

Nathan Littauer Hospital & Nursing Home
99 East State Street
Gloversville, New York 12078

The Community Service Plan

2009



A member of the Adirondack Rural Health Network

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Introduction

Nathan Littauer Hospital (NLH) has prepared this Community Service Plan (CSP) to support the New York State Commissioner of Health's mission to improve the health of all New Yorkers and to participate in a new public health initiative. This initiative seeks to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status. A regional group, facilitated by the Adirondack Rural Health Network (ARHN), has provided the forum for area hospitals and local health departments to conduct a comprehensive health assessment and take part in a regional planning process to address the Commissioner's public health priorities identified in the Prevention Agenda toward the Healthiest State. By participating in this public health effort, Nathan Littauer Hospital supports the overall goals of the New York State Health Department which are to focus on primary/secondary disease prevention, promote access to quality health care services and eliminate health care disparities where they exist.

The regional effort facilitated by ARHN creates a synergy that allows all of the members to move towards common goals in a way that is both efficient and effective. ARHN provides a much needed forum for the various community partners to share resources and to collaborate on the development of each county's Community Health Assessment and each hospital's Community Service Plan. It was agreed early on in the process that ARHN would prepare a comprehensive collection and analysis of data regarding the health issues and needs in Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties. This report, entitled *Building a Healthy Community: Health Assessment and Community Service Plan September 2009* (available online at <http://www.arhn.org/regional-health-assessment.php>) has three parts:

1. A compilation of health care data and analysis regarding the health status of the residents of the Region and each county therein
2. Community Health Assessments for the six ARHN counties as appendices
3. Community Service Plans for the six ARHN hospitals as appendices

Nathan Littauer Hospital and Nursing Home, opened in 1894, is the only hospital in Fulton County. Located in Gloversville, in the foothills of the Adirondack Mountains, NLH is a fully licensed and accredited health care facility. We provide a wide array of services ranging from critical care to routine outpatient procedures on our 34 acre campus that includes a 74-bed acute care Hospital, an 84-bed residential Nursing Home, a Medical Arts Building, state-of-the-art Surgical Center and a Primary/Specialty Care Center. Additional Primary/Specialty Care Centers are located in Mayfield, Speculator, Caroga Lake, two in Johnstown, Perth-Broadalbin and one additional location in Gloversville. These locations provide unprecedented health care accessibility for the citizens of Fulton and southern Hamilton Counties. In fact, NLH has been a model of in designing and delivering health care in a rural setting.

Today, we provide a full array of inpatient and outpatient services including medical/surgical, pediatrics, ob/gyn, nutritional counseling, oncology/infusion therapy, patient education, diabetic teaching, pain management, rehabilitative medicine, women's health and respiratory care as well as CT scans, including PET and colonoscopy, nuclear medicine procedures and bone density testing. We utilize the stereotactic/mammotome breast biopsy system and digital mammography at our facility. Our Emergency Room is open 24 hours per day and sees most of the community's emergent cases. We employ 930. We have 219 practitioners on staff, 161 of which are physicians. Littauer is the second largest employer in Fulton County and our total

economic impact on Fulton County exceeds \$125,206,000 (as estimated by The Healthcare Association of New York State)>

Our service and commitment to the community is also demonstrated by the other programs which are supported and offered through NLH. We operate a day camp for children with diabetes, chronic respiratory breathing disorders and other limited disabilities for two weeks every summer called Camp SuperStarrs. This camp is supervised by hospital personnel, allowing these children to have an experience usually denied them due to their health status.

Lifeline, a Personal Emergency Response System, allows elderly residents and those who may be in need of assistance the comfort and security of a 24-hour response in case of emergency. Nathan Littauer Hospital Emergency Room directly receives calls from the communicator worn by the subscriber and can ascertain which resources to employ in the best interest of the subscriber.

We are also affiliated with Community Health Center and Home Health Partners. The home health care agency services clients in Fulton and Montgomery counties who require short-term as well as long-term care in the home. Additional services such as therapy, housekeeping and dietary consultation are also available. This agency was founded through collaboration with St. Mary's Hospital of Amsterdam. Home Health Partners provides private duty nursing, sitter/companions and housekeeping services and is affiliated with CHC.

HealthLink impacts our community by offering a myriad of free or low cost services and educational topics for those who want to improve their health by making lifestyle changes. Smoking cessation, blood pressure, glucose and cholesterol screenings and childbirth preparation are just a few of the areas covered by educators through this department.

We are governed by a Board of Directors consisting of fifteen members who serve a three-year term in office. The Board is comprised of physicians and members of the community who represent various professional designations. No compensation is provided for these positions.

Throughout our long history in the community, we have earned the trust of area residents to meet their health care needs in a compassionate manner utilizing the latest technologies. We work closely with our local health department and community organizations to continue this tradition.

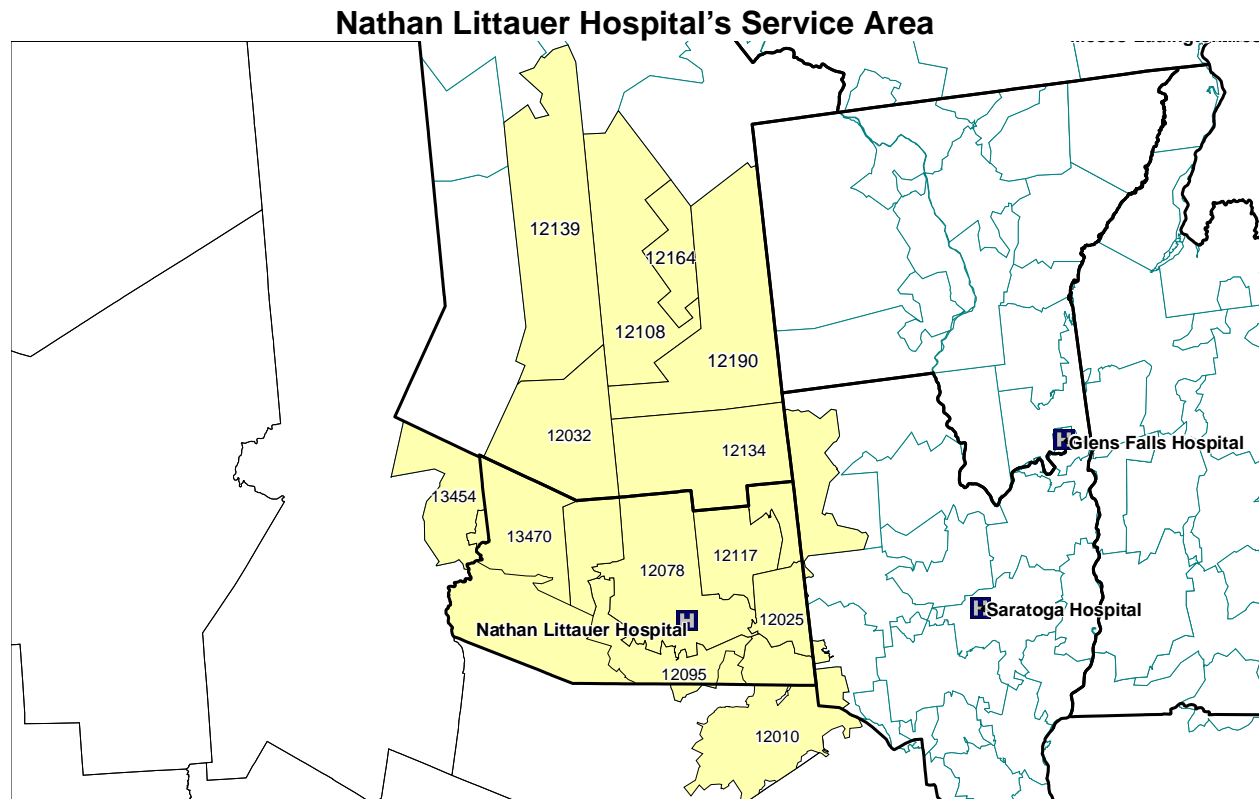
Mission Statement for Nathan Littauer Hospital

Nathan Littauer Hospital and Nursing Home and its Family of Health Services is committed to providing safe, high quality health and wellness services and improving the health of our communities in a caring, contemporary environment.

This mission statement is reviewed annually by the Board of Directors.

Nathan Littauer Hospital Service Area

The service area for Nathan Littauer Hospital is composed of thirteen ZIP codes in Fulton County, Southern Hamilton County and bordering areas of Montgomery County. Historically, about 88% of Nathan Littauer Hospital's in-patients reside within this geography.



In 2008, 8,048 residents of Nathan Littauer Hospital's service area required hospitalization. Of this total, 3,601 (44.7%) were discharged from NLH. These 3,601 discharges represented 88.3% of the total discharges from NLH. (Please note that the following data represents discharges only. Out-patients represent over 62% of NLH's business but are not included.) The following table shows the patient discharge distribution by ZIP Code for Nathan Littauer Hospital.

2008 Patient Origin for Nathan Littauer Hospital¹

ZIP Code Of Patient Residence	Town Name	Discharges From All NYS Hospitals	Discharges From Nathan Littauer Hospital	Nathan Littauer Hospital Percent of Total	Nathan Littauer Hospital Dependency	Nathan Littauer Hospital Market Share
12078	Gloversville	3,858	2,179	53.4%	53.4%	56.5%
12095	Johnstown	1,748	713	17.5%	70.9%	40.8%
12134	Northville	447	191	4.7%	75.6%	42.7%
12117	Mayfield	349	181	4.4%	80.1%	51.9%
12010	Amsterdam	4,289	101	2.5%	82.5%	2.4%
12025	Broadalbin	650	92	2.3%	84.8%	14.2%
12032	Caroga Lake	122	53	1.3%	86.1%	43.4%
12190	Wells	90	32	0.8%	86.9%	35.6%
12108	Lake Pleasant	54	24	0.6%	87.5%	44.4%
12164	Speculator	51	17	0.4%	87.9%	33.3%
13470	Stratford	139	11	0.3%	88.2%	7.9%
12139	Piseco	27	6	0.1%	88.3%	22.2%
13454	Salisbury Center	82	1	0.0%	88.3%	1.2%
Service Area Total		8,048	3,601			44.7%
	Other Areas		476	11.7%	100.0%	
Nathan Littauer Hospital Total			4,077	100.0%		

Based on estimates for 2008, 53,827 people live within Nathan Littauer Hospital's service area of which 50% are male and 50% are female. Of the total female population, approximately 38% are of child-bearing age. People over the age of 65 constitute 16.2% of the population and children under the age of 15 make up 16.6% of the population. The average household income is \$51,708 which is lower than the national average of \$67,918. Ethnically, 93.6% of the population is white, non-Hispanic and 13.9% of the population has achieved an educational level of Bachelor's degree or higher. By 2013 the population of this area is expected to remain stable. The population distribution shows little change. The following tables summarize the socio-demographic profile for the residents of Nathan Littauer Hospital's service area.

¹ Source:

2008 NLH Service Area Socio-Demographic Profile

DEMOGRAPHIC CHARACTERISTICS						
	Service Area		USA			
2000 Total Population	53,768		281,421,906			
2008 Total Population	53,827		304,141,549			
2013 Total Population	53,804		319,161,431			
% Change 2008 - 2013	0.0%		4.9%			
Average Household Income	\$51,708		\$67,918			
	2008		2013		% Change	
Total Male Population	26,536		26,507		-0.1%	
Total Female Population	27,291		27,297		0.0%	
Females, Child Bearing Age (15-44)	10,420		10,042		-3.6%	
% Unemployment	10.6%					
% USA Unemployment	5.6%					
POPULATION DISTRIBUTION						
	Age Distribution					
Age Group	2008	% of Total	2013	% of Total	USA %	
0-14	8,944	16.6%	8,426	15.7%	20.1%	
15-17	2,500	4.6%	2,347	4.4%	4.3%	
18-24	4,618	8.6%	4,547	8.5%	9.8%	
25-34	7,139	13.3%	7,241	13.5%	13.4%	
35-54	15,105	28.1%	14,272	26.5%	28.6%	
55-64	6,782	12.6%	7,443	13.8%	11.0%	
Continued						
2008 NLH Service Area Socio-Demographic Profile						
65+	8,739	16.2%	9,528	17.7%	12.7%	
Total	53,827	100.0%	53,804	100.0%	100.0%	
HOUSEHOLD INCOME DISTRIBUTION						
	Income Distribution					
2008 Household Income	HH Count		% of Total		USA %	
<\$15K	3,153		14.2%		12.8%	
\$15-25K	3,223		14.6%		10.7%	
\$25-50K	6,974		31.5%		26.4%	
\$50-75K	4,471		20.2%		19.5%	
\$75-100K	2,055		9.3%		12.0%	
Over \$100K	2,270		10.3%		18.6%	
Total	22,146		100.0%		100.0%	
EDUCATION LEVEL						
	Education Level Distribution					
2008 Adult Education Level	Pop Age 25+		% of Total		USA %	
Less than High School	2,225		5.9%		7.5%	
Some High School	6,135		16.2%		11.9%	
High School Degree	14,419		38.2%		28.4%	

Some College/Assoc. Degree	9,747	25.8%	27.6%
Bachelor's Degree or Greater	5,239	13.9%	24.6%
Total	37,765	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity	2008 Pop	Race/Ethnicity Distribution	
		% of Total	USA %
White Non-Hispanic	50,370	93.6%	65.4%
Black Non-Hispanic	991	1.8%	12.1%
Hispanic	1,154	2.1%	15.2%
Asian & Pacific Is. Non-Hispanic	541	1.0%	4.5%
All Others	771	1.4%	2.8%
Total	53,827	100.0%	100.0%

Public Participation

Established in 1992 through a New York State Department of Health Rural Health Network

Development Grant, the Adirondack Rural Health Network (ARHN) is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system.

As a member of ARHN, Nathan Littauer Hospital actively supported and participated in the gathering of information from a variety of stakeholders. This process was conducted regionally and included conducting both a survey and focus groups.

Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes.² The questionnaire was organized into fifteen sections as follows:

- Geographic location
- Current health status
- Health care access and utilization
- Workplace injuries
- Healthy Living
- Tobacco Use
- Emergency Medical Services
- Screening and testing
- Oral Health

² The survey data tables can be viewed online at <http://www.arhn.org/regional-health-assessment.php>. The survey data can be queried online at <http://www.arhn.org/online-query-tools.php.assessment.php>. Survey data findings are presented throughout the ARHN report, "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan." where the data has relevance to specific health issues.

- Infant, children and youth health
- Women's health issues
- Mental health
- Elderly and those with disabilities
- Alcohol consumption
- Demographics

The Siena Research Institute administered the telephone survey. The Siena researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May, 2007 to include 300 households from Fulton County, as well as for the southern portion of Saratoga County.

The ARHN Stakeholder Focus Groups³ were conducted to obtain in-depth feedback related to what community leaders and consumers feel are the biggest challenges and assets in the community. In order to obtain this qualitative feedback from professionals and consumers in the region, ARHN facilitated a series of focus groups with various community leaders, consumers, organizations and stakeholder constituencies.

The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report and complements the quantitative data that has been collected.

To accomplish this task, a team of eighteen professionals representing the six counties of the ARHN region were trained in the facilitation of focus groups. The November 2008 training equipped the facilitators with the skill to:

- Establish a standard system and agendas for facilitation focus groups
- Understand the process of engaging participants
- Facilitate the stakeholder session events and clarify the input received during the events
- Preside over the group dynamics and recording the ideas generated
- Use the materials in the focus group tool kit

The ARHN steering committee and trained facilitators identified contact persons to aid in the recruitment of participants for each group. The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six county region and a total of 286 participants. The trained facilitators identified groups of stakeholders who were contacted to host and participate in focus groups. The groups included:

- Aging, Long Term Care & Disability
- Consumer Groups
- Correctional Facility Residents and Staff
- Employers

³ The complete ARHN focus group report is available beginning on page ___ of "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan."

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- Government
- Providers of health and human services
- School Youth Groups

The following table details the dates, locations and number of attendees for each focus group:

Focus Group Summary

Date	Event	Location	# Attendees	# Ideas
11/20/08	Facilitator Training	Great Escape Lodge	18	144
1/6/09	Warren County Public Health	Warren County Municipal Building	15	77
1/30/09	Washington County Correctional Facility – B-Pod	Washington County Correctional Facility	6	62
2/6/09	Washington County Correctional Facility C-Pod	Washington County Correctional Facility	4	32
2/9/09	Hamilton County Community Services	Indian Lake	14	57
2/10/09	Glens Falls Hospital	Warren County	9	50
2/18/09	Chestertown Municipal Center	Chestertown	6	36
2/20/09	Washington County Correctional Facility	Washington County Correctional Facility	5	31
2/23/09	Hamilton County Board of Supervisors	Lake Pleasant Courthouse	9	32
2/27/09	Catholic Charities	Glens Falls	5	49
3/3/09	Whitehall Central School Faculty	Whitehall Central School	23	100
3/5/09	Saratoga Springs High School Students	Saratoga Springs	17	78

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Date	Event	Location	# Attendees	# Ideas
3/9/09	Washington County Office for Aging Advisory Council	Washington County	9	21
3/13/09	Queensbury HS Health Students	Queensbury High School	32	47
3/19/09	C.R. Bard	Queensbury	5	25
3/23/09	WSWHE BOCES New Visions	Glens Falls	14	78
3/24/09	Indian Lake CS	Hamilton County	13	32
3/27/09	HealthLink – Fulton Co. Healthcare Providers	HealthLink	14	69
3/30/09	Essex County Public Health	Essex County	8	57
3/31/09	Fulton County Chamber of Commerce	Fulton County Chamber Office	11	74
3/31/09	Lake George Senior Center	Lake George	4	25
4/6/09	Johnstown Senior Citizen's Center, Fulton County	Johnstown	30	48
4/9/09	Glens Falls Hospital – Medical Staff	Glens Falls Hospital	3	19
4/27/09	Mountain Lakes EMS	Mountain Lakes EMS, Queensbury	12	80
		Totals	286	1,323

Outcomes of these focus groups included:

- Identification of barriers to accessing health care
- Discussing and determining health care priorities
- Generation of community/policy change ideas

Assessment of Public Health Priorities

With ARHN facilitating the process the Community Health Planning Committee (the Committee) was formed with representatives from all six of the hospitals and all six of the local health departments in the region. Members of the Committee participated in a collaborative approach to community health assessment and planning. Relying on regional information gathered and analyzed by ARHN as well as information specific to each hospital's service area, each ARHN hospital prepared a Community Service Plan in collaboration with the other participating hospitals and local health departments. There were five main sources of data that were used to assess the public health priorities:

- The New York State Department of Health conducted an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) in 2008. The BRFSS was conducted by telephone surveys and collected information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
- Existing data, especially public health, statewide and national data
- New York State Prevention quality Indiciary data (PQI)
- Statewide Planning and Research Cooperative System (SPARCS)
- Stakeholder focus groups offer a unique perspective by gathering in a focus group setting individuals who have insight on the health of a community or the region. These individuals also provided suggested activities for improving the health of the region.

ARHN used a prioritization matrix to identify the regional health priorities by using data to score criteria and issues. An ad hoc subcommittee was convened to develop the criteria for the matrix. The subcommittee researched a variety of prioritization matrices and compiled a list of 25 possible criteria, of which eight were applied. The eight criteria included:

- Leadership support available
- Magnitude of the problem
- Variance against benchmarks or goals
- Importance to the public health system
- Impact on the other health outcomes
- System resources
- Impact on the physical or social environment
- Ease of implementing solutions.

The criteria were applied to the prioritization matrix to assist the Committee in reaching consensus on priority health issues.

The regional community health assessment and community services plan data collection and reporting identified 34 distinct issues for prioritization. The Committee used the OptionFinder audience response polling system to rate each of the issues on each of the eight criteria noted above. The scores of the 34 individual health issues were then compiled into each of the ten NYSDOH Prevention Agenda areas. The final score of each of the ten areas are:

Prevention Agenda Areas Score

Tobacco Use	72.75
Community Preparedness	59.45
Physical Activity & Nutrition	58.78
Chronic Disease	57.05
Infectious Disease	56.12
Access to Quality Health Care	54.72
Healthy Mothers, Healthy Babies & Healthy Children	50.55
Healthy Environment	47.68
Mental Health & Substance Abuse	44.35
Unintentional Injury	40.87

Many of the ten health priority areas were very close in their ranking and in order to be precise in their decision-making the Committee completed a paired comparison exercise. In this exercise the Committee used the OptionFinder to compare the top six health areas against each other, determining the higher priority area in each case. The results of all the paired comparisons were tallied and the list of priority areas were re-ordered into the final list of the top six priority health areas for the Adirondack Rural Health Network region, as illustrated below.

Final Paired Comparison

Prevention Agenda Areas Score

Physical Activity & Nutrition	76.8
Chronic Disease	66.3
Access to Quality Health Care	61.1
Tobacco Use	40.0
Community Preparedness	27.4
Infectious Disease	27.4

The overall results of the weighted prioritization and paired comparison exercises is that the following three health areas were identified as the top priorities in the six-county ARHN region:

- **Physical Activity & Nutrition**
- **Chronic Disease**
- **Access to Quality Health Care**

Of those three, **Physical Activity & Nutrition** is the health priority area that the Committee members agree to focus on as their top regional priority over the next four years. Nathan Littauer Hospital intends to work collaboratively with Fulton County Public Health on a second health priority in our community, childhood asthma.

Three Year Plan of Action

**Nathan Littauer Hospital and Nursing Home (NLH)
Participating Member of the Adirondack Rural Health Network (ARHN) and
the ARHN Community Health Planning Committee**

3-Year Community Service Plan of Action 2009-2012

ARHN Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION			
Long-Term ARHN Regional Goal: Positively impact physical activity and nutrition in the region			
Measures of Effectiveness			
Outcome 1: Establish a taskforce with regional representation to plan, implement and evaluate evidence-based programs focusing on physical activity and/or nutrition by January 1, 2010			
STRATEGIES	Check if this is a NEW Strategy for NLH	NLH Program or Department Responsible	Regional and Community Partners
1. Identify ARHN staff to facilitate activities of 3-year plan	X	HealthLink	Fulton County Public Health
2. Community Health Planning Committee compiles list of physical activity and nutrition experts as potential members of task-force	X	HealthLink	Fulton County Public Health
3. ARHN & Committee members solicit interest in task force & determine participation	X	HealthLink	Fulton County Public Health
4. Convene taskforce, initial meeting held or strategic planning session planned and conducted	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Fulton County Public Health Others as identified
5. Summary outlining planning priorities provided to partners	X	Nutrition Services HealthLink Primary Care Centers Others as Identified	Fulton County Public Health Others as identified

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Outcome 2: Work plan(s) with measurable outcomes, implementation schedules and budgets developed by taskforce by June 30, 2010.			
STRATEGIES	Check if this is a NEW Strategy for NLH	NLH Program or Department Responsible	Regional and Community Partners
1. Taskforce needs and structure determined	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Regional Taskforce
2. Meeting schedule developed	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Regional Taskforce
3. Priority programs identified	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Regional Taskforce
4. Implementation plan developed using logic model and taskforce responsibilities identified	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Regional Taskforce
5. Outcomes and evaluation methods determined	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Regional Taskforce
6. Budget developed and recommendations made to Community Health Planning Committee for approval	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Fulton County Public Health Regional Taskforce

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7. Work plan(s) finalized and recommendations made to Community Health Planning Committee for approval	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	Fulton County Public Health Regional Taskforce
Outcome 3: Physical activity and/or nutrition interventions are implemented by taskforce by June 30, 2011			
STRATEGIES	Check if this is a NEW Strategy for NLH	NLH Program or Department Responsible	Regional and Community Partners
1. ARHN provides oversight of taskforce activities/programs and administrative functions	X	HealthLink	ARHN Staff
2. Work plan activities commence, taskforce begins data collection and assessment of activities	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce
3. Taskforce collects and reports data	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce
Outcome 4: Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30,2012			
STRATEGIES	Check if this is a NEW Strategy for NLH	NLH Program or Department Responsible	Regional and Community Partners
1. Data collection on specific interventions completed and results submitted to ARHN Staff	X	Nutrition Services HealthLink Rehabilitation Services Primary Care Centers Others as Identified	ARHN Staff Regional Taskforce
2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of	X	Nutrition Services HealthLink	ARHN Staff Regional Taskforce

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interventions and activities		Rehabilitation Services Primary Care Centers Others as Identified	
3. Regional summary developed by ARHN Staff and shared with ARHN Partners and other stakeholders	X	HealthLink	ARHN Staff Fulton County Public Health
4. Conduct assessment of approach and procedures that were used throughout the 3-year process to evaluate the success of the regional action plan	X	HealthLink	ARHN Staff Fulton County Public Health
5. Share lessons learned from process evaluation with Community Health Planning Committee	X	HealthLink	ARHN Staff Fulton County Public Health

Nathan Littauer Hospital Prevention Agenda Priority: Healthy Environment

Long-Term Goal: Prevent or reduce the burden of childhood asthma in Fulton County

Measures of Effectiveness

Outcome 1: By January 30, 2010 a work group comprised of local stakeholders will be established to plan, implement and evaluate evidence based programs and other strategies designed to address childhood asthma

STRATEGIES	Check if this is a NEW Strategy for NLH	NLH Program or Department Responsible	Regional and Community Partners
6. Identify county wide staff to facilitate activities of 3-year plan	X	HealthLink Primary Care Centers	Fulton County Public Health
7. Compile list of childhood asthma experts as potential members of task-force	X	HealthLink Primary Care Centers	Fulton County Public Health
8. Solicit interest in work group & determine participation	X	HealthLink Primary Care Centers Others as Identified	Fulton County Public Health
9. Summary outlining planning priorities provided to partners	X	HealthLink Primary Care Centers Others as Identified	Fulton County Public Health Others as identified

Outcome 2: Work plan(s) with measurable outcomes, implementation schedules and budgets developed by taskforce by June 30, 2010.

Outcome 3: Childhood asthma interventions are implemented by taskforce by June 30, 2011.

Outcome 4: Childhood asthma interventions are evaluated and results are communicated to stakeholders and community by June 30, 2012.

Financial Aid Program

Since opening our doors in 1894, Nathan Littauer Hospital has provided accessible, quality health care to anyone who seeks our services, regardless of their ability to pay. It is our practice that the fear of a hospital bill should not prevent a patient from receiving essential health services. Despite incurring nearly five million dollars in uncompensated care costs in 2008, NLH remains committed to helping patients find ways to pay their health care expenses.

Increase in successful charity care applications

In 2007 NLH had 448 charity care applications approved for a total dollar amount of \$1,068,000. In 2008 the number of approved applications more than doubled to 1,117 (a 59% increase) for a total dollar amount of \$970,000.

Partnering

For the past 10 years NLH has benefited from on-site Child Health Plus/Family Health Plus facilitated enrollers in addition to our designated financial aid counselors in the Hospital and Primary Care Centers. (more than 50% of the area's physicians are employed by NLH and therefore the offices are familiar with our financial aid procedures) This successful partnership has led to 95% completion rate for applicants. It is a very personalized process where enrollers see all **inpatients** that are not insured or are underinsured **before discharge**. A quick screening is completed to determine what programs the patient might be eligible for. The cooperation between the Fulton County Department of Social Services and our facilitated enrollers encourages them to work closely to complete the review and get a patient enrolled in a program in 30 days or less.

Challenges

Our bad debt is mostly on the outpatient side where personalized follow up is a greater challenge. A conservative estimate is that at least 25% of uninsured or underinsured would qualify of some level of assistance if they would complete an application. Yet we persevere. In our Emergency Department registration representatives provide the applications and contact information for facilitated enrollers. Our goal is to provide education at every opportunity to counteract misleading information and encourage interaction with those trained to assist. Enrollers work with every physician office in the area (employed or private). They attend all health fairs and school open houses. They offer private enrollment and information sessions throughout Fulton, Montgomery and Hamilton Counties. NLH and our enrollers remain committed to reaching as many uninsured or underinsured as possible to ensure their access to health care services is not hampered.

Impacts of Operational Changes

Nathan Littauer Hospital and Nursing Home is the sole hospital and second largest employer in Fulton County. Additionally, NLH provides needed health care and employment for citizens of southern Hamilton County and increasingly to areas of Montgomery County. Our continued growth and financial stability remain essential to those who depend upon Littauer.

NLH faces many of the same problems and challenges affecting surrounding health care facilities. The financial mix – Medicare, Medicaid and private insurers – changes unfavorably as more and more people become uninsured and unemployed. This means less reimbursement for services provided (especially on the inpatient side), so NLH joins all health care facilities in

carrying and writing off more bad debts. Additionally, inpatient reimbursement will be impacted by the stringent quality guidelines imposed by CMS. NLH is aggressively refining and implementing our quality initiatives to minimize any negative impact.

2009 brought a major change to our area when Amsterdam Memorial Hospital (located in Montgomery County, 13 miles from NLH) merged with Catholic St. Mary's Hospital at Amsterdam, forever changing the landscape for the provision of outpatient surgical services, physician practices and reproductive health services. As a result:

- *NLH is experiencing a marked increase in surgical cases causing scheduling backups and creating the need for additional surgery space.

- *NLH has absorbed three physician practices just this summer at our outpatient center in Perth necessitating expansion of that center.

As a small, rural hospital that has emerged into the major healthcare provider in Fulton County and surrounding communities, NLH is meeting the increasing demand for care within the confines of a regulatory system sometimes burdensome and outdated. We must continue access to the most effective and expensive technology. We know the challenges brought about by physician shortages but have in place strategies to make our hospital and community professionally attractive to new providers. We will build upon an already aggressive financial program to assist more people in meeting their health care expenses. And not to be forgotten is NLH's commitment to improve customer satisfaction. This is a goal that continually competes with other necessary goals for limited resources.

Dissemination of the Report

This Community Service Plan will be posted on the NLH website, www.nlh.org. In addition, the Plan is an appendix to the regional report titled *Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan*, which is posted on the Adirondack Rural Health Network website, www.arhn.org. Digital copies of the report will be distributed to hospital administration and board members as requested.