



2013 COMMUNITY HEALTH NEEDS ASSESSMENT
AND IMPLEMENTATION STRATEGY

THE COLER-GOLDWATER
LONG TERM ACUTE
CARE HOSPITAL



NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION

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THE COLER-GOLDWATER LONG TERM ACUTE CARE HOSPITAL (LTACH)

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The Coler-Goldwater Long Term Acute Care Hospital (LTACH)



Among the many facilities operated by the New York City Health and Hospitals Corporation, the city's safety-net health-care provider, only the Coler-Goldwater Specialty Hospital (Coler-Goldwater) has the federal designation of long term acute care hospital (LTACH). It is one of four LTACHs in New York State, three of which are in New York City. It is the only public LTACH in the city.

What is an LTACH?

The term "long term acute care hospital" is a federal designation for facilities that anticipate patient hospitalizations of more than 25 days because of the complexity of care required. These facilities provide specialized acute care for medically complex patients, offering specialized treatment programs and aggressive clinical and therapeutic intervention on a 24-hour/7-day-a-week basis. Among the complex cases treated at an LTACH are patients with respiratory conditions, including those who are ventilator-dependent. The care provided is not generally available or appropriate in a typical short term acute care setting. Many LTACH patients are admitted directly from acute care hospitals' Intensive Care Units.

Admission to the specialty hospital may be required when there is a documented history of past treatment failures occurring at a lower level of care, resulting in recurrent acute exacerbations and a pattern of readmission to a short-term, acute care hospital, or an inability of the individual to cope with the demands of a complex treatment regimen in a less structured environment, which likely can only be overcome by offering the intensity of care available at the Coler-Goldwater Specialty Hospital.

Introducing Coler-Goldwater

Coler-Goldwater is the largest LTACH in the United States and also currently maintains the highest number of ventilator beds in the country. Coler-Goldwater is a two-campus facility, both located on Roosevelt Island in New York City. The island is in the East River east of Manhattan. It is accessible by auto only from the borough of Queens. From Manhattan it is accessible by subway or tram.

Although the Coler Campus has licensed LTACH beds, they are not in use and are planned to be de-certified by December 2014. Currently, the Goldwater LTACH has a census of 287 patients. Approximately 100 of the beds are occupied with patients requiring continuous ventilator support. In addition to the LTACH, the Goldwater Campus also contains a 574-bed skilled nursing facility.

The major medical conditions that our LTACH treats are respiratory failure/Chronic Obstructive Pulmonary Disease, cardiovascular disorders and their sequelae, central nervous system disorders, Diabetes Mellitus and infectious diseases.

Across the nation, most LTACHs are operated by private corporations. However, Coler-Goldwater's LTACH is part of the New York City Health and Hospitals Corporation (HHC), the city's safety-net provider of healthcare services. As such, it offers quality healthcare services to patients without respect of pay source. HHC is a public benefit corporation whose mission has always been to provide comprehensive and high quality to all, regardless of their ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a \$6.7 billion integrated healthcare delivery system that provides medical, mental health and substance abuse services through

its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics.

HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC’s commitment to caring patients regardless of their ability to pay, ultimately gives it the highest “market share” of low-income, uninsured patients across this City. Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single health care provider in New York City. An HHC facility was the source of 36% of all self-pay inpatient discharges, 43% of ED visits and 71% of clinic visits to individuals with no health insurance or the means to pay directly for their care.

At the Coler-Goldwater LTACH in 2011, almost 28% of the LTACH’s 1,179 discharges were of persons who had no ability to pay for their healthcare at the facility. In 2010, total patient costs at the Coler-Goldwater LTACH totaled \$155,274,522; \$14,780,753 of those costs were designated as “bad debt and charity care,” with from 30%-40% of this amount reimbursed by state charitable care funds. (Source: 2011 hospital institutional cost reports, 2012 NYSDOH indigent care pool data files.)

GOLDWATER SPECIALTY HOSPITAL & SKILLED NURSING FACILITY

Chronic Hospital Payor Mix FY 2012

PAYOR	% Ratio
Total	
MEDICARE	2.08%
MEDICAID	74.37%
NON-PROFIT	0.26%
COMMERCIAL	0.25%
HMO MEDICARE	0.63%
HMO MEDICAID	0.42%
HMO OTHER	0.38%
WORKER COMPENSATION	0.18%
NO-FAULT	0.02%
SELF PAY	0.00%
UNCOMPENSATED	21.41%
	100.00%

A Facility in Transition

In November 2013, the Goldwater campus will be closed to make room for a \$3 billion technology campus operated by Cornell University and Technion-Israel Institute of Technology. Coler LTACH beds will remain at zero and be de-certified; Goldwater LTACH beds will be relocated to what will be called the Henry J. Carter Specialty Hospital and Nursing Facility (HJC). The new facility will be located in Central Harlem. After the move, there will be 201

LTACH beds in a hospital building that has been renovated to house an LTACH. Care for ventilator patients will be at both the nursing facility and the LTACH as appropriate to patient condition.

The Henry J. Carter Specialty Hospital (HJC) will continue to offer the full range of rehabilitation modalities, including physical therapy, occupational therapy, vocational rehabilitation counseling, audiology, psychology/psychiatry, and speech therapy. The wound service will continue to treat patients with difficult-to-treat wounds. Through that service patients are provided with specialized beds, designed to minimize pressure on the wound and promote healing.

Care will be provided under the leadership of experienced medical staff, assisted by several on-site support and diagnostic services, including laboratory, respiratory and some radiology services. Various medical specialties will be represented including Dermatology, Endocrinology, ENT, Gastroenterology, Gynecology, Hematology/Oncology, Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedics, Podiatry, Pulmonary Medicine, Rheumatology, Urology, Psychology, Psychiatry, and Surgical sub-specialties. Coler-Goldwater is affiliated with New York University Medical Center and that affiliation will continue upon relocation to HJC.

The medical concourse in HJC will also include full-service dental clinics, offering general dentistry services augmented by the specialties of periodontics, endodontics and a wide range of surgeries, including implantation.

A 24-hour on-site stat lab will be maintained for urgent diagnostic purposes. In addition, on-site radiology services will be available, which facilitates efficiency and enhancement of patient outcomes. Most tests, including CT scans, ultrasound, and routine X-rays, will be conducted without transporting patients off-site.

Many, if not most, of the patients who require Specialty Hospital services have suffered a life-changing illness or injury. For this reason, and also because of the extended length of stay experienced by most patients, Coler-Goldwater has always made person-centered quality-of-life enhancements a priority. Available activities and program spaces currently located at Coler-Goldwater will be available on the new campus-- including chapels and religious services, a library, a gift shop, a radio station, barbers, and beauticians. Other activities to be relocated include computer labs with internet access, sports and exercise programs, horticultural therapy, art, music, and drama and other therapy, patient and family education, smoking cessation and education, and cognitive remediation.

Vocational Rehabilitation programs to be transferred to the HJC include community-based English as a Second Language programs, General Educational Development

(GED) training, higher education programs and vocational services. While not all patients can benefit from these programs, for many others the programs are essential components

of recovery and adjustment to the life circumstances. These approaches will be brought to the HJC campus. Social work and therapeutic recreation services will be provided as well. ♦

I. Community Served by the Hospital

Referrals for admission to Coler-Goldwater come from facilities throughout the city: acute care hospitals, other nursing facilities, adult homes, free standing and/or hospital-based clinics, and home, when appropriate. As a result, Coler-Goldwater's

geographic service area is broad, drawing admissions from areas within at least each of four of the five boroughs of New York City. Because of this, Coler-Goldwater has no specific primary or secondary service areas, as would an acute hospital. ♦

II. Processes and Methods

The information contained in this Community Health Needs Assessment (CHNA) derives from focus groups conducted by this facility in March 2013.

This facility conducted three focus groups, each with a different group of participants: (a) facility patients; (b) community stakeholders, including local residents and representatives of community-based organizations, and (c) a group comprised of healthcare providers at this facility, including many who also live in our service areas. This last group included community health experts. The groups were 90 minutes in duration with five questions asked of each group. An overview of what a CHNA is and the need for one to be conducted was offered. Instructions for their participation in the process were discussed.

The focus groups' questions were designed to produce the necessary content of a CHNA, and the groups' facilitators followed a plan that would allow maximum group participation and responses over a variety of issues in about 90 minutes. Although records of participants and verbatim responses were kept, participants were assured that their names would not be associated with specific responses.

Facility patients were asked the following queries:

1. What are the greatest healthcare needs in your community? Or, put another way, what health problems do you see the most among your family members and neighbors?
2. On a scale from 1-5 (1 being the lowest), how does Coler-Goldwater respond to each health need listed?
3. Tell us about the greatest problems you and your family members face getting healthcare at Coler-Goldwater? [If there aren't many responses, probe with: "Have you had a bad experience? Tell us about it?"]
4. What changes can this hospital make so it can

better respond to the needs and problems you've just mentioned?

5. What do you think are the greatest strengths of Coler-Goldwater?

Community members were asked the following five queries:

1. What do you think are the greatest strengths of healthcare in your community served by Coler-Goldwater?
2. What are the greatest weaknesses of healthcare in your community served by Coler-Goldwater?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your family and neighbors?
4. On a scale from 1-5 (1 being the lowest), how does Coler-Goldwater respond to each health need listed?
5. How can the facility better respond to each specific health need?

Providers were asked these questions:

1. What do you think are the greatest strengths of healthcare in your community served by Coler-Goldwater?
2. What are the greatest weaknesses of healthcare in the community served by Coler-Goldwater?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does Coler-Goldwater respond to each health need listed?
5. How can the facility better respond to each specific health need?

Responses for all three focus groups were recorded and were submitted to facility leadership for prioritization for the implementation plan. ♦

III. Health Needs Identified

Based on focus group data, facility leadership identified five priorities for attention in the next year. Coler-Goldwater has consistently shown strong performance improvement efforts for all quality indicators within our LTACH. These indicators include but are not limited to pressure ulcers, central line blood stream infections, diabetes management, pneumococcal vaccine administration, and sharps and needle stick injuries.

Coler-Goldwater also has a renowned Ventilator and Ventilator Weaning Program. Our ventilator patients come to

us from acute care hospitals across the New York City area.

Coler-Goldwater has undertaken the development and implementation of a CHNA to ensure we meet new federal guidelines but it also lends itself to our raising the bar for performance improvement within our community. Coler-Goldwater consulted with three groups of stakeholders, staff, community representatives and patients.

As a result of the CHNA process five community needs surfaced and will be addressed in this strategic plan. ♦

IV. Community Assets Identified

As noted, Coler-Goldwater Specialty Hospital is a Long Term Acute Care Hospital that specializes in difficult-to-treat conditions, such as respiratory care and wound care, for patients whose hospitalization is likely to be 25 days or longer. It is located on an island between Manhattan and Queens and although there are no other LTACHs in the vicinity, there are many other healthcare resources. In Queens, there are two HHC facilities, Queens Hospital Center and Elmhurst Hospital, along with allied clinics. In Manhattan, just across the East River from Coler-Goldwater, are several HHC hospitals, including Bellevue Hospital Center, Metropolitan Hospital, and Harlem Hospital. These HHC facilities provide specialized care, on a referral basis, to our patients. Examples of specialized care include psychiatric emergency assessment, oncology, neurology and dialysis.

In Queens, other non-HHC hospitals include:

- Flushing Hospital Medical Center
- Forest Hills Hospital
- Holliswood Hospital
- Jamaica Hospital
- Mount Sinai Hospital Queens
- New York Hospital Queens

Other Manhattan hospitals, not affiliated with HHC, include:

- Beth Israel Medical Center
- Gracie Square Hospital, a psychiatric hospital.
- Hospital for Special Surgery
- Lenox Hill Hospital
- Manhattan Eye, Ear and Throat Hospital
- Manhattan VA Hospital
- Memorial Sloan-Kettering Cancer Center
- Mount Sinai Hospital

- New York-Presbyterian Hospital/Weill-Cornell Medical Center
- New York-Presbyterian Hospital/Columbia University Medical Center
- New York Downtown Hospital
- NYU Langone Medical Center
- St. Luke's-Roosevelt Hospital Center

Community-based clinics in Queens include:

- Damian Family Care Center
- Forest Hills Health Center
- Hillside Polymedic Diagnostic And Treatment Center
- Joseph P. Addabbo Family Health Center
- Medex Diagnostic And Treatment Center
- Medisys Family Care – St. Albans
- New York Medical And Diagnostic Center
- Privilege Care Diagnostic And Treatment Center
- Queens Surgi-Center
- The Floating Hospital

Community-based clinics in Manhattan include:

- Asian and Pacific Islander Coalition of HIV/AIDS Inc.
- Betances Health Center
- Center For Comprehensive Health Practice Inc.
- Charles B. Wang Community Health Center Inc.
- Children's Aid Society - Lord Memorial Clinic
- Citicare, Inc.
- Community Healthcare Network
- Covenant House
- Daytop Village, Inc.
- East Harlem Council for Human Services Inc.
- Health Unlimited

- Heritage Health Care
- Institute for Urban Family Health, Inc./Sidney Hillman Center
- Inwood Diagnostic and Treatment Center, Inc.
- Michael Callen-Audre Lorde Community Health Center
- Mount Sinai Diagnostic and Treatment Center Inc.
- New Alternatives for Children Inc.
- Project Renewal, Inc.
- Ryan/Chelsea-Clinton Community Health Center Inc.

- Settlement Health
- The Door - A Center of Alternatives
- United Health Center Inc.
- Upper Room Aids Ministry (Harlem United)
- Villagecare Health Center
- West Midtown Management Group Inc.
- William F. Ryan Community Health Center

It should be noted that the Coler-Goldwater LTACH provides its patients medical care or, when appropriate, refers patients to other HHC facilities. It is unlikely that non-HHC hospitals or clinics would provide care to our patients. ♦

V. Summaries: Assessments and Priorities

The leadership of Coler-Goldwater Specialty Hospital, a Long Term Care Facility, conducted three focus groups—patients, community stakeholders, and providers-- in March 2013. The responses of the focus group were analyzed. Leadership, including Robert Hughes, Executive Director, and Floyd Long, Chief Operating Officer, determined that the following are priority needs that should be addressed in the year ahead. The priority need was determined based on diagnoses and specific areas of expertise.

1. Housing for Disabled Persons
2. Mental/Behavioral Health
3. Diabetes Management
4. Dementia Care
5. Patient Experience

Next Steps

Coler-Goldwater will establish workgroups within existing committees to develop implementation strategies for each of the five priorities. Leaders of the work group will be responsible for:

- Finding out what other organizations are doing regarding the priority
- Organizing their group to include field professionals and representative community members
- Developing a work plan
- Establishing metrics that are measurable
- Communicating with the community at large

Coler-Goldwater will conduct this needs assessment every three years.

Coler-Goldwater will attempt to develop a better understanding of the social determinants of the priorities listed in this plan. ♦

VI. Implementation Strategy

Priority: Housing for Disabled Person

Community based housing has been identified as an issue for patients/residents at Coler-Goldwater. As we have continued to discharge patients who can benefit from living in the community we have found that not enough housing opportunities exist for the disabled. Currently, we have partnered with HHC, Office of Corporate Planning Services, who has been assisting with the development of housing opportunities for our disabled population. To date, we have linkages with the New York City Housing Authority (NYCHA) and their 504 housing for physically impaired individuals, CAMBA, assisted living programs, New York State's Nursing Home Transition and Diversion Waiver programs (NHTD) and its Traumatic Brain Injury Program, and Metro East and the 99th Street Housing Project.

As we continue our relationship with the Office of Corporate Planning, the workgroup that will be developed will seek other Community Based Organizations with whom we can partner to locate other housing options. The workgroup will meet monthly to create the plan for next steps. The workgroup will begin the week of June 13, 2013.

Priority: Mental/Behavioral Health

Coler-Goldwater has historically been a “relief valve” for HHC’s short-term acute care hospitals, in that many patients in Alternate Level of Care settings in these hospitals can be admitted to Coler-Goldwater. Significantly, this often happens when mental and behavioral issues impede the short-term acute care discharge process. Members of the leadership team felt attention

should be paid to this population. The Chief of Psychiatry laid out the following process: Psychiatry, Nursing and Medicine would develop a workgroup to assess and treat early signs of depression. They would collaboratively develop a protocol for a care plan based on the depression screen score currently done for every resident in the Minimum Data Set (MDS) assessment process for every patient in the LTACH. They would identify every patient at high risk for medically adverse outcomes and treat the illness in its earliest stage.

Additionally substance abuse was discussed in the focus groups. Although, Coler-Goldwater does not admit patients and residents who have substance abuse related conditions as primary diagnoses, historic data supports that history of substance abuse is prevalent in the population. Coler-Goldwater leadership plans to enhance existing activities to address substance abuse as a secondary diagnosis and associated behaviors. Within the Department of Psychiatry, Coler-Goldwater has a full time certified substance abuse counselor and full time psychiatrists and psychologists on staff. The Chief of Psychiatry will coordinate and lead a workgroup to further assess the needs of the population served and future community needs to support substance abuse related issues. This workgroup will begin May 9, 2013.

Priority: Diabetes Management

One of the groups felt that Coler-Goldwater should offer more in the way of care, education and training to patients with diabetes. Other than the existing education and training offered to our patients who are being discharged, there is no formal programming in place. The workgroup would include stakeholders from both inside the facility and from the community. Some members of the workgroup will have diabetes to be able to offer personal knowledge and recommendations about the disease and the disease process. They will partner with community-based organizations (American Diabetes Association, Juvenile Diabetes Foundation, Guild for the Blind) that offer services in the community related to diabetes management and education to patients as well as staff and the community. The workgroup will meet monthly. The workgroup will begin the week of May 13, 2013.

Priority: Dementia Care

Coler-Goldwater has several discreet Dementia Units. The

group felt that this is a population to whom we should pay closer attention. The workgroup would include members within the departments of Nursing, Medicine and Psychiatry. The group would develop a protocol for the early detection, assessment and treatment of depression in dementia patients on the LTACH side. We would develop protocols similar to those in the Nursing Facility. There would be a reduction of unnecessary psychotropic medication use, specifically antipsychotics, in dementia-related behaviors. The process would include a review of behavior and use of psychotropic medication at every quarterly care plan update. Improvements of non-medication interventions in the management of dementia related behaviors by expanding Therapeutic Recreation milieu activities in the evenings and on weekends. Outreach to families will be increased for more and better participation in care planning. There would be an expansion of the Music and Memory program to this population, who currently do not benefit from this program provided by a community-based organization. The Music and Memory Program is operated by a non-profit organization that uses new and used IPods to improve the quality of life of residents in approximately 11 nursing facilities in New York. This workgroup would begin its work on May 9, 2013. .

Priority: Patient Experience

Focus groups acknowledge that the perception of the patient is paramount. Patient satisfaction was raised as an issue. The quality and nutritional value of the food, staff attitudes and communication were also noted as problems. The plan to address this priority includes continuing our quarterly grievance committee meetings. We would conduct focus groups with our patients, based on the data derived from grievances to ascertain what would make their experience better while with us. The workgroup has already outlined five areas within which we would like to see improvements. The five areas are Medicine, Nursing, Food, Activities and Nurse Aides. The workgroup will also reach out to HHC's acute care and chronic care member facilities to ascertain what programs they have in place that positively impacts on patient experience and satisfaction. It will also be the workgroup's charge to implement a "Patient First Program." The workgroup will meet monthly. The workgroup will begin May 3, 2013. ♦

VII. Approval

The Implementation Strategy has been approved by the Board of Directors of the New York City Health and Hospitals Corporation on May 30, 2013. ♦