



Clifton Springs Hospital & Clinic Community Service Plan 2008

I. Mission Statement

Clifton Springs Hospital & Clinic (CSH&C) is committed to providing our community with access to a continuum of quality services delivered in a safe and efficient manner through an integrated health care system. Our mission is unchanged.

II. Service Area

CSH&C's core service area includes towns and villages in Ontario, Wayne, Seneca, Yates and eastern Monroe Counties.

III. Public Participation

A community-wide needs assessment questionnaire was created with input from Ontario County agencies and experts, with over 50 organizations reviewing and contributing to the survey content. The final document, available in English, Spanish, electronic and hard copy as well as large print, asked respondents to rank a list of 64 potential community needs by perceived urgency and importance.

Every attempt was made to engage diverse populations. A total of 1,539 completed surveys were submitted during the months of February and March 2009 and more than 150 people participated in focus groups that reviewed survey outcomes during April, May, and June.

"Ontario County Health Collaborative," a group composed of our Hospital, FF Thompson Hospital, Geneva General Hospital and Ontario County Health Department (in collaboration with the S2AY Rural Health Network), met regularly to monitor the success of the community needs assessment process and identify opportunities for inter-agency collaboration.

Focus group participants (Head Start Parent Advisory Group, members of Clifton Springs Rotary Club, Ontario County Health and Human Service Organizations, Finger Lakes Health's Community Advisory Committee and senior meal sites) were provided with data from the previously described assessment components, and were asked three questions:

1. What's missing in the community; what are the gaps in services?
2. What factors or forces exist at the state, local and national levels that affect the health of County residents?
3. What unique strengths does the community have that can be used to improve health, work to address these factors.

Primary survey outcomes indicated the following primary concerns:

- Barriers to access of care
- Prevalence of cardiac disease and obesity
- Availability of behavioral health care for children and adults

Given insights from the focus group interactions, Ontario County Health Collaborative has worked to determine shared priorities using the Hanlon Method of ranking (considering the size and severity of the problem, and the expected effectiveness of the solution). All phases of the process (from survey of the public to focused analysis of responses) were communicated to the public thru email blasts, public notices in area newspapers, agency newsletters and word of mouth.

IV. Assessment of Public Health Priorities

The criteria used for the needs assessment survey was derived from the 115 basic categories developed by the Center for Governmental Research and relevant census data. The volume of responses to the survey resulted in a highly valid statistical sample. Focus groups were utilized to determine and prioritize two areas of opportunity for coordinated improvement among community health providers. Prevention Priorities reached by consensus of the Ontario County Health Collaborative are **Access to Care** and **Chronic Disease**. Both will include new strategies, although some will build upon existing programs or the efforts of existing work groups. Work plans are described below.

Three Year Plan of Action

Access to Care

This is an existing program that will benefit from the support our community partners. In the fall of 2009, CSH&C, as part of Ontario County Health Collaborative, will analyze best practice models that will likely enhance access to medical care for Ontario County residents. Action steps include collecting and analyzing best practice data, identifying which practices are most highly transferable to Ontario County and implementing and monitoring said strategies. Additional groups or agencies involved include New York State Department of Health, Finger Lakes Health Systems Agency, Chemung County Public Health and MVP, Excellus and Monroe Plan insurance companies. Based on the above analysis, we will implement strategies to continue to assist Ontario County residents to identify and regularly access medical and preventive health care services.

The Rural Health System Work Group of FLHSA will be assessing influences on this item, including in- and out-migration from the region, low-acuity ER and hospital admissions and preventable hospitalizations. Advances in Access to Care will be

measured using publicly reported comparative data of the percentage of adults with a regular health care provider, who have seen a dentist in the past year and who have health care coverage. Data will be compared on a year-over-year basis.

Chronic Disease

This, too, is an existing program that will benefit from the support of our community partners. This objective, also beginning in the fall of 2009, includes the collection and analysis of best practice data related to heart disease prevention and treatment. Ontario County Health Collaborative will lead this research, involving New York State Department of Health, the Finger Lakes Health Systems Agency and MVP, Excellus and Monroe Plan insurance companies. Based on outcomes of the above research, we will select and implement one or more best-practice strategies related to prevention of heart disease and one or more strategies related to its treatment. At a minimum, the group will work in concert with community partners to reduce the number of people in the County who are clinically overweight or obese (according to MBI and other indices). One likely long term strategy to reduce heart disease would be to implement best practice nutrition and physical activity initiatives in the schools, community and worksites, as well as through our hospitals and other community health providers.

Access to Behavioral Health Services

Also an existing program this will likely offer benefits to our community partners while also benefiting from their support. This objective, already in progress, includes the collection and analysis of best practice models that will likely enhance timely and appropriate access to behavioral health services for children and adults in Ontario County. Action steps include collecting and analyzing best practice data and identifying which practices are most highly transferable to Ontario County. Based on the above analysis, we will implement strategies to help Ontario County residents identify and regularly access necessary behavioral health care services. Advances in Access to Behavioral Health Care will be measured using comparative data regarding children and adults engaging a behavioral health care provider. Data will compare, on a year-over-year basis, referral trends, new patient processing time, level of new-patient acuity and utilization of psychiatric emergency services.

Other Non-Prevention Priorities/Programs

In an ongoing effort to educate, engage and empower resident of our service area to live longer, healthier lives, we offer numerous public health programs – many at no cost. They include Community Connection, a monthly health education forum, Monthly Diabetes Education and Support groups, nursing clinical internships in conjunction with local school vocational programs and colleges, ongoing preventative care classes and education, American Red Cross blood drives, AA and AlAnon meetings, Alzheimer's Association meetings and the Visions of Hope, an educational program for and about Breast Cancer survivors.

VI. Financial Aid Program

In 2008, over \$500,000 was spent for charity care. The hospital's Foundation also provides some financial assistance for cancer patients. Foundation assistance for 2008 was \$38,420, an increase of almost 50% from 2007.

Within CSH&C, the Foundation is working with the Finance department to streamline the charity care application experience for individuals in need. Planned outcomes include a single document for use applying for financial assistance, a single staff contact for all financial aid concerns and a reduction in elapse time for eligibility determination. A best practice currently followed by CSH&C is the active engagement of individuals currently being served by the hospital without insurance. By identifying these individuals early in their service experience, Hospital staff members are able to coordinate patients' application for charity care, cancer care assistance and in some cases, Medicaid. This early and active engagement process allows patients to focus less on their finances and more on their recovery.

VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

The current economic climate and role of government in health care has affected all of us, including Clifton Springs Hospital. CSH&C and Nursing Home continue to be committed in providing quality services with the highest standard of care. Throughout 2008, the organization focused on reducing unnecessary spending, streamlining operations and creating efficiencies where possible without jeopardizing patient or resident care or incurring employee layoffs. As stated previously, patient and resident needs are our highest priority. Hence we have expanded our medical staff in 2008 to include more practitioners; a Family Practitioner, a General Surgeon and a Neurologist (Azfar Ahmed, M.D., Charles Stackhouse, M.D. and Philip Vitticore, M.D. respectively).

Our Organizational Performance was enhanced by the construction of additional medical office space to accommodate new practices and the expansion/relocation of existing practices. In 2008, new public areas, elevators, dining rooms and an additional outpatient entrance were completed. The Hospital's Cardiac Rehabilitation center was also expanded to better accommodate its patients.

VIII. Dissemination of the Report to the Public

CSH&C continues to use a multi-media approach in disseminating information to the public. Public notification of this Plan will be available on the Hospital website at CliftonSpringsHospital.org as well as in print. A summary of this document will be inserted in the Hospital's 2010 Annual Foundation Report.

IX. Financial Statement

See IRC submitted under separate cover