

Community Service Plan September 2010 Update

Glens Falls Hospital



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As per the guidance document, each section contains only **changes or updates to the 2009 Community Service Plan.*

Mission Statement for Glens Falls Hospital

The mission of Glens Falls Hospital is reflected in our purpose, vision, and values. Our purpose is to improve the health and well being of the people and communities in our region. Our vision is to be a great hospital, preferred by patients, physicians and staff throughout our five-county region because of our passion for, and excellence in, quality and service. Our fundamental values are (1) Respect, by treating each individual with courtesy and compassion, (2) Responsiveness, through innovation and continuous improvement, and (3) Responsibility, to assure a wide range of high quality healthcare services to all.

Hospital Service Area

The Glens Falls Hospital service area is correct as described in the 2009 Community Service Plan, no changes.

Participants and Hospital Role

The community health assessment and planning process is a regional effort among several public health stakeholders, including Glens Falls Hospital. The process is coordinated by the Adirondack Rural Health Network (ARHN). Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, the ARHN is a community partnership of public, private and non-profit organizations in Upstate New York. As a contributing member of ARHN, Glens Falls Hospital actively supports and participates in the health assessment process and selection of regional prevention agenda priorities. Representatives from each partner organization take part in a Community Health Planning Committee, coordinated by the ARHN. The committee includes representatives from all six of the hospitals and all six of the local health departments in the ARHN region. Members of the Committee participate in an on-going, collaborative approach to community health assessment and planning. The group continues to meet on a regular basis, once per quarter. A variety of subcommittees, including a Hospital Subcommittee, also continue to meet. Glens Falls Hospital participates in the Community Health Planning Committee, Hospital Subcommittee, and serves as liaison to the Physical Activity and Nutrition Taskforce that was created to spearhead the regional efforts for these prevention agenda priority areas.

Identification of Public Health Priorities

The top 3 prevention agenda priorities selected by the ARHN Community Health Planning Committee, are **Physical Activity & Nutrition, Chronic Disease, and Access to Quality Health Care**. The Committee is focusing on Physical Activity & Nutrition as their top regional priority. Glens Falls Hospital continues to work collaboratively with Warren, Washington, and Saratoga County Public Health Departments on the six participating hospitals on all priorities. The details of the plan, including scope and accomplishments, are described in the next section.

Update on Plan of Action *following 4 pages*

Three Year Plan of Action 2010 Update, Glens Falls Hospital (GFH)

Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION

Long-Term ARHN Regional Goal: Positively impact physical activity and nutrition in the region

Outcomes	Strategies	Status
<p>OUTCOME 1: Establish a taskforce of regional representatives whose goal is to select activities, design a schedule for implementation and select a method of evaluation for evidence-based programs focusing on physical activity and /or nutrition by January 1, 2010 for years 2 and 3 of implementation.</p>	<p>1. Identify ARHN staff to facilitate activities of 3-year plan</p>	<p>Complete. ARHN staff has contracted with the Center for Governmental Research (CGR) to facilitate the activities undertaken by the Physical Activity and Nutrition Task Force (PANTF).</p>
	<p>2. Community Health Planning Committee compiles list of physical activity and nutrition experts as potential members of task-force</p>	<p>Ongoing. The CHPC met in April 2010 and accomplished the following:</p> <ul style="list-style-type: none"> ➤ Evaluation of the process used to prepare the CHA/CSP in 2009 and the results were discussed with the CHPC in March, 2010; ➤ Identification of potential PANTF members by each CHPC participant. Each CHPC member organization submitted names of no more than 2 potential PANTF members from each CHPC organization.
	<p>3. ARHN & Committee members solicit interest in task force & determine participation</p>	<p>On March 25, 2010 invitations with RSVP were sent to all potential PANTF participants identified by the CHPC soliciting their participation in the project.</p>
	<p>4. Convene taskforce, initial meeting held or strategic planning session planned and conducted</p>	<p>The PANTF convened their first meeting on April 29, 2010 and subsequent planning meetings were conducted in May, June and July. These meetings were facilitated by ARHN staff and consultants from CGR.</p>
	<p>5. Summary outlining planning priorities provided to partners</p>	<p>On August 3, 2010, the PANTF presented their first report to the CHPC. Although PANTF has ruled out some options as being beyond the scope of their charge or that some options would be duplicative of initiatives already in place.</p>

Outcomes	Strategies	Status
<p>OUTCOME 2: Work plan(s) with measurable outcomes, implementation schedules and budgets developed by taskforce by June 30, 2010.</p> <p>This outcome requires revision of the target date from 6/30/10 to 12/31/10</p>	1. Taskforce needs and structure determined	Given the diversity of human and financial resources within the ARHN, PANTF will adopt the Performance Partnership Model whereby each county will agree upon common outcome (s) but not necessarily employ the same approach(s) to reach outcome(s).
	2. Priority programs identified	PANTF will host a regional conference on physical activity and nutrition in Spring, 2011. Topics to be addressed are: community gardens, "complete street" initiatives, joint use policies and physician involvement.
	3. Implementation plan developed using logic model and taskforce responsibilities identified	In process
	4. Outcomes and evaluation methods determined	In process
	5. Budget(s) developed and recommendations made to Community Health Planning Committee for approval	In process
	6. Work plan(s) finalized and recommendations made to Community Health Planning Committee for approval	In process
<p>OUTCOME 3: Physical activity and/or nutrition interventions are implemented by taskforce by June 30, 2011.</p>	1. ARHN provides oversight of taskforce activities/programs and administrative functions	
	2. Work plan activities commence, taskforce begins data collection and assessment of activities	
	3. Taskforce collects and reports data	

Outcomes	Strategies	Status
<p>OUTCOME 4: Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30, 2012.</p>	1. Data collection on specific interventions completed and results submitted to ARHN Staff	
	2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of interventions and activities	
	3. Regional summary developed by ARHN Staff and shared with ARHN Partners and other stakeholders	
	4. Conduct assessment of approach and procedures that were used throughout the 3-year process to evaluate the success of the regional action plan	
	5. Share lessons learned from process evaluation with Community Health Planning Committee	
	6.	

Update on Plan of Action *continued*

Successes

As of August 1, 2010 the PANTF has accomplished following:

- Convened stakeholders representing six counties and various types of organizations
- Engaged in priority setting exercises
- Identified interest areas and areas where more information is needed
- Shared information about ongoing initiatives
- Educated members about specific strategies
- Potentially eliminated some options as beyond scope/ duplicative

Barriers

As of August 1, 2010 the PANTF has identified the following issues:

- Original time frames are too aggressive – PANTF has not yet coalesced around a particular issue
- Physical Activity and Nutrition is a broad priority area
 - Multiple strategies, multiple populations, multiple ongoing initiatives, multiple needs
 - Understanding the scope of the issue requires time, expertise and direction
- PANTF has a diversity of expertise and interest areas
- More time is needed to create shared understanding, shared priority
- Questions remain as to whether a single strategy is the best use of resources

Dissemination of the Report to the Public

Glens Falls Hospital's Community Service Plan is posted on the GFH website, www.glensfallshospital.org. In addition, the plan is an appendix to the regional report, entitled *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.

Financial Aid Program

The Financial Aid Program at Glens Falls Hospital (GFH) operates in accordance with Public Health Law 2807(k) (9-a) ("the law") and is known as the Patient Financial Assistance Program ("the program"). The guiding philosophy of the program is to "effectively collect from those who can pay, so that we may care for those who cannot pay". This statement conveys the symbiotic relationship between collections and patient assistance that is a key component of the financial health of a not-for-profit community hospital. Importantly, the program provides financial assistance in excess of that which is required by law. GFH has taken several steps to ensure the patient assistance program is fully and effectively utilized by those who need it. The key update over the 2009 CSP is that charity care applications have been placed on the internet and online for our self-pay vendor to complete. Our success in making our program more visible has resulted in the amount we offer the community more than doubling.

The challenges of providing patient financial assistance are significant, but not unique to Glens Falls Hospital. The growing number of people without health insurance paired with the growing cost of providing care creates a significant financial burden on hospitals charged with providing care to those cannot pay.

Changes (Actual or Potential) Impacting Community Health, Provision of Charity Care, and Access to Services

Glens Falls Hospital (GFH) is the sole acute care hospital in a five-county region in upstate New York. Like other New York State hospitals, GFH operates in an environment that demands:

- Compliance with regulations which in some cases are burdensome and outdated
- Continuous improvements in quality of care
- Access to new effective and expensive technology
- Efforts to control health care expenditures, reimbursement rates and insurance costs
- Methods to assist the growing number of people without health insurance
- Increasing access due to increasing demand for care
- Ways to address workforce shortages

Despite the challenges inherent to operating a hospital in New York State under the present economic conditions, GFH has made substantial investments in the region. Specifically, the recent opening of the Greenwich Regional Medical Center brings an unprecedented array of

services into the heart of the communities of southern Washington and northern Rensselaer counties. The residents now benefit from dramatic reductions in transportation time as they can utilize their local center not only for primary care, but for radiology, lab services, digital mammography, and specialty care.

Additionally, the GFH Physician Recruitment program has made substantial progress in bringing needed physicians to the region. The Physician Recruiter conducts regular physician manpower analyses to identify physician specialties that are current or future shortages. The Physician Recruiter ensures that gaps in physician and physician extender coverage are met. The Recruiter also implements retention initiatives to improve physician satisfaction and maintain low physician turnover. Importantly, the Physician Recruitment program provides services for both GFH-employed practices and private practices throughout the GFH service area. In this way, the physician recruitment program provides a service that benefits the entire regional health care community.