



COMMUNITY SERVICE PLAN CONTACT INFORMATION

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***SOUTHAMPTON HOSPITAL
COMMUNITY SERVICE PLAN
2009-2011***

MISSION

The Mission of Southampton Hospital is to provide and ensure the highest quality of healthcare services for its entire community. The Hospital's Mission has not changed since the submission of the last Community Service Plan. However, the hospital is 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 in the 21st Century.

Consistent with the Mission of Southampton Hospital, 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.

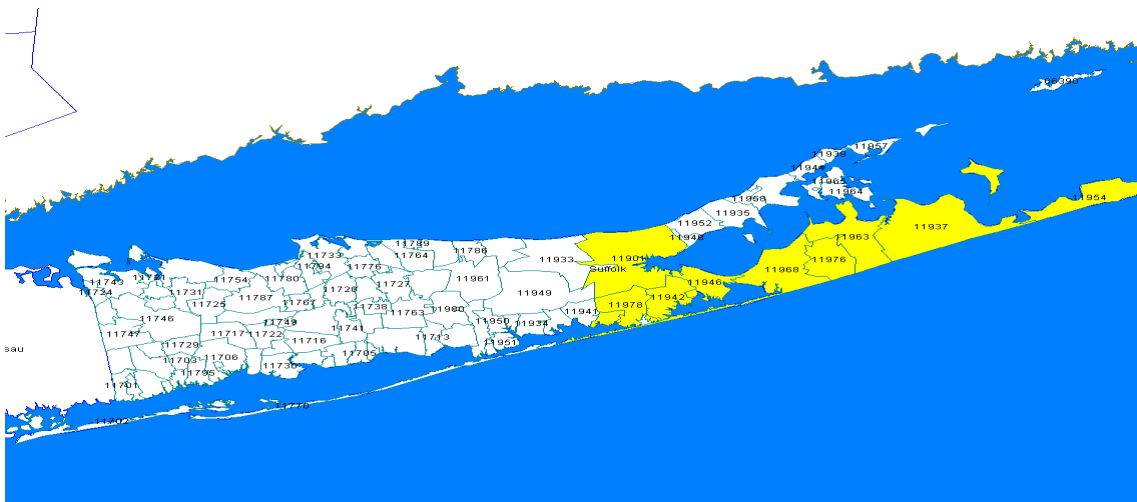
Southampton Hospital has also entered into an important affiliation agreement with Stony Brook University Hospital, along with the other two East End Health Alliance Hospitals, Eastern Long Island Hospital and Peconic Bay Medical Center. The three Alliance hospitals are actively working with the University to identify opportunities for developing clinical and educational relationships that will improve the health of the communities we serve.

Southampton Hospital is a 125-bed, voluntary, not-for –profit facility accredited by the Joint Commission on Accreditation of Healthcare Organizations. The hospital offers a full continuum of ambulatory and inpatient services ranging from primary medical care to specialized surgical procedures, and is staffed by more than 230 physicians, dentists and allied health professionals representing 44 medical specialties.

Southampton Hospital has been the health care heart of its communities for nearly a century. Since 1909, Southampton Hospital provides critical health care services for a geographically isolated region, whose population more than doubles during the summer season when tourists from all over the world visit the South Fork of Long Island.

SERVICE AREA

As the map below indicates, Southampton’s Service area extends from Montauk to the East to Westhampton Beach to the West and the Southern area of Riverhead in the center of the East End of Long Island.



The service area accounts for approximately eight-five (85) percent of total admissions to the Hospital and includes the following zip codes: Easthampton (11937); Southampton (11964); Hampton Bays (11946); Sag Harbor (11963); Montauk (11954); Riverhead (11901); East Quogue (11942); Water Mill (11976); Westhampton Beach (11978); and Westhampton (11977).

As the Table below indicates, this service area has a year round population of approximately 109,000 residents. The area is projected to see a significant increase in population, more than five (5) percent over the next four years.

DEMOGRAPHIC CHARACTERISTICS			
		Selected Area	USA
2000 Total Population		97,063	281,421,906
2008 Total Population		109,438	304,141,549
2013 Total Population		115,536	319,161,431
% Change 2008 - 2013		5.6%	4.9%
Average Household Income		\$88,298	\$67,918

Because the service area is a resort destination resort area, the population more than doubles during the summer season when tourists from all over the world visit the South Fork of Long Island. As a result, demand for Southampton Hospital services increases significantly during the summer, in particular demand for the hospital’s emergency services. The Hospital has responded to this need by making a capital investment in

expanding and renovating the Emergency Department and implementing a state-of-the-art Emergency Department Information Systems that permits the Hospital to track patients, and read and interpret laboratory and radiological results.

As the table below indicates, the service area has a significant percentage of their population aged fifty-five (55) and over, a population that has greater need for health care services.

Age Group	Age Distribution				
	2008	% of Total	2013	% of Total	USA 2008 % of Total
0-14	19,016	17.4%	19,384	16.8%	20.1%
15-17	4,468	4.1%	4,562	3.9%	4.3%
18-24	9,025	8.2%	10,076	8.7%	9.8%
25-34	10,994	10.0%	12,294	10.6%	13.4%
35-54	32,459	29.7%	30,717	26.6%	28.6%
55-64	14,305	13.1%	16,736	14.5%	11.0%
65+	19,171	17.5%	21,767	18.8%	12.7%
Total	109,438	100.0%	115,536	100.0%	100.0%

The Hospital has developed numerous services and outreach, detailed below, to respond to the needs of these patients, including recruiting additional primary care physicians and implementing a graduate medical education program that will hopefully attract these young physicians to stay and practice in the community.

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. Southampton Hospital 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 Hospital’s Emergency Department, as well as the Suffolk County Health clinic, located on the Hospital’s campus, for health care. As a result, the Hospital’s Office of Cultural Diversity provides translation and interpretation services, as well as counseling on medical insurance and billing for those individuals who do not speak English. The Hospital provides bi-lingual publications and signage and actively assists the culturally diverse communities it cares for.

RACE/ETHNICITY					
Race/Ethnicity	Race/Ethnicity Distribution				
	2008 Pop	% of Total	USA % of Total		
White Non-Hispanic	82,905	75.8%	65.4%		
Black Non-Hispanic	6,799	6.2%	12.1%		
Hispanic	15,900	14.5%	15.2%		
Asian & Pacific Is. Non-Hispanic	1,353	1.2%	4.5%		
All Others	2,481	2.3%	2.8%		
Total	109,438	100.0%	100.0%		

In addition, the Hospital's service area is home to the Shinnecock Nation. Since April of 1995, Southampton Hospital has worked with the Nation to provide services at the Shinnecock Indian Health Clinic through a contract with the New York State Department of Health. On an annual basis, the Clinic provides approximately 2,000 medical and 800 dental visits for eligible members of the Shinnecock Nation. Dental services, including community education, screening, radiological exams, dental hygiene and restorative care (crowns, fillings and bridges) are provided through a subcontract with Stony Brook School of Medicine. Currently, dental services are available eight days per month for adults and two days for children. These services include dental screening, preventive teaching and community education, radiological exams, restorative care including crowns, fillings and bridges and dental hygiene.

The Hospital also sponsored two educational programs in 2009 for the Nation. The first in May 2009 focused on Smoking Cessation and an educational program in April 2009 provided information on proper dental hygiene. In addition to primary care, dental services, nutritional counseling, prenatal care and endocrine services, the Clinic provides social work, mental health and substance abuse counseling to the residents of the reservation.

PUBLIC PARTICIPATION

Southampton Hospital has an extensive program of community outreach that is complemented by the efforts of the East End Health Alliance, the Hospital'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, Hospital management and staff, volunteers, and leaders of local not-for-profit organizations and governmental agencies.

Southampton Hospital has significant representation on a wide-range of community organizations that facilitate input from residents, corporate and community leaders, patients and allied health professions. These community organization partnerships are detailed below

The Hospital 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 Hospital programs and to receive feedback and field questions from the community.

The Hospital's satellite care centers, including the Shinnecock Indian Health Clinic, the David E. Rogers, M.D. Center for HIV/AIDS Care, the East Hampton Healthcare Center, and Hospital Regional Dialysis Center all closely collaborate with community advisory committees that help with planning and decision making related to the services offered.

The Hospital's web site...www.southamptonhospital.org... offers a user-friendly format and easy access to information on Hospital 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 Hospital's Strategic Planning Committee includes community members, Hospital staff and Hospital and Foundation Board Members who work collaboratively to assess community needs and develop strategies to meet these needs.

The Hospital's Public Affairs Committee was established to enhance communication between the Hospital and the communities it serves. Members of the Committee include a cross-section of physicians, nurses, Hospital management, Hospital employees and community volunteers. The Hospital also routinely seeks feedback from community members who participate in our community outreach programs.

Health Fairs: Southampton Hospital's Breast Health Center provides extensive outreach to women in the Hospital's community, including breast cancer survivors, as described below. This outreach is based on the Hospital's assessment of community need from analysis of cancer incidence and from input from the community. In addition, the Programs Outreach Coordinator reviews results from surveys that are distributed to all participants at the various events that are used to identify what types of information and services would be helpful. The Hospital then modifies programs as appropriate based on this input.

- Health Fair, Fitness Program and Long Island Two Day Walk (June)
- Health Fair, Look Good, Feel Better Program (April)
- Genetic Counseling Lecture, Witness Program, Spanish Outreach (March)
- Health Fair, Celebrating Survivorship, Look Good Feel Better Program (February)
- Health Fair, Wellness Program, Pink Tuesday (January)

Additional Health Fairs were held as a part of the Hospital's Infectious Disease Outreach at the East Hampton and Westhampton Beach High Schools.

The Hospital also sponsors a lecture series for EMS and obtains feedback to modify the lecture series to respond to the needs of the local squads. The program schedule for 2009 is as follows

- Common Prescription Medications to know (February)
- Toxicology (March)
- Environmental Emergencies (April)
- Stroke (May)

Additional sessions are scheduled for October and November of 2009

Health Care Information: Southampton Hospital provides free health education/information programs through its well-attended “Health Insights” program. This lecture series for 2009, detailed below, provides an important opportunity to provide the community with relevant information and to collect information provided by the evaluation forms that are distributed after each lecture to ensure that the Hospital is responding to community needs.

As importantly, the lecture series is developed in partnership with organizations such as Fighting Change, Ellen’s Run, the American Heart Association, the East Hampton Lions Club and the New York Organ Donor Network, organizations that are connected to the community and their needs.

- Medical Staff in Third-World Countries
- Cancer and Genetics
- Better Hearing: Improving Your Quality of Life
- Cancer Survivor’s Journeys
- Women and Heart Disease
- Life: Live It, Give It (annual organ donation program)
- Keeping Baby Safe
- Staying Safe in the Sun.

Patient Satisfaction Surveys: In addition, Southampton Hospital 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 the Hospital’s patients. Results from these surveys are regularly distributed to Hospital and medical staffs and the Board of Directors.

The Quality Management and Public Affairs Departments, as 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.

The David E. Rogers Center for HIV/AIDS Care (DRC): The DRC is another important collaborative effort between Southampton Hospital, Stony Brook University Medical Center and town and community organizations of the East End of Long Island. Major funding for the DRC is provided through Ryan White Part A federal funds and provides support services and prevention education to partners and family members affected by AIDS. The DRC is a member of the Peconic Community Council, a not-for-profit coalition of organizations and individuals dedicated to the promotion and preservation of health and human services for the entire East End community.

The Center for Prenatal Care: The Center for Prenatal Care at Greenport is an important outreach activity that permits the hospital to tailor its programs to community

needs. The Center reaches out to the community through collaborative efforts with a number of local organizations, including CAST, a local Southold social service agency, the Perinatal Coalition, Eastern Long Island Hospital, Suffolk County Department of Health and local churches. The Center has successfully worked with the local town government to obtain the agreement of local grocers to accept WIC vouchers. Staff also utilizes flyers, brochures, and posters to increase awareness of Hospital services and offers translation services to the significant number of Hispanic women seeking care at the Center.

East Hampton Healthcare Foundation: The Hospital has established a partnership with the East Hampton Healthcare Foundation, a not-for-profit organization focused on ensuring adequate access to health care services to residents of the Eastern most part of the South Fork of Long Island. Recognizing the need for additional urgent care services, the Hospital worked closely with the Foundation in documenting need and developing an urgent care service that has been in operation for more than a year.

Community Organization Participaton: The Hospital also receives input from the community through Hospital staff and Hospital trustee participation on community service organizations and open dialogue with respected community leaders. Participation includes:

American Academy of Dermatology	Long Island Blood Services
American Cancer Society	Lucia's Angels
American Heart/Lung/Diabetes Assoc.	Nassau-Suffolk Care Network
Catholic Charities	Nassau-Suffolk Hospital Council
Chambers of Commerce	New York Organ Donors
Children Museum of East End	South Fork Breast Health Coalition
Dominican Sisters	South Fork Community Health Initiative
East End Hospice	Southampton School Board
East End Oncology Partnership	Special Events Salon (Breast Cancer)
East Hampton Healthcare Foundation	St. Rosalie Charity care
Ellen's Run	Suffolk Community College
Ellen's Well	SCDHS
Emergency Medical Squads	Suffolk County Office for the Aging
Family Service League	Town of East Hampton
Fighting Chance	Town of Southampton
Lion's Eye Bank	Women's Health Partnership of
Long Island Alzheimer's Foundation	Suffolk County

Southampton Hospital also sponsors a monthly public access television show -- **Focus On: Southampton Hospital** -- that covers information ranging from dialysis care to breast care to cardiac rehabilitation services.

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 also a Cancer Advisory Committee and a Cardiac Advisory Committee to assess community needs and recommend strategies to address these health care needs.

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 Committee

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 what the community needs of the East End Health Alliance's service are 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 document the potential to improve access to preventive cardiac 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

Southampton Hospital was an active participant in the collaborative planning process with the Suffolk County Department of Health and community partners to assess community health needs and to 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 were also 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 Southampton Hospital, 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 Southampton Hospital over the next three years. The Hospital 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 Southampton Hospital, 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 Southampton Hospital)
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 Nicastri, 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 that education information was 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, Hospital, Adult Day Care
 - e. Organizational newsletters and marketing plans
 - V. Develop a 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
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
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
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 Southampton Hospital
- 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. Southampton Hospital 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.

IV. The Suffolk County work groups will develop common measures for evaluating the success of the community hospitals and health care providers in addressing the two priorities.

The County will also support ongoing input from community partners and the planning and implementation process will incorporate this input as necessary to insure that the goals of both priorities are met.

FINANCIAL AID PROGRAM

Southampton Hospital's commitment and determination to provide quality healthcare at affordable rates has lead us to design a Charity Care Program that goes "above and beyond" the expectations and minimum requirements set forth by New York State law. It is the Hospital's "above and beyond" attitude that is our programs greatest strength and can best be seen in our policy to provide Charity Care discounted rates to patients making up to 400% of the Federal Poverty Level Guideline (FPG) rather than the minimum requirement of 300% FPG. In addition, the Hospital includes a form to apply for Charity Care in every self-pay bill to be returned to Patient Financial Services.

Despite our commitment and determination, our Charity Care Policy is not without its challenges, and at times, weaknesses. However, our greatest weakness is not treated as a weakness; it is treated as a challenge. Our greatest challenge is to ensure that all patients at Southampton Hospital receive the same level of detailed scrutiny of their application to keep the process fair and balanced for all applicants. The challenge is greatest when processing applications from undocumented aliens whose stated income level is \$0.

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

Bob, 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

Southampton Hospital 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 hospital's web site and on the East End Health Alliance's web site. 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 our public health programs, including our two prevention agenda priorities.