clinical staff, and community groups and agencies (including the community based Memorial Medical Center Alliance), and subsequently with the Niagara County Health Department and the Orleans-Niagara Board of Cooperative Educational Services (BOCES).

In the spring of 2009, Niagara Falls Memorial partnered with third-party payor Independent Health to commission a review and assessment of the organization's efforts to meet the community healthcare needs in a sustainable manner. That study was conducted in May, June and July 2009.

The findings (“Review, Assessment and Recommendations for Niagara Falls Memorial Medical Center,” Rona Consulting Group, 2009) were shared with Niagara County Health

Department, New York State Department of Health, government officials, employees, physicians and community members during two days of meetings (August 17-18, 2009).

To ensure CSP/CHA alignment with the Niagara County Health Department and the county's other hospitals, meetings were held with them on 12/16/2008, 1/29/2009, 2/27/2009, 5/7/2009, 6/23/2009, 7/22/2009, and 8/26/2009.

A separate committee (Diabetes Group – please see Priority 1 below) comprising representatives from all Niagara County hospitals and the Niagara Health Department met on March 26, April 9 and June 29, 2009.

B. Outcomes

1. Specify the dates and provide a brief description of the outcomes of the public input process.

Dates are above. The publics we met with agreed with the findings of the studies referenced above.

2. Summarize any discussions concerning barriers to care or gaps in service.

The most significant gap in service in our area is accessibility to and the ability to pay for primary/preventive care and lack of insurance coverage. These factors have led to a documented, inappropriate overuse of our emergency department for non-emergent care. The medical center is in discussions with the Community Health Center of Buffalo, Inc., to open a Federally Qualified Health Center (FQHC) in Niagara Falls to address that service gap.

3. Describe how public notification of these sessions was accomplished.

Attendance to the events listed in III. A. above was by invitation.

Attendance at events listed in Section IV. D. below was solicited through the use of website postings, community and neighborhood flier distribution, cable television postings and print advertisements. NOTE: Public input regarding the provision, availability and accessibility of services is solicited at all such events.

IV. Assessment of Public Health Priorities

A. Criteria of Public Health Priorities

Working in conjunction with the Niagara County Health Department and representatives from the county's other hospitals – Mount St. Mary's (Lewiston), DeGraff Memorial (North Tonawanda), and Eastern Niagara Hospital (Lockport and Newfane) at sessions attended by NYSDOH representatives, we considered data from:

- Community Health Needs and Service Use Assessment (HMS Associates 2008)
- Prevention Quality Indicators in New York State (NYSDOH)
- Review, Assessment and Recommendations for Niagara Falls Memorial Medical Center (Rona 2009)

B. Selected Prevention Agenda Priorities

Niagara Falls Memorial Medical Center has selected three Prevention Agenda Priorities:

- 1) In conjunction with the Niagara County Health Department and the other four Niagara County hospitals -- Diabetes Awareness, Education and Management
- 2) Infectious Disease Prevention
- 3) Stroke Prevention and Education

C. Status of Priorities

Describe whether the priorities selected represent *new* community initiatives or *existing* programs that will be supplemented by input and support from community partners.

- 1) Diabetes: New Initiative
- 2) Infectious Disease Prevention: New Initiative
- 3) Stroke Prevention and Education: Existing program that will be supplemented

D. Priorities Considered in Assessment Process

Provide a description of the scope and of all hospital public health programs not included in the Prevention Agenda, including program scope and goals.

Niagara Falls Memorial Medical Center maintains an ambitious schedule of public health/wellness and community outreach programming. The overarching goals of this outreach are:

- Address needs that are brought to our attention by community groups and agencies
- Facilitate linkages between the medical center, its staff and the community it serves
- Present and communicate information that will enable community members to make good decisions regarding their health, including accident and disease prevention
- Take presentations out into the community

During the past 12 months, this outreach has included presentations on:

- Living with Diabetes (three different community locations)
- Breast Cancer Awareness (Niagara Arts & Cultural Center)
- Preventing Teen Suicide
- Women and Heart Disease
- Preventing/Recognizing Stroke
- Advance Directives
- Cancer Prevention
- Importance of Taking Statins for Cardiac Care
- Choosing an Emergency Room
- The Role of Non-Invasive Technology in Diagnosing and Treating Heart Disease
- Recognizing and Managing Sleep Disorders
- Personal Hygiene
- Diabetes and You
- Doing Right by My Baby (Teen Parenting – at 18th Street Community Center)
- Avoiding Slips, Trips and Falls
- Ergonomics and Injury Prevention
- Smoking Cessation (including Wrobel Towers and Spallino Towers with Niagara Falls Housing Authority)
- Stroke Screenings (three at different community locations)
- Less Invasive Alternatives to Spine Surgery
- Headaches after Age 50

In addition, we produced interactive activities and health screenings at:

- Tuscarora Healthy Harvest Health Fair
- City of Niagara Falls Employee Health Fair
- World Diabetes Day Class and Walk to Falls
- Head Start/Sacred Heart for Parents Health Fair
- Crestwood Commons Independent Living
- Niagara County Head Start/Donovan Site for Parents Health Fair
- Niagara Falls School District Employee Health Fair
- Gaskill Middle School – United University Women Careers Program
- Niagara County Community College Health Fair
- Doris Jones Family Resource Building
- Mount Zion Baptist Church
- Relay for Life, Lewiston-Porter
- Refuge Temple of Christ Health Fair
- Relay for Life Niagara Falls
- Fashion Outlets of Niagara (2)
- Good News Gospel Festival & Health Fair
- African American Family Festival

This programming will continue in 2010.

V. Three Year Plan of Action

A. Strategies for Selected Priorities

For the Public Health Priorities identified in Section IV, including the two or three Prevention Agenda priorities, describe the strategies proposed to address them:

1. Whether they are new or existing priorities.
2. How they will be addressed by the hospital and community partners and by whom.
3. The overall goals of the strategies.
4. How the goals will be measured for effectiveness.
5. How the strategies may be modified to include on-going input and support from the hospital's community partners.

Priority 1

Diabetes Awareness, Education and Management

Goal: (New) Prevent and improve management of diabetes in Niagara County

Note: This is a shared priority identified and decided upon as a joint effort by the Niagara County Health Department, DeGraff Memorial Hospital, North Tonawanda; Eastern Niagara Hospital (Lockport and Newfane sites); Mount St. Mary's Hospital and Health Center, Lewiston; and Niagara Falls Memorial Medical Center.

Background

Reviewing current BRFSS statistics indicate that the rate of diabetes in Niagara County is 11.9% with 10.6% in males and 13.2% in females. These statistics are higher than the NYS rates of 9.7% overall, 7.6% in males overall and 11.6% overall in females.

We recognize the relationship of diabetes to cardiovascular disease and obesity as well as the behavioral risk factors such as poor nutrition and lack of physical activity. These issues will be taken under consideration as the collaborative plan develops.

An estimate of recent hospitalizations at Mount St. Mary's, Lewiston, indicates that 16 percent of admissions were for diabetes. Only 5 percent of that population was referred for Diabetes Self Management Education.

The American Diabetes Association, in the revised national Standard for Diabetes Self Management Education, states that diabetes education is effective for improving clinical outcomes and quality of life and that ongoing support is critical to sustain progress made by participants during the DSME program.

We recognize the fact that another barrier to care is that patients may not have the resources to attend classes/counseling as insurance and co-pays are not manageable.

We also identified that physicians may not be ordering an A1C for all patients with diabetes or pre-diabetes or following current standards of care.

Strategies/Objectives

Objective # 1: By the 4th quarter 2012, empower participants by increasing access to information and improving knowledge, skill-building techniques and self-care behaviors that lead to positive behavior change and reduction in diabetes prevalence.

Objective # 2: By the 4th quarter 2012, develop and implement pre-diabetes education and offer regularly in community settings.

Objective # 3: By the 4th quarter 2012, develop community education lectures and public service announcements that emphasize good nutrition, increasing physical activity, mental health and risks factors for chronic disease including diabetes.

Objective # 4: By the 4th quarter 2012, develop and implement a protocol for patients with diabetes entering hospitals to promote referrals for diabetes education class/counseling (DSME), and regular A1C testing.

Measurables

- Numbers of pre-diabetes self-care educational programs and numbers of participants (impact measure)
- Pre-Post test of participants in educational programs (outcome measure--change in knowledge)
- Change in BRFSS statistics on diabetes rates in Niagara County (outcome measure)
- Participant satisfaction with educational programs (outcome measure)
- Numbers and reach (spread in the community) of media publications (impact measure)
- Numbers of participating community and/or faith-based organizations in the initiative(s) (impact measure)
- Numbers of referrals for diabetes education classes (impact measure) Numbers of referrals and completion of A1C testing (impact/outcome measure)

Ongoing input/community support

The Niagara County Department of Health and representatives from the collaborating hospitals will meet regularly to pursue and review the effectiveness of the above listed strategies. We will make modifications based upon our results and the input we receive from patients and community members.

We also will actively pursue additional local and regional collaborative opportunities (e.g. Niagara County school districts, community and faith-based organizations, P2 Collaborative of WNY).

Priority 2

Infectious Disease Prevention

(New) Goal: Immunize 90 percent of adults age 65+ in the population we serve against influenza and pneumonia by 2013

Background

Niagara Falls Memorial Medical Center provides an annual influenza and pneumococcal immunization program for adults in the community. This is usually over the course of three weekend clinics and averages 1,000 attendees per year. These clinics serve as practice drills/HPOD exercises and we utilize input each year from the NYSDOH Disaster Preparedness team to analyze the process and improve throughput. This clinic also reaches out to the local soup kitchen.

- The hospital has a policy to assess inpatients for eligibility to receive both the influenza vaccine and the pneumococcal vaccines. This is to comply with CMS measures and NYSDOH recommendations to prevent these illnesses and associated complications and to prevent further admissions to the hospital and decrease length of stay (LOS). There is ongoing monitoring of these immunizations by our Pharmacy and via the pneumonia study.
- NFMMC's pharmacy provides vaccine to the Hamilton B. Mizer Primary Care Center and the Tuscarora Health Center for outpatient vaccinations.
- WNY Occupational Health Care, a privately held service that leases space from and is located at Memorial Medical Center, provides vaccinations to employees of the Niagara Falls City School District, Niagara Falls Police Department, Niagara Falls Fire Department and a significant number of private employers.
- The immunization program through the Niagara County Health Department also provides immunizations to the community.
- Schoellkopf Health Center (Memorial's attached skilled nursing facility) vaccinates its residents and employees via NYSDOH direction because they care for the elderly and the SHC Infection Control Nurse arranges for immunization clinics for the Towers across the street.
- Memorial's benchmark for pneumococcal vaccinations to adults 65+ years of age (NYS average) is 78 percent. Our actual results for the first seven months of 2009 average 83.9 percent.
- Our benchmark (NYS average) for influenza vaccination (October to April) is 80 percent. Our monthly actual results for 2009 YTD average 80.5 percent.

Strategies

- Working in conjunction with NYSDOH, Niagara County Health Department, NFMMC will initiate a communication initiative aimed at educating employees and the community at large about the need for influenza vaccination, the H1N1 virus and the importance of NYSDOH requirements for employees to receive the both the seasonal and H1N1 influenza vaccines. We will track the success of this effort internally using policies and procedures to be

implemented by the medical center. We will track our progress in immunizing adults age 65+ using the established measuring apparatus for CMS reporting.

- This information effort will involve and include public presentations, newspaper features, and cable television appearances.
- NFMCC also will initiate a robust Respiratory Hygiene and Cough Etiquette communication effort both in house and in the community.
- Behavioral health inpatients represent a high-risk population for the spread of infectious disease. We will initiate a charting process to assess vaccination needs and track the percentage of discharged BH patients who receive influenza vaccine.

Measurables

We will track our progress in immunizing adults age 65+ using the established measuring apparatus for CMS reporting.

Ongoing input/community support

Niagara Falls Memorial Medical Center will explore community partnerships for the issuance of influenza and pneumococcal vaccines with the Pine Pharmacy and Wegmans Pharmacy (our 340B Discount Prescription Plan partners); Health Association of Niagara County Inc. (HANCI); Niagara County Health Department, Niagara Falls Housing Authority and other organizations.

**Priority 3
Improve Stroke Care**

(Existing) Goals:

- 1. Collaborate with other local hospitals, school districts and other community partners to implement health interventions that will improve the prevalence of cerebrovascular occurrences in Niagara County.**
- 2. Improve community awareness of stroke signs and symptoms**

Background

The age-sex adjusted death rate for Niagara Falls was high in comparison to the rate for Niagara County communities studied, 941.8 deaths per 100,000 people and 838.5 deaths per 100,000 people, respectively. Deaths rates for accidents, cancer of unspecified sites, cardiovascular diseases including heart attacks and pulmonary circulatory disorders, and diabetes were comparatively high. (HMS Associates 2008)

Statistics released by NYSDOH (Cerebrovascular Disease (Stroke) Death Rate Per 100,000 Population) show Niagara County’s rate is consistently higher than both upstate and the state as a whole.

Year	Niagara County Single Year	Niagara County 3-Year Average	Upstate New York
1998	69.9		52.2
1999	80.7	71.4	54.8
2000	63.8	76.0	53.8
2001	83.7	74.2	51.6
2002	75.2	73.4	51.0
2003	61.4	61.3	48.2
2004	47.2	52.8	45.2

Year	Niagara County Single Year	Niagara County 3-Year Average	Upstate New York
2005	49.8	49.1	44.2
2006	50.4	50.8	41.5
2007	52.1		38.8

Cerebrovascular Disease (Stroke) Deaths and Death Rates

Cerebrovascular Disease (Stroke) - Deaths and Death Rates Per 100,000 Residents

Source: 2005-2007 Vital Statistics Data as of March, 2009

Adjusted Rates Are Age Adjusted to The 2000 United States Population

Region/County	Deaths				Population	Crude	Adjusted
	2005	2006	2007	Total	2006	Rate	Rate
Reg-1 Western New York							
Allegany	25	29	25	79	50,267	52.4	42.3
Cattaraugus	41	37	39	117	81,534	47.8	39.0
Chautauqua	75	63	74	212	135,357	52.2	37.1
Erie	615	540	502	1,657	921,390	59.9	43.8
Genesee	27	22	27	76	58,830	43.1	33.1
Niagara	108	109	112	329	216,130	50.7	38.7
Orleans	31	19	28	78	43,213	60.2	53.8
Wyoming	27	16	16	59	42,613	46.2	42.9
Region Total	949	835	823	2,607	1,549,334	56.1	42.0
New York State Total	6,576	6,318	5,882	18,776	19,306,183	32.4	29.1

Source: NYSDOH

Strategies

- Complete requirements for credentialing as a New York State Certified Stroke Center.
- Publish and distribute “Understanding Stroke – A Guide for Patients and Family Members.”
- Working through the director of community outreach, collaborate with the American Heart Association/American Stroke Association to expand the “Power to End Stroke” initiative to include community and faith based organizations of all racial, ethnic and socio-economic backgrounds.
- Continue with established community screening and education throughout Niagara Falls and surrounding area.
- Conduct pre-hospital stroke care training for local Emergency Medical Services providers (in partnership with the Stroke Center at Millard Fillmore Gates Circle Hospital).
- Collaborate with area schools districts, beginning with the Niagara Falls City School District, to implement the National Stroke Association’s Hip Hop Stroke program. Carried out primarily in urban K-12 schools, the program teaches children to develop lifelong health habits that prevent stroke and to recognize stroke symptoms. Children also learn to identify stroke as an emergency and to call 9-1-1.

Measurables

1. Number of patients treated for CVA based in ICD-9 codes.
2. Track time from onset of stroke symptoms to patient presentation in ER
3. Number of “Power to End Stroke” presentations and number attending.
4. Number of EMS personnel receiving pre-hospital stroke care training
5. Number of Hip Hop Stroke programs presented and number of students/pupils attending.

Ongoing input/community support

We will meet with and seek support and feedback from school district representatives, American Heart/American Stroke Association, major employers, community organizations, faith-based groups and the Niagara County Health Department regarding the strategies outline above.

VI. Financial Aid Program**A. Successes and Challenges**

Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807(k) (9-a).

1. Do not include the summary of the hospital's policy or financial data required by Exhibit 50 of the ICR; rather discuss general accomplishments, process improvements and/or best practices related to the hospital's financial aid program.

The large uninsured and low-income population in Niagara Falls is the biggest challenge related to providing financial aid in accordance with Public Health Law 2807(k)(9-a). In 2008 we provided \$7 million in uncompensated care to our community. We have improved the process of providing this care by working collaboratively with the Niagara County Department of Social Services to enroll community members in Medicaid. The Department of Social Services provides us with on-site staff that process Medicaid applications provided by our employees.

We have one full-time employee dedicated to helping our eligible inpatients, and one full-time and one part-time employee dedicated to helping our patients who use our Emergency Room. We cover our Emergency Room during the day, night and weekend hours. In our family clinic, two facilitated enrollers from a local health insurance company work to enroll our clinic patients in Medicaid.

We encourage patients who are ineligible for Medicaid to apply for financial aid/charity care. We are improving on our financial aid/charity care policy by purchasing a software product that will enable us to perform presumptive eligibility for our financial aid/charity care. Presumptive eligibility will allow us to qualify our patients for financial aid/charity care without burdening them with excessive paperwork requirements.

VII. Changes Impacting Community Health/ Provision of Charity Care/Access to Services**A. Potential Impacts**

Describe any changes to the hospital's operation or financial situation that impacts the care of the community, financial assistance and/or access to health care. This could include, but is not limited to, impending mergers, increasing financial constraints, and key personnel turnover.

A national consulting firm has reviewed our operations and ascertained that the rates of payment from our commercial payers are not enough to cover our costs of doing business.

We are in the process of negotiating fair and equitable rates with our commercial payers at this time. We are in the process of transforming care at the bedside to provide better patient care by enabling our nurses to spend more time bedside with their patients and less time with paperwork. This will also lead to a more efficient delivery of care system by helping to contain costs. We recognized that our community needs access to more renal dialysis beds and we applied to the NYSDOH to open a 17-station dialysis unit. We anticipate this unit will be operational in the fourth quarter of 2009.

VIII. Dissemination of the Report to the Public

A. Public Information

A key element of the Community Service Plan is the dissemination of pertinent information regarding a hospital's public health programs and availability of financial assistance to the public.

1. Disseminate a written summary of the CSP to the public. This summary can be in brochure or pamphlet form.
2. Post information to hospital's websites.
3. Include pertinent financial data that demonstrates current and future commitment to public health programs and financial assistance.
4. The summary should highlight key information regarding a hospital's public health programs, including Prevention Agenda priorities and non-Prevention Agenda programs, if applicable.

This will be done by October 1.

IX. Financial Statement

A. Financial Information Notes

The Department of Health will not require a separate financial statement to be submitted as part of the Community Service Plan.

Financial data already reported to the Department through the Institutional Cost Report (ICR) will satisfy the statutory requirement.