



**2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY**



# KINGS COUNTY HOSPITAL



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# KINGS COUNTY HOSPITAL CENTER

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# Introduction to Kings County Hospital Center



Kings County Hospital Center (KCHC), located in Brooklyn, the most populous and second largest borough of New York City, is a 627-bed acute care teaching facility. Throughout its 182-year history, KCHC has played a major role in providing health care to vulnerable populations and is both the “family doctor” and a major provider of a full range of high technology and specialty services.

In addition to the acute care inpatient, outpatient and emergency services, KCHC provides a variety of highly specialized programs:

- Level I Trauma Center for Adults and Pediatrics (the only Level I Pediatric Trauma Center in Brooklyn)
- Designated Stroke Center
- Level III Perinatal Center
- Designated AIDS Center
- Parkinson’s Disease Center of Excellence
- Diabetes Education Center of Excellence
- SAFE Program (Sexual Assault Forensic Examiner) Center of Excellence
- Behavioral Health Center (including inpatient, outpatient and emergency services for children, adolescents and adults)

## Hospital Utilization

There were 27,731 hospital admissions in FY 2012 (July 2011-June 2012) with an overall occupancy of 85.42%. The hospital inpatient utilization has remained fairly consistent for the last two years. There was a slight decrease in outpatient clinic visits, from 760,933 visits in FY 2011 (July 2010-June 2011) to 741,895 visits in FY 2012.

## SELECTED HOSPITAL UTILIZATION INDICATORS SUMMARY FY 2011-FY 2012

Utilization by Payer Mix as a Percent of Total

	FY 2012	FY 2011	Change	
			2011-2012	% Change
<b>Number of Beds</b>	627	625	2	0.32
<b>Hospital Admissions</b>	27,731	27,009	722	2.67
<b>Hospital Discharges</b>	27,713	26,954	759	2.82
<b>Hospital Occupancy %</b>	85.42	85.30	0.11	0.13
<b>Total Clinic Visits</b>	741,895	760,933	(19,038)	-2.50
<b>Total Emergency Visits</b>	124,956	121,054	3,902	3.22

Source: Kings County Hospital Center, Finance Services, 2013

Areas with over-utilization include inpatient medicine, with occupancy of 101.64% in FY 2012, and inpatient surgery with 105.53% occupancy in FY 2012.

KCHC 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 health care 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 health care 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	Kings County
<b>Discharges</b>			
Uninsured	3%	4%	7%
Medicaid	33%	38%	62%
<b>Total Safety Net</b>	<b>36%</b>	<b>42%</b>	<b>69%</b>
<b>ED Visits</b>			
Uninsured	16%	20%	35%
Medicaid	39%	41%	40%
<b>Total Safety Net</b>	<b>55%</b>	<b>61%</b>	<b>75%</b>
<b>Clinic Visits</b>			
Uninsured	11%	19%	39%
Medicaid	55%	52%	39%
<b>Total Safety Net</b>	<b>66%</b>	<b>71%</b>	<b>78%</b>

\* Excludes HHC hospitals.

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.

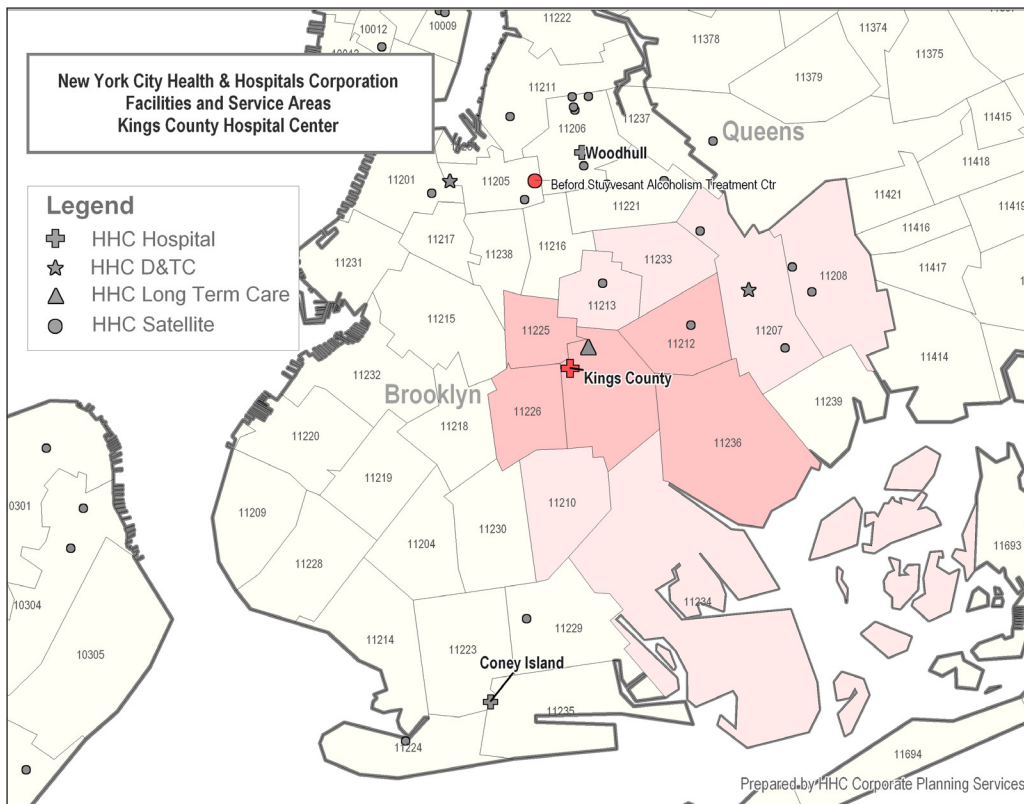
Based on 2010 New York State Institutional and Health Center Cost Reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient 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. ♦

**I. Description of Community Served by Kings County Hospital Center**

Kings County Hospital Center is located in Central Brooklyn, zip code 11203. KCHC provides services to a population of more than 800,000 persons from the communities of Bedford Stuyvesant, Crown Heights, Canarsie/Flatlands, East

New York and Flatbush/East Flatbush. The primary service area includes the following zip codes: 11203, 11212, 11225, 11226 and 11236. The secondary service area includes the following zip codes: 11207, 11208, 11210, 11213 and 11233 and 11234.



Claritas data for 2012 confirm that there are 415,650 residents in the KCHC primary service area; 82% are Black and 12% are Hispanic. Although this area experienced a 4% decrease in population between 2000 and 2010; a 3.7% increase is projected for the next five years. Similarly, the secondary service area includes 469,343 residents; 60% are Black and 22% are Hispanic. There has been consistent growth in the secondary service population. Between 2000 and 2010 there was a 2.3% increase in the secondary service area population; and another 6.1% increase is projected for this area in the next five years.

#### KINGS COUNTY HOSPITAL CENTER

Primary and Secondary Area Population for 2000, 2010 and 2018

	2000	2010	2018
Primary Service Area	433,223	415,650	430,677
Secondary Service Area	458,423	469,343	498,023
Total Population	891,646	884,993	928,700

Source: Claritas 2013

The ethnic populations served by KCHC are very diverse, primarily African American, Caribbean and Hispanic. The Caribbean population includes persons primarily from Jamaica, Trinidad & Tobago, Haiti, Guyana and Barbados. The New York City Planning 2010 Population Data indicate that 26% of the primary service area residents and 32% of the secondary service area residents speak a language other than English. Accordingly, KCHC employs multi-lingual staff who can effectively communicate with and understand the needs of the community. The KCHC employees are fluent in 39 different languages and are part of the hospital's language bank. CyraCom phones and video remote interpreting terminals for persons with hearing disabilities machines are strategically located throughout the hospital campus to facilitate the linguistic needs of the community.

Unless otherwise noted, the data and discussion for the following sections have been compiled from the New York City Department of Health and Mental Hygiene-Community Health Profiles, Second Edition, 2006 for Central Brooklyn, Flatbush and East New York and New Lots. Central Brooklyn includes the communities of Bedford Stuyvesant, Prospect Heights and Brownsville. Flatbush includes the communities of East Flatbush, Midwood and Prospect Lefferts Gardens. East New York includes the communities of New Lots and Cypress. These communities are part of the KCHC primary and secondary service areas.

#### Education

- Fewer Central Brooklyn residents aged 25 and older have completed at least some college education (38%), compared to 42% in Brooklyn and 47% in New York City overall.

- Fewer East New York residents aged 25 and older have completed at least some college education (28%), compared to 42% in Brooklyn and 47% in the city overall.
- In Flatbush, 42% of residents aged 25 and older have completed at least some college education, which is similar to the Brooklyn and overall New York City percentages (42% and 47%, respectively).

#### Poverty

- In Central Brooklyn, the percent of residents living below the poverty level (31%) is higher than in Brooklyn and New York City overall (25% and 21%, respectively).
- In East New York, the percentage of residents living below the poverty level (34%) is higher than in Brooklyn and New York City overall (25% and 21%, respectively).
- In Flatbush, the percent of residents living below the poverty level is the same as the NYC percentage (21%); and lower than the Brooklyn percentage (25%).

#### Foreign Born

- In Central Brooklyn, the percent of residents born outside the United States (29%) is lower than in Brooklyn and NYC overall (38% and 36%, respectively).
- More than half of Flatbush residents were born outside the United States (51%), higher than in Brooklyn and NYC overall (38% and 36%, respectively).
- One in three East New York residents were born outside the United States (33%), similar to Brooklyn and NYC overall (38% and 36%, respectively).

#### Community Health Status

Significant health disparities are associated with race and ethnicity. Specifically, Black and Hispanic residents tend to exhibit disproportionately high rates of chronic diseases and negative health outcomes (NYSDOH, Report of the Brooklyn Health Systems Redesign Work Group, 2011).

Central Brooklyn patients are more likely (13% in Central Brooklyn compared to 8% in the city overall) to seek medical care at the hospital emergency department. Lack of insurance also contributes to non-compliance with prescription medications. These socioeconomic factors create barriers to healthcare, and ultimately result in patients having less access to primary and preventive care services. Often, when patients do seek care in the emergency department, the disease/condition has progressed to an advanced stage.

## Central Brooklyn

- Central Brooklyn residents experience more barriers to healthcare access than city residents generally, with nearly 3 in 10 without a regular doctor. Also, the percent of uninsured in Central Brooklyn nearly doubled between 2002 and 2004.
- The 2004 avoidable hospitalization rate in Central Brooklyn ranks poorly (37th) among the 42 NYC neighborhoods.
- Residents in Central Brooklyn have had a higher mental illness hospitalization rate over the past 10 years than in Brooklyn and in New York City overall.
- Although the death rate due to HIV disease has decreased during the past decade in Central Brooklyn, it remains more than twice the city's HIV-related death rate.

## Flatbush

- More than 1 in 4 adults in Flatbush are obese, and more than half of adults report that they do no physical activity at all.
- Mothers in Flatbush are less likely to get timely prenatal care and babies in Flatbush are more likely to be born with low birth weight than in NYC overall.

## East New York

- Adults in East New York have increased risk of heart disease, obesity and diabetes. Heart disease hospitalizations are well above the citywide average, nearly 1 in 3 adults is obese and 16% have diabetes.
- Although death rates due to HIV disease have decreased during the past decade in East New York, they remain higher than in Brooklyn.

The New York City Department of Health and Mental Hygiene, Summary of Vital Statistics, 2009, reports health status data by Community District of Residence. The following community districts are part of the KCHC primary/secondary service area- Bedford Stuyvesant, East New York, Flatbush, Brownsville and East Flatbush. The following mortality data should be noted:

**Infant Mortality**-Although the infant mortality rate for Brooklyn is lower than the overall New York City rate, the communities served by KCHC experience very high rates of infant mortality, with rates higher than the rates for New York City and Brooklyn (see table below). There is a direct correlation between infant mortality and adequate/timely prenatal care. In addition, the overall health of the mother is also a contributing factor. Chronic diseases such as obesity, hypertension and/

or diabetes substantially increase the risk for poor birth outcomes and infant mortality.

### INFANT MORTALITY RATES (PER 1,000 LIVE BIRTHS), BY COMMUNITY DISTRICT OF RESIDENCE, 2007-2009

	Infant Mortality Rate
New York City	5.4
Brooklyn	5.2
Brownsville	11.3
East New York	9.5
Bedford Stuyvesant	8.7

Source: NYCDOHMH Summary of Vital Statistics, 2009

**Violence**-The communities served by KCHC experience extremely high rates of mortality due to violence, with crude death rates several times higher than the rates for New York City and Brooklyn. In 2009, the mortality rates from assault/homicide for the following communities were among the highest in New York City (see table below).

### ASSAULTS (HOMICIDES) DEATH AND DEATH RATES PER 100,000 POPULATION

	No. of Deaths	Crude Rate
New York City	496	5.9
Brooklyn	203	7.9
Brownsville	19	22.3
East New York	34	19.3
Bedford Stuyvesant	26	18.0

Source: NYCDOHMH, Summary of Vital Statistics, 2009

## Health Care Access

Health Professional Shortage Areas (HPSAs) are designated by the federal Health Resource and Services Administration (HRSA) as having shortages of health providers. Bedford Stuyvesant and East New York, part of the KCHC primary and secondary service area, have received HPSA designation for primary care services.

The shortage of primary care providers within Central Brooklyn was also recently noted in the Brooklyn Healthcare Improvement Project (B-HIP) Final Report: Making the Connection to Care in Northern and Central Brooklyn (August, 2012). B-HIP is a New York State Department of Health funded coalition, which was established by SUNY Downstate Medical Center in 2009 to develop a comprehensive community planning process and a comprehensive health resources inventory. KCHC participated in all aspects of the B-HIP planning process. B-HIP focused on 15 zip codes within North and Central Brooklyn, including segments of the KCHC primary and secondary service areas.

## II. Process and Methodology

Three focus groups were conducted in March, 2013, each with a different group of participants: (a) facility patients; (b) community stakeholders, including local healthcare advocates 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 focus groups' questions were designed to produce the necessary content of a Community Health Needs Assessment, 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 this hospital respond to each health need listed?
3. Tell us about the greatest problems you and your family members face getting healthcare at KCHC? [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 have just mentioned?

5. What do you think are the greatest strengths of KCHC?

*Community stakeholders were asked the following five queries:*

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

## III. Health Needs Identified

The three focus groups identified the following health needs, listed in priority order:

Patients	Providers (Staff)	Community Stakeholders
Hypertension	Obesity	Hypertension
Diabetes	Mental Illness	Cancers
Asthma	Diabetes	Drug Use
Domestic Violence	Hypertension	Diabetes
HIV/AIDS	HIV/AIDS	Heart Disease
Drug Use	Dementia	Obesity
Hepatitis	Cancers-Breast, Cervical, Colon Lung	Asthma
Cancers	Drug Use	Mental Illness
Sickle Cell	Adolescent/Child Health	Dementia/Alzheimer's
Lupus	Dental Diseases	Vision Disorders
Obesity (Childhood)	Heart Diseases	HIV/AIDS
Chronic Pain	Developmental Disorders	Sexually Transmitted Diseases
Congestive Heart Failure	Ophthalmology-Vision Disorders	Prenatal Care
Chronic Obstructive Pulmonary Disease (COPD)	Domestic Violence/Child Abuse	Pressure Ulcers
	Penetrating Trauma (Gunshot wound, stab wounds)	High Cholesterol
	High Cholesterol	Hearing Impairments
	Women's Health/Prenatal Care	COPD
	Renal Disease	Falls by the elderly

Responses for all three focus groups were recorded and were submitted to facility leadership for prioritization for the implementation plan. Leadership also took into account community data, such as that presented earlier in this document. The leadership paid particular attention to those health needs that were designated as high priority by all three focus groups.

The KCHC leadership determined that the following health needs should have the highest priority:

- Chronic Diseases-Metabolic Disorders (Hypertension, Diabetes, Obesity, Renal Disease, Heart Disease)
- Violence (Domestic Violence, Child Abuse, Sexual Assault)
- Mental Illness/Substance Abuse
- HIV/AIDS
- Cancers (Breast, Cervical, Colon, Lung). ♦

## IV. Community Assets Identified

If Brooklyn were a separate city, it would be the fourth largest in the United States. In its 71 square miles, it has a large number of hospitals. Non-HHC hospitals available to Brooklyn residents includes SUNY Downstate Medical Center, directly across the street from KCHC; Brooklyn Hospital, Long Island College Hospital, Beth Israel Kings Highway Hospital, Brookdale Hospital Center, Kingsbrook Jewish Medical Center, Lutheran Hospital, New York-Community Hospital, Maimonides Medical Center, Interfaith Medical Center and Methodist Hospital. There are two other HHC hospitals in Brooklyn, Woodhull Medical and Mental Health Center and Coney Island Hospital; both serving other distinct geographic areas.

Affiliated with KCHC is the East New York Diagnostic and Treatment Center, the Dr. Susan Smith McKinney Nursing and Rehabilitation Center, the Bedford Stuyvesant Alcoholism and Treatment Center and several smaller community based child health clinics. Other clinics in Brooklyn include:

- Ahava Medical and Rehabilitation Center LLC
- Allhealth Diagnostic and Treatment Center - Brooklyn
- Be Well Primary Health Care Center LLC
- Bedford Medical Family Health Center Inc.
- Bedford Stuyvesant Family Health Center Inc.

- Brookdale Family Care Center Inc.
- Brooklyn Comprehensive Care Center
- Brooklyn Medicare
- Brooklyn Plaza Medical Center Inc.
- Brownsville Multi-Service Family Health Center
- Caledonian Community Health Center Inc.
- Century Medical and Dental Center Inc.
- City Wide Health Facility Inc.
- Comprehensive Health Care and Rehabilitation Services Ltd
- First Medicare Primary Care Center
- L'refuah Medical and Rehabilitation Center Inc.
- Medicare LLC
- Mermaid Health Center
- Midwood Chayim Aruchim Dialysis Associates
- ODA Primary Health Care Center Inc.
- Physic Care Multi-Services Ltd
- Prime Care On The Bay LLC
- SI Quality Care Diagnostic and Treatment Center Inc.
- Urban Strategies / Brookdale Family Care Center
- Versacare Inc. ♦

## V. Implementation Strategies

### Priority: Chronic Diseases

These health conditions are the major cause of premature death and disability for the communities served by KCHC. For women, chronic diseases also contribute to poor birth outcomes including infant mortality and maternal mortality. KCHC has a variety of programs and services available to meet the needs of the community as following:

- Hypertension- the KCHC Ambulatory Care Service

Division is focused on treating patients with hypertension. A “rapid” hypertension clinic has been implemented where patients who have uncontrolled hypertension are followed up and monitored. This clinic is managed by nurses who are able to communicate with the patient’s provider to make the appropriate medication adjustments, avoiding the need for the patient to have to wait to see the provider.



- **Diabetes/Obesity-** KCHC is certified by the National Committee for Quality Assurance (NCQA) and the American Diabetes Association as a Center of Excellence for Diabetes Education. Currently there are more than 9,000 patients with diabetes being treated, with several clinic sessions dedicated to the diagnosis and treatment of this disease. There is a state-of-the art Diabetes Resource Center that focuses on teaching people with diabetes how to manage the disease and how to eat and prepare meals. Each year over 100 participants graduate from the program. KCHC has a state of the art Wellness Center on Campus. Patients who are physically able are referred to the Wellness Center where a customized exercise program is developed for them. There is also a separate program for adolescents, including a pediatric clinic session dedicated to the care of pediatric patients who have obesity issues.
- **Renal Disease-**KCHC currently provides more than 19,000 dialysis treatments to patients annually. In addition, patients with renal disease are followed in our Ambulatory Care Center.
- **Heart Disease-**Ambulatory Care has several cardiology clinic sessions to treat patients with heart disease. The clinic works collaboratively with the Inpatient CHF team to follow-up with discharged patients to help them remain stable and avoid the need to be readmitted.
- **Staff Wellness Programs-** More than 70% of the KCHC staff reside in the surrounding communities. Therefore, the health needs of the staff are consistent with the health needs of the community. Several programs have been put in place to improve staff wellness. KCHC has partnered with the New York City Department of Health and Mental Hygiene to provide on-site exercise/fitness classes for staff several times a week. A Wellness Fair for staff was held in March 2013 to provide staff with free health screenings and additional health information and counseling. Finally, in conjunction with the American Heart Association, a “Go Red” Program is held annually for staff to highlight heart disease awareness for women. The program includes cooking demonstrations, nutrition education and health screenings.
- **Women’s Health Services-** A full range of comprehensive services are provided for women, including free or low cost pregnancy testing. Prenatal care services include non-stress testing, genetic counseling, Medicaid enrollment, HIV counseling and testing, nutrition counseling and social work services. Guided

tours of labor and delivery and post-partum areas are also provided. Prenatal education is provided individually or within group sessions, with an emphasis on newborn care and breastfeeding techniques. GYN Services include a cancer screening program, infertility screening and colposcopy/tumor services. The Family Planning Program has special sessions for teens and male teens are encouraged to seek contraceptive services. The morning after pill is also offered.

KCHC provides ongoing community outreach throughout the year, providing support to community-based organizations and health fair events. KCHC Outreach Staff provide health education, HIV/AIDS counseling and blood pressure assessments. From July 2011 through June 2012 more than 3,000 community residents received blood pressure assessments, with referrals as appropriate.

**Next steps:** The KCHC Ambulatory Care Division will be implementing a number of primary care service enhancement strategies as part of the Patient Centered Medical Home (PCMH) initiative. These strategies will enhance access to primary care and improve the overall quality of care available to patients, especially patients with chronic healthcare needs (uncontrolled hypertension, renal disease, obesity and diabetes).

In addition, the following initiatives will be implemented which will also improve overall access to primary care:

- Ambulatory Care has partnered with Tunstall/AMAC Corporation to assist with the handling of the patient telephone requests for appointments. The company is already providing services for other HHC facilities and will assist KCHC in reducing the current amount of time patients wait on hold trying to schedule an appointment and also will decrease the number of calls that are abandoned by patients tired of waiting. The new service has started on a limited basis in adult primary care and will be extended to all services in the coming weeks.
- Ambulatory Care is working closely with a consultant firm, McKinsey and Company, to improve overall access to the clinics. Currently, data collection is underway to help provide a framework for possible solutions for increasing capacity. Five areas are part of the initial review: Adult Primary Care, Pediatric Primary Care, Cardiology, GI, and Behavioral Health. Solutions will be implemented beginning in May 2013 and will be monitored for their effectiveness.
- An expansion and relocation of the current Diabetes Resource Center is expected to be complete by June 2013. This will include new exam rooms and enhanced facilities. In addition, the endocrinology

clinic will be expanded.

- To better meet the expanding needs within the cardiology clinic, there are plans to increase the number of clinic sessions to treat patients. In addition, there will be a dietician available, to assist patients with heart disease on how to make healthier food choices.
- Staff Wellness Programs will continue, including on-site fitness classes, Annual Employee Wellness Fair and the Annual “Go Red” programs.
- KCHC recently submitted a Certificate of Need Application to expand community outreach programs via a mobile health van to include additional screening services (blood glucose testing, cholesterol testing, etc.). The mobile health van will also allow for more community education and immediate primary care referrals. In addition, targeted outreach programs for adolescent girls and young women will be developed to provide health screenings, obesity prevention and wellness information--all to improve overall women’s health and birth outcomes.

### Priority: Violence

KCHC has developed the following programs:

- Domestic Violence - Within the Social Services Department, KCHC has implemented policies and procedures to ensure early identification of victims of domestic violence and provide optimal medical care, psychosocial assessment and referral to community agencies that will be able to assist in their continued care and support.

KCHC is designated by the New York State Department of Health as a Sexual Assault Forensic Examiner (SAFE) Program Center of Excellence. SAFE Programs are staffed by specifically trained individuals who insure that victims of sexual abuse are provided with competent, compassionate and prompt care, while providing the most advanced technology associated with DNA and other sexual assault forensic evidence collection and preservation.

- Trauma - KCHC is a Regional Trauma Center (Level I) for adults and pediatrics, the only Level I Pediatric Trauma Center in Brooklyn. KCHC provides the highest level of specialty expertise and meets strict national standards for specialized teams, facilities and equipment. KCHC recently implemented the KAVI (Kings Against Violence Initiative)/Cure Violence Program, to address community needs in the area of violence prevention.
- Child Abuse - KCHC has facility wide procedures in place to respond to suspected child abuse or

maltreatment cases. KCHC has established collaborations with the appropriate city, state and community based agencies to ensure the well-being of all children.

**Next steps:** The KAVI/Cure Violence Program has recently been implemented in collaboration with several community based organizations, to address violence in communities served by KCHC. In addition, the KCHC Community Advisory Board sponsored a community forum in April 2013 to address this issue and develop recommendations for additional intervention strategies.

### Priority: Mental Illness/Substance Abuse

The KCHC Department of Behavioral Health provides a complete range of on-site mental health and chemical dependency services. Treatment across the continuum of care focuses on the principles of wellness and recovery. Patient-centered care, family involvement and peer counseling are central to the treatment philosophy.

In addition, KCHC operates the Bedford Stuyvesant Alcoholism Treatment Center, a community based alcoholism and treatment center which addresses alcohol and substance use needs for individuals, their families and significant others.

**Next steps:** The following program enhancements will be implemented:

- The Chemical Dependency Service will reconfigure the medically managed withdrawal and stabilization service and establish an inpatient rehabilitation unit, to better meet the treatment needs of substance users.
- Additional mental health screenings will be offered at various community events via the proposed mobile health van, to identify persons at risk for mental illness. Referrals for further evaluation and treatment will be made, as appropriate.
- Depression Screening will become a part of the routine primary care assessment.

### Priority: HIV/AIDS

KCHC has several programs and grants that are focused on screening and treating patients who have HIV. HIV testing and counseling is offered to all patients at KCHC. Primary Care Providers ask each patient if he or she would like to be screened and screening is also offered in the emergency department. KCHC has several programs and grants that are focused on screening and treating patients who have HIV.

**Next steps:** To help facilitate the screening of patients, grant funding has allowed for additional HIV testing hours in the emergency department. KCHC is also adding an additional testing location on the 7th floor of the Ambulatory Care Building to make HIV counseling and testing more accessible to clinic patients. Additional testing will be completed within the HIV/AIDS Program, the Center for Hope.

### Priority: Cancers

KCHC recently established an on-site comprehensive Cancer Care Center. The Center provides a variety of treatment and supportive services for cancer patients and their families. The services include chemotherapy, social services and family support, a Breast Cancer Patient Navigator Program, medicine, pharmacy and nutritional services. In addition, the hospital provides on-site radiation therapy services. A full range of cancer screening services are also available (mammography, colonoscopy, pap smear, prostate, etc.). The Cancer Center has developed affiliations with the

American Cancer Society and Gilda's Club to provide enhanced patient services and family support.

**Next steps:** KCHC was awarded funding from the City Council to install a 2nd linear accelerator at the facility to better meet the needs of the radiation therapy patients. A second oncologist has been hired to decrease patient waiting time to see a specialist.

In addition, the proposed mobile van will provide additional opportunities to educate the community on the availability of cancer screening tests, such as pap smears, mammograms and colonoscopies. ♦

## VI. Approval

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