



KINGSBROOK
JEWISH MEDICAL CENTER

home print font size

search our website

KJMC Home > LEARN MORE About Us > INFORMATION ABOUT Our Doctors/ Nurses > WHAT WE DO Healthcare Services > WHAT TO EXPECT Patients & Visitor Guide > SEND A MESSAGE Contact Us >

We'll earn your trust

facebook YouTube FIND US ON FACEBOOK AND YOUTUBE

[About Us](#) » Community Implementation Report

ABOUT US

- Our Mission and Vision
- Advancements
- Community Events
- Press Releases
- Kingsbrook Selects ClearDATA for HIPPA Efforts
- Ways To Give
- Awards & Recognitions
- > **Community Implementation Report**
- Contact Us
- Employment



MEDICAL DEPARTMENTS/ HEALTHCARE SERVICES



PATIENT & VISITORS GUIDE



COMMUNITY PROGRAMS & EVENTS



KINGSBROOK HEALTHY LIFESTYLES



WAYS TO GIVE



WATCH **KINGSBROOK TV**
Tune In to the KJMC Health & Wellness Channel.
CLICK TO WATCH

KINGSBROOK'S COMMUNITY SERVICE PLAN

2009-2011 UPDATE

Our Mission: Our mission is to partner with our culturally diverse communities to provide a continuum of outstanding health care services to individuals and families through a caring and trustworthy staff.

Our Vision: Our vision is to be distinguished as a premier hospital and trusted partner that advances the well-being of the individuals, families and communities we serve. We uphold the values of compassion, respect, ethics, excellence and dedication.

There have been modifications to our hospital service area since filing our prior report. Our initial primary service area captured a very broad cross section of our community. After ardent review with Senior Management and consultants, the primary service area was consolidated to reflect our most immediate communities and those areas that utilize our facility at a higher rate.

11203 (Flatbush), 11213 (Crown Heights), 11236 (Prospect Heights), 11212 (Brownsville)

0-17	18-24	25-44	45-64	65+
26.9%	62.2%	31%	19%	9%

RACE DEMOGRAPHICS		ECONOMIC PROFILE	
Black Non-Hispanic	76.6%	Over 100K	12.7%
Hispanic	10.0%	75-100K	9.9%
White Non-Hispanic	7.8%	50-75K	17.0
Asian Non-Hispanic	1.9%	25-50K	23.8%
All Others	3.7%	25K	34.1%

Prevention Agenda Priorities

- Access to Quality Health Care
- Chronic Disease
- Infectious Disease

PREVENTION AGENDA GOALS

ACCESS TO QUALITY HEALTH CARE

Residents in our service region of Central Brooklyn face health disparities that surpass state and national averages in the areas of diabetes, stroke, hypertension and asthma. Our goal is to provide a variety of free screening options to members of our community, especially those who are uninsured and under insured. We aim to increase those participating in our screenings by 10%. Kingsbrook continues to collaborate with other community providers and not-for-profit entities, and also (when appropriate) acts independently to provide screening and preventive treatment services to its community. Our efforts include off-site events in partnership with our local clergy, schools and community based organizations, on-site events based on a year-long screening calendar facilitated at our main facility and at our off-site Pierre Toussaint Family Health Center. Our screening efforts focus especially around early detection of breast and prostate cancers. Our goal is to continue these intense projects that provide diagnostic screening and patient and family education information. We partnered with the Daily News for the 5th year, to take part in the prostate cancer week-long screening initiative; the largest of its kind in New York City. Our goal with this project is not only to increase the number of prostate screenings we perform each year, but to also provide needed education and workshops to those who are not well informed about the disease and the associated risk factors. Also, we launched a Prostate Cancer Steering Committee charged with grassroots promotion and advocacy to further support this effort.

Additionally, Kingsbrook has maintained a breast health education program funded by Susan G. Komen of Greater New York. This program counsels women about the importance of breast screenings, provides for a mammogram and follow up coordination services, as well as ongoing care coordination and the necessary referrals for the actual treatment for women with abnormal findings. Our goal is to continue to advance toward our required cap of 2,500 women screened.

The program will seek to involve additional partners, preferably health care centers with a focus on women's health to help broaden outreach efforts and facilitate this underserved population. Dedicated to expanding access to care, partnerships with Brownsville Multiservice Family Health Center and Bedford Stuyvesant Multi Service Center have been established. These vital community health centers maintain a keen focus on women's health issues and work in closely with our program to identify women in need.

Kingsbrook also maintains a partnership with the Brooklyn Healthy Living Partnership Program, who like us, provide free mammography services to women in need. This program works hand in hand with the Komen funded Breast Health Education Program and allows us the opportunity to provide additional treatment options for under or uninsured women in need.

CHRONIC DISEASE

Diabetes Education (Learning For Life)

Kingsbrook facilitates the "**Learning for Life**" Diabetes program which trains community volunteers and patients in diabetes self-management protocols. The program is overseen by an Advisory Committee comprised of representatives from the community at large and of certain Kingsbrook departments including Volunteer Services, Nursing, Social Work, Pharmacy, and Nutrition. Kingsbrook's Volunteer Department trains community members

with a specific interest in helping advance the quality of diabetic care at our institution through diabetes self-management protocols and diabetes counseling. Through the **Learning for Life** program, volunteers provide one-on-one and group health literacy sessions for patients with serious, each stage Diabetes. Utilizing a modified and translated "Health Smarts While You Wait" curriculum, volunteers empower Kingsbrook's outpatient diabetic population by assuring the patient understands the basics of navigating a nutrition label and techniques used to manage multiple medications.

Diabetes Self Management

Kingsbrook has maintained a Diabetes Education Program for outpatient diabetes self-management training, providing individual counseling appointments and group classes, a current collection of educational materials, regular academic updates on the latest evidenced based treatments for primary care providers, and maintaining a Diabetes Registry to identify areas to help identify areas for improvement. The program objective is to provide diabetes patients access to diabetes educator services to assist in self-management, an essential part of achieving optimal clinical outcomes. This service will fulfill the Self-Management component of implementing the Chronic Care Model for diabetes at our institution. To fund the initial expenses of the program, Kingsbrook received grant funding from the New York City Department of Health and Mental Hygiene.

INFECTIOUS DISEASES

Kingsbrook provides many services to residents who are at risk of HIV/AIDS infection, and who are directly affected by HIV/AIDS. Care to patients infected with HIV/AIDS and Hepatitis is provided by Kingsbrook's Designated AIDS Center (the "DAC") which serves more than 400 clients each year and offers a broad array of services for people with HIV/AIDS and Hepatitis C. The HIV program provides a collaborative approach in the management of patients, some who are poor, homeless, illiterate, substance dependent, mentally challenged and others who are socially isolated (immigrants, the incarcerated and the elderly).

Kingsbrook's DAC seeks to increase its community outreach, providing for more early detection opportunities and community-wide education within the next three years. In addition, the DAC will provide for increased training opportunities for our medical residents and attending physician staff by including them in HIV grand rounds and case presentations. Part of this plan is to increase linkages with other community HIV/AIDS providers, especially those who focus on the difficult-to-reach immigrant populations. Outreach is not merely community based; it is also targeted at individuals.

Kingsbrook will continue to offer individual community members HIV/AIDS prevention information to promote avoidance of behaviors that have a high risk for infection and re-infection, as well as confidential Rapid H.I.V. antibody testing and counseling services for admitted and ambulatory service patients (including, without limitation, patients presenting to its Emergency Room).

Another of the DAC goals was to increase patient's compliance with the HIV QUAL indicators. Project improvements were focused on the following HIV/QUAL indicators with these results: 10% increase in TB, syphilis screenings and pelvic examinations. Additionally, there was a 5% decrease in the number of patients who simply did not keep their appointment (no-shows) for clinic and the subspecialists' visits.

Measures to track progress

Prostate Cancer Screenings: The effectiveness of this program is measured by the number of men receiving prostate cancer screenings at Kingsbrook. Though our historic support from funding organizations has been inconsistent over the past three years, Kingsbrook has remained committed to this goal, recognizing the impact prostate cancer has had on its male community residents. In 2011, Kingsbrook screened over 1000 men, a record number of participants.

Breast Education Program (Susan G. Komen of Greater New York): This program continues to be a vital source for the women of our community. The program has serviced over 9,000 women in the community and is anticipated to impact the lives of even more women in 2011 and beyond. Monthly progress reports and outreach

records are maintained by breast health coordinators to ensure our expected program expectation cap is met each year.

Additionally, the **Brooklyn Healthy Living Partnership** staff will review survey measures for this program, to assess the effectiveness and impact the program is having on our patient base. The funding for this program has decreased annually since 2007. As such, the cap for this program has become smaller each year.

Diabetes Self Management: The Diabetes Registry is used to obtain data assessing markers of glycemic control. This coincides with data required to meet NCQA standards of care and is needed to maintain DRP status. We have re-launched a planning committee for chronic care management of diabetes, with representation from our community via our Community Advisory Board, primary care physicians, pharmacists, nutritionists, and nursing to oversee this endeavor. Progress will be monitored by ongoing, quarterly collection of glycemic control data. The percentage of all Kingsbrook patients with diabetes and a glycosylated hemoglobin (A1C) greater than 9.5% (indicating poor diabetes control) has progressively decreased from 13.1% at start of 2010 to 9.1% at end of 2010. The percentage of all patients with diabetes and a glycosylated hemoglobin (A1C) less than 7% (indicating good diabetes control) progressively increased from 41.1% at start of 2010 to 53.7% by end of 2010. These data are collected quarterly to monitor efforts for effectiveness and reported to hospital administration.

Diabetes Learning for Life: These efforts will be monitored for effectiveness by ongoing collection of data, including number of patient/volunteer sessions conducted and patient satisfaction questionnaires.

Kingsbrook's Designated AIDS Center: Service utilization for Kingsbrook's Designated AIDS Center is evaluated and monitored using the eCW computerized system and the manual tracking of data by the Program staff.

KEY PLAN UPDATES

-

- ACCESS TO QUALITY HEALTH CARE (Medical Screenings)

Kingsbrook provided early detection opportunities to over 4,500 individuals in 2010. Screenings for asthma, stroke diabetes, hypertension, HIV, prostate and breast cancer were of special focus. Our total community benefit, including free screenings, education and mentorship impacted over 7,000 residents. Despite the ever growing facilitation challenges for healthcare organizations, Kingsbrook has been able to maintain its aggressive outreach and annual screening schedule facilitating a number of private and partnered events in effort to address the community's access to quality care and intervention for chronic diseases. Additionally, Kingsbrook partnered with the office of the Brooklyn Borough President to Facilitate "Take Your Man to the Doctor Week". This initiative is a call to action for men of all ages, ethnicities, and social standing to regularly visit a doctor and for the women who love them to help make it happen. Kingsbrook provides screenings such as diabetes and hypertension for this effort.

Kingsbrook's prostate cancer initiative screened 950 men in 2010 (June 21-25th), of that number 90 (10 %) resulted in abnormal findings. The only Brooklyn hospital participating in this effort, the impact re: accessibility to quality health care and our response to chronic disease prevention is clear by the consistent number of men in our community that take advantage of this detection effort. Kingsbrook's ambulatory care program also provides free prostate cancer screening examinations by appointment throughout the year; a special effort to increase early detection initiatives in our underserved community. This effort is promoted on-line via our free screening coupon option, which is also distributed at community health events. In 2011, Kingsbrook screened 1,007 men of that number, 107 (10%) resulted in abnormal findings.

Since the inception of this program in 2008, Kingsbrook has successfully educated 9, 226 women on the importance of breast health and screened 3,561 women. In 2010, Kingsbrook counseled 2,750 women about the importance of breast screening, coordinated mammography and screening services for 630 women. In 2011, the program was fortified with additional grant funding from the AVON Foundation for Women. These combined breast health programs were packaged and aggressively promoted as a part of our community outreach and education thrust, that will position us to exceed the 2,500 cap for 2011. Unique educational options for men are also being incorporated to better educate and spread the word throughout the community.

Dedicated to expanding the programs ultimate reach, partnerships with Brownsville Multiservice Family Health Center and Bedford Stuyvesant Multi Service Center were established. These vital community health centers maintain a keen focus on women's health issues and will work in tandem with this program to target women in need.

Communication To Enhance Access

In 2010, Kingsbrook worked in collaboration with Family and Youth Initiative of New York to review current health disparity data, discuss options for education, outreach, early detection and ways by which to increase community health awareness.

The partnership produced collaborative events that included: **Geriatric Mental Health 101, in conjunction with the Mental Health Alliance of New York City**, targeting caregivers, social workers and case managers, **Power Over Diabetes in conjunction with the American Diabetes Association**, targeting diabetics and those caring for diabetics, featuring information on diabetes management, treatment and nutritional options, **Everybody Dance for Your Health with the American Diabetes Association and Peil Canela Dance Group**, targeting diabetics and those caring for diabetics, featuring information and a demonstration on healthy exercise and moderate movement for diabetics.

CHRONIC DISEASE

Diabetes Learning for Life

Twelve volunteers have been trained to provide their fellow community members with diabetes education and counseling. These volunteers have, to date, provided 76 individual sessions at the bedside, 32 of which covered managing multiple medications and 44 of which covered nutrition. In addition, volunteers have led 159 group sessions where 62 presentations covered multiple medications and 97 covered nutrition. 786 patient encounters have occurred in the group sessions. The program presentations were also modified and translated for our Russian and Creole speaking Adult Day Health Care Center participants.

Our education and treatment programs for diabetes remain a needed and valued addition to diabetes support services for our patients. As such, outpatient Diabetes Self-Management Service and group classes for patients were held. Additionally, the program partnered with Rutland Nursing Home's Adult Day Health Care Program, to ensure that at least 75% of family members or caregivers of diabetic patients receive this service.

Diabetes Self Management

In August 2010, a certified diabetes educator began providing diabetes counseling services at KJMC's Clinic E for a dedicated weekly clinic session that coincided with the outpatient Metabolic and Endocrine Clinic. Further expansion of this service, which will include multiple disciplines, is currently in development. In March 2011, KJMC's clinic services at Clinic E and Pierre Toussaint Clinic met diabetes standards of care to achieve the National Committee for Quality Assurance's (NCQA) Diabetes Recognition Program (DRP).

Facilities who achieve DRP Recognition show their peers, patients and others in the community that they are part of an elite group that is publicly recognized for its skill in providing the highest-level diabetes care. The program continues to develop a functional diabetes registry in collaboration with CIS to improve outpatient monitoring and management.

Efforts will continue to maintain and exceed existing standards of care in 2011 and beyond. We will also continue to develop a functional Diabetes Registry in collaboration with CIS using a new data query system to improve outpatient monitoring and management, which will also monitor effectiveness on a case by case basis. Plans are underway to re-establish a planning committee for chronic care management of diabetes, with representation from our Community via our Community Advisory Board, Primary Care, Pharmacy, Nutrition, Nursing, and community. Additionally we are focused on expanding the distribution of high quality education materials to community centers and soliciting feedback to improve quality and selection of materials.

INFECTIOUS DISEASE

Kingsbrook's Designated AIDS Center (Clinical Management Unit, CMU) has more than 600 patients enrolled. There were 70 new patients enrolled for HIV and Hepatitis C disease management. There were 2,790 physician clinic encounters for the year and this represents an increase of approximately 1% in clinical visits from the previous year. There were 2,933 HIV counseling and testing encounters. Twenty-two 22 new patients were identified as HIV positive. Additionally, 50% of these new patients were referred to and enrolled in our program for care and services. There were over 3,000 encounter visits and interventions provided for case management advocacy services. There were over 500 encounter visits for substance abuse services, which include the "HIV/AIDS Chemical Dependent Support Group. With the rapidly changing field of HIV, staff education and training are most necessary. The CMU Manager and Medical Director arranged for a wide variety of in-services and training for the staff. Presentations included the following topics: New HIV/AIDS, Hepatitis C Treatments, Mental Health Assessment and Counseling, Management of Hepatitis C/ HIV Co-infection, Post-exposure Prophylaxis, Drug-drug interactions, HIV/AIDS Confidentiality Training, and HMOs Enrollments.

Additionally, CMU staff participates in outreach activities through presentations at community health clinics, senior centers, libraries, schools, community events and health fairs, and Pierre Toussaint Family Health Center Open Houses to promote HIV awareness and prevention efforts. HIV test counselors also participated in "National HIV Testing Day", KJMC's free promotional HIV screening events, facilitating approximately 200 guests and World AIDS DAY (WAD) Activities.

Collaborate Plan Impact/Changes

Kingsbrook has maintained a committed focus on early detection, education and chronic treatment for many years. Residents in our community experience more barriers to health care access than those in NYC overall. Additionally, the underinsured population in this region has nearly doubled within the past few years. Reports identify our primary service area of Central Brooklyn as one of the epicenters of diabetes in New York City. Additionally, the HIV related death rate in this region is still more than twice both the Brooklyn and New York City overall rates. Our residents also experience high blood pressure and high cholesterol at very high percentages. As such, the collaborative plan is synonymous with our goals and outreach strategies.

Quality Surveys

Kingsbrook continues to make improvements in our scores for patient satisfaction, as reflected in our scores in the HCAHPS survey, The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care, federally mandated by the Center for Medicare Services (CMS). HCAHPS (pronounced "H-caps"), also known as the CAHPS® Hospital Survey, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. The HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The survey contains core questions about critical aspects of patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital).

Kingsbrook's HCAHPS scores for "Nurses Always Communicated Well" (70%) placed us Number 1 among all fifteen (15) hospitals in Brooklyn and in line with the New York State Average (72%), based on the results in the

last publicly distributed HCAHPS results for Q4-2009 - Q3-2010. Similarly, we were tied for Number 1 in Brooklyn with SUNY Downstate for "Doctors Always Communicated Well" (76%) and equal to the New York State Average.

Kingsbrook also scored third highest for "Would Definitely Recommend this Hospital to Family and Friends" (61%) in line with the NY state Average (64%) and equal to the NY State Average at 66% for "Patient Rooms and Bathroom Always Kept Clean" in 3rd place among Brooklyn Hospitals. When asked to rate the hospital, Kingsbrook was 4th in Brooklyn (51%) and lower than the State Average of 59%, for those patients who gave the hospital a highly satisfied rating of 9 or 10.

NON-PREVENTION PRIORITIES

Top Hospital Recognition

Kingsbrook Jewish Medical received "Top Hospital Recognition" on New York State's 2010 Health Report Card/Honor Roll for post-operative DVT and PE, puncture and laceration. Kingsbrook is one of 20 hospitals in the State of New York to receive "Top Hospital Recognition" and the only hospital in Brooklyn to be on the list.

Hospitals were evaluated based on mortality rates, patient safety indicators, two types of adverse events and participation in national safety programs. The analysis focused on areas where hospitals performed better than average. The top 15 percent of hospitals were selected for the Honor Roll.

Program Expansion

In 2010, Kingsbrook received over 9 million dollars in State and Federal HEAL funding for needed program expansions. HEAL 19, funding is expected to increase our Emergency Department capacity by 6,000 annual visits. Additionally, the grant will expand Ambulatory Care Services to promote operational efficiency and is expected to increase our patient capacity by 5,000 annual visits. Our Dental Clinic volume will also be affected by this expansion, with an anticipated increase of capacity for 500 annual visits. HEAL 20 will help expand the physical capacity of Rutland Nursing Home's Adult Day Health Care Program, which provides care to an underserved, ethnically diverse population that includes Russian, Caribbean, Chinese and African-American residents. In addition, the grant will enable the modernization of its Long Term Care Pediatrics Unit.

Mechanical Ventilation

One of the most common reasons for ICU admissions is the need for mechanical ventilation, often as a result of patients being unable to maintain adequate work of breathing and going into respiratory failure. Once the need for mechanical ventilation has been established, proper initiation and clinical management is imperative to achieve a good outcome. Here at Kingsbrook we view the weaning or liberating of patients from mechanical ventilators as a moral imperative and a significant improvement in the quality of patients lives. Weaning also plays a critical role in the reduction in their long term morbidity and mortality. To achieve this, the Medical Director for Respiratory Care, Dr. Wilfrid Herard and Administrative Director Ms. Carren Samuel, engage a multidisciplinary team to manage the weaning of patients from mechanical ventilators.

This multidisciplinary approach to mechanical ventilation weaning and management fosters teamwork and brings different disciplines together, to focus on developing the right care plan for the patient. This approach has proven to be very successful and unveiled a lean efficient way of weaning and liberating patients from mechanical ventilators. Our weaning rate in 2010, among those candidates deemed ready to wean, was approximately 89.7%. Our weaning team was recently selected as one of the top three national finalists in the prestigious American Society of Hospital Pharmacy's Award of Excellence in medication Use Safety among ventilator patients.

Emergency Care

Kingsbrook's Emergency Department (ED) has seen the demand for its services increase by 13.8 % in 2010. The Department remains committed to providing outstanding emergent and urgent care services to members of our community.

Accordingly, Kingsbrook has made sure to keep the ED on the cutting edge of advancement and technology by implementing a state of the art Electronic Medical Records ("EMR") System. Kingsbrook's ED was one of the first in Brooklyn to have a truly integrated EMR. The up-gradable and scalable system has kept pace with the department's rapid growth. Except for just a few paper forms, the ED medical record is totally paperless but equally important; it is completely integrated with the hospital wide electronic medical record assuring seamless and timely care to our patients. Those few remaining paper documents are scanned into the EMR to create a fully electronic version of their visit. Kingsbrook's system allows for the clear documentation of a patient's healthcare needs among physicians, nurses and other hospital providers, and is an essential tool that has enabled Kingsbrook to enhance the overall quality of care for Emergency Department patients, decrease patient wait times and increase patient satisfaction to be among the best in Brooklyn. Also, all radiographs in the department, and throughout the hospital, are digitalized and can be viewed electronically. Additionally, Emergency Department staff utilizes a low frequency cellular phone system that allows for expanded immediate communication access among ED staff members and other key Hospital departments.

In conjunction with the Fire Department of the City of New York ("FDNY"), Kingsbrook and FDNY identified the need for additional community training sites for FDNY paramedics. Accordingly, Kingsbrook is the only voluntary hospital to establish a clinical affiliation with FDNY whereby Kingsbrook provides training to FDNY paramedics in, among other things, medication administration, IV insertion, endotracheal intubations, and patient history and assessment. In addition the department supports the training of nurses, nurse administrators, physician assistant students, medical students, and post-graduate medical, podiatric and orthopedic residents.

Kingsbrook Rehabilitation Institute

Kingsbrook has a long and respected history of providing quality rehabilitation services to its community members who must rehabilitate from the devastating effects of the illnesses that are prevalent in its medically underserved community (such as those effects following a stroke or following an amputation which resulted from uncontrolled diabetes or other vascular diseases). During 2009 Kingsbrook reinvigorated its rehabilitation program in a number of ways. It completed the renovation of its in-patient gym and other facilities and re-branded its Department of Physical Medicine and Rehabilitation Medicine as the Kingsbrook Rehabilitation Institute.

It also began a partnership with the Home Depot which resulted in the completion of a new Activities of Daily Living ("ADL") kitchen for Kingsbrook's rehabilitation patients. The ADL kitchen and room provide an area where patients, working with their experienced Kingsbrook therapists, can regain their daily living activity skills in a supportive environment, enabling them to return home as an active and productive member of the family and society.

Radiology and Imaging Services

The members of Kingsbrook's community who present to the Hospital for services require the benefits of advanced imaging services. In 2010 and beyond, Kingsbrook will continue to focus on providing the residents of Central Brooklyn with advanced state-of-the-art imaging modalities, a set of diagnostic tool vital to rapid and accurate medical care. Below is a list of major recent additions:

- Picture archiving communications system (PACS) provides physicians associated with Kingsbrook a fully digital patient film record.
- State of the art "voice to text" medical transcription resulting in instantaneous turnaround time for medical reports once interpreted by a radiologist
- New 6-Slice CT Scanner (2009)
- New 64 Slice CT Scanner (2009)
- New MRI Scanner (2009)

Kingsbrook's efforts to enhance its community's access to state-of-the-art imaging services continues, as Kingsbrook is in the process of acquiring and implementing new improvements to the following modalities offered by Kingsbrook (with capital support from New York City and New York State).

- Digital Mammography
- Angiography
- Ultrasound
- Nuclear Medicine

Dialysis Center in our Rutland Nursing Home

Kingsbrook continued its partnership with our related enterprise, Rutland Nursing Home, to provide Rutland's residents with access to quality healthcare services. Several years ago, Kingsbrook received CON approval and began the construction of a new 4 station dialysis center years ago to be operated by Kingsbrook within Rutland's advanced ventilator dependent unit.

The 30-bed dedicated Ventilator Unit at Rutland Nursing Home is a specialized unit which provides skilled nursing care for ventilator dependant residents, many of whom are in need of three times a week dialysis care. An interdisciplinary team comprised of a board certified pulmonologist, nephrologists, nurses, dialysis technicians and respiratory therapists oversee the clinical plan of care. The dialysis center, which was completed in 2011, enables these clinically compromised residents to be dialyzed in a dedicated area without having to move them throughout the facility or outside of the facility for these critical services. The center will effectively enhance the services provided by this Rutland unit, which has a reputation for successfully weaning residents off of ventilators and returning them to less restrictive regular skilled nursing units and even to their homes within the community. By partnering with Rutland in this way, Kingsbrook enhances the quality of life of not only the residents of Rutland, but their families and friends within the Central Brooklyn community.

Palliative Care

As technology has increased the ability of Kingsbrook, and all hospitals to provide state-of-the-art diagnosis and treatment of disease, the importance of caring for the person with the illness must never be lost. To that end, Kingsbrook established a palliative care program to care for the pain and other needs of its chronically ill patients and those who happen to be at the end of life. To support this program Kingsbrook Jewish Medical Center received a grant from the Fan Fox & Leslie Samuel Foundation, Inc. and from the New York State Senate to support its Palliative Care Program. The grant funded aggressive program expansion and supports expenditures for personnel, training and educational efforts. This program supports a committed effort to increase local provider and community awareness about the benefits of palliative care via outreach and education.

Technological Advancements

Kingsbrook has completed the integration of [The Bed Management Suite™](#), a state of the art information technology solution. This advanced system allows nursing, admissions and emergency departments (ED) to more efficiently plan, manage and expedite patient flow, as well as advance project requirements necessary to provide proper patient care. The system supports our efforts using LEAN methodologies, which have dramatically improved the time patients spend in our ED waiting for the next available inpatient bed.

Additionally, in 2010 Kingsbrook Jewish Medical Center was listed on the HIMSS Analytics website as a Stage 6 hospital, (stage 7 being the highest), acknowledging the facility's advanced approach to electronic medical record (EMR) technology and its commitment to quality care planning. Kingsbrook rates as the only hospital in Brooklyn at this level - one of 4 in all of New York State and one of 69 hospitals in the country, out of 5,172 hospitals. This positions Kingsbrook as one of the top 1.2% hospitals nationally in this category. The HIMSS Analytics EMR Adoption Model SM identifies and scores hospitals using a 7 step scale that charts the path to a fully paperless environment. HIMSS Analytics collects and analyzes healthcare data relating to Information

Technology processes and environments, products, IS department composition, costs and management metrics, healthcare trends and purchasing decisions. Finally, in 2011, Kingsbrook made a major investment in new Health Information Technology allowing Kingsbrook to begin its efforts to meet all federally mandated requirements to achieve "Stage 1 Meaningful Use", a task expected to be completed mid 2012. This effort will ensure Kingsbrook's rightful position as one of Brooklyn's most technologically advanced hospitals, further enhancing Kingsbrook's ability to deliver superior patient care throughout the continuum of care.

Charity Care/Financial Assistance

Despite the current economic challenges and the numerous closings of affiliated health care centers, Kingsbrook remains flexible, especially as it pertains to documentation requests for charity care eligibility. Kingsbrook's Financial Assistance Program evaluates those who are underinsured, have exhausted their insurance benefits or are fully uninsured. Kingsbrook Jewish Medical Center's Financial Assistance Program is based upon up to 300% of the March 2010 Department of Health and Human Services Federal Poverty Guidelines. Current clinic patients without adequate financial resources can receive care in our primary/specialty clinics for fee schedules based on their income and family size. A determination will be made if the patient is eligible for reduced fees.

###



KINGSBROOK
JEWISH MEDICAL CENTER

585 SCHENECTADY AVENUE
BROOKLYN, NY 11203

[Kingsbrook Jewish Medical Center](#) | [Contact Us](#) | [Site Map](#) | [Disclaimer](#) | [JCAHO Notice](#) | [Privacy Notice](#) | [Code of Conduct](#) | [Members Only](#) | Powered by Scorpion Healthcare

The text presented on these pages is for your information only. It is not a substitute for professional medical advice. It may not represent your true individual medical situation. Do not use this information to diagnose or treat a health problem or disease without consulting a qualified health care provider. Please consult your health care provider if you have any questions or concerns.

Address: 585 Schenectady Avenue, Brooklyn, NY 11203

© 2013 Kingsbrook Jewish Medical Center. All rights reserved. No part of the contents of this web site may be reproduced or transmitted in any form or by any means, without the written permission of the publisher.