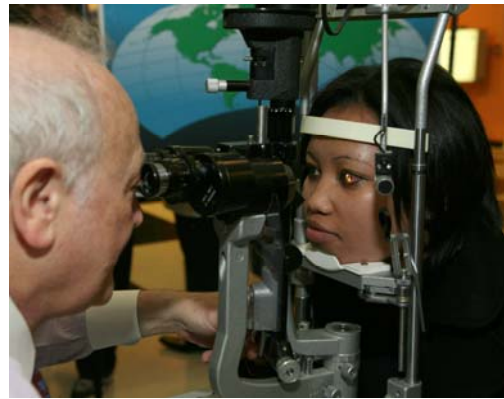


**NY Eye & Ear
Infirmary**

Continuum Health Partners, Inc.

COMMUNITY SERVICE REPORT 2009



THE NEW YORK EYE AND EAR INFIRMARY
310 EAST 14TH STREET • NEW YORK, NY 10003
T: 212.979.4000 • W: www.nyee.edu

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EXECUTIVE SUMMARY

I. Mission, Vision and Values: To promote health education and prevention, offer culturally sensitive language access services, and provide the highest quality specialty care while offering charity care to qualified individuals.

II. Service Area: NYEEL's Primary Service Area is the Lower East Side of Manhattan--an area coterminous with the federally designated alphabet City-Chinatown Health Personnel Shortage Area (HPSA).

III. Public Participation: To preserve a local geographic focus to meet community need, we have convened the Infirmary's Community Advisory Group and requested additional input by placing a public notice in the local newspaper. The community needs assessment was accomplished in concert with a wide range of other local groups as well.

IV. Assessment of Public Health Priorities and Strategic Initiatives include: Addressing the needs of this minority and immigrant community with improved outcomes, including a focus on:

Prevention of Blindness: early detection and treatment of chronic eye disease, and
Emergency Preparedness

Key Findings:

Many neighborhood residents lack adequate health insurance

More educational and outreach programs are needed.

Cultural competency and cross-cultural care in terms of language skills are high priorities

V. Three Year Plan of Action:

Engage in a wide range of activities of additional health promotion and disease prevention activities and facilitate access to public health insurance for the eligible uninsured including efforts related to:

A. Prevent Blindness: Early Detection and treatment of Chronic Eye Disease: Develop pilot outreach program including assessing self-management.

B. Emergency Preparedness:

a. Pandemic control emergency response to targeting flu vaccine and H1N1. Restructure and strengthen collaboration with Emergency preparedness Task Force involving the local community and community-based organizations ranging from expanded flu shot programs to emergency medical services activities, conducted in coordination with the City of New York.

b. Support the NYC Blood Supply: Conduct quarterly drives and establish performance monitoring

VI Financial Aid Program: Changes Impacting Community Health & the Provision of Charity Care

The implementation of Charity Care Financial Aid at NYEEI has been successful in enhancing access for many community residents. Information explaining the program and eligibility guidelines is made available to patients. A \$4.5 million operating loss in 2008 is a limiting factor re the amount of free care that can be offered.

VII. Access to and Dissemination of the Community Service Report (CSR) to the Public: Available on websites, in the library and at the front entrance. In addition to soliciting community input, participation and involvement, we have made available for distribution colorful summaries of our annual Community Service Reports.

VIII. Financial Information and Impact:

NYEEI's costs related to uncompensated care and community benefit activities (summary):

	2008
Net operating patient revenue	\$90,560,000
Net operating expenses	106,606,291
Net operating gain (loss)	(4,412,958)
Charity Care	3,655,988
Bad Debt	5,059,269
Total uncompensated care	\$ 8,715,257

Support for Community Activities 2008: Total uncompensated care at NYEEI in 2008 was \$8,715,727 comprised of \$3,655,998 in charity care and \$5,059,269 in bad debt. Another \$451,271 was expended on community service activities (listed in the appendices) including seminars, screenings, health fairs, needs assessment, health education materials and outreach.

IX. Plan Contact Information: Webmaster, Offices of Public Affairs and External Affairs

X. Corporate Structure: The New York Eye and Ear Infirmary is a 501-C-3 not-for-profit corporation focusing on outpatient care. We have been a member of Continuum Health Partners, Inc. (CHP) since 1997 with an independent Board of Directors. CHP is the membership corporation for Beth Israel Medical Center, St. Luke's-Roosevelt Hospital Center, The Long Island College Hospital, and The New York Eye & Ear Infirmary.

XI Summary:

The Infirmary has long been recognized for its unique role in serving a disproportionate number of Medicaid, low-income elderly and uninsured patients; the outpatient payor mix in 2008 was over 80% Medicaid, Medicare, self-pay and uninsured. The New York Eye and Ear Infirmary has consistently distinguished itself by the extraordinary commitment and the degree to which it serves as a "safety net" hospital for New York's poor and elderly and the degree to which it provides uncompensated care to the communities it serves. The Infirmary continues to be committed to both its local community and its broader constituencies.

The Community Service Prevention Plan, designed to help address the specific health care needs of the community, was adopted after receiving public input and was formally reviewed by the Infirmary's Board of Directors, the governing body.

XII. Appendix Sample information on interpretation services, hospital services and chronic eye disease in Russian, Chinese and Spanish.

I. A. Background, Overview and Mission, Vision and Values:

The New York Eye and Ear Infirmary, located at 310 E. 14th St., NY, NY 10003, a member of Continuum Health Partners, Inc., is the oldest continuously operating Eye and Ear Hospital in the nation. Its mission is to provide all in need with the highest quality care in the disciplines of Ophthalmology, Otolaryngology/Head & Neck Surgery, and Plastic & Reconstructive Surgery. As stated in the Mission, Vision and Value Statements, the Infirmary will “serve as a community resource by providing an ongoing series of lectures, seminars, health screenings and dissemination of information to the public” in our areas of specialty...“to meet the eye care needs of New Yorkers, especially the working poor...”

Mission Statement

The New York Eye and Ear Infirmary was established in 1820 to meet the eye care needs of New Yorkers, especially the working poor. In keeping with its heritage, today’s Infirmary, a member of Continuum Health Partners, Inc., is a voluntary, not-for-profit specialty hospital providing comprehensive outpatient and state-of-the-art medical/surgical care in the disciplines of Ophthalmology, Otolaryngology/ Head & Neck Surgery, and Plastic & Reconstructive Surgery.

The Infirmary’s outpatient ophthalmology and otolaryngology programs provide primary care through tertiary diagnosis and treatment in those specialties for the five boroughs of New York City, with concentrations in the institution’s historic Lower East Side of Manhattan patient base, Brooklyn and Queens. The Infirmary serves the local, regional, national and international communities with unique tertiary medical/surgical specialty services in our fields of expertise.

Vision Statement

The New York Eye and Ear Infirmary will continue to be the preferred provider of safe patient-focused specialty services in the disciplines of Ophthalmology, Otolaryngology/ Head & Neck Surgery, and Plastic & Reconstructive Surgery and will continue to be responsive to the needs of patients and physicians.

Value Statements

Patient Care: ***To*** provide the highest quality, most technologically advanced and consistent multidisciplinary care in an environment where the safety, dignity and comfort of each patient are paramount. In delivering patient care, the Infirmary will strive to provide an error-free environment.

Community Health: ***To*** serve as a community resource through an ongoing series of lectures, seminars, health screenings and dissemination of information to the public.

Medical ***To*** develop highly-qualified, well-trained physician/surgeons

Education: through programs of residency training, post-graduate fellowships and continuing medical education

Scientific Research: *To* pursue programs of applied clinical and basic research which advance knowledge and treatment within our areas of specialty and to enhance patient care through that scientific advancement.

Staff: *To* value competence in the abilities of our Physicians, employees and volunteers to serve those entrusted to our care and to provide a professional practice environment.

Fiscal Responsibility: *To* carry out these activities in a financially responsible manner to ensure the Infirmary's continued vitality and viability as a provider of specialty health care services while meeting the needs of the communities it serves.

Reviewed by the Board of Directors on 4/9/08

I B. Changes in the Mission Statement: The philosophy of the Community Service Plan is consistent with the Infirmary's Mission, Vision and Values statement as reviewed by the Board in 2008. There have been no changes since 2003.

II. Description of Service Area:

A. **Geography:** Because the Infirmary is a specialty care institution, our primary service area extends beyond the local neighborhood. We provide primary and tertiary care in our specialties for the five boroughs of New York City, with concentrations of patients coming from the institution's contiguous Lower East Side and Manhattan service area (25%), Brooklyn (41%), Queens (17%) and the Bronx (13%) and "other" (4%). The Infirmary has a historic commitment to the Lower East Side of Manhattan-our Primary Service Area (PSA).



Multi-lingual volunteers assisted at a health fair held in public school that serves Chinatown and other Lower East Side families.

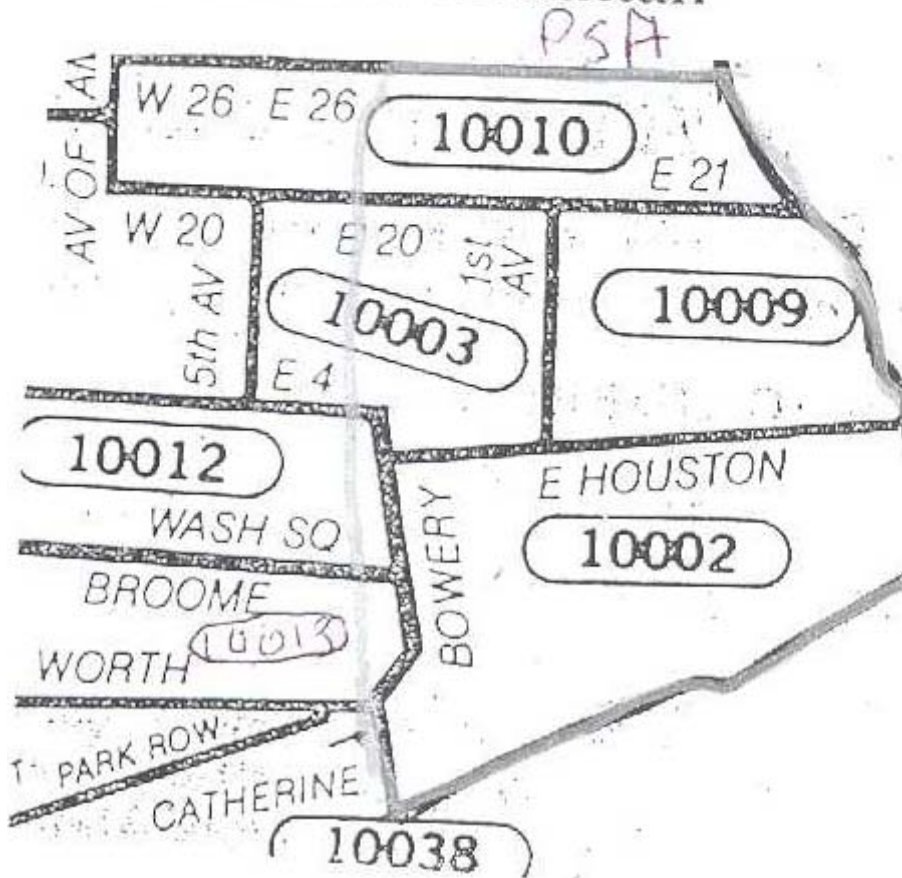
New York Eye and Ear Infirmary Primary Service Area (HPSA)



The Infirmary's Primary Service Area (PSA) census tracts include 2.01, 2.02, 8.00, 10.01, 12.00, 14.01, 14.02, 15.01, 16.00, 18.00, 25.00, 27.00, 29.00, 30.01, 30.02, 31.00, 32.00, 34.00, 36.01, 36.02, 38.00, 40.00, 41.00, 43.00, 45.00 and 55.02. These tracts are located within seven Lower East Side zip codes: 10002, 10003, 10007, 10009, 10012, 10013 and 10038 but as opposed to hospitals with primary service areas of whole counties and municipalities and those covering many zip codes, the totality of only two zip codes, 10002 and 10009, are within the Infirmary's PSA as designated by the federal government as a Health Personnel Area (HPSA) and as the local service area for the purposes of this Community Service Prevention Plan (CSPP). The average income of these 26 contiguous census tracts based on the last census is at or below 200% of the poverty level. The primary service area which extends north to Fourteenth Street, south to Fulton Street, west to Broadway and east to the East River contains a majority of the Asian/Pacific Islander population (Chinatown) in the entire borough. The HPSA geographic areas, recently designated by HRSA, are established boundaries which are identical to those of the local community planning district (CPB # 3), the police precinct, the sanitation district and the school district.

New York Eye and Ear Infirmary Primary Service Area (HPSA)

Zip Codes in Lower Manhattan



Although New York City contains major medical centers and vast health care resources, many of the local patients still suffer from numerous preventable health problems due to barriers including, but not limited to, financial constraints, an insufficient number of primary care physicians (thus the designated HPSA), a lack of coordination of services and linguistic and cultural isolation.

The disproportionate impact of preventable illness is especially pronounced for non-English speaking persons who experience many barriers in their attempts to access health care. The Infirmary serves patients in 36 different languages. In particular, these patients are forced to cope with other major social and economic factors including linguistic isolation and numerous differing cultural perceptions of health and disease which affect compliance and health seeking behaviors. Another major barrier which

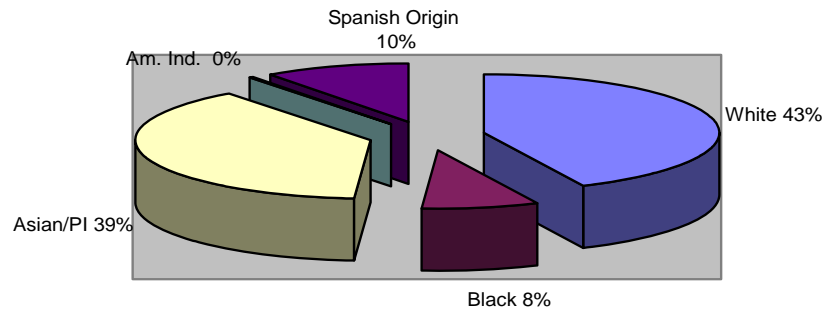
impacts on access to care is the lack of financial resources with which to obtain these services.

C. Race/Ethnicity: According to the 2000 United States Census, the population of the NYEEI Primary Service Area Lower Manhattan/Chinatown HPSA is 130,094. This total does not take into consideration undercounting, undocumented aliens and amnesty applicants. Approximately 50,000 Chinese, including immigrants from Taiwan and Hong Kong, were enumerated by the Census in 2000. Large numbers of these groups have settled in lower Manhattan and Chinatown with their compatriots

NYEEI Primary Service Area Ethnicity

Tract #	Total Pop.	White %	Black %	Asian/PI %	Am. Ind. %	Persons of Spanish Origin %
2.01	3,387	20.2	14.4	37.0	0.0	28.3
2.02	7,915	53.9	16.9	14.0	0.4	14.7
8.00	9,952	19.1	0.4	79.4	0.0	1.0
10.01	1,940	81.3	5.9	2.0	0.0	10.8
12.00	3,511	73.5	6.2	7.3	0.9	12.1
14.01	3,130	92.2	3.0	1.3	0.0	3.4
14.02	2,959	37.3	13.9	29.0	0.0	19.7
15.01	4,067	75.6	8.5	14.1	0.0	1.9
16.00	8,709	8.8	1.0	88.2	0.0	2.1
18.00	9,247	15.1	4.5	70.6	0.0	9.8
25.00	6,005	14.3	21.1	36.5	0.2	27.8
27.00	1,344	43.9	9.7	46.4	0.0	0.0
29.00	7,058	12.6	9.0	73.3	0.2	4.9
30.01	3,906	38.7	13.5	27.7	1.3	18.7
30.02	2,868	76.5	7.8	9.4	1.1	5.2
31.00	332	87.1	12.9	0.0	0.0	0.0
32.00	7,832	80.5	7.3	7.9	0.6	3.7
34.00	6,235	71.2	8.8	6.5	0.4	13.1
36.01	3,761	26.7	22.7	23.4	0.0	27.1
36.02	2,448	71.2	8.8	6.5	0.4	13.1
38.00	8,395	75.6	6.2	12.3	0.1	5.8
40.00	8,450	70.9	5.2	11.9	0.3	11.5
41.00	8,641	21.1	1.0	75.9	0.2	1.9
43.00	4,925	57.3	4.3	32.6	0.6	5.3
45.00	921	68.2	1.0	21.6	0.0	9.1
55.02	2,156	82.2	83.0	5.7	1.5	1.8
Total	130,094	55,914	10,585	50,315	389	12,891

NYEEI Primary Service Area Race/Ethnicity



Source: US Census of Housing and Population STF 3A

D. Linguistic and Cultural Considerations

The Asian-American/Pacific Islander (A/PI) population is the fastest growing population group tracked by the U.S. Census Bureau, as demonstrated by the 104.7% increase between 1990 to 2000. In New York City there has also been a major demographic shift during the same period. This included the greater Chinatown area which saw a dramatic rise in its Asian/Pacific Islander population—specifically, a 32.9% growth in the Infirmary's primary service area. A/PI's in Manhattan are predominantly of Chinese origin and are concentrated in the greater Chinatown area. Many of the Chinese-speaking new residents have little or no English fluency and limited financial means; they have largely settled in the greater Chinatown area, the focal point for employment, social services, entertainment and social activity and in Flushing, Queens. The 2000 United States Census shows that **35,752 residents (27.5% of the population in NYEEI's primary service area and now HPSA, predominantly Asians and Hispanics, live in linguistically isolated households.** These are households which do not contain any person over the age of 5 who is proficient in English.

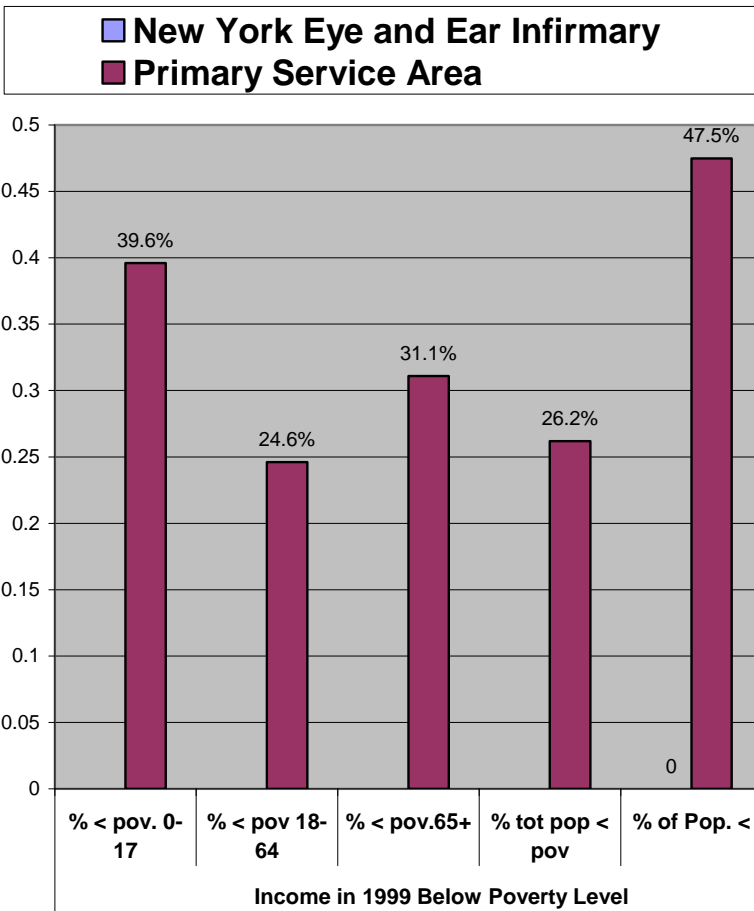
E. Demographics and Socio-economic Status

Because of this rapid and sustained increase of Asian immigration, greater Chinatown area residents have had little time to adjust to life in the United States. This lack of proficiency in English has also led to a high level of poverty in this community. Almost **one half of the residents** (approximately sixty two thousand persons) in Lower Manhattan **have incomes below 200% of the poverty level and over one quarter live in linguistically isolated households.** The Census reports that 61,784 residents, approximately 48% of the total population, live at or below 200% of poverty (Table 1).

New York Eye and Ear Infirmary Primary Service Area

**Poverty
Statistics
Table 1**

Census Tract	Total Population	Pop. below 200% Pov. Level	% of Pop. < 200% Pov.	Asian/PI %	A/PI 200% of Pov. Level
2.01	3,387	2,289	67.6%	37.0	847
2.02	7,915	3,626	45.8%	14.0	508
8.00	9,952	5,535	55.6%	79.4	4,395
10.01	1,940	580	29.9%	2.0	12
12.00	3,511	1,353	38.5%	7.3	99
14.01	3,130	841	26.9%	1.3	11
14.02	2,959	2,221	75.1%	29.0	644
15.01	4,067	932	22.9%	14.1	131
16.00	8,709	4,594	52.8%	88.2	4,052
18.00	9,247	5,722	61.9%	70.6	4,040
25.00	6,005	4,152	69.1%	36.5	1,515
27.00	1,344	403	30.0%	46.4	187
29.00	7,058	2,997	42.5%	73.3	2,197
30.01	3,906	2,740	70.1%	27.7	759
30.02	2,868	1,306	45.5%	9.4	123
31.00	332	156	47.0%	0.0	0
32.00	7,832	2,477	31.6%	7.9	196
34.00	6,235	2,663	42.7%	6.5	173
36.01	3,761	2,702	71.8%	23.4	632
36.02	2,448	847	34.6%	6.5	55
38.00	8,395	3,088	36.8%	12.3	380
40.00	8,450	2,204	26.1%	11.9	262
41.00	8,641	5,161	59.7%	75.9	3,917
43.00	4,925	2,424	49.2%	32.6	790
45.00	921	210	22.8%	21.6	45
55.02	2,156	561	26.0%	5.7	32
Total	130,094	61,784	47.5%	38.7%	26,002



Source: US Census of Housing and Population STF 3A

Concerned about the health and welfare of its neighbors, the Infirmary took the lead role as a founding member and joined together other community leaders in forming a task force (Coalition for a Healthier Lower East Side) which conducted a two-year research project into services available relative to the overwhelming and observable need in the area.

Research included the compilation of extensive data from the U.S. Census, New York City Department of Health and other numerous published sources, direct mail surveys, and personal canvassing by a corps of volunteers (many of whom live or were raised in the neighborhood) with an emphasis on Alphabet City and Chinatown. The findings concluded that this area was eligible for the designation of a Medicaid Health Personnel Shortage Area (HPSA). The U.S. Health Resources and Services Administration (HRSA) affirmed the HPSA status.



Targeted to senior citizens' centers in Lower Manhattan, a free eye screening uncovered the fact that many of the attendees had not been to an ophthalmologist in more than a decade.

F. Other NYEEI Service Areas

In addition to our focus on the Lower East Side (LES), much of the Infirmary's "community" service reaches beyond the immediate area surrounding the hospital. Through a toll-free 1-800 information service, more than 5,500 people a year request and receive free literature on hundreds of topics related to the eyes, ears, nose and throat. In **2008**, the website—www.nyee.edu – received 574,363 unique visitors, a 4% increase from 2007. There were an additional 280 emailed inquiries on eye and ear-nose-throat. We continue to be proactive in linking our specialty care website to those of numerous other health care information and provider sites. The Infirmary's Strategic Plan refers to the Infirmary website as "A Community and Professional Portal." This significantly enhanced feature now includes a "Patient Education" section which provides information on pre- and post-operative care support programs available at the Infirmary as well as a growing selection of instructive videos and webcasts.

Through mass media, the Internet, and various direct response vehicles, the Infirmary solicits and receives comments from approximately 6,000-8,500 individuals a year. This hospital's communications strategy recognizes that there are a substantial number of consumers who are avid "information seekers" and that they search out health data in everything from newspapers and magazines to cyberspace. We actively attempt to reach many audiences through a variety of organizations, community groups and broadcasting media. The majority of our community service activities are held in the community and all are interactive.

III. Public Participation, Notice and Input in NYEE's CSPP

A. Participants and Process

In developing the Community Service Prevention Plan, the New York Eye and Ear Infirmary collaborated with the following groups, organizations, agencies and institutions.

1. NYEE Community Advisory Board
2. Union Square Partnership (aka 14th St. BID-Business Improvement District)
3. East Side Chamber of Commerce
4. Local (NYC) Department of Health
5. NYC & NYS Healthcare Associations:
6. NYEE Diversity Council
7. Cultural Competency Advisory Board
8. Immaculate Conception Church
9. New York Medical College
10. New York State Ophthalmological Society (NYSOS)
11. Community Planning Board M-3
12. Local elected officials (City Council, NYS Assembly and NYS State Senate)
13. CHP hospitals--St. Luke's-Roosevelt and Beth Israel



Hospital participates in events with the Union Square Partnership, such as distribution of health related material at a summer concert series in Union Square Park.

B. Public Notification Process



Continuum Health Partners, Inc.

FOR IMMEDIATE RELEASE Contact: Jean Thomas, Director of Public Affairs
 DATE: August 20, 2009 T: 212.979.4274 E: jthomas@nyee.edu

THE NEW YORK EYE AND EAR INFIRMARY SOLICITS COMMUNITY INPUT

Founded in 1820 and located at the same corner of 14th Street and Second Avenue for over 150 years, NYEE has helped generations of New Yorkers to see, hear and speak better. The current "home" to the Infirmary was dedicated on April 25, 1856, and is one of the longest continuously occupied locations of any hospital in New York City.

As the neighborhood and New York City change, The New York Eye and Ear Infirmary wants to keep hearing from the community. The hospital is seeking local input in accordance with New York State's Prevention Agenda for the Healthiest State on a three-year community service plan. Potential prevention priorities include: Access to Quality Health Care, Chronic Disease, Community Preparedness, Healthy Environment, Healthy Mothers, Babies and Children, Infectious Disease, Mental Health and Substance Abuse, Physical Activity and Nutrition, Tobacco Use and Unintentional Injury.

A public meeting will be held on Wednesday, September 23, 2009, at 6:00 PM in the hospital's Board Room. RSVP to 212.979.4472 or e-mail webmaster@nyee.edu. Neighbors who cannot attend but wish to comment on either issue may also e-mail their responses to webmaster@nyee.edu

In addition to NYEEI being the first specialty hospital in the nation, it is also still the largest provider of outpatient specialty care. Its major departments are Ophthalmology and Otolaryngology/Head & Neck Surgery, performing more than 25,000 surgical procedures and 225,000 outpatient visits a year. New York Eye and Ear Infirmary is a member of Continuum Health Partners and an affiliated teaching hospital of New York Medical College.

#

This request for input was published in the local Lower East Side newspaper, Town and Village.

C. Date and outcomes of Advisory Group Meeting

9-23-09 6 pm Board Room: Community Advisory Group participants

Toni Perite Representing Immaculate Conception Church; 525 E. 14th St
 Georgina Cruz 641 E. 13th St 8B NY, NY 10003
 Joanna Kelly Stuyvesant Town 10009
 Jean Suscavage 321 E. 13th St. NY, NY 10003
 Cynthia Rodriguez 229 E. 14th St #3E NY, NY 10003;
 Alma Figueroa 570 Grand St. NY, NY 10001
 Kim Kosow 420 E. 20th St 10009
 Judy DeFelice 319 Ave. C; 9E 10009; runs an Infirmary specific care bears foundation
 Zeny Abbariao 405 E. 12th St., 8H 10009; representing a local Filipino group & Immaculate
 Conception Church
 Infirmary staff (non-voting) convener: Ralph Andrew

The opinions on the Prevention Priorities of all present were solicited; all but one attendee voted. The dissenter suggested it was by and large a “silly” set of options for an eye and ear hospital. Actual ballots with the ten options were distributed and returned with the top two choices of each participant. The results were:

Chronic Disease Prevention 8 (“Several asked: “How can you prevent some eye diseases or prevent hearing loss?”

Community Preparedness 5

Healthy Environment 3

All other items received either one or zero votes.

In addition to the formal meeting, numerous responses were received via email and telephone. Two responses follow:

From: StephenMDaly@aol.com [mailto:StephenMDaly@aol.com]

Sent: Monday, September 21, 2009 11:47 AM

To: NYEEI

Subject: Community Input for Prevention Agenda.

Sorry that I am unable attend the meeting recently described in the Town & Village newspaper; however I would like to submit the following comments for consideration. I don't see how most of the ten prevention items you list apply to the New York **Eye and Ear Infirmary**.

As a resident of Stuyvesant Town and Peter Cooper Village for over 56 years, I pass by New York Eye and Ear Infirmary on 14th Street frequently; in point of fact my parents and I have been treated there on occasion...

I have always found this institution to be staffed by highly competent and professional medical personnel; accordingly, as to chronic eye disease and related prevention issues, I would leave it to the aforementioned personnel's best professional judgment.

Stephen M. Daly
 441 East 20th Street
 New York, NY 10010
StephenMDaly@aol.com

From: donbud123@aol.com [mailto:dombud123@aol.com]

Sent: Tuesday, September 22, 2009 7:54 AM

To: NYEEI

Subject: New York Eye and Ear

I saw the notice and article in T&V about requesting community input. The New York Eye and Ear Infirmary has always been an important part of our community. I live a block away in Stuyvesant Town and can't imagine it not being a part of our community. As to prevention ideas—I vote for your continuing to focus on sight impairments (chronic eye disease) and hearing loss.

I can't imagine not being able to find an eye doctor at night or on weekends.

Thanks for being part of our community and PLEASE stay right where you are.

Yours sincerely,

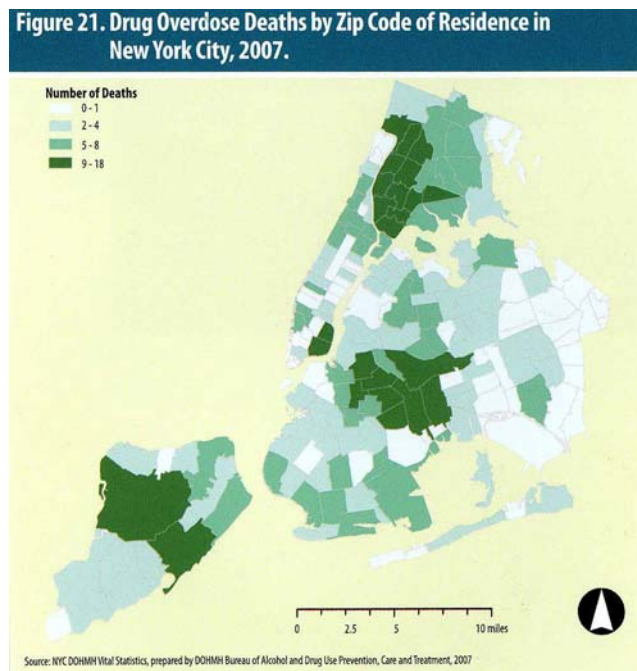
Donald W. Burkett
628 East 20th Street, Apt. 2C
New York, NY 10009

D. Interactions and Planning with the local (NYC) Department of Health-Mental Health and our State and Local Healthcare Associations:

Since the demise of the NYC Health Systems Agency (HSA), there has been less interaction with the local health authorities. Specifically, the NYC DOH-MH said they could not possibly meet with all hospitals individually so we attended a group meeting to hear their thoughts on prevention priorities. We have, however, taken advantage of community health assessments that have been conducted by the NYC DOH-MH. For example, we participated in local meetings of the NYC Turning Point Initiative (Office of Community HealthWorks) to exchange information on local health needs and we heavily utilized the Manhattan Community Health Profile when analyzing selected demographic information, data about births, the leading causes of hospitalization by age, hospitalization for selected chronic diseases, selected cancer incidence data, hospitalization for selected injuries, hospitalization for substance abuse and mental health and selected infectious disease data. However, for all these data elements the smallest units of analysis were the old HSA neighborhoods—as opposed to Health Areas, census tracts or zip codes and thus the data were not sufficiently targeted to local communities to be of great utility. The agencies activities are constrained by declining resources. The response to our inquiry regarding the latest summary of Reportable Diseases and Conditions by Health Area and Health Center Districts was: “we hope to have it available by next summer.” We did talk to DOH regarding their Top Ten Core Indicators in their 2009 publication Take Care New York (TCNY) and the 2012 targets. These are:

1. Promote Quality Health Care for All
2. Be Tobacco Free (NYEEI already is)
3. Promote Physical Activity and Health Living
4. Be Heart Healthy
5. Stop the Spread of HIV and Other Sexually Transmitted Diseases
6. Recognize and Treat Depression
7. Reduce Risky Alcohol Use and Drug Dependence
8. Prevent and Detect Cancer
9. Raise Healthy Children
10. Make All Neighborhoods Healthy Places.

Only the Environmental Intervention Blood Level Case Rates (low on LES), **Drug Overdose Deaths for 2007 (high here 15-19 per year)** and Chlamydia case rate among women (medium high) were by neighborhood or the home zip code of NYC residents.



Zip code map from Take Care New York on drug overdose deaths on the LES compared to other neighborhoods

We have coordinated closely and attended numerous NYC meetings regarding bioterrorism preparedness planning—which include multiple NYC agencies and the Mayor’s Office of Emergency Preparedness. We also participate actively with the community in “Cover the Uninsured” week—a citywide effort undertaken each year—a Robert Wood Johnson Foundation initiative.

We also worked closely with the NYC DOH-MH upon receiving a competitively bid three-year contract by the Bureau of Child Health of the NYC DOH-MH to perform Quality Assurance and Training for the 170,000 eye screenings conducted annually in the NYC public schools between 2005 and 2008.

Summary-Public Input: The invaluable public input process led us to and confirmed our instincts to focus on what we have for 190 years—the **prevention** of blindness and effort to treat and prevent chronic eye disease. The second priority prevention area selected by the community group was Emergency Preparedness (see section V).

IV. Needs Assessment--Meeting Community Health Needs:

The Infirmary has conducted in-depth assessments of distinct constituencies examining both short and long-term needs, utilizing a variety of government and private sources, including NYS SPARCS data, NYC mortality and morbidity reports, the 2000 U.S. census information, community health needs studies by the United Hospital Fund and Greater New York Hospital Association, the Community Health Profile (The Health of the Lower East Side of Manhattan--Chinatown and the East Village). Regular internal statistical abstracts to provide an ongoing analysis of need and changing demographic characteristics of the many communities we serve were also reviewed

This process included the following areas of focus:

- (1) The immediate geographic area surrounding the hospital
- (2) Our diverse patient population -- geographically dispersed, multi-cultural and multi-ethnic
- (3) Our interactions with the local (NYC) Department of Health
- (4) The wider public who seeks health information and services through the media, internet and direct mail.
- (5) An assessment of our current and projected rates of outpatient visits, inpatient admissions and ER utilization.

A Immediate Geographic Area:

The Lower East Side of Manhattan, in which The New York Eye and Ear Infirmary is physically located, demands special attention because of its socio-economic characteristics and strong self-identity as an established neighborhood. Concerned about the health and welfare of its neighbors, the Infirmary joined other community leaders in forming a task force (Coalition for a Healthier Lower East Side) which conducted a two-year research project into services available relative to the overwhelming and observable need in the area.

The research results were a stark reminder that on the Lower East Side:

- 38% of children and 42% of all seniors live in poverty.
- 69% of the population is non-white.
- 28% of all households are linguistically isolated.
- The teenage birth rate is more than twice the citywide average.
- Twice as many women (compared to citywide rate) abuse drugs during pregnancy.
- Only 54% of the persons over 25 years of age are high school graduates.

The report yielded valuable information that is further being used to benefit the health of the community surrounding the Infirmary. With the quantification of poverty statistics and poor health indicators on the Lower East Side, sites have been targeted for screenings. Agencies have opened dialogue on more collaborative efforts and programs. Pursuit of outside funding will be considered for specific projects that have been identified by and with the community. Recently, the otolaryngology service commenced a targeted physician recruitment program to better serve the Chinese, Korean and Russian populations.

B Diverse Patient Population:

As previously noted, patients travel from the five boroughs and the entire tri-state region to receive care at The New York Eye and Ear Infirmary. With approximately 132,000 outpatient visits, including emergencies, plus 25,000 surgical cases a year, it is impossible to profile a "typical" Infirmary patient. In 2008, 58% of the clinic patients were Hispanic, 21% black, 3% Asian and 21% other.

To best assess the multiple (and possibly conflicting) priorities and needs of such a diverse population, the Infirmary greatly expanded a patient satisfaction survey effort. The surveys were made available in English, Spanish and Russian, determined to be the most common languages spoken by our patients. To increase completion rates, questionnaires have been mailed to patients' homes with return postage and personally distributed on the premises by a corps of multi-lingual, multi-cultural volunteers. In 2003, we moved to the renowned Press Ganey surveys. Results are analyzed in the Quality Department and issued in regular

performance reports to all departments and immediate action taken if indicated. An impressive 87% responded with a favorable patient satisfaction rating.

Reduction of waiting times, varied appointment options, “family-friendly” procedures, expanded patient education programs and customer service standardization continue as goals being met in continuous quality improvement loop.

Finally, a Community Roundtable discussion, built upon the discussion from the previous sessions, facilitated the interaction of the participating physicians with leaders and key informants from the immigrant communities. This highlighted group-specific health beliefs and behaviors and their impact on ethnic disparities in health care. The training sessions presented Infirmiry staff with an excellent opportunity to engage in a discussion with non-physicians from the community.

C. Strategic Plan

The Infirmiry’s Strategic Plan re-commits the institution to our longstanding mission detailed in Section I. Significant pieces of our Community Service Plan have been incorporated in the Infirmiry’s Annual Strategic Plan and vice versa. Both short term and long terms goals for the delivery and enhancement of patient care services are outlined in the 50 plus page document. The 2006 planning process was, in part, built on the ongoing community needs assessment process and was reviewed by both senior staff and the Board of Trustees.

D. Non-prevention agenda items:

1. Cultural Competence Training

One concrete example of our collaborative effort with other associations to better serve our diverse community is the completion of a minimum of eight hours of cultural competence training by 95% of all house staff (physicians). The Infirmiry cultural competence curriculum focuses on facilitating therapeutic medical encounters across cultural divides. In 2008, there were segments on the general principles of:

- a. Cross-cultural care-giving
- b. Sharing information and strategies applicable to our specialties and to the populations we serve
- c. Providing an overview of the demographic, cultural, epidemiologic, legal, and socio-medical profiles of the largest immigrant groups with specific focus on:
 - education, income, occupation, and health care coverage
 - immigration patterns as relevant to health care access
 - language
 - diet and nutrition, including traditional diets
 - traditional medical therapies
 - religion/spirituality
 - the family
 - individualism versus group identification
 - health care decision-making processes
 - education
 - occupation
 - health beliefs and practices

- rights and entitlements

We have worked collaboratively with the community in planning various strategies--with the hospital and the community working together to define and realize various goals. The Infirmary participates in a number of community betterment activities and key hospital personnel hold leadership positions in major civic groups. The Infirmary is committed to improving the surrounding community in which its patients and staff live and work as well as improving access to services.

2. Leadership Role in the Community

The Infirmary is particularly active in our state (HANYS) and regional (GNYHA) healthcare associations. A member of senior management is active on the GNYHA Community Affairs Task Force, the special Cultural Competence Work Group, the Planning Committee and the Government Affairs Forum.

The New York Eye and Ear Infirmary maintains memberships, and in many cases leadership roles, in a variety of community groups. A hospital representative attends monthly meetings of the Union Square Partnership and the Lower Manhattan Development Corporation. Other administrators attend Community Planning Board sessions and work with appropriate committees, especially the sub-committees for Health & Human Services and actively solicit information about the health needs of the community. For example, the Department of Government and Community Affairs was instrumental in founding, and The Infirmary plays a key role in, the Lower Manhattan Health Care Coalition.

The Infirmary has a reputation for being a responsive and responsible neighbor (see the list of the 60 current community agencies with an affiliation with NYEEI). Over 300 young persons from these agencies volunteer regularly at the Infirmary; several have been hired to fill permanent positions here.

The Infirmary has consistently volunteered its facilities for sheltered workshop programs and for opportunities for mentally challenged students. The list of Community Affiliations includes many of these training opportunities for community residents. Similarly, more than 120 clinical trials (IRB approved) are underway annually at The New York Eye and Ear Infirmary, and a vital component is the outreach to inform and recruit people in the community who may benefit from participation in state-of-the-art clinical trials on the diagnosis and treatment of ocular and otolaryngological disease, blindness, deafness or head and neck cancers.



The New York Eye and Ear infirmary Thyroid Center and Project Chernobyl reach out with education and screenings, particularly to immigrants from the former Soviet Union and others exposed to radiation from the Chernobyl nuclear plant.

3. Patient & Family Education

The Infirmary's commitment to educating patients and families has continued to broaden. We obtained a grant from the United Hospital Fund (UHF) which allowed us to produce an instructional video, audiocassette and hard copy materials to standardize and expedite post-surgical cataract care. It is shown or given to patients prior to surgery and is now on the website. These materials are offered in English, Spanish, Russian and Chinese to meet the needs and assuage the concerns of our diverse, multi-ethnic, multi-cultural population. We have also produced a new swallowing retraining program video in English and Spanish. A second UHF grant helped establish a Multi-Cultural Trained Volunteer Advocacy Program. Many of our programs have a separate education component. For example, the head and neck cancer support groups for patients and caregivers, the vestibular rehabilitation support group, the uveitis support group, pediatric glaucoma and the macular degeneration support group monthly meetings all have an educational module for both patients and family members. Samples of specialty-specific health education materials in three languages other than English can be found in the Appendix. Other strategic initiatives have also had numerous patient/community education components: For example, we distributed thousands of wallet-size cards for patients to note their medications, participated in the Passport to Health distribution and created user-friendly picture posters about the five steps undertaken here to assure correct site surgery on every case.

In addition to the community outreach programs, the Infirmary distributes large quantities of public health and Patient and Family Education material each year (see below) in the community. The financial resources committed to this effort are reported in Section VIII.

In 2008, these efforts included:

A. Brochure distribution: sent one box to each recipient organization, generally at least 50 copies on topics as requested for specific audiences or age groups.

Quality of Life work, DC 37 – Sept. 17th

Materials: Variety of brochures
Purpose: Health Fair for municipal employees
Contact: Linda Jenkins
QWL Coordinator at DC 37
6 Harrison Street, 4th Floor
New York, NY 10013

Self-help Community Services, Inc. – May 15th

Project Pilot
Materials: Variety of EYE and ENT brochures for seniors.
Purpose: Health and Wellness Fair
Contact: Laverne Green or lgreen@selfhelp.net.
136 West 91st Street
New York, NY 10024
212-787-8106

Canaan Senior Service Center – April 12

Materials: Variety of EYE and ENT brochures for seniors in English and Spanish
Purpose: Preventive Care
Contact: Luigi Lloyd
10 Lenox Avenue
New York, NY 10026
212-876-2638

Lions Club – Oct. 22nd

Materials: Variety of eye brochures in Spanish & English
Purpose: Health Fair for bilingual, Spanish speaking clients
Contact: Margarita Guerra
16 Brushy Mountain Road
E. Stroudsburg, PA 18301
973-249-1230 Ext. 1200

Columba Kavanagh House, Inc. – Sept. 27th

Materials: Variety of brochures
Purpose: Community Outreach
Contact: John Thompson
Columba Kavanagh House, Inc.
Columba services
205 East 122nd Street
New York, NY 10035
212-426-6317 Ext. 11

Quality of Life at Work, DC 37 – Sept 20th

Materials: Variety of brochures
Purpose: Health fair for municipal employees
Contact: Linda Jenkins
QWL Coordinator at DC 37
125 Barclay St., Room 750
New York, NY 10027
212-331-0913

Block Institute – Sept. 17th

Materials: Variety of brochures
Purpose: Health Fair
Contact: Lucille
Block Institute

376 Bay 44th Street
Brooklyn, NY 11214
718-906-5452

Union Square Partnership – Aug. 9th

Materials: Brochures about Eye safety, Sunglasses, Preventing Facial Injuries in Sports
Purpose: Summer Fair in the Park
Contact: Courtney Maloney
Union Square Partnership
4 Irving Place
New York, NY 10003
(212) 460-1209

Brooklyn College – May 9th

Materials: Ophthalmology & Otolaryngology brochures
Purpose: Student Education
Contact: Yusef Ransome
The Health Program Office
0710 James Hall, Brooklyn College
2900 Bedford Avenue
Brooklyn, NY 11210
718-290-1533

New York City Transit Authority – May

Materials: Allergies & Sinusitis
Purpose: Workshop for subway employees
Contact: Donna James
180 Livingston Street, Rm. 412
Brooklyn, NY 11201
347-643-8169

4. Expanded Patient Encounters

The Infirmary experienced growth in both ophthalmology and total patient encounters (discharges, clinic visits, referred ambulatory visits, discharges and ambulatory surgeries) between 2001 and 2008 as the total number of onsite encounters increased from 174,757 to 206,823---an increase of 32,066 or 18%. Eye activity increased 13% while ENT encounters decreased by 31%. Ophthalmology's percentage of the total remained somewhat constant over the six-year period while ENT declined and "Other," mostly referred ambulatory visits, increased significantly.

Service	2001	2008	2008	2008	2008	Change 2001-2008 total	% Change 2001-2008 total
	Total	Total	Total	Ambulatory			
	OPD Encounters	OPD Encounters	Discharges	Surgery	Encounters	Encounters	Encounters
Eye	98,097	89,956	378	20,501	110,835	12,738	13%
ENT	46,532	26,929	844	4,195	31,968	-14,564	-31%
Other*	30,128	63,333	162	525	64,020	33,892	112%
Total	174,757	180,218	1,384	25,221	206,823	32,066	18%

* *referred ambulatory, sleep center, misc.*

Summary by Financial Class/Insurance Product-2008				
Service Area	Comm. + Comm. HMO & PPO	Medicare + Medicare HMO	Medicaid + Medicaid HMO	Self Pay-free pass-other
	%	%	%	%
Clinic	14%	28%	47%	11%
Amb. Surgery	40%	38%	18%	3%
Inpatients	35%	17%	35%	13%
ALL	25%	28%	37%	10%

A clinic payor mix of 58% Medicaid-self pay-no pay (plus 28% Medicare) presents enormous challenges to the Infirmary's commitment to expand its service to the local community.

5. Other Non-prevention agenda items

1. Customer Service Program The Infirmary recognizes that consumer satisfaction is integral to our success. To ensure that the entire staff is appropriately trained, we implemented a comprehensive customer service program which was attended by over 85% of all employees. Based on customer satisfaction surveys, it is believed that these programs, conducted by outside experienced consultants, have further improved the way customers/patients are treated, have improved employee morale and have increased staff retention. Customer service training is now a key element of our annual in-service training program. Ninety-one percent of respondents in both English and Spanish rated the Information provided by Infirmary staff to be either "Excellent or Good." Our plan is to continue these programs.

2. Facility Modernization

A key to the Infirmary's viability and success is in reinventing the structure and process for rendering care. This involves the incorporation of requisite changes for improving operational efficiency in processing patients, delivering care in the pre-, peri- and post-operative venues and making the "system" more patient-friendly. Over the Infirmary's long and rich history, the organization has adapted to the changing healthcare climate and as a result of this ongoing flexibility, the Infirmary has been able to help shape its own destiny. Today, the Infirmary is constantly evaluating ways to offer its constituencies an improved environment that more than meets their needs while lowering costs for the organization. Examples of recent re-engineering are:

a. Clinic Changes Our clinics, with approximately 130,000 outpatient visits a year (exclusive of referred ambulatory), have been renovated and refurbished to improve efficiency and their aesthetics to make them more like private physician offices. The ENT

area was recently upgraded to improve the flow of patients in both the waiting and clinic areas, expediting both the registration and discharge of clinic patients. Similar changes were made in the general ophthalmology clinic to enhance patient privacy. In addition to the physical changes, the appointment system was improved, managed care liaison positions were introduced and physician attending supervision was increased to promote greater efficiencies.

b. Elevator for the Handicapped The North Building, which houses the ENT clinics, was constructed more than 110 years after the South building, the home of the eye clinic. Based on the topography, it was not possible to have the ground floor of each at the same level. Thus, handicapped access between the two has been somewhat inconvenient. For example, wheelchair access to span a distance of 100 feet required three elevator rides--to the basement of one building, then a service elevator to the basement of the other building and then the passenger elevator to the other first floor. Installation of a wheelchair lift has been completed providing full access from one building to the other.

c. Energy Savings Program The extensive retro-fit of our utility management systems was substantially completed in early 2008. Significant energy savings of approximately 25% have already been achieved and as additional steam distribution system improvements planned for 2009 come on line, more expenditure savings will be realized. Among the major energy savings projects were the Steam Distribution System Upgrades throughout the Infirmary.

3. Program Enhancements

a. Retina Center

In 2003 we replaced two old clinical areas treating retina disorders in remotely located, undersized space at the opposite ends of the building. Even the most state-of-the-art pieces of equipment were physically dispersed and therefore caused scheduling problems.

Thirty-four beds were decertified in what was previously an inpatient unit to provide enhanced access, convenience, comfort, privacy and confidentiality. There are now special accommodations for pediatric, diabetic and wheelchair patients. There were over 41,000 visits/procedures provided in the new Retina Center in 2008 (a 8% increase over the previous year) as a result of the increased percentage of older individuals most at-risk for age-related macular degeneration and the rapidly rising number of New Yorkers with Type 2 diabetes. Recently, the New York City Department of Health and Mental Hygiene reported that in the past eight years, diabetes has doubled among adults in New York City, from less than 4 percent to nearly 8 percent. More than 450,000 adult New Yorkers have been diagnosed with diabetes and experts suggest there are many more undiagnosed cases.

A key component of the Infirmary's new Retina Center is its state-of-the-art diagnostic Ocular Imaging Unit which provides enhanced imaging for the treatment of retinal detachments, holes and tears through new and varied technologies including digital Fluorescein angiography, 3-D Ultrasonography and optical coherence tomography.

Twenty percent of the Retina Center's visit volume is pediatric patients with many of the children presenting with conditions resulting from premature birth. Retinoblastoma (ocular tumors) commonly occurs in those aged 4-5. A significant proportion of the adult patients

under age 55 present with conditions associated with diabetes mellitus; many of the 55+ patients are treated for Age Related Macular Degeneration (ARMD).

The Infirmary's "state-of-the-art" Retina Center was designed to be patient friendly. For example, a kitchen is provided given that many retina patients are diabetic and require special attention to their dietary needs or sometimes require just a snack or juice. A separate pediatric play area was also designed into the facility with fun, colorful floor patterns in a glass enclosed setting, allowing small children to have an area where they can play and be occupied in a supervised setting. Total visits and procedures in the Retina Center doubled in the first four years of operation.

b. Managed Care Liaison Program

We are further addressing patient needs with respect to HMO primary care physician referrals, especially Medicaid recipients, as they can no longer be seen on the basis of self-referral by expanding our Managed Care Liaison Program. The number of patients who need on-site assistance with the referral process has increased dramatically with the expansion of managed care and Medicaid Managed Care in particular. Additional patient advocates are now stationed in high-traffic locations.

c. Early Intervention Program (EIP)

To better serve the needs of children in this community with speech, hearing and language disabilities under the age of three, in conjunction with the City of New York we are developing and enhancing this program further. There is an increasing incidence of both mild and profound disability in the 0-3 age group. Visits increased in 2008 and the NYC Department of Health renewed the Infirmary's EIP contract for both core and specialty evaluations.

3. Other Plans listed in the Infirmary's Strategic Plan to strengthen, enhance, expand and/or initiate:

1. A Clinical Trials Center

Seeking both government and commercial funding, we see a great opportunity to establish a core clinical trials center—a separately identifiable area meeting NIH guidelines. We believe this will enable us to further increase the number of clinical trials underway at the Infirmary, the vast majority of which enroll patients from this immediate community. As noted, many of these research efforts are targeted to address specific health problems noted in the needs assessment for this community. Two examples are an NIH five-year funded project to study "Glaucoma in African Americans" (the incidence in blacks is five times that of Caucasians) as well as a new research protocol utilizing "Laser procedures to measure persistent narrow-angles in the interior portion of Hispanic eyes."

2. A Center for the Voice and Swallowing

3. A Vestibular Rehabilitation Program

4. The Otology Center of Excellence

5. A Thyroid Treatment Program to treat the many victims of the nuclear disaster at Chernobyl.

6. **New Quality Improvement Programs and Patient Safety Initiatives**—with a systems oriented approach relying on information technology and continuous improvement methodology.
7. **Child Health Plus** and **Family Health Plus** enrollment efforts.
8. **Outreach efforts to Elderly Communities on the Lower East Side (LES) NORCS** (Naturally Occurring Retirement Communities) collaborating with Continuum’s Karpas Center.
9. The new **EAR INSTITUTE** at 380 Second Avenue.
10. Data is collected on every patient including **Language Spoken at Home**, “I Speak…” and “I need medical translation in…” to assist us in better serving our non-English speaking patients.

V. Three-Year Plan of Action: Priorities and Goals

Priority #1 Help prevent blindness: Facilitate early detection and treatment; further address chronic eye disease

A. Background: Financial and Health Burdens of Chronic Eye Disease Grow

Almost one in 10 Americans (over 30 million people) suffer from chronic eye conditions such as glaucoma and macular degeneration.

A recent Robert Wood Johnson Foundation survey also found that: working-age adults with chronic conditions and medical bill problems were much more likely to forgo or delay needed care because of cost concerns—almost 25 percent went without needed care; 50 percent delayed care; and 56 percent of people did not fill a drug prescription in 2007.

- Uninsured, working-age people with chronic conditions were especially vulnerable to medical bill problems: 62 percent, or 5.7 million people, were in families with such problems — a sharp increase from 45 percent in 2003.
- Private coverage decline—only partially compensated for by public coverage.

Source: Center for Studying Health System Change, April 2, 2009.

B. Goals: Prevent blindness by improving early detection and treatment.

1. Improve access to care and knowledge of about chronic eye disease including glaucoma (high intra-ocular pressure damaging the optic nerve), macular degeneration (retinal drusen impacting vision) and diabetic retinopathy (damaged blood vessels in the retina can lead to vision loss and blindness).
2. Develop an iterative, collaborative model in which the feedback lessons from ongoing evaluation of the processes and outcomes of these interventions combined with the continuous input of the community to assist with needs determination and to refine the outreach strategies that will lead to improved outcomes.
3. Deliver culturally competent care including skill based training in the clinically appropriate setting
 - a. Raise awareness of the impact and outcome of chronic progressive eye disease
 - b. Conduct screenings and perform risk assessments for early detection of glaucoma, macular degeneration and diabetic retinopathy

- c. Educate all interested parties (our target population) to help them identify and modify risk factors (poor diet and little exercise) and to increase knowledge about methods of treatment
- d. Track and evaluate outcomes for program effectiveness
- e. Design plans of care around chronic disease management
- f. Establish support groups--glaucoma, macular degeneration and diabetic retinopathy
- g. Identify cultural competence, language and eye disease literacy skills; increase training re same
- h. Plan and develop pilot management program
- i. Evaluate and assess eye health patient success in disease self-management including medication compliance

C. Program Overview including Outreach/collaboration.

NYEEI will:

1. Continue with established community screenings and education throughout the primary service area
2. Work with our Community Partners, including:
 - a. NYEEI Community Advisory Board
 - b. The business (USP and Chamber) and academic communities (educational affiliate)
 - c. Community-based health care programs and facilities
 - d. Other hospitals including CHP's Beth Israel & St. Luke's-Roosevelt
 - e. Community physicians' practices
3. Devote resources to prevention agenda items through program awareness and outreach through the dissemination of appropriate material that create awareness of the severity and impact of chronic eye disease. This will be accomplished in collaboration with community partners, as well as to patients who come to the Infirmary.
4. Share research from NYS and national eye organizations addressing chronic eye disease.
5. Share the latest research results and information on clinical trials.
6. Encourage participation in clinical trails involving chronic eye diseases such as glaucoma and macular degeneration.
7. Distribute additional material to patients who come to the Infirmary with an emphasis on sharing information and evaluation of knowledge re risk factors.
8. Follow up with post-discharge/visit information and/or with telephone interviews
9. Survey healthcare professionals in the community. Document and share results

D. Program Content

Community and institution-based educational material about risk assessments and reduction and prevention strategies including nutrition (more spinach and anti-oxidants) and physical exercise; to be disseminated widely to the target population.

E. Three year strategies/objectives/initiatives to implement & achieve by Dec31, 2012:

1. Empower participants by increasing access to information and improving knowledge, skill building techniques and self-care behaviors that lead to positive behavior change including improved nutritional intake and exercise
2. Develop and implement chronic eye disease prevention education and offer regularly in community settings

3. Develop community education lectures and public service announcements that emphasize good nutrition, increasing physical activity, general good health and risk factors for chronic eye disease prevention including smoking cessation
4. Develop and implement a protocol for patients with chronic eye disease entering hospitals to promote referrals and further educational outreach

F. Program Evaluation

1. Establish a database to facilitate pre- and post-program evaluation.
 - a. Identify and measure the number of participants
 - b. Establish pre- and post knowledge levels
 - c. Measure program satisfaction
 - d. Determine the number of residents who modified their behavior

G. Measurables:

1. Assess existing education programs and numbers of participants
2. Establish pre-post test knowledge levels of participants in education programs
3. Measure participant satisfaction with educational programs (outcome measure)
4. Determine impact utilizing numbers and reach of media publications on related topics
5. Review the number of community organizations participating in the initiatives
6. Track the numbers of referrals for chronic eye disease education efforts
7. Report numbers of referrals and completion of screenings and testing

Ongoing input/community support

We will meet regularly with and seek feedback and support from our collaborative community partners re objectives A-G.

n.b.: We are unaware of any published Prevention Quality Indicators (PQI) or other data on chronic eye disease geocoded with zip codes or census tracts. Consistently, the unit of analysis is not at this micro level.

Priority # 2: Emergency Preparedness

Restructure and strengthen collaboration with the **Community Preparedness** Task Force including local community-based organizations and emergency medical services providers, conducted in coordination the City of New York.

I. Preparations for Bioterrorism. Nuclear, Biological and Chemical disaster readiness and training:

A. Background: In the two weeks following September 11, the Infirmary began working with Continuum Health partners to form a Nuclear, Biological and Chemical (NBC) Preparedness Planning Group. The planning group, comprised of key staff at all five partner hospitals is divided into 12 subcommittees which address different aspects of disaster preparedness planning; it meets on a biweekly basis. As a result of the planning group's findings, we have strengthened contingency plans for communications in the event of an emergency, pharmacy supply management, and other areas vulnerable to breakdown in the event of a terrorist attack. We are also conducting extensive education and training for all staff members to better protect the entire community. For example, drills for a mock "gas attack" were conducted recently and the decontamination tent has been erected on several occasions in the Infirmary parking lot. New terror-resistant doors will be installed at both the 14th St and Second Ave. entrances. We will continue to identify other weak links in preparedness for bio-terrorism in order that corrective action might be taken.

B. Emergency Management Issues to be Addressed—as detailed by the Joint Commission

1. Communication
2. Resources and assets
3. Safety and Security
4. Staff responsibilities
5. Utilities management
6. Patient clinical and support activities.

C. Plans/Strategies/Initiatives/Objectives:

1. Develop a common disaster management system – NIMS
2. Participate in communication drills with DOH
3. Participate in surveys with DOH
4. Participate in City and State wide and corporate drills with DOH, FDNY, & OEM
5. Attend DOH and OEM emergency seminars
6. Attend training seminars, and symposium held by the city
7. Establish alternate care sites
8. Develop CBRNE- Chemical, Biological, Radiologic and Nuclear-plans
9. Develop a MFMP-Mass Fatality Management Plan
10. Assist with public outreach and messaging capability to educate and train local residents reading public health emergencies
11. Prepare exit plan
12. Prepare for surge capacity hospitalization (32 beds)
13. Be a founding member of the Manhattan Healthcare Emergency Management Coalition (MHEMC) similar to the coalition in the Bronx and Staten Island to be a single clearinghouse for acute, specialty, and primary/ambulatory care as well as LTC/SNF to. Work collaboratively to conduct needs assessments, develop HVAs and/or share emergency management information. Member will include the Betances and Settlement Health Centers—as Lower East Side community partners.

D. Measurables By 4th quarter 2012, we will have:

1. Tested and prepared the above initiatives as to how to keep our doors open to serve the community.
2. Continued to focus on all matters related to organizational preparedness and emergency incident mitigation, response and recovery for all areas of the NYEEI, including site-specific plans.
3. Assisted in helping NYS achieve the Prevention Agenda 2013 goal of having 100% of the population living within a jurisdiction with a State-approved Emergency Prepared Plan.
4. Issued quarterly and annual reports.

II. Pandemic Control:

A. Goal: Develop and maintain emergency responses targeting flu vaccine and H1N1, including an expanded flu shot program

B. Plans/Strategies/Initiatives/Objectives include:

1. Determining distribution points for vaccines
2. Establishing a safety Committee and “Flu Vaccination Workgroup” to prepare for both seasonal and H1N1 flu.

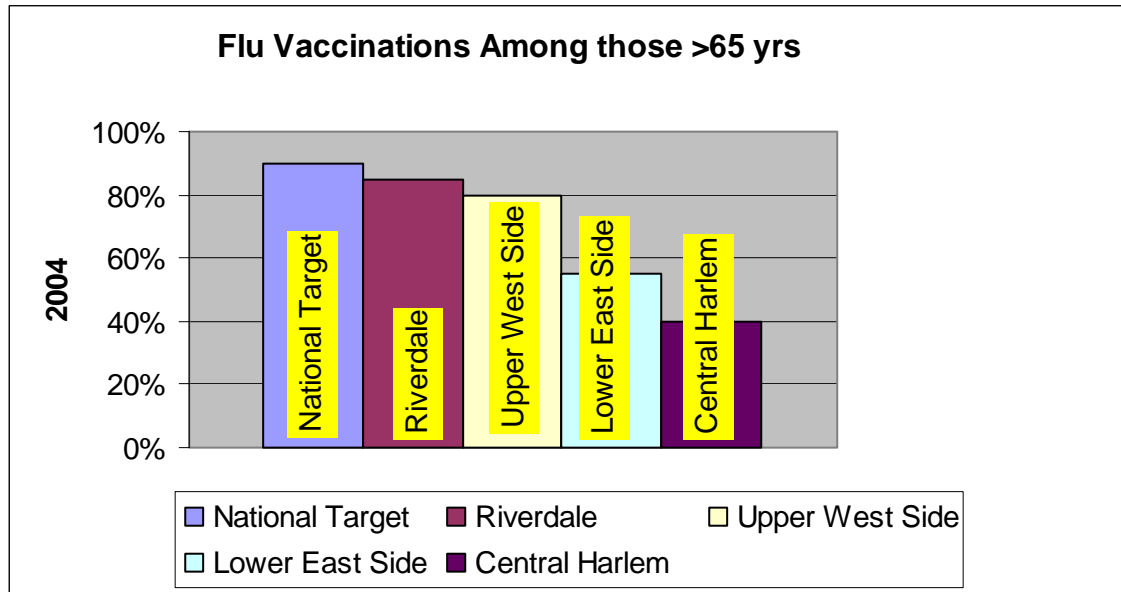
3. Establishing priorities.

4. Completing the following tasks:

- 1) Develop N95 rapid fit testing strategy & program
- 2) Develop H1N1 Surgical Mask & N95 Respirator Use Policy
- 3) Develop and finalize means for mass distribution & educational program
- 4) Develop employee prophylaxis & treatment policy.
- 5) Finalize means for mass distribution & educational program
- 6) Create draft budget for costs of medications & vaccines for the three year period
- 7) Develop informational resource, "Managing the Infectious Employee" that outline relevant policies and procedures re sick time & sending ill staff home
- 8) Increase & improve information exchange
- 9) Augment & Develop pharmaceutical stockpiles
- 10) Augment & develop supply stockpiles
- 11) Assess ventilator counts & type 1
- 12) Identify alternate care sites and alternate triage models for Clinics and inpatient overflow
- 13) Identify alternate staffing to support surge capacity
- 14) Evaluate & specify the roles of ambulatory care sites
- 15) Citywide Inoculation Registry
- 16) 24-hour reporting capability to NYS DOH.
- 17) Activation of Incident Command Center
- 18) Raise local flu vaccination awareness

Measurables: By fourth quarter 2012

- 1) Design pandemic plan in conjunction with the community
- 2) Convene and report on the successes and challenges facing the Emergency Preparedness Task Force
- 3) Develop Mass Fatality Plans for each site.
- 4) Develop and strengthen community outreach through our Task Force with our community partners
- 5) Develop a collaborative community preparedness infrastructure with community stakeholders
- 6) Strengthen ties with relevant government agencies
- 7) Identify community resources and methods of notification
- 8) Enhance communication between the New York Police Department (NYPD) incident command, the hospital and our community partners
- 9) Design and implement additional emergency tabletop drills collaboratively
- 10) Conduct additional and ongoing workshops
- 11) Achieve 100% vaccination rate for eligible employees
- 12) Help improve the vaccination rate on the Lower East Side among high -risk patients
- 13) Develop and distribute 500 multi-lingual posters and brochures
- 13) Evaluate program



Source: **New York City Community Health Survey** (most recent data available by neighborhood)

III. Support the NYC Blood Supply:

A. GOALS:

1. Conduct quarterly drives and establish performance monitoring
2. Increase # of donors and pints donated by 10% by Dec. 31, 2012

In all of the above ongoing efforts we will solicit input from our collaborative partners and work with the immediately geographic community

***Other NYS DOH Items:

1. **New or existing programs:** *Describe whether the priorities represent new community initiatives or existing programs that will be supplemented by input and support from community partners*

While the Infirmary has always stressed emergency preparedness and blindness prevention—by identifying chronic eye disease early--the specifics listed here include many **new** initiatives.

2. Priorities Considered in Assessment Process

Provide a description of the scope and of all hospital public health programs not included in the Prevention Agenda (see earlier description of non-prevention agenda items); ALL the NYS prevention priorities were considered but most did not apply to an eye and ear specialty hospital. We have already become a smoke-free hospital.

3. Current Outreach: The NYEE Infirmary has an ambitious schedule of public health/wellness and community outreach programming. The goals include:

- a. Addressing needs that are brought to our attention by community groups and agencies
- b. Facilitating linkages between the hospital, its staff and the community we serve

- C. Presenting and communicating information that will enable community members to make good decisions regarding their health, including chronic eye disease prevention and treatment
- D. Sponsoring presentations on emergency preparedness in the community especially as regards H1N1 flu prevention measures

The greatest need identified by the many constituencies of The New York Eye and Ear Infirmary is for expert, specialized information to protect their vision and hearing. In response to the needs assessment process, numerous community outreach programs and screenings were conducted in 2008. One of the most recent responses to a community-identified need, was to conduct thyroid screenings here and in Brooklyn for populations at risk—i.e., Russian and Ukrainian immigrants exposed to radiation around Chernobyl (Brooklyn and the Lower East Side house the largest concentration of Russian immigrants in NYC).

During 2008, this outreach included presentations on:



Continuum Health Partners, Inc.

Community Outreach Programs
2008

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity / Organization	How we participated or hosted	Participating hospital personnel or department
9 times / yr	Glaucoma Support & Education Group in conj. w/ Glaucoma Foundation	Provided location and selected guest speakers	Individual seminars listed by date throughout this table
6 times/yr. on call	Head & Neck Cancer Support Group Caregiver Support Network	Ongoing therapeutic group counseling sessions and nutrition seminars for cancer survivors and caregivers	H. Sirilan, RN (NCC-ENT clinic and staff) P. Blaho, RD (Nutrition/Food Services dept.) + Social Services dept.
6 times/yr	Macular Degeneration Support Group	Ongoing therapeutic group counseling sessions for patients and families with this progressive eye disease	G. Caponong, CSW and L. Tiersten, CSW (Social Services dept.) + medical guest speakers
4 times/ yr	Vestibular Support Group	Specialized support group for patients with chronic dizziness and balance disorders	L. Vetere, PT, B. Hujsak, PT (physical therapy directors of vestibular rehabilitation program), Social Services dept. + guest speakers on medical and psychological issues
6– 8 times /	Pediatric Glaucoma	Specialized support group for parents of children who have an	S. Kay, LCSW (early intervention social worker) +

yr	Support Group	eye disease which is more commonly associated with adults	guest medical speakers
6 – 8 times / yr	Pediatric Art Therapy Program	Serving children with severe visual problems such as pediatric cataracts, glaucoma and amblyopia. Patients are given tools to paint, draw or sculpt and given age-appropriate promote improved vision and ocular function.	T. Herzog, MFA (professional art therapist) L. Hall, MD Staff & facilities of Orthoptics dept.
month of January	Cataract and Glaucoma Awareness Months, in conj. w/ Am Acad of Ophthalmology Eye Care America Program for free exams for those who lack health insurance	Numerous items of patient education literature on all literacy levels in English and Spanish made available via direct distribution and web.	J. Thomas (Public Affairs director and chair of Pt & Family Education Committee) MD members of Am Acad of Ophthalmology throughout the year

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity / Organization	How we participated or hosted	Participating hospital personnel or department
1/ 19/ 08	Glaucoma Support Group	“Eye Exercises: Anytime, Anywhere”	Edith Marks, MS, author <i>Coping With Glaucoma</i> , guest speaker
month of February	Low Vision Awareness Month recognition + announcement of the NYEE Ear Institute dedication on 2/ 25/ 08	High profile event on 2/15/08: NYEE department chairmen and executives rang Opening Bell on New York Stock Exchange to raise national awareness of vision and hearing issues	D. M. Kessler, President & CEO; J. Walsh, MD, Chairman, Ophthalmology; S. Schaefer, MD, Chairman, Otolaryngology; R. Hoffman, MD, medical director, Ear Institute; S. Parisier, MD, Co-director, Cochlear Implant Program
2/ 17/ 08	Cochlear implant toddler/parent day	Explore formation of support group	Ear Institute
2/ 18/ 08	Glaucoma Support & Education Group	“Balance: Find the Ground Before It Finds You” (workshop to help people feel more sure-footed and be able to take healthy walks)	Barbara Friedman, teacher of tai chi and member National Women’s Martial Arts Federation, guest speaker
2/ 27/08	Age-related macular degeneration outreach	Amsler Grid, an “at home” eye test for AMD in Chinese as well as English for Good Companion Senior Center on Lower East Side	J. Thomas (Public Affairs director and chair of Pt & Family Education Committee)
2/ 28/ 08	Children’s Hearing Institute / Controversial Issues in Pediatric Audiology Conference	Parents’ workshop	J. Madell, PhD, & audiologists of Ear Institute
month of March	Nutrition Month	Emphasis on educating staff and patients about Body Mass Index (BMI) due to close connection between obesity, diabetes and the resulting eye disease diabetic retinopathy	P. Blaho, RD (Nutrition / Food Services dept.)
March	Eye Donor Month in conj. w/ Eye Bank for Sight Restoration	Availability of donor cards and information	
3/ 2- 9/ 08	Patient Safety Awareness Week “ A Road Taken Together”	Implementation of additional Speak Up patient safety series in English and Spanish	20+ members of multi-disciplinary Patient Safety Committee
3/ 7/ 08	Sleep Awareness Day	Educational sessions for staff and general public on the effects of Daylight Saving Time change on the body	J. Namwila, manager, + staff of NYEE Sleep Lab, in conj. w/ National Sleep Foundation
3/ 18/ 08	Healthy Steps to Albany	Participation in pilot project to reduce childhood obesity (and precursor to diabetes) by walking; use of pedometers	9 th Floor Pediatric unit staff; Public Affairs staff; outpatient centers

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity / Organization	How we participated or hosted	Participating hospital personnel or department
3/ 12/ 08	World Glaucoma Day High profile event which included a month of awareness activities about need for early detection of this leading cause of preventable blindness.	Culminated in Mayoral Proclamation observing World Glaucoma Day in New York City and advocacy for vision screening read into the Congressional Record.	R. Ritch, MD, chief of glaucoma services + professional and support staff of NYEE
3/15/08	Glaucoma Support & Education Group	“New Surgical Approaches to Glaucoma and Imaging”	Z. Sbeity, MD, and P. M. Palmiero, MD, NYEE glaucoma fellows
3/ 12- 6/ 18 /08	Children’s Hearing Institute Family Workshop Series for elementary schoolers and teenagers contemplating cochlear implants	Parents meet a psychologist to discuss issues related to hearing loss, while young people attend age appropriate sessions where they explore music interpretation, singing, pop music before and after implantation.	Psychologist D. VanDyke and educator C. Cheffo, MS, plus J. Madell, PhD, M. Willis, and other multidisciplinary professional staff of Ear Institute
4/ 2/ 08	Art Tours for the Visually Impaired	Promotion of special programs for the blind and visually impaired to obtain audio and tactile tours in museums	Volunteer Services in conj w/ Rubin Museum and Metropolitan Museum of Art
4/ 12/ 08	World Voice Day in conj w/ Am Acad of Otolaryngology. Assistance and promotion through Music Cares, charitable foundation of the Grammy Association	Comprehensive screening and vocal health tests for young (and often underinsured) singers and other performance artists; prevention, detection and treatment of vocal fold polyps	M. Pitman, MD, director, Voice & Swallowing Institute + professional staff of speech therapists.
4/ 19 /08	Glaucoma Support & Education Group	“Genetic Solution to Glaucoma” update on research to current patients	Guest presenter: S. Kumar, MD, NYEE Glaucoma Research Fellow
4/ 21/ 08	United Federation of Teachers Retirees Social Service Dept.	Donated library of speech, language, hearing, and hearing aid literature	R. B. Judson, AuD, J. Thomas, public affairs
4/ 24/ 08	World Information Transfer/ United Nations	“Living With Chernobyl” conference for concerned community members as well as medical professionals	D. Branovan, MD., director, Thyroid Center, Dept of Otolaryngology
–ongoing	Project Chernobyl Database management as a community service by NYEE	Education, screening and tracking of some 200,000 NY metro residents who lived in or around Chernobyl and are at risk for thyroid cancer	(same as above)

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity / Organization	How we participated or hosted	Participating hospital personnel or department
month of May	Healthy Vision Month National Eye Institute	“Protect Children’s Vision” Provide free health information educate and inform parents on the best ways to tend to the precious sight of their children	Materials distributed by Public Affairs Office Focus on children using appropriate protective eyewear to protect their vision.
5/ 3/ 08	Healthy Community Day at PS 130, 143 Baxter Street in Chinatown	Materials for eye, ear, nose, throat health and emergency care in English and Chinese	C-L. Lin, MD, attending otolaryngologist, advisor; Staffed by Chinese-speaking volunteers from HS for Health Professions & Human Svcs
5/ 8/ 08	NY-Revlon Run/Walk for Women’s Health	Team participation w/ hospital banner	A. Lebowitz, speech pathologist, & team
5/ 17/ 08	Glaucoma Support & Education Group	“Stay Independent”: workshop on dealing w/ low vision	Tom McCarville, rehabilitation teacher “Ears for Eyes,” guest speaker
5/ 19/ 08	Ear Institute open house	Tours and educational demonstrations for professionals and the public	R. Hoffman, MD., J. Madell, PhD, + professional staff of audiologists, speech therapists, and vestibular rehabilitation services of Ear Institute
6/ 12/ 08	Sunglasses as “sunscreen” for your eyes: protection against eye cancer	Launch of public service campaign	P. Finger, MD, director of ocular tumor, in conj w/ Eye Cancer Foundation
6/ 21/ 08	Glaucoma Support & Education Group	“Cataract Surgery for the Glaucoma Patient”	A. Gonzalez, MD, guest speaker
6/30/ 08	Inbound Medical Tourism Campaign	Launch of programs and services directed to the traveler coming to NYC and NYEE for specialty treatment due to favorable exchange rate or tourist in need of emergency treatment	D. Wood-Smith, MD, Chairman, Plastic & Reconstructive Surgery, Administration + Public Affairs staff; in conj. w/ New York Tourist Advisory Board
9/12 08	Russian- American healthcare seminar	For healthcare professionals with linguistic, cultural or educational connections to the former Soviet Union, with emphasis on rising incidence of thyroid disorders among Russian-speaking population	D. Branovan, MD, director, Thyroid Center in conj. w/ Russian-American Medical Association
9/20 /08	Glaucoma Support & Education Group	“What Your Doctor May Not Tell You”	Gregory Harmon, MD, guest speaker
9/ 22/ 08	Hispanic Heritage Month campaign in conj w/ American Academy of Ophthalmology	Public awareness of eye care issues, with special emphasis on patient teaching materials available in Spanish.	R. Andrew, director, External Affairs J. Thomas, public affairs off.

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity / Organization	How we participated or hosted	Participating hospital personnel or department
10/ 15/ 08	Diabetes in the Eye seminar	Free seminar to acquaint persons w/ diabetes about special testing procedures such as advanced imaging and treatments such as lasers.	T. Kaiura, MD + professional staff of Ophthalmology Faculty Practice, Mineola office
10/ 16/ 08	“With Love from Lil” children’s campaign	Launch of initiative by a grateful and enthusiastic pediatric patient to inform her peers about eye surgery and provide motivational souvenirs to other children on the unit.	C. Bohdan, development office 9 th floor pediatric staff
10/ 18/ 08	Glaucoma Support & Education Group	“Analyzing Your Visual Field”: what the numbers mean and how to do an “anxiety free” test	G. DeMoraes, MD, NYEE glaucoma fellow
10/ 19 /08	“Making Strides Against Breast Cancer” / American Cancer Society	Participants in 20,000 person march	A. Figueroa (director of volunteer services) + 25 members Employee Activities Committee
Month of November	National Diabetes Goal	Support of national public awareness campaign about diabetes, a leading cause of preventable blindness in adults	J. R. Rosenthal, MD, medical director + Administration of NYEE
11/ 2/ 08	Drowsy Driving Prevention Week (done during change back to Standard Time, when shift often causes temporary disruption of body clock)	Screening and quizzes to detect symptoms of sleep deprivation; counseling, tour of Sleep Lab	J. Namwila, manager+ staff of NYEE Sleep Lab in conj. w/ National Sleep Foundation
11/ 15/ 08	Glaucoma Support & Education Group	“Report from ‘ARVO’: scientists and researchers share their latest findings	T. Prata, MD, clinical fellow in glaucoma
11/ 18/ 08	Great American Smokeout theme: Do Cigarettes Have You by the Throat”	Distribution of national stop-smoking material plus English & Spanish material on dangers of second-hand smoke, aimed at specially at parents and children	Otolaryngology outpatient dept staff, Public Affairs staff
11/ 19/ 08	Washington Irving High School Career Night in conj w/ Union Sq. Partnership	Speakers to high school classes w/ emphasis on entry-level careers in health care	J. Thomas, Public Affairs + Human Resources, Nursing, and Dietary depts.

DATE	PROGRAM	INVOLVEMENT	HOSPITAL PARTICIPANTS
	Community Outreach Activity/ Organization	How we participated or hosted	Participating hospital personnel or department
11/ 21/ 08	“Live Longer New York!” / Stein Senior Center	Giveaways and materials on cataracts, glaucoma, hearing, and balance & dizziness, much in Spanish & English	H. Demetrios, C. Gittens Public Affairs Office
12/ 2/ 08	Seminar on Tear Duct Disorders	Outreach to optometric community by Mineola office of Ophthalmology Faculty Practice	B. Moskowitz, MD (oculoplastic surgeon)
12/ 17/ 08	Chinese American Medical Society & NYEE w/ Beth Israel Med Ctr	Nasopharyngeal cancer screening for at risk Chinese immigrant population	J. Li, MD; T. He, MD; B. Wu, MD; E. Chan, MD (members Otolaryngology Faculty Practice)
12/ 15-24 / 08	Community Coat Drive for New York Cares	Collected more than 50 coats and gloves, scarves and hats for needy children and adults	R. Andrew (director, External Affairs) and Support Services Dept.

VI. Financial Aid Program and Changes Impacting the Provision of Charity Care and the Access to Services

A. Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807(k) (9-a)

The implementation of Charity Care Financial Aid at NYEEI has been successful in enhancing access for many community residents. Information explaining the program and eligibility guidelines is made available to patients. New York Eye and Ear Infirmary has an established Charity Care Policy; providing for assistance to patients meeting the Charity Care criteria. The New York Eye and Ear Charity Care Policy utilizes current Federal Poverty Guidelines for the income level criteria, with percentage increments for categories to over 300% of the Federal Poverty Level (FPL).

In 2008, NYEEI reviewed the Charity Care Process and significantly changed the financial assistance process. Now all patients denied Medicaid Eligibility by New York State and living within the NYEE primary service area are routinely informed about charity care—thereby establishing a safety net process. Education was provided to the NYEEI Financial Counseling Staff regarding NYEE Charity Care Policy. There is on going monitoring and internal reporting of the Charity Care process which includes the number of applications, denial rate (<2%), etc.

The intense documentation requirement for New York City Medicaid application, along with the electronic application submission requirements has intensified the Medicaid eligibility process. This stringent Medicaid application process coupled with the current economic recession, and the number of under insured and uninsured increasing, has increased the strain on Financial Counseling resources.

B. Describe any changes to the hospital's operation of financial situation that impacts 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."

1. Challenges, Changes and Their Impacts:

A. Positive:

- 1) New leadership team with vision
- 2) Development of a long-range strategic Plan including regionalization
- 3) Recruitment additional physician specialist
- 4) Conversion to electronic medical records system well underway
- 5) Prestigious Magnet Nursing Award in 2008 will help recruitment and retention
- 6) Increased emphasis on outpatient care
- 7) New CC brochures and signage in four languages for patients
- 8) The \$22 million plan currently awaiting CON approval by the NYS DOH for renovation and expansion of two ORs will enable NYEEI to upgrade two new ORs and to build a new urgi-care center (the only other 24 hour specialty urgi-care center closed in 2007). This project will allow us to expand services to the community and will have a positive impact on NYEEI's revenue stream to improve on the bottom-line losses.

B. Negative

1. Fourteen consecutive years of operating losses have had a significant impact on the Infirmary and its ability to expand services to the community. The audited loss in 2008 was \$4.5 million. This limits the amount of free care that can be offered.
2. We continue to attempt to negotiate fair and equitable rates with our commercial payors.
3. There have been seven cuts in Medicaid reimbursement in the last four years of NYS budgets.
4. Downturn in the national and local economy

C. Unknown

- a. Impact of proposed federal healthcare reform on Medicaid & Medicare reimbursement
- b. Potential downsizing of NYS Medicaid program

VII Dissemination of the Report to the Public

A key element of the Community Service Plan is the dissemination of relevant information and availability of financial assistance to the public.

We have:

1. Begun to disseminate a colorful written summary of the CSP to the public in brochure form which includes and highlights:
 - a. Pertinent financial data that demonstrates our past, current and future commitment to public health programs and financial assistance.
 - b. Key information regarding the Infirmary's public health programs, Prevention Agenda, including both Prevention Agenda priorities and non-Prevention Agenda programs
2. Posted the information to the hospital's websites (internet and intranet)

3. Made copies available at the front entrance to the hospital and in the medical library with a cover sheet stating "Feedback Welcome." Copies can also be ordered from the Public Affairs office at the same address. This process has enhanced our collaborative efforts.

VIII. Financial Information

While our financial data were reported to DOH in June through the ICR, we are encapsulating that information, as we have done in past years, for the benefit of the community in the summary brochure.

Net Operating Patient Revenue, Net Operating Expenses and Net Income 2007 and 2008

	<u>2007</u>	<u>2008</u>
Net operating patient revenue	\$84,117,018	\$ 90,560,000
Net operating expenses	95,427,806	106,606,291
Net operating gain (loss)	(486,358)	(4,412,958)
Charity Care	7,522,319	3,655,988
Bad Debt	4,205,031	5,059,269
Total uncompensated care	\$11,727,350	8,715,257
Charity Care & CS as a % of net patient revenues		4.54%

Bad Debt & Charity Care and Support for Community Activities 2008:

Total uncompensated care at NYEEI in 2008 was \$ 8,715,257 comprised of \$3,655,998 in charity care and \$5,059,269 in bad debt. Another \$451,271 was expended on community service activities (listed in the appendices) including seminars, screenings, health fairs, needs assessment, health education materials and outreach.

IX. Plan Contact Information

Office of Public Affairs NYEEI 310 E. 14th St. NY, NY 10003 212 979-4274

External Affairs NYEEI 310 E. 14th St. NY, NY 10003. 212 979-4578

Webmaster: webmaster@nyee.edu.

X. Corporate Structure and Affiliations

NYEEI is a 69 bed not-for-profit teaching hospital located at 310 E. 14th St. focusing on outpatient care. We currently operate ten offsite locations including the Ear Institute at 380 Second Ave. There are approximately 185,000 square feet at the three primary locations.

The New York Eye and Ear Infirmary, a 501-C-3 not-for-profit corporation, has been a member of Continuum Health Partners, Inc. (CHP) since 1997 with an independent Board of Directors. CHP is the membership corporation for Beth Israel Medical Center, St. Luke's-Roosevelt Hospital Center, The Long Island College Hospital, and The New York Eye & Ear Infirmary.

While each hospital remains a separate legal entity, with its own assets, liabilities, licenses, books and records, the Infirmary works with its partners collaboratively to improve services to the community. A few examples follow:

- a. The Infirmary and Beth Israel have developed a Vestibular Rehabilitation Service at the Infirmary. This has increased referrals to the Infirmary and, again, has avoided the use of redundant equipment and space for a relatively low margin service. It is now located at the new Ear Institute.
- b. Infirmary physicians refer radiation therapy cases to Beth Israel. This has resulted in an excellent service and a joint tumor board for radiation that is valued by our Department of Otolaryngology.
- c. The Infirmary and Beth Israel jointly recruited a superb neuro-radiologist. It would have been impossible for a single institution to convince this leader to leave NYU. The Infirmary also refers all MRI, special radiation cases and invasive radiology studies to Beth Israel.
- d. The Infirmary receives pediatric coverage under a contract with Beth Israel. This provides an essential service to the Infirmary (approximately 25% of Infirmary patients are children).
- e. Through our Chief of Oculoplasty, the Infirmary manages the ophthalmology program at St. Luke's-Roosevelt. We also have joint grand rounds and provide EYE and ENT residents to Beth Israel. Other support includes video conferencing and other opportunities for observation of complicated, unusual and interesting surgical cases.
- f. Beth Israel now provides blood bank services to the Infirmary.
- g. A merger of the two institutions' cochlear programs at the Infirmary's new Ear Institute.

XII Summary:

The Infirmary has long been recognized for its unique role in serving a disproportionate number of Medicaid, low-income elderly and uninsured patients; the outpatient payor mix in 2008 was over 80% Medicaid, Medicare, self-pay and uninsured. The New York Eye and Ear Infirmary has consistently distinguished itself by the extraordinary commitment and the degree to which it serves as a "safety net" hospital for New York's poor and elderly and the degree to which it provides uncompensated care to the communities it serves. The Infirmary continues to be committed to provide the highest quality care (we are one of only three Nursing Magnet Status hospitals in NYC) to both the local community and its broader constituencies.

The Community Service Prevention Plan, designed to help address the specific health care needs of the community, was adopted after public input and formally reviewed by the Infirmary's Board of Directors, the governing body.

XII. Appendix

The appendix includes samples of brochures in Spanish, Russian and Chinese on interpretation services, hospital care and chronic eye disease.