KINGSBROOK
JEWISH MEDICAL CENTER

Comprehensive Community Service Plan 2012-2017

1. About Us...

Kingsbrook Jewish Medical Center is a nationally recognized full service teaching hospital in the heart of Brooklyn. Honored to be among the highest performing hospitals in the United States by The Joint Commission as a Top Performer on Key Quality Measures ™, Kingsbrook is among a select few hospitals in the metro New York City area to receive this very prestigious recognition. More specifically, Kingsbrook attained top performer ranking in accountability measure performance in the areas of heart attack, heart failure, pneumonia and surgical care in 2011. In addition, Kingsbrook earned an "A" rating from the highly regarded *Leap Frog Group* for Hospital Safety in 2012 and 2013, and has garnered recognitions in excellence from Healthgrades for stroke care from *IPRO* for surgical care and from the *NCQA* for diabetes care among others.

Kingsbrook provides a full array of medical services including sub-specialty medicine and surgical services such as ambulatory surgery, cardiology, critical care medicine, emergency/urgent care, gastroenterology, pulmonary, a ventilator dependent unit, wound care with hyperbaric chambers, diagnostic imaging with MRI and CT scanning, and a family/patient-centered outpatient specialty center where primary care is integrated with over 20 medical and surgical specialties all co-located for patient convenience.

The hospital offers several Clinical Centers of Excellence that include:

- Kingsbrook Rehabilitation Institute; treating the most complicated neurological and musculo-skeletal conditions, the Institute also is home to Brooklyn's only New York State approved Brain Injury & Coma Recovery Unit.
- Geriatric Psychiatry Center; Brooklyn's largest inpatient facility dedicated exclusively to care of those over the age of 55 and offering convenient access to continuing care on an outpatient basis.
- Bone & Joint Center; offering joint replacement, sports medicine, foot/ankle and upper extremity services, treatment of hip fractures, and arthritis.
- Neurosurgery Specialty Center; offering comprehensive care for conditions ranging from brain tumors, aneurysms, pituitary tumors, to conditions of the spine including spinal tumors, disc herniations, and spinal fractures.

In addition, Kingsbrook's continuum of care offerings include a long term care division, Rutland Nursing Home. Rutland is an adult and pediatric long term care facility that provides on-site dialysis care, ventilator dependent treatment and subacute rehab to name a few. Rutland is also home to a culturally sensitive adult day health care program that enables the physically challenged and frail elderly to remain in the community. Kingsbrook and Rutland Nursing Home are each accreditated by the Joint Commission and are members of the Greater New York Hospital Association and the Healthcare Association of New York State.

In 2012, Kingsbrook provided 10,462 inpatient discharges, more than 38,000 emergency room visits and 123,846 outpatient visits.

Our Mission

Our mission is to partner with our culturally diverse communities to provide a continuum of outstanding health care services to individuals and families through a caring and trustworthy staff.

Our Vision

Our vision is to be distinguished as a premier hospital and trusted partner that advances the well-being of the individuals, families and communities we serve. We uphold the values of compassion, respect, ethics, excellence and dedication

2. Hospital Service Area

The region of Central Brooklyn including: 11203 (Flatbush), 11213 (Crown Heights), 11212 (Brownsville), 11236 (Canarsie).

Central Brooklyn Breakdown (317,300)
11213 (Crown Heights), 11212 (Brownsville)

RACE DEMOGRAPHICS		HEALTH PROFILE	
Black Non-Hispanic	80.0%	Asthma	5%
Hispanic	11.0%	Diabetes	12%
White Non-Hispanic	5.0%	HIV	23.4%
Asian Non-Hispanic	1.0%	Obesity	29%
All Others	3.0%	Depression	5%
		Hypertension	32%
		Cholesterol ```	26%

Flatbush Breakdown (316,700)
11203

RACE DEMOGRAPHICS		HEALTH PROFILE	
Black Non-Hispanic	76.6%	Asthma	5%
Hispanic	10.0%	Diabetes	10%
White Non-Hispanic	7.8%		
Asian Non-Hispanic	1.9%	Obesity	26%
All Others	3.7%	Depression	5%
		Hypertension	26%
		Cholesterol	26%

Canarsie Breakdown (197,800)
11236

RACE DEMOGRAPHICS		HEALTH PROFILE	
Black Non-Hispanic	51%	Asthma	3%
Hispanic	9%	Diabetes	9%
White Non-Hispanic	33%		
Asian Non-Hispanic	4%	Obesity	24%
All Others	3%	Depression	5%
		Hypertension	26%
		Cholesterol	26%

3. Participants & Hospital Role

Engaging the Community

Kingsbrook used two health assessment committees as the process by which to complete our community health review. Our initial assessment process started with a preliminary community health assessment meeting on December 12, 2012 and included the following community & public health representatives: Heather Hart, Council member Mathieu Eugene's Office; Gisele Josme, Claire Heureuse Community Center; Ashley Bantou, Brownsville Multiservice Family Health Center; Rosetta Banton, Community Health Ministries/Resident; Pastor Gilford Monrose, Mt. Zion 7th Day Church/Health & Social Wellness ministry; and Earnest Skinner, Council member Jumaane Williams Office.

Our formal assessment was conducted at a community health assessment meeting held on April 11th, 2013 and included the following community & public health representatives: Kingsbrook's Community Advisory Board members: Barbara Chocky, Spring Creek Senior Partners; Rabbi Avraham Hecht, JCC of Canarsie; Jenny Griffith, Health Ministry of St. Albans Church; Denise West, Brooklyn Perinatal Network; and Shoshanna Brown, Caribbean Women's Health.

Engaging Public Health Experts

The Following Public Health Experts/Organizations have been involved in our assessment process:

- **Caribbean Women's Health Association, Inc. (CWHA)**. This association was founded in 1982. For over twenty years CWHA has served as an advocacy group and service provider in the community. CWHA strongly relies on community involvement in planning, implementation and evaluation of programs that meet the health and social support needs of the community. There is continuous interaction with the community to review the appropriateness of the educational and promotional materials produced by CWHA. CWHA is accredited by the United Nations Economic and Social Council. The agency's excellence in service delivery is widely acclaimed and recognized for the quality, breadth and impact of its work. This organization is located in Kingsbrook's primary service area.

- **Brooklyn Perinatal Network (BPN).** Established in 1988 from a community task force to address high infant mortality, the purpose of the organization is to prevent and reduce infant/maternal illness and death, which for several years have been excessively high in the community. By enabling at-risk residents to access vital information, coordinate care, supportive health and social supportive services and assisting families to secure public health benefits and resources needed to maintain health. The organization has seen a significant reduction in infant death and improved maternal and child health status. BPN is a Network or Collaborative of several community organizations that provide medical care, offering a wide range of primary preventative an clinical services including pregnancy, OB/GYN care, pediatric, adolescent health care, general family practice and adult medicine; as well as specialty care in areas such as mental health, family planning, substance abuse treatment and counseling, HIV/AIDS care and more. This organization is located in Kingsbrook's primary service area.

- **Brownsville Multi Service Center (BMS)**. A commitment to treating the "whole person" is reflected in BMS' "integrated primary care community based health service matrix;" a model of primary care that is patterned on a progressive private practice. Each medical team takes an interdisciplinary and integrative approach to coordinate the patient's care. The on-site clinical areas include: Adult Internal Medicine, Infectious Disease, Pediatrics, OB/GYN, Dentistry, Psychology, Psychiatry, Social Services. This organization is located in Kingsbrook's primary service area.

- **Brooklyn District Public Health Office (DPHO), NYC DOH.** The mission of this office is to reduce health disparities and promote healthy equity by targeting resources, programs and attention to high-need neighborhoods in North and Central Brooklyn. The Brooklyn DPHO works to ensure that conditions for good health are available, sustainable, high-quality services and efficient, effective systems that flourish in these neighborhoods.

- **Brooklyn Healthcare Improvement Project (BHIP).** Since 2009, Kingsbrook has partnered with SUNY Downstate and several other regional medical facilities to form a coalition of 29 members focused on local health planning initiatives. Members range from hospitals and community boards to community-based organizations and health insurance plans. This forum focused on the creation of a unique and currently unavailable inventory of primary care services providers and a utilization database for Central Brooklyn. This project will support effective community level planning and will provide the coalition with the necessary information to make recommendations to the New York State DOH on the services needed in our communities.

<u>Group Focus:</u>

- *Coalition Building: Development of Mission for BHIP, operationally defining goals and objectives, development of workgroups for (3) key research areas: GIS of health care resources, emergency services overuse, insurance data analysis and studies*
- *Comprehensive Health Resources Inventory: will involve data identification, collection and needs assessment*
- *Over utilization of Emergency Services: Issues affecting over utilization rates, identification of service delivery issues, patient characteristics and other key factors influencing overuse*
- *GIS Database: Development of dynamic, cutting edge information reservoir for planning,*
- *Integration of data and training in use of a comprehensive database, which includes key elements for community health care services planning*
- *ACS Admissions: data collection and analysis from public sources and claims in information from insurers and hospitals to analyze primary care services, capacity and availability, identification of variables associated with high ACS admission rates*.

4. Identification of Public Health Priorities

Needs Assessment Process & Methods

The data and information reviewed at our community health needs assessment is as follows: *County Health Rankings for Kings County* 2013, health, socioeconomic and socio-demographic information from the *2000/2010 Census and the 2006, Community Health Profiles NYS DOH,* for Flatbush, Central Brooklyn and Canarsie (most recent).

The analytical method applied to identifying needs started with the review of the overall health rankings for the county that included mortality rates, health behaviors, the uninsured and social/economic factors. Thereafter, we looked at the pervasive health disparities in each of these neighborhoods individually, as reported by the community health surveys.

Assessment of Needs:

The issues of the overall community were addressed, noting that Central Brooklyn residents experience more barriers to health care access than those in NYC overall. Additionally, the underinsured population in this region has nearly doubled within the past few years. Limited access to healthcare services contribute to the overwhelming disease rates, which are more than double the state and national averages for the lower income racially diverse residents of Central Brooklyn. Reports identify Central Brooklyn as one of the epicenters of diabetes in New York City. Within our primary services areas (Flatbush, Crown Heights, Canarsie, Brownsville) a combined 11% of our community members live with diabetes (1). In Central Brooklyn, 35% of HIV diagnoses are late stage, (HIV already progressed to AIDS). (2). Additionally, High blood pressure and high cholesterol contribute to heart disease. As such, 32% of residents within our primary service area have been diagnosed with high blood pressure and 26% with high cholesterol (3). Asthma rates in Central Brooklyn are higher than in New York City overall at 5% (4). In an effort to combat these disparities, our central focuses, in conjunction with the *NYS DOH's Prevention Agenda*, are (1.) **Prevention of chronic disease** *(focus area: to increase access to high-quality chronic disease prevention care and management in both clinical and community settings)* and (2.) **Prevention of infectious disease/HIV** (*focus area: to decrease HIV morbidity and increase early access to and retention of HIV care).*

With an understanding of how these disparities affect the overall community, we reviewed assets and resources that have been mobilized and employed to address the above identified issues and focus goals, including (1) Kingsbrook's chronic disease focused programs and services, (2) community outreach programs and past partnership wellness efforts and (3) suggested efforts from the assessment team, to see how seamless correlations and interventions can be made.

Prevention of Chronic Disease

A. Diabetes Self-Management Service/Prevention in the Clinical Setting

Over the past few years Kingsbrook has maintained a center for outpatient diabetes self-management training that provides individual counseling appointments and group classes, updated collection of high quality education materials, regular academic detailing sessions for primary care providers, and maintainins a diabetes registry to identify areas for improvement. The program objective is to provide diabetes patients access to diabetes educator services to assist in self-management, an essential part of achieving optimal outcomes of diabetes management. This service fulfills the Self-Management component of implementing the Chronic Care Model for diabetes at KJMC.

Since the submission of the last CSP Update, this program has been modified and improved. The diabetes education classes have been replaced with a more effective one on one diabetes care tele-coaching program. Within this module patients with poorly controlled diabetes are enrolled in a 16 week program that tracks and coordinates the patient's progress with maintaining self-management and treatment goals. The program requires an RN or LPN to call patients at least four times during the 16 week period to coach them on diet, medication and exercise options. Data supports that 78% of current patients who completed the program have had significantly improved control over their diabetes. Organizing members if any: (Primary) Kurt Kodroff, MD; Valery L. Chu, PharmD; Debbie Rosenbaum, RD, CDN.

B. Learning for Life Diabetes Program (Existing Program)

Kingsbrook partnered with the United Hospital Fund to facilitate the "Learning for Life" Diabetes program which trains community volunteers and patients in diabetes self-management protocols. The program is overseen by an Advisory Committee composed of representatives of Kingsbrook's departments of Volunteer Services, Nursing, Social Work, Pharmacy, Nutrition and the community. Kingsbrook's Volunteer Department trains community members with a specific interest in helping advance the quality of diabetic care at our institution in diabetes self-management protocols and diabetes counseling. Through the Learning for Life Diabetes Program volunteers provide one-on-one and group health literacy sessions for patients at each stage of Diabetes. Utilizing a modified and translated "Health Smarts While You Wait" curriculum, volunteers empower Kingsbrook's outpatient diabetic population by assuring the patient understands the basics of navigating a nutrition label and techniques used to manage multiple medications.

Kingsbrook maintains a successful volunteer program with 387 volunteers contributing 42,889 hours of service in 2012. Over 7 volunteers have been trained to provide their fellow community members with diabetes education and counseling. These volunteers have, to date, provided, 46 individual sessions at the bedside, 22 of which covered managing multiple medications and 24 of which covered nutrition. In addition, volunteers have led 37 group sessions where 11 presentations covered multiple medications and 26 covered nutrition. 114 patients have participated in the group sessions.

C. Additional Services

In addition, Kingsbrook offers comprehensive services to address all aspects of diabetes care, even for the sickest patients. Patients who are diagnosed with diabetes not only are cared for by diabetes specialists who help them get their disease under control, but they are examined and treated for complications of diabetes, including eye and foot problems, circulation problems and kidney disease. Related services include:

VASCULAR:
KJMC's fully accredited Vascular Lab diagnoses diabetes patients vascular problems through quick, painless and non-invasive procedures so they can be directed to the best treatment for their condition. Diabetes causes blood vessels in the legs and feet to narrow and harden, leading to poor circulation that can result in damaged nerves. Hardening of the arteries caused by high blood sugar can lead to heart disease and stroke. The Vascular Lab offers several types of screenings including duplex scans and arterial Doppler studies. Screenings at the lab can help doctors determine the best treatments for patients including medication, surgery to improve blood flow or a combination of both. The Lab's screenings can also help determine whether patients with severe leg and foot wounds caused by diabetic nerve damage would benefit from treatment at Kingbsrook's Wound Healing & Hyperbaric Center.

WOUND HEALING & HYPERBARICS:
Kingsbrook's Comprehensive Wound Healing & Hyperbaric Center integrates state-of-the-art hyperbaric oxygen therapy with more traditional treatments such as antibiotic, physical and nutritional therapies to treat hard-to-heal wounds. By providing the body with 100% pure oxygen under increased pressure, the treatment significantly improves its natural healing abilities, and increase its effectiveness in fighting infection, and promoting the growth of new tissue and blood vessels in the affected areas. The Center's professional staff has specific expertise in treating the non-healing wounds common in persons with diabetes. The goal is prevention of amputation.

PODIATRY:
Foot problems in person with diabetes are often caused by nerve damage, or neuropathy, which causes a loss of feeling in the feet. Poor circulation can also reduce the foot's ability to fight infection and to heal. In the most severe cases of ulcers and infection, a foot or leg may have to be amputated. A large part of the Podiatry division's work at Kingsbrook is educating patients about diabetic foot care and keeping up to date with the newest technologies from bio-engineered skin grafts and new healing substances.

DIALYSIS:
When patients are admitted to Kingsbrook for dialysis treatment, they meet with a team consisting of a doctor, nurse, dietician and social worker, who conduct a multidisciplinary assessment. Families are invited to the meeting as well. The meeting leads to a plan of care for the patient, which is regularly re-evaluated. The plan includes dialysis, medication and nutrition. The social worker helps patients with a range of issues, which can include arranging for transportation to the hospital or for a home health attendant, or helping the patient deal with emotional issues related to their condition.

OPHTHALMOLOGY:
Diabetes can cause a number of eye problems, including diabetic retinopathy, cataracts and glaucoma. The earlier a person's diabetic-related eye problems are diagnosed, the better the chances of successful treatment. With a state-of-art department, which includes six ophthalmologists and a optometrist, Kingsbrook is able to offer state-of-the-art diagnosis and treatment to patients with diabetes who are experiencing vision problems at all stages of the disease.

1. Prevention of Chronic Disease

A. Community Screenings/Chronic Disease Prevention in the Community Setting

Increased screening and educational opportunities for our community residents is vital to the treatment and management of chronic disease. All KJMC free screenings speak to the chronic disease issues most prevalent in our community which include Hypertension, Diabetes, Cholesterol, Stroke, Asthma and Prostate. To achieve these objectives, Kingsbrook collaborates with other community providers, not-for- profit entities, media outlets and foundations to provide these screening and preventative treatment services to its community members.

Understanding the need for additional early detection services and health care information, the Public Affairs Division at Kingsbrook works to provide a consistent schedule of screenings throughout the year. Screenings are coordinated monthly via our on-site and off-site Ambulatory Care Centers. Additionally, for those in the community who are unable to attend the scheduled screenings efforts, we offer an on-line free screening coupon. This coupon allows for private screening appointments via our Ambulatory Care Division, coordinated in conjunction with the Department of Public Affairs. Lastly, Kingsbrook participates in between 50-60 Health Fairs, Educational Sessions and Community Events annually with a myriad of screening options. These events are coordinated by our community partners, local clergy and elected officials. These efforts allow us a broader arena by which to provide early detection and health education services. Additionally, we have engaged additional community partners to help drive this prevention agenda focus and assist us in co-partnering efforts to extend our reach for chronic disease early detection services. These partnerships have provided us the ability to offer breast cancer workshops, external educational efforts for diabetes, stroke, hypertension and kidney disease. Our goal is to continue extending these partnership opportunities within the community.

Impact or changes

The overall scope of our program has remained the same. The current economy has altered our ability to grow our foundational support for these no-cost screening efforts. However, while we are unable to gain additional funds for this cause, we have been consistent in our efforts to provide screening opportunities throughout the year that speak to our overall prevention agenda focus.

B. Kingsbrook/Daily News Prostate Cancer Initiatives

1. Early Detection Initiative with the New York Daily News

Prostate cancer remains the 2nd highest cancer among men in this region, with men being diagnosed at an increasingly younger age. Data also reveals that lack of education and motivation to participate in early detection initiatives contribute to these high instances. As such, for the past 6 years Kingsbrook used Father's Day to focus attention on the importance of men's health by hosting a free prostate screening initiative to men 40 and older. By partnering with the *New York Daily News* in this well advertised initiative, Kingsbrook saught to educate its community about the benefits of early detection and treatment for prostate cancer.

Men in our primary service area (especially those of African American and/or Caribbean descent- a large portion of our population) experience the highest New York City death rate due to prostate cancer. Research also shows that Caribbean cases were diagnosed at a later age than those in the US (Guyana: 74.5 years, Trinidad and Tobago: 72.4 years, Brooklyn: 65.8 years). Additionally, patients in the Caribbean had a worse 5-year survival rate compared to those in the

US (41.6% vs. 84.4%) (5).These statistics are attributed to the men in our community who have migrated from the Caribbean and contribute to the high instance of prostate cancer deaths this community faces annually. Kingsbrook's goal with this project was not only to increase the number of screenings performed each year, but to also provide needed education and workshops to those who were not informed about the disease and the associated risk factors.

As such, Kingsbrook's prostate cancer initiative screened 800 men in 2012, of that number 80 (10%) resulted in abnormal findings. The only Brooklyn hospital participating in this effort, the impact re: accessibility to quality health care and our response to chronic disease prevention was clear by the consistent number of men in our community that took advantage of this detection effort over the years. Kingsbrook's ambulatory care program also provides free prostate cancer screening examinations by appointment throughout the year; a special effort to increase early detection initiatives in our underserved community. This effort was promoted on-line via our free screening coupon option, distributed at community health events.

Impact or changes

This program has been greatly impacted by the national scrutiny of PSA testing which questions the accuracy and potential false positives the test can potentially generate. As such, the *New York Daily News* has discontinued this program as of 2013, due to the lack of support from hospital partners in the region.

C.<u>Breast Education and Wellness Programs</u>

1. Education Initiative with Susan G. Komen Greater New York City Affiliate Race for the Cure and the Avon Foundation for Women.

Kingsbrook maintains a breast health education program funded by the Susan G. Komen Breast Greater New York City Affiliate Race for the Cure and the Avon Foundation for Women. Kingsbrook's Community Breast Cancer Screening ("CBCS") program is designed to increase access to breast health services (including mammography) in Kingsbrook's medically underserved community. In an effort to fill the gap for breast cancer detection, education services and treatment services, Kingsbrook has implemented a solid outreach scope for breast cancer that targets women from a broad cross section of our community, be they insured, underinsured or non-insured. The program provides outreach, education, screening coordination, and mammography to high risk women age 40 and older. The program is modified to include extended outreach and education to spread the word about the program's offerings and to capture women in this category of need.

Impact or changes

This program continues to be a vital source for the women of our community. The program has serviced over 14,000 women and is anticipated to impact the lives of even more women from 2013-2017. The program provided breast health education to 4,386 women in 2012. Additionally, 684 mammograms were provided. The program also helps amplify our annual breast cancer initiative with the Breast Cancer Association of New York. This combined effort has spawned the "Kingsbrook Cancer Smashers" and encouraged hundreds of women in our community to become more involved in education, fundraising and advocacy efforts. The scope of the program has remained the same.

D. Breast Education and Wellness Programs

2. Cancer Services Program previously known as the Brooklyn Healthy Living Partnership

Kingsbrook's Women's Wellness Center has maintained a valuable relationship with the Cancer Service Program ("CSP"). This partnership helps to increase access to mammography services to residents of Kingsbrook's community. The partnership with CSP provides funding for free outreach, education, mammography, clinical breast exams, pap test, pelvic exams and the take home fecal test (FIT or FOBT) for colorectal cancer screening.

Kingsbrook's partnership with the CSP, provided free mammography services to over 200 women from March 2012-April 2013. The efforts of this program were supported and utilized by the following committed community based organizations: Brooklyn Adult Learning Center, St. Augustine's Church, St. Luke's Guild, Women of Faith, District 41, St. Barnabas, Brooklyn College, New Tabernacle, Martin Luther King Concert Series—Senator Eric Adams Office, Health & Human Services, God's Battalion of Prayer, Christian Cultural Center, Panamanian American Association, Brooklyn Faith Seven and Bethel Tabernacle to name a few.

Impact or changes

The funding for this program has decreased annually since 2007. As such, a monthly allotment was design in order to monitor the amount of patients enrolled in the program. The total number of participants in 2012 was 235.

B. Prevention of Infectious Disease

1. HIV AIDS

As HIV infection continues to increase in almost all parts of the country, it is more readily apparent in New York City, especially in lower socioeconomic minority neighborhoods similar to those served by the Kingsbrook. Brooklyn comprises 26.1% of all NYC AIDS cases. Bedford Stuyvesant and Crown Heights account for 23.4% of all living AIDS cases in Brooklyn. More than one third of positive HIV test results (35%) are late stage diagnosis in Central Brooklyn. Accordingly, these Central Brooklyn communities served by Kingsbrook are recognized as epicenters for the HIV epidemic.

In response, Kingsbrook provides many services to its community, including residents who are at risk of HIV/AIDS infection, and who are directly affected by HIV/AIDS.

Care to patients infected with HIV/AIDS and Hepatitis is provided by Kingsbrook's Designated AIDS Center (the "DAC") which serves more than 600 clients each year and offers a broad array of services for people with HIV/AIDS and Hepatitis C. The HIV program provides a collaborative approach in the management of patients, some who are poor, homeless, illiterate, substance dependent, mentally challenged and others who are socially isolated (immigrants, the incarcerated and the elderly). The program assists patients with both the physical side effects that may occur as a result of their disease, medication and the emotional and psychological needs that result from the diagnosis. Case management involves the coordination of medical social services, nursing, psychological support, home care, nutrition-based services, and substance abuse treatment. The program consists of integrated and comprehensive medical health care, supportive, group and nutritional counseling, as well as health education to those who are under and uninsured. The clients served by the program are bi-lingual and bi-cultural and include Latino, African-American and Caribbean residents. To ensure that the DAC meets the needs of Kingsbrook's patients, the DAC has a specialized Consumer Advisory Board which provides it with feedback on program development, care and services, as well as continuous quality improvements.

Impact or changes

There were 59 new patients enrolled for HIV and Hepatitis C disease management in 2012.

There were 3,277 physician clinic encounters for the year and this represents an increase of approximately 6% in clinical visits from the previous year. There were 4,175 HIV counseling and testing encounters of which 906 were free (with testing kits provided by DOH). Fourteen new patients were identified as HIV positive. Additionally, 90 % of these new patients were referred to and enrolled in our program for care and services. There were approximately 4,000 encounter visits for case management advocacy services. In total there were 1,000 encounter visits for substance abuse services, which include the "HIV/AIDS Chemical Dependent Support Group.

CMU staff participated in approximately 20 outreach activities through presentations at community health clinics, senior centers, libraries, schools, community events and health fairs to promote HIV awareness and prevention efforts. HIV test counselors also participated in "National HIV Testing Day", KJMC's free promotional HIV screening events, facilitating over 150 guests and World AIDS DAY (WAD) Activities.

5. Update on the Plan of Action

Kingsbrook has adopted the NCQA 's Patient-Centered Medical Home (PCMH) module, an innovative program for improving primary care; especially as it pertains to our chronic disease treatment, via a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams and coordinating and tracking care over time. The NCQA Patient-Centered Medical Home standards strengthen and add to the issues addressed by NCQA's original program. As such, we will be committed to this model beyond 2017.

The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

The overall goal for Kingsbrook's Hospital-Medical Home (H-MH) Demonstration program is to improve the quality and continuity of care that Medicaid beneficiaries receive while enhancing the ambulatory training experience of the primary care residents. To meet these goals, this program will improve the continuity training experience for resident physicians and support improvements in the integration and coordination of care while reducing avoidable inpatient harm. The provision of support for transforming delivery systems to deliver a patient centered medical home care model, placing a focus on measureable improvements in quality and safety, is a central strategy of this program. Chronic disease focuses include: comprehensive diabetes care: blood pressure/nephropathy monitoring/HbA1 control/, monitoring colorectal cancer screenings, MU tobacco use/smoking cessation, cervical cancer screening, MU breast cancer screening, post specialty care visits/wait times, referrals & inadequate documentation.

A. Patient Center Medical Home Goals

HEALTH OBJECTIVE:	GOALS:
C02 - Colorectal Cancer Screening	**Numerator definition:**: All adults that received appropriate CRC screening **Denominator definition:** All adults seen in the practice 50-75 yrs of age (20 charts reviewed manually for baseline values)
Comprehensive Diabetes Care: Blood pressure controlled (<140/90 mm Hg)	**Numerator definition:**: Blood Pressure is <140/90 mmHg during the measurement year **Denominator definition:** Patients 18-75 years of age as of December 31 of the measurement year who had a diagnosis of diabetes (type 1 or type 2) (20 charts reviewed manually for baseline values) (20 charts reviewed manually for baseline values)
Comprehensive Diabetes Care: Nephropathy Monitoring	**Numerator definition:**: All DM patients (type 1 or 2) age 18-75 who had a nephropathy screening **Denominator definition:** All adult DM patients (type 1 or 2)age 18-75 seen in the practice
MU- Diabetes HbA1c Control >9.0%*	**Numerator definition:**: All DM patients (type 1 or 2) who had their most recent A1c value >9.0% **Denominator definition:** All adult DM patients (type 1 or 2) seen in the practice
MU- Tobacco Use Assessment	**Numerator definition:**: All adults queried about tobacco use one or more times in the past 24 months **Denominator definition:** All adults 18 yrs or older seen for at least 2 office visits (20 charts reviewed manually for baseline values)
MU-Smoking Cessation	**Numerator definition:**: All adult tobacco users who received cessation intervention one or more times in the past 24 months **Denominator definition:** All adults 18 yrs or older seen for at least 2 office visits identified as smokers (20 charts reviewed manually for baseline values)
QARR- Cervical Cancer Screening	**Numerator definition:**: Women who had a Pap smear in the past 24 months **Denominator definition:** All women seen in the practice in 21-64 yrs

	old (20 charts reviewed manually for baseline values)
MU- Colorectal Cancer Screening	**Numerator definition:**: All adults that received appropriate CRC screening **Denominator definition:** All adults seen in the practice 50-75 yrs of age (20 charts reviewed manually for baseline values)
Comprehensive Diabetes Care: Blood pressure controlled (<140/90 mm Hg)	**Numerator definition:**: Blood Pressure is <140/90 mmHg during the measurement year **Denominator definition:** Patients 18-75 years of age as of December 31 of the measurement year who had a diagnosis of diabetes (type 1 or type 2) (20 charts reviewed manually for baseline values)
MU - Breast Cancer Screening	**Numerator definition:**: Women who had a Mammogram in the last 24 months **Denominator definition:** All women seen in the practice in 40-69 yrs old (20 charts reviewed manually for baseline values)
MU Diabetes HbA1c Control >9.0%*	**Numerator definition:**: All DM patients (type 1 or 2) who had their most recent A1c value >9.0%* **Denominator definition:** All adult DM patients (type 1 or 2) seen in the practice
MU Smoking Cessation	**Numerator definition:**: All adult tobacco users who received cessation intervention one or more times in the past 24 months **Denominator definition:** All adults 18 yrs or older seen for at least 2 office visits identified as smokers (20 charts reviewed manually for baseline values)
MU Tobacco Use Assessment	**Numerator definition:**: All adults queried about tobacco use one or more times in the past 24 months **Denominator definition:** All adults 18 yrs or older seen for at least 2 office visits (20 charts reviewed manually for baseline values)
MU- DM Urine Screening-Nephropathy Assessment	**Numerator definition:**: All DM patients (type 1 or 2) age 18-75 who had a nephropathy screening **Denominator definition:** All adult DM patients (type 1 or 2)age 18-75 seen in the practice
QARR-Cervical Cancer Screening	**Numerator definition:**: Women who had a Pap Smear in the past 36 months **Denominator definition:** All women seen in the practice in 21-64 yrs old (20 charts reviewed manually for baseline values)

B. New York City Partner Prevention Program

Kingsbrook has become a ***Prevention Partner*** in conjunction with the Department of Health and Mental Hygiene of New York City. This program has identified 16 evidenced-based community health interventions that advance both the state Prevention Agenda and the DOHMH *Take Care New York* priorities. Kingsbrook currently facilitates the following interventions that work in tandem with this partnership plan and also contributes to the prevention agenda mission of chronic disease and infectious disease prevention.

Adopt the Healthy Hospital Food Initiative	**Healthy Eating:**
Track and report the blood pressure control scores of patients in the hospital ambulatory foot print	**Heart Health:**
Screen & Counsel Patients to stop smoking	**Tobacco Free Living:**
Ensure routine offering of HIV testing in emergency	**HIV Prevention:**

C. Diabetes Education Program

Kingsbrook has a successful model for Life Style Coaching via a 16 week program. So far through this program re-launched in 2013, 71.8% of patients improved their diabetes control with an average reduction of A1c of 1.59% (comparable to most medication interventions). We are committed to this model for the next three years for a continued advancement of health for our diabetes patients.

D. Learning for Life

This successful program has proven to be a needed and valued addition to diabetes support services among our patients. As such, long term plans for advancement include the establishment of an outpatient Diabetes Self-Management Service and group classes for patients. A major goal of the program is to continue to develop a functional diabetes registry in collaboration with CIS to improve outpatient monitoring and management which will also monitor effectiveness on a case by case basis.

This program also partnered with Kingsbrook's Rutland Nursing Home's Adult Day Health Care Program, and have successfully retained 75% of family members or caregivers of diabetic patients receive this service. The programs goal is to achieve 100% of that population by 2017.

The goal for 2013-17 is to provide two levels of peer-support group programming: one level for inpatients and a separate group that targets our outpatient patients who utilize Kingsbrook's Diabetes clinic. These efforts will be monitored for effectiveness by ongoing collection of data, including number of patient/volunteer sessions conducted and patient satisfaction questionnaires.

E. Generalized Annual Free-Screening Initiatives

Kingsbrook provided free screening opportunities to over 3,000 individuals in 2012. Our total community benefit, including free screenings and education impacted over 7,586 residents. Kingsbrook collaborates with other community providers and not-for-profit entities, and also (when appropriate) acts independently to provide screening and preventative treatment services to its community members. Kingsbrook is working to increase its annual free screenings by 10% annually between 2013-2017.

For example Kingsbrook partners annually with the Office of the Brooklyn Borough President to Facilitate "Take Your Man to the Doctor Week". This initiative is a call to action for men of all ages, ethnicities, and social standing to regularly visit a doctor and for the women who love them to help make it happen. Kingsbrook provides screenings such as diabetes and hypertension for this effort.

Additionally, Kingsbrook partners with community based organizations and local clergy to facilitate additional screening efforts throughout the year. Partners include:Women In Need, Girls Scouts of America, PS 326, PS 316, PS 243, Brooklyn Adult Learning Center, Miller International Senior Day, East New York Learning Center, Brooklyn Adult Learning Center, St. Gabriel's Senior Center, Sesame Flyers, Martin Luther King Concert Series, Bethel Tabernacle, New Dimension, New Genesis Christian Church, 25th Street Block Association, Glenwood Senior Center, Victorious Church God, St. Mary's Residential Program Street Fair, Christian Cultural Center, Panamanian Association, St. Augustine's Church Health, Beulah Church of Nazerene, Church of St. Mark's, St. Stephens Church, Women of Faith, Anglican Church, St. Augustine's, Bedford Central Presbyterian, Mt. Olives, God's Battalion of Prayer to name a few.

F. Breast Education and Wellness Programs

Kingsbrook exceeded the cap number of encounters required by the Susan G. Komen and Avon Foundations during 2012, counseling 4,386 women about the importance of breast screening. Additionally, 684 received a mammogram and screening coordination services, and 50 women with abnormal mammograms received ongoing care coordination and the necessary referrals to move them quickly into aggressive treatment.

Dedicated to expanding the programs ultimate reach, partnerships with Brownsville Multiservice Family Health Center and Bed Sty Multi Service Center were established. These vital community health centers maintain a keen focus on women's health issues and will work in tandem with this program to target women in need. The goal for 2013-2017 is to continue exceeding the cap number for outreach and expanding referral partnerships in our primary service area.

The program is modified to include outreach, community based organizations, schools and health facilities outside the partnership scope of the grant and includes our facilitation at local health fairs within our community with affiliates such as: Brooklyn Adult Learning Center, St. Augustine's Church, St. Luke's Guild, Women of Faith, District 41, St. Barnabas, Brooklyn College, New Tabernacle, Health & Human Services, God's Battalion of Prayer, Christian Cultural Center, Panamanian American Association, Brooklyn Faith Seven, Bethel Tabernacle, Sesame Flyers, Millennium Sisters. This effort is monitored for effectiveness via the agreed program cap we reach annually.

G. Cancer Services Program

Kingsbrook maintains the Cancer Services Program that provides free pap smears, mammography and colon cancer screening kits to woman who are under or uninsured. The program works in conjunction with the Breast Cancer Education Program and the facility's own mammography efforts. Referrals for breast health education are made to the Breast Cancer Education Program and in turn the breast health refers women in need of free pap smears and colon kit tests. The goal is to increase cross referrals from 2013-2017. The program is monitored for effectiveness by assessing the numbers of women who receive mammograms annually, and also identifying the number of such women who are who are underinsured or uninsured. Kingsbrook and CSP's efforts are modified based upon the outcome of such measures.

Additionally, the program staff will review survey measures for this program, to assess the effectiveness and impact the program is having on our patient base. These surveys will be used as measuring modules by which to improve and or modify existing programs that help shape our breast cancer detection and treatment services. Our goal is to retain the support of these valuable grants that would enable us to increase our annual detection efforts.

INFECTIOUS DISEASE

HIV/AIDS

Kingsbrook's Designated AIDS Center looks to increase its education, outreach and early detection opportunities within the next three years, as well as training opportunities that include HIV grand rounds and case presentations. Part of this plan is to increase linkages with other community HIV/AIDS providers, especially those who cater to difficult-to-reach immigrant populations. Outreach is not merely community based; it is also targeted at individuals. Kingsbrook will continue to offer individual community members HIV/AIDS prevention information to promote avoidance of behaviors that have a high risk for infection and re-infection, as well as confidential Rapid H.I.V. antibody testing and counseling services for admitted and ambulatory service patients (including, without limitation, patients presenting to its Emergency Department).

Staff Development/Training:
The CMU Manager and Medical Director continue to make arrangements for different in-services and trainings for the HIV staff requirement of the AIDS Institute. Some staffs a attend mandatory outside trainings and in-services pertaining to: New Hepatitis C Treatments for the Co-infected patient, Mental Health Assessment and Counseling, New Antiretroviral Medications, New HIV counseling and Testing Mandates HIV and Renal Failure, HIV/AIDS Confidentiality Training, etc.

Assessment Team Suggestions:

The assessment group surmised that Kingsbrook's community benefit portfolio was impressive and comprehensive in its attempt to meet the overall chronic disease disparities in the community.

In effort to broaden the reach of free screenings and education, the team advised the coordination of an "Immigration & Health Information" symposium to address the lack of understanding of immigrant rights, health care rights, the fear of reaching out for health care (free screenings) due to undocumented status and/or leaving follow-up information for tests etc/help and the language barriers for bi-lingual residents. Hosted by immigrant nurses and physicians this effort would be intended to establish a mode of trust, understanding and cultural sensitivity.
As such, Kingsbrook will inject this educational focus in its new **Best Health School module** (to be launched Fall of 2013) that will introduce topics such as Immigrants Rights and Advance Directives.

Additionally, in response to the suggestion the team made about extending the message of our free services and the accessibility of our chronic and infectious disease treatment services, we are in the process of revamping our Community Advisory Board that will work in collaboration with our staff as ***Community Health Ambassadors***. These groups will work with our Public Affairs Department to fortify partnerships, pin-point needed free services and to work under by-laws that charge all members with helping to advance the health and well-being of our community members.

The Brooklyn District Public Health Office, NYC DOH, will also be partnering with us to help to facilitate educational seminars on chronic health issues, especially obesity and hypertension to be hosted at our facility. Additionally, the department is currently coordinating "shape up" events that would work well at Kingsbrook's park-like gardens that provide a healthy environment for families in the community.

6. Financial Aid Program/Charity Care

In 2012, Kingsbrook Jewish Medical Center provided $ 5.1 million in charity care. Patients are notified of charity care through posted notices in several patient intake and treatment areas, including our website. It is also available in brochure format via our Public Affairs and Business Departments.

Kingsbrook's Financial Assistance Program evaluates those who are underinsured, have exhausted their insurance benefits or are fully uninsured. Kingsbrook Jewish Medical Center's Financial Assistance Program is based upon up to 300% of the March 2011 Department of Health and Human Services Federal Poverty Guidelines. Current clinic patients without adequate financial resources can receive care in our primary/specialty clinics for fee schedules based on their income and family size. A determination will be made if the patient is eligible for reduced fees. Non-Clinic patients seen in the Emergency Department, Inpatient, or for Outpatient Services can apply for assistance, based on financial need, through the Financial Assistance process in

Patient Accounts, Patient Access Services/Financial Counseling or Ambulatory Care. Individuals who meet the requirements of Kingsbrook's Financial Assistance Program can receive care and get a discount if they meet the income limits. Any individual residing in Kingsbrook Jewish Medical Center's primary service area, which is defined as: East Flatbush, Flatbush, Canarsie, Crown Heights and/or East New York (zip codes 11203, 11236, 11213, 11212) can get a discount on non-emergency, medically necessary services, if they meet the income limits. The amount of the discount varies based on income and the size of the family. Persons may apply regardless of their immigration status. Kingsbrook Jewish Medical Center will never deny medically necessary care because of the need for financial assistance.

7. Changes Impacting Community Health, Charity Care and Access to Services.

Despite the current economic challenges and the numerous closings of affiliated health care centers, Kingsbrook remains flexible, especially as it pertains to documentation requests for charity care eligibility**.**

8. Dissemination of the Report to the Public

Kingsbrook's community service plan is distributed to our Community Advisory Board, via the Public Affairs office and is available at **www.kingsbrook.org**.