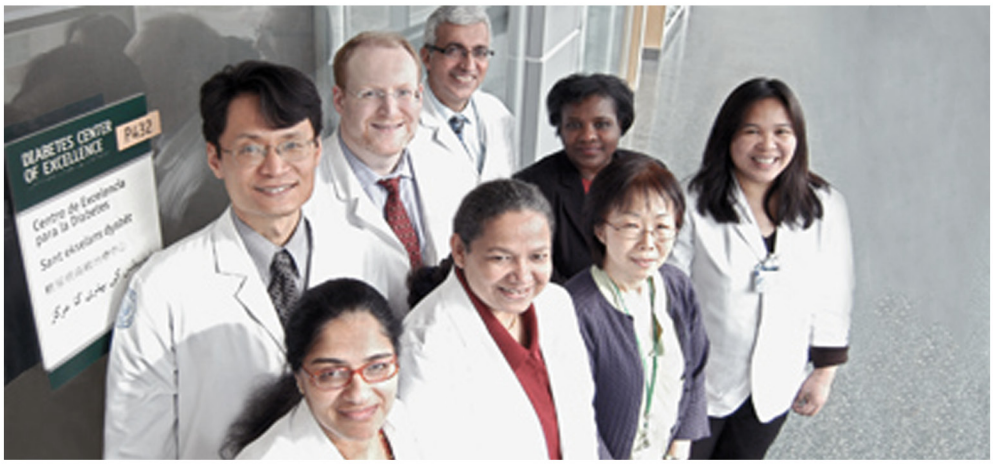
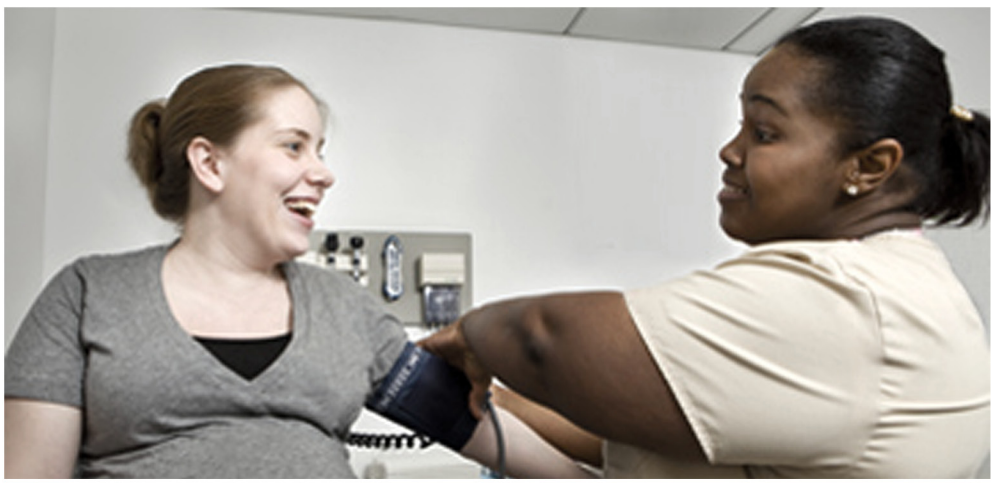


2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

QUEENS HOSPITAL CENTER



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Introducing the
Queens Hospital Center

Queens Hospital Center (QHC), a member of the New York City Health and Hospitals Corporation and affiliated with the Mount Sinai School of Medicine, has been the major healthcare provider for Jamaica and Southern Queens for nearly 100 years. QHC has recently been transformed into a completely modern, full-service, state-of-the-art hospital with 249 beds, offering a complete array of high-quality, general medical/surgical, specialty, and diagnostic inpatient and outpatient services and programs. Located in Jamaica, Queens County, QHC occupies a 22-acre campus and operates three community-based centers and two school-based health centers to increase community access to primary care services. With nearly 15,000 admissions and more than 460,000 ambulatory care and emergency visits annually, QHC is one of the City's busiest healthcare facilities.

QHC is a 911 Receiving Hospital, a member of the American Hospital Association and the National Association of Public Hospitals, and is accredited by The Joint Commission, the New York State Department of Health and the American Association of Blood Banks. QHC is also licensed by the New York State Office of Mental Health and the New York State Office of Alcoholism and Substance Abuse Services, and it is a Designated AIDS Center. QHC is also home to the Queens Cancer Center, the only comprehensive cancer care center in the borough of Queens, offering a full complement of diagnostic and treatment services.

QHC is an acute care hospital that is part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission has always been to provide comprehensive and high quality healthcare to all, regardless of their ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a $6.7 billion integrated healthcare delivery system that provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics. HHC Health and Home Care also provide in-home services in the local communities it serves.

HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC's commitment to caring for patients regardless of their ability to pay, ultimately gives it the highest "market share" of low-income, uninsured patients across this City. The details of our safety-net contribution are detailed in this table:

SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Queens
Discharges			
Uninsured	3%	4%	11%
Medicaid	33%	38%	59%
Total Safety Net	**36%**	**42%**	**70%**
ED Visits			
Uninsured	16%	20%	26%
Medicaid	39%	41%	54%
Total Safety Net	**55%**	**61%**	**80%**
Clinic Visits			
Uninsured	11%	19%	32%
Medicaid	55%	52%	46%
Total Safety Net	**66%**	**71%**	**78%**

* Excludes HHC hospitals.

Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.
Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.
Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.
Clinic visits include comprehensive care and primary care visits only.
HHC's uncompensated care costs are $698 million.

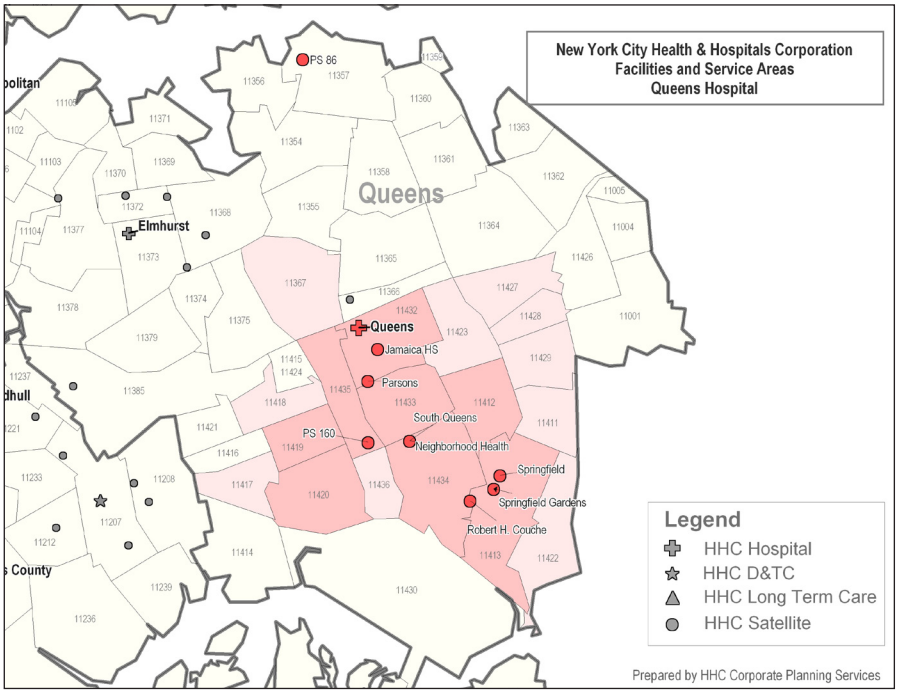
Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient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

At QHC, volume is high. Fiscal Year 2012 utilization data indicate 354,515 outpatient and primary care visits; 104,452 emergency department visits; 14,854 discharges and an 86.4% occupancy rate. Areas of over-capacity were noted in the Medical Intensive Care Unit, 106%; Surgical Intensive Care Unit, 119%; General Surgery, 139.3%; Neonatal Intensive Care Unit, 115%; and Psychiatry, 97.8% occupancy. ◆

I. Description of Community Served by the Hospital

Service Areas

QHC is geographically located in the southeast region of Queens and is identified through the United Hospital Fund designated neighborhoods of Jamaica and Southeast Queens. Its service area includes zip codes 11432, 11434, 11435, 11419, 11433, 11420, 11412, 11413, 11423, 11429, 11422, 11448, 11436, 11428, 11427, 11411, 11441 and 11367. The area of South Jamaica has been federally designated as a Health Professional Shortage Area (HPSA).



Overall, people of color and ethnic minorities comprise nearly 85% of the population of 730,000 residing in QHC's overall service area. Blacks are the predominant racial group, comprising 44% of the population, followed by Hispanics, 15%; Whites, 5%; Asians, 11%; and other, 8%.

Ethnically/racially, African Americans and immigrants from the Caribbean, Africa, and most recently Southeast Asia (Pakistan, Bangladesh and India) are the predominant ethnic groups residing in QHC's service area. Migrants from Africa and the Caribbean are also represented in significant numbers. Thirty-eight percent of the residents are foreign-born. Dozens of languages are spoken, many religions practiced, and most of our patients are low income or working poor and medically underserved who face a range of cultural, linguistic, economic, and legal-status barriers to care. More than 80% of our patients are uninsured or on Medicaid or other public insurance programs, and many are undocumented immigrants. Our catchment communities include some with the county's and city's poorest health indicators.

According to 2010 census data, there were 640,992 residents in QHC's service area, which was only slightly lower than the 2000 (6,902) population figure of 647,894. It is projected that the area's population will grow by about 3.2% over the next five years. New York City Planning 2010 Population data indicate that 35% of residents in QHC's overall service area speak a language other than English. The hospital uses language interpreters and CyraCom phones to provide linguistically appropriate services to patients who speak a language other than English.

QHC's primary service area had a 2010 population of 331,042 residents. This figure represented a 1% increase over the 2000 population figure of 328,042. In this area, Blacks/African Americans comprise 45.7% of the population, 19.4% were Hispanic, 17.8% were Asian, 6.8% were White, and 10.3% were other. It is projected that the primary service area population will grow 4.4% in five years.

The hospital's secondary service area had a population of 309,598 residents in 2010, a number that was 3.2% less than the 2000 population (319,852). It is projected that the area's 2018 population will increase by about 2%. As expected, the ethnic breakdown in QHC's secondary service area was similar to that of the primary service area; Black/African American – 45.2%, Hispanic – 18.5%, White - 15.5%, Asian - 13.9% and other – 6.9%.

II. Methods and Process

The information contained in this Community Health Needs Assessment derives from two converging types of information. These are:

Primary Source: Focus Groups Conducted By This Facility in 2013

This facility conducted three focus groups in March 2013, each with a different group of participants: (a) facility patients; (b) community stakeholders, including local residents and representatives of community-based organizations, and (c) a group comprised of healthcare providers at this facility, including many who also live in our service areas. This last group included community health experts.

The focus groups' questions were designed to produce the necessary content of a Community Health Needs Assessment, and the groups' facilitators followed a plan that would allow maximum group participation and responses over a variety of issues in about 90 minutes. Although records of participants and verbatim responses were kept, participants were assured that their names would not be associated with specific responses.

Facility patients were asked the following queries:

1. What are the greatest healthcare needs in your community? Or, put another way, what health problems do you see the most among your family members and neighbors?
2. On a scale from 1-5 (1 being the lowest), how does QHC respond to each health need listed?
3. Tell us about the greatest problems you and your family members face getting healthcare at QHC? [If there aren't many responses, probe with: "Have you had a bad experience? Tell us about it?"]
4. What changes can this hospital make so it can better respond to the needs and problems you have just mentioned?
5. What do you think are the greatest strengths of QHC?

Community members were asked the following five queries:

1. What do you think are the greatest strengths of healthcare in your community served by QHC?
2. What are the greatest weaknesses of healthcare in your community served by QHC?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your family and neighbors?
4. On a scale from 1-5 (1 being the lowest), how does QHC respond to each health need listed?
5. How can the facility better respond to each specific health need?

Providers were asked these questions:

1. What do you think are the greatest strengths of healthcare in your community served by QHC?
2. What are the greatest weaknesses of healthcare in the community served by QHC?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does QHC respond to each health need listed?
5. How can the facility better respond to each specific health need?

Responses for all three focus groups were recorded and were submitted to facility leadership for prioritization for the implementation plan.

Supplemental, or Secondary, Information

To assist with reporting community health needs in depth, we supplemented the focus group results with data that describes in additional detail the issues raised in those groups. The data came from a variety of primary and secondary sources, including: for population data, Claritas 2013 (U.S. Census data from Nielsen Site Reports, see http://www.claritas.com/sitereports/Default.jsp); New York City Health and Hospitals Corporation analyses of hospital and community health center cost reports 2010; New York City Department of Health and Mental Hygiene Community Health Surveys (http://www.nyc.gov/html/doh/html/data/survey.shtml), several city boroughs' Statements of Community District Needs, Fiscal Year 2013, prepared by New York City's community district boards and available at http://www.nyc.gov/html/dcp/html/pub/cdnd13.shtmland, and data available from the New York State Department of Health website (http://www.health.ny.gov/statistics/). The data is presented as analyzed by the companies or agencies mentioned, or were further analyzed by HHC for purposes of this report.

III. Health Needs Identified

In response to the question "What are the greatest healthcare needs in your community?" the focus groups responded as follows:

Internal Focus Groups

- Hypertension
- Diabetes
- Heart Disease
- Sickle Cell Disease
- Obesity
- Heart Disease
- Alcoholism/ Substance Abuse
- Behavioral Health
- Pediatric Development Delays/Conditions
- Asthma
- HIV/AIDS
- Smoking
- Cancer
- Low Health Literacy

Patient Focus Groups

- Diabetes
- Stroke
- Cancer
- Arthritis
- Hypertension
- High Cholesterol
- Asthma
- Smoking
- Heart Disease

Stakeholders Focus Groups

- Diabetes
- Breast Cancer (and other cancers)
- Dementia
- Asthma
- Mortality Rate (Infant)
- Obesity
- Heart Failure
- Hypertension
- Kidney Failure
- Mental Health
- Substance Abuse
- Drugs
- HIV/AIDs (ages18-29)

Other available data indicate the focus group participants were accurate in their perceptions of health needs. In New York City, "Take Care New York" (TCNY) has been adopted by the New York City Department of Health and Mental Hygiene as the city's comprehensive health policy to help all New Yorkers live longer and healthier lives. For the residents and the communities served by QHC many of the health status indicators are above the New York City rates and averages. For example, based on the NYC Department of Health and Mental Hygiene, 2011 Community Health Survey:

- The percentage of residents with hypertension, 30.0%, is higher than the city rate of 28.9%.
- The percentage of community residents with high cholesterol, 33.1%, is greater than the city rate of 30.6%.
- The diabetes rates of 12.5% in QHC's service area is higher than the overall city rate of 10.5% and the rate for *preventable admissions for diabetes* from QHC's service area (332 per 100,000 population) was higher than the city's rate (307 per 100,000).
- The percent of community residents who had a colonoscopy in the last ten years is 61.9%. This is lower than the city rate of 68.6%.
- The obesity rate of 24% for the QHC catchment area is greater than the city rate of 23.7%. ◆

IV. Community Assets Identified

The other HHC affiliated hospital in Queens is Elmhurst Hospital Center. The following hospitals are located in Queens and not affiliated with HHC:

- Long Island Jewish Medical Center, part of the North Shore-LIJ System
- Mt. Sinai Hospital of Queens
- Flushing Hospital
- NY Hospital Medical Center of Queens
- Forest Hills Hospital
- Jamaica Hospital
- St. John's Episcopal-South Shore

The following are clinics located in Queens:

- Damian Family Care Center
- Forest Hills Health Center
- Hillside Polymedic Diagnostic and Treatment Center
- Medex Diagnostic and Treatment Center
- Medisys Family Care - St. Albans
- New York Medical and Diagnostic Center
- Privilege Care Diagnostic and Treatment Center
- Queens Surgi-Center
- The Floating Hospital
- Access Community Health Center Long Island City
- Briarwood Family Residence
- Caribbean Women's Health Association, Site 3
- Charles B. Wang Community Health Center, Inc.
- Common Ground -- Jamaica Safe Haven
- Project Samaritan Health Services
- Family Health Center
- Fire House Health Center

- Hillside House
- Jamaica Family Assessment Center
- Jamaica Women's Assessment Shelter
- Joseph P. Addabbo Family Health Center at various locations
- Long Island City Health Center
- Plaza Del Sol Health Center
- Queens Health Center Site
- Queensbridge Clinic
- Rockaway Children's Day Treatment Program
- Salvation Army Jamaica Citadel
- Springfield Gardens Family Inn ◆

V. Summaries: Assessments and Priorities

Focus groups conducted by QHC provided three lists of healthcare needs. QHC leadership prioritized these needs as follows:

- Cancer
- Diabetes
- Hypertension
- Heart Disease
- Behavioral Health
  Depression
  Schizophrenia

VI. Implementation Strategy

This report summarizes the plans for QHC to sustain and develop community benefit programs that (1) address prioritized needs for the 2013 Community Needs Assessment and (2) respond to other identified community health needs.

Target Areas and Populations

The areas targeted by QHC's Community Health Needs Assessment Implementation Plan include the neighborhoods and communities of Jamaica and Southeast Queens.

Major Needs and How Priorities Were Established

The major needs were established by (1) gathering information from focus groups that represented the hospital's patients, staff and community stakeholders; (2) reviewing the healthcare needs documented by state and local health department needs assessments and community profiles (health status indicators), and (3) assessing facility utilization and discharge data. The three focus groups provided us with the most frequently seen illnesses in their communities. The focus group results are consistent with morbidity data reported by the state and local health departments and is further supported by patients diagnosed at QHC. In fiscal year 2012 hypertension, diabetes, diabetes related, and congestive heart failure were among the hospital's top discharge diagnoses.

How the Implementation Strategy Was Developed

The implementation strategy was developed with input from the senior executive and clinical staff of the hospital. Focus groups results were reviewed by the hospital's senior leadership and consensus was reached on which identified needs would be given priority. In every instance the needs identified by the focus group results and ultimately prioritized by hospital leadership were consistent with the Queens's *current strategy* to meet the health care needs of the community. The information gained from the needs assessment process confirmed that QHC's current strategic direction is aligned with healthcare needs of the residents and neighborhoods it serves.

What QHC Will Do to Address Community Needs

QHC has developed numerous programs and services that are specifically designed to meet the needs of its diverse population. The following programs are currently offered that address the identified priorities. These programs represent the foundation which will allow us to continue to refine, build and expand services in response to our community's health care needs.

Priority: Cancer

Cancer Center of Excellence - Queens Hospital Center offers a comprehensive cancer care program that is accredited by the American College of Surgeons/Commission on Cancer Care. Its Cancer Center of Excellence provides a full complement of diagnostic and treatment services for patients. These services are:

- Medical Oncology
- Chemotherapy
- Surgical Oncology
- Radiation Therapy
- Urologic Oncology
- Gynecologic Oncology
- Survivorship Services
- Oncologic Psychiatry
- Palliative Care
- Social Work Services
- Clinical Research

The Cancer Services Screening Program at QHC offers underserved women "one stop shopping" access to a comprehensive range of specialized services: screenings, diagnostic evaluations, consultations and treatment with breast cancer specialists, second opinions for newly diagnosed and recurrent breast cancer patients, access to clinical trials, individual and family counseling, physical and occupational therapy, patient education, preventive services and follow-up care, and support services.

Priority: Diabetes

The Diabetes Center of Excellence – QHC provides full services for diabetic patients, both primary care and specialty services which include a diabetes clinic, podiatry clinic, ophthalmology, and nephrology services as needed. Our diabetes registry enables us to monitor diabetic patients and track clinical outcomes of their care.

The Diabetes Management Program at QHC offers comprehensive diabetes outpatient education to people who have diabetes and to their support individuals. The Diabetes Self-Management Program is a year-long program designed to help individuals with diabetes develop and continuously practice self-management skills that will enhance and prolong the quality of their lives.

Accommodations are made in the Diabetes Center for patients that may be visually impaired, hearing impaired, have low literacy and/or English as a second language. Unique features to overcome barriers to learning are incorporated into the diabetes program including: print augmentation, interpretation services, low literacy education tools, and allowances for cultural diversity.

Our Pediatric Healthy Lifestyles Programs, for preschoolers, pre-teens and teens, address key lifestyle changes needed to help prevent or mitigate insulin resistance and Type II Diabetes acquired hypertension and coronary artery disease. Preventive messaging and healthy habits counseling is also imbedded into our regular health maintenance visits for all patients beginning at birth.

Priority: Hypertension

QHC provides comprehensive services for hypertensive patients in primary care, with specialty care available as needed. We have recently started implementing Care Plans for patients with hypertension and have adopted the Patient-Centered Medical Home (PCMH) model of care delivery which includes a focus on population management for individuals with hypertension. The implementation of the PCMH will enable us to provide care coordination services to this vulnerable population.

Priority: Heart Disease

We provide a full range of inpatient and outpatient services for patients with heart disease. As part of Breakthrough (HHC Improvement System), a Value Stream Analysis was recently implemented to focus on improving patient experience and outcome in patients with congestive heart failure and those receiving general outpatient cardiac services. We have also developed a heart failure unit and a heart failure clinic that specifically focuses on caring for patients with chronic heart failure.

Our pediatric endocrinologist and cardiologist manage pediatric patients with diabetes, hypertension and heart disease; more complex cases are referred to affiliated tertiary and quaternary care facilities.

Priority: Behavioral Health

Depression Care: Our initiative extends into primary care where all patients are screened via a validated screening tool called the PHQ-9 or the shorter PHQ-2 and primary care clinicians are being trained further in depression care. We are providing more psychiatry/psychology consultative time within primary care and the Patient-Centered Medical Home (PCMH) initiative is adopting the Katon model for collaborative care which has psychiatry co-supervising care managers for patients with depression. We have also instituted the use of the PHQ-9 as a tracking tool for response in the Behavioral Health Clinic.

In the area of care for persons with schizophrenia, we have instituted a treatment algorithm for schizophrenia and are currently working with the HHC's Office of Behavioral Health to develop a treatment pathway for schizophrenia focused on reducing inpatient length of hospital stay and connecting patients to aftercare, thereby reducing readmissions.

Action Plans

1. In 2010 QHC began the process of transforming its primary care practice into a highly productive PCMH practice. Staffing, operational and functional analyses were conducted and models and guidelines were developed to ensure that the final clinical model meets the goals of increasing patient access, and perform care coordination functions placing an emphasis on non-visit based care.

   Over the next twelve months, QHC will (1) complete the hiring of additional staff that will represent the core of the PCMH care teams; (2) complete the foundational work for developing the teams, including developing new functional job descriptions for care team staff; and (3) begin training nursing staff on their new functions which will include population management, patient outreach, implementation of a new patient registry and targeted patient contact (phone calls, letters, adult and pediatric recalls, etc.)

   The setting for the PCMH is the Medical Primary Care Clinic, which is the area where ambulatory care is currently conducted and where our patients requiring ongoing treatment for diabetes, hypertension, heart disease and most other chronic diseases receive care. Transforming the current primary care practice to a patient centered approach will:

   - Increase access to care by expanding hours, open scheduling, and by offering both traditional and non-traditional modes of communication (e.g., telephone, electronic communication) accounting for the needs and preferences of the patient.
   - Offer greater coordination and/or integration across

complex health care systems, (e.g., hospitals, nursing home, and rehabilitation centers) and the patients' community (e.g., family, public and private community-based services). Care is facilitated through health information exchange, sharing, and technology ensuring patients receive needed care in a culturally and language-appropriate manner.

- Increase patient satisfaction and assist/advocate for the patients to achieve their care plan outcome goals.
- Offer evidence-based medicine guidelines to direct care; but allow for care to be individualized and tailored to each patient.
- Enhance the patients' abilities to develop and learn self-management skills and techniques.
- Enable the care team to manage its panel of patients for wellness, disease prevention, improved chronic illness outcomes, and reduced utilization of acute care resources.

2. Major enhancements to our Heart Failure Program are also planned, including;
   - Developing an outpatient cardiac rehabilitation program.
   - Establishing a care management program that will teach and empower patients with the tools which will enable them to self-manage their disease.
   - Issuing "health passports" that will provide education, allow patients to record personal health information about doctor visits, provide important information about the treatment plan and enable patients to track their progress on meeting treatment outcome goals.
   - Creating a Congestive Heart Failure (CHF) patient registry and enhancing chronic disease management for CHF patients by building and imbedding a staff education component to teach staff how to better care for the heart failure patients.
   - Partnering with the Visiting Nurses Service (VNS) to improve the transition of patients from the inpatient hospital stay to the outpatient setting to ensure CHF patients are provided with the necessary follow-up care.
3. QHC will also complete the renovation and expansion of its Comprehensive Psychiatric Emergency Program (CPEP) which increases its capacity for treating the community's residence requiring psychiatric observation and intervention. In addition, over the next year the hospital will also begin to explore a "collaborative care approach" for our behavioral health clients. Similar to the PCMH model, the goal of this approach is to increase patient access through enhance coordination of care, patient centeredness and information sharing. ◆

VII. Approval

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