UHS HOSPITALS
COMMUNITY SERVICE PLAN
2013-2015

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1. Hospital Mission Statement

UHS Hospitals (UHS Wilson Medical Center, UHS Binghamton General Hospital and UHS Physician Practices) is a not-for-profit provider of healthcare services and is part of UHS, an integrated health care delivery system serving New York's Southern Tier and surrounding areas.

The mission of UHS Hospitals is to serve the people of our region, to improve or maintain their health, and to provide patient-centered, contemporary health services in a caring, competent, and convenient manner. Services will be affordable and well organized to meet the needs of our patients and their families.

UHS Hospitals fulfills this mission by working together with the community, physicians, and other health care providers to continuously improve the availability and quality of services and our ability to provide:

- A comprehensive range of short-term inpatient acute and rehabilitative services, as well as outpatient diagnostic and treatment services, on its UHS Wilson Medical Center and UHS Binghamton General Hospital campuses.
- Primary care services which are the foundation for serving the community with a coordinated system of care, with special attention to underserved areas.
- Select specialized services that serve a broad geographic service area.
- Education programs in which graduate, undergraduate, and continuing medical education, as well as nursing and other professional and technical training and scholarship programs, make available well-trained health care professionals and advanced clinical services and medical practices.
- Programs and services which educate our patients, their families, businesses and the community at large about promoting healthy lifestyles, facilitating understanding of personal health status, increasing knowledge of health care options, and encouraging effective utilization of the health care system.

2. Definition and description of the community served.

The service area was determined by examining inpatient origin by zip code and by county. Because the majority of the service area falls into Broome and Tioga Counties, collaboration to identify Public Health Priorities took place at the county level. UHSH's service area is centered in Broome County, with 70% of patients coming from Broome County communities, and another 20% from Chenango, Tioga, and Delaware Counties. UHSH's 75% zip code service area includes the Broome and Tioga communities of: Binghamton, Endicott, Johnson City, Vestal, Norwich, Owego, Apalachin, Windsor, Greene, Deposit, Port Crane, Kirkwood, Oxford, Conklin and Bainbridge. Since the last filing, Harpursville and Whitney Point were removed from the 75% service area, with Kirkwood, Oxford, Conklin and Bainbridge added in.

3. Public Participation

UHS Hospitals does extensive research in the community including focus groups, inpatient surveys, outpatient surveys and on-line surveys to gather community input and obtain feedback on areas for improvement. In Tioga County, on-line surveys and focus groups were used to obtain community feedback and input. Some of the following participants listed below were involved in assessing community health needs, but all are instrumental in achieving the goals addressed in this plan.

Healthcare Delivery System: Excellus BlueCross Blue Shield, UHS Hospitals, Lourdes Hospital, Greater Binghamton Health Center, Dr. Garabed A. Fattal Community Free Clinic, Binghamton VA Outpatient Clinic, Lourdes Center for Mental Health, The Family & Children's Society, Nursing Homes, Home Health Agencies, Primary care providers, Hospital-based Endocrinology and Diabetes Centers (UHS & OLL), Health care providers with prescriptive privileges, Pharmacists, Pharmaceutical companies, Emergency Medical Services

Employers, Businesses, and Unions: none

Media: WSKG-TV and Radio; WBNG-TV, Press and Sun-Bulletin

Academia: Binghamton University, SUNY Upstate Medical University Clinical Campus at Binghamton, Cornell Cooperative Extension

Community-Based Health and Human Service Agencies: Rural Health Network of SCNY, Broome County Urban League, Mothers and Babies Perinatal Network of SCNY, United Way of Broome County, Action for Older Persons, Mental Health Association of the Southern Tier, Keep Youth Doing Something (KYDS) Coalition, Aging Futures Partnership, Family Enrichment Network, Senior centers, Local diabetes and heart disease support groups, Farmers markets

Other Government Agencies: Broome County Health Department, Tioga County Health Department, Broome County Department of Social Services, Community Alternative Systems Agency (CASA), Broome County Mental Health Department, Broome County Office for Aging, Broome County Environmental Management Council, Broome County Parks and Recreation, NYS DOT, Binghamton Metropolitan Transportation Study (BMTS), Strategic Alliance for Health

Governmental and Non-Governmental Public Health: Broome-Tioga BOCES, BOCES Food Service, Southern Tier Health Link, American Heart Association, American Cancer Society

Policymakers and Elected Officials: none

Communities: Law Enforcement, Broome County Council of Churches, Catholic Charities of Broome County

Philanthropy: none

4. Assessment and Selection of Public Health Priorities

a.Prevent Chronic Disease
b.Promote Healthy Women, Infants and Children
c.Promote a Safe and Healthy Environment

5. Three Year Plan of Action: Proposed priorities; goals and objectives; improvement strategies and performance measures; time-frame targets.

A. Prevent Chronic Disease

Goal: Reduce the rate of hospitalization for diabetes
Objective: By Dec 31, 2015, Increase the access to diabetes preventive care and identify the pre-diabetic population and develop case management plan of action specific to population need.
Improvement Strategy: Promote and expand the need of diabetes self-management practices such as self-blood glucose monitoring and self-foot exams.
Improvement Strategy: Increase outpatient diabetes management by health care providers such as A1c, foot exams and eye exams.
Improvement Strategy: In conjunction with the UHS Diabetes Center, support education to all community members regarding all aspects of diabetes from dietary education to lifestyle modifications.
Performance Measure: Decrease in rate of hospitalization for diabetic conditions such as acute ketoacidosis, hyperosmolarity, coma and chronic renal, eye, neurological, circulatory.
Performance Measure: Promote the Hemoglobin A1c test to be performed every three months with the reading being 6.5 or below.

Goal: Reduce the readmission rate for patients with Congestive Heart Failure (CHF)
Objective: Provide telephonic education to all disease management patients of CHF patients from UHSH facilities.
Objective: By December 31, 2015, reduce the 30 day readmission rate to the hospital for patients with CHF.
Improvement Strategy: Follow all CHF discharge patients for three months to ensure compliance to all provider post-discharge instructions.
Improvement Strategy: UHS Stay Healthy nurses to contact patients with CHF to provide assistance in dietary needs, medication education, provider follow-up appointment reminders and as a resource for further communication.
Performance Measure: Review the overall 30-day readmission rate for CHF.

Goal: Increase access to a comprehensive array of cancer care services
Objective:.Provide health screenings and educational programs to prevent cancer.
Objective: Provide access to state-of-the art equipment and a full range of cancer services.
Improvement Strategy: In conjunction with the American Cancer Society's Road to Recovery Program, coordinate free rides for patients to and from treatment sessions.
Improvement Strategy: Education programs such as Tea with Ruth, Mugs for Men and support groups such as Lymphedema support group and Breast Cancer support group.
Improvement Strategy: Educate the community about the array of complex medical treatment options and the broad range of services for cancer care.
Performance Measure: Enrollment in various on-going programs and support groups.
Performance Measure: Numbers of screenings (breast, cervical, prostate etc).

Goal: Reduce Obesity in Children and Adults
Objective: Prevent childhood and adult obesity through intervention in early childhood and increased physical activity.
Improvement Strategy: Implement programs such as Small Steps in schools that promotes increasing physical activity, consuming fruits and vegetables and decreasing screen-time.
Improvement Strategy: Provide education on behavior modifications and meal portion sizes to children.
Improvement Strategy: Collaborate with health care providers by providing them with obesity information/guidelines and encourage compliance to NYS guidlines.

Improvement Strategy: Collaborate with community partners to promote areas of physical activity.
Performance Measure: By December 31, 2015, increase the school districts participating the the Small Steps program from 3 to 5.
Performance Measure: By December 31, 2015, increase number of children who attend Stay Healthy Kids Club.
Performance Measure: Measure the Body Mass Index (BMI) of the Stay Healthy Kids Club population (8 to 13 year old) to be below the 85th percentile.
Performance Measure: Data from questionnaires (We CAN and CATCH) as well as pre- and post BMI data.
Performance Measure: Perform random chart audits to document health care provider compliance.
Performance Measure: Increase the number of programs such as BC Walks and Mallwalkers at the Oakdale Mall in Broome County.

Goal: Reduce Tobacco Use
Objective: Promote Tobacco cessation by youth, young adults, especially among low socio-economic adult populations.
Improvement Strategy: Increase number of primary care providers promoting tobacco cessation in five counties.
Improvement Strategy: Utilize the Tobacco Cessation Program by offering free weekly cessation classes and strategies to cut tobacco dependance.
Improvement Strategy: Utilize the pre-admission testing (PAT) process to reach the community. All patients who go through PAT to receive a tobacco cessation redemption coupon.
Performance Measure: Increase in the contact made to health care providers to reach 20 new providers every year.
Performance Measure: Increase usage/redemption rate of coupons that can be used to obtain nicotine replacement therapies.

B. Promote Healthy Women, Infants and Children

Goal: Increase Breastfeeding
Objective: Increase the percentage of women at UHSH to initiate breast-feeding.
Objective: Increase the percentage of infants who are breast-fed.
Improvement Strategy: Discuss and offer literature about breast-feeding at pre-natal visits; skin-to-skin immediately after birth.
Improvement Strategy: All mothers contacted within 3 to 5 days of discharge and offered guidance and support in any breast-feeding strategies and (if needed) equipment rental.
Improvement Strategy: Free lactation consultant services made available to all mothers.
Performance Measure: Increase the mothers contacted by December 31, 2015 and continue periodic contact for two years upon discharge.
Performance Measure: Decreased formula usage by mothers.
Performance Measure: Enrollment in pre-natal classes and breast-feeding course.

C. Promote a Safe and Healthy Environment

Goal: Improve Outdoor Air Quality
Objective: Reduce exposure to community of harmful effects of tobacco and exposure to harmful effects of second-hand smoking.
Objective: All UHSH facilities to be tobacco-free by November 20, 2013.
Improvement Strategy: All UHSH facilities to adopt policies that prohibit smoking on all hospital grounds and within 15 feet of the property lines.
Improvement Strategy: Increase availability of the "Survival Pack" which includes a coupon for free NRT (nicotine replacement therapy) gum,

Performance Measure: Increase in the "Survival Pack" participation by employees, family members and visitors.
Performance Measure: Enforcement of this policy will be challenging

6. Dissemination of the Plan to the public:

The Community Service Plan is made available to the public through a link on our website http://www.uhs.net in our "About Us" section. The report is downloadable in Adobe Acrobat format (PDF) and information is provided regarding how to obtain free hard copy. The UHS.net website includes extensive information regarding public health programs on our Stay Healthy page and throughout the site.

7. Description of the process that will be used to maintain engagement with local partners over the three years of the Community Service Plan, and the process that will be used to track progress and make mid course corrections.

Over the next three years, the UHSH Community Service Plan (CSP) Liaison along with other UHSH representatives will continue to meet with local health departments and community partners to monitor the process and performance measures outlined in this CSP. Changes in local demographics as well as environmental factors will be taken into consideration when monitoring the established goals and objectives. If needed, the objectives and process measures will be modified, as per the needs and demands of the communities served. This will occur as a collaborative effort between UHS and all parties listed under the Public Participation Section. If improvements to track progress are identified that would positively impact our performance measures, those processes may also be adjusted throughout the year.