

# Monroe County Joint Community Service Plan

Lakeside Health System  
Strong Health System  
Unity Health System  
ViaHealth System

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# Introductory Letters



September 2, 2008

Mr. Delton Courtney, MHA  
Health Program Administrator IV  
Bureau of Hospital and Primary Care Services  
New York State Department of Health  
Hedley Building – 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180

Dear Mr. Courtney:

Lakeside Health System is pleased to submit and endorse the 2008 update report for our joint Community Services Plan which is a collaboration of the four health systems in Monroe County. This update focuses on the priorities for a healthy community as established by the Monroe County Department of Health through its Health Action process.

This update report demonstrates Lakeside Health System's commitment to collaboration with other health care providers in order to improve the health of its community. We look forward to continuing this process to meet the growing health care needs of those we serve.

Sincerely,

A handwritten signature in black ink that reads "Kevin C. Nacy".

Kevin C. Nacy  
Chief Executive Officer  
Lakeside Health System

ks  
enc.

**"Quality Care Close to Home"**

**Lakeside Memorial Hospital**  
156 West Avenue  
Brockport, NY 14420  
(585) 637-3131  
Fax: (585) 395-6036

**Lakeside Beikirch Care Center**  
170 West Avenue  
Brockport, NY 14420  
(585) 395-6072  
Fax: (585) 395-6067

**Lakeside Foundation**  
156 West Avenue  
Brockport, NY 14420  
(585) 637-3936  
Fax: (585) 395-6037

**Lakeside Child Care**  
156 West Avenue  
Brockport, NY 14420  
(585) 637-3936  
Fax: (585) 395-6037

**Daisy Marquis Jones  
Family Wellness Center**  
156 West Avenue  
Brockport, NY 14420  
(585) 395-6044  
Fax: (585) 395-6026

Bradford C. Berk, MD, PhD  
CEO, University of Rochester Medical Center  
Senior Vice President for Health Sciences



UNIVERSITY of  
**ROCHESTER**  
MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

September 10, 2008

Delton Courtney, MHA  
Health Program Administrator IV  
Bureau of Hospital and Primary Care Services  
New York State Department of Health  
433 River Street, Suite 303  
Troy, New York  
12180-2299

Dear Mr. Courtney,

This is the tenth anniversary of the Joint Community Service Plan which unites all four health systems in Monroe County in a collaboration that provides the broadest benefit to community health. I am pleased to submit this update for 2008 on behalf of Strong Memorial and Highland hospitals.

Sincerely,

Bradford C. Berk, M.D., Ph.D.  
CEO University of Rochester Medical Center  
Senior Vice President for Health Sciences

# Unity Health System

September 12, 2008


Delton Courtney, MHA  
Health Program Administrator IV  
Bureau of Hospital and Primary Care Services  
New York State Department of Health  
433 River Street, Suite 303  
Troy, NY 12180-2299

Dear Mr. Courtney:

We are pleased to submit the 2008 update to the Joint Community Service Plan of the four Monroe County Health Systems. Monroe County's hospitals have been working individually and collectively to improve the health status of our residents for decades.

We have appreciated the opportunity to describe this effort in this joint plan for the past ten years.

Sincerely,



Timothy R. McCormick  
CEO  
Unity Health System

**via**Health

Office of the President  
1425 Portland Avenue  
Rochester, New York 14621-3095

585 922 4935 Office  
585 922 4290 Fax

September 8, 2008

Mr. Delton Courtney, MHA, Health Program Administrator IV  
Bureau of Hospital and Primary Care Services  
Hedley Building – 6<sup>th</sup> Floor  
433 River Street, Suite 303  
Troy, New York 12180-2299

Dear Mr. Courtney,

I am pleased to write on behalf of Rochester General Hospital. Our Joint Community Service Plan represents the work of the four health systems in Monroe County and reflects the community health focus established by the Monroe County Department of Health.

We work collaboratively together on behalf of our community and look forward to continuing these efforts in the future.

Sincerely,



Mark C. Clement  
President  
Rochester General Hospital

# Mission Statements

# Lakeside Health System

## Mission Statement

The mission of Lakeside Health System, an outstanding community resource, is to improve the health and well-being of residents and visitors to Brockport, New York and surrounding communities. This is accomplished by providing high quality, compassionate, cost-effective care through the excellence of its well trained, multidisciplinary team of professionals.

## Vision Statement

Lakeside Health System seeks to be the health care provider of choice to its service area; creating an experience that exceeds all the expectations of those we serve.

## Value Statements

We, at Lakeside Health System, believe that in order to fulfill our mission, we must adhere to the values stated below in all of our interpersonal relationships with patients and residents, our fellow employees and members of the medical staff. These statements reflect our commitment to teamwork and high quality, customer-service oriented care.

- ★ SAFETY--We strive to provide a safe and healthy environment for all who enter our domain.
- ★ TEAMWORK & COMMUNICATION--We support a culture of teamwork and open communication in all that we do with our customers and colleagues.
- ★ ETHICAL BEHAVIOR--We make our decisions based on sound, ethical principles. Our actions reflect relationships based on honesty, integrity and fairness in the way we conduct our business and live our lives.
- ★ EXCELLENCE--We make every effort to continuously improve our processes by eliciting feedback from our customers and colleagues with the ultimate goal of exceeding the standards of care in our community.
- ★ RESPECT--We value our colleagues, patients and residents and treat one another with loyalty, respect and dignity. We treat those we serve with compassion and kindness, placing the needs of our customers first.



# **HIGHLAND HOSPITAL MISSION STATEMENT**

We will deliver Medicine of the Highest Order in a community hospital where compassion and quality health care are our guiding principles. Our affiliation with a world-class medical center will allow us to provide the best of both worlds – state of the art medicine and personalized patient care.

# **STRONG MEMORIAL HOSPITAL MISSION STATEMENT**

We improve the well-being of patients and communities by delivering the highest quality health care in a safe, compassionate environment enriched by education, science, and technology.



## **Mission Statement**

The mission of Unity Health System is to make a positive difference in the lives and health status of individuals in the city of Rochester and Western Monroe County. We will educate our community, our providers, and future health care professionals in order to offer the highest quality care to all members of our community, especially those who are underserved and most vulnerable.

## **Vision**

Our vision is to be the health care provider of choice for the city of Rochester and western Monroe County. We strive to improve the health of our community by delivering high quality services that are accessible, affordable, and located close to where people live. In partnership with our affiliated physicians, we provide leadership in meeting entire range of community health needs. Delivering needed health care services is our continuing passion.

## **Core Values**

Respect  
Quality Service  
Compassion  
Empowerment  
Creativity

# MISSION AND VISION

## ViaHealth

### Our Mission

To improve the health of the people and communities we serve by providing high quality care and exceptional service with compassion.

### Our Vision by 2011

Rochester General Hospital and affiliates will be the health care provider of choice for physicians and patients, and be known for:

- Exceptional quality of care
- Sustainable, focused growth and financial health
- Being a great place to work for current and potential employees
- Teaching programs that enhance our clinical mission
- Community trust and philanthropic support

Public Participation for Processing  
And  
Needs Assessment

## Public Participation Process Notice

And

## Needs Assessment

All of the health systems in Monroe County are fortunate to be governed by boards made up of community representatives who volunteer their time and expertise. This Joint Community Services Plan is shared with our board members and they are encouraging of this cooperative effort. In addition, we will be posting this update on our websites and submitting copies to the Healthcare Association of New York State.

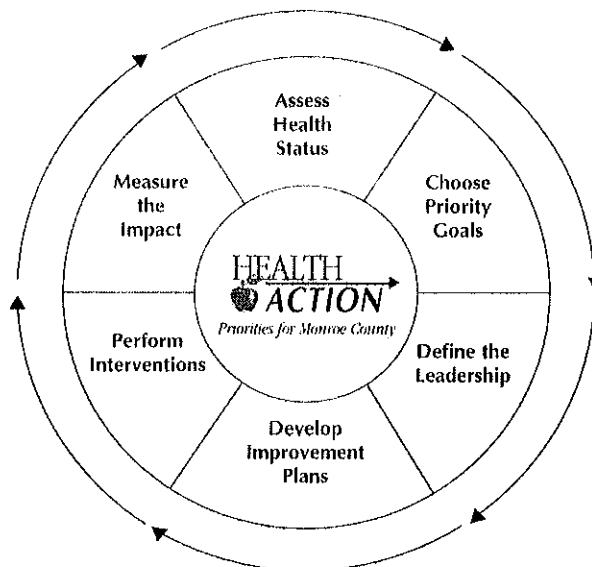
The needs assessment that has guided our joint effort over the past several years is a robust communitywide process involving all four health systems, the county health department, and other key community stakeholders. We believe it is unique in New York State and that it has resulted in a more comprehensive needs assessment than any system could perform individually. It has also allowed the health systems to be involved in planning efforts and service provision that goes beyond clinical care and enters the domains of prevention and public health. The process, known as **HEALTH ACTION**, is described below.

**HEALTH ACTION** began over ten years ago when several health and planning agencies in Monroe County came together to develop a strategy to improve the health status of the community. The four health systems represented in this community service plan are founding partners of **HEALTH ACTION** and have continued to be key contributors in this communitywide planning process.

The vision for **HEALTH ACTION** is continuous, measurable improvement in health status in Monroe County. This is implemented by selecting priorities for action from health goals identified in community health report cards<sup>1</sup> in each of five focus areas:

- Maternal and Child Health
- Adolescent Health
- Adult Health
- Older Adult Health
- Environmental Health

The process used by **HEALTH ACTION** for each of the five focus areas is shown in the graphic and is described in detail below.



## **HEALTH ACTION Process**

### **Assess the health status.**

- Data detailing health status, access to health care and health behaviors are compiled and analyzed to identify trends and disparities and to compare Monroe County to other communities.
- The Report Card Advisory Committee develops 7-10 health goals based on issues identified by the data.
- A report card containing the health goals and measures is published.
- The four health systems are represented on the Report Card Committees.

### **Choose Priority Goals**

- The Report Card Advisory Committee hosts community forums. During forums there is a brief presentation of the goals and measures contained in the report card. Forum participants are then asked to rank the health goals based on the following criteria:

**Importance**  
**Sensitivity to Intervention**  
**Control**  
**Resources Required**  
**Timeliness** -

- Based on the input received, the Report Card Advisory Committee makes recommendations to the Board of Health about which two goals should be the priorities for action for the next 4-5 years.

Health system representatives participate in the forums and also host forums with residents in an effort to facilitate community health goal priority setting.

### **Identify Leadership**

For each health goal selected as a priority for action, the Board of Health along with the **HEALTH ACTION** Steering Committee and the Report Card Advisory Committee determine if there is an existing organization/group that would take the lead in addressing the goal. If there is not an existing organization, a group is formed. These organizations/groups are called **HEALTH ACTION** Partnerships.

The health systems provide salary support for key staff members to participate on both the Health Action Steering Committee and Report Card Advisory Committees. These staff members contribute the

expertise gained from working in a local health system to help identify the most effective interventions for the selected health priorities.

### **Develop and Improvement Plan**

Each **HEALTH ACTION** Partnership develops an improvement plan to address the health goal.

The health systems develop a joint community services plan that is included in the Health Action Improvement plan.

The health systems are working collaboratively with the Monroe County Department of Public Health and other local health providers and stakeholders to develop a community services plan that aligns with the Monroe County Municipal Public Health Services Plan and the Community Health Assessment. The jointly developed and aligned plans will detail how together we will strategically focus on improving community health in the three specific priority areas selected from the New York State Department of Public Health Prevention Agenda Indicators, covering the period 2009-2012.

The four health systems represented in this joint community services plan already have a history of working with the Monroe County Department of Health on areas identified as priorities by New York State. These areas include:

- Improving access to preventive health services (childhood and adult immunizations)
- Reducing tobacco use
- Increasing physical activity/Improving nutrition
- Enhancing community preparedness

Continued collaboration in these areas will help ensure that appropriate systems of care are in place and functioning at an optimal level such that patients receive the right services, in the right place, at the right time.

### **Perform Interventions**

Each **HEALTH ACTION** Partnership along with the **HEALTH ACTION** Steering Committee oversees the implementation of the improvement plan.

Interventions can be implemented in various venues including schools, day care centers, places of worship, Community Based Organizations, and within the medical system.

The health systems have implemented several interventions that are congruent with local community health priorities. Overall, these interventions have served to improve access to high quality healthcare for individuals from traditionally underserved groups. Several examples are detailed later in this plan.

### **Evaluate the Impact**

Each **HEALTH ACTION** Partnership evaluates the intervention.

The health systems evaluate each intervention that they undertake as part of the local community Health Action plan.

# Strategic Plan

# STRATEGIC PLAN REVIEW OF CONTINUING INITIATIVES

## *Primary Care Outreach Program Summary: 2008-09*

**Summary:** The Primary Care Outreach Program is a community-wide, collaborative, and evidence-based program designed to improve the receipt of immunizations and preventive health services for children 0-2 years of age. The program targets impoverished, vulnerable children who face many barriers to receiving access to primary health care, and focuses on children who reside in the city of Rochester. The program serves fully 70% of infants and toddlers residing in the city, and is funded by a consortium that includes both major insurers (the Monroe Plan, affiliated with Excellus, and the Rochester Primary Care Network, affiliated with Preferred Care) and the 3 hospital systems (VIA Health, Strong Health, Unity Health). This program has been supported for 8 years by the Community Service Plan which helped establish it as community-wide program.

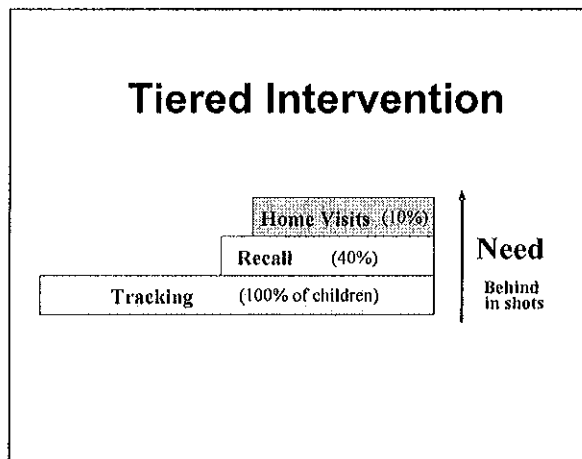
**Target Population:** The program has two targets- city of Rochester children and inner-city practices. The children are 4,000 0-2 year olds served by the 10 largest inner-city practices; 80% of these children reside in the city, and 20% in suburbs. The program serves 70% of all 0-2 year olds from the city. Altogether 75% are covered by Medicaid, 7% by Child Health Plus, 8% are uninsured and 10% have commercial insurance. Child poverty rates for Rochester are 11<sup>th</sup> worst in the nation, and many child health indicators for the city (except now for immunizations) are extremely poor.

**Practices Served by Program**

- Anthony Jordan Health Center
- Brown Square Health Center
- Culver Medical Group
- Genesee Health Pediatrics
- Highland Family Medicine
- Orchard Street Health Center
- Strong Pediatric Practice
- RGPA (RGH)
- West Main Pediatrics
- Woodward Health Center

**Goals:** The primary goal is to improve (a) immunization rates and (b) rates of preventive visits and services for these children. Preventive services include health maintenance visits, lead and anemia screening, and receipt of anticipatory guidance during these visits.

**Program Activities:** The program provides the participating practices with an outreach worker who represents the culture and language of the patients enrolled in the practice. Outreach workers provide intensive tracking of all children for immunizations and receipt of well-child care visits, recall (by telephone and mail, 40% of children) for those behind in health care visits or immunizations, home visits for about 10% of children who remain behind in immunizations despite the above interventions, and referral and coordination of care with other community



services that help in removing patient barriers to care. The program is a tiered intervention that provides increasing level of intervention depending on how behind the child is for immunizations.

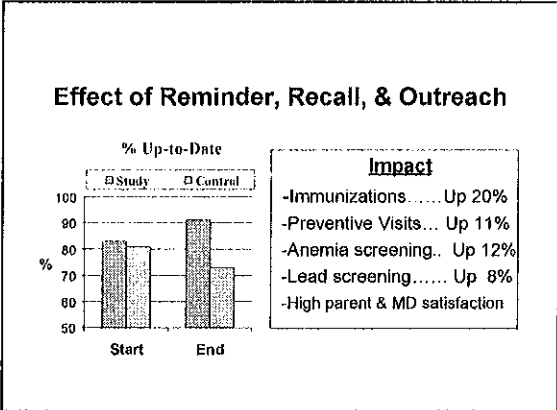
The Primary Care Outreach Program has three structural components: (a) the core supervisory personnel include 0.20 FTE MDs and 0.20 FTE social worker, (b) five full time outreach workers are located within the 10 primary care practices throughout the city of Rochester, and (c) key liaisons that involve the practices, the department of health, and other agencies that serve these vulnerable children.

**Funding:** Currently, the Primary Care Outreach Program is funded by a combination of the Community Service Plan for the three hospital systems (Strong Health, VIA Health, Unity) and the two major health insurers. The funds from the Community Service Plan are used to support the activities taking place within the hospital-owned clinics (RGPA, GHS, Highland FM, Strong Pediatric Practice, West Main), and 100% of these funds are applied to outreach worker salaries, non-personnel costs (e.g., bus tokens, costs of home visits), and a small amount of the supervising social worker.

**Outcomes:**

The Primary Care Outreach Program has had many notable achievements. First, this program is evidence-based.<sup>1</sup> it began as a randomized clinical trial and was shown to increase immunization rates by 20% as well as improving rates of preventive visits (by 11%), anemia screening, and lead screening.<sup>2</sup>

Second, it has virtually eliminated pre-existing disparities between immunization rates in the city versus suburbs.<sup>3</sup> Disparities in immunization rates between city-suburb, and between white-black or white-Hispanic children county-wide have been markedly reduced, by our focusing on city children.



Third, it has contributed to "excellent" accreditation for the two local Medicaid managed care plans relating to HEDIS measures for childhood immunizations and well child care, which are the nationally recognized HMO quality measures used to evaluate their level of quality of care. Since most children in the city of Rochester are enrolled in a Medicaid managed care program, these HEDIS measures reflect community-wide outcomes. The Monroe Plan's 2007 HEDIS data for childhood immunization was at the national 90<sup>th</sup> percentile according to NCQA for effectiveness of care in this measure.

Fourth, immunization rates have remained extremely high in 2007 despite additional required vaccines for the age group. The table at the right shows rates for the 8 largest practices. In May 2004, Dr Szilagyi and the Primary Care Outreach Program were awarded the first Howard J Berman Prize for a program that has had a major influence on the health of the

Immunization Rates by Practice-2007	
A	79%
B	87%
C	91%
D	92%
E	75%
F	78%
G	71%
H	85%
I	76%

Rochester community. The Community Service Plan was touted as a major contribution.

Fifth, at several sites including all practices owned by the hospital systems, the outreach workers have devoted considerable effort in putting immunization information into the now-mandated NYS Immunization Registry. If outreach workers were not doing this work, practices would need to have other personnel perform these functions. Thus the work by the outreach workers has saved the practices considerable personnel time.

Sixth, this program was selected as one of 10 immunization-improvement programs nationally to be reviewed by CDC and an expert panel in an attempt to gain "best strategies" for others to emulate. Our program received the highest points of any program across the nation, and is described in a recent 2006 publication.<sup>4</sup> The Primary Care Outreach Program is the template used by Rochester's READII project (Racial and Ethnic Adult Disparities in Immunization Initiative) funded by the CDC. A program modeled after our program is now running in Denver and has found similar results. Thus, our program has spawned other healthcare initiatives that have brought in substantial external funding.

Seventh, this program's tiered intervention approach which includes home visits to families who repeatedly fail to bring their babies to preventive health visits leads to the identification of children who are neglected or at imminent risk of neglect. Although failure to bring children to preventive care visits alone does not constitute neglect it is often an indicator for other inadequate or harmful parenting behaviors that do constitute findings of neglect. Outreach workers are trained to identify circumstances that are reportable and in consultation with their practices and the supervising social worker seek child protective services to respond to maltreatment in situations that would otherwise go undetected

In summary, the Primary Care Outreach Program is a critical community-wide program that has measurably improved the health and well being of young children. It is a tribute to the Community Service Plan.

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<sup>1</sup> Szilagyi PG, Bordley C, Vann JC, Chelminski A, Kraus RM, Margolis PA, Rodewald LE. The effect of patient reminder/recall interventions on immunization rates: A review. *JAMA* 284:1820-1827, 2000.

<sup>2</sup> Rodewald LE, Szilagyi PG, Humiston SG, Barth R, Kraus R, Raubertas RF. A randomized study of tracking with outreach and provider prompting to improve immunization coverage and primary care. *Pediatrics*. 103(1):31-8, 1999.

<sup>3</sup> Szilagyi PG, Schaffer S, Shone L, Barth R, Humiston SG, Sandler M, Rodewald LE. Reducing geographic, racial, and ethnic disparities in childhood immunization rates by using reminder/recall interventions in urban primary care practices. *Pediatrics* 110:e58, 2002.

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<sup>4</sup> Shefer A, Santoli J, Wortley P, Evans V, Fasano N, Kohrt A, Fontanesi J, Szilagyi PG. Status of quality improvement activities to improve immunization practices and delivery: findings from the immunization quality improvement symposium, October 2003. *Journal of Public Health Management & Practice* 12(1):77-89, Jan-Feb 2006.

## **COLLABORATIVE RESPONSE TO EMERGENCY PREPAREDNESS**

It is important to note that another major community service effort is a continued focus on joint planning for community disaster preparedness. All hospitals, as a consequence of the events of September 11, 2001, the impact of hurricane Katrina, and more recent concerns around the potential for pandemics, are updating their own internal emergency disaster plans. There is an emphasis on evacuation procedures and the ability to "stand alone" for ninety-six hours. In Monroe County and the Finger Lakes region there is a collaborative effort among police, fire, EMS, healthcare facilities, and county, state, and federal agencies to develop more comprehensive plans and establish sources of equipment, supplies, and staffing.

The full scope of these efforts is not easily summarized. Our health system is active in a number of groups dealing with facility and community preparation for weather-related disasters, pandemic events, nuclear/biological/chemical incidents, and other potential hazards. These activities have encompassed wide-ranging planning, equipment procurement, training both in classrooms and with actual hands-on drills, and assessing and revising processes and interactions. Listed below are some of the specific activities that characterize the scope of these efforts over the past few years:

- Ongoing participation in both the Rochester Metropolitan Medical Response system, and the National Health Alert Network.
- Ongoing participation in the Rochester Regional Healthcare Association and the Finger Lakes Regional Planning Council
- Revising and participating in the annual enactment of the nursing home mutual aid plan
- Ongoing planning with community agencies for point of distribution processes
- Ongoing modification of facility disaster plans to incorporate and expand provisions for a nuclear/biological/chemical event and to include total facility evacuation and surge capacity
- Ongoing training involving the county's hazardous materials, emergency response vehicles, and resources.
- Ongoing development and training in the incident command system and protocols
- Community-wide coordination of decontamination equipment and associated training
- Regional bioterrorism training programs
- Establishment of an interface with the county's Office of Emergency Preparedness
- Coordination with the County and National Weather service to utilize the NOAA communication system for weather alerts
- National pharmaceutical stockpile community drill to test deployment and utilization of supplies
- Full scale community drills - chemical weapon exercise September 2002; an airport disaster in 2003; a weather-related large tour boat incident in 2004; a hostage/chemical release situation in 2005; a three-day pandemic exercise in 2006; and an evacuation of a hospital facility in 2007
- Updating and improving the area-wide hospital mutual aid plan
- Setting up internal provider network accounts for the hospital provider network, utilizing weekly surveys and special reports
- Development of smallpox, SARS, and pandemic programs
- Focus on planning and education for additional burn treatment capabilities

## **Greater Rochester School Health and Wellness Initiative**

The 2004 Monroe County's health systems, as part of their Joint Community Service Plan, developed an initiative to promote nutrition and increase physical activity among children. This initiative evolved into the Greater Rochester School Health and Wellness Initiative (GRSHWI). GRSHWI activities were described in previous updates to our plan.

In the fall of 2006, the Greater Rochester Health Foundation (GRHF) convened a task force to develop a strategic plan for the prevention of childhood obesity in Monroe County. GRHF had been created earlier that year as a result of the merger of two health plans, Preferred Care and MVP Health Plan. The merger included the provision for MVP to contribute \$200 million toward the development of a community foundation. A major focus of GRHF is the investment in public health initiatives designed to prevent illness, with a particular focus on obesity.

In convening the task force noted above, GRHF built upon the work created, in part, by GRSHWI. The Monroe County health systems are pleased that the work contained in its Joint Community Services Plan helped spur this initiative.

Recent GRHF grants in this area include:

- Boys & Girls Club of Rochester - a program to promote fitness and proper nutrition in youth
- Brockport Central School District - school-based fitness facility
- Jewish Community Center of Greater Rochester - JCC Tween Fitness Center
- Rochester City School District - Rochester Enhancing Student Health and Physical Education
- YMCA - Hispanic-Latino Wellness at Maria De Hostos Charter School

## Other Community Programs

In addition to the preceding updates from our strategic plan, please note the following examples of important community programs sponsored by Monroe County's health systems.

*Monroe County Joint Community Service Plan*  
*Lakeside Health System*  
*2007 Update*

**In School Screening for Asthma Control**

Community Access to Child Health (CATCH) In School Screening For Asthma Control Program

Lakeside Memorial Hospital's Family Wellness Center has partnered with Dr. Scott Valet of Westside Allergy Care, PC in Brockport. CATCH is a program funded by the American Academy of Pediatrics. Its vision is for every child in every community to have a medical home and other needed services to reach optimal health and well-being. CATCH has provided funding for an "In School Screening for Asthma Control" program.

Population Served

This program targets students with previously diagnosed asthma, age 12 and over, from the Brockport, Kendall, Holley and Albion School Districts in western Monroe County and Orleans County. These districts total 4,741 students in grades 7-12. Using CDC statistics that estimate 15.2% of children age 12-17 have ever been told that they have asthma, this target population could be up to approximately 700 students.

The four participating school districts are within Lakeside Memorial Hospital's service area. Brockport is in Monroe County where 16.7% of children live below the poverty level. The other three districts are in Orleans County where the poverty rate for children is 17.9%. Orleans County was recently redesignated as a Medically Underserved Area by the Federal Health Resources and Services Administration.

Downsizing by major area employers has left many families underinsured or uninsured. As the school districts encompass a large rural area, accessing available providers is inconvenient, especially for single parent households and households where both parents work during the day.

Program Outline

Through this program, middle and high school students with physician diagnosed asthma will take the Asthma Control Test (ACT). This is a newly developed, simple, self administered questionnaire that identifies patients with poorly controlled asthma. It is responsive to changes in asthma control over time, comparable to specialist ratings of control based on history, physical and pulmonary function testing.

Students take the ACT when they enroll in the program to assist school nurses in identifying students at risk. Identified students, families and caregivers will receive education and support based on NIH guidelines. The student will then repeat the ACT in two months to assess for improvement in asthma control.

The ACT brings the most important components of asthma management, assessment and monitoring, to the student in school with the screening accuracy comparable to a visit to an asthma specialist. Periodic ACT screening will signal the need for intervention before crises develops, helping to reduce the number of school days missed and the need for inconvenient urgent visits and expensive emergency room visits. At risk students lacking a medical home will be identified and referrals to sources of care can be made.

Although the program kicked off at the end of the year, materials were not distributed until early 2008. Dr. Scott Valet has communicated with all school districts to enlist their cooperation. To date four students have enrolled.

*Monroe County Joint Community Service Plan  
Lakeside Health System  
2007 Update*

**Diabetes Self Management Education Program**

Program Description

Lakeside Memorial Hospital's Family Wellness Center provides a comprehensive education program for diabetic patients. The following services were provided in 2007:

- Diabetes Inpatient Counseling – 24
- Diabetes Education One-on-one Counseling – 121
- Diabetes Education Classes - 21
- Diabetes Nutrition Counseling - 130
- Senior Diabetes Support Groups – 104
- Diabetes Nutrition Support Group – 138

Several clinical staff members in this education and outreach program are Certified as Diabetes Educators. The Diabetes Self-Management Program at the Family Wellness Center is recognized for meeting the standards set by the American Diabetes Association. Research has determined that if people with diabetes are armed with high quality education and counseling, they can reduce the risk of complications and lead healthy lives through changing dietary habits, monitoring blood glucose levels and increasing exercise. These lifestyle changes may also result in fewer hospitalization and emergency room visits.

Physicians are encouraged to refer patients to the Wellness Center for individual counseling, diabetes classes and support groups.

Inpatient Education

The Certified Diabetes Educators also visit inpatients at Lakeside for assessment and revision of care plans if needed. The educators are currently leading a project with a team of hospital clinical staff in the Lakeside Memorial Hospital that will implement the latest recognized standards for inpatient diabetes care. This project is expected to reduce the rate of complications and the length of stay for hospitalized patients. The Wellness Center has experienced an increase in discharged patients registering for follow-up care at the center.

*Monroe County Joint Community Service Plan*  
*Lakeside Health System*  
*2007 Update*

**Childhood Obesity Prevention Program**

Preventing Childhood Obesity – Education and Training

Lakeside Memorial Hospital's Family Wellness Center has collaborated with the Kendal Central School District to assist their Physical Education Department in developing a program for students who may be at risk for obesity. Of the 476 students at Kendall, almost one third (27%) come from low income families who are at greater risk for obesity. At the onset of this program, statistics showed that about 50% of adolescents ages 15-17 who are overweight live in poverty. While obesity rates for all teens climbed substantially and physical activity decreased, it did so at double the rate for those living in poverty.

Through a grant from the New York State Department of Health, a program has been funded to integrate increased physical activities, improved nutrition and healthy living into the school day and after school activities. To introduce this program, Lakeside's wellness center worked with Kendall's physical educators to:

- Assist with the development of Kendall's Wellness Policy.
- Provide two hour obesity education training to all Kendall teachers at Superintendent Day Training.
- Provide dietary consultation to individual families whose children may have eating disorders, with referral to Registered Dietitians at the Wellness Center or Golisano Children's Hospital Eating disorders clinic as needed.
- Developed an after school Health Fair for parents and children to meet a variety of health related organizations.
- Provide parent and student education on obesity, nutrition, diabetes and the important role of exercise in healthy living.

Student Fitness Program - Video Games, Fitness and Fun

Many students are not interested in participating in traditional sports. To motivate those students to participate in fitness activities, the Kendall schools introduced the "Dance Dance Revolution" (DDR) exercise program. This program is an interactive video game which requires physical activity. The grant provided funding for the school to purchase additional televisions, Playstation 2, video games and dance mats to implement the exercise program.

The video instructs a player, standing on a dance mat, to follow dance steps as displayed by arrows on the television screen. The arrows on the screen

move to the general synchronized rhythm of a song chosen by the player. The timing of the arrows plus pressure on the dance mat measures the success of the player. There are a variety of skill levels players can play from beginner to advanced.

The "Dance Dance Revolution" exercise program benefits students not only in fitness but also aids in:

- improving coordination and motor function
- increased interest in appearance and eating habits
- increased self confidence
- improved agility, reaction time, balance and cardiovascular fitness

To create excitement about fitness and to promote exercise throughout the schools and among families, the school district will implement a Dance Dance Revolution Tournament.

Statistical information on participants in this program will become available in April, 2008.

# UNIVERSITY OF ROCHESTER MEDICAL CENTER

## ACCESS TO SERVICES BY TRADITIONALLY UNDERSERVED GROUPS

**Access to preventive care** – In 1990, a community study revealed vaccination rates of only 55% for inner city 2-year olds compared to 73% in the suburbs, an 18% difference. In 2001, it was found that only 39% of Monroe County's African-Americans aged 65 and older were vaccinated for flu and only 42% received pneumococcal vaccinations. These immunization discrepancies among children and adults have significant public health consequences. Children need immunizations and child visits to protect them from childhood diseases, complications, and unsafe environments and ensure they are thriving. For adults, pneumonia and influenza together are the fifth leading cause of death among those 65 and older. The URM, in cooperation with the Monroe County Department of Public Health and many other community partners, has been at the forefront of national efforts to eliminate these disparities.

In 1993, our Department of Pediatrics created the **Primary Care Outreach Program** that has grown to currently using outreach workers from 17 target communities (12 urban/5 rural) to ensure children are immunized, provide well child visits and identify and assist those living in unsafe environments. In 2002, Rochester was chosen as one of five sites across the country to implement the **Racial and Ethnic Adult Disparities in Immunization Initiative (READII)** modeled after the pediatric program to address immunization disparities among older adults. With over 25 community health organizations and inner-city primary care practices, outreach workers identified inner-city seniors needing immunizations through a low cost tracking, recall, and outreach process. Collectively, these programs have essentially erased immunization disparities between white and minority and inner-city and suburban populations in Monroe County. Recognized as the most effective program in the nation to improve immunizations, the pediatric initiative reaches over 10,000 children annually, and has increased childhood immunization rates for children in the city from 55% to 87%, higher than all of NYS (68%) and the nation (71%). In addition, there has been a positive spill over of benefits in preventive services well-child care rates, (+11%), lead (+8%) and anemia screening (+12%) with more than 60,000 preventive care visits for at risk children. The READII program increased flu immunization rates for African-Americans to 70% and 74% for pneumococcal vaccine. Rochester's success has created a model for other communities to improve immunization rates.

**Access to cancer services** – Early detection through routine cancer screening improves the likelihood of successful treatment. As our economy transitions from a manufacturing base to dependence on the service sector and technology development, corporations have been forced to downsize, resulting in an increasing numbers of uninsured patients often not seeking preventive care as a result. The Monroe County Adult Health Survey 2006 (AHS) reports that 17% of adults, ages 18-64 with household income under \$35,000, are uninsured. African American (26%) and Latino (45%) residents were more likely to be discontinuously insured compared to White/non-Latino (13/15%) residents. Established in 1993 and facilitated by the Medical Center's Center for Community Health, the **Health Partnership of Monroe, Livingston and Wyoming Counties** administers funds through the NYS Cancer Services program to pay for breast, cervical and colon cancer screening to over 2,400 under and uninsured women and men in Monroe, Wyoming and Livingston counties annually. The Partnership represents a coalition of over 40 community agencies and over 100 primary care and healthcare providers whose mission is to assist under and uninsured women and men facing barriers to optimal health by providing access to educational, clinical, and supportive services. The Partnership coordinates recruitment for and provision of comprehensive, age-appropriate, breast, cervical, and colorectal cancer screening services, HPV vaccine, diagnostic testing, and follow up care. Case management services are provided for individuals with abnormal test results to ensure timely follow-up. Clients diagnosed with breast, cervical, colorectal, or prostate cancer receive assistance with their application for the Medicaid Cancer Treatment Program, which provides coverage for treatment of these cancers. Program staff work collaboratively with clients' health care teams to provide ongoing assistance through diagnosis and treatment. The **Health Partnership** also supports ongoing routine cancer screening by contacting past clients when they are due for screening.

**Access to prenatal care** – Since 1988, **Baby Love** has provided home visits to reduce infant mortality, premature births, low birth weight, and foster care placement of at-risk newborns. The program emerged from a community-wide effort to respond to the health challenges facing inner-city families where infant mortality rates were three times higher and low birth weight rates twice as high as in the suburbs. **Baby Love's** outreach and social workers provide a safety net to help at-risk pregnant women/teens and their babies access health and social services, ensure homes are safe, and help secure food, clothing, and baby items. Its objectives are to: 1) improve prenatal outcomes of high-risk, minority, pregnant women/teens; 2) reduce psychosocial risk factors that negatively impact health outcomes for mothers and newborns; 3)

educate at-risk pregnant women/teens in behavioral changes to reduce the incidence of low birth weight; 4) enhance the safety of the home environment for the mother and newborn; 5) increase access to other health and social services such as behavioral health, substance abuse treatment, protective services, child care, and emergency services; and 6) optimize pediatric and postpartum follow-up care for the baby and mother. The program serves over 200 at-risk pregnant women/teens and their newborns each year. **Baby Love's** outreach has significantly decreased Neonatal Intensive Care Unit (NICU) admission rates. Prior to Baby Love, NICU admissions were 89.3/1,000 births and since initiation of services for the population they have remained below 56.6/1,000 (four years). Disparity between NICU admissions for infants born to African-American teens in comparison to infants of White teens was reduced from a 3.75 times more likely rate to 1.92 more likely admission. By comparison, NICU admission rates for Upstate New York Medicaid patients have remained in the 110-120/1,000 births ranges. In 2005, **Baby Love** and the Monroe Plan (Medicaid Managed Care) collaborated in a pilot program funded by the Center for Health Care Strategies to address health care disparities in NICU admission rates for African-American teens. Since 1988, the program's demographics indicate populations served as follows: African-American (65-80%), Hispanic (20-35%), pregnant women <20 years old (15-20%), and children active with Child Protective Services (20-25%).

**Access to pediatric care** – Acute illness among young children accounts for 40% of time lost from work for parents using childcare. This often results in loss of pay for those who can least afford it. A national representative sample of working women found only 39% had someone to help when their child was ill. Most women reported that they would need to miss work (49%) or they would not know what to do (7%). For city families, a trip to see the doctor often requires time-consuming travel with multiple bus transfers. Because of the time away from work, loss of pay and/or difficulty in travel, care for children may be delayed and may lead to costly Emergency Department (ED) visits for non-emergent problems. These are longstanding systemic issues in Rochester as in every community across our nation. **Health-e-Access** developed by our Department of Pediatrics, is a replicable, community intervention to increase access to healthcare. The mission of *Health-e-Access* is to enable healthcare when and where you need it (e.g., in childcare centers and schools), by people you know and trust (your primary care physician or nurse practitioner). The program's focus has been on helping the working poor easily obtain care for their children, reducing the impact of illness on children through early intervention, and reducing time away from work. Launched in May 2001, **Health-e-Access**

uses information technology to enable physicians to evaluate and treat children at distant child daycare centers and schools. Real-time videoconferencing between Telehealth Assistants (trained center and school staff) and clinicians, a specialized camera that provides diagnostic quality images of the ear, throat, eyes and skin, and an electronic stethoscope that provides high quality lung and heart sounds allows a clinician to examine a child directly at the child's school or child care program to diagnose, treat and conduct follow-up visits with children. Child-site staff receives an immediate diagnosis on a child's condition, which avoids sending a child home unnecessarily when the illness is minor, and medication is delivered directly to the child's site, if needed. In partnership with numerous community organizations, school districts and primary care medical practices, this outreach service connects children in 22 childcare programs and elementary schools to 9 different primary care practices. Sites also include a program for children with severe developmental disabilities. **Health-e-Access** represents one of the most ambitious efforts in the country aimed at using telemedicine to significantly enhance the availability and ease of access to care. **Health-e-Access** has clearly demonstrated access to quality care while reducing health care costs. Since 2001, clinicians have completed over 6,000 visits using **Health-e-Access** telemedicine. Less than 4% of visits have required further evaluation at a doctor's office or ED. Children's absences from child care due to illness have decreased by 63%. 92% of parents who have used **Health-e-Access** report that telemedicine in a childcare has allowed them to stay at work (saving 4.5 hours per telemed visit), and 94% indicated that problems managed by telemedicine would otherwise have led to an office or ED visit. For children at child sites whose primary care practice is participating in **Health-e-Access**, 87% of visits are provided by the child's primary care practice. Reduced costs result when telemed visits, reimbursed at the same level as office visits, replace ED visits. In a comparison of health services used by the 1,800 children attending participating child care and schools and a control group (matched on age, sex, health insurance type, and socioeconomic status), children with telemed access had 24% less ED visits.

**Access to oral health care** – Poor children suffer two times as much tooth decay as their more affluent peers, and their disease is more likely to go untreated. Rochester has the highest child poverty rate among all New York State school districts and has the 12<sup>th</sup> highest rate in the nation. 66% of our city residents live within a federally designated "Dental Health Professional Shortage Area". Of the approximately four dentists in our region who provide care to the indigent, not one is accepting new patients and of those community health centers that provide oral health services, the average appointment wait time is eight weeks. 23% of kindergartners

have never visited a dentist. Tooth decay affects overall health and is a causal factor of poor academic performance. Children with dental problems miss almost 52 million school hours annually. Founded in 1967, the **SMILEmobile** program, a dental office on wheels, brings oral health services year-round to children who would otherwise not have access to dental care. The goals of the **SMILEmobile** program are to: 1) provide accessible, affordable dental services to children; 2) develop liaisons with community organizations to increase awareness of the program; 3) educate on the importance of oral disease prevention and; 4) decrease the amount of missed school hours. Through the operation of four fully equipped dental vans, culturally diverse dentists, hygienists, and dental residents provide comprehensive oral healthcare for children and teens. Through collaboration with the Rochester City School District and other community partners, these mobile units rotate between inner-city schools during the school year and rural locations in the summer. Our SMILEmobiles have helped more than 46,000 children access preventive and restorative services. We provide regular, accessible, and affordable dental services to more than 3,700 children annually. In a study conducted from 1995-1997, 40% of children who attended a school that the **SMILEmobile** visits had dental sealants (plastic coatings painted on the teeth, a proven early intervention to prevent dental decay) as compared to 19% of children who attend a non-SMILEmobile school.

**Access to Adolescent care** – The 2007 Monroe County Youth Risk Behavior Survey indicated that among all Monroe County high school students; 58% had experienced sexual intercourse, 39% were sexually active, and 21% had 4 or more sex partners in their lives. 22% of youth reported carrying a weapon, while 9% reported taking a weapon to school within the previous 30 days; 41% had been in a physical fight within the past month and 8% missed school due to fear for safety. Other youth health risks include 31% reported they were offered, sold or given an illegal drug on school property in the past year, 43% had tried marijuana in their lifetime, and 34% had consumed at least one drink in the past month. School Based Health Centers (SBHCs) are an essential mechanism for increasing access to primary care and preventive services for children and youth in high-need communities throughout NYS. (NYSDOH, 2005 RFA). The **East High School Health Center** is a NYSDOH funded primary health care program that has been operating since 1995. East High School is the largest high school in the city of Rochester with 2,000 students ages 12-19. 86% of the students qualify for a free or reduced lunch, 48% have Medicaid and 22% report having no health insurance. 82% of the students at East High School have received primary care services from the on-site clinic. Through Strong Memorial Ambulatory Clinics and the University of Rochester's Center for

Nursing Entrepreneurship services provided include comprehensive primary care, diagnosis, monitoring and management of chronic disease, such as asthma and diabetes, in collaboration with Primary Care providers, immunizations, treatment of acute illness, injury prevention/treatment, crisis intervention, dental, hearing & vision screening, laboratory testing, mental health services, individual, group and family psychotherapy, health education regarding high risk behaviors, physical exams for working papers and sports. The **East High School Health Center** collaborates with family primary care providers to provide seamless coordination of health care service and recognizes the importance of the family in their child's health care. During the 2007-2008 school years, the **East High School Health Center** provided over 5,900 student visits with 43% for treating acute illness (2,537 visits), 33% counseling (1947 visits), 9% physical exams (531 visits), 7% injuries (413 visits), 5% chronic illness (295 visits) and 3% immunizations (177 visits).

The medical center's division of Adolescent medicine continues to play a leadership role in the improvement of adolescent access to preventive services both locally and at the national level. The federally funded **Leadership in Adolescent Health (LEAH)** program prepares an interdisciplinary group of health and human service providers for careers involving clinical and program aspects of adolescent healthcare. As part of this program services are provided at community based clinical sites serving high risk youth, including Anthony Jordan Health Center and Threshold.

# **Unity Health System**

## **The Unity St. Mary's Campus A Significant Community Resource**

In 1997 St. Mary's Hospital and Park Ridge Health System merged to form Unity Health System. The affiliation occurred in a period of excess inpatient hospital capacity in Monroe County. Among other community benefits, the affiliation helped to decrease the county's excess bed supply. Medical/surgical beds at the two hospitals were decreased by 42%; the remaining beds were consolidated at the Park Ridge Hospital campus in the suburb of Greece. However, an important goal of the affiliation was the preservation and growth of community-based services for the inner city neighborhoods surrounding the St. Mary's Campus.

That goal was accomplished and has been sustained since 1997. The St. Mary's Campus contains 420,000 square feet of space, of which 400,000 is in active use. In addition, over 800 people work on the campus, providing a significant economic anchor for a distressed part of Rochester. A partial listing of the services emanating from the campus is displayed below.

### **Senior Services**

Park Place Southwest Adult Day Care is a social model geriatric day care center that operates five days per week.

Moore Park is a 33-unit apartment building for low-income seniors. It is housed in the former professional office building on the campus.

### **Community Programs**

Several outside organizations are located on the campus. Among them are the Monroe County Women, Infants, and Children (WIC) Program and the Family Resource Centers of Rochester. Also located on the campus is the Sector 4 Community Development Cooperation.

### **Unity Health System Community Programs and Services**

Unity operates several programs that meet the needs of the underserved neighborhoods surrounding the campus. There is a federally-funded Healthy Start Center, targeting the needs of pregnant women and new mothers and their children. Unity also operates the area's only federally-funded Health Care for the Homeless program. Unity was the county's first employer to offer an employer assisted housing program; providing financial support for Unity employees to buy homes in the neighborhoods surrounding the campus. Unity also offers a facilitated enrollment program, supporting individuals in obtaining affordable health care coverage.

### **Unity Health System Ambulatory Programs**

Unity operates several outpatient programs that meet the basic health care needs of low-income neighborhoods surrounding the St. Mary's Campus. When the medical/surgical beds were consolidated at the Park Ridge Campus, the former emergency room at St. Mary's was converted to a full-time walk-in care center. This center not only meets the basic and urgent health care needs of the population 24-hours per day, it also relieves stress on the overburdened emergency departments in the county. The campus also houses a family practice physician office and a dental office. There is a dialysis unit on the campus as well as an oncology and infusion center. The McCree McCuller Wellness Center is located on the campus; one of the largest HIV/AIDS programs in the county.

### **Other Unity Programs Proximate to the St. Mary's Campus**

Unity also operates several vital programs within the neighborhoods surrounding the St. Mary's Campus. These include an OB/GYN practice and a pediatrics practice, a family practice located on the campus of one of the neighborhood's elementary schools, and extensive outpatient mental health and chemical dependency programs.

## **Rochester General Hospital School Based Wellness Centers**

Rochester General Hospital participates in 5 school-based health centers. Last school year we did almost 16,000 visits at our school based health centers, medical and mental health combined, with nearly 1,000 comprehensive physicals and immunized 229 students. Below are the outcome goals and benefits of the goals from our 2007 goals. We did nearly 6,000 acute care visits which includes diagnosing/treating minor medical conditions which otherwise might have necessitated a visit to the PCP's office. By treating the students at school we are able to minimize lost school time. We are committed to achieving our goals, and have averaged a 90-95% rate.

Goal: By the end of the school year, at least 70% of high school students at Marshall, Edison & Freddie Thomas and 80% of elementary school students at Audubon School #33 & MLK\_School #9 will be enrolled in the SBHC.

Positive benefits: Improved access to health care, Facilitated access to health insurance and community PCP, Improved school-day attendance, Supported opportunities for academic achievement

Goal: By the end of the school year, 100% of all students enrolled in the SBHC will have a current comprehensive exam (CPE) on record (either from the SBHC or the student's primary care provider).The student's BMI will be recorded in the CPE.

Benefit: Improved student physical health status, improved communication with community PCPs, Health promotion and disease management, Reduction in risk behaviors, Reduced barriers to student participation in sports/work

Goal: By the end of the school year, 100% of students enrolled in the SBHC will have a current mental health screening, and based on result of screen, 100% referral for services within 48 hours. Factors influencing timing of student appointment: parental contact/consent, PCP contact/referral, insurance referral #, etc.

It is anticipated of those screened found to be in need of mental health services, 100% will receive further mental health services either directly or by referral.

Benefit: Improved student mental health status, Reduction in school disciplinary actions for disruptive behavior, Reduction in high-risk behaviors, Supported opportunities for academic achievement

Goal: By the end of the school year, 100% of the students identified with asthma will have an asthma treatment plan in place.

Students with asthma receive appropriate treatment and medications.

Benefit: Students knowledgeable about use of measured dose inhalers both for maintenance and rescue, Fewer missed school days due to asthma.

Goal: 100% of enrolled students will be up-to-date on required immunizations. Students meet RCSD entry-to-school /grade immunization requirements

Benefit: Improved health status, improved communication with PCP

Goal: 100% of enrolled students will have a developmentally appropriate risk assessment and anticipatory guidance that includes injury, safety, violence, diet/exercise, substance abuse, passive exposure, abuse, and sexuality. If appropriate, a treatment plan should be completed to address these issues. Reduction in risk behaviors

Benefit: Health promotion/disease prevention, improved health status

Goal: 100% of students enrolled in the SBHC will be screened for tobacco use and exposure to second-hand smoke during each visit to the SBHC with notation made in the students' chart.

Benefit: Reduction in risk behaviors, improved health status

Goal: 100% of enrolled students identified as tobacco users or at risk for use will be further assessed and appropriate clinical and educational interventions will be implemented. These interventions may include referral to smoking cessation programs or education programs that address prevention/ cessation.

Benefit: Reduction in risk behaviors, improved health status

Goal: 100% of students identified as at risk for second-hand smoke and their families will be counseled and encouraged to participate in education programs provided by the SBHC or other resources that address the effects of second-hand smoke and methods to reduce exposure.

Benefit, Reduction in risk behaviors, increased parental involvement, improved health status.

# **Rochester General Hospital**

## **Clinton Family Health Center**

In a predominantly Hispanic area of northeast Rochester there are some 50,000 people facing enormous obstacles, including poor health. With a median household income below \$22,000, 35 percent of residents in this area live in poverty. Residents are 20 to 50 percent more likely to be hospitalized for diabetes, asthma and hypertension than those living in the city as a whole, and four to five times more likely to end up in a hospital bed for these conditions than nearby suburbanites. In November 2003 Rochester General Hospital's Clinton Family Health Center undertook an ambitious and aggressive approach and totally redesigned its delivery system.

The redesign involved the institution of Open Access scheduling. With open access, all patients requesting care get a same-day appointment no matter what the person's ailment or request. Also, all elements of the Institute for Healthcare Improvement's (IHI.org) chronic care model were implemented at the health center. Included in this was the institution of group medical visits. Providers began seeing patients with chronic illnesses in groups instead of individually for their routine follow-up appointments. The purpose of this initiative was to reduce non-urgent primary care visits to the emergency department and re-direct that care to the primary care providers, increase show rates for primary care visits, reduce delays for all types of appointments as well as improve health outcomes.

The U.S. Department of Health and Human Services Secretary Michael Leavitt called this initiative "amazing" and said "this ambitious project has yielded impressive results since its inception in 2003". Open access scheduling has been in effect at the health center for four years and has increased the likelihood that patients go to the right place for their primary care needs (i.e. not the emergency room). Patients receiving care in the new system have been tracked for two years prior to the program and four years

since its inception and the health outcomes of patients enrolled at the health center have been improving.

- Prior to the project only 50 percent of scheduled patients arrived for their appointments. With the open access model the show rate at the center has remained above 95 percent since January 2004.
- There has been a 24 percent decline in all emergency room visits, and a 30 percent decrease in the number of patients going to the emergency room for non-urgent care.
- The number of diabetics to ADA goals on their Hemoglobin A1C and LDL-Cholesterol has doubled.
- The average Hemoglobin A1C of the center's diabetics has dropped from 8.5 to 7.4 since the program started.

# Financial Statements

## COMMUNITY SERVICE PLAN FINANCIAL STATEMENT

Hospital Financial Statement for Report Year 2007Name of Facility: Lakeside Memorial Hospital**I. Revenue**

Net Patient Service Revenue - Total All Services	\$ <u>29,223,445</u>
[Ex 46: cc003 6/line 300 or Ex. 26A: cc0285/line 005]	
Other Revenue (e.g., investments)	
[Ex. 26A: cc0037/lines 100+500 thru 509]	\$ <u>2,834,189</u>
Total Revenue [Sum of above]:	\$ <u>32,057,634</u>

**II. Expenses**

Depreciation & Interest (Old/New Capital-Bldg & Fix/MME)	\$ <u>2,207,998</u>
[Ex. 40: cc0402/line 090]	
Salaries	\$ <u>17,374,877</u>
[Ex. 11: cc0040/line 960]	
Employee/Fringe Benefits	\$ <u>3,594,885</u>
[Ex. ]: cc0039/line 960 + cc0041/lines 003+044+045 +/- Ex.12, cc0702 reclasses to cost centers 003 +044+045]	
Supplies and All Other Expenses	\$ <u>11,667,211</u>
[Ex. ] 1: cc0042/line 960 - (Dep. & Tnt., Sal., FB from above)]	
Total Expense [Ex. ] 1: cc0042/line 960]:	\$ <u>34,844,971</u>

**III. Details of Specific Revenue / Expense Items**

Government Grants Revenue [Ex. 27, cc0037/line 090]	\$ <u>0</u>
Research & Medical Education Revenue	\$ <u>0</u>
Specify where reported in the ICR (examine Ex. 26A Other Rev.):	
Research & Medical Education Expense	\$ <u>0</u>
[Ex. 11: column 5/lines 270+013+ 014+020+030+033+243]	
Bad Debt/Uncompensated Care	\$ <u>2,112,010</u>
(Revenue Reduction) [Ex. 46, cc0036/line 289)	
Free Care (Charity Care, Hill Burton) [Ex. 46, cc0036/line 355]	\$ <u>168,397</u>
Courtesy Care [Ex. 46, cc0036/line 206]	\$ <u>44,585</u>
Community Benefits Revenue/Expense	\$ <u>0</u>
Specify where reported in the ICR (examine Ex. 26A Other Rev.)	

## COMMUNITY SERVICE PLAN FINANCIAL STATEMENT

Hospital Financial Statement for Report Year 2007Name of Facility: Highland Hospital**I. Revenue**

<input type="checkbox"/> Net Patient Service Revenue - Total All Services [Ex 46: ccOO3 6/line 300 or Ex. 26A: cc0285/line 005]	\$ <u>217,293,248</u>
<input type="checkbox"/> Other Revenue (e.g., investments) [Ex. 26A: cc0037/lines 100+500 thru 509]	\$ <u>17,545,009</u>
Total Revenue [Sum of above]:	\$ <u>234,838,257</u>

**II. Expenses**

<input type="checkbox"/> Depreciation & Interest (Old/New Capital-Bldg & Fix/MME) [Ex. 40: cc0402/line 090]	\$ <u>14,960,630</u>
<input type="checkbox"/> Salaries [Ex. 11: ccOO40/line 960]	\$ <u>103,021,630</u>
<input type="checkbox"/> Employee/Fringe Benefits [Ex. ]: cc0039/line 960 + ccOO41/lines 003+044+045 +/- Ex.12, cc0702 reclasses to cost centers 003 +044+045]	\$ <u>17,422,243</u>
<input type="checkbox"/> Supplies and All Other Expenses [Ex. ] 1: cc0042/line 960 - (Dep. & Tnt., Sa1., FB from above)]	\$ <u>79,774,339</u>
Total Expense [Ex. ] 1: cc0042/line 960):	\$ <u>215,178,842</u>

**III. Details of Specific Revenue / Expense.Items**

<input type="checkbox"/> Government Grants Revenue [Ex. 27, cc0037/line 090]	\$ <u>0</u>
<input type="checkbox"/> Research & Medical Education Revenue Specify where reported in the ICR (examine Ex. 26A Other Rev.):	\$ <u>0</u>
<input type="checkbox"/> Research & Medical Education Expense. [Ex. 11: column 5/lines 270+013+ 014+020+030+033+243]	\$ <u>7,698,729</u>
<input type="checkbox"/> Bad Debt/Uncompensated Care (Revenue Reduction) [Ex. 46, cc0036/line 289]	\$ <u>3,906,921</u>
<input type="checkbox"/> Free Care (Charity Care, Hill Burton) [Ex. 46, cc0036/line 355]	\$ <u>1,925,832</u>
<input type="checkbox"/> Courtesy Care [Ex. 46, cc0036/line 206]	\$ <u>0</u>
<input type="checkbox"/> Community Benefits Revenue/Expense Specify where reported in the ICR (examine Ex. 26A Other Rev.)	\$ <u>7,670,601*</u>

\*Community benefit is calculated based on the draft guidelines issued by the IRS for Form 990, schedule H

## COMMUNITY SERVICE PLAN FINANCIAL STATEMENT

Hospital Financial Statement for Report Year 2007Name of Facility: Strong Memorial Hospital**I. Revenue**

<input type="checkbox"/> Net Patient Service Revenue - Total All Services [Ex 46: ccOO3 6/line 300 or Ex. 26A: cc0285/line 005]	\$ <u>824,926,457</u>
<input type="checkbox"/> Other Revenue (e.g., investments) [Ex. 26A: cc0037/lines 100+500 thru 509]	\$ <u>49,051,527</u>
Total Revenue [Sum of above]:	\$ <u>873,977,984</u>

**II. Expenses**

<input type="checkbox"/> Depreciation & Interest (Old/New Capital-Bldg & Fix/MME) [Ex. 40: cc0402/line 090]	\$ <u>52,304,872</u>
<input type="checkbox"/> Salaries [Ex. 11: ccOO40/line 960]	\$ <u>337,623,154</u>
<input type="checkbox"/> Employee/Fringe Benefits [Ex. ]: cc0039/line 960 + ccOO41/lines 003+044+045 +/- Ex.12, cc0702 reclasses to cost centers 003 +044+045]	\$ <u>97,961,856</u>
<input type="checkbox"/> Supplies and All Other Expenses [Ex. ] 1: cc0042/line 960 - (Dep. & Tnt., Sal., FB from above)]	\$ <u>309,381,466</u>
Total Expense [Ex. ] 1: cc0042/line 960]:	\$ <u>797,271,348</u>

**III: Details of Specific Revenue / Expense Items**

<input type="checkbox"/> Government Grants Revenue [Ex. 27, cc0037/line 090]	\$ <u>535,166</u>
<input type="checkbox"/> Research & Medical Education Revenue Specify where reported in the ICR (examine Ex. 26A Other Rev.):	\$ <u>0</u>
<input type="checkbox"/> Research & Medical Education Expense. [Ex. 11: column 5/lines 270+013+ 014+020+030+033+243]	\$ <u>46,612,504</u>
<input type="checkbox"/> Bad Debt/Uncompensated Care (Revenue Reduction) [Ex. 46, cc0036/line 289]	\$ <u>27,188,345</u>
<input type="checkbox"/> Free Care (Charity Care, Hill Burton) [Ex. 46, cc0036/line 355]	\$ <u>7,772,802</u>
<input type="checkbox"/> Courtesy Care [Ex. 46, cc0036/line 206]	\$ <u>0</u>
<input type="checkbox"/> Community Benefits Revenue/Expense Specify where reported in the ICR (examine Ex. 26A Other Rev.)	\$ <u>68,566,889*</u>

Attachment 4

COMMUNITY SERVICE PLAN FINANCIAL STATEMENT

Hospital Financial Statement for Report Year: 2007

Name of Facility: Unity Hospital

**I. Revenue**

Net Patient Service Revenue — Total All Services \$ 320,218,626  
[Ex 46: ccOO3 6/line 300 or Ex. 26A: cc0285/line 005]

Other Revenue (e.g., investments)  
[Ex. 26A: cc0037/lines 100+500 thru 509] \$ 13,286,160

Total Revenue [Sum of above]: \$ 333,504,786

**II. Expenses**

Depreciation & Interest (Old/New Capital—Bldg & Fix/MME) \$ 26,728,917  
[Ex. 40: cc0402/line 090]

Salaries \$ 162,860,556  
[Ex.11:ccOO4O/line960]

Employee/Fringe Benefits \$ 30,878,229  
[Ex. 11: cc0039/line 960 + ccOO41/lines 003+044+045 +/- Ex.12, cc0702 reclasses to cost centers 003 +044+045]

Supplies and All Other Expenses \$ 106,481,077  
[Ex. 11: cc0042/line 960 - (Dep. & Tnt, Sal., FB from above)]

Total Expense [Ex. 11: cc0042/line 960]: \$ 326,948,779

**III. Details of Specific Revenue / Expense Items**

Government Grants Revenue [Ex. 27, cc0037/line 090] \$ 3,856,616

Research & Medical Education Revenue \$ 8,717,831  
Specify where reported in the ICR (examine Ex, 26A Other Rev.):

Research & Medical Education Expense \$ 7,969,656  
[Ex. 11: column 5/lines 270+013+014+020+030+033+243]

Bad Debt/Uncompensated Care \$ 8,370,247  
(Revenue Reduction) [Ex. 46, cc0036/line 289]

Free Care (Charity Care, Hill Burton) [Ex. 46, cc0036/line 355] \$ 5,108,097

Courtesy Care [Ex. 46, cc0036/line 206] \$ 3,270,642

Community Benefits Revenue/Expense \$ 281,930  
Specify where reported in the ICR (examine Ex. 26A Other Rev.)

**Attachment 4**  
**COMMUNITY SERVICE PLAN**  
**HOSPITAL FINANCIAL STATEMENT FOR REPORT YEAR 2007**  
**Rochester General Hospital**

**I. Sources of Revenue**

a	Net Patient Services Revenue (Ex 46: cc003 6/line 300 or Ex. 26A cc0285/line 005)	<u>502,216,304</u>
b	Other Operating Revenue (Ex. 26A: cc0037/lines 100+500 thru 509)	<u>25,581,745</u>
	<b>Total Revenue: (sum of above):</b>	<b><u>527,798,049</u></b>

**II. Expenses**

a	Depreciation and Interest (Old/New Capital - Bldg&Fix/MME) (Ex. 40: cc402/line 090)	<u>38,416,322</u>
b	Salaries (Ex 11: cc0040/line 960)	<u>247,480,533</u>
c	Employee/Fringe Benefits (Ex. 11 cc0039/line 960+ cc004/lines 3+44+45 +/- Ex 12, cc0702 reclasses to cost centers 3+44+45)	<u>46,644,322</u>
d	Supplies and Other Expenses (Ex. 11: cc0042/line 960 - (Dep. &Tnt, Sal, FB from above)	<u>178,687,983</u>
	<b>Total Expense: (Ex 11: cc 0042/line 960 )(excludes Bad Debt/uncomp care)</b>	<b><u>511,229,160</u></b>

**III. Details of Specific Revenue/Expense Items**

a	Government Grants Revenue (Ex. 27, cc0037/line090)	<u>2,259,705</u>
b	Research & Medical Education Revenue Specify where reported in the ICR, ex. 26A Other Rev)	<u>3,014,651</u>
c	Research & Medical Education Expenses (Ex 11: Column 5/lines 270+013+014+020+030+033+243)	<u>2,509,976</u>
d	Bad Debt/Uncompensated Care (Revenue Reduction) (Ex 46 cc 036/line 289)	<u>24,133,652</u>
e	Free Care (Charity Care/Hill Burton) (Ex 46, cc0036/line 355)	<u>6,250,418</u>
f	Courtesy Care (Ex. 46, cc0036/line206)	<u>-</u>
g	Community Benefits Revenue/Expense Specify where reported in the ICR (In Exh 11 Expense and 46 Revenue)	<u>8,699,015</u>

(1) Operating Expenses exclude Bad Debt expense

(2) As noted in our audited financial statements, a significant component of bad debt expense may have been classified as charity care had patients provided information required under the charity care program.

(3) The Charity Care figure is for supplemental disclosure.

# Corporate Structures

## Monroe County Joint Community Service Plan

Lakeside Health System  
2008 Update

### **Corporate Structure**

Lakeside Memorial Hospital is a general hospital located at 156 West Avenue in the Village of Brockport in Monroe County. The facility is exempt from federal income tax under section 501(c)(3). The general purpose of Lakeside Memorial Hospital is to operate and maintain a hospital for medical, surgical and obstetrical patients residing in western Monroe, eastern Orleans and northern Genesee counties.

## Monroe County Joint Community Service Plan

### Highland Health System 2008 Update

#### **Corporate Structure**

Highland Hospital of Rochester (the "Hospital") is a New York not-for-profit corporation that is recognized by the Internal Revenue Services as tax exempt under Section 501(c)(3) of the Internal Revenue Code. The Hospital was formed pursuant to Chapter 59, Laws of 1889 of the State of New York as Hahnemann Homeopathic Hospital of Rochester, N.Y. Its name was changed to Highland Hospital of Rochester in 1921.

The Hospital is governed by a Board of Directors that may, pursuant to its Bylaws, range in size between 13 and 19 individuals. Currently, there are 16 directors, including the President and CEO, who serves as an ex-officio, voting director.

The Hospital's corporate parent is Strong Partners Health System, Inc. ("SPHS"), a New York not-for-profit corporation. SPHS has certain reserved powers with respect to the Hospital, including the appointment and removal of the Hospital's CEO and Board of Directors, amendment of the Hospital's Certificate of Incorporation and Bylaws, and approval of the Hospital's strategic plans and capital and operating budgets. SPHS is in turn a subsidiary of the University of Rochester, a not-for-profit educational corporation chartered by the Regents of the State of New York.

## Monroe County Joint Community Service Plan

### Strong Memorial Hospital 2008 Update

#### **Corporate Structure**

Strong Memorial Hospital (the "Hospital") is a division of the University of Rochester, a private, New York not-for-profit educational corporation that is recognized by the Internal Revenue Services as tax exempt under Section 501(c)(3) of the Internal Revenue Code. The University was incorporated by provisional charter issued by the Board of Regents of the New York State Education Department on February 14, 1851, which charter was made absolute on January 10, 1861. The charter was amended by the Regents on April 27, 1951, to authorize the establishment and operation of a general hospital in connection with the University's School of Medicine and Dentistry.

While the Hospital is ultimately governed by the Board of Trustees of the University of Rochester, the Board of Trustees has delegated all governance responsibilities required under federal and state regulations with respect to the Hospital to the University of Rochester Medical Center Board, acting as the Hospital's Board of Governors. The Board of Governors, which is appointed by the University Board of Trustees, is comprised of up to 40 public members and 15 University and Hospital officials who serve ex officio with vote. The Board of Trustees retains only the power to approve Hospital actions that would (1) result in a call upon the financial resources of the University not dedicated for the support of the Hospital; (2) have a major impact on University academic programs; or (3) contravene University policies established by the Board of Trustees.

## Monroe County Joint Community Service Plan

Unity Hospital  
2008 Update

### **Corporate Structure**

The Unity Hospital of Rochester is a New York not-for-profit corporation that is recognized by the Internal Revenue Service as a tax exempt under Section 501(c)(3) of the Internal Revenue Code.

The Hospital's corporate parent is Unity Health System, Inc., a New York not-for-profit corporation. Unity Health System has certain reserved powers with respect to the Hospital, including appointment and removal of the Hospital's board of directors, amendment of the Hospital's certificate of incorporation and bylaws, and approval of the Hospital's strategic plans.



# Utilization Statistics

Lakeside Health System, Inc.  
Community Service Plan

Utilization Review Totals

<b>Discharges</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Inpatient	2,868	2,407	2,310	2,478
Outpatient	21,496	25,798	23,631	24,416
Emergency	12,112	12,144	12,341	12,736

**Source for 2006 Data:**

Inpatient – Case Mix Analysis report – inpatient

Outpatient – Case Mix Analysis Report (outpatient) excluding emergency patients

Emergency – Treated and released reports

## Community Service Plan – 2008

### Highland Hospital Fiscal Year

	<b>2007</b>	<b>2006</b>	<b>2005</b>
Inpatient	15,195	15,088	14,097
Outpatient	217,352	218,629	214,610
ER Visits	28,190	27,600	28,322

### Strong Memorial Hospital Fiscal Year

	<b>2007</b>	<b>2006</b>	<b>2005</b>
Inpatient	39,167	38,290	38,123
Outpatient	1,133,724	1,132,640	1,070,599
ER Visits	91,697	91,925	92,994

Unity Health System  
Community Service Plan  
2008

Utilization Statistics

	<u>2005</u>	<u>2006</u>	<u>2007</u>
Inpatient	17,095	16,978	17,538
Outpatient	674,144	711,887	677,182
ER	41,876	46,276	50,730

## **Community Service Plan—2008**

### **Rochester General Hospital**

	<b>2007</b>	<b>2006</b>	<b>2005</b>
Inpatient	31,499	31,567	31,473
O/P Visits	1,049,957	1,003,216	1,009,836
ED Visits	83,692	83,464	80,470