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**The Brooklyn Hospital Center**

*Keeping Brooklyn healthy.*

## Two Year Community Service Plan Update September 15, 2011

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## The Brooklyn Hospital Center 2011 Community Service Plan Two-Year Update

### 1. Please give us your contact information

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### 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)

The Brooklyn Hospital Center

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

Kings County

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

The Brooklyn Hospital Center is dedicated to providing outstanding health services, education, and research to keep the people of Brooklyn and greater New York healthy.

### 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.

The Brooklyn Hospital Center (TBHC) is an acute care community teaching hospital located in downtown Brooklyn, New York. It provides comprehensive inpatient, outpatient and diagnostic services, a Level III neonatal intensive care unit, a New York State designated AIDS Center and stroke center; and is a 911-receiving hospital as well as a certified emergency cardiac-care facility. The Hospital has approved residencies in surgery, obstetrics and gynecology, emergency medicine, family practice, internal medicine, gastroenterology, hematology/oncology, and American Dental Association approved residencies in general dentistry and oral and maxillofacial surgery. Over 220 residents and fellows participate in its training programs.

Outpatient primary and specialty care are provided through TBHC's clinics and its subsidiary, the Caledonian Health Centers. The Hospital also operates a certified home health agency and a chronic renal dialysis center.

A critical safety net provider, TBHC ensures access to health care services and meets the needs of approximately one million residents in the communities of north and central Brooklyn. The hospital's primary service area includes the neighborhoods of Fort Greene, Downtown Brooklyn, Bushwick, Flatbush, Bedford Stuyvesant and Crown Heights. Located in the ethnically diverse

residential neighborhood of Fort Greene, the hospital's primary and secondary service areas include census tracts that are federally-designated as Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA).

Fort Greene and Downtown Brooklyn experienced a 124 percent increase in Medicaid recipients in the last 10 years. Twenty-five percent of household incomes within the communities are at or below the Federal Poverty Level. In 2010, Medicaid and Medicare represented 80 percent of TBHC's patient population.

The hospital's immediate surrounding neighborhoods are projected to experience substantial population growth. According to the public-private Downtown Brooklyn Partnership, the recent commercial and residential boom has resulted in unprecedented residential growth and significant future population increases are projected. The Downtown Brooklyn area has been named as New York City's fastest growing neighborhood, with a 50 percent increase in residents from one year ago and 30 times more than in 2000. As a result of the Atlantic Yards project (less than a quarter mile from the hospital), an estimated 2 million more people will come to the area per year by 2012 to visit the Nets new National Basketball Association (NBA) center and the expanded Brooklyn Academy of Music (BAM) Cultural District.

The hospital provides health care services to communities within the following zip codes:

*Primary:* 11201, 11205, 11206, 11207, 11208, 11211, 11213, 11216, 11217, 11220, 11221, 11225, 11226, 11233, and 11238

*Secondary:* 11203, 11204, 11209, 11210, 11219, 11222, 11223, 11228, 11232, 11236, and 11237

**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

TBHC collaborates with numerous hospitals and agencies in Brooklyn and within its service area. Each division with oversight for TBHC's Prevention Agenda Priorities and the hospital's Community Outreach office has community partnerships. The list from TBHC's PATH Center (see Appendix 1) provides an example of the range of community partners which enable TBHC to address its priorities.

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

Access to Quality Health Care  
 Chronic Disease  
 Infectious Disease

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

Same

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

Priorities Added [NA]  
Priorities Deleted [NA]

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

*Access to Quality Health Care*

- Goal 1: Establish Patient-Centered Medical Homes to ensure accessible, coordinated care for TBHC's patient population
- Goal 2: Improve the infrastructure at The Brooklyn Hospital Center to support the delivery of culturally competent patient care, education, and community outreach
- Goal 3: Expand primary care services
- Goal 4: Improve immunization rates both locally at TBHC and in neighborhood practices by partnering with the NYC Department of Health Vaccine registry to provide improved use of the registry for all providers. By the use of coverage reports and two way access.
- Goal 5: Reduce health disparities in the community by facilitating access to healthcare services and promoting healthier lifestyles

*Chronic Disease*

Asthma:

- Goal1: Add asthma services in Children's Health Center
- Goal 2: Focus on education and training for proper medication use

Cancer:

- Goal1: Increase follow-through of cancer services
- Goal 2: Provide nurse navigation for breast cancer patients undergoing treatment
- Goal 3: Increase number of patients receiving colon cancer screening services
- Goal 4: Increase access to community services for cancer patients
- Goal 5: Complete the requirements for Commission on Cancer (CoC) American College of Surgeons accreditation

Heart Disease:

- Goal 1: Provide exceptional patient care in cardiology
- Goal 2: Develop research excellence
- Goal 3: Establish a partnership with a private medical practice to expand cardiology services in the community

Diabetes:

- Goal 1: Provide multilingual, culturally appropriate, comprehensive diabetes education program on important outcome measures in African American and Latinos with type II diabetes.
- Goal 2: Improve self-awareness of the disease process and promote knowledge of self-care of diabetes.
- Goal 3: Improve diabetes Healthcare Effectiveness Data Information Set (HEDIS) quality indicators and outcomes.

### *Infectious Disease*

- Goal 1: Add 250 new patients in 2010
- Goal 2: Exceed goal of 400 new HIV+ outpatients in 2011
- Goal 3: Apply for Level 3 Medical Home Certification for the PATH Program
- Goal 4: Make the PATH Center a one-stop location for health care services for persons with HIV and AIDS.

## **11. What measures are you using to track progress in your selected priorities? If "Not Applicable" please explain why.**

### *Access to Quality Health Care*

- Measure 1a: Number of hospital areas within Medical Home designation
- Measure 1b: Increased number of patients in designated areas
- Measure 2a: Number of infrastructure projects completed
- Measure 2b: Number of infrastructure projects planned
- Measure 3: Number of renovated primary care areas
- Measure 4: Reach 85% vaccine up to date rate for 4:3:1:3:3:1 at The Brooklyn Hospital Center main campus and at its family health centers; improve rates at practices in the area to at least 80% in the first year.
- Measure 5: Number of new persons impacted through, number of program/service initiatives, and impact of community outreach programs

### *Chronic Disease*

#### Asthma:

- Measure 1: Introduction of asthma pediatric service
- Measure 2: Number of patients who successfully learn how to use medical devices

#### Cancer:

- Measure 1: Decrease no-show rates by 40 percent
- Measure 2: Number of patients navigated – anticipate 150 per year
- Measure 3: Number of colonoscopies pre and post navigator program
- Measure 4: Number of patients seen by ACS navigators
- Measure 5: American College of Surgeons Commission on Cancer (CoC) accreditation

#### Heart Disease:

- Measure 1: Quality indicators, including core measures for Acute Myocardial Infarction and Congestive Heart Failure
- Measure 2: "Complications logs" with 100% capture on invasive and non-invasive procedures
- Measure 3: Quality projects, with focus on efficacy and safety
- Measure 4: Establishment of a partnership with a private medical practice and increased cardiology services to the community

#### Diabetes:

- Measure 1: Number of participants in diabetes education Programs, support groups, workshops, seminars, community health fairs
- Measure 2: Outcomes of pre and post and health status questionnaire
- Measure 3: HEDIS quality indicators and outcomes

### *Infectious Disease*

- Measure 1: Number of new HIV patients added in 2010
- Measure 2: Number of new HIV outpatients added in 2011
- Measure 3: Achievement of Level 3 Medical Home Certification
- Measure 4: Additions to roster of services

**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.**

The following is a summary of successes in the implementation status of TBHC's Plan for Action:

#### *Access to Quality Care*

HEAL 15 & 19 Grants: TBHC was awarded \$4 million in HEAL 15 grant funding and \$8.5 million in HEAL 19 grant funding from the New York State Department of Health (NYS DOH). Both grants are based on a strategic realignment of the hospital's clinical services to best address the health care needs of the community and enhance ambulatory services. TBHC's goal is to be more effective and efficient in providing primary and preventive healthcare to people in neighborhoods within its service area of northern Brooklyn and to other residents of the borough.

The grant projects will position TBHC for long-term financial viability while addressing the borough's medically underserved and focus on access to care issues in a cost-effective manner. The project will support a model for inpatient and outpatient continuum of care that will complement TBHC's strategic plan, assist in aligning resources to expand services to Medicaid recipients and other underserved Brooklyn residents, and enhance the hospital's delivery model for outpatient and ambulatory care service to clearly identified community needs. This redesign and expansion of outpatient services, in combination with incremental volume and enhanced rates, will improve access to health care for those who need it most.

The four outpatient clinical services to be redesigned and expanded are Dental and Oral Surgery; PATH (Program for AIDS Treatment and Health); Adult Medicine primary and specialty services; and the Family Medicine Center. The fifth project is the development of an outpatient diagnostic imaging center, to meet the critical cardiac and breast health needs of local residents. Specifically, the project involves facility redesign, renovation and operational improvement for the TBHC Outpatient Services Building first and second floors. Two key clinical service lines, Dental/Oral Surgery and the PATH program will be moved from the Outpatient Services Building first floor to a location within the community. The Adult Medicine Services and Family Medicine Center programs will be expanded in newly renovated space in the Outpatient Services Building first floor.

Primary Care Development Corporation Facility Design Advisory Engagement: For the Family Medicine and Internal Medicine/Primary Care components of the HEAL grants, TBHC engaged Primary Care Development Corporation (PCDC) to redesign the Dispensary Building, floors 1 & 2. PCDC is a nonprofit organization dedicated to improving access to primary care, and provides consulting to hospitals and other providers on innovative strategies to delivery patient-centered primary care. PCDC conducted a tabletop presentation to the HEAL workgroup members regarding their recommendations on operating efficiencies, increased productivity, and access to

care. PCDC will facilitate TBHC's initial facility design decision making process by advising on schematic design and rethinking patient flow for adult primary care and family medicine programs.

BHIX Membership: TBHC continues to collaborate with the Brooklyn Health Information Exchange (BHIX), a Brooklyn-based regional health information exchange (RHIO) organization. As TBHC has successfully implemented its inpatient and emergency department electronic medical record (EMR) in October 2010, it is currently planning the launch of its ambulatory and private practice EMR implementation. The goal is to be completely paperless by 2012 and achieve meaningful use. TBHC and BHIX work collaboratively on electronic medical information and data with the intent of: facilitating data exchange, producing standards-based data and developing cohesive policies and standards regarding such information. This collaboration provides a mechanism to access and participate with the Statewide (SHIN-NY) and the National (NHIN) Health Information Networks.

Senior Health Partners Proposal: TBHC was awarded funding from Senior Health Partners (SHP) a nonprofit NYC managed long term care program for seniors who need long term care but want to live at home and remain independent. The award for \$110,000 will be used to hire a care coordinator to work within the community with the intent to improve access to primary care and coordinated medical and social services. TBHC is ideally suited for this project which complements the hospital's patient centered medical home models and its four NCQA designated sites within the community.

NYS Health Foundation Grant Award *Meeting the Mark Achieving Excellence in Diabetes Care:* TBHC garnered recognition as a leader in the provision of clinical care for diabetics. TBHC was recently awarded a grant from the New York State Health Foundation for improving the quality of care for people with diabetes. The grant also supported primary care physicians in achieving recognition by the National Committee for Quality Assurance (NCQA) and Bridges to Excellence (BTE) diabetes programs. The funding will provide continuing medical education to 10 family medicine physicians to facilitate their obtaining BTE designation as certified diabetes educators, as well as technical support from the performance improvement department. These family medicine practitioners will treat patients at three of TBHC's ambulatory care sites. TBHC's Family Medicine's self management clinic and Diabetes Club have proven to be successful models in providing patients with self management skills and increased knowledge to facilitate their own medical monitoring and involvement, and this program will be an example for other physicians.

Family Health Center Expansion: In May 2011 TBHC opened a newly renovated and expanded family health center in Sunset Park to expand service to the Chinese, Hispanic and Arabic communities in the area. TBHC relocated its existing 1,200 square foot clinic to a new 4,000 square foot community based ambulatory care center located at 771 61<sup>st</sup> Street. The new location officially opened May 2011. It features 10 examination rooms and provides primary care services for obstetrics/gynecology, pediatrics, family and adult medicine, and ultrasonography. This expansion enables TBHC to increase access to health care in a community where language and cultural norms present barriers to health services.

Women, Infants and Children (WIC): As part of the 61st Street Family Health Center, WIC, a federally-funded health and nutrition program for women, infants, and children, manages 1,000 square feet of space within the facility. This is an example of The Brooklyn Hospital Center's commitment to use its WIC Program as a vehicle to increase access to health care for mothers and children.

Patient-Centered Medical Home: During the summer of 2011, TBHC was awarded four NCQA designations as a Patient Centered Medical Home (PCMH). Two designations are Level 3 (the highest recognition), and two awards are Level 2. These designations are for the Family Medicine

Center and three of the hospital's ambulatory care facilities (Manhattan Avenue Family Health Center, La Providencia Family Health Center and the Williamsburg Health Center).

The *Family Medicine Program* was recently awarded the 2011 Quality Award from IPRO. In the past, the program has been recognized by the National Committee for Quality Assurance's Diabetic Physician Recognition Program (DPRP) for providing quality care to diabetic patients. The aim for the PCMH project is to increase access to care through the following NCQA Standards:

- Access and communication
- Patient tracking and registry functions
- Care management
- Patient self-management support
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improvement
- Advanced electronic communications

In the fall of 2011, TBHC anticipates applying for a Level 3 Medical Certification for its Program for AIDS Treatment and Health (PATH). The goal is to make services more accessible to the community by making the PATH Center a one-stop location for health care services for persons with HIV and AIDS.

Immunization: The Department of Pediatrics has been working with the New York City Department of Health and Mental Hygiene, Bureau of Immunization's Immunization Spread Project (IISP) for the past five years. The IISP was set up as a project to assist all New York City (NYC) primary care practices serving children in implementing practical, sustainable, and evidence-based strategies to ensure that all children receive the full complement of recommended immunizations and that all their immunizations are reported to the Citywide Immunization Registry (CIR). Currently, TBHC is piloting a two-way registry to increase its rates. In addition, Pediatrics will be working with the registry to identify local practices who could benefit from the hospital's expertise in increasing rates through elements of its toolkit.

Community Outreach: The Brooklyn Hospital Center also strengthened its Prevention Agenda Priorities through the following Community Outreach efforts:

During the past year, TBHC's Community Advisory Board (CAB) continued to partner with the hospital to strengthen its Prevention Agenda Priorities. The CAB added five new members to its roster. These community leaders serve as ambassadors for the hospital in the community and as health advocates for local residents. Another two candidates are being considered for membership. At its annual meeting on April 26<sup>th</sup> the CAB listened to the views of community leaders about the quality, scope, and effectiveness of health care services rendered by TBHC. New York City Councilwoman Letitia James; Ruth Saunders, Chair of the Health, Environment and Human Services Committee (HESS) Committee for Community Board Two; and Lincoln Restler, Democratic State Committeeman/District Leader of the 50th Assembly District were featured presenters. They called on TBHC to be more communicative with the community, to improve local promotions of services and programs, renovate the hospital's public areas, and balance outreach to target diverse residents of Fort Greene. The other area of concentration was defining and refining the role of community advisors. Keynote Speaker Lloyd C. Bishop, vice president of Government Affairs and Community Health Initiatives at the Greater New York Hospital Association (GNYHA) gave an overview of the impact of the current executive budget on health care. He also



encouraged the CAB to engage in legislative advocacy, report on community needs, and keep abreast of health policy issues on the municipal and state levels.

TBHC held its Annual Legislative Breakfast on February 4th. The event achieved its purpose of bringing elected and appointed officials together to discuss the impact that Medicaid Reform and Federal Health Reform could have on the hospital's viability. Legislators were given an update on TBHC's achievements regarding its 2010 Prevention Agenda Priorities. Legislators were asked to help preserve TBHC's status as a safety net hospital. The legislators agreed that TBHC played a pivotal role in providing access to quality care for local residents.

Over the past year, TBHC began distributing branded brochure stands and promotional materials to churches, mosques, and other community organizations as part of a campaign to bring health information to faith-based organizations and to encourage members of the community to get a medical checkup. Faith-based leaders are also being asked to influence their members to seek appropriate prevention screenings for chronic and infectious diseases. TBHC's target is to reach 150 churches with information on accessing its programs and services. So far the community outreach office has served 50 faith-based organizations.

TBHC held its first Arab/Muslim Networking Meeting on February 1<sup>st</sup> to outline its plan for increasing access to health care for members of one of the fastest growing groups in Brooklyn and United States. Arab/Muslim community leaders exchanged ideas on how the hospital can better serve their community. Since September 2010, TBHC's liaison to the Arab/Muslim community has linked members of that community to medical services and TBHC's community health centers. The liaison's other activities include conducting health fairs at local mosques, hosting information tables at community-based organizations, having speaker presentations at events, and assisting members of the community with appointments and translations. The hospital recently appointed a volunteer from the Arab/Muslim community to assist persons who need help with Women's Health and other clinics.

During the calendar year 2010, the hospital participated in 54 health fairs, attended over 54 community meetings, and conducted more than 25 speaker appointments and information fairs. These activities included participation in the following large-scale community events:

- *Atlantic Antic Street Festival*: TBHC's tent was *the go-to spot* for health screenings and information at the 36th Annual Atlantic Antic Street Festival on Sunday, September 26<sup>th</sup>. The 20-member TBHC team provided about 262 blood pressure, glucose and cholesterol screenings, distributed more than 500 pieces of literature and handed over more than 300 TBHC-branded bags and bottles.
- *Good Health Brooklyn*: TBHC was a sponsor and participant in *Good Health Brooklyn*, an initiative of the DOHMH Office of Minority Health. While TBHC's president and CEO gave the keynote message at the event kick-off on October 2<sup>nd</sup>, other staff screened 66 persons for blood pressure, cholesterol and glucose, distributed over 125 pieces of literature, and handed out over 75 giveaway bags.
- *Take Your Man to the Doctor Day*: On October 6, the Brooklyn Borough President launched the ninth annual Take Your Man to the Doctor campaign at Borough Hall. *Take Your Man to the Doctor* is a call to action for men of all ages, ethnicities, and economic levels to regularly visit a doctor, and for the women and men who love them to help make it happen. As a participating hospital, TBHC screened 64 persons for blood pressure, cholesterol and glucose, and administered 40 PSA tests.

- *National Night Out*: Organized by the 88<sup>th</sup> Precinct Community & Youth Council, this event, held August 2nd from noon to 8 p.m., is one of the largest and most well attended in the community. TBHC provided blood pressure, glucose, cholesterol, and PSA screenings. Members of TBHC's Nursing and WIC Programs also highlighted *World Breastfeeding Week* by manning an information table at the event. Local legislators and officials, including Mayor Michael Bloomberg, Brooklyn Borough President Marty Markowitz, Brooklyn District Attorney Charles J. Hynes, and Police Commissioner Raymond W. Kelly spoke about the importance of maintaining a safe neighborhood. This is the second year that TBHC participated in the event.

## *Chronic Disease*

### Asthma

Over the past year, the Pharmacy Department operated an Adult Asthma Clinic, which ran in conjunction with the Adult Pulmonary Clinic, the Pharmacotherapy Clinic in Family Medicine, and a Pediatric Asthma Clinic in the Children's Health Center. These clinics were focused on asthma education and training for proper medication use. This included education regarding proper use and administration of each medication, proper timing of medications based on the specific indications, adverse effect monitoring, peak flow monitoring, establishment of a home asthma plan, and modification of medication regimens through individual interventions with prescribers (when indicated). Patients were taught to use inhalers through counseling, demonstration with placebo inhalers, and the use of electronic Aerosol Inhalation Monitors. Follow-up appointments were available to reinforce the education and monitor progress.

The addition of these services to the Children's Health Center was achieved in the second quarter of 2011 and was implemented in April. TBHC's continuing goal is to increase volume in these clinics, as well as demonstrate positive outcomes in patients. Plans are also underway to capture such data. A Pharmacy resident is designing this project.

### Cancer

The Division of Hematology and Oncology's primary goal is to help eliminate existing cancer disparities. During the past year, specialists within the division treated a wide range of cancers, provided pain management and when appropriate, administered palliative care. All attending physicians are board certified in Hematology and Oncology. Four fellows are undergoing training and the residency program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Division of Oncology, through the securing of a \$500,000 grant from the New York State DOH ECRIP program, also supports two full time research fellows.

In a collaborative program with SUNY Downstate Medical Center, over the past year, these fellows recruited women to undergo a novel breast cancer screening methodology using tomography. The fellows provided an atmosphere of ongoing academic improvement while increasing knowledge about the unique challenges that TBHC's patient population confronts. Through community based research, fellows explored the barriers to colon cancer screening, the role of screening high risk patients for lung cancer, and the relationship between obesity and breast cancer. They had several publications accepted at national meetings and in peer reviewed journals.

Another significant achievement over the past year was accreditation by the American College of Surgeons Commission on Cancer. As an accredited provider, The Brooklyn Hospital Center offers cancer patients a comprehensive, multidisciplinary approach to cancer care that includes clinical research, multiple diagnostic and clinical modalities and wide-ranging patient and family support.

TBHC met the following criteria for accreditation:

- Comprehensive care including a complete range of state-of-the-art services and equipment
- A team approach to coordinate the best available treatment options
- Information about ongoing cancer clinical trials and new treatment options
- Access to prevention and early detection programs, cancer education, and support services
- A cancer registry that offers lifelong patient follow-up
- Ongoing monitoring and improvements in cancer care, quality care, and close to home care

Knowing that cancer prevention is essential, the Division of Oncology together with TBHC's Division of Gastroenterology secured a grant from the New York City Department of Health for a colonoscopy navigator. The navigator assisted patients in scheduling and preparing for a screening colonoscopy. Because of the navigator, the no-show rate for appointments dropped by 30 percent. The colonoscopy navigator is fluent in Spanish and works with a Polish speaking intern. The navigators attended clinics throughout the borough and the Polish-speaking navigator was helpful in working with the Greenpoint community, where one of TBHC's health clinics is located. Overall, the program reduced the no show rate by 50 percent and improved the quality of the pre-colonoscopy preparation significantly. This program has increased referrals to colonoscopy by 20 percent.

Physicians within the Division of Oncology provided preventative treatment to women at high risk of developing breast cancer. TBHC oncologists also educated the community and area physicians about cancer prevention strategies. Additionally, the hospital participated in the Breast Health Partnership, a program which provides low income, uninsured women access to free breast and cervical cancer screenings.

The division has been chosen to participate in an NIH sponsored grant together with Mt. Sinai Medical Center to assist newly diagnosed breast cancer patients in accessing appropriate care. A recent grant from the Susan G. Komen Foundation was secured to develop a nurse navigator program. The navigator will educate patients about their diagnosis and treatment, assist patients during their treatment, provide referral services, and address issues of survivorship and ongoing wellness. This program will navigate 150 women per year.

The Division of Oncology also hosts a patient navigator sponsored by the American Cancer Society. This navigator provides patients with information about their disease and treatment and helps patients to access services such as transportation and financial assistance. A recent partnership with The Center for Community Outreach Immigrant Health and Cancer Disparities at Memorial Sloan Kettering helped to provide patients with community based services. The Center hopes to establish a medically appropriate food pantry at TBHC soon. These two programs have provided education and access to community services to 800 patients in 2010.

Over the past year, firm relationships were fostered with other divisions throughout the hospital in order to continue delivering integrated cancer care. Staff attended weekly tumor boards with the Department of Surgery and monthly tumor boards with the Division of Gynecologic Oncology. The division was also involved in community outreach at local health fairs, participated in Speakers' Bureau presentations at churches and community forums, and contributed to other community wellness events. Division members were also frequent speakers at the "I Can Cope", "Man to Man" and "Survivors Club" meetings.

## Heart Disease

Over the past year, the Cardiology Division continued to build upon the successes of the prior years. The hospital rolled out its plan to increase the number of attending physicians in a variety of subspecialties. To date voluntary cardiologists have also joined the professional staff. They provide expertise in the field of electrophysiology.

Despite external barriers to providing quality services in a timely fashion TBHC has made significant progress in providing cardiac care to its community. For instance, the section of cardiac stress testing was affected by the world-wide shortage of radionuclide imaging agents in 2010. As a result, the hospital could not perform as many nuclear cardiac studies. To offset this problem, educational efforts to the medical community on the availability of alternative imaging studies such as dobutamine stress testing had a positive impact in maintaining the volume in the laboratory. As a result of the above efforts, physicians are now more comfortable and managing patients who have different diagnostic modalities.

The hospital also continued its partnership with the Lafayette Medical Center (LMC), a private medical practice. Over the past year, the goal of expanding cardiology services in a population which has some of the highest rates of heart disease in New York City, was achieved. The TBHC cardiologist assigned to the center saw over 35 patients twice a month. Many of these patients would not have access to cardiology services otherwise. Electrocardiography (EKG), echocardiograms, and Pulse Volume Recording (PVR) were recently introduced. In addition to education on heart health at LMC, the cardiologist also participated in community outreach and Speakers Bureau events. This included making a presentation at a local heart health program conducted by the Department of Parks and Recreation-Brooklyn and TBHC on Valentine's Day.

## Diabetes

TBHC started two diabetes programs in the Family Medicine Center.

**Diabetes Self-management Clinic:** The diabetic patients attended this clinic for care coordination, individual care plans and diabetes self management techniques. The clinics were conducted once a week.

**Diabetes Club:** Diabetes Club meets on the last Friday of each month to teach participants about nutrition, exercise, and the skills necessary to manage the disease. This program is part of the New York State Department of Health's Diabetic Registry and was led by a family medicine physician who is a certified diabetic educator.

**Teaching Interdisciplinary Care Sessions (TIC):** TIC sessions have been started in all the ambulatory clinics since the second quarter of 2011. These sessions help in pre-visit care coordination of diabetes patients with various sub-specialty referrals, preventive screening referrals and missed member services

The Department of Internal Medicine and Family Medicine revised the Healthcare Effectiveness Data and Information Set (HEDIS) quality indicators to include all components of diabetes which will be measured and reported regularly to the quality council. The Family Medicine Center and three of the hospital's family health centers received Patient Centered Medical Home recognition from the National Committee for Quality Assurance (NCQA). Diabetes mellitus was selected as one of the clinically important conditions. Outcomes were included in the Patient-Centered Medical Home survey tool. This process facilitated excellent outcome measures. As a result of these initiatives,

The Brooklyn Hospital Center received NCQA Diabetes Recognition Program (DRP) acknowledgment from 2010 to 2013.

### *Infectious Disease*

In 2010 the PATH Center continued addressing the healthcare needs of the growing number of people infected and affected with HIV/AIDS. In 1997, the first year of operation, PATH saw 216 HIV+ patients. Over the past year, PATH realized a new record in the number of new HIV+ patients coming in for care: a total of 366. PATH also saw a new record in the total number of HIV+ patients seen (new and continuing): 1,372. With the increase in patients and patient satisfaction, PATH's visit volume increased by more than 15 percent in 2010.

On December 1, 2010, World AIDS Day, PATH received an award from Mayor Michael Bloomberg for being an *Exceptional HIV Program* in New York City. The award was presented by Mayor Bloomberg at a ceremony at the Brooklyn Public Library. PATH also had a successful forum on HIV and Spirituality on December 3, 2010 to commemorate World AIDS Day. The forum, organized with TBHC's Community Outreach Office, attracted dozens of community residents and featured a panel with or affected by HIV. These individuals told their stories about the connection between HIV and their spiritual journey. In late 2010 PATH also conducted several visits to community agencies to promote PATH services, including the Women's Prison Association and Flatbush Addiction Treatment Program.

### **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.**

While The Brooklyn Hospital Center has made significant strides in addressing access to health and providing services and programs which fulfill its priority agenda, a number of barriers persist. Barriers to health care are obstacles within the health care system that prevent vulnerable patient populations from getting needed health care, or that cause them to get inferior health care compared to advantaged patient populations. The vulnerable populations within TBHC's service areas include African-Americans and a range of immigrant groups. The categories of barriers affecting these groups are cultural, socio-economic, financial, geographical, and organizational. Over the past year, TBHC continued efforts to address and eliminate these barriers.

Cultural: The Brooklyn Hospital Center provides services to a diverse population both at its main campus and at its family health centers. Over the past year, TBHC introduced initiatives and made improvements to enhance services to a range of existing and potential groups:

- The 8th Avenue Family Health Center was replaced with the larger, better equipped 61<sup>st</sup> Street Family Health Center to serve the growing Chinese and Arab/Muslim populations in Bayridge and Sunset Park. New marketing and programmatic materials were produced in Chinese to bridge the language gap between TBHC and that population.
- TBHC's new Arab/Muslim community outreach coordinator held several events at area mosques and Arab/Muslim venues to increase access to the hospital's services and programs. The outreach liaison also translates for patients and providers. The coordination has fostered more sensitivity in dealing with the unique needs of this population. Additionally, two community leaders have submitted applications for the hospital's Community Advisory Board. If selected, they will help advocate directly for this patient population.

Socio-economic: TBHC serves an urban population in the lower socio-economic status. The prevalence of diabetes, cancer, heart disease, asthma, HIV/AIDS, obesity and stroke are among

the highest in New York City. TBHC continued to address these issues through intense community outreach efforts and internal campaigns.

- A campaign was launched to provide information to churches about the hospital's programs and services. The hospital is currently planning its Annual Clergy Breakfast to build awareness among religious leaders about health care disparities and to empower them to use the pulpit to encourage good health practices. In the meantime, TBHC offers screenings for blood pressure, glucose, cholesterol at church health fairs and is also involved in wellness initiatives with select congregations.

Financial: The financial barriers are being addressed at several fronts.

- Information about the hospital's Financial Assistance program is offered at each community event. The hospital also partners with local insurance groups and HMOs at its events to offer low cost or free health insurance to persons in the community who qualify.
- The hospital's Cancer Communications Outreach liaison also makes information available about free screenings and other services.

Organizational: TBHC has also made efforts to improve organizational barriers.

- The hospital's Service Excellence initiative promotes stellar customer service throughout the organization and at every level of patient care. This effort, a collaboration between the unions and management, is based on TBHC's six behavioral standards (Respect, Teamwork, Accountability, Pride, Hospitality and Innovation) with tangible results shown by customer, patient, and staff satisfaction surveys.
- The hospital also keeps its pulse on the community through its Community Advisory Board (CAB) and a presence at community board meetings. At its April 26<sup>th</sup> Annual Meeting, a forum open to the public, the CAB invited appointed and elected officials to provide insights about community perception and the quality of services at the hospital. The comments and concerns which were voiced were taken into consideration in making ambient and customer service improvements. TBHC presence at community board meetings has increased dialogue with key community leaders and has fostered a spirit of goodwill with key community decision-makers.

**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).**

The Brooklyn Hospital Center selected the following non-prevention agenda items:

*Obesity*

Over the past year, the *Wellness for Life Club*, a free monthly education program, has had tremendous success in designed to help seniors and other members of the community make the healthiest lifestyle choices possible. Managed by TBHC Nutritionist Karen Congro, RD CDN, Wellness for Life club meetings continued to offer wellness lectures from highly qualified medical staff, monthly weight loss challenge; healthy recipes, light exercise, blood pressure screenings, and other health checks. A survey of Wellness for Life attendees revealed that the monthly sessions helped members to keep a normal weight and a healthy lifestyle.

The group's founder also reached beyond the club to educate the community on good nutrition. The following is a list of media appearances from September 16, 2010 to August 30, 2011:

### **SEPTEMBER**

September 1, 2010

Karen Congro – the effect sodium has on the body  
*Forbes.com Blog*

September 6, 2010

Karen Congro – low-carb diets heavy on meats may raise health risks  
*HealthDay; BusinessWeekdrugs.com; ivillage; healthscout; healthfinder.gov/news; goodhealth.com; Fox, ABC, CBS affiliates (websites)*

### **NOVEMBER**

November 8, 2010

Karen Congro – fast food marketing (kids who keep asking parents to go to McDonald's of other fast food chains  
*CBS Newspath; CBS 4 Denver; WIFR; WRDW; WCAX; WIVB*

November 10, 2010

Karen Congro – soda/juice increases the risk of gout in women  
*health.com/cnn.com*

### **DECEMBER**

December 16, 2010

Karen Congro – most fattening holiday drinks  
*Daily News*

### **JANUARY 2011**

January 26, 2011

Karen Congro – fruit juice and health benefits of organic foods  
*BCAT's HealthBeat*

### **MARCH**

March 10, 2011

Karen Congro – importance of going to a reputable weight loss specialist  
*Health*

March 8, 2011

Karen Congro – the pros and cons of Smart Water  
*Forbes*

### **APRIL**

April 5, 2011

Karen Congro – Dukan diet (over 100 pickups)  
*HealthDay; Health.msn; Health.usnews; Health.yahoo; Healthfinder.gov; News.yahoo; Ivillage; doctorslounge; ABC, CBS, NBC and Fox affiliates*

### **MAY**

TBD

Karen Congro – Dukan Diet (4/8) (airing when book comes out in the U.S.)  
*Ch. 7*

## **JULY**

July 13, 2011

Karen Congro – chain restaurants making healthier kids' menus  
*News 12 (aired at 5 8 pm)*

## **AUGUST**

August 3, 2011

Non-alcoholic fatty liver disease (NAFLD); how it affects one disease (NAFLD); how it affects one physically (nails, skin, etc) and how to help prevent  
*yourbeauty.com Karen Congro (Dr. Oz website)*

August 4, 2011

Karen Congro weighing in on results that eating healthy is expensive  
*DailyNews.com*

### ***Pediatric Safety***

The Brooklyn Hospital Center maintained its partnership with Safe Horizons: Jane Barker Brooklyn Child Advocacy Center (JBBCAC). Formed in 1996, JBBCAC serves physically abused children under age 10, including sexually abused children under age 12, non-offending parents, other family members, significant others and undocumented immigrants. Three medical providers from TBHC's Pediatrics Department assist Safe Horizons, formerly known as Victim Services, in offering initial counseling and forensic evaluation of abused children. Members of the interdisciplinary team meet regularly and are involved with community agencies, preventive care services, and parenting programs which help the agencies identify high-risk families and offer strategies for coping with difficult family child rearing situations.

JBBCAC is a multidisciplinary co-located center for the evaluation assessment and initial treatment of victims primarily of child sexual abuse and does also get involved with physical abuse. The entities which are co-located include Child Protection Services (ACS) with two units which are solely dedicated to child sexual abuse evaluation -- the Special Victims Squad of the New York Police Department--specially trained detectives who are comfortable in this field; and the Brooklyn District Attorney's Office Crimes Against Children Bureau - a bureau which is solely responsible or child abuse cases.

One of TBHC's providers was involved in a joint venture with ACS in the Tompkins Housing Projects in Bushwick, where there have been a significant number of "shaken baby cases." The provider helped to inform parents and family support groups about different strategies that might be employed when a baby "cries too much"- a common precipitation factor in a caregiver shaking an infant.

### ***Stroke***

TBHC's Stroke Center serves over 300 patients each year who have suffered an ischemic stroke, transient ischemic attack (TIA – "mini stroke"), or intracranial hemorrhage. The center adheres to protocols established by the NYS DOH, and in accordance with national protocols overseen by the American Heart Association (AHA) and the American Stroke Association (ASA). The center reports yearly data to the AHA/ASA using Get With The Guidelines (GWTG) – a nationally recognized data reporting tool. Measures of compliance with timely diagnosis and treatment of our patients, as well as their outcomes are reported.



Over the past year, The AHA/ASA awarded TBHC a “Gold-Plus” award for meeting all its criteria. In addition to this, TBHC was one of only three hospitals in Brooklyn, and one of ten hospital in New York City’s five boroughs, to be awarded the “Target Stroke: Honor Role” by the AHA/ASA This recognition was presented to TBHC for being able to treat at least 50 percent of patients who received the “clot-buster” drug, TPA, within 60 minutes of their arrival at the Emergency Department.

The director of TBHC’s stroke center took part in a running series of didactic lectures geared toward the medical and nursing staff. In addition, the program’s director and coordinator participated in community outreach and education through talks at community events and with a week-long information booth set up in the hospital’s lobby area. The success of these efforts can best be seen in patient outcomes. A majority of stroke patients leave TBHC with dramatic improvements and often are able to be discharged to their homes with outpatient physical, speech, and occupational therapy.

There are still barriers to the most effective delivery of care to stroke patients that exist in all institutions and communities. First and foremost is education of the patients and the community that a stroke is not always a final event; there is so much that we can do as caregivers and clinicians if patients get to us within time. In addition to TPA, a clot-busting drug that can only be given within three hours of the onset of stroke symptoms, there is always better benefit with even conventional therapies for stroke patients the sooner they are started.

**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.**

The CSP is posted on TBHC’s website: <http://www.tbh.org/community-outreach/community-service-plan>

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

Over the past year, The Brooklyn Hospital Center distributed copies of its Community Service Plan to several key external groups. Among them:

- Legislators at the Annual Legislative Breakfast
- Community Leaders – at Community Advisory Board Annual Meeting
- Community Board 2
- New TBHC Community Advisory Board Members
- TBHC Board of Directors
- Pediatric Resident Orientation

Internal audiences were informed about the CSP One-Year Update through the hospital’s intranet, mytbhc.org. A short article in the internal newsletter, also gave highlights of community outreach activities.

**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.**

Some of the hospital's successes regarding the provision of financial aid can be related to the ability to ensure that the qualifying self-pay population receives rates that are affordable when they are not insured. A portion of the financial aid program recipients are consumers who are recently unemployed and are in the process of applying for insurance. Our programs allows them to receive treatment and services at an affordable rate allowing them to maintain a relationship with our facility and physicians so when they are insured they continue to use all the services offered at The Brooklyn Hospital Center.

However, our greatest challenge is retaining the consumers we advise of the program. During an emergent and/or clinic visit, most people do not walk with the documents necessary to qualify them for our program. It can be a timely process for a consumer to provide information or complete documentation after they are treated. Some consumers once treated disregard the need for payment of services rendered.

One of the best practices that we have implemented at The Brooklyn Hospital Center occurs at point of registration. When it is realized that a patient is "self-pay", the patient is informed of our financial assistance program and given a brochure. An indicator is selected in the registration system indicating that this was done. The patient is directed to a financial counselor who explains the program and provides a list of documentation required. Once the patient confirms interest in applying they are put into a separate financial class allowing us to monitor the volume of patients pending until they are approved for a particular fee scale.

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

The Brooklyn Hospital Center's CSP was thoughtfully developed to ensure that we meet the underlying current clinical conditions and health education needs of our ever-changing community, including projected changes in demographics and anticipated regulatory reform.

We are well-positioned in one of New York City's key economic and geographic growth areas. NYC planning projections include continued and accelerated development of the hospital's neighborhood and surrounds. THBC's clinical programs targeted for growth are based on discharge trends reflective of the health status of residents as well as the anticipated community needs based on population and demographic projections.

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