

2011 CSP Update

NYS Department of Health

The submission of the second update of the 2009-2012, three-year Community Service Plan (CSP) is due on September 15, 2011.

As with the last report, we would like you to provide us an update of the activities, improvements, and any changes regarding the collaborative efforts with your Local Health Departments, in working to achieve the prevention agenda goals in your community.

The new submission format is intended to streamline and facilitate the reporting process, and to enable the extraction of specific, targeted, and individualized information and data. Additionally, this process will make this information easier to review and maintain and will facilitate the comparison of data statewide.

Please contact Charles Bonsu of the Division of Certification & Surveillance at 518-402-1003, or via e-mail at cxb06@health.state.ny.us if you have questions.

1. Please give us your contact information.

Will provide

2. Which hospital or hospital system CSP are you submitting? The hospital systems are listed in italics. If the name of the hospital/system is not listed, or has changed, please select the "other" option at the end of the list, and write-in the correct name. (Check all that apply)

Catholic Health System

3. In which county is the hospital located? If submitting a joint CSP for hospitals in multiple counties, please select counties that are applicable.

Erie

4. What is your Mission Statement. Please reiterate the statement from the last report. No board approval is required.

OUR MISSION Why We Exist

We are called to reveal the healing love of Jesus to those in need.

OUR VISION What We Are Striving To Do

Inspired by faith and committed to excellence, we will lead the transformation of health care in our communities.

OUR VALUES

Reverence for the dignity of each person

- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

Compassion

- Empathy
- Responsiveness to need
- Sensitivity

Justice for all, especially those who are poor and disadvantaged

- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Excellence

- Personal and professional integrity
- Promoting and facilitating quality health care services
- Commitment to embrace new technology

5. Please describe the Hospital Service Area. Indicate any changes to the primary service area used in the community service planning. Indicate whether or not any changes have occurred since the submission of the 2010 report.

Hospital Service Area

Catholic Health System hospitals include: Mercy Hospital of Buffalo, Kenmore Mercy Hospital and Sisters of Charity Hospital which includes Sisters of Charity Hospital, St. Joseph Campus (formerly St. Joseph Hospital). Its non-acute services include: St. Catherine Labourè' Health Care Center, Father Baker Manor, St. Elizabeth's Home of Lancaster, St. Francis Home of Williamsville, St. Vincent's Home for the Aged, McAuley Residence, Our Lady of Victory Senior Neighborhood and Catholic Health Home Care.

For the purposes of community/local health planning and planning for acute services (including emergency care) the primary service area of Catholic Health System hospitals is Erie County. This County-wide area is created by combining the primary service areas of each hospital. The primary service area of each hospital is defined as 75%-80% of the inpatient admissions for each hospital.

6. In the last CSP, it was reported that community partners were involved in assessing community health needs (e.g., community groups, local health departments, etc). Please indicate whether or not community partners continued to be actively involved.

Yes

7. What are the Prevention Agenda Priorities identified in the CSP?

Prevention Agenda Items

Chronic Disease (Diabetes, CHF)

Healthy Mothers, Healthy Babies, Healthy Children

Physical Activity

Tobacco

8. How do these priorities compare to the priorities reported in the previous CSP?

How do these priorities compare to those in previous CSPs?

Same

9. Please check priorities added or deleted or write NA (not applicable) if no change was made.

None

10. What are the goals for the selected priority areas?

Goal 1: Increase consumer knowledge and adoption of healthy lifestyle behaviors by encouraging frequent physical activity and healthy nutrition, leading to improved health status and reduced chronic disease prevalence for residents of Buffalo and Erie County.

Goal 2: Increase participants' ability to identify risk factors for cardiovascular disease.

- Goal 3: Lower body mass index (BMI) in youth; early identification of adolescents and adults with high blood pressure, high blood cholesterol and high blood glucose through screening and prevention interventions.
- Goal 4: Implement a social marketing campaign to positively influence voluntary behavior of target population to take action to maximize health.
- Goal 5: Restrict the availability of less healthy foods and beverages in public service venues in Buffalo and Erie County, such as schools, community centers and hospitals.
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11. What measures are you using to track progress in your selected priorities? If "Not Applicable" please explain why.

CHS tracks activities through CBISA software programming.

CHS continues to address chronic disease, Diabetes, CHF, breast cancer, prostate cancer and peripheral vascular disease, tobacco use, health mothers, obesity, physical activity. Target is to touch 15,000 patients with screenings and educational programs by end of 2011. Catholic Health is currently on target to achieve goal.

2010 Achieved

Within its commitment to support New York's Prevention Agenda for the Healthiest State, Catholic Health accomplished the following relative to its goals of support Healthiest state agenda items in 2010.

Chronic Disease

Diabetes

The system conducted 3,138 glucose screening, detecting 794 abnormal reading and referring those screened for appropriate follow up. In addition, the system sponsored 46 educational programs attended by 508 people.

Congestive Heart Failure

The system conducted 2,462 blood pressure screenings, detecting 368 abnormalities and recommending appropriate follow up.

Women's Health

The system conducted 42 breast health examinations, detecting 6 abnormalities and providing appropriate follow up. In addition the system sponsored five educational programs attended by 43 people.

In addition Sisters of Charity Hospital and Mercy Hospital conducted pre-natal educational classes for hundreds of new mothers and their partners as part of their role as regional leaders in Maternal/Child health.

Tobacco Use

The system conducted 36 peak flow screenings and offered five smoke-free educational programs attended by 27 people.

Other

The system also conducted 24 prostate screenings detecting one abnormality.

12. Please provide an update on the Plan for Action. Provide a summary of the implementation status of your 3-year plan, including successes and barriers in the implementation process. If applicable, indicate how and why plans have been altered as a result of stated successes and barriers.

Catholic Health expects to meet its three year goal in 2011 of reaching 15,000 people in community health screenings and community education. Targeted areas include Chronic Disease (Diabetes, CHF), Healthy Mothers, Healthy Babies, Healthy Children, Physical Activity, and Tobacco Use.

13. Explain any impact or changes that have been realized to date as a result of your collaborative plan. If "Not Applicable", please explain why.

The collaborative committee assembled by the Department of Health in 2009 has not met in nearly two years. Though its own efforts, Catholic Health continues to partner with community organizations in order to fulfill its goal of reach 15,000 people in 2011 and fulfill its commitment to the *Prevention Agenda for the Healthiest State* program.

14. Since completing your CSP in 2010, have you conducted any new surveys?

No

15. Please list other non-prevention agenda priorities or issues on which the hospital is working? If none, please write NA (not applicable).

None

16. Is your hospital/health systems' Community Service Plan posted on the website?

Yes

17. What is url address of the CSP posted on the hospital website? Please write NA (not applicable) if the CSP is not posted on the website.

18. What are some other ways that the CSP is disseminated to the public?

Brochure displays at strategic locations

19. Describe the hospital's successes and challenges regarding the provision of financial aid, in accordance with Public Health Law 2807(k)(9-a), and any changes envisioned for this year. Also, include a general overview of accomplishments, process improvements and/or best practices related to the hospital's financial aid program. The hospital's policy or financial data is not required.

Catholic Health has implemented a process as part of compliance with Public Health Law 2807 (k)(9-a) that has resulted in a less intrusive and demanding process for uninsured patients to apply for and receive healthcare assistance for service provided within our acute care facilities. This has resulted in greater patient satisfaction and more efficient handling of uninsured patient accounts. It has also allowed patients that would like to pay for services they are provided the opportunity to pay a more manageable amount for the services provided. While there are challenges with the development of the processes necessary to support this program they are worth the investment in resources as the program has addressed a mission critical goal of providing care to the poor and underserved.

20. Are there any additional comments that you would like to share about your hospital's CSP?

Catholic Health made a significant contribution to community service in 2010. Our total contribution was \$48 million. This includes contributions of all divisions, including acute care, long term care, home care and Catholic Health Corporate. Within that number, Catholic Health provided \$13.3 million in financial assistance at cost; \$29.1 million in un-reimbursed Medicaid; \$1.5 million in community health improvement and community benefit operations; \$3.6 million in health professional education; \$233,000 in cash-in-kind contributions. This represents 6.34% of the health system's total operating expenses of \$756 million in 2010.