



**Prevention Agenda and  
Hospital Community Service Plan**

**Submitted By**

**New York Downtown Hospital  
170 William Street  
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## **Mission Statement**

New York Downtown Hospital is a community teaching hospital principally serving the people who live or work in Lower Manhattan.

New York Downtown Hospital offers services and technology appropriate to a community hospital with emphasis on outreach and ambulatory services. New York Downtown Hospital achieves access to specialized services for its patients and community through formal affiliation with an academic medical center.

As a teaching hospital, New York Downtown Hospital will conduct graduate and/or undergraduate educational programs and provide clinical experience for physicians, nurses and other health professionals.

As a community hospital, New York Downtown Hospital will offer to its patients, medical staff and employees a caring environment, which emphasizes the value of patient dignity and employee and professional pride.

The programs and services of New York Downtown Hospital will, within the limits of its resources, respond to the needs of its community.

## **Vision**

To be a trusted neighbor who provides access to a full range of quality health care services to our resident community with special emphasis on greater New York's Chinese community.

To be a center of excellence for ambulatory care, health maintenance and primary care education for all who live or work in lower Manhattan.

To be a leader in the field of emergency preparedness and disaster response.

We will realize our vision through community-based facilities, related networks, and our relationship with the New York-Presbyterian Healthcare System.

## **Values**

These values and principles are shared by all the women and men of New York Downtown Hospital's health care team:

### **Patient First**

All activities will be aimed at earning and keeping the trust and confidence of our patients, their families and their employers through the provision of quality services.

### **Integrity**

We will hold ourselves fully accountable for our actions and be honest and ethical in all our dealings. We will have high standards for ourselves and uphold the Hospital's high standards of

professional behavior.

**Respect for the Individual**

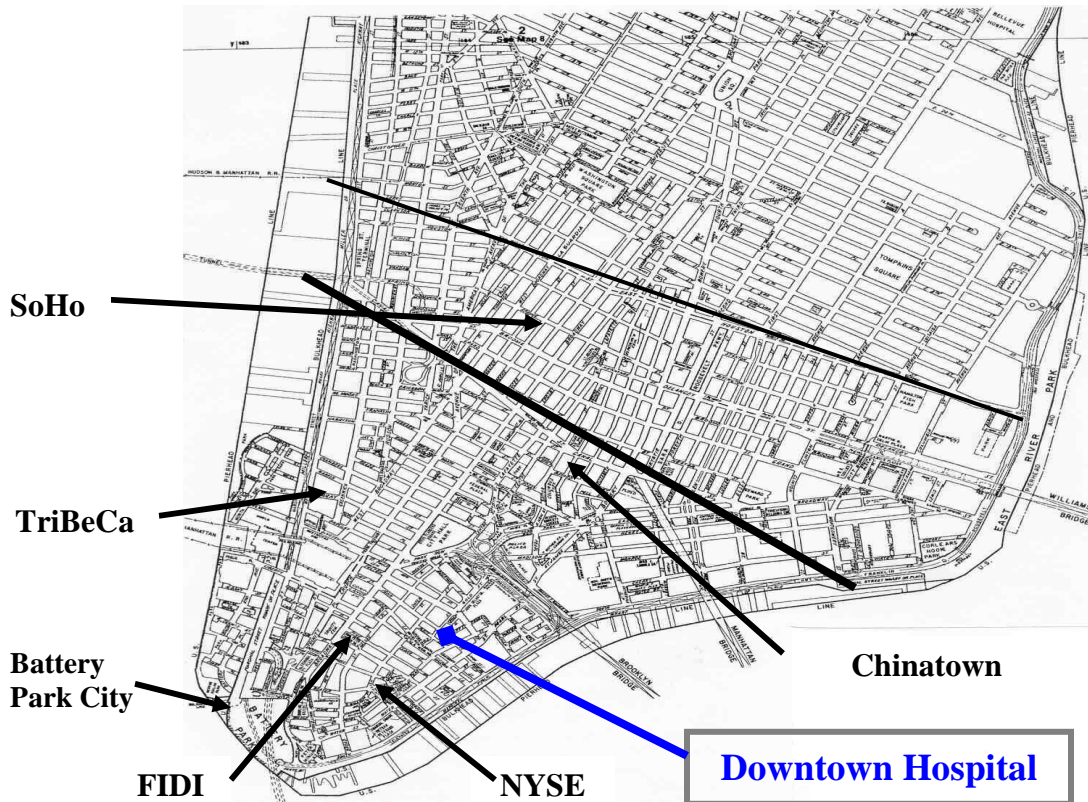
We will conduct our activities with patients, staff, families, vendors, community members and employers with respect for the other person.

**Teamwork**

We will work for New York Downtown Hospital first, our departments second. We will support each other and feel free to ask for help from a colleague when necessary.

## Service Area

Downtown Hospital is the primary hospital serving the Lower Manhattan communities of the Financial District; Chinatown; Battery Park City; Little Italy; TriBeCa; City Hall; Police Plaza; the Federal, State and City Courthouse complex; and the rapidly expanding residential community of Lower Manhattan. These neighborhoods currently employ 317,000 people and provide housing for 227,000. New York Downtown Hospital defines its primary Service Area as the area south of Canal Street. This area, as well as those immediately adjacent, delivers a high number of patients to the Hospital. The Hospital's secondary Service Area extends to Houston Street. The Hospital also continues to serve a significant number of patients from Brooklyn and Queens. The South Street Seaport, the World Trade Center site and the Statue of Liberty attract 5 million tourists annually to the Hospital's Service Area, swelling the Downtown population by an average of almost 14,000 people a day.



## **Public Participation**

Downtown Hospital meets quarterly with its Community Advisory Board (CAB) to encourage constructive dialogue with other community organizations. The Community Advisory Board is composed of Hospital executives, representatives from state and local government, health department representatives, community organizations, and local businesses. Through these meetings, the health care needs of the community are regularly assessed, and feedback on the Hospital's performance is regularly obtained and subsequently integrated into its strategic plan and Community Service Plan.

The CAB<sup>1</sup> convened on March 19, 2009, and was asked to provide its assessment of local health and prevention issues as part of the composition of Downtown Hospital's 3 year Plan of Action. Town Hall meetings in Chinatown have also revealed issues that are of significance to the community. The input from these meetings shaped the final selection of priorities.

New York Downtown Hospital also engages in regular and extensive conversations with the Alliance for Downtown New York, Community Boards One and Three, and resident advisory councils from local Naturally Occurring Retirement Communities (NORC) and senior housing developments. Included among these are Smith House, Grand Street Settlement, Henry Street Settlement, and the Visiting Nurse Service of New York (VNSNY) Chinatown Neighborhood NORC (NNORC). The Hospital also conducts a monthly partnership meeting at Southbridge Towers, and maintains extensive collaboration and on-going dialogue with local nursing homes and home care services. Primary among these are New Gouverneur Hospital SNF, Atlantis Rehabilitation and Residential Health Care Facility, New East Side Nursing Home, Rivington House, Village Center for Care, and the Visiting Nurse Service of New York. These ongoing conversations led to the selection of the priorities, as will be indicated below.

Additional feedback on public health priorities has been gathered through patient satisfaction surveys which cover overall quality of health care and other areas. The survey process is monitored by the Division of Customer Service and Community Affairs. Tabulated results of the surveys are submitted routinely to the Board of Trustees, the Quality Council, senior leadership and department heads who analyze the data and implement programs to enhance the patient experience at Downtown Hospital.

New York Downtown Hospital further identifies community health care needs by analyzing health care data from the New York City Department of Health and Mental Hygiene (DOHMH)<sup>2</sup> and the Department for the Aging; demographic data from local, state and federal agencies; hospital-generated statistical reports; reports generated by internal committees, task forces and

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<sup>1</sup> The Downtown Hospital Community Advisory Board is composed of representatives from The Alliance for Downtown New York; Battery Park City and The Hallmark; Grand Street Settlement; University Settlement; Henry Street Settlement; Hamilton-Madison House; Pace University; Representatives from the offices of Speaker Sheldon Silver, Councilmember Alan Gerson, and the New York City Comptroller; the United Federation of Teachers; the New York City Hall Lions Club; Community Board 1; the Lower East Side Services Center; Charles B. Wang Community Health Center; the Chinese American Planning Council, Inc.; and a number of unaffiliated community members.

<sup>2</sup> New York City Department of Health and Mental Hygiene Community Health Profiles and the Take Care New York Action Steps.

the Hospital's annual planning process; and policy reports from the New York City Health Care Advisory Panel.

## Assessment of Public Health Priorities

Through this extensive process, the Hospital has identified several trends affecting the healthcare needs of Lower Manhattan. Most significant is the rapid growth of Downtown’s residential and business communities. Downtown Manhattan is home to more than 8,000 public and private firms. The population of Lower Manhattan has grown from 23,000 to 54,000 and is expected to reach almost 60,000 by 2011. These new residents and workers will need access to quality preventive and emergency care close to home and workplace. The number of women of childbearing age living in the area has already increased by 50%, with the Hospital experiencing a 6.5% increase in births in 2007. Hospital representation on local NORC advisory committees indicates that access to wellness and prevention services is a priority.

The Hospital’s service area includes a considerable representation of underserved immigrant populations, as well as seniors and low-income residents. The Hospital’s Chinatown inpatient market share presently exceeds 50%. Literacy issues, compromised mobility and the lack of adequate health insurance are often significant factors affecting their acquisition of healthcare services. The Hospital patient mix by ethnicity is:

Asian	49%
Latino	15%
Caucasian	13%
African-American	11%
Other	12%

Downtown Hospital has significant government payer penetration. The Hospital’s “Summary of Inpatient Statistics” for 2008 indicates the following discharges by payer:

Medicare	20%
Medicaid	9%
Managed Care	
HMO Medicaid	40%
HMO Medicare	7%

The impact of these factors is already being felt at Downtown Hospital, through increased demand for diagnostic, preventive and treatment services from our growing populations: immigrants, the underserved and seniors, new emerging populations and the financial community.

In response to the increasing demand for Obstetrical services at the Hospital, the Moody’s Foundation recently supported the Hospital’s expansion of its Labor and Delivery Suite to include six (6) new private, single bed rooms and a spa-like shower facility. The addition of these rooms expands the existing Labor and Delivery Unit, which currently consists of eight (8) modern Labor/Delivery/Recovery (LDR) Rooms, operating rooms, and our renowned Nursery and Intensive Care Unit. The Hospital has also established a close collaboration with Healthfirst with a particular emphasis on the provision of Obstetrical services.



The Perinatal Diagnostic Unit provides state-of-the art monitoring for pregnant patients. Four new 4D Ultrasound units provide the latest technology to monitor and screen pregnancies. Services include 1<sup>st</sup> and 2nd trimester screening, amniocentesis, chronic villus sampling, biophysical profile, non-stress testing, comprehensive level II screening ultrasound, echocardiogram and follow up testing.

Various community organizations have further identified the provision of comprehensive cancer care as a neighborhood health priority. Among these are: VNSNY, the Charles B. Wang Community Health Center, Betances Health Center, the Chinese American Planning Council, Grand Street Settlement, Hamilton Madison House, the Brooklyn Chinese-American Association, the Chinese Consolidated Benevolent Association and the American Cancer Society. The Hospital presently supplies infusion therapy for the community. However, these organizations and a number of medical oncologists who practice in Chinatown concurred that the provision of radiation oncology was a community priority, and they supported Downtown Hospital's efforts to secure funding for this vital treatment.

Increasing the rate of colorectal cancer screening has also been identified as a significant community concern. Members of the Colon Health Task Force are: VNSNY; NNORC; the Department of Health and Mental Hygiene (DOHMH); the United Hospital Fund (UHF); Manning Pharmacy and Surgical, Inc.; New York Downtown Hospital; the American Cancer Society – Asian Unit; and the Charles B. Wang Community Health Center. Data gathered by the DOHMH and the UHF indicated that the colonoscopy screening rate among Asian Americans is among the lowest of all ethnic groups. Thus, the participants recognized the need for Downtown Hospital to establish a patient navigator program to provide health education with the ultimate goal of increasing the colonoscopy screening rate, particularly within the Chinese community.

Emergency and disaster preparedness have also been identified as important to Lower Manhattan's growing community, with emergency room visits up 8.7% in 2007.

A number of public and private entities have recognized the Hospital's ability to effectively provide healthcare services for Lower Manhattan and have identified the need to extend Hospital services into this expanding and diverse community. To this end, Downtown Hospital actively pursues public funding and, in recent years, has received support from the State, City and local governments as well as from other public entities.

In 2008, the Lower Manhattan Development Corporation (LMDC) provided the seed money for the Hospital's new Wellness and Prevention Center and enabled the Hospital to acquire the first MRI in Lower Manhattan for use by the general public. In addition to LMDC funding, a grant from the Stavros Niarchos Foundation has enabled the Hospital to acquire a state-of-the-art Digital Mammography System, and the New York City Council has supported the Hospital's efforts to obtain a second Digital Mammography System as well as a DEXA scan system to diagnose osteoporosis.

These Hospital's priorities in the following section correspond to the goals proposed in the New York City's Take Care New York, particularly with regard to heart health, health care access and

early detection of cancer. The prevention and emergency preparedness goals respond to the needs indicated in the NYC DOHMH Community Health Data and Statistics

New York Downtown Hospital projects that these diagnostic, preventive and treatment ventures will significantly reduce hospital admissions and medical costs.

## **Three Year Plan of Action**

### **I. Access to Quality Health Care**

#### **Wellness and Prevention**

The Wellness and Prevention Center at New York Downtown Hospital is dedicated to the screening for, and the treatment and cure of, disease at as early a stage as possible. The Hospital is an affiliate of the New York-Presbyterian Healthcare System (NYP) and Weill Medical College of Cornell University (Weill Cornell), which are among the top-ranked clinical and medical research centers in the country. Both organizations support Downtown Hospital's commitment to provide the best physician and technological resources so that it may serve the corporate and residential communities in Lower Manhattan with quality care and efficient service.

#### **The Three Organizational Components of the Wellness Center**

**A Health Screening Program** – This program includes age- and gender-specific risk assessment. Individuals coming for a health screening will be seen by one of the many qualified Internal Medicine physicians at New York Downtown Hospital. Trained in a broad range of disease types, these physicians will perform the comprehensive history and physical, and order the appropriate screening protocols for the individual. The protocols may be modified as a result of the individual's family history, the existence of symptoms found during the exam, or other factors. Screening and wellness services are under the direction of Warren Licht, M.D., Chief Medical Officer.

**The Women's Health Center** – The emphasis of the Women's Health Center is early cancer detection, in addition to some of the common health care services provided to women today such as cardiology, diabetes, and cancer screenings, as well as diet and nutrition education. The Wellness and Prevention Center will provide a broad range of services by specialists with expertise in women's health care needs. These services will include, but not be limited to, the following conditions: cancer detection and follow-up treatment; incontinence; pelvic organ prolapse; chronic pelvic pain; general gynecological evaluation and menopause management; breast imaging and health; and osteoporosis. Allan Klapper, M.D., is responsible for The Women's Health component of the Wellness and Prevention Center. Dr. Klapper is the Chairman of the Department of Obstetrics and Gynecology.

**Cardiovascular Disease Prevention Center** – The Cardiovascular Disease Prevention Center is focused on the prevention of heart and vascular disease through early detection, as well as implementation of therapeutic lifestyle changes and risk factor modification. The Center will provide cardiovascular risk assessment through a variety of methods, as medically indicated. These include a comprehensive history and physical examination, detailed lipid analysis, state-of-the-art 3-dimensional echocardiography, and 64 slice cardiac computed tomography angiography for the early detection of subclinical heart disease. A full range of stress testing modalities, utilizing the most sophisticated equipment, are also available. This element of the Wellness and Prevention Center is under the direction of Atul Sharma, M.D. Dr. Sharma is the Chief, Division of Cardiology, at New York Downtown Hospital.

Other specific differentiators of the Center are **speed, efficiency, convenience, courtesy and access to quality physicians**. The following are examples of how these will be achieved:

**Both Screening and Treatment** - The reduction of health risk factors is not only the identification of risk factors, but also the “partnership” that should exist between health professionals and the patient to best ensure that risk factors are reduced or eliminated. Following a wellness screening, ongoing care with one of New York Downtown Hospital’s highly qualified Internal Medicine Doctors or specialists, or referral to a specialist at the New York-Presbyterian Healthcare System, Weill Cornell Medical Center will be promptly arranged for those who have a diagnosis that requires follow-up treatment. This is a significant differentiator from other wellness and screening centers.

**Centralized, Non-Institutional Approach** - The Wellness and Prevention Center is designed for the comfort and convenience of the patient. The new Center will include separate access from the outside rather than through the Hospital, and a discrete entrance to the Women’s Health Center. Patients will be able to access a Central Call Center if they wish to make an appointment with a physician, or for a wellness screening. Expedited referrals will be provided to physician specialists at Downtown Hospital, the New York-Presbyterian Healthcare System, Weill Cornell Medical Center and the Strang Center for Cancer Prevention.

**Contemporary and Efficient** – On or about October 2010, the current wellness and prevention services will be moved to our new 10,000 square foot, state-of-the-art facility on the first floor of the Hospital. This facility will provide both comprehensive diagnostic and treatment services, many of which are not presently available in the vicinity. The Center is designed to accommodate 25,000 patients annually. Appointments will be scheduled to maximize efficiency and reduce waiting times. There will be no overcrowding, and waiting periods will be kept to a minimum.

The Center’s patients will receive efficient and prompt, personalized service, designed to detect risk, reduce it whenever possible, and enhance well-being through direct access to skilled practitioners and the most current screening techniques. By providing the best, evidenced-based, affordable services, the Center will help to lower medical costs while preventing disease and keeping patients healthier.

**Collaboration of New York Downtown Hospital, the New York-Presbyterian Healthcare System and the Weill Cornell Medical Center** – Following a comprehensive examination and screenings, patients requiring further, highly-technological diagnostics, or specialized physician consultations, will have direct access to specialists and technology at NYP and Weill Cornell. This linkage will provide prompt access to the best physicians and technologies in the area.

Downtown Hospital is currently moving forward and is on track with the design and development of the Center space. Along with the architects, the Hospital is finalizing interior finishes, and making final design decisions with regard to the functionality of the space from an IT, registration, work flow and patient flow perspective.

## **II. Access to Quality Health Care**

### **Radiation Oncology**

The community surrounding Downtown Hospital lacks adequate access to radiation oncology services. There is currently no linear accelerator unit located in Lower Manhattan to which all patients in the community have access, nor, to the best of our knowledge, is there a private linear accelerator unit located in the community. It does not appear to be coincidental that the local population has a higher-than-expected proportion of late-stage cancers that are more difficult and costly to treat than early-stage cancers. Local residents experience high cancer incidence and mortality rates for many cancers, which often could have been treated successfully with outpatient radiation therapy if they had been diagnosed at an early stage. Due to the prevalence of smoking in Chinatown, nasopharyngeal cancer is a particular concern. The early diagnosis and treatment of cancers has important implications for patient survival rates and healthcare costs.

The Hospital hopes to establish a joint radiation oncology program with the New York-Presbyterian Healthcare System to close the gap in the continuum of cancer services available to residents of Lower Manhattan and the surrounding area. The proposed program will provide linear accelerator services, CT simulation (using a PET/CT scanner) for radiotherapy planning purposes, as well as brachytherapy services and exam rooms, all within the context of a strong outreach and prevention program already in place at Downtown Hospital.

It has been calculated that the implementation of this service will reduce inpatient utilization by approximately 500 annual discharges by Year 5 of operations. This avoidance of costly inpatient care translates to significant annual cost savings to the healthcare system, including the State and Federal governments. Through this program, Downtown Hospital and NYP seek to improve the quality, stability and efficiency of healthcare delivery in Lower Manhattan, as well as in the surrounding area. This program will create a resource that will promote the early detection and treatment of cancer in the local community, in order to reverse the current experience of residents who: (1) have higher-than-expected, late-stage cancers; and (2) have higher-than-expected cancer incidence and mortality rates. This service promotes the use of appropriate outpatient treatment over more costly inpatient care for late-stage cancers. In addition, this collaborative effort of Downtown Hospital and NYP will enhance the community's access to needed radiation oncology services within the most appropriate location in the community, without promoting a "medical arms race." In this case, implementation of this cutting-edge technology in an area where it does not currently exist will minimize preventable inpatient utilization and lead to lower healthcare costs per care episode. This will result in substantial annual cost savings to the healthcare delivery system, as well as to the State and Federal governments.

The following charts indicate community cancer incidence and mortality.

**Table A. Cancer Incidence Rates within Service Area Communities Compared to New York State, 2006**

	% Higher than New York State		% Higher than New York State
<b>Lower Manhattan</b>		<b>Lower East Side</b>	
Oral Cavity and Pharynx (Males)	71%	Lung/Trachea/Bronchus (Males)	63%
Stomach (Males)	8%	Lung/Trachea/Bronchus (Females)	86%
Liver/Intra-hepatic Bile Duct (Males)	108%	Stomach (Males)	63%
Liver/Intra-hepatic Bile Duct (Females)	117%	Liver (Males)	33%
Lung and Bronchus (Males)	16%	Colorectal (Females)	29%
Brain and Other Nervous System (Males)	34%	Lung/Trachea/Bronchus (Males)	63%
Brain and Other Nervous System (Females)	40%	Lung/Trachea/Bronchus (Females)	86%
Pancreas (Females)	7%	Stomach (Males)	63%

**Table B. Cancer Mortality Rates within Service Area Communities Compared to New York City, 2003/2004**

	% Higher than New York City		% Higher than New York City
<b>Lower Manhattan</b>		<b>Lower East Side</b>	
Lung/Trachea/Bronchus (Males)	63%	Lung/Trachea/Bronchus (Males)	22%
Lung/Trachea/Bronchus (Females)	86%	Prostate (Males)	28%
Stomach (Males)	63%	Colorectal (Males)	13%
Liver (Males)	22%	Blood-Related (Males)	33%
Colorectal (Females)	29%	Blood-Related (Females)	25%
		Liver (Males)	90%

These New York State statistics are from the NYS Department of Health (DOH) Web site's Cancer Registry statistical database. The tables clearly demonstrate the public health concern that exists with respect to cancer in the Hospital's primary service area.

According to the SPARCS database, there were 3,110 cancer-related discharges in the Hospital's primary service area in 2007. From 2001 to 2006, the number of cancer cases in New York County grew by 4.92% per year. Using that growth rate as a model for the growth in cancer discharges results in a projected total of 3,234 cancer discharges in 2011, the first year in which this service will be operational. Based on a poorer-than-expected cancer staging, incidence and mortality statistics in the primary service area, and coupled with the existing and enhanced outreach proposed as part of this program, Downtown Hospital and NYP believe that they can conservatively reduce these inpatient discharges by from 10% to 20% annually from the current level. Using the midpoint of that range – 15% – results in the following inpatient utilization reduction:

**Table C. Calculation of Inpatient Utilization Reduction**

	<b>Year 1</b>	<b>Year 3</b>	<b>Year 5</b>
<b>Projected Cancer Discharges (PSA)</b>	3,234	3,298	3,363
<b>Mid-Range Percent of Discharges Prevented through Presence of O/P Radiation Therapy Program and Outreach</b>	15%	15%	15%
<b>Number of I/P Cancer Cases Prevented</b>	485	495	504
<b>ALOS of Cancer Cases at NYDH</b>	7.50	7.50	7.50
<b>Patient Days Eliminated</b>	3,638	3,713	3,780

By achieving the above utilization reductions, Downtown Hospital and NYP will improve the quality of care and the cost effectiveness of cancer services delivery to the residents of the Downtown Hospital primary service area.

New York Downtown Hospital, as part of a joint radiation oncology program with the New York-Presbyterian Healthcare System, has applied for a New York State Heal 11 Grant to acquire linear accelerator services for the Lower Manhattan community.

### **III. Access to Quality Health Care**

#### **Colorectal Cancer Screening**

The NYS Cancer Registry indicates that among Asian non-Hispanics, the 2005 Early Stage Colorectal Cancer Diagnosis was 38.7%. This is below the New York State diagnosis level of 40% and far below the White non-Hispanic level of 43.8% for the same period. The same source indicates that, among Asian non-Hispanics, the number of deaths per 100,000 from Colorectal Cancer was 11.2.

From statistics (2007) supplied by the New York City Department of Health and Mental Hygiene, the number of Asian/Pacific Islanders in Manhattan, 50 years of age and older, who have had a timely (within 10 years) colonoscopy was 21,000. This constitutes 68.7% of the eligible candidates. Almost 75% of the White non-Hispanic residents of Manhattan have had timely colonoscopies. However, statistics indicate that only about half the adults aged 50 and older in Lower Manhattan have had a colonoscopy in the last 10 years. The number of deaths for women from Colorectal Cancer in Lower Manhattan is 22 per 100,000 people, higher than the 17 per 100,000 throughout NYC. Among men, the comparable rates are 18 for Lower Manhattan and 23 throughout the city.

Under the direction of its Department of Community Affairs, New York Downtown Hospital will engage in a cooperative effort with the Visiting Nurse Service Chinatown NORC, along with the local DOH, the United Hospital Fund and other local partners to initiate a campaign to increase the colonoscopy screening rate within the Lower Manhattan Asian community.

Steps to achieve a higher colonoscopy screening rate include:

- A language-concordant “navigator,” a community health worker trained to identify and address patient-reported barriers to CRC screening, and
- Tailored interventions to include:
  - Analysis of obstacles through surveys
  - Patient education to address obstacles through health workshops
  - Procedure scheduling assistance
  - Translation and explanation of bowel preparation
  - Assistance with transportation
  - Assistance with insurance coverage, and
- Provider/PCP grand rounds and conferences

There were a total of 658 outpatient colonoscopies performed in 2008. In order to increase colon cancer screening rates at New York Downtown Hospital, a direct colonoscopy program will be offered to patients and referring physicians. A navigator program will be funded by DOHMH and based at New York Downtown Hospital. With an emphasis on colon health, the program will encourage and assist patients referred for screening colonoscopy to successfully complete the procedure.

DOHMH guidelines indicate that many seniors need to be “guided” through the bowel preparation before the test and reminded on the day of appointment for screenings to be



successful. Language barriers, lack of social supports and lack of knowledge about the process have all been posited as barriers to colon screening. The navigator program team will expand outreach by targeting key clinics and private physicians within the Hospital and in our catchment area and by an extensive program of community education and outreach to neighborhood institutions, providers and organizations. Navigators will also be responsible for arranging and supporting the colorectal cancer screening appointments and supporting the patient through the entire screening process. Their primary patient-related function is guiding colonoscopy patients through the health care system by assisting with access issues, developing relationships with service providers, providing education and support through the procedure preparation process, and tracking interventions and outcomes. Navigators will be responsible for tracking program data and reporting on a quarterly basis to the NYC DOHMH Cancer Prevention and Control Program.

A direct toll-free hotline will be established for patients and referring physicians to inquire about the colon cancer screening program and to contact the navigator. Downtown Hospital projects an increase of 300 new direct colonoscopy procedures to be completed during the one-year period of July 2009 to June 2010.

#### **IV. Emergency Preparedness**

By virtue of its history and setting, New York Downtown Hospital has earned a reputation for being the first responder to all Downtown emergencies. The Broad Street Hospital, one line in the Hospital's rich ancestry, was founded in response to the JP Morgan anarchist bombing in 1920.

New York Downtown Hospital has consistently fulfilled its mission of providing vital safety-net services to the Lower Manhattan Community. These core services include the area's only Emergency Center, which plays a critical role in the community during times of individual crisis as well as city-wide disaster. On September 11, 2001, Downtown Hospital treated over 1,500 patients, including 269 firefighters, police, and rescue workers and delivered medical aid, prescriptions, and food to hundreds of stranded seniors despite the loss of electricity, steam, gas, phone and computer services, and dangerously reduced water pressure.

Since then, and in response to this tragedy, the Hospital has more than doubled the size of its emergency facilities and developed a decontamination unit to respond to a multiplicity of emergent situations. The Emergency Center at Downtown Hospital presently includes the adjacent cafeteria which, in the event of a surge of patients, could be converted into an extension of the Emergency Center. The cafeteria is equipped with oxygen ports, suction ports and medical air concealed behind panels on the wall. The Cafeteria-Emergent Center would be able to hold an additional twenty patients.

The Hospital will conduct a QA/QI initiative to improve patient outcomes by examining appropriate treatment modalities and final diagnoses.

#### **Emergency Preparedness Committee**

The Emergency Center has one of the largest decontamination facilities in the city. As an Emergency Preparedness initiative, the Emergency Preparedness Committee has trained and developed a "Decontamination Strike team," which would be activated in the event of a Hazardous Material condition. This team would decontaminate patients before they entered the Emergency Center. These efforts have been developed in conjunction with the FDNY-EMS Haz-Tac Response team.

The Hospital will conduct ongoing training of the staff in Emergency Preparedness and Awareness. This will include drills.

#### **Emergency Preparedness Symposium**

On September 10, 2009, New York Downtown Hospital conducted its 7th Annual International Emergency Preparedness Symposium, at the Goldman Sachs Training Center in Lower Manhattan. This year's topic was the H1N1 virus. Presenters discussed and reviewed the medical, governmental, corporate and social responses to an Influenza pandemic and the actions planned to protect the public. More than 230 participants attended the presentations.

Since 2003, the Hospital has brought together emergency preparedness specialists from all over the world to share their expertise to better prepare health care professionals, emergency response personnel, and community leaders for future emergencies.

The Symposium will be an on-going emergency preparedness initiative of the Hospital.

#### EMS Ambulance Services

As the only hospital in Lower Manhattan, New York Downtown Hospital was concerned that the proposed 30% reduction in the number of EMS stations would adversely impact the safety of Lower Manhattan. Therefore, the Hospital developed a plan to respond to this prospect.

On February 27, 2009, Mr. Jeffrey Menkes, Hospital President and CEO, wrote to Mr. John J. Peruggia, the Chief of EMS Command, to outline the Hospital's proposal. New York Downtown Hospital would expand its services to include three permanent Basic Life Support (BLS) ambulance units. This proposal was accepted and the decision awaits the finalization of the 2010 Fiscal Budget.

During the second week of July, the Hospital put two state-of-the-art 2009 Horton ambulances into service, increasing the Hospital's fleet to six ambulances.

In July 2009, the FDNY authorized the Hospital to station an additional BLS unit for twenty-hours a day, seven days a week, at Catherine Street and Broadway. New York Downtown Hospital is currently meeting this challenge. This will further ensure the health and security of residents and workers in Lower Manhattan.

Over the next three years, the Hospital will examine turnaround times in the Emergency Department, measuring the time when ambulance units are with a triage nurse. This time study will be performed to reduce the amount of time units spend in the Hospital and enable them to return to service more expeditiously. This will enhance the provision of emergency services in our community.

## Financial Aid Program

New York Downtown Hospital complies with all provision of Section 2807-k(9-a) of the New York State Public Health Law.

This Law applies to patients who:

- are New York State residents;
- have no health insurance coverage for the medical services they seek; and
- have incomes at or below 300% of the "federal poverty level."

How much money this represents depends on the size of the patient's family:

<b>Size of Family Unit</b>	<b>100% of Federal Poverty</b>	<b>300% of Federal Poverty</b>
1	\$10,210	\$30,630
2	13,690	41,070
3	17,170	51,510
4	20,650	61,950
5	24,130	72,390
6	27,610	82,830
7	31,090	93,270
8	34,570	103,710
For each additional person add	3,480	10,440

Downtown Hospital extends discount policies and installment payment plans to those who have health insurance, but may be unable to fully pay co-pay and deductible amounts. The Hospital also makes discounts available to patients with incomes above 300% of the federal poverty level.

The level of discount from the Hospital's regular charges depends on a patient's income -- the more a patient's income falls below 300% of the federal poverty level the higher the discount the Hospital provides.

Patients with incomes at or below 100% of the federal poverty level can be charged no more than the following:

- Inpatient hospital services: \$150
- Ambulatory surgery: \$150 per procedure
- MRI testing: \$150 per session
- Adult emergency room and outpatient clinic visits: \$15 per visit
- Prenatal and children's emergency room and clinic visits: no charge

This law covers all the medical services offered by the Hospital, including:

1. inpatient services;

2. emergency room visits; and
3. other outpatient visits, such as to clinics operated by the Hospital.

In addition, New York Downtown Hospital has staff on-site (both in the Credit office and the Outpatient Department) to help eligible patients enroll into straight Medicaid, PCAP or Family Health Plus/Child Health Plus.

## **Provision of Charity/ Access to Services**

The Charity Care Program offers charity care to eligible patients. This includes access to emergency services for residents of New York State, as well as to emergency and non-emergency services for residents of New York City. This service is provided through the Hospital's Medicaid – Charity Care Office.

One challenge faced by the Hospital in the provision of Charity Care is the lack of patient compliance. Patients may fail to return the required documentation for Medicaid reimbursement or Charity Care.

In addition, patients may misunderstand hospital billing processes. Often patients are unaware of the multiple bills that they will receive when they come to the Emergency Room or for Ambulatory Surgery. They may not understand the ancillary services which are provided during the course of treatment and which may be invoiced separately.

## **Dissemination of the Report to the Public**

The Community Service Plan is posted on the Hospital's Internet ([www.downtownhospital.org](http://www.downtownhospital.org)) and Intranet sites. Its availability is publicized in the monthly Employee Newsletter, which is distributed to employees, Trustees, Community Advisory Board members, and members of the community.

The Hospital will also create a summary statement of this document, which will be available to the community in the form of a brochure.

## **Financial Statement**

Financial data already provided to the Department of Health (Institutional Cost Report, 2008) satisfies this statutory requirement.