



COMMUNITY SERVICE PLAN CONTACT INFORMATION SHEET

Name of Facility: Central Suffolk Hospital dba Peconic Bay Medical Center

Address: 1300 Roanoke Avenue, Riverhead, New York 11901

Contact Person: Jane E. Franz
Vice President, Strategic Planning
East End Health Alliance

Telephone: 631-477-5100

Fax: 631-477-5822

E-mail: jfranz@elih.org

CEO: Andrew J. Mitchell, FACHE

Phone: 631-548-6046

Fax: 631-727-8890

E-mail: amitchell@pbmedicalcenter.org



**COMMUNITY SERVICE PLAN
2009-2011**

MISSION

Since 1951, Peconic Bay Medical Center (PBMC) has provided excellent and compassionate healthcare to the communities on Long Island's East End. The Medical Center's reputation in the community is based on the quality of its healthcare services and its experienced clinical staff. PBMC is fully accredited by the Joint Commission of Accreditation of Healthcare Organizations and licensed by the New York State Department of Health.

Peconic Bay Medical Center provides acute and critical inpatient services, outpatient services including emergency medicine, dialysis, physical therapy, radiology, respiratory therapy and laboratory services. PBMC also operates a sixty (60) bed skilled nursing and rehabilitation facility that provides both short term and subacute care and long-term skilled nursing care. The Medical Center also operates a certified home care agency, Peconic Bay Home Health Services.

As part of the Medical Center's overall mission, PBMC continually seeks to promote ongoing communication and educational programs. PBMC realizes that as healthcare needs of our community are constantly changing, so does the need for our policies and delivery of services. As the leading provider of healthcare to the communities we serve, PBMC is committed to improving the health of our community by providing quality, comprehensive and compassionate care to all those we serve.

The stated mission of the Medical Center is as follows: "Peconic Bay Medical Center is committed to improving the health of our communities by providing quality, comprehensive and compassionate care" This Mission is embodied in the Medical Center's Vision "To be the healthcare provider of choice for our communities."

The Medical Center's Mission has not changed since the submission of its last Community Service Plan. However, the Medical Center is now a member of the East End Health Alliance. The East End Health Alliance, the Article 28 parent of Eastern Long Island Hospital, Peconic Bay Medical Center and Southampton Hospital, was created in response to the recommendations of the Commission on Health Care Facilities in the 21st Century.

Consistent with the Mission of Peconic Bay Medical Center, the goals of the Alliance are as follows:

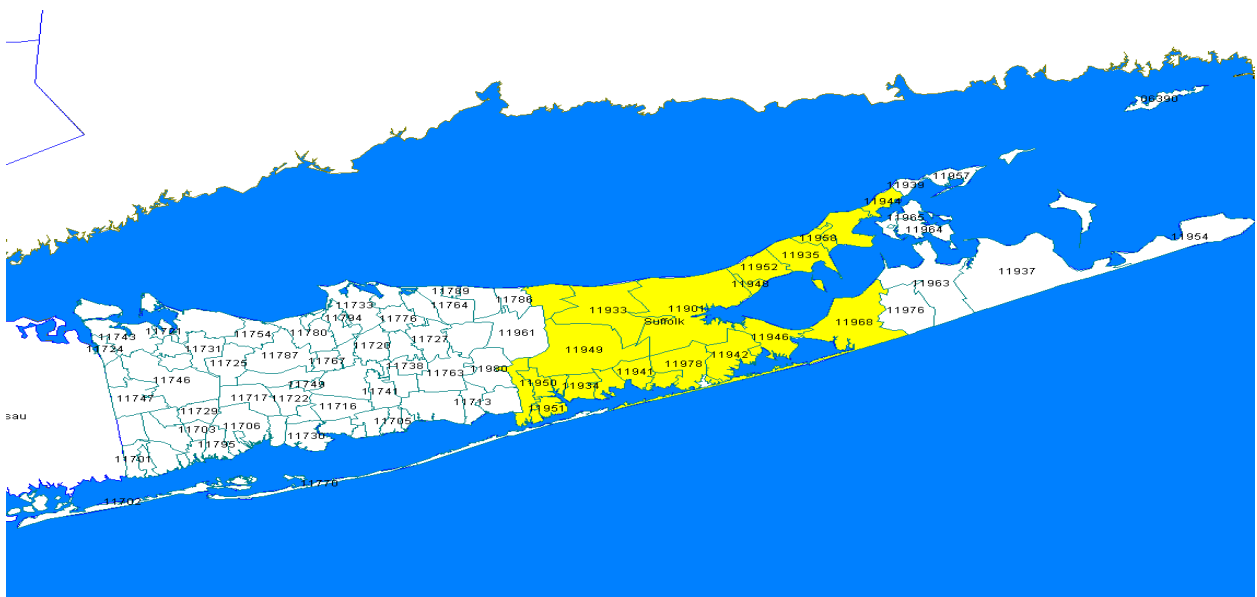
- To collaboratively develop high quality, comprehensive and accessible health care services to meet the needs of the community served;
- To rationalize health care services across the system; and
- To develop realize management efficiencies.

In addition, Peconic Bay Medical Center entered into an affiliation agreement with Stony Brook University Medical Center in 2004 to bring the most advanced healthcare to its communities. This new union, called the University Hospital Alliance, has resulted in the trauma-trained emergency medicine specialists from SBUH staffing and managing PBMC’s Emergency Department and radiologists staffing the Medical Center’s Radiology services during the past year.

The other two Hospitals of the East End Health Alliance, Eastern Long Island Hospital and Southampton Hospital, have subsequently developed affiliation agreements with Stony Brook University Medical Center and continue to the three hospitals continue to explore opportunities to collaboratively develop clinical and educational programs that will improve the public health of the communities we serve.

SERVICE AREA

As the Map below indicates, Peconic Bay Medical Center’s service area extends from Hampton Bays to Mastic Beach on the South Fork, from Manorville through Riverhead in the middle section of the East End and from Shoreham and Wading River through Greenport of the North Fork.



The Medical Center’s primary service area includes the following zip codes: Riverhead (11901); Calverton (11933); Manorville (11949). These zip codes account for fifty (50) percent of the Medical Center’s total discharges.

The Medical Center’s secondary service area includes the following zip codes: Hampton Bays (11946); East Quogue (11942); Mattituck (11952); Westhampton Beach (11978); Eastport (11941); Center Moriches (11934); East Moriches (11940); Westhampton (11977); Cutchogue (11935); Shirley (11967); Wading River (11792); Southold (11971); Ridge (11961); Mastic (11950); Greenport (11944); and Laurel (11948). These zip codes account for thirty-five (35) percent of the Medical Center’s total discharges.

The service area has more than 191,000 residents and the population is expected to grow by five (5) percent from 2008 to 2013. As the population of this region continues to grow and is driving increased demand for health care services, the Medical Center has responded by making capital investments in emergency room and surgical services, and the recruitment of physicians to be able to meet these needs.

DEMOGRAPHIC CHARACTERISTICS					
			Selected Area	USA	
2000 Total Population			172,479	281,421,906	
2008 Total Population			191,590	304,141,549	
2013 Total Population			201,133	319,161,431	
% Change 2008 - 2013			5.0%	4.9%	
Average Household Income			\$83,600	\$67,918	

The service area has a significantly higher percentage of elderly than Suffolk County, Nassau County and New York State. Approximately one in five residents of the Medical Center’s service area are over the age of fifty-five (55), the population that drives higher demand for health care services. Moreover, this age cohort is expected to increase as a percentage of the total population over the next five years.

The hospital has developed programs, including a new program in physical medicine and rehabilitation services, enhanced orthopedics and neurosurgical services, enhanced home health care and skilled nursing services that are specifically geared towards meeting the unique health care needs of this population.

Age Group	Age Distribution				
	2008	% of Total	2013	% of Total	USA 2008 % of Total
0-14	37,260	19.4%	37,379	18.6%	20.1%
15-17	8,605	4.5%	8,593	4.3%	4.3%
18-24	17,416	9.1%	18,993	9.4%	9.8%
25-34	21,255	11.1%	23,474	11.7%	13.4%
35-54	56,788	29.6%	53,912	26.8%	28.6%
55-64	23,076	12.0%	27,049	13.4%	11.0%
65+	27,190	14.2%	31,733	15.8%	12.7%
Total	191,590	100.0%	201,133	100.0%	100.0%

To the extent that there are health care disparities based on race and ethnicity, the East End of Suffolk County faces a challenge with a high proportion of minority residents -- an average of twenty (20) percent -- but as high as thirty-three (33) percent in some of the primary and secondary service areas.

There are no firm estimates of the number of migrant agricultural workers that come into this area. Agriculture is one of Suffolk County’s leading industries. Its success relies on workers who move through the Eastern United States in response to the availability of seasonal work. Peconic Bay Medical Center recognizes that this population presents serious health problems and is committed to providing care for its culturally diverse patient population. Many of these individuals are uninsured and unable to speak English. They rely on the Medical Center’s Emergency Department, as well as the Suffolk County Health clinic, located in Riverhead, for health care.

The hospital provides bi-lingual publications and signage and actively assists the culturally diverse communities that are cared for at the Medical Center.

RACE/ETHNICITY						
				Race/Ethnicity Distribution		
Race/Ethnicity				2008 Pop	% of Total	USA % of Total
White Non-Hispanic				150,310	78.5%	65.4%
Black Non-Hispanic				11,348	5.9%	12.1%
Hispanic				23,182	12.1%	15.2%
Asian & Pacific Is. Non-Hispanic				2,375	1.2%	4.5%
All Others				4,375	2.3%	2.8%
Total				191,590	100.0%	100.0%

PUBLIC PARTICIPATION

Peconic Bay Medical Center has an extensive program of community outreach that is complemented by the efforts of the East End Health Alliance, the Medical Center’s active parent. Input on the Community Service Plan is received from both internal and external sources. Needs are assessed on an annual basis by the Board of Trustees, Medical Center management and staff, volunteers, and leaders of local not-for-profit organizations and governmental agencies.

Community programs are publicized in a variety of ways: direct mail, flyers, calendar listings, e-mail communications, telephone information lines, newsprint advertising, and local cable television. Community members are encouraged to offer input on Peconic Bay Medical Center’s community programs by e-mail and via surveys collected at public events.

The Medical Center's President and Chief Executive Officer and other senior staff regularly meet with community groups from the East End region of Long Island to keep area residents informed about Medical Center programs and to receive feedback and field questions from the community.

The Medical Center's web site...www.pbmedicalcenter.org... offers a user-friendly format and easy access to information on Medical Center services and programs. In addition, the site allows for physician searches, on-line inquiries and on-line job applications.

Services for short-term and long-term care for chronic and acute illness are continually evaluated through statistical data that include quality indicators and patient outcomes. This data is compared nationally with other health facilities and informs the hospital's strategic plan and community service plan. The Medical Center's Strategic Planning Committee includes community members, Medical Center staff and Medical Center and Foundation Board Members who work collaboratively to assess community needs and develop strategies to meet these needs. The External Affairs Committee was established to enhance communication between the Medical Center and the communities it serves. Members of the Committee include a cross-section of physicians, nurses, Medical Center management, Medical Center employees and community volunteers.

The Medical Center has a longstanding commitment and experience in outreach having administered the Suffolk County Department of Health's Women's Health Partnership for the past five years. This program provides no-cost breast cancer screening and diagnostic services to women who are uninsured, as well as screening for prostate, colorectal and gynecologic oncology for both men and women. It also provides patient navigation and coordination of services for women diagnosed with breast and cervical cancer through the screening program. The Medical Center provides information and support services in Spanish to accommodate those women who are not proficient in English. The partnership model was conceived and implemented based on the principle that community members are the best people to identify the needs of their community and to carry out a plan of action that addresses those needs.

Responding to the needs of the community for obstetrical care, including those who are under or uninsured, Peconic Bay Medical Center provides obstetrical and gynecological services to the Suffolk County Health Center. In addition, a separate group of primary care physicians provide care to any Riverhead Health Center patient who needs to be admitted to the Medical Center. In conjunction with Suffolk County, the Medical Center operates a secured forensic unit for inmates of the Suffolk County Jail who require hospitalization.

The Medical Center provides free flu shots to residents of the Community who are at high risk for influenza. The Medical Center also has responded to Community needs by sponsoring a number of Community Health Fairs offering free blood pressure, cholesterol and glucose screenings as well as providing important health and well ness information. These Health Fairs also create the opportunity for Medical Center staff to obtain

important community feedback, information that is shared with Medical Center leadership and considered in future community outreach. The following events were held in 2009:

- Riverhead (February)
- Westhampton Beach (July)
- Jamesport (August)

Supporting this educational outreach and opportunity for community input, the Medical Center has a speakers bureau that provides professional input related to health and wellness topics, health heart diet, treating ovarian cancer, etc.

Based on community input, the Medical Center has also launched Project Care in conjunction with Stony Brook University's School of Health Management and Technology. This program provides in-home monitoring for high-risk patients that would otherwise have difficulty accessing care. The Medical Center has also responded to community input from the regions ambulance corps and with the support of Stony Brook provides three first responder vehicles that augment the local EMS during peak hours.

PBMC was successful in obtaining funding for a patient transportation van that provides transport room our skilled nursing facility for medical services, as well as patients from other community nursing homes that may need radiology or laboratory testing.

Patient Satisfaction Surveys: In addition, Peconic Bay Medical Center continually solicits patient input through its Patient Satisfaction Survey process, which includes every inpatient, ambulatory surgery patient and emergency room patient. The data collected from these comprehensive surveys provides valuable information on a wide range of quality indicators and areas of interest to Medical Center patients. Results from these surveys are regularly distributed to Medical Center and medical staff and the Board of Directors.

The Quality Management and Public Affairs Departments, we well as the Office of the President, carefully review correspondence from patients and the community at large. A member of the Hospital staff personally answers all correspondence.

Community Organization Participation: The hospital also routinely seeks feedback from community members who participate in our community outreach programs. Peconic Bay Medical Center has significant representation on a wide-range of community organizations that facilitate input from residents, corporate and community leaders, patients and allied health professions. This participation supports effective input from the community through Medical Center staff and Medical Center trustee participation complemented by a continual and open dialogue with respected community leaders. Community participation includes:

American Academy of Dermatology
American Cancer Society
American Heart/Lung/Diabetes Assoc.
Chambers of Commerce
Emergency Medical Squads
Family Service League
Lion's Eye Bank
Long Island Alzheimer's Foundation

Long Island Blood Services
Nassau-Suffolk Care Network
Nassau Suffolk Hospital Council
New York Organ Donors
Riverhead School Board
SCDHS
Town of Riverhead
Women's Health Partnership of
Suffolk County

In collaboration with the East End Health Alliance, the hospital has also used a number of resources to assess community need and provided this information through a number of organized advisory boards with participation from physician groups that include a strategic planning committee with representatives from community trustees, leadership from the hospitals' medical staff, physician trustees and chief medical officers. The Alliance has formed a Strategic Planning Committee, a Cancer Advisory Committee and a Cardiac Advisory Committee.

The hospitals have provided these groups with information related to the incidence and prevalence of disease in the service area, preventable quality indicators, patterns of accessing health care services and use rates.

Strategic Planning

The Strategic Planning Committee has been meeting since the beginning of the formation of the East End Health Alliance and adopted a strategic plan that focused on near and mid-term opportunities for improving management efficiencies and strategies for working more closely with our respective physician communities. The strategies identified in the first strategic plan are well on their way to completion.

The Committee has expanded its membership to include more trustee and physician representation and has begun to determine the community needs of the East End Health Alliance's service area over the next three years. The Committee will be assessing these needs through means of the following:

- Analysis of SPARCS data
- Review of Prevention Quality Indicators
- Evaluation of reports from community, local, state, and federal government agencies
- Communication and collaboration with the Suffolk County Department of Health
- Communication and collaboration with Suffolk County Office for the Aging
- Assessment of information solicited from patients through patient satisfaction surveys
- Review of hospital generated statistical information

- Review of current industry journals, periodicals and newsletters
- Analysis of trends identified in healthcare journals and periodicals
- Ongoing administrative staff planning session
- Monthly Board of Trustee meetings

Cancer Advisory Group:

The Cancer Advisory Group has had five meetings to date as follows:

- April 15, 2009
- May 13, 2009
- June 10, 2009
- July 29, 2009
- September 5, 2009

Meetings were scheduled and confirmed via telephone and e-mail. Based on data obtained from the New York State Department of Health and SPARCS data, the committee concluded that the primary service area of the three East End Health Alliance has significantly higher incidences of the following cancer types: prostate, lung and bronchus, breast and colorectal cancers. The committee also recognized that a significant number of patients leave the service area to receive cancer treatments and that the development of comprehensive cancer services at the Alliance hospitals would significantly improve access to cancer services.

The group also recognized the importance of finding alternative provider models, including employment of physicians, to ensure that all individuals in the community have adequate access to these services irrespective of their insurance status and ability to pay.

The group is in the process of developing a set of recommendations to the three Alliance hospitals that when implemented will increase access to cancer services.

Cardiac Advisory Group

The Cardiac Advisory Group has had six meetings to date as follows:

- June 23, 2009
- July 1, 2009
- July 22, 2009
- August 2, 2009
- August 17, 2009
- August 27, 2009

Meetings were scheduled and confirmed via telephone and e-mail. The Cardiac Advisory Group reviewed data obtained from the New York State Department of Health and SPARCS. In addition, the advisory committee met with the directors of emergency

medicine at the three Alliance hospitals, community cardiologists and primary care physicians to obtain their input into barriers to access to cardiac care and opportunities to improve access. Based on this information, the Committee has concluded that use rates for diagnostic catheterizations, interventional cardiology, electrophysiology and open-heart surgery are significantly lower than the New York State average and significantly lower than both Nassau and Suffolk County. At the same time, admission rates for heart disease, congestive heart failure and stroke are significantly higher than Suffolk and Nassau County. In addition, prevention quality indicators for the service area document the potential to improve access to cardiac preventive services.

The Group also recognized that a significant number of patients leave the service area to receive care and that this presents an opportunity for the Alliance hospitals to further develop cardiac services to improve access to these services in the community. The Group is in the process of working with Stony Brook University Medical Center, an affiliate of all three hospitals, to identify opportunities for enhancing the provision of cardiac care in the Alliance Hospitals to better serve the health care needs of the community.

ASSESSMENT OF PUBLIC HEALTH PRIORITIES

Peconic Bay Medical Center was an active participant in the collaborative planning process with the Suffolk County Department of Health and community partners to assess community health needs identify health priorities and develop public health programs to meet the identified needs. This collaborative group met from the fall of 2008 through August of 2009, and selected tobacco use and unintentional injury as the two health priorities identified in the New York State Prevention Agenda toward the Healthiest State.

Smoking cessation was selected because the use of tobacco is the number one underlying risk factor for multiple diseases. Moreover, Nassau and Suffolk Counties suffer from some of the highest mortality rates from heart disease in New York State. Unintentional injuries was selected as a priority given the fact that Suffolk County has a relatively high mortality rate for unintentional injuries when compared to New York State and nationally. The group also agreed that given the shortage of resources available to advance public health agendas, it was important to select priorities that could build on programs that are already in place.

Both smoking cessation and programs to reduce unintentional injuries accomplish this goal. One of the priority initiatives for the Suffolk County Office of Health Education is to develop and implement effective anti-smoking programs that will reduce the rate of tobacco use in school-aged children. In addition, many of the Hospitals in Suffolk County, including Peconic Bay Medical Center have programs and support groups in place to work with their employees and community based organizations to reduce smoking. Community based programs augment County and Hospital efforts in reducing

tobacco use. The Tobacco Action Coalition and Healthy Mothers/Healthy baby Coalition will be sought out to engage in collaborative efforts as well.

There are also a number of existing programs in Suffolk County that have developed strategies for reducing the incidence of unintentional injuries. The County's Bureau of Public Health Nursing provides home health care services for patients suffering the sequelae of unintentional injuries. The County also provides education and support to mothers and children aimed at preventing injuries from burns. A partnership between St. Josephs College and the Suffolk County Department of Health Services has help identify the appropriate target population for education and interventions to reduce these injuries. Finally, Article 6 funds can be used by the Suffolk County Health Department consistent with New York State's Health Agenda to reduce these injuries.

These two priorities will be a major operational commitment of Peconic Bay Medical Center over the next three years. The Medical Center will continue to collaborate with the Suffolk County Department of Health and community partners in ensuring that we reach the goals set for these two priority areas, measure progress in achieving these goals and eliminating racial, ethnic and socioeconomic health disparities where they exist.

Once the planning group adopted these priorities, representatives from the Suffolk County Department of Health, Suffolk County Hospitals, including Peconic Bay Medical Center and community representatives divided into two work groups. Each work group was charged with developing a set of recommendations to implement effective strategies to address both health care priorities.

Unintentional Injury Work Group

This work group was charged with developing strategies to prevent unintentional injuries, with a focus on fall prevention in those aged sixty-five and older.

The work group assigned to develop a work plan for addressing unintentional injuries had the following membership:

Dr. Humayun Cahudhry, D.O., Commission, Suffolk County Department of Health

Jane Corrarino, Chair, Working Group, Public Health Nurse

Dr. Ed Nadel, Biostatistician

Adele H. Klenk, AARP

Pamela Ash, Director, Dominican Sisters Family Health Service

Mary Jean McKeveny, Community Representative

Juliet Fordella, Eastern Long Island Hospital (For Peconic Bay Medical Center)

Dale Chaikin, North Shore- LIJ Health System

Judy Beizer, Pharmacist
Miranda Corcoran, St. Catherine's Hospital
Bill Hannigan, St. Charles Rehabilitation Hospital
Laurel Breen, St. Joseph's College
Dr. Catherine Nicasri, Stony Brook University Medical Center

The group adopted by the following recommendations for action related to reducing unintentional falls:

- I. Design and develop health education materials to prevent falls in the elderly that:
 - a. Include ideas from both the target population and from experts and community members
 - b. Incorporate strategies know to be effective for those with low literacy skills
 - c. Develop companion booklets, posters and calendars (with prevention strategies outlined each month of calendar year)
 - d. Develop materials for all the partner agencies with space for the logo of a given organization/agency who may be printing the materials for themselves to provide to their given target group or community
 - e. Conduct pre and post-testing to ensure educational material is effective in increasing knowledge
- II. Incorporate these materials into a community outreach plan. This plan should be community focused, with participation from all hospitals, the Health Department, and community agencies and organizations
- III. Coordinate the activity between the partners
- IV. The outreach plan should include
 - a. Education at Senior Centers, Meals on Wheels, etc.
 - b. Education of providers (e.g. physicians, pharmacists, nurses, etc.)
 - c. Distribution and outreach via supermarkets
 - d. Participation by Home Health Agencies, Hospitals, Adult Day Care
 - e. Organizational newsletters and marketing plans
 - f.
- V. Develop Data Subcommittee that will analyze pertinent Suffolk County data regarding demographics and high-risk areas, in order to target high-risk areas and subpopulations,

Specific assistance and expertise for moving forward was offered as follows:

Dr. Nicasri, from Stony Brook University Medical Center, offered to oversee medical residents and fellow who will be available to conduct professional and community teaching.

Dr. Belzer offered to assist with session similar to “brown bag days” and “medication chats” that she conducts in other locales.

Ms. Corrarino offered to design health education materials.

Ms. Rhodes-Teague offered to coordinate efforts with Senior Centers and Nutrition sites. The group will explore the ability of home health agencies to bill Medicare for all prevention activities in the home.

The work group will continue to meet. They will meet in September to review the health education materials that have been developed and continue to move forward and solidify plans.

Smoking Cessation Work Group

This group was charged with developing strategies to reduce the number of Suffolk County residents who smoke.

The group assigned to reduce tobacco use included the following:

Grace Sparacino, St. Charles Hospital
Sabra Boughton, Stony Brook University Medical Center
Jack Hoffman, Eastern Long Island Hospital (For Peconic Bay Medical Center)
Pat Folan, North Shore – Long Island Jewish Health System
Stephanie Perfer, North Shore – Long Island Jew Health Care System
Nance Bodnar, John T. Mather Hospital
Ann Cuccia, Southampton Hospital (For Peconic Bay Medical Center)
Donna Loy Murino, Southside Hospital
Felice Jones Lee, Southside Hospital
Julia Macchiaroli, Huntington Hospital
Martha Kahan, Eastern Suffolk BOCES
Susan Kennedy, Tobacco Action Coalition of Long Island
Lori Benincasa, Suffolk County Department of Health Services
Wendy D. Darwell, Nassau-Suffolk Hospital Council, Inc.
Lori Ginsberg, North Shore – Long Island Jewish Health System
Craig Homis, Southampton Hospital (For Peconic Bay Medical Center)
Michael Thom, Brookhaven National Laboratory.

The Tobacco Cessation Working Group developed a recommended template for a tobacco control policy to be considered and adopted by the Suffolk County hospitals. The Template is as follows:

- I. Policy Statement (to include)
 - a. Why
 - i. Commitment to health/statistics – the cost of tobacco use in morbidity, mortality and financial loss
 - ii. Hospitals need to set example, lead the way
 - iii. Baseline data. Current policies and procedures. Rates of tobacco use and/or cessation
 - b. Who
 - i. Policy may cover staff, patients, visitors, community members
 - c. Where
 - i. Hospital
 - ii. Complete ban on grounds or partial
 - iii. Other buildings and/or clinics located off site
 - iv. Effective data
 - d. What
 - i. Restrictions – all tobacco products?
 - ii. Procedures for implementation – briefly will be covered fully in II
 - iii. Educational goals
 - iv. Community Outreach
- II. Procedures
 - a. Communication of Policy
 - i. Employees
 1. Existing
 2. New – Will tobacco use affect hiring?
 - ii. Patients
 1. What will be given upon admission, i.e. materials, medication, program referral
 2. Follow up
 - iii. Visitors – signage, materials, cessation products
 - iv. Vendors and independent contractors
 - b. Education/Prevention
 - i. Within hospital
 1. Cessation (staff, patients)
 2. Environmental tobacco smoke
 - ii. Community
 1. Cessation
 2. Environmental tobacco smoke
 3. Community forums at hospitals
 4. Participation in outside community events with cessation and environmental tobacco use the priorities

- 5. Newsletters, pamphlets. Tobacco control always be included
 - iii. Outside resources to be used
- III. Medical Management Compliance
 - a. Physicians Orders
 - i. Medication/education
 - ii. Staff assigned to follow up
 - b. Education
 - c. Patients who smoke
 - d. Follow up cessation services after discharge
 - e. Sale of tobacco on hospital grounds
- IV. Enforcement
 - a. Responsibility
 - i. Enforcement Officers
 - ii. Responsibility of employees
 - b. Penalties
 - i. Hospital Personnel
 - ii. Patients
 - iii. Visitors
- V. Evaluation
 - a. Effective date of changes
 - b. Rates of tobacco use and/or cessation
 - c. Compliance

THREE YEAR PLAN OF ACTION

- I. As was previously discussed both prevention of unintentional injuries and tobacco cessation have been program goals of the Suffolk County Department of Health and Peconic Bay Medical Center.
- II. The Suffolk County Department of Health has committed to support the ongoing work of the two groups focused on these health care priorities. This support will include convening meetings, providing expertise and data. Peconic Bay Medical Center is committed to be an active participant in this process.
- III. The overall goals for the two priorities are as follows:

Tobacco Cessation

Short Term Goals

- To use the template developed by the Tobacco Cessation Working Group as a guide for the development of a comprehensive tobacco policy.
- To set a timeline with an implementation date and benchmarks towards achieving a smoke free campus
- To provide educational programs for staff, patients and the community.
- To provide tobacco education and cessation programs and resources for patients, staff and the community.
- To generate community support for smoke free Hospitals.
- To incorporate the use of resources available through the Suffolk County Department of Health Services, the Center for Tobacco Control and community partners into the comprehensive policy.

Long Term Goals

- To improve the health of Suffolk County residents.
- To reduce the prevalence of tobacco use in Suffolk County
- To work towards creating a culture of safety by eliminating exposure to environmental tobacco smoke
- To reduce health care costs associated with tobacco use and exposure to environmental tobacco smoke.

Unintentional Injuries

Goals

- To address injury prevention with a focus on fall prevention in those aged 65+
- To utilize the collaborative relationship between the Suffolk County Hospitals in the development of their Community Service Plans and the Suffolk County Department of Health in its development of the Community Health Assessment
- Develop a calendar with monthly prevention strategies
- To seek grant monies to support educational activities
- To understand the risk factors for falls in the target population
- To identify effective health education strategies
- Improve health literacy
- Develop educational forums for adult children and caregivers, health care providers and seniors through various venues: senior housing, physician offices, senior centers, hospitals, newsletters, home visits, meals on wheels, peer education, caregiver support groups, home care nurses and physical therapists, pharmacies, and public awareness and public relations campaigns.
- Agree on pre-post testing measures for outcomes.

FINANCIAL AID PROGRAM

The major obstacles that Peconic Bay Medical Center has faced since the implementation of the Charity Care/ Financial aid policy is non compliance in completing the application, lack of documentation, and failure to pay once financial aid has been granted. To assist with these challenges the hospital provides on site financial aid counselors to complete and answer questions regarding the application process. However, in the collection of documentation for proof of eligibility, some applicants have refused to provide the minimal amount of information needed to prove entitlement. Additionally, there have been instances where financial aid has been granted and the patient refuses to pay the discounted charges, which results in a default to bad debt.

CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES

Andy, DOH is asking if we expect any changes in hospital operation or financial situation that will impact the care of the community, financial assistance and/or access to health care. This could include, but is not limited to, impending mergers, increasing financial constraints, and key personnel turnover. If there are none, we don't need to complete, please advise.

PUBLIC INFORMATION

Peconic Bay Medical Center will disseminate a written summary of the Community Service Plan to the public through production of either a brochure or pamphlet. The Plan will be posted both on the Medical Center's web site, www.pbmedicalcenter.org, and on the East End Health Alliance's web site, www.healli.org. The summary will include financial data that demonstrates our current and future commitment to public health programs and financial assistance and will highlight key information regarding the Medical Center's public health programs, including our two prevention agenda priorities developed with the Suffolk County Department of Health and community partners.