



St. John's Episcopal Hospital

One Year Community Service Plan Update 2011

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Hospital Service Area

The Hospital's service area remains the same in 2011. St. John's Episcopal Hospital is a 271-bed community teaching hospital located in Far Rockaway, Queens County, New York City. The Rockaway peninsula is a narrow band of land adjoined to both Queens and Nassau Counties. It is also connected to New York City by two toll bridges, the Marine Park Bridge and the Cross Bay Bridge, as well as the A subway line of the New York City Metropolitan Transit Authority. The total population of the Rockaways in 2010 was 114, 624, and is anticipated to continue to rise in the coming years. St. John's has served the community for more than 100 years. As a not-for-profit faith-based institution, it is deeply committed to improving the health of the community and offers a wide range of clinical services, as well as community outreach and health education. The Hospital defines its primary service area as the Far Rockaway area, where the majority of its patients reside. Its secondary service area includes the Rockaway peninsula as well as the Five Towns of Nassau County.

Working with Our Community Partners

In 2011 St. John's continued to work with community partners in assessing the community's health needs, such as St. John's Community Advisory Board, St. Mary's Star of the Sea Church, New York City Councilman James Sanders, Rockaway Walks, Ready Rockaway and others.

Identifying Prevention Agenda Priorities

The New York State Department of Health launched a Prevention Agenda for the Healthiest State to support the goals of health care reform. In 2009 St. John's Episcopal Hospital identified two Prevention Agenda priority areas that were of particular concern in the Rockaways. The Hospital's prevention agenda items remained the same in 2011. They are:

Inactivity

Inactivity, another modifiable risk factor, is high in the Rockaways, with 44% stating that they do no physical activity. Only 20% of residents meet the amount of activity recommended by the Center for Disease Control and Prevention.

Increased levels of obesity and associated diseases commonly occur in areas of poverty, with a direct relationship between high obesity rates and high poverty rates. Although obesity rates have risen in the

United States, it has been shown that the highest levels are found in communities with limited resources, high rates of minorities and lower education levels, all factors found in Far Rockaway.

Chronic Disease and Physical Activity/Nutrition

With input from members of local community-based organizations, churches and synagogues and its local community health partners, St. John's assessed that of the Prevention Agenda toward the Healthiest State set by the New York State Department of Health, Chronic Disease and Physical Activity/Nutrition was a high priority for the Rockaway community. The statistical data supports the need to address heart disease as a longtime healthcare concern in the Rockaways as well as its preventable risk factors of obesity and inactivity. Indicators included the high death rate caused by heart disease, high rates of hospitalization due to heart disease, the high rate of cholesterol among residents, and prevalence of diabetes. For Physical Activity/Nutrition, indicators included high rates of obesity among children and adults and who had less physical activity.

Additional criteria for selecting the two Agenda items included the need raised by community organizations, local partners also interested in these Agenda items, and health care professionals and services available to lead and support the plan and initiatives.

Both Agenda items represent ongoing programs addressing these concerns that have been supported by community partners in the past.

Goals for Prevention Agenda Priorities

CHRONIC DISEASE The goals for St. John's health care screenings in the community were:

Goal 1: Identify adults in the community with high blood pressure and cholesterol.

Goal 2: Increase awareness of these diseases, increase access to primary care, and reduce the number of adults with high blood pressure and cholesterol.

PHYSICAL ACTIVITY AND NUTRITION Our goals for this prevention agenda item on physical activity were:

Goal 1. Increase physical activity for more people by providing a venue for exercise.

Goal 2. Reduce weight.

Goal 3. Increase overall health awareness.

Measures Used to Track Our Progress

CHRONIC DISEASE The measures used to track chronic disease in the Rockaway community were:

1. Provide screenings for high blood pressure, cholesterol and diabetes.

2. Distribute educational literature.

3. Make appointments for those without primary care physicians.

Evaluation: The program will be evaluated by collecting, enumerating and analyzing the data collected for levels of disease, numbers of individuals screened as well as number of appointments made.

PHYSICAL ACTIVITY The measures used to track an increase in physical activity in the Rockaway community were:

1. Year 1: Providing health assessments at the beginning and end of each year.
2. Year 2: Seeking more partners to support the program such as rehabilitation medicine units and local gyms.
3. Year 3: Extending program throughout the year and finding an indoor venue for exercise.

Updating and Tracking Our Prevention Priorities' Plans for Action

CHRONIC DISEASE In 2010, we conducted the following number of screenings: blood pressure 1,079; diabetes 53, and cholesterol 52. The number of recorded follow-up appointments made was 74. In 2011, we conducted 396 screenings for high blood pressure with 158 in the normal to high and high ranges, 152 screenings for diabetes with 50 in the high range and 146 screenings for cholesterol with 44 indicated in the high range. Two-hundred-and-seventy-nine people were counseled and there were 124 recorded follow-up appointments made for patients in need of a primary care doctor.

SUCSESSES AND BARRIERS In 2010 we did not have an appropriate tracking form to tabulate results. In 2011 we implemented a new form for blood pressure screening, enabling us to tabulate the numbers of individuals who had normal to high and high blood pressure screenings. We were also better able to tabulate the screening results for diabetes and high cholesterol. We were better able to tie in the screenings with the need for follow-up care and track the number of people counseled and clinic appointments made. We need to create a better form for counseling and for follow-up of clinic appointments (if patients followed through and kept appointments).

Physical Activity

Rockaway Walks has been successful in providing regular, consistent moderate activity for community residents. In 2009, 396 people attended the 12 sessions of Rockaway Walks; 303 attended nine sessions in 2010; and in 2011, 393 attended 10 sessions.

It has also proven to be a consistent collaboration among its partners: St. John's Episcopal Hospital, New York City Councilman James Sanders, and Steven McCartney, fitness trainer and Rockaway resident, as well as other community partners including Peninsula Hospital, and Addabbo Family Health Center. Mr. McCartney is conducting a study on the association of weight, physical activity and food choices among high school and college students at York College, City University of New York.

Sponsorship of Rockaway Walks has also grown to include: the Wave, a Rockaway local newspaper, Modell's, City of New York Parks Department, New York City Council and Stop and Shop.

Because attendance was voluntary and sporadic, it was not feasible to maintain records of weight gain or loss with any accuracy or consistency. It was also difficult to sustain relationships with the few local gyms in the area.

It was decided for the future to ask participants to complete a survey on the first and last day of Rockaway Walks as a means of measurement. The survey will be based on the Center for Disease Control's Youth Risk Behavior Surveillance System Questionnaire. Through the self-assessment survey, it will be possible to track if participants felt they gained better fitness, weight loss, and if they maintain other fitness activities.

As a result of our collaborations, we have made more people aware that there is accessible health care in the community and there has been increased outreach to the Spanish-speaking population of the community. Ongoing education on the importance of regular physical activity is being conducted and physical activity with a fitness trainer was made available to the community.

Advances at St. John's

St. John's has been working hard to improve the quality and service provided to patients and has achieved the following:

-St. John's Episcopal Hospital is initiating exciting expansion and remodeling plans that will have a direct impact on the community. The plans include the following:

The Emergency Department will undergo a major transformation in the coming year with a reorganization of patient flow, an addition of 17 treatment bays, and the construction of a comprehensive and discrete Psychiatric Emergency Room. The newly configured Emergency Department will have the capacity to handle to 55,000 treatment visits a year, a significant increase from the current 36,000 a year.

The Ambulatory Care Center will relocate into three new physician office settings for Women and Children's Health, Family Practice and Internal Medicine and Specialty Care.

In addition, four critical care beds have been added as will additional medical/surgical beds. St. John's is preparing for the existing and future health needs of the vibrant and diverse community it serves. The Hospital looks forward to sustained and steady growth while remaining true to its mission of service and the provision of quality health care.

-Centralized Information Systems: St John Episcopal continues to move ahead with implementing an Electronic Medical Record (EMR). All ancillary department results are now electronically accessible by caregivers while in the Hospital or from their offices. Nursing and physician documentation will be moved to the EMR in January 2012. Computerized Physician Order Entry (CPOE) will go live in the Emergency Department also in January. The current plan will have nursing and physician documentation as well as CPOE go live on inpatient units by the end December 2012.

-Mother Baby Unit: St. John's latest maternity offering, the Mother Baby Unit, opened in 2011. In the Mother Baby Unit, both mother and newborn room together and are cared for by the same staff. This model allows for greater continuity of care, better bonding, and opportunities for the mothers to learn about their new infants and ask questions of their primary nurse. The unit is also an excellent way to encourage and support breastfeeding.

-Bikur Cholim Suite In 2011, St. John's opened to the public a Bikur Cholim Suite to better accommodate the needs of visiting orthodox Jewish family members who are unable to travel due to religious observances. This service is supported by the Hospital's Sabbath elevator and kosher meals prepared by a kosher chef.

-Medical Offices in the community: St. John's opened a new medical office in Lawrence, NY, for the convenience of the community. Currently it offers obstetrics/gynecology services. An additional office is anticipated to open in the Rockaway community of Belle Harbor.

-Renovation of Pediatric Playroom: The pediatric playroom was renovated in 2010 with the generous support of a community group, the Patty Cruz Foundation.

-Imaging: In 2011, there were numerous advances in imaging, especially related to women's health. St. John's installed the first and only full-field digital mammography system on the Rockaway peninsula, built a new nuclear medicine suite, and acquired state-of-the-art bone densitometry equipment. St. John's already has CAD wireless technology and a completely digitalized service.

Financial Assistance Available

A significant--and growing--number of patients have applied for financial assistance since the initiation of the Financial Aid Program. In 2007, 2008, 2009 and 2010, 1,389, 2,016, 2,153 and 4,233 cases, respectively, applied for assistance.

The growing numbers of patients applying for financial assistance show that more patients who are uninsured or underinsured are able to receive health care and can be reassured by the knowledge that a program is in place to help them with the costs. In addition, during 2010, the Hospital implemented a new financial information system that has improved identification of possible financial aid cases, especially related to outpatient visits. Patients and the Hospital are very pleased with the overall success of the program.