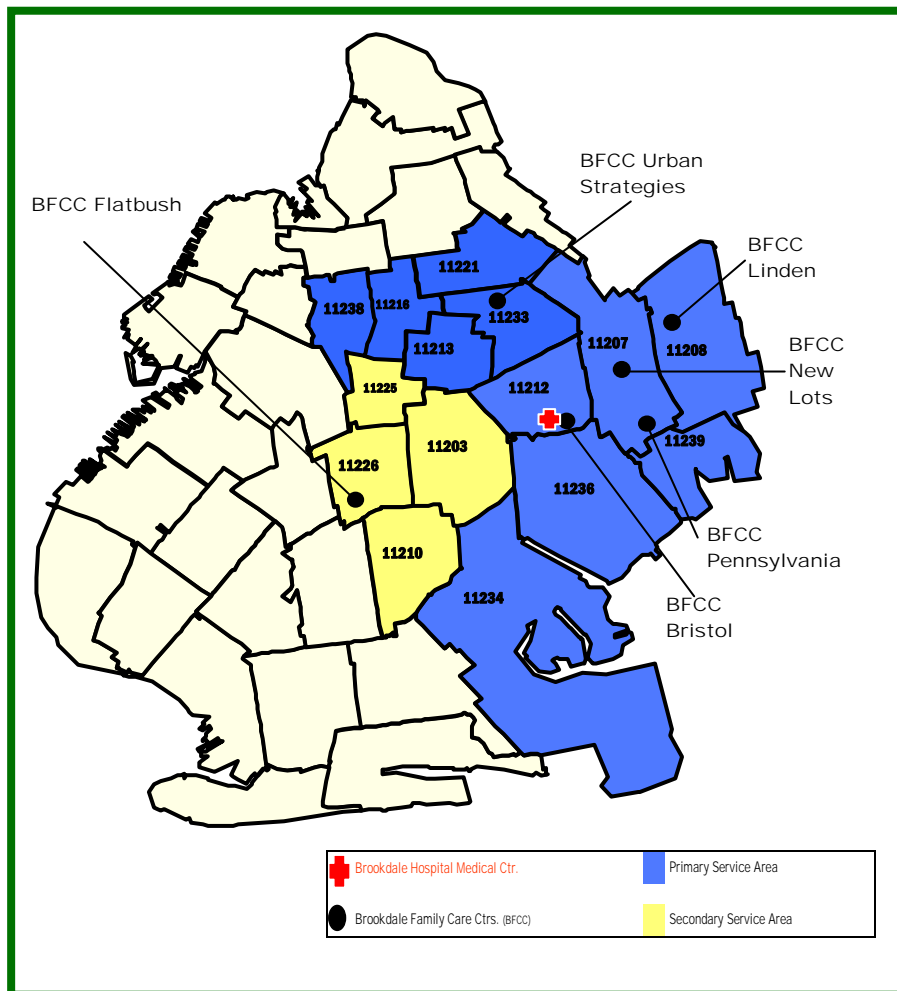




BROOKDALE

UNIVERSITY HOSPITAL AND MEDICAL CENTER

Community Service Plan - 2009



For more information...or to receive additional copies of this report, contact the Department of Public Affairs at 718.206.6772. The report will also be posted on Brookdale Hospital's website: http://www.brookdalehospital.org/html/general_info/index.htm

Prepared by the Planning Department

1. Mission Statement

A. Mission Statement for Brookdale Hospital Medical Center

The Brookdale University Hospital and Medical Center is committed to being the focus of a healthy community, stressing the organization's values of caring and respect for everyone.

B. Changes to the Mission Statement

There have been no changes to the Hospital's mission statement.

II. Service Area

A. Hospital Service Area

Brookdale University Hospital and Medical Center ("BHMC" or "Brookdale Hospital" or "Brookdale" or "the Hospital") serves three Primary Service Areas: Central Brooklyn (CB), East New York and New Lots (ENY), and Canarsie and Flatlands (C&F), and one Secondary Service Area – Flatbush (Fbsh). The total service area has over one million residents, 71% being Black/African American and 38% being foreign born. Each neighborhood is somewhat different in terms of its racial and ethnic make-up. Much of the Hospital's service area suffers from poverty, with 35% Medicaid eligible, and many uninsured residents, as well as many documented and undocumented immigrants, some of whom speak limited or no English.

B. Description of Service Area

The Hospital's service area was determined by analyzing SPARCS discharge data at the zipcode level. The highest volume zip codes were aggregated into United Hospital Fund neighborhoods. The total service area collectively accounts for approximately 80% of the Hospital's total cases, with CB at 30%, ENY at 29%, C&F at 16% and Fbsh at 5% of the Hospital's total cases.

III. Public Participation

A. Participants

The participants included staff from various departments including Public Affairs, Administration, as well as medical leadership (the Workgroup), Members of the Hospital's Community Advisory Board (Community Board), the Hospital's Board of Trustees.

B. Outcomes

In April of 2009, the Workgroup discussed the community health prevention priorities, the needs of the Hospital's service area and potential partners. As suggested by the representatives from NYCDOH&MH and the New York State Department of Health (NYSDOH), in assessing prevention priorities the Workgroup utilized the data in the New York City Community Health Profiles, including the City's Take Care New York (TCNY) prevention targets and Prevention Quality Indicators on the NYSDOH website. In addition, the Workgroup took into consideration the suggestion by the NYCDOH&MH commissioner that smoking cessation and cancer screening be top priorities for hospitals in the City of New York.

In May 2009, NYSDOH's new prevention agenda requirements for community service plans, Workgroup findings and Hospital staff recommendations for the prevention priorities were shared with the Hospital's Community Board. The Community Board is an advisory group which serves as a public forum to provide information to the community and receive feedback on needed services and programs that the community believes the Hospital should provide. The Community Board consists of membership from the local New York City Community Planning Boards served by Brookdale Hospital, and representatives from various faith and community based organizations operating in the community. Members are encouraged to bring other individuals and organizations to attend meetings and become regular members. The May meeting included discussions about barriers to care/gaps in services including patient embarrassment regarding colonoscopy screening and education and a smoker's uncontrollable dependence on cigarettes. The two (2) priorities chosen were Smoking Cessation and Colon Cancer Screening. The selections were shared with the Hospital's Board of Trustees and Department Heads at their respective June 2009 meetings.

Over the summer of 2009, the Workgroup developed the prevention agenda three year action plan including a marketing campaign. Member organizations of the Hospital's Community Board will participate by publicizing and disseminating campaign material, and scheduling speakers from the Hospital at forums to be arranged by the Community Board's members. For several years, the Hospital has been working with Brooklyn Cares, an agency that promotes smoking cessation and prevention throughout Brooklyn. Hospital staff will meet with Brooklyn Cares to seek their assistance in putting together a comprehensive smoking cessation program for the primary care sites in the Hospital's network. Through a start-up grant from the NYCDOH&MH, a Colonoscopy Patient Navigator has been employed to increase screening colonoscopies and decrease colonoscopy cancellations due to no shows or poor preparation. Since the grant has ended, the patient navigator is now funded by the Hospital.

IV. Assessment of Public Health Priorities

A. Criteria of Public Health Priorities

In addition to input from the Hospital’s community, community health need data from two primary sources were also used to select the Prevention Agenda Priorities.

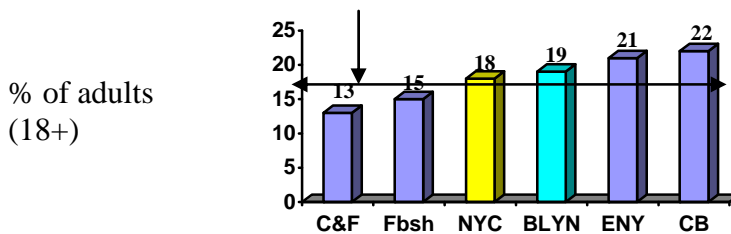
Source #1: NYC’s Community Health Profiles. New York City’s Community Health Profiles provide information on preventable causes of illness and death in 42 New York City neighborhoods, including the two chosen prevention priorities of smoking cessation and colon screening.

...Smoking ...

Tobacco use is the leading cause of preventable death and disease in the United States. Many illnesses and deaths due to smoking may be avoided by quitting smoking. In BHMC’s service areas smoking rates for adults over 18 years of age range between 13% in C&F and 22% in CB. The smoking rates in ENY - 21% and CB - 22% are higher than the Brooklyn rate of 19%, the New York City (NYC) rate of 18% and the TCNY target rate of 18%.

BHMC Service Area Residents Who Smoke

TCNY Target: <18% by 2008*



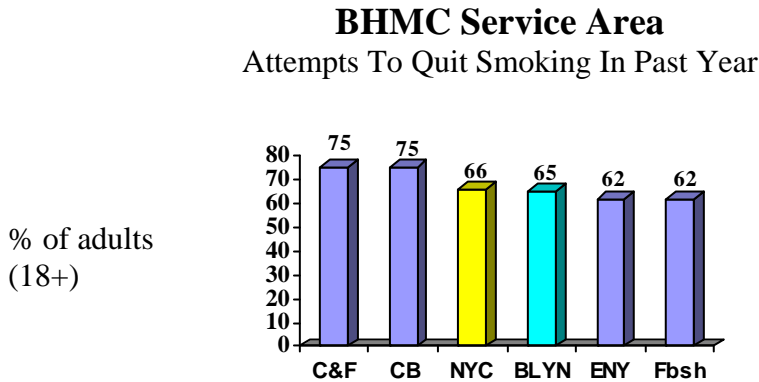
Data Source: NYC Community Health Survey 2004

**On 9/1/4/09, 1 day before the deadline for this document, the 2012 TCNY targets were published. This data will be incorporated into future prevention agenda updates.*

IV. A. Criteria of Public Health Priorities, (con't)

...Smoking ...

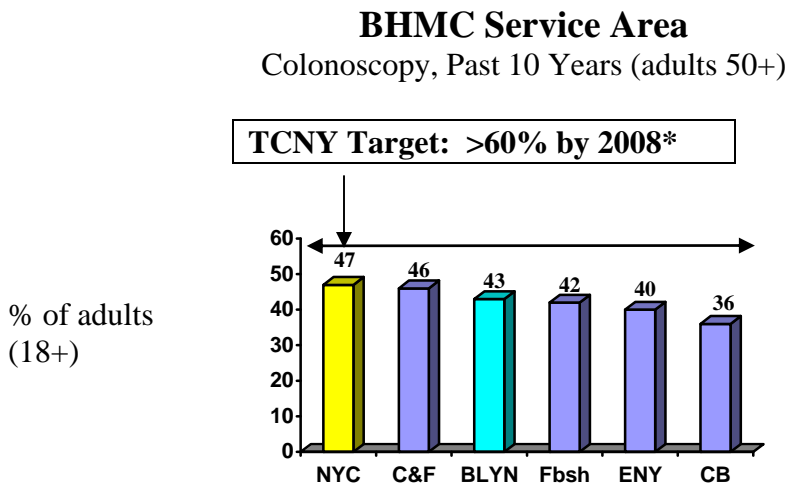
Many BHMC service area residents are trying to quit smoking. Attempts to quit smoking ranged between 75% in C&F and 62% in Fbsh. The attempt to quit rates in Fbsh and ENY were 62%, lower than the Brooklyn rate of 65% and the NYC rate of 66%.



Data Source: NYC Community Health Survey 2004

... Colon Cancer ...

The colon cancer screening rates in BHMC’s service area over the past 10 years in adults over 50 years old ranges from 46% in C&F to 36% in CB. All neighborhood rates are far below the TCNY target rate of 60% and most neighborhoods are below the Brooklyn rate of 43% and all are below the NYC rate of 47%.

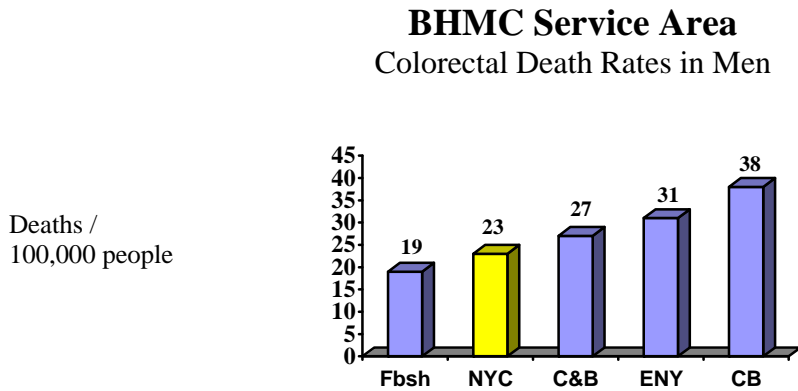


Data Source: NYC Community Health Survey 2003-2004

**On 9/1/4/09, 1 day before the deadline for this document, the 2012 TCNY targets were published. This data will be incorporated into future prevention agenda updates.*

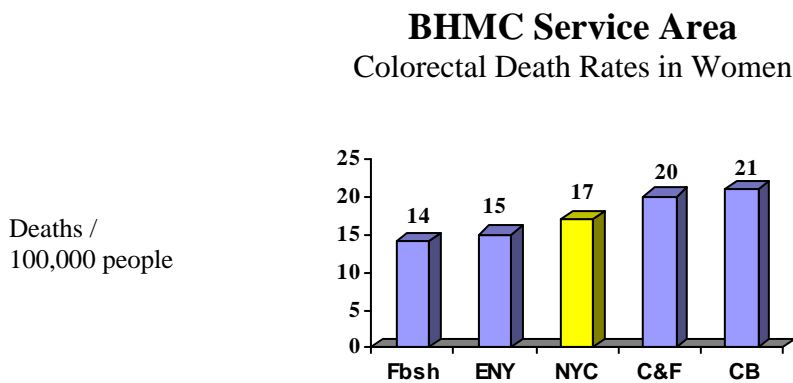
IV. A. Criteria of Public Health Priorities, (con't)

The death rate in men in these neighborhoods due to colorectal cancer ranges from 19 deaths per 100,000 people in Fbsh to 38 per thousand people in CB. The majority of neighborhoods were above the NYC rate of 23 deaths per 100,000 people.



Data Source: Bureau of Vital Stats, NYCDOH&MH, 2003-2004, US Census/NYC Dept of City Plan

The death rate in women in these neighborhoods due to colorectal cancer range from 14 per 100,000 people in Fbsh to 21 in CB. Fifty percent of neighborhoods were below the NYC rate of 17 deaths per 100,000 people.



Data Source: Bureau of Vital Stats, NYCDOH&MH, 2003-2004, US Census/NYC Dept of City Plan

IV. A. Criteria of Public Health Priorities, (con't)

Source #2: Prevention Quality Indicators (PQIs). The Prevention Quality Indicators (PQIs) are a set of measures developed by the federal Agency for Healthcare Research and Quality (AHRQ) for use in assessing the quality of outpatient care for "ambulatory care sensitive conditions" (ACSCs). NYSDOH analyzed the PQIs by zipcode and published the findings on their interactive website. ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The PQIs are measured as rates of admission to the hospital for these conditions in a given population. The 12 PQIs that DOH analyzed pertain to adults are the rates of admission to the hospital for: Short-term and long-term complication of diabetes, Uncontrolled diabetes, Lower-extremity amputation among patients with diabetes, Hypertension, Congestive heart failure, Angina, Chronic obstructive pulmonary disease, Asthma, Dehydration, Bacterial pneumonia, Urinary tract infection.

These conditions are grouped into four categories on DOH's site: diabetes, circulatory, respiratory, and acute conditions, as well as a composite measure (hospital admission for all of the 12 conditions). The PQIs can be used as a starting point for evaluating the overall quality of primary and preventive care in an area. They are sometimes characterized as "avoidable hospitalizations," but this does not mean that the hospitalizations were unnecessary or inappropriate at the time they occurred.

The measures provide an overall picture of the health of the communities and health status for the 12 conditions. They indicate that residents of BHMC's service areas, particularly the African American population, are sick. Although there is no PQI measure related directly to smoking, the PQI for respiratory conditions is, at least partially, a function of the number of people in the area who smoke.

Primary Service Area East New York (PSA ENY)

In BHMC's PSA ENY, for all conditions, percentage of admissions as compared to the expected, by race/ethnicity were 229% for African Americans, 99% for Other, 199% for Whites and 132% Hispanics, 83% for Asians, and an overall 191%.

In BHMC's PSA ENY, for all respiratory conditions, admissions as percentage expected by race/ethnicity ranged were 200% for African Americans, 76% for Other, 144% for Hispanics, and an overall 179%. Note: White and Asian populations are too small to be analyzed.

Primary Service Area Canarsie & Flatlands (PSA C&F)

In BHMC's PSA C&F, for all conditions, percentage of admissions as compared to the expected, by race/ethnicity were 137% for African Americans, 98% for Other, 79% for Whites, 86% for Hispanics, 26% for Asians, and an overall 104%.

In BHMC's PSA C&F, for all respiratory conditions, admissions as percentage expected by race/ethnicity ranged were 104% for African Americans, 93% for Hispanics, 90% for Whites, 18% for Asians and an overall 93%. Note: The Other population category is too small to be analyzed.

IV. A. Criteria of Public Health Priorities, (con't)

Primary Service Area Central Brooklyn (PSA CB)

In BHMC's PSA CB, for all conditions, admissions as percentage expected by race/ethnicity ranged were 215% for African Americans, 61% for Other, 116% for Hispanics, 130% for Whites, 63% for Asians and an overall 196

In BHMC's PSA CB, for all respiratory conditions, percentage of admissions as compared to the expected, by race/ethnicity were 210% for African Americans, 53% for Other, 126% for Whites and 170% Hispanics, and an overall 198%. Note: The Asian population is too small to be analyzed.

B. Selected Prevention Agenda Priorities

The two (2) priorities chosen were Smoking Cessation and Colon Cancer Screening.

C. Status of Priorities

Smoking Cessation Program : BHMC has adopted smoking cessation as a priority focus to improve health outcomes in the community. For the past several years a representative from the Department of Nursing, has been working with Brooklyn Cares in an effort to raise the awareness of the importance of smoking cessation. The proposed plan to continue and to expand on this early work is to: identify if there are any other groups within the Hospital who are focused on this topic and to coordinate efforts, educate primary care physicians on the importance of identifying patients who are smokers and asking them if they would like to quit, educating the community on the importance of quitting, creating campaign materials and distributing to the community on smoking prevention, and securing referral resources for patients who want to quit. *For more information, contact Euline Robin's at 718.240.6106.*

Colorectal Cancer and Navigator Program: Brookdale Hospital has embarked on a campaign to raise the community's awareness of colon cancer and the relative ease with which it can be detected and treated. As a "curable" cancer early detection is the key. As such, the Hospital has continued to support a formerly funded program of Patient Navigation through the New York City Department of Health based on its many early successes.

As part of this campaign BHMC has targeted its outreach activities, at its affiliated ambulatory care centers, other ambulatory care centers, community health fairs, in-patient units, hospital advisory board and community boards. The Hospital has in-serviced staff throughout the facility and changed its medical intake (history and physical) form to include colon/breast cancer screening history. BHMC has used printed material, formal presentations, and individual discussions to achieve these efforts.

IV. C. Status of Priorities, (con't)

The Hospital's "direct referral process" permits a shorter waiting time for routine screening. This "open access program" has been embraced by primary care physicians and is spearheaded with the patient navigator. The essential characteristic of a patient navigator is the combination of wisdom about the community's culture with knowledge of the health care system. In order to achieve the goal of reducing health disparities, the patient navigator is a respected source of information among the target community and helps overcome barriers to engage in services. The patient navigator is sensitive and compassionate about the concerns and fears of patients and their families. *For more information, contact the GI department (Patient Navigator Program) at 718.240.6025*

D. Non-Prevention Priorities considered in Assessment Process

Many of the programs and services at Brookdale Hospital are consistent with and supportive of the TCNY program promoted by NYCDOH&MH. As described in detail in the 2008 Community Service Plan, the Hospital has been focusing on the ten health areas from treatment and prevention perspectives. Going forward, the Hospital will augment its focus on prevention especially in the priority areas of smoking cessation and colon cancer screening, both of which are TCNY priorities.

Brookdale Hospital's programs support **TCNY** in the following ways:

1. *Have a regular doctor or other health care provider:* Brookdale's Ambulatory Care services are designed to promote continuity of care by allowing patients to choose a physician who will be designated as their primary care provider. In addition to on-campus ambulatory care services, there are six centers conveniently located throughout Brookdale's service area. Evening and weekend hours allow residents access for those who find it difficult to seek care on weekdays. The designated provider is responsible for ensuring that his/her patients are given age appropriate screening, immunization and education. The Hospital plans to implement an electronic medical record, which will further enhance its health promotion efforts via automatic reminders to physicians when a patient is due for a test or procedure.
2. *Be tobacco-free:* Smoking cessation is one of the Hospital's prevention priorities and was discussed in the previous section.
3. *Keep your heart healthy:* Brookdale's primary care physicians monitor patients' cardiovascular status during routine visits and as indicated during acute care visits, including cholesterol testing and EKGs. Physicians provide counseling to patients on obesity and nutrition as part of the routine health maintenance check. Children and adults needing further services are referred to Brookdale's full-service adult and pediatric cardiology services, or other community resources.
4. *Know your HIV status:* The Hospital provides HIV counseling and testing with staff that routinely performs this function in both Emergency Department and clinics. Patients who are HIV positive are referred for services to Brookdale's State-designated AIDS center, or other community programs.

IV. D. Non-Prevention Priorities considered in Assessment Process, (con't)

5. *Get help for depression:* Brookdale Hospital's medical providers incorporate depression screening during routine medical examinations and ongoing care. Children and adults needing further services are referred to Brookdale's full service psychiatry department or other community programs.
6. *Live free of dependence on alcohol and drugs:* During routine medical examinations patients are screened for alcohol and drug use and given preventive counseling and, as necessary, treatment options are discussed, including Flushing Hospital, Brookdale's affiliate, which offers both in-patient and out-patient treatment for chemical dependency.
7. *Get checked for cancer:* Colon screening is one of the Hospital's prevention priorities and was discussed in the previous section. Referrals for other cancer screenings, such as breast cancer, are part of the Hospital's routine protocols. The Hospital participates in the Brooklyn Healthy Living Partnership which provides free cancer screenings and treatment for the uninsured.
8. *Get the immunizations you need:* The Hospital is a "Vaccine for Children" recipient, providing free vaccine to uninsured, underinsured and Medicaid recipients up through 18 years of age. Flu vaccinations are offered to at risk patients of all ages and to all staff. This year we are particularly active in planning a program to effectively and efficiently disseminate the H1N1 vaccine throughout the community as soon as the new vaccine becomes available.
9. *Have a safe and healthy home:* Anticipatory guidance on safety in the home is provided by the Hospital's pediatric, family medicine and rehabilitation professionals. At health fairs in the community, fire, home and automotive safety information is routinely made available to attendees.
10. *Have a healthy baby:* The Hospital is designated as a Prenatal Care Assistance Program (PCAP) provider. The Hospital operates a Healthy Families program and a Community Health Worker Program, both funded by grants from the NYSDOH. These programs assist pregnant women and their families to obtain necessary medical care and supportive services, with the goal of improving birth outcomes and reducing child abuse. The Hospital also operates a Women, Infant and Children (WIC) program which provide food vouchers and education to low income pregnant women and children up to age five.

Brookdale Hospital's public health efforts are constantly changing with the needs of its community. The above listing does not include all programs, some of which are funded by grants. For example, the Hospital recently received an award of \$400,000 from the Robin Hood Foundation (RHF) to expand its Healthy Families Program and for the second consecutive year, RHF awarded a grant to Brookdale's pediatric obesity program, "Live Light-Live Right". In addition, clinical departments often initiate their own prevention activities with their patients and within the community. Lastly, the Hospital provides hundreds of free health screenings and outreach efforts each year for a variety of disorders.

V. Three Year Plan of Action

See attached

V1. Financial Aid Program

A. Successes and Challenges

Over the past three years, the Hospital has implemented a financial aid program (the Program) to ensure that uninsured patients who are interested in financial assistance can obtain it, with minimal eligibility barriers. The Hospital has posted information on the Program, on its website, and in all patient registration and intake areas - in addition to all self-pay bills. Over the life of the Program, the Hospital has integrated the full range of options for uninsured patients into a seamless process where all patients are simultaneously evaluated for eligibility into the Medicaid, Family Health Plus/Child Health Plus, and/or the Financial Aid Program., thus eliminating multiple trips to the Hospital to apply for the different programs. In addition, a record of all applicants and the outcome of their applications is stored in a database for future reference. The number of eligible applicants has increased steadily since the Program was implemented in 2006, due to increased patient awareness as well as positive feedback from eligible financial aid recipients.

VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

A. Potential Impacts

Over the past few months Brookdale Hospital's administration has been overwhelmed responding to the aftermath of the recent, unexpected closures of two nearby hospitals, Mary Immaculate and St. John's Queens Hospitals (Caritas). These closures forced its affiliated hospitals - Jamaica and Flushing to treat thousands of additional patients in their already crowded emergency rooms and inpatient beds. The recent H1N1 flu epidemic, which manifested first in Queens County, made the situation worse.

VIII. Dissemination of the Report to the Public

Written summaries of this report will be distributed to the public via the Hospital's Community Advisory Board members, community outreach, and other programs. In addition, additional copies of the full report can be obtained from The Department of Public Affairs at 718.206.6772 or on the Hospital's website: http://www.brookdalehospital.org/html/general_info/index.htm

IX. Financial statement

A. Financial Information Notes – Not required

**3-YEAR PLAN OF ACTION
PREVENTION AGENDA – COMMUNITY ENGAGEMENT**

Goal: Increase Community Engagement	Year 1 Activities/ Expected Outcomes	Year 2 Activities/ Expected Outcomes	Year 3 Activities/ Expected Outcomes
Objective			
<p>To encourage on-going input and support from community partners and to engage community partners in the prevention process to help meet their perceived health care</p>	<ul style="list-style-type: none"> • May 2009, meet with Hospital’s Community Advisory Board to explain concept of prevention agenda, and receive input as to what community perceived to be most significant unmet needs of community. Smoking Cessation and colon cancer screening selected as priority action items by the Board. • On-going quarterly updates to Hospital’s Community Advisory Board regarding prevention program 	<ul style="list-style-type: none"> • On-going quarterly updates to Hospital’s Community Advisory Board regarding prevention program 	<ul style="list-style-type: none"> • On-going quarterly updates to Hospital’s Community Advisory Board regarding prevention program

3-YEAR PLAN OF ACTION PREVENTION AGENDA – SMOKING CESSATION

Goal: Increase Smoking Cessation	Year 1 Activities/ Expected Outcomes	Year 2 Activities/ Expected Outcomes	Year 3 Activities/ Expected Outcomes
Objectives:			
1. Identify patients who smoke	<ul style="list-style-type: none"> Primary care physicians (PCPs) will document on chart 	<ul style="list-style-type: none"> Primary care physicians (PCPs) will document on chart 	<ul style="list-style-type: none"> Primary care physicians (PCPs) will document on chart
2. Identify existing smoking cessation programs within BHMC and coordinate services with them	<ul style="list-style-type: none"> Identify existing programs Work with Brooklyn Cares to implement effective smoking cessation program for BHMC patients 		
3. Educate providers in counseling techniques to encourage smoking cessation	<ul style="list-style-type: none"> Hold 1 staff provider education session reaching 20 providers. 	<ul style="list-style-type: none"> Hold 1 staff provider education to educate any new providers hired and to refresh previously educated providers. 	<ul style="list-style-type: none"> Hold 1 staff provider education to educate any new providers hired and to refresh previously educated providers.
4. Raise community awareness about smoking cessation	<ul style="list-style-type: none"> Create and distribute 500 educational posters and 2000 fliers 	<ul style="list-style-type: none"> Create and distribute 500 educational posters and 2000 fliers 	<ul style="list-style-type: none"> Create and distribute 500 educational posters and 2000 fliers
5. Track quitting success rate of smokers and identify effective treatment modalities and programs		<ul style="list-style-type: none"> Establish data collection method to quantify patients who smoke and those who want to quit 	<ul style="list-style-type: none"> Establish data collection method to quantify patients who smoke and those who want to quit

**3-YEAR PLAN OF ACTION
PREVENTION AGENDA – COLON CANCER SCREENINGS**

Goal: Increase Colon Cancer Screening and Awareness	Year 1 Activities/ Expected Outcomes	Year 2 Activities/ Expected Outcomes	Year 3 Activities/ Expected Outcomes
Objective 1:			
<p>Increase referrals of colorectal cancer screening among patients over 50 and high risk patients.</p> <p>Baseline: 1,806 referrals</p>	<ul style="list-style-type: none"> • Establish the patient navigator direct referral program. • Increase utilization by 20%, using the direct referral program. • Identify and orient new referral sources. 	<ul style="list-style-type: none"> • Increase utilization by an additional 20%, using the direct referral program. • Identify and orient new referral sources 	<ul style="list-style-type: none"> • <i>Expected Outcome:</i> Increase utilization 40%, from baseline using the direct referral program. • Identify and orient new referral sources.
Objective 2:			
<p><i>Outreach:</i> Promoting colorectal cancer screening and awareness within the community.</p>	<ul style="list-style-type: none"> • Identify and network with new referral sources within the community. • Distribute educational materials at health fairs within the community. • Network with Brookdale Family Care Centers to establish direct referral process. 	<ul style="list-style-type: none"> • Meet with Hospital’s Community Advisory Board. • Distribute educational materials at health fairs within the community. • Maintain direct referral program within the community. 	<ul style="list-style-type: none"> • Identify and network with new referral sources within the community. • Distribute educational materials at health fairs within the community. • Maintain network with Brookdale Family Care Centers.

**3-YEAR PLAN OF ACTION
PREVENTION AGENDA – COLON CANCER SCREENINGS**

Goal: Increase Colon Cancer Screening and Awareness	Year 1 Activities/ Expected Outcomes	Year 2 Activities/ Expected Outcomes	Year 3 Activities/ Expected Outcomes
Objective 3:			
<p><i>In reach:</i> Promoting colorectal cancer screening and awareness within the Institution.</p>	<ul style="list-style-type: none"> • PN will facilitate surveillance of in- patient population for appropriate colorectal screening. • PN will work collaboratively with attending physicians on streamlining direct referral process. • In-service house staff on direct referral program. 	<ul style="list-style-type: none"> • Maintain surveillance of in- patient population for appropriate colorectal screening. • In-services house staff on direct referral program. 	<ul style="list-style-type: none"> • Maintain surveillance of in- patient population for appropriate colorectal screening. • In-service house staff on direct referral program.
Objective 4:			
<p>Decrease the rate of "No Show" by 50%.</p>	<ul style="list-style-type: none"> • PN will have multiple contact with each patient from referral to post procedure. PN will initiate reminder calls system. • Decrease rate of "No show" by 25%. 	<ul style="list-style-type: none"> • PN will continue to place reminder call to patients. • Decrease rates of "No show" an additional 25%. 	<ul style="list-style-type: none"> • <i>Expected Outcome:</i> "No Show" rate will decrease by 50% from the first year. • PN will continue to place reminder call to patients

**3-YEAR PLAN OF ACTION
PREVENTION AGENDA – COLON CANCER SCREENINGS**

Goal: Increase Colon Cancer Screening and Awareness	Year 1 Activities/ Expected Outcomes	Year 2 Activities/ Expected Outcomes	Year 3 Activities/ Expected Outcomes
<p>Objective 5: Decrease the rate of "poor prep" by 50%.</p>	<ul style="list-style-type: none"> • PN will review the bowel preparation process, provide basic education and support needed, which will ensure each patient are properly prepped and keep appointments. • Decrease rate of "Poor Prep" by 25%. 	<ul style="list-style-type: none"> • PN will continue review of proper bowel preparation with patient. • Decrease rates of "Poor prep" an additional 25%. 	<ul style="list-style-type: none"> • <i>Expected Outcome:</i> "Poor Prep" rates will decrease by 50% from the first year. • PN will continue review of proper bowel preparation with patient.

Appendix

Hospital Background

Brookdale University Hospital and Medical Center sits on the border of Community District #16 (Brownsville) and Community District #17 (East Fbsh) in eastern Brooklyn, NY 11212. In addition to providing clinical services and educating the community, the Hospital sponsors residency training programs that produce caring, productive physicians, many of whom return to the Hospital's community after graduation.

Corporate Structure

BHMC is a not-for-profit corporation. MediSys Health Network, Inc., BHMC's parent organization and sole corporate member, is also the parent organization for BHMC's affiliates, which include two Diagnostic and Treatment Centers with multiple sites, The Schulman and Schachne Institute for Rehabilitation and Nursing, Flushing Hospital Medical Center, Jamaica Hospital Medical Center, the Jamaica Hospital Nursing Home (Trump Pavilion), and Peninsula Hospital Center. A Board of Trustees governs the Hospital. The key members of the executive staff are the President and Chief Executive Officer, the Chief Operating Officer and the Chief Financial Officer; these individuals hold the same positions throughout the Network, except at Peninsula.

Selected Service Offerings – 2008

- 530-bed acute care teaching facility
- State designated Level I trauma center, State designated AIDS center, State designated Level 3 perinatal center and State designated stroke center
- Chronic renal dialysis
- Coronary angioplasty service
- 70 specialty clinics, a community mental health center, an ambulatory surgery center and 6 community-based family care centers
- Certified home health agency
- Brookdale sponsors 9 residency programs, and 3 fellowship programs, and participates in 6 other residency programs and 3 fellowships programs with a total of 265 residents.
- Operates 12 daily tours in the NYC 911 system, with 4 ambulances 24 hours per day
- Affiliated long term care facilities - assisted living and independent housing (Arlene and David Schlang Pavilion), nursing home (Schulman and Schachne Institute for Nursing and Rehabilitation), and adult day health care center

Patients Served – 2008

- Over 20,000 discharges, including almost 1,200 newborns
- Over 99,000 emergency department visits, including admissions from the ED
- Together with its affiliated Diagnostic and Treatment Centers, almost 233,000 ambulatory care visits including general medical and pediatric service, mental health and dental services
- Many other ambulatory care services, including radiology exams, laboratory tests, renal dialysis and ambulatory surgery
- In 2008, staff from Brookdale Hospital participated at over 23 community events. More than 4,760 people were in attendance and received health information and over 577 people received free screenings.

Appendix, (con't)

Recent News Items

Advanced Bariatric Care Ctr Receives Center of Excellence Designation

After incredibly rigorous on site surveys, Brookdale is proud to announce that the Advanced Bariatric Care (ABC) Center has been named a Bariatric Surgery Center of Excellence® by the American Society for Metabolic and Bariatric Surgery (ASMBS). The ASMBS designation recognizes surgical programs that demonstrate quality and successful track records in bariatric surgery. The ASMBS Bariatric Surgery Center of Excellence program was created by the Surgical Review Corporation (SRC), an independent non-profit organization that is dedicated to assessing and improving the efficacy, efficiency and safety of surgical and related health care practices and pursuing surgical excellence.

After thoroughly inspecting, evaluating and reviewing each candidate for designation, SRC then recommends designation only for those physicians and facilities whose practices and outcomes meet the stringent demands set forth by them for ASMBS. There are currently only 600 BSCOE surgeons and 300 BSCOE hospitals in the U.S.

To earn a Bariatric Surgery Center of Excellence designation, the ABC Center, Brookdale Hospital and its Bariatric Inpatient Unit underwent a series of site inspections during which all aspects of the program's surgical processes were closely examined and data on health outcomes was collected. The detailed survey process credentialed the Advanced Bariatric Center, the surgeon, Dr. Sanjeev Rajpal and Brookdale Hospital as Bariatric Surgery Center of Excellence®.

In January 2008, ABC and Brookdale also received the Blue Center of Excellence from Blue Cross/Blue Shield which acknowledges the proficiency of the Hospital, the Center and the surgeon to perform bariatric surgery. "Due to the increasing prevalence of morbid obesity and its associated risks, we see the opportunities available to greatly improve the health of this patient population. We recognize the need to implement an efficient approach to improving quality," said Dr. Rajpal, Medical Director of ABC Center.

To set up an appointment to meet the staff, tour the Advanced Bariatric Care Center and to obtain additional information, please call (718) 240-SLIM (7546).

Digestive Health Center

Recognizing the need to keep pace with technological advancements in the field of digestive health disorders, Brookdale Hospital has created the Digestive Health Center. The center is located in the newly expanded and renovated endoscopy department and includes three dedicated suites, equipped to provide state-of-the-art diagnostic procedures that were not available in the past. The new area now allows for seamless flow of patients and provides much needed added comfort and privacy.

One of the innovations that the center has brought to Brookdale is wireless capsule endoscopy. This new technology avails the doctor with a virtual reality view of the digestive tract to facilitate the evaluation of the small intestine. Wireless capsule endoscopy also enables our staff to provide malabsorption testing; where a tiny camera is ingested by the patient and travels through their intestine. This technology is used to detect such maladies as colon cancer, gastric ulcers and Crohn's disease.

In addition, one of the suites is fitted to accommodate ERCP testing, which are image guided procedures requiring fluoroscopy. State of the art motility equipment has also been added for the evaluation of the pressure of the esophagus in various stages along its length. These studies are performed when a patient is having a problem swallowing or having chest pains that are not cardiac related.

Appendix, (con't)

Urology Department Now Offers "GreenLight" Procedure

More than half of all men over the age of 60 and more than 26 million men in the United States annually are affected by an enlarged prostate. Benign Prostatic Hyperplasia's (BPH) symptoms such as frequent urination, especially at night, pain or burning during urination and weak urine flow can have a drastic effect on the person's quality of life. Day-to-day activities are interrupted by constant trips to the bathroom and a full night's sleep is out of the question.

A course of treatment for this condition is typically a lifetime of costly medications with possible side effects that can stop working over time or an invasive surgical procedure to reduce the size of the prostate. Surgical options require a two to three day stay in the Hospital and four to six weeks to recover with possible side effects of impotence and incontinence.

With the addition of GreenLight laser therapy, Brookdale's Department of Urology now offers an alternative to the invasive procedure used to resect the prostate. GreenLight therapy is a quick, minimally invasive procedure that provides dramatic and immediate results. Laser energy is used to open the channel for normal urine flow by removing tissue from the enlarged prostate with minimal blood loss. The patient may even be discharged home without a foley catheter. Worldwide, over 375,000 procedures have successfully been performed. The procedure is done on an ambulatory basis and, in most cases, the patient is discharged a few hours after the procedure and within a few days can return to non-strenuous activities.

"The majority of our patients who have been treated with GreenLight laser therapy feel that they have been as given a new lease on life and they can go back to enjoying activities that they used to before their prostate problems began," said Dr. Frederick Gulmi, Chairman of Brookdale's Department of Urology.

MediSys Health Network Welcomes Peninsula Hospital Center

The MediSys Health Network has recently strengthened its presence in the Queens community, announcing last month that Peninsula Hospital Center is now a sponsored facility. The new relationship will make MediSys a four hospital network, with three nursing homes and several other resources.

As part of the sponsorship, Robert V. Levine will remain as President and CEO of Peninsula Hospital and the Peninsula Board of Directors will remain in place, under the MediSys Board sponsorship umbrella. The hospitals will also share services and resources. Some of the first steps to assist one another include Jamaica Hospital providing Peninsula Hospital with anesthesia support, while Peninsula Hospital medical residents will perform clinical rotations at Flushing Hospital. Other clinical and non-clinical areas of support are being explored, as the network ensures the optimal performance of each facility and the comprehensive healthcare being offered to Queens' residents.

"Peninsula Hospital Center is an ideal fit, as it enables us to continue to build on what we have been doing over the years to improve health care service and access for Queens residents," stated David P. Rosen, President and CEO of the MediSys Health Network. "The partnership between the hospitals will allow for more efficiency through economies of scale, sharing of clinical expertise, and greater bargaining power in the marketplace."

Robert V. Levine, President and CEO of Peninsula Hospital Center added, "We've had an ongoing collaboration with MediSys and it has now become time to formalize that relationship. We truly look forward to the bright future that this partnership brings to our institutions and the patients that we serve."

Appendix, (con't)

Oral and Maxillofacial Surgery Residency Program now at MediSys

Under the direction of Vito A. Cardo Jr. DDS, former Chairman of Dental Medicine and Oral-Maxillofacial Surgery for Caritas Health Care, the MediSys Health Network now offers a four year residency program in Oral and Maxillofacial Surgery. Dr. Cardo previously ran the program for over 30 years, first at St. Mary's Hospital, then at Mary Immaculate Hospital.

Fully accredited by the American Dental Association, the program consists of eight resident positions; two in each year. With a home base at Brookdale, a third and fourth year resident will be based at Jamaica daily and two residents at Flushing, as needed.

The program's emphasis is on facial bone reconstruction, whether congenital in nature or due to facial trauma and/or pathology. The residents are also exposed to many different facets of medicine, rotating in anesthesia for four months, medicine for two and in general surgery for four. Participants complete their rotation with a two month elective.

The highly renowned program attracts approximately 100 candidates from American Dental Association accredited dental schools annually. Each applicant must go through an extensive process and interview. Two positions for first year residents are then selected through a match process.

Upon completion of the four year residency program, the graduates will be highly skilled in all facets of Oral and Maxillofacial surgery including such procedures as implantology, orthognathic surgery, all types of dental extractions under IV sedation, facial bone reconstruction and facial trauma.

MediSys' Managed Care Plan, NHP, Announces Recent Acquisition

Neighborhood Health Providers (NHP), which is sponsored by Brookdale and Jamaica Hospitals, has recently announced its acquisition of New York Presbyterian Community Health Plan. The acquisition, which became effective on April 1st, has increased NHP's New York City membership base to over 200,000 members.

"We have been successful and have achieved steady growth by working closely with members and providers in the communities we serve," said Steven J. Bory, President and Chief Executive Officer of NHP. "We have the foundation in place to expand NHP and we look forward to serving our new members."

NHP is a sponsored health plan that offers Medicaid managed care, Child Health Plus, Family Health Plus and Medicare Advantage coverage to New York City and Suffolk County residents. Over the past 14 years, NHP has grown at a steady pace. Bory attributes provider network expansion, member retention initiatives, and acquisitions as reasons for NHP's success.

Appendix, (con't)

MediSys Helps Keep the Community Informed

As part of a new community initiative, the MediSys Health Network has created Health Beat, a quarterly newsletter designed to provide Queens and Brooklyn residents with the latest health information.

The first edition, Spring 2009, was distributed to community groups, local churches, senior citizen centers, libraries, and community centers, as well as waiting areas throughout the hospitals and ambulatory care centers. The issue featured various health topics, including developmental delays, osteoporosis, acid reflux, and allergies. An additional two stories, specifically related to each hospital, was also included in the newsletter. Brookdale Hospital's version included articles on prostate cancer and sleep disorders, Flushing Hospital's version had articles on wound care and MRI testing, and Jamaica Hospital's version included articles that discussed lupus and coronary artery disease.

"We are extremely excited about being able to connect with the community in this way," said Michael Hinck, Director of Public Affairs. "The Health Beat reaffirms our commitment to the community and the efforts we take to ensure that they have the best health care information possible."

To view the Spring 2009 edition of Health Beat, please click the following [Download Spring 09- BHMC](#), [Download Spring 09- FHMC](#), [Download Spring 09- JHMC](#)

MediSys Emergency Departments Become "Empowered"

In mid-December, the MediSys Health Network went live with one of the most advanced Electronic Medical Record and Patient Tracking System available for their very busy emergency departments. The advanced system from a company called EmpowER is fully integrated with the network's various lab, radiology, billing and registration systems. The software builds a completely paperless medical record that is more comprehensive and legible, and with built in risk management features, can help clinicians prevent medical errors by avoiding, drug interactions, allergies and dosage errors. The program also helps clinicians avoid missing critical lab values and prompts them for other risk management and QA measures. Prevention and avoidance of these key elements are done in real time and are built right in.

The Tracking feature allows doctors and nurses to know at any time in a patient's visit, who is taking care of a patient, what a patient is waiting for and exactly how long they are waiting. This new system will help to reduce waiting time and turn around times at our hospitals and will greatly improve patient satisfaction. In addition, if a patient returns to the hospital, their medical record is instantly available from the previous visit and their Emergency Department record can be immediately emailed or faxed to their private MD.

For more news items refer to the MediSys Health Network newsletter archives at http://medisys.typepad.com/medisys_network_news/archives.html