

2000/2001 COMMUNITY SERVICE PLAN IMPLEMENTATION REPORT

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I. MISSION STATEMENT

The fundamental mission of Long Beach Medical Center is to provide high quality services to meet the health care needs of the communities of Long Beach, Lido Beach, Point Lookout, Atlantic Beach, Island Park and other neighboring communities. To the residents of these communities, and to others needing health services, Long Beach Medical Center will provide a broad range of services, including acute care, long term care, home care and ambulatory care consistent with the needs of the community and the capacity of the institution to meet those needs. Where appropriate, the Medical Center will collaborate with other institutions to enhance services to the community.

The Medical Center will be responsive to all patients. It is dedicated to providing services to patients and their families with humanity and compassion. It will not discriminate against any person or group of people on the basis of race, color, religion, national origin, age, sex, marital status or handicap.

Long Beach Medical Center will maintain the highest standards in its appointments to its Medical Staff and in its hiring of all Medical Center personnel. It is committed to excellence and, by embracing the principals of continuous quality improvement, will strive to increase the value of its services by promoting quality and reducing cost.

Long Beach Medical Center is committed to professional education and will provide undergraduate, graduate and post-graduate medical education programs, as well as education programs in other health professions. To achieve and maintain the highest standards of practice, Long Beach Medical Center will also provide educational opportunities for physicians, nurses and all other professional, technical and support personnel associated with the Medical Center.

Long Beach Medical Center will establish and maintain programs designed to increase the public's awareness of its own health needs, utilizing educational techniques which stress health promotion, prevention services and the constructive use of the health resources available through the Medical Center.

II. PUBLIC PARTICIPATION/NOTICE DISTRIBUTION

In prior years, the Medical Center's Community Service Plan was made available at the hospital and distributed to local community and civic groups. This year, the Medical Center also plans to post a copy of the 2000/2001 Community Service Plan: Implementation Report on its website.

As a community hospital, Long Beach Medical Center does not have sufficient resources to engage a market research organization to poll the community regarding their health care needs. However, the Medical Center has utilized a number of primary and secondary data sources to provide public participation into the development of the plan. These sources are detailed in the Needs Assessment section of this plan. Members of the community are also encouraged to contact the Hospital, via the Community Relations Department or through the hospital's website, to provide input into the process.

III. NEEDS ASSESSMENT

As stated previously, the Medical Center utilizes numerous primary and secondary data sources to construct what it believes to be an accurate assessment of the health care needs of the community. These sources include:

- Patient/Community Advisory Councils
Several of the Medical Center's departments sponsor patient/community advisory councils to evaluate how they are meeting the needs of the patients and the community and to identify emerging community needs. These include: Family Care Center Clinic Community Advisory Council, Methadone Maintenance Clinic Client Advisory Council, and Family Alcoholism Counseling and Treatment Services Client Advisory Council.
- Input from Physicians, Hospital Personnel, and Community Organizations
The Medical Center maintains ongoing communication with members of the medical staff, hospital personnel, and community organizations for the purpose of assessing how current services are meeting community needs and for identifying emerging community health needs.
- Patient Satisfaction Surveys
The Medical Center conducts periodic inpatient and outpatient surveys to ascertain satisfaction with its services. Where relevant, information from these surveys is incorporated into the needs assessment.
- Nassau County Community Health Assessment
The Nassau County Health Department's Five Year Community Health Assessment provides detailed demographic and health status information on residents of the Medical Center's service area. The assessment also addresses access to care, behavioral risk factors, the local health care environment, local health unit capacity profile and community problems and issues.
- Nassau-Suffolk Hospital Council: Profiles of Patient Care on Long Island
This report focuses on current health care delivery system trends in Nassau and Suffolk counties. Data includes demographic trends, utilization of the region's hospital system, public health and selected health indicators, and changes in outpatient clinic and ambulatory surgery utilization.
- New York State Demographic, Inpatient and Ambulatory Surgery Data
Through the Facets/Cornerstone program, the Medical Center purchases demographic, inpatient and ambulatory surgery data from the Hospital Association of New York (HANY). This data is used for numerous planning activities, including development of the Community Service Plan.

- Industry Journals, Periodicals and News Reports

The Medical Center utilizes data and reports from numerous external sources in the creation of the Community Service Plan.

IV. STRATEGIC PLAN (LONG RANGE PLAN)

Long Beach Medical Center's 2000/2001 Strategic Plan focuses on the provision of primary care and specialty services and the expansion of health education and outreach programs to promote healthier lifestyles and reduce individual health risk. Areas of specific emphasis include women's and children's services, infectious diseases, behavioral health services, chronic health conditions, geriatric services, and rehabilitative services.

The plan was developed under the leadership of the Medical Center's Board of Trustees, as part of the Medical Center's strategic planning process, from issues that were identified through an ongoing assessment of the health needs of the community and by utilizing the primary and secondary resources listed previously in this report.

Women's and Children's Health Services

Strategic Goal #1: Medicaid-eligible and medically indigent children in the Medical Center's primary service area should have access to primary and preventive health care services.

Objective #1a:

Continue, and expand as possible, pediatric, adolescent and immunization clinic services to Medicaid-eligible and medically indigent children with an emphasis outreach to minority populations. Explore innovative health outreach programs that have the potential to improve pediatric health conditions.

Implementation Report:

LBMC's Family Care Center (FCC) provides primary and specialty medical services to residents of Long Beach and surrounding communities. Unique to the FCC is the comprehensiveness of its services. Medical care is provided by resident physicians, interns and students of the New York College of Osteopathic Medicine under the supervision of attending physicians. Other professional staff include a nurse educator, nutritionist, social worker, and financial counselor.

In 2000, there were 771 pediatric/adolescent patient visits to the FCC. The Medical Center plans to continue, and hopefully expand, pediatric, adolescent and immunization clinic services to Medicaid-eligible and medically indigent children with an emphasis on outreach to minority populations. The clinic's future plans include innovative health outreach programs that have the potential to improve pediatric health conditions.

Objective #1b:

The Medical Center will work with community organizations to ensure that all eligible children in its primary service area are enrolled in Child Health Plus.

Implementation Report:

In October 2000, the Medical Center sponsored a special one-day enrollment for Child Health Plus as part of a Nassau/Suffolk Hospital Council initiative. Special outreach efforts included distribution of flyers at local public and parochial schools, newspaper advertising and news releases. The Medical Center will continue to work with community organizations to ensure that all eligible children in its primary service area are enrolled in Child Health Plus. LBMC will also work cooperatively with eligible managed care organizations and the New York State Department of Health's Child Health Plus program to expand the number of Child Health Plus providers who contract with the Medical Center.

Strategic Goal #2: Improve the health status of the community's women, especially those who are low income, minorities, or at-risk for specific health problems.

Objective #2a:

Continue and expand gynecologic and prenatal services to Medicaid-eligible and medically indigent women with an emphasis on outreach to minority populations. Explore innovative health outreach, prevention and education programs that have the potential to improve women's health.

Implementation Report:

In 2000, the Family Care Center clinic provided more than 507 gynecologic and prenatal visits to women in the community who had no other health care options. The clinic also provided supplemental nutritional counseling, social services and childbirth education to these women. During 2000, the Medical Center implemented Project COPE. This one year staff training program, funded by the March of Dimes, sought to optimize substance abuse treatment and referral services for pregnant women and women of childbearing age.

Over the next three years, the Medical Center plans to continue, and hopefully expand, gynecologic and prenatal clinic services to Medicaid-eligible and medically indigent women with an emphasis on outreach to minority populations. The clinic will also explore innovative health outreach, prevention and education programs that have the potential to improve women's health.

Objective #2b:

The Medical Center will work closely with the Long Beach Breast Cancer Coalition to provide education and information regarding the early diagnosis and treatment of breast cancer.

Implementation Report:

The Medical Center continues to work closely with the Long Beach Breast Cancer Coalition. This support includes providing office and meeting space and supplies for the group. Low-income patients can receive mammography, medical care, and breast cancer surgery and follow-

up, as needed, as part of the Family Care Center's clinic services. LBMC will continue to explore additional ways to educate women about cancer risks, prevention, diagnosis and treatment.

Infectious Diseases

Strategic Goal #3: Provide health education, screening and treatment services to reduce and/or control the incidence of infectious diseases.

Objective #3a:

Provide confidential and anonymous testing for HIV and participate in the New York State ADAP program.

Implementation Report:

In 2000, the Family Care Center clinic provided 269 patient visits in its infectious disease clinic. The FCC will continue to explore opportunities to improve and expand its education, outreach, and treatment services for individuals with HIV and other infectious diseases.

Behavioral Health Services

Strategic Goal #4: Provide inpatient, outpatient and community-based services to improve the behavioral health status of the community.

Objective #4a:

The Medical Center will explore opportunities for improving the mental health of the community. Areas of potential need include services for children and adolescents, the elderly and minority populations.

Implementation Report:

In 2000, LBMC's Counseling Center (outpatient mental health counseling services) introduced two new services in response to community need. A free, weekly walk-in screening for depression is now available on Wednesday afternoons between 2 and 3 p.m. and a free, weekly bereavement support group is offered on Thursdays from 2:30 to 3:30 p.m. In October 2000, the Counseling Center hired a social worker with expertise in domestic violence to address unmet community need in that area. In 2001, the Counseling Center plans to provide community education and outreach programs focusing on the problem of domestic violence. The Center will continue to explore other opportunities for improving the mental health of the community.

Objective #4b:

Explore opportunities to expand substance abuse prevention, education and treatment services, with an emphasis on outreach to minority and Hispanic populations.

Implementation Report:

During 2000, the Medical Center submitted numerous grant proposals to fund outreach and treatment services for Hispanic and TANF clients. To date, none of these proposals have been funded. In August of 2000, the Medical Center's Family Alcoholism and Counseling Treatment Services (FACTS) received a training grant from the New York State Office of Alcohol and Substance Abuse Services to implement a community-wide effort to reduce the incidence of underage drinking. Under FACTS' leadership, the Long Beach Coalition for Underage Drinking, composed of numerous community groups, was formed. The group has subsequently received an additional \$7,500 grant from the State and will be looking for other funding opportunities to continue its community education and outreach efforts. Other plans for the year 2001 include the provision of education programs on topics related to addiction services and treatment. These programs will be sponsored by the Medical Center's New Vision program (inpatient detoxification).

Chronic Health Conditions

Strategic Goal #5: Provide outreach, education and treatment services to improve the health status of individuals with chronic medical conditions.

Objective #5a:

Explore opportunities to improve and expand the education, outreach and treatment services provided by the Family Care Center Clinic.

Implementation Report:

In 2000, the Family Care Center provided 1187 patient visits in its arthritis, cardiology, dermatology, gastroenterology, podiatry and surgery clinics and 4,103 medical clinic visits. In 2001, LBMC will explore opportunities to improve and expand the education, outreach and treatment services provided by its medical and surgical clinics.

Objective #5b:

Continue to provide health screenings, educational programs, health fairs, support groups and other outreach efforts to improve the health status of individuals with chronic medical conditions.

Implementation Report:

During 2000, LBMC offered the following health education programs, support groups and health screening programs to the community.

Health Education Programs: Basic Life Support Certification and Re-certification, NYS Mandated Infection Control Course, Smoking Cessation and Teddy Bear Clinic. The Medical Center also sponsored a day-long series of lectures focusing on health and fitness for seniors and a community forum on end-of-life decisions. Plans for the upcoming year include one or more series of community health lectures, Safe Sitter Training for middle-school students, and, as previously mentioned, an education series on substance abuse issues.

Support Groups: Arthritis Support Group, Bereavement Support Group, Breast Cancer Support Group and Diabetes Support Group.

Health Screenings: Alcohol & Drug Abuse Screening, Anxiety Screening, Blood Pressure Screenings, Depression Screenings, Diabetes Screening, Senior Influenza/Pneumonia Vaccination Program, Podiatric Screening, Prostate Cancer Screening and Skin Cancer Screening. In 2001, the Medical Center hopes to offer at least one additional community screening program.

Health Fairs: Year 2000 health fair participation included the Evangel Church Health and Fellowship Fair and the People's Church/Project Challenge Senior Health Fair.

Speakers Bureau Programs: In 2000, LBMC staff provided presentations to many community organizations, including: Jewish Association of Services for the Aged (JASA), King David & Nautilus Hotels (senior residences), Long Beach branch of the Nassau County Office of Senior Citizen Affairs, and Long Beach School District.

Geriatric Services

Strategic Goal #6: Provide innovative services to meet the needs of the community's elderly population with an emphasis on helping individuals remain in community living situations as long as possible.

Objective #6a:

Continue to explore services and programs that meet the evolving needs of the elderly, including the possible expansion of the Komanoff Center, subacute services, and other residential, outpatient and community-based options for providing a continuum of geriatric and long term care services.

Implementation Report:

The Komanoff Center's bed expansion was placed on hold due to a New York State Department of Health moratorium on "pipeline" nursing home beds. The Komanoff Center plans to continue to explore other new services and programs to meet the evolving needs of the elderly, including the possible expansion of subacute services. It will also consider other residential, outpatient and community-based options for providing a continuum of long term care services.

Objective #6b:

Open a 50-slot Adult Day Health Care Program to help individuals who are at risk of institutional placement.

Implementation Report:

Significant progress on the development of the Adult Day Health Care Program was achieved in 2000. In 2001, the Komanoff Center plans to finalize financing for building renovations and proceed with construction. Opening of the program is projected for early 2002. The Komanoff

Center will work closely with local social service agencies to identify community residents who would benefit from medical-model, adult day health care services.

Objective #6c:

Continue to work with the Long Beach Housing Authority on the development and expansion of outreach social work services to provide short-term crisis intervention and help low-income residents secure benefits and connect with necessary community services.

Implementation Report:

With financial support from the Long Beach Housing Authority, LBMC's bilingual outreach social worker continued to provide services to residents. The social worker maintains a caseload of approximately 25-30 clients, primarily composed of elderly individuals. In 2001, the Medical Center's Health Styles Coordinator will begin to offer monthly health programs at four of the Housing Authority buildings. The Medical Center will continue to work closely with the Housing Authority on the development of future services for this population.

Objective #6d:

The Medical Center will continue to work with community agencies to identify and develop new inpatient, outpatient and community programs to help the elderly and their families.

Implementation Report:

Throughout 2000, the Medical Center continued to provide monthly blood pressure screenings, bimonthly educational programs and an annual influenza/pneumonia vaccination program in conjunction with the local Office of Senior Citizen Affairs. In addition, the Medical Center provided educational programs to numerous local adult residences and other agencies that serve the elderly. In October 2000, the Medical Center sponsored a special community panel/discussion on end-of-life issues in conjunction with the Bill Moyers series on that topic. The program was exceedingly well received by the community. As a result of that dialogue with the community, the Medical Center will explore the feasibility of providing palliative care services. The Medical Center will continue to work with community agencies to identify and develop new inpatient, outpatient and community programs to help the elderly and their families.

Rehabilitative Services

Strategic Goal #7: Provide innovative inpatient, outpatient and community-based rehabilitative services to meet community need.

Objective #7a:

Develop innovative inpatient, outpatient and community-based rehabilitative services to meet community need.

Implementation Report:

LBMC's rehabilitation services include a 15-bed physical rehabilitation unit, subacute rehabilitation services at the Komanoff Center, and outpatient and home rehabilitation. In 2001, the Medical Center will relocate its outpatient rehabilitation services from an off-campus to a

campus location in order to provide more cost-effective services. The Medical Center plans to continue to develop innovative inpatient, outpatient and community-based rehabilitative services to meet community need over the coming years.

V. FINANCIAL STATEMENT (OPERATING EXPENSE/REVENUE)

	<u>2000</u>	<u>1999</u>
Net Operating Revenues	\$63,514,400	\$61,247,600
Net Operating Expenses	<u>64,080,100</u>	<u>65,401,800</u>
Net Operating (Loss)	(565,700)	(4,154,200)
Fundraising Revenues	<u>680,500</u>	<u>694,000</u>
Net Gain/(Loss)	<u>\$114,800</u>	<u>(\$3,460,200)</u>
Charity Care – Charges Forgone, Based on Established Rates	\$996,700	\$929,400
Estimated Cost and Expenses incurred to provide Charity Care	\$1,197,800	\$1,062,300
Bad Debts	\$2,222,100	\$2,315,500

VI. CORPORATE STRUCTURE

Long Beach Medical Center consists of two corporations, the Long Beach Medical Center Hospital and the Komanoff Center for Geriatric and Rehabilitative Medicine. Both are 501c(3) not-for-profit corporations chartered by the State of New York. The general purpose of the Medical Center Hospital is to provide emergency, inpatient, outpatient, and home health care services to members of the community. The general purpose of the Komanoff Center is to provide subacute rehabilitation and long term care services to members of the community. The Medical Center Hospital is located at 455 East Bay Drive and the Komanoff Center is located at 375 East Bay Drive in the City of Long Beach in Nassau County, New York.

The Medical Center is a partner in the Long Beach Community Network, Ltd., a Physician Hospital Organization (PHO) formed to negotiate managed care contracts on behalf of the hospital and physician members of the PHO. Long Beach Community Network, Ltd. is a New York not-for-profit corporation.

In February of 1999, the Medical Center became the sole owner of Long Beach Rehabilitation and Fitness Pavilion, which was operated as an outpatient extension clinic for the provision of physical therapy, occupational therapy and speech/language pathology services. In March of 2001, the Medical Center allowed its lease to expire on the building that housed the Rehabilitation and Fitness Pavilion and relocated its outpatient physical, occupational, and speech therapy services to the main hospital campus.

In December 1995, the Medical Center entered into a clinical affiliation with the Mount Sinai Health System (MSHS), an integrated delivery system. As a clinical affiliate, Long Beach Medical Center maintains local autonomy and control, but has the option to collaborate with MSHS on certain projects and services as determined by the needs of LBMC and the community. The following organizational delineates LBMC's corporate structure.

