



2013 COMMUNITY HEALTH NEEDS ASSESSMENT
AND IMPLEMENTATION STRATEGY



JACOBI MEDICAL
CENTER



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JACOBI MEDICAL CENTER

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Introduction to Jacobi Medical Center



Jacobi Medical Center, opened in 1954, has served the Bronx community with distinction for nearly six decades and has proved itself to be adaptable to the ever-changing needs of its ever-changing community. It has consolidated its original two hospital operations with 1,000 beds into one 457-bed modern state-of-the-art acute care facility. At the same time that it has maintained its reputation as the region's premier

trauma facility, it has grown and developed numerous ambulatory care programs providing services in a modern facility specifically designed for outpatient care. With the Albert Einstein College of Medicine as its academic partner and sponsor of its forty-plus residency training programs, Jacobi Medical Center offers numerous centers of excellence as reflected in the following chart:

Adult Medical Services	Surgical Services	Emergency Services	Children's Services	Women's Health Services	Behavioral Health Care Services
Inpatient and Outpatient Special Care (HIV) Critical Care -Medical Intensive Care Unit -Cardiac Care Unit -Telemetry Rehabilitation Cardiac Catheterization NYS Designated Stroke Center	General Surgery/Trauma Surgical Intensive Care Unit Burn Intensive Care Unit Vascular Plastics Otolaryngology Ophthalmology Thoracic Trauma Orthopedics Neurosurgery Podiatry Urology Ambulatory Surgery	Level 1 Trauma Center Regional Snakebite Center Regional Hyperbaric Center	General and Specialty Inpatient and Outpatient Services Level 1 Pediatric Emergency Center Regional Perinatal Center Level 3 Neonatal Intensive Care Unit/Pediatric Intensive Care Unit	Inpatient and Outpatient Services Regional Perinatal Center Labor and Delivery Family Planning	Emergency Services Inpatient and Outpatient Services Continuing Day Treatment Program Smoking Cessation Program

Hospital Workload

In Fiscal Year 2012 (July 2011-June 2012), Jacobi Medical Center provided the community:

- 21,962 inpatient discharges
- 367,251 outpatient visits (divided over 15 major clinical practice categories) including Medicine (which has its own 37 unique clinical categories), AIDS/HIV, Rehabilitation Medicine, Gun Hill (Off-site Family Practice Clinic), Surgery,

Gynecology, Obstetrics, Pediatrics, Illyria Practice (Albanian American Family Practice), Alcohol, Psychiatry, Dental, Ancillary and Pre-Admission. These outpatient visits occur predominately onsite and at one community based health practice.

- 116,165 Emergency Department visits

The hospital's average daily census is 400 patients with an average length of stay of 6.67 days.

Mission Statement

The patient is at the center of all our efforts. The primary mission of Jacobi Medical Center is to serve the Bronx community by providing high-quality, cost-effective healthcare, in a respectful way to all, regardless of ability to pay. Jacobi Medical Center also strives to achieve excellence in medical education, working in partnership with its academic affiliate, the Albert Einstein College of Medicine.

Part of the New York City Health and Hospitals Corporation

Jacobi Medical Center is part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission has always been to provide comprehensive and high quality healthcare 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 Health and Home Care also provide in-home services in the local communities it serves.

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 for patients regardless of their ability to pay, ultimately gives it the highest "market share" of low-income, uninsured patients across this city.

SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Jacobi
Discharges			
Uninsured	3%	4%	6%
Medicaid	33%	38%	60%
Total Safety Net	36%	42%	66%
ED Visits			
Uninsured	16%	20%	27%
Medicaid	39%	41%	48%
Total Safety Net	55%	61%	75%
Clinic Visits			
Uninsured	11%	19%	21%
Medicaid	55%	52%	54%
Total Safety Net	66%	71%	75%

Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.

Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.

Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.

Clinic visits include comprehensive care and primary care visits only.

HHC's uncompensated care costs are \$698 million.

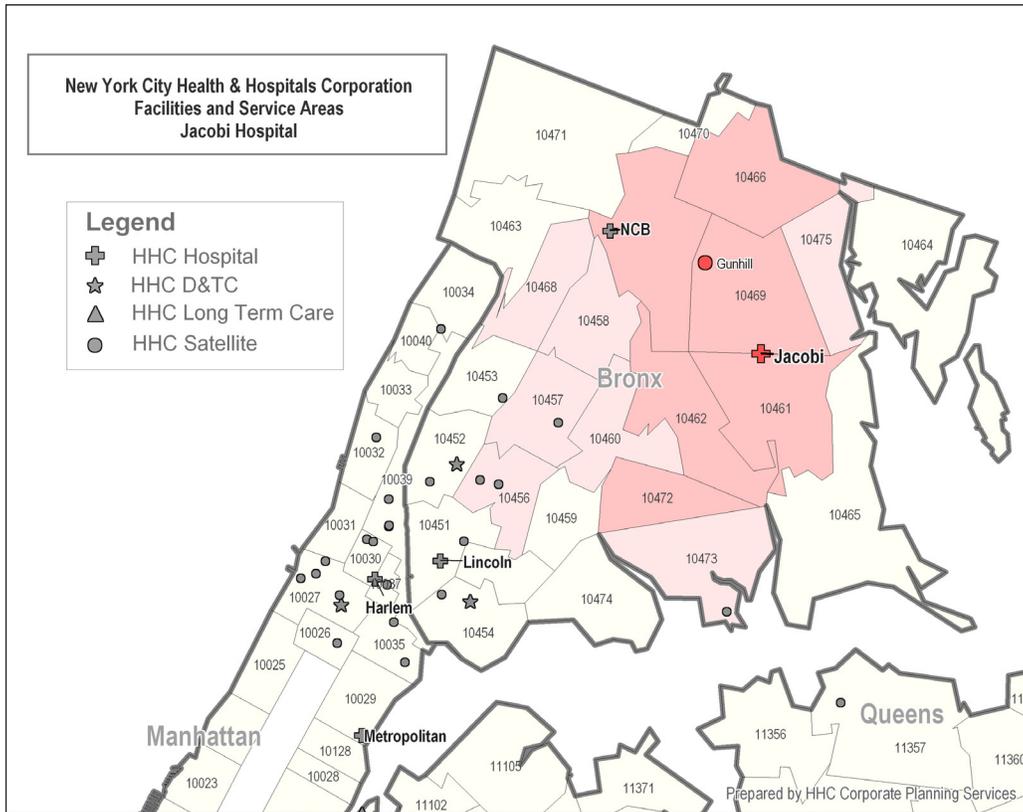
Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay uninsured patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient discharges, 43% of uninsured ED visits and 67% of uninsured clinic visits among all New York City hospitals. This volume of uninsured care translates into approximately \$698 million in uncompensated care annually at HHC.

Each HHC hospital and health center evaluates a patient's eligibility for public health insurance, and assists patients in completing applications for public health insurance. Uninsured patients who do not qualify for coverage

are assessed for financial assistance using an established sliding fee scale based on Federal Poverty Guidelines to ensure that access to care is not withheld based on the ability to pay. Fees are reduced to an affordable amount, based on family size and income, and are available without regard to immigration status.

The medical center's primary service areas are those zip codes that provide cumulatively 50% of our patients. Those zip codes are six: 10462, 10467, 10469, 10472, 10461 and 10466. The secondary service area is typically defined as those zip codes in which, cumulatively, an additional 25% of patients reside. This secondary area comprises these seven areas: zip codes 10473, 10460, 10458, 10457, 10475, 10468 and 10456. ♦

I. Description of the Community Served by Jacobi Medical Center



The Bronx is the northernmost borough of New York City with a 2012 population estimate of 1,408,473 residents.

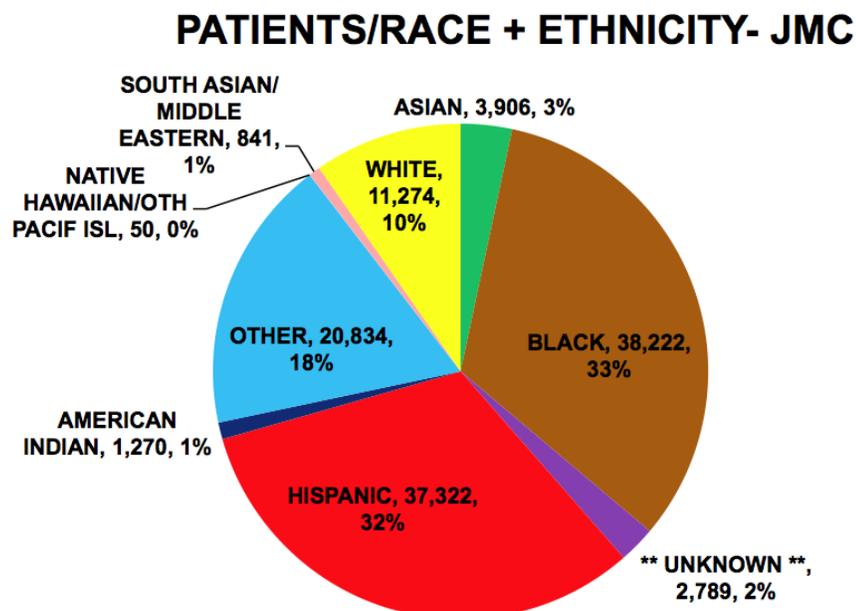
The borough is ethnically diverse, with recent census data (<http://quickfacts.census.gov/qfd/states/36/36005.html>) indicating these 2011 demographics:

- Asians, 4.2%
- Blacks, 43.3%

- Whites, 45.9%
- White persons, not Hispanic, 11.2%
- American Indian and Alaska Native, 2.9%

Persons of Hispanic or Latino origin comprise 53.8% of Bronx residents, without reference to race.

The hospital's patients have this ethnic/racial composition:



Non-English Speaking Patients

In the Bronx, of persons age 5 or older, 56.3% speak a language other than English at home. For the city overall, the percentage is 29.5%. At Jacobi Medical Center, in 2012, we provided more than 56,000 interpreter sessions in 91 languages. Spanish interpretations services comprised 67.7% of the total, but we also provided services to persons who speak Bengali, 10.4%; Albanian, 7.5%; Arabic, 3.7%, French, 1.5%, and Urdu 1.4%. We also provided interpretation services for persons who speak Mandarin, Russian, Hindi, Korean, Cantonese, Haitian Creole, Punjabi, and Polish. The cost for these services in 2012 was more than \$534,000.

Income

In contrast to New York City overall, with median household income of \$56,591, the median household income in the Bronx is

\$34,744. In the Bronx, 28.5% of persons are below poverty level (2007-2011), compared to 14.5% for the city as a whole. Jacobi Medical Center serves more than 116,508 individuals each year, accounting for 8.27% of the borough's estimated population. But the persons served by Jacobi Medical Center are typically below the borough's median income level.

Out of the 116,508 unique patients seeking inpatient and/or outpatient services, 54,828 (47%) meet New York State Medicaid eligibility guidelines. Medicaid Standards for singles, couples without children and low income families between \$8,994 for a family of 1 to \$25,800 for a family of 10 is significantly less than the borough's median income and clearly reflects an indigent population. Moreover, 22,210 patients (19%) securing inpatient and/or outpatient services at Jacobi Medical Center are insured. ♦

II. Processes and Methods

The information contained in this Community Health Needs Assessment derives from a variety of sources including New York Department of Planning's District Needs Statement, New York City Department of Health Reports, Census Data and Internal Hospital Reports.

To survey the community, Jacobi Medical Center conducted three focus groups in March 2013, each with a different group of participants.

On March 8, 2013, six senior physician and clinical administrators participated in the first group and were asked the following questions:

1. What do you think are the greatest strengths of healthcare in your community served by Jacobi Medical Center?
2. What are the greatest weaknesses of healthcare in the community served by Jacobi Medical Center?
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 Jacobi Medical Center respond to each health need listed?
5. How can the facility better respond to each specific health need?

In addition, letters and statements reflecting expert opinions were submitted to facility leadership for review and analysis.

The hospital was able to tap into an established structure namely Community Boards for securing community input. These Community Boards are required by the Charter of the City of New York as a vehicle to empower and give a voice to

stakeholders in city governance in their respective neighborhoods. These boards are comprised of volunteers appointed by the Borough President and City Council members. On March 14, 2013, community partners representing Bronx Community Boards 9, 10, and 11 (within Jacobi's primary service area) met and were asked the following questions:

1. What do you think are the greatest strengths of healthcare in your community served by Jacobi Medical Center?
2. What are the greatest weaknesses of healthcare in the community served by Jacobi Medical Center?
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 Jacobi Medical Center respond to each health need listed?
5. How can the facility better respond to each specific health need?

The hospital was also able to tap into the existence of Community Advisory Boards, another volunteer group mandated by the enabling legislation that formed our hospital system. This group also has individuals representing a variety of civic leaders and Borough President appointees, as well as representatives from the aforementioned community boards. On March 20, 2013, the third and final focus group took place. It included 11 individuals from the Community Advisory Board, local civic associations, other stakeholders and six patients. These patients, and their family members, have been active users of the hospital's ambulatory and acute care services for years.

This group was asked the following questions:

1. What do you think are the greatest strengths of healthcare in your community served by Jacobi Medical Center?
2. What are the greatest weaknesses of healthcare in the community served by Jacobi Medical Center?
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 Jacobi Medical Center 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. Though there were differences, all three focus groups agreed that diabetes, obesity, cardiovascular disease (including hypertension and congestive heart failure), mental illness (including substance abuse, mood disorders and depression), and asthma constitute the most common community needs. The hospital's leadership added Infectious Diseases as a priority, given

the empirical data reflecting the hospital's workload associated with HIV/AIDS, pneumonia, influenza, and hepatitis.

These focus groups were extremely dynamic, fluid and inspiring. In the aggregate it was agreed that Jacobi Medical Center's academic partnership with the Albert Einstein College of Medicine was a source of great strength, additionally the hospital was genuinely reviewed and highly regarded for its trauma and emergency services.

In general, Jacobi Medical Center was perceived to provide a comprehensive and extensive array of services working in close collaboration with its community. In particular, the hospital's Community Advisory Board singled out the hospital's administration providing a close partnership and guidance in all outstanding issues.

Moreover, they were impressed by the hospital's safety initiatives to lower the hospital's rates of infections. They were impressed by the free screenings offered to detect cervical, colon and breast cancer. The staff was judged to be dedicated.

Notwithstanding these many positive strengths in healthcare identified by the focus groups, a number of innovative suggestions were offered including: partnerships with fitness centers and community based gyms to address obesity;

JACOBI MEDICAL CENTER				
GROUP	Focus Group 1: Internal Clinic Experts	Focus Group 2: Community Boards and Partners	Focus Group 3: Community Advisory Board Members and Patients	FINAL PRIORITY LIST WITH LEADERSHIP APPROVAL
DATE HELD	3/8/2013	3/14/2013	3/22/2013	4/1/2013
# OF PARTICIPANTS	6	5	11, inc. 6 patients	
PRIORITY NEEDS	Diabetes	Asthma	Cancer	Diabetes
	Hypertension	Diabetes	Diabetes	Obesity
	Asthma	Obesity	Asthma	Cardiovascular/ Congestive Heart Failure/ Hypertension
	Obesity	Mental Health	Cardio	Mental Illness/ Substance Abuse/ Major Depression/ Dementia
	Substance Abuse/ Mental Health (Adult)	Autism	Obesity	Asthma
	Substance Abuse/ Mental Health For Pediatric Patients	Hypertension	Arthritis Mental Health (Substance Abuse, Dementia)	Infection Diseases (HIV-AIDS, Influenza/ Pneumonia/ Sexually Transmitted Diseases)
	Trauma Adult Psychiatric	Cardiovascular Depression		
		Prenatal and Perinatal Care		
		Cancer		
				* Added in reflection of incidents of HIV/AIDS, influenza/pneuma, STD

geriatric programs were singled out for growth; it was generally felt that the Emergency Room waiting time could be improved. It should be noted that a neighboring healthcare institution was recently closed and Community Board 10 lost its hospital-based Emergency Room.

It was identified that the hospital needs to grow additional capacity for existing behavioral programs and, finally, that the hospital needs to improve the community's knowledge of appropriate utilization of hospital resources and its extensive array of services. ♦

III. Community Assets Identified

The health needs of the community served by Jacobi Medical Center are also addressed by three other large acute care hospitals including Montefiore Medical Center, St. Barnabas and Bronx-Lebanon as well as 10 Diagnostic Treatment Centers and approximately 50 Health Centers many federally qualified some of which are operated by the above referenced hospitals,

others are free standing. In addition, another location of note is Calvary Hospital a nationally recognized hospice. Moreover, the hospital maintains a direct relationship with over 680 community based providers including 538 primary care physicians who refer extensively to the hospital for emergency services, admissions, diagnostics and ancillary services. ♦

IV. Summaries

After reviewing the results of the community based focus groups hospital leadership finalized six priority areas for attention based on an analysis of public health findings, hospital demographics, hospital workload analysis of most frequent conditions warranting admission, ambulatory care sensitive diseases as well as ambulatory care practice trends. The final priority listing is:

- Cardiovascular Disease (including Hypertension and Congestive Heart Failure)
- Mental Illness (including Substance Abuse, Mood Disorders and Depression)
- Asthma
- Infectious Diseases

Given the incidence of both bacterial and viral infections that continue to require intense focused attention including HIV/AIDS, Hepatitis, STD, hospital leadership added Infectious Diseases as a sixth focused priority. ♦

- Diabetes
- Obesity

V. Implementation Plan

The Community Health Needs Assessment (CHNA) for Jacobi Medical Center was conducted in early 2013 in collaboration with the hospital's clinical and administrative leadership, representative staff from patient programs and clinical services, community stakeholders, and the Health and Hospital's Corporate Planning Department. The purpose of this assessment was to identify existing and emerging healthcare needs of the local community so that Jacobi Medical Center can develop and support meaningful and effective clinical and support services for its patients.

The existing resources and gaps in services identified through this CHNA process have been reviewed by the CHNA team, and an Implementation Plan was created to list and prioritize needs from the Community Health Needs Assessment and to articulate strategies and resources to address them.

Jacobi Medical Center's CHNA is aligned with several of the New York State Department of Health's Prevention Agenda Priorities for 2013-2015.

Priority: Diabetes

Diabetes Registry - The Registry monitors all diabetic patients by tracking individual HbA1c (blood glucose) and cholesterol levels, blood pressure readings, depression screening results, eye exams, foot exams, screenings for neuropathy, and patient self-management plans. Providers are able to proactively schedule patients for regularly scheduled monitoring visits and identify non-adherent patients who would benefit from health education interventions. The Registry will also support proposed strategies to improve "kept appointment rates" and to implement a weight-based insulin protocol that is under development.

Also, Jacobi Medical Center is participating in HHC's Chronic Disease Collaborative, which includes other HHC hospitals, focused on using a dynamic group process to identify best-practices and redesign systems that improve care and clinical outcomes for patients with diabetes, heart failure, depression and pediatric asthma. The collaborative focuses on improving the control of risk factors using data and information systems to support proactive care and improve self-management skills. The

long term goal is to maximize the length and quality of life for people with chronic diseases.

Priority: Obesity

Bariatric Center of Excellence - a dedicated team that includes a psychologist, nutritionist, nurse practitioner and physician assistant works with surgeons over an extensive period of time to prepare patients for this life-changing and life-saving surgery. Jacobi Medical Center has adapted its physical facilities to accommodate morbidly obese patients; equipment, beds, wheel chairs, waiting room furniture, and toileting facilities have been modified to meet the unique needs of morbidly obese patients. Nursing staff throughout the hospital have been trained regarding the care and treatment of these patients and staff in our Emergency Room remains on high alert for post-surgical emergencies. The program offers introductory health education sessions and monthly support group sessions for patients in the program. Future plans include increasing our informational sessions and include incorporating specific information on our hospital's website to better educate the public within our community about this service.

Family Weight Management Program – Jacobi Medical Center's Family Weight Management Program (FWMP) is a primary care intervention for overweight and obese children (≥ 85 th percentile Body Mass Index) and their families. Patients are referred to the weight management program by hospital providers as well as community pediatricians. The FWMP includes a team of two pediatricians, one nutritionist, one social worker, and a fitness trainer who integrates medical, nutritional, psychosocial, and physical activity approaches to weight loss and weight management. The team works with each family in a positive, supportive and enjoyable atmosphere, and designs the program to fit the family's needs. Our program promotes general health and long-term weight management through healthy eating habits and increased physical activity.

Farmers Market - While it is well known that a diet rich in fresh fruits and vegetables is basic to supporting good health, there is a dearth of fresh, affordable produce available to patients who live in the communities served by Jacobi Medical Center as well as the entire Bronx. In response to this need, a farmer's market with high quality, regionally-grown and reasonably priced produce, coupled with an engaging and informative nutritional education program, provides powerful support for the hospital's chronic disease management and health promotion programs. This market is located at the exterior entrance to the hospital, and is available to patients and community members alike. The market has grown exponentially and serves over 1,000 shoppers per week from mid-June to Thanksgiving.

Physical Fitness - An exercise physiologist is present at the farmers market on a weekly basis to demonstrate fitness routines, and works directly with patients in the adult primary care

practice waiting area to promote exercise and physical activity as a means of controlling weight and other chronic health conditions such as diabetes and hypertension.

Jacobi Community Garden - A parcel of land on the hospital's campus is available to community residents, patients, and staff to grow their own produce. Now in its third season, the popularity of this program has led to the doubling of the number of garden beds, allowing for greater participation. There are currently 28 garden beds, each 32 square feet. The gardens also provide patients facing a variety of health challenges with a chance to spend time in the outdoors and be physically active. A group of Jacobi Medical Center Breast Cancer survivors, participants in the Family Weight Management program, a group of HIV/AIDS patients and a group of emotionally challenged adolescents all work side by side with Jacobi Medical Center clinical staff and community residents to tend the garden. Future plans include further expanding the size of the garden.

Priority: Cardiovascular conditions

Hypertension Clinic - Patients with uncontrolled hypertension are seen during designated sessions where a registered nurse provides education on nutritional and lifestyle factors affecting blood pressure. The nurse issues blood pressure kits so that patients can monitor their readings at home. The registered nurse also provides medication adherence counseling and makes medication adjustments in consultation with the primary care provider.

Project RED (Re-Engineered Discharge) - The Project RED care management intervention is a patient-centered, standardized approach to discharge planning and discharge education. Project RED is designed to reduce fragmented care delivery during transitions from one level of care to another, thereby improving quality, reducing readmissions and costs and improving patient health and satisfaction. Main components of Project RED's focus include medication reconciliation, patient engagement and education, linkages to physicians and timely follow-up appointments, referrals for post-acute (home care) services, and telephone reinforcement calls after discharge. This program currently focuses on patients with Congestive Heart Failure and patients recovering from acute myocardial infarction (heart attacks), and future plans involve customizing and replicating the program for patients with asthma and chronic obstructive pulmonary disease.

Priority: Mental illness

Assertive Community Treatment (ACT) - ACT is a service delivery model for providing comprehensive community-based treatment to individuals 18 years or older diagnosed with severe and persistent mental illness and whose needs have not been well met by more traditional service delivery approaches. This program maintains patients in outpatient treatment and

reduces hospitalization for mental health issues.

Comprehensive Psychiatric Emergency Program (CPEP) - The CPEP is a 24 hours a day, seven days per week service that provides timely triage, referral and psychiatric medical evaluations to community residents. Program staff perform extended observation, assessment and stabilization of acute psychiatric patients for up to 72 hours, and conduct crisis outreach services in the community including clinical assessment and crisis intervention treatment through a mobile team. Lastly, the program provides crisis residence services for temporary residential support in linkage with State psychiatric facilities.

Priority: Asthma

Pediatric Asthma Program - The pediatric asthma provider coordinates care across the clinical continuum to accommodate children and their life styles. This includes developing the Asthma Action Plan which is followed across all primary and specialty services as well as at home and in school. The individualized plan that is kept with the patient has contributed to a decrease in admissions and school absenteeism. The team is supported by pulmonologists and allergy specialists to help our sickest patients. Daily walk-in appointments are available, and a 24-hour on-call system provides 24/7 access and support.

Adult Asthma Program - The Jacobi Medical Center Chest Medicine Service treats adult asthmatics who are admitted and develops an individualized care plan to manage symptoms, reduce triggers and deal with impending asthma attacks effectively upon discharge. Patients are followed in the non-Tuberculosis Chest outpatient department, which meets several sessions per week to monitor environmental triggers, medication adherence and symptom management.

Asthma Research Programs - Jacobi Medical Center implemented research funded by the Federal Agency for Healthcare Research & Quality (AHRQ) to study the comparative effectiveness of environmental interventions and standards of care to reduce reliance on pharmacologic therapy to treat asthma. Positive findings are integrated into asthma treatment protocols to reduce severity and emergency room and inpatient admissions. The National Institute of Mental Health funded the Adaptation of Behavioral Treatment for Latinos with Panic Disorder and Asthma to speak to the specific issues raised by

our population regarding the co-existence of behavioral issues and asthma.

Priority: Infectious diseases

Designated AIDS Center (DAC) Services - Jacobi Medical Center received this designation from the New York State Department of Health in recognition of the high quality, culturally competent, comprehensive HIV services provided to patients. Jacobi Medical Center uses a unique form of HIV counseling and testing, and is recognized as a national, international, and local leader on the full spectrum of the HIV care continuum, having developed the innovative, multimedia Behavioral Intervention-Rapid HIV Testing Education & Follow Up (B.R.I.E.F) method. The B.R.I.E.F. model of HIV Counseling and Testing (C&T) redesigns traditional C&T by redefining the role of the counselor/recruiter as an active Public Health Advocate (PHA) and using integrated multimedia to deliver health information and education and interface with patients in order to increase testing rates and to impart the skills and motivation needed to adopt safer sex practices. This approach also uses rapid oral HIV testing to give patients results in under an hour, and allows PHAs to begin the process of linking HIV positive patients with care as soon as they are identified. This model has proven successful in emergency department settings.

Community Pharmacy Testing - The B.R.I.E.F. model has been adapted and integrated into Jacobi Medical Center's community pharmacy testing initiative to reach a larger number of HIV-positive patients who need to be linked to care. This intervention will be expanded to incorporate Hepatitis C and Sexually Transmitted Diseases testing as part of the platform of HIV testing. Jacobi Medical Center's HIV services will be expanded to include HIV Pre-exposure prophylaxis (HIV PREP), as well as treatment for the exploding volume of STDs and HCV infection.

Ryan White Harm Reduction - This grant-funded program specializes in reducing substance abuse and the transmission of HIV/AIDS and other sexually transmitted diseases among people who are HIV infected or at high risk of infection. ♦

VI. Approval

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