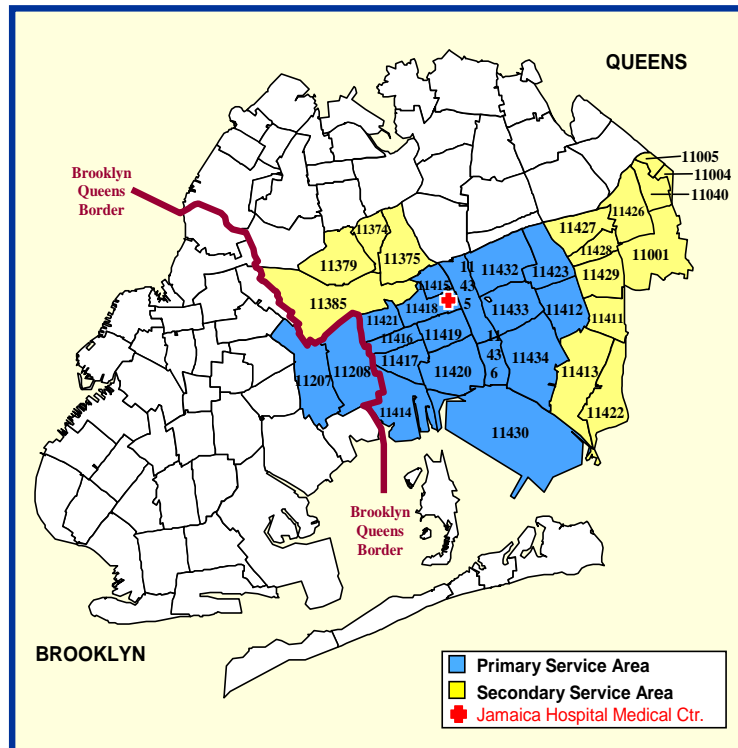




## Community Service Plan - 2009



For more information...or to receive additional copies of this report, contact The Department of Public Affairs at 718.206.6772.

The report will also be posted on Jamaica Hospital's website: [http://jamaicahospital.org/pages/pub\\_aff/pub\\_affairs.htm](http://jamaicahospital.org/pages/pub_aff/pub_affairs.htm)

Prepared by the Planning Department

## I. Mission Statement

### A. Mission Statement for Jamaica Hospital Medical Center

To serve our patient and the community in a way that is second to none.

### B. Changes to the Mission Statement

There have been no changes to the Hospital's mission statement.

## II. Service Area

### A. Hospital Service Area

Jamaica Hospital Medical Center ("JHMC" or "Jamaica Hospital" or "Jamaica" or "the Hospital") serves three Primary Service Areas ("PSA") - Southwest Queens (SWQ), Jamaica and East New York (ENY) Brooklyn, and two Secondary Service Areas – Southeast Queens (SWQ), and West Central Queens (WCQ). The total service area has over 1 million residents, 36% being Black/African American and 40% being foreign born. Each neighborhood is somewhat different in terms of its racial and ethnic make-up. Much of the Hospital's service area suffers from poverty, with 25% Medicaid eligible, and many uninsured residents, as well as many documented and undocumented immigrants, some of whom speak limited or no English.

### B. Description of Service Area

The Hospital's service area was determined by analyzing SPARCS discharge data at the zipcode level. The highest volume zipcodes were aggregated into United Hospital Fund neighborhoods. The total service area collectively accounts for approximately 88% of the Hospital's total cases, with SWQ at 42%, Jamaica at 26%, ENY at 12%, SEQ cases at 6% and WCQ at 2% of the Hospital's total cases.

## III. Public Participation

### A. Participants

The participants included staff from various departments including Family Medicine, Public Affairs and Administration (the Workgroup), Members of the Hospital's Community Board for Health Care (Community Board), the Hospital's Board of Trustees, and Queens Quits.

### B. Outcomes

In April of 2009, the Workgroup discussed the community health prevention priorities, the needs of the Hospital's service area and potential partners. Discussions also included barriers to care/gaps in services including the difficulty in employing effective smoking cessation strategies that are ultimately successful in smoking cessation on the short term and long lasting. Physicians have proven to be effective in this process, but need to be educated on counseling techniques. Colon cancer screening through colonoscopy is highly effective in prevention; however, many patients are reluctant to undergo the screening procedure because of the preparation required and concerns about the procedure. Limited treatment facility space is available to increase the number of procedures performed. Additionally, patients who fail to keep procedure appointments or cancel due to poor preparation procedures negatively affective the number of persons able to be screened.

### III. B. Outcomes (con't)

As suggested by the representatives from New York City Department of Health and Mental Hygiene (NYCDOH&MH) and the New York State Department of Health (NYSDOH), in assessing priorities the Workgroup utilized data in the New York City Community Health Profiles, including the City's Take Care New York (TCNY) prevention targets and Prevention Quality Indicators on the NYSDOH website. . In addition, the Workgroup took into consideration the suggestion by the NYCDOH&MH commissioner that smoking cessation and cancer screening be top priorities for hospitals in the City of New York.

In May 2009, NYSDOH's new prevention agenda requirements for community service plans, Workgroup findings and Hospital staff recommendations for the prevention priorities were shared with the Hospital's Community Board. The Community Board is an advisory group which serves as a public forum to provide information to the community and receive feedback on needed services and programs that the community feels the Hospital should provide. The Community Board consists of membership from the local New York City Community Planning Boards served by Jamaica Hospital, and representatives from various faith and community based organizations operating in the community. Members are encouraged to bring other individuals and organizations to attend meetings and become regular members. The May meeting included discussions about barriers to care/gaps in services including the difficulty in employing effective smoking cessation strategies that are ultimately successful in smoking cessation on the short term and long lasting. Physicians have proven to be effective in this process, but need to be educated on counseling techniques. Colon cancer screening through colonoscopy is highly effective in prevention; however, many patients are reluctant to undergo the screening procedure because of the preparation required and concerns about the procedure. Limited treatment facility space is available to increase the number of procedures performed. Additionally, patients who fail to keep procedure appointments or cancel due to poor preparation procedures negatively affect the number of persons able to be screened. The two (2) priorities chosen were Smoking Cessation and Colon Cancer Screening. The selections were shared with the Hospital's Board of Trustees and Department Heads at their respective June 2009 meetings.

Over the summer of 2009, the Workgroup developed the prevention agenda three year action plan including a marketing campaign. Member organizations of JHMC's Community Board will participate by publicizing and disseminating campaign material. Queens Quits, one of the NYSDOH's Tobacco Control Program Cessation Networks was approached and agreed to be a partner. Through the Colonoscopy Navigator grant program, NYCDOH&MH, is already working with the Hospital on cancer screening.

## IV. Assessment of Public Health Priorities

### A. Criteria of Public Health Priorities

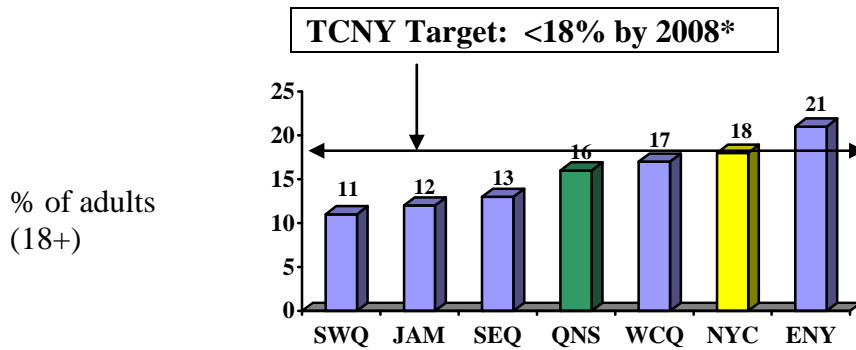
In addition to input from the Hospital’s community, community health need data from two primary sources were also used to select the Prevention Agenda Priorities.

**Source #1: NYC’s Community Health Profiles.** New York City’s Community Health Profiles provide information on preventable causes of illness and death in 42 New York City neighborhoods, including the two chosen prevention priorities of smoking cessation and colon cancer screening.

### ...Smoking ...

Tobacco use is the leading cause of preventable death and disease in the United States. Many illnesses and deaths due to smoking may be avoided by quitting smoking. In JHMC’s service areas smoking rates for adults over 18 years of age range between 11% in SWQ and 21% in ENY . The smoking rates in WCQ & ENY are higher than the Queens rate of 16% and the ENY rate is higher than the New York City (NYC) rate and the TCNY target rate of 18%.

**JHMC Service Area**  
Residents Who Smoke



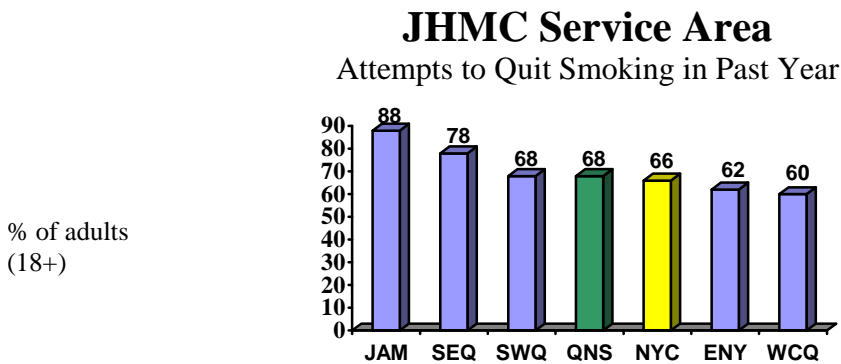
**Data Source: NYC Community Health Survey 2004**

*\*On 9/1/4/09, 1 day before the deadline for this document, the 2012 TCNY targets were published. This data will be incorporated into future prevention agenda updates.*

**IV. A. Criteria of Public Health Priorities, (con't)**

**...Smoking ...**

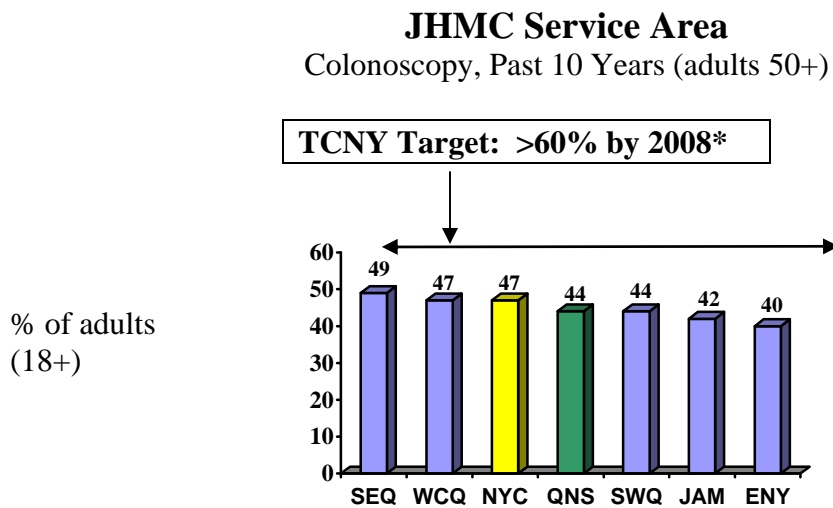
Many JHMC service area residents are trying to quit smoking. Attempts to quit smoking ranged between 88% in Jamaica and 60% in WCQ. The attempt to quit rate in ENY was 62% and in WCQ was 60%. Both rates are lower than the Queens rate of 68% and the NYC rate of 66%.



Data Source: NYC Community Health Survey 2004

**... Colon Cancer...**

The colon cancer screening rates in JHMC’s service area over the past 10 years in adults over 50 years old ranges from 49% in SEQ to 40% in ENY. All neighborhood rates are far below the TCNY target rate of 60% and some neighborhoods are below the Queens rate of 44% and the NYC rate of 47%.



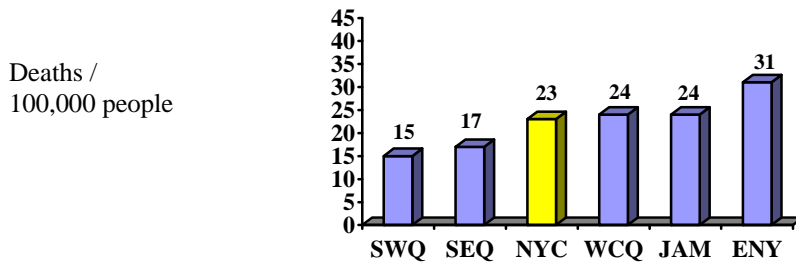
Data Source: NYC Community Health Survey 2003-2004

*\*On 9/1/4/09, 1 day before the deadline for this document, the 2012 TCNY targets were published. This data will be incorporated into future prevention agenda updates.*

**IV. A. Criteria of Public Health Priorities, (con't)**

The death rate in men due to colorectal cancer in the service area ranges from 15 deaths per 100,000 people in SWQ to 31 deaths per 100,000 people in ENY. Three of the five service area neighborhoods were above the NYC rate of 23 deaths per 100,000 people.

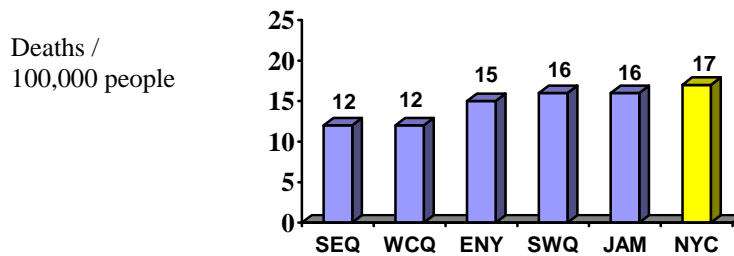
**JHMC Service Area**  
Colorectal Death Rates in Men



**Data Source: Bureau of Vital Stats, NYCDOH&MH, 2003-2004, US Census/ NYC Dept of City Plan**

The death rate in women due to colorectal cancer range in the service area ranges from 12 in SEQ and WCQ to 16 in SWQ and Jamaica. All neighborhoods were below the NYC rate of 17 deaths per 100,000 people.

**JHMC Service Area**  
Colorectal Death Rates in Women



**Data Source: Bureau of Vital Stats, NYCDOH&MH, 2003-2004, US Census/ NYC Dept of City Plan**

#### **IV. A. Criteria of Public Health Priorities, (con't)**

**Source #2: Prevention Quality Indicators (PQIs).** The Prevention Quality Indicators (PQIs) are a set of measures developed by the federal Agency for Healthcare Research and Quality (AHRQ) for use in assessing the quality of outpatient care for "ambulatory care sensitive conditions" (ACSCs). NYSDOH analyzed the PQIs by zipcode and published the findings on their interactive website. ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The PQIs are measured as rates of admission to the hospital for these conditions in a given population. The 12 PQIs that DOH analyzed pertain to adults are the rates of admission to the hospital for: Short-term and long-term complication of diabetes, Uncontrolled diabetes, Lower-extremity amputation among patients with diabetes, Hypertension, Congestive heart failure, Angina, Chronic obstructive pulmonary disease, Asthma, Dehydration, Bacterial pneumonia, Urinary tract infection.

These conditions are grouped into four categories on DOH's site: diabetes, circulatory, respiratory, and acute conditions, as well as a composite measure (hospital admission for all of the 12 conditions). The PQIs can be used as a starting point for evaluating the overall quality of primary and preventive care in an area. They are sometimes characterized as "avoidable hospitalizations," but this does not mean that the hospitalizations were unnecessary or inappropriate at the time they occurred.

The measures provide an overall picture of the health of the communities and health status for the 12 conditions. They indicate that residents of JHMC's service areas, particularly the African American population, are sick. Although there is no PQI measure related directly to smoking, the PQI for respiratory conditions is, at least partially, a function of the number of people in the area who smoke.

##### **Primary Service Area Southwest Queens (PSA SWQ)**

In JHMC's top PSA SWQ, for all conditions, percentage of admissions as compared to the expected, by race/ethnicity were 145% for African Americans, 134% for Other, 84% for Whites, 83% for Hispanics, 75% for Asians and an overall 97%.

In JHMC's PSA SWQ, for all respiratory conditions, admissions as percentage expected by race/ethnicity ranged were 121% for African Americans, 98% for Other, 92% for Whites, 77% for Hispanics, 56% for Asians, and an overall 91%.

##### **Primary Service Area Jamaica (PSA Jamaica)**

In JHMC's PSA Jamaica, for all conditions, percentage of admissions as compared to the expected, by race/ethnicity were 144% for African Americans, 163% for Other, 114% for Whites, 76% for Hispanics, 49% for Asians, and an overall 128%.

In JHMC's PSA Jamaica, for all respiratory conditions, admissions as percentage expected by race/ethnicity ranged were 131% for African Americans, 116% for Other, 103% for Whites, 76% for Hispanics, 23% for Asians, and an overall 114%.

##### **Primary Service Area East New York (PSA ENY)**

In JHMC's PSA ENY, for all conditions, percentage of admissions as compared to the expected, by race/ethnicity were 229% for African Americans, 99% for Other, 199% for Whites, 132% for Hispanics, 83% for Asians, and an overall 191%.

#### IV. A. Criteria of Public Health Priorities, (con't)

In JHMC's PSA ENY, for all respiratory conditions, admissions as percentage expected by race/ethnicity ranged were 200% for African Americans, 76% for Other, 144% for Hispanics, and an overall 179%. Note: White and Asian populations are too small to be analyzed.

#### B. Selected Prevention Agenda Priorities

The two (2) priorities chosen were Smoking Cessation and Colon Cancer Screening.

#### C. Status of Priorities

**Smoking Cessation Program:** Jamaica Hospital is making significant investments in helping community residents quit smoking. JHMC has partnered with the Queens Quits Campaign on smoking cessation. Queens Quits has already in-serviced a group of physicians and are in the process of scheduling additional educational sessions with the Hospital's community-based ambulatory care centers. JHMC is developing an awareness campaign to the public which will include posters and flyers distributed to community agencies who have agreed to partner with JHMC and the hospital's extensive ambulatory care network which sees over 400,000 visits per year in twelve facilities. Progress will be measured by the number of posters/flyers distributed, and the improvement in the percentage of patients counseled and those who have been provided referrals to smoking cessation programs or other cessation methods. *For more information, contact Fred Beekman at 718-206-7050.*

**Colon Screening Program:** Jamaica Hospital has made significant investments in helping community residents detect this cancer as early as possible and, if detected, to manage this serious health problem. Colon cancer is easily detectable with routine screening, and is curable if found early enough. JHMC was privileged to be part of the "Colonoscopy Screening Navigator Program," which received one year seed funding by the New York City Department of Health. The program has been shown to be effective and the Hospital has made a commitment to continue the program without grant funding. A process of direct referrals will be instituted to allow patients from select health centers to refer patients at low surgical risk directly for the colonoscopy procedure reducing the waiting period for obtaining the procedure. JHMC is developing a prevention awareness campaign for the public which will include posters/flyers on colonoscopy screening distributed to community agencies partnering in this initiative as well as to patients in the Hospital's extensive ambulatory care network. Progress will be measured by the number of posters/flyers distributed, number of screening colonoscopies performed and number of direct referral screening colonoscopies performed. *For more information, contact Fred Beekman at 718-206-7050.*

## D. Non-Prevention Priorities considered in Assessment Process

Many of the programs and services at Jamaica Hospital are consistent with and supportive of the TCNY program promoted by NYCDOH&MH. As described in detail in the 2008 Community Service Plan, the Hospital has been focusing on the ten health areas from treatment and prevention perspectives. Going forward, the Hospital will augment its focus on preventative especially in the priority areas of smoking cessation and colon cancer screening, both of which are TCNY priorities.

Jamaica Hospital's programs support **TCNY** in the following ways:

1. *Have a regular doctor or other health care provider:* Jamaica's Ambulatory Care services are designed to promote continuity of care by allowing patients to choose a physician who will be designated as their primary care provider. In addition to on-campus ambulatory care services, there are twelve centers conveniently located throughout Jamaica's service area. Evening and weekend hours allow residents access for those who find it difficult to seek care on weekdays. The designated provider is responsible for ensuring that his/her patients are given age appropriate screening, immunization and education. The Hospital plans to implement an electronic medical record, which will further enhance its health promotion efforts via automatic reminders to physicians when a patient is due for a test or procedure.
2. *Be tobacco-free:* Smoking cessation is one of the Hospital's prevention priorities and was discussed in the previous section.
3. *Keep your heart healthy:* Jamaica's primary care physicians monitor patients' cardiovascular status during routine visits and as indicated during acute care visits, including cholesterol testing and EKGs. Physicians provide counseling to patients on obesity and nutrition as part of the routine health maintenance check. Children and adults needing further services are referred to Jamaica's full-service adult and pediatric cardiology services, or other community resources. JHMC is a collaborative partner with Flushing Hospital on a grant from NYS Health Foundation - Best Practices for Advancing the Standard of Diabetes Care. The high risk of heart disease for diabetics is well known. The Hospital has established a primary care diabetes clinic with this funding.
4. *Know your HIV status:* The Hospital provides HIV counseling and testing with staff that routinely performs this function in both Emergency Department and clinics. The Hospital's Ambulatory Care Center is designated by the New York State Department of Health as an HIV Primary Medical Care Provider. Patients who are HIV positive are cared for in this facility and referred to other community service programs for supportive services as necessary.
5. *Get help for depression:* Jamaica Hospital's medical providers incorporate depression screening during routine medical examinations and ongoing care. Children and adults needing further services are referred to Jamaica's full service psychiatry department or other community programs.

#### IV. D. Non-Prevention Priorities considered in Assessment Process, (con't)

6. *Live free of dependence on alcohol and drugs:* During routine medical examinations patients are screened for alcohol and drug use and given preventive counseling and, as necessary, treatment options are discussed, including Flushing Hospital, Jamaica's affiliate, which offers both in-patient and out-patient treatment for chemical dependency.
7. *Get checked for cancer:* Colon cancer screening is one of the Hospital's prevention priorities and was discussed in the previous section. Referrals for other cancer screenings, such as breast cancer, are part of the Hospital's routine protocols. The Hospital participates in the Queens Healthy Living Partnership which provides free cancer screening and treatments for the uninsured.
8. *Get the immunizations you need:* The Hospital is a "Vaccine for Children" recipient, providing free vaccine to uninsured, underinsured and Medicaid recipients up through 18 years of age. Flu vaccinations are offered to at risk patients of all ages and to all staff.
9. *Have a safe and healthy home:* Anticipatory guidance on safety in the home is provided by the Hospital's pediatric, family medicine and rehabilitation professionals. At health fairs in the community, fire, home and automotive safety information is routinely made available to attendees.
10. *Have a healthy baby:* The Hospital is designated as a Prenatal Care Assistance Program (PCAP) provider. The Hospital operates a Women, Infant and Children (WIC) program funded by the New York State Department of Health which provides food vouchers and education to low income pregnant women and children up to age five.

Jamaica Hospital's public health efforts are constantly changing with the needs of its community. The above listing does not include all programs, some of which are funded by grants such as the School Health Program primarily funded by New York State Department of Health which operates in two elementary schools and a campus magnet school consisting of four high schools. In addition, clinical departments often initiate their own prevention activities with their patients and within the community. Lastly, the Hospital provides hundreds of free health screenings and outreach efforts each year for a variety of disorders.

#### V. Three Year Plan of Action

See attached

## VI. Financial Aid Program

### A. Successes and Challenges

Over the past three years, the Hospital has implemented a financial aid Program (the Program) to ensure that uninsured patients who are interested in financial assistance can obtain it, with minimal eligibility barriers. The Hospital has posted information on the Program, on its website, and in all patient registration and intake areas - in addition to all self-pay bills. Over the life of the Program, the Hospital has integrated the full range of options for uninsured patients into a seamless process where all patients are simultaneously evaluated for eligibility into the Medicaid, Family Health Plus/Child Health Plus, and/or the Financial Aid Program., thus eliminating multiple trips to the Hospital to apply for the different programs. In addition, a record of all applicants and the outcome of their applications is stored in a database for future reference. The number of eligible applicants has increased steadily since the Program was implemented in 2006, due to increased patient awareness as well as positive feedback from eligible financial aid recipients.

## VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

### A. Potential Impacts

The February 2009 closing of Mary Immaculate and St. John's Queens Hospitals (Caritas) has created a situation that leaves many Queens residents searching for alternate healthcare resources. This issue has serious implications for the MediSys Health Network ("MediSys" or "the Network"). Since Caritas announced its bankruptcy and closure plans, Jamaica and Flushing Hospitals have seen an increase in patients in their Emergency Rooms, which already operate near or at capacity.

The MediSys hospitals presented their plan to cope with the healthcare needs of the community to the NYSDOH who awarded \$4.5 million in grants (\$4 million to Jamaica & \$500,000 to Flushing) to help support our efforts to expand inpatient capacities and emergency room services.

With the funds, Jamaica Hospital is adding 40 patient beds to the sixth floor, 4 critical care beds, and expanded the Emergency Department. The current Emergency Management Command Center has already been relocated, creating an expanded space for the Hospital's Fast Track Center. At Flushing Hospital, 25 previously closed inpatient beds on the third and fourth floors were reopened and the Wound Care Center was relocated to the ground floor. Even with the much needed expansion, a lot is still required of the hospitals and our staff, as patient volume continues to reach record numbers.

To ease concerns and offer the residents of Queens an alternative, the Public Affairs Department of Flushing and Jamaica Hospitals created a series of ads to address the situation. The purpose of the advertising campaign is to offer the community reassurance that both MediSys hospitals are capable of accommodating the increase in patient volume and have taken measures to further that goal. The ads stress to the Queens community to "Breathe Easy", "Rest Assured" and "Take Comfort" in Jamaica and Flushing's capabilities. They also outline both hospitals efforts to add treatment space and enhance staffing as necessary in both the emergency departments and inpatient units. The full-page, color ads appeared in local newspapers such as the Queens Courier, Queens Chronicle and the Queens Tribune/SE Queens Press.

## **VIII. Dissemination of the Report to the Public**

Written summaries of this report will be distributed to the public via the Hospital's Community Board members, community outreach, and other programs. In addition, additional copies of the full report can be obtained from The Department of Public Affairs at 718.206.6772 or on the Hospital's website: [http://jamaicahospital.org/pages/pub\\_aff/pub\\_affairs.htm](http://jamaicahospital.org/pages/pub_aff/pub_affairs.htm)

## **IX. Financial statement**

**A. Financial Information Notes** – Not required

**3-YEAR PLAN OF ACTION  
PREVENTION AGENDA – COMMUNITY ENGAGEMENT**

<b>Goal: Increase Community Engagement</b>	<b>Year 1 Activities/ Expected Outcomes</b>	<b>Year 2 Activities/ Expected Outcomes</b>	<b>Year 3 Activities/ Expected Outcomes</b>
<b>Objective 1:</b>			
<p>1 To encourage on-going input and support from community partners and to engage community partners in the prevention process to help meet their perceived health care needs</p>	<ul style="list-style-type: none"> <li>• May 2009, meet with Hospital’s Community Board to explain concept of prevention agenda, and receive input as to what community perceived to be most significant unmet needs of community. Smoking cessation and colon cancer screening selected as priority action items by the Board.</li> <li>• On-going quarterly updates to Hospital’s Community Board regarding prevention program</li> </ul>	<ul style="list-style-type: none"> <li>• On-going quarterly updates to Hospital’s Community Board regarding prevention program</li> </ul>	<ul style="list-style-type: none"> <li>• On-going quarterly updates to Hospital’s Community Board regarding prevention program</li> </ul>

**3-YEAR PLAN OF ACTION  
PREVENTION AGENDA – SMOKING CESSATION**

<b>Goal: Increase Smoking Cessation</b>	<b>Year 1 Activities/ Expected Outcomes</b>	<b>Year 2 Activities/ Expected Outcomes</b>	<b>Year 3 Activities/ Expected Outcomes</b>
<b>Objective 1:</b>			
1. Raise smoking cessation program awareness within institution and community	<ul style="list-style-type: none"> <li>Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>	<ul style="list-style-type: none"> <li>Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>	<ul style="list-style-type: none"> <li>Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>
<b>Objective 2:</b>			
2. Educate providers in counseling techniques to encourage smoking cessation	<ul style="list-style-type: none"> <li>Queens Quits to hold 10 provider lunch and learn education sessions reaching 40 providers</li> <li>Increase patients counseled by 10%</li> </ul>	<ul style="list-style-type: none"> <li>Queens Quits to hold 10 provider lunch and learn education sessions reaching 40 providers</li> <li>Increase patients counseled by 10%</li> </ul>	<ul style="list-style-type: none"> <li>Queens Quits to hold 10 provider lunch and learn education sessions reaching 40 providers</li> <li>Increase patients counseled by 10%</li> </ul>
<b>Objective 3:</b>			
3. Review physician performance with identifying smokers and providing advice	<ul style="list-style-type: none"> <li>Chart sample to determine baseline #</li> </ul>	<ul style="list-style-type: none"> <li>Progress to be analyzed (chart sample)</li> </ul>	<ul style="list-style-type: none"> <li>Progress to be analyzed (chart sample)</li> </ul>

**3-YEAR PLAN OF ACTION  
PREVENTION AGENDA – COLON CANCER SCREENINGS**

<b>Goal: Increase Colon Cancer Screening and Awareness</b>	<b>Year 1 Activities/ Expected Outcomes</b>	<b>Year 2 Activities/ Expected Outcomes</b>	<b>Year 3 Activities/ Expected Outcomes</b>
<b>Objective 1:</b>			
1. Raise colon cancer awareness within institution and community	<ul style="list-style-type: none"> <li>• Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop/distribute multilingual information (200 posters/5,000 flyers)</li> </ul>
<b>Objective 2:</b>			
2. Increase screening colonoscopy at institution	<ul style="list-style-type: none"> <li>• Continue employment of colonoscopy Patient Navigator</li> <li>• Implement direct referral colonoscopy process for low risk patients from outlying clinics</li> <li>• Apply for HEAL Queens grant to create new expanded colonoscopy unit capable of tripling screening colonoscopies by year 3</li> </ul>	<ul style="list-style-type: none"> <li>• Continue employment of colonoscopy Patient Navigator</li> <li>• Continue direct referral colonoscopy process for low risk patients from outlying clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Continue employment of colonoscopy Patient Navigator</li> <li>• Continue direct referral colonoscopy process for low risk patients from outlying clinics</li> <li>• Via HEAL funding, triple screening colonoscopies by year 3</li> </ul>
<b>Objective 3:</b>			
3. Measure screening colonoscopy performance at institution	<ul style="list-style-type: none"> <li>• Determine baseline performance of screening colonoscopies</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to be analyzed (data review)</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to be analyzed (data review)</li> </ul>

## Appendix

### Hospital Background

Since 1891, Jamaica Hospital has provided quality healthcare to its community. In addition to providing clinical services and educating its community about keeping healthy and safe, the Hospital sponsors residency training programs that produce caring, productive physicians. Jamaica Hospital adheres to its vision and mission by maintaining its healthcare programs, reaching out to and educating the community and initiating new services.

### Corporate Structure

JHMC is a not-for-profit corporation. MediSys Health Network, Inc, JHMC's parent organization and sole corporate member, is also the parent organization for JHMC's affiliates, which include several Diagnostic and Treatment Centers, the Jamaica Hospital Nursing Home (Trump Pavilion), Brookdale University Hospital and Medical Center, The Schulman and Schachne Institute for Rehabilitation and Nursing, Flushing Hospital Medical Center, and Peninsula Hospital Center. A Board of Trustees governs the Hospital. The key members of the executive staff are the President and Chief Executive Officer, the Chief Operating Officer and the Chief Financial Officer; these individuals hold the same positions throughout the Network, except at Peninsula.

### Selected Service Offerings - 2008

- 387-bed community teaching hospital
- Adult and pediatric emergency departments
- Psychiatric emergency department
- State designated Level I trauma center
- State designated stroke center
- State designated level 3 perinatal center
- Coronary angioplasty service
- 12 ambulatory care centers
- Operates 21 tours daily in the NYC 911 system, with 5 ambulances 24 hours per day and 3 ambulances 16 hours per day.
- Jamaica sponsors six residency, and two fellowship programs, with approximately 150 residents. Residents rotate to Jamaica from other institutions in the specialties of pediatrics, orthopedic surgery, rehabilitation medicine and general surgery.
- Affiliated nursing home (Trump Pavilion)

### Patients Served – 2008

- Over 24,700 discharges, including over 2,300 newborns and over 340 neonates
- Over 113,500 emergency department visits, including over 3,800 psychiatric emergency room visits
- Together with its DTC, over 363,500 ambulatory care visits including general medical and pediatric service, mental health and dental services
- In 2008, staff from Jamaica Hospital participated at over 30 community events. More than 13,000 people were in attendance and received health information and over 579 people received free screenings

## Appendix, (con't)

### Recent News Items

#### **Jamaica Hospital On-Air Coverage: Dealing with the Swine Flu**

On May 27, Fox 5 News expressed interest in visiting a Greater New York Hospital Association (GNYHA) facility to find out what's really happening in city emergency rooms since the H1N1 outbreak. After hearing Jamaica Hospital's record breaking ER numbers and their efforts to handle this surge, Dr. Sapna Parikh, Medical Correspondent, almost immediately decided to use the hospital for her story.

What appealed to Dr. Parikh was Jamaica Hospital's distinct process for swine-flu related ER visits, which included setting up two mobile units in front of the hospital to see and treat these patients.

When Dr. Parikh arrived, she followed the footsteps of a person displaying flu-like symptoms. She was greeted by a hospital worker at the Emergency Room Walk-in entrance, where she was given a mask and an H1N1 informational brochure, and then directed to a separate triage area. Although she went straight from there to the mobile units, it was explained to her that patients normally waited in a partitioned section of the ER waiting area until time to see the doctor.

While touring the mobile units, she interviewed Dr. Geoffrey Doughlin, Chairman of Emergency Medicine, and Dr. Elliot Friedman, Associate Director of Pediatric Emergency Medicine. Both physicians discussed the impact these visits had on the hospital and the need to modify how patients were initially being seen. Doctors Doughlin and Friedman talked about wait times, as well as the similarities between the swine flu and seasonal flu. Most importantly, they tried to ease public fear and anxiety by letting the community know that they haven't seen many confirmed cases of H1N1. They also advised people to go to their primary care physician if they experienced common flu-like symptoms, stressing that only those with severe symptoms should immediately go to their local emergency room.

Jamaica Hospital began using its mobile units once daily ER visits steadily began to increase. After a local Assistant Principal, confirmed with swine flu, died, ER visits surged from approximately 400 patients a day to its highest, 663 patients a day. Flushing Hospital, where the confirmed swine flu fatality was reported, also saw ER visits double during the same time period.

Now that the surge of patients that all MediSys Emergency Rooms experienced has subsided, the Network can review its efforts and be proud. Treating such a high volume of patients and attempting to limit exposure to others, while a difficult task, was handled exceptionally by everyone involved. Our actions were applauded by many local elected officials and the Network's reputation to respond to the healthcare needs of the community was only reinforced by our achievements. MediSys staff will continue to monitor H1N1 virus as well as other potential healthcare emergencies and make all the necessary preparations to respond to them as they arise.

## Appendix, (con't)

### **Trump Pavilion Completed, “Just in Time” to Meet Queens Healthcare Needs**

The 2009 ribbon-cutting ceremony of Jamaica Hospital’s Trump Pavilion Nursing and Rehabilitation Center provided a gleam of hope to the bleak healthcare crisis in Queens. In the wake of the recent loss of hospital beds and severe healthcare funding cuts, the opening of Trump Pavilion provides an additional facility to the residents of Queens.

“This innovative healthcare facility took two years to build and its completion couldn’t have come at a better time,” said David P. Rosen, President and CEO of Jamaica Hospital.

Trump Pavilion has 20 more beds than the original facility it replaces. It is designed to serve short- and long-term rehabilitation patients, most of whom are admitted directly from Jamaica Hospital. This will make more beds available at Jamaica Hospital, providing some relief to the space concerns recently experienced by the facility after two nearby Queens hospitals closed.

In addition to being able to meet the heightened Queens’ healthcare needs, the facility boasts deluxe amenities and offers patients exceptional rehabilitative and skilled nursing care in a luxurious, full service facility. Trump Pavilion has a stunning four-story atrium, large and appealing dining areas, comfortable patient lounges with internet access, a hair salon, and a fully-equipped, modern therapy gym. Its spacious bi-axial rooms are designed to provide patients with substantial privacy. Patients can also expect the same quality of care that earned the original facility its trusted reputation— a comprehensive array of medical services including orthopedic rehabilitation, post-stroke rehabilitation, IV therapy, and post-surgery wound care.

### **MediSys Health Network Welcomes Peninsula Hospital Center**

The MediSys Health Network has recently strengthened its presence in the Queens community, announcing last month that Peninsula Hospital Center is now a sponsored facility. The new relationship will make MediSys a four hospital network, with three nursing homes and several other resources.

As part of the sponsorship, Robert V. Levine will remain as President and CEO of Peninsula Hospital and the Peninsula Board of Directors will remain in place, under the MediSys Board sponsorship umbrella. The hospitals will also share services and resources. Some of the first steps to assist one another include Jamaica Hospital providing Peninsula Hospital with anesthesia support, while Peninsula Hospital medical residents will perform clinical rotations at Flushing Hospital. Other clinical and non-clinical areas of support are being explored, as the network ensures the optimal performance of each facility and the comprehensive healthcare being offered to Queens’ residents.

“Peninsula Hospital Center is an ideal fit, as it enables us to continue to build on what we have been doing over the years to improve health care service and access for Queens residents,” stated David P. Rosen, President and CEO of the MediSys Health Network. “The partnership between the hospitals will allow for more efficiency through economies of scale, sharing of clinical expertise, and greater bargaining power in the marketplace.”

Robert V. Levine, President and CEO of Peninsula Hospital Center added, “We’ve had an ongoing collaboration with MediSys and it has now become time to formalize that relationship. We truly look forward to the bright future that this partnership brings to our institutions and the patients that we serve.”

## Appendix, (con't)

### **Oral and Maxillofacial Surgery Residency Program now at MediSys**

Under the direction of Vito A. Cardo Jr. DDS, former Chairman of Dental Medicine and Oral-Maxillofacial Surgery for Caritas Health Care, the MediSys Health Network now offers a four year residency program in Oral and Maxillofacial Surgery. Dr. Cardo previously ran the program for over 30 years, first at St. Mary's Hospital, then at Mary Immaculate Hospital.

Fully accredited by the American Dental Association, the program consists of eight resident positions; two in each year. With a home base at Brookdale, a third and fourth year resident will be based at Jamaica daily and two residents at Flushing, as needed.

The program's emphasis is on facial bone reconstruction, whether congenital in nature or due to facial trauma and/or pathology. The residents are also exposed to many different facets of medicine, rotating in anesthesia for four months, medicine for two and in general surgery for four. Participants complete their rotation with a two month elective.

The highly renowned program attracts approximately 100 candidates from American Dental Association accredited dental schools annually. Each applicant must go through an extensive process and interview. Two positions for first year residents are then selected through a match process.

Upon completion of the four year residency program, the graduates will be highly skilled in all facets of Oral and Maxillofacial surgery including such procedures as implantology, orthognathic surgery, all types of dental extractions under IV sedation, facial bone reconstruction and facial trauma.

### **MediSys Helps Keep the Community Informed**

As part of a new community initiative, the MediSys Health Network has created Health Beat, a quarterly newsletter designed to provide Queens and Brooklyn residents with the latest health information.

The first edition, Spring 2009, was distributed to community groups, local churches, senior citizen centers, libraries, and community centers, as well as waiting areas throughout the hospitals and ambulatory care centers. The issue featured various health topics, including developmental delays, osteoporosis, acid reflux, and allergies. An additional two stories, specifically related to each hospital, was also included in the newsletter. Brookdale Hospital's version included articles on prostate cancer and sleep disorders, Flushing Hospital's version had articles on wound care and MRI testing, and Jamaica Hospital's version included articles that discussed lupus and coronary artery disease.

"We are extremely excited about being able to connect with the community in this way," said Michael Hinck, Director of Public Affairs. "The Health Beat reaffirms our commitment to the community and the efforts we take to ensure that they have the best health care information possible."

To view the Spring 2009 edition of Health Beat, please click the following [Download Spring 09- BUHMC](#), [Download Spring 09- FHMC](#), [Download Spring 09- JHMC](#)

## Appendix, (con't)

### **MediSys' Managed Care Plan, NHP, Announces Recent Acquisition**

Neighborhood Health Providers (NHP), which is sponsored by Brookdale and Jamaica Hospitals, has recently announced its acquisition of New York Presbyterian Community Health Plan. The acquisition, which became effective on April 1st, has increased NHP's New York City membership base to over 200,000 members.

“We have been successful and have achieved steady growth by working closely with members and providers in the communities we serve,” said Steven J. Bory, President and Chief Executive Officer of NHP. “We have the foundation in place to expand NHP and we look forward to serving our new members.”

NHP is a sponsored health plan that offers Medicaid managed care, Child Health Plus, Family Health Plus and Medicare Advantage coverage to New York City and Suffolk County residents. Over the past 14 years, NHP has grown at a steady pace. Bory attributes provider network expansion, member retention initiatives, and acquisitions as reasons for NHP's success.

### **MediSys Emergency Departments Become "Empowered"**

In mid-December, the MediSys Health Network went live with one of the most advanced Electronic Medical Record and Patient Tracking System available for their very busy emergency departments.

The advanced system from a company called EmpowerER is fully integrated with the network's various lab, radiology, billing and registration systems. The software builds a completely paperless medical record that is more comprehensive and legible, and with built in risk management features, can help clinicians prevent medical errors by avoiding, drug interactions, allergies and dosage errors. The program also helps clinicians avoid missing critical lab values and prompts them for other risk management and QA measures. Prevention and avoidance of these key elements are done in real time and are built right in.

The Tracking feature allows doctors and nurses to know at any time in a patient's visit, who is taking care of a patient, what a patient is waiting for and exactly how long they are waiting. This new system will help to reduce waiting time and turn around times at our hospitals and will greatly improve patient satisfaction.

In addition, if a patient returns to the hospital, their medical record is instantly available from the previous visit and their Emergency Department record can be immediately emailed or faxed to their private MD.

*For more news items, refer to the MediSys Health Network newsletter archives at [http://medisys.typepad.com/medisys\\_network\\_news/archives.html](http://medisys.typepad.com/medisys_network_news/archives.html)*