COMMUNITY SERVICE PLAN

NEW YORK COMMUNITY HOSPITAL
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Brooklyn, New York 11229
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NYCH.com

Revision Date September, 2009
In accordance with Section 2803-1 of the New York State Public Health Law, New York Community Hospital presents its Community Service Plan with revisions effective September, 2009

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Welcome Message from the President and CEO

New York Community Hospital is a 134-bed, non-profit acute care hospital located in the Midwood/Madison Park section of Brooklyn. The hospital is a member of The NewYork Presbyterian Healthcare System and maintains an academic affiliation with the The Weill Medical College of Cornell University. Founded in 1929 by physician brothers Albert and Dudley Fritz, New York Community Hospital—then Madison Park Hospital—has been through many changes over the years to meet the needs of our ever-growing, dynamic and diverse community. Today, as in the past, the hospital prides itself in providing the highest quality healthcare with compassion, respect and dignity to all our patients and to the community. With expanded facilities, state-of-the-art medical technology and a patient-centered approach to care, we continue to meet this goal. Our inpatient services include the best in emergency, medical, and surgical care. We are also proud to provide high quality, technically advanced Critical Care services.

Our patients are treated in a pleasant, friendly, charming environment. Providing full emergency services, New York Community Hospital is a designated 911 receiving hospital. Operating on a 24 hour 7 day a week schedule the hospital has both basic life support as well as advanced trauma life support Ambulances serving the southern tier communities of Brooklyn. A number of outpatient services, are available including ambulatory surgery, clinical laboratory and diagnostic imaging services. Ambulatory Surgery services are comprehensive, covering many areas of specialization including Gastroenterology, Ophthalmology, Orthopedics, and General Surgery. Fully staffed Operating Room Suites are available on a 24 hour 7 days a week schedule with around the clock Board Certified Anesthesiology coverage. Additionally, we provide full Laboratory and Pathology testing as well as expanded Radiology, Cat Scan, Nuclear Medicine, Sonography and Mammography diagnostic services. Plus, the patients of New York Community Hospital have access to services offered at any of more than 40 hospitals within the New York-Presbyterian Healthcare network.

In addition to high-quality medical care, New York Community Hospital continues its commitment to serving its community by offering educational programs, support groups, health screenings and many other unique programs. These initiatives strive to encourage each member of the Midwood and Madison Park communities to take charge of their health. We’re also proud to be involved in several community, civic, religious and senior groups. New York Community Hospital understands that all patients have special needs and concerns- that’s why we offer Kosher meals (supervised by the Vaad Harabbanim of the Flatbush Rabbinical Services), pastoral and patient representative services upon request, flexible visiting hours, multilingual translation services and complimentary food and beverage services for visitors.

The staff at New York Community Hospital is exceptional. Our hospital has a world-class team of over 150 physicians -including Internists, Cardiologists, Oncologists, Gynecologists and Surgeons, Board Certified in 31 specialties. I am proud to have a strong compassionate, experienced team of nurses, technical, ancillary support, and management staff working together as a team, providing our patients with an exceptional level of care. In addition, our volunteers also provide friendly, helpful assistance to both patients and visitors alike. Should you need health-care services, you can rely on New York Community Hospital.

Partnering with local Community Agencies and our local health organizations, New York Community Hospital will participate in making our New York community a healthier place. The State Department of Health’s “Prevention Agenda Toward the Healthiest State” is a set of goals designed to improve the health of our communities. We at New York Community Hospital have selected initiatives that we feel our community needs and that have been expressed to us over the year by various means including our patients, family members visitors as well as internal and external professional groups . These priorities will be addressed over the next few years. We will strive to fulfill the goals and objectives that we have chosen. If need be we may modify and enhance them as necessary over the next few years in order to accomplish our prevention agenda priorities for a healthier State.

As always, we’re eager to answer your questions and hear your comments and recommendations regarding New York Community Hospital. Let us know how we can serve you better—e-mail your comments to smm9003@nyp.org or call our Patient Information Line at 718 692-5300.

Yours in good health,

Lin H. Mo, President and CEO
President and CEO
New York Community Hospital

MISSION STATEMENT

New York Community Hospital is committed to provide Quality Care with Compassion and Dignity to all patients and to the community.

The Hospital staff recognizes these values and their role in fulfilling our Mission.

COMMITTED TO OUR PATIENTS

We recognize the unique physical, emotional work and spiritual needs of each person.

We strive to extend the highest level of courtesy and service to patients, families, visitors and each other.

COMMITTED TO LEADERSHIP

We deliver state-of-the-art health care services with excellence.

We engage in a wide range of continuing education, medical and nursing education and other educational programs for the public.

COMMITTED TO EXCELLENCE

We strive to create an environment of team- and participation where through continuous quality improvement, people pursue excellence and take pride in their work, the organization and their personal development.

We strive to provide physicians with an environment that fosters high quality diagnosis and treatment.

We believe that the quality of our physicians, employees and volunteers is the key to our continued success.

We make every attempt to maintain financial viability through a cost-effective operation to meet the Hospitals long-term commitment to the community.

-2-  Refers to CSP Sec I
NEW YORK COMMUNITY HOSPITAL

VISION STATEMENT

New York Community Hospital, with linkage to the community through community health centers and physician practices, provides inpatient Medical and Surgical Services.

We see ourselves as a center for excellence in providing Emergency Services, Medical, Surgical, Critical Care and Ambulatory Care services focusing on individualized attention and care.

We envision ourselves as an active and strong member of New York Presbyterian Healthcare System.

VALUE STATEMENT

New York Community Hospital is a caring place. Patients are received and treated with the utmost respect and dignity.

Our Medical Staff members and employees treat each other professionally and with respect and dignity. They believe in working diligently to continually provide excellent healthcare services to patients and to the people of the community.

We are a friendly place.

We provide the utmost in attention and services to all those coming through our doors. We are a team that is motivated to pursue our mission and determine our own destiny.

Mission, Vision, Value Statements Re-affirmed by Executive Administration Jan, 2008
Executive Summary
Corporate Structure and Governance

New York Community Hospital is an acute care hospital in Brooklyn, New York. It is a voluntary not-for-profit corporation and has been recognized as tax-exempt pursuant to Section 501 ©(3) of the Internal Revenue Code.

On March 12, 1993, New York Community Hospital became a sponsored Member of the New York-Presbyterian Health Care System (NYPHS). The relationship with NYPHS will promote efficiencies of scale and scope in clinical and administrative operations and continuously improve the quality of health care for the communities served by New York Community Hospital. The Hospital will continue to be responsible for its own operations, assets and obligations.

The Board of Trustees consists of 11 members. New members are selected for their ability and the time to participate effectively in fulfilling the Board’s responsibilities and, so far as possible, to provide for a Board of Trustees that is representative of major segments of the community served by the Hospital. Three of the members are appointed by NYPHS. Trustees are elected for terms of one year, and the consecutive terms of any trustee may not exceed six. Qualifications for Board membership include high moral standards; involvement in community affairs in the Hospital’s service area; an ability to work with other; a demonstrated specific interest in the Hospital; and skills, interests and attitudes that will inure to the benefit of the Hospital and the fulfillment of its purpose and mission.

The Board of Trustees has responsibility for the establishment of politics and for the proper control of all assets and funds; and control and management of the property, affairs, and quality of hospital and medical care; and has power and authority to perform acts and functions consistent with its responsibilities, including, among others:

- Actively participating in the process by which the Hospital shall continue to hold full accreditation by the Joint Commission on Accreditation of Healthcare Organizations and the Hospital’s Operating Certificate issued under the provisions of the Public Health Law of the State of New York;
- Selecting and monitoring the performance of the Hospital’s President & CEO;
- Providing for a safe physical plant, proper staffing and the Hospital’s growth and development;
- Participating in planning to meet the health needs of the community;
- Appointing the members of the Medical Staff and reappointing them every two years;
- Reviewing and approving the Hospital’s strategic, performance improvement and patient care plans; and
- Being responsible for the quality of patient care services.

Officers of the Board of Trustees, elected for one-year terms, include a Chair, Secretary, Assistant Secretary, and the Hospital President & CEO. Standing committees of the Board of Trustees perform much more of the routine work of the Board and include Executive, Finance/Investment, Governance, Audit and Corporate Compliance, and Executive Compensation. The membership, authority and responsibilities of each committee are defined in the Hospital’s bylaws. Special Committees and Committees of the Corporation may also be appointed upon authorization of the Board.
## Board of Trustees
### Officers
- George Weinberger, Chairman
- Lin H. Mo, President and Chief Executive Officer
- Kathleen M. Burke, Esq., Corporate Secretary
- Mark E. Larmore, Corporate Treasurer
- Leonardo Tamburello, Assistant Treasurer
- Una E. Morrissey, SVP Operations/CNE
- Jane Russo, Assistant Secretary

### Members
- John Wm. Fischer
- Jeffrey Goldberg
- John Nikas
- Joseph Stile
- Laurence Berger
- Eliot Lazar, M.D.
- Julius Derdik
- Herbert Rader, M.D., Medical Director

### Executive Committee of the Medical and Dental Staff
- Parirokh Nozad, M.D., President
- Marie Bentsianov, M.D., Vice President
- Ravindra Goyal, M.D., Secretary Treasurer

### Department of Medicine
- Steve Nozad, M.D., Director of Medicine

### Department of Medicine Continued
- Gabriel Spergel, M.D., Assistant Director of Medicine

### Department of Surgery
- Harout Nalbandian, M.D., Acting Director of Surgery
- Chief of General Surgery
- Boris Khorets, M.D., Dir. of Physician Services
- Norman Saffra, M.D., Medical Dir. of Ambulatory Surgery

### Department of Radiology
- A. Berly, M.D., Director of Radiology

### Department of Anesthesiology
- Han Shik Lee, M.D., Director of Anesthesiology

### Department of Pathology
- Hyunsook Kim Ohm, M.D., Director of Pathology

### Department of Podiatry
- Lawrence Santi, DPM, Director of Podiatry

## Administration
- Lin H. Mo, President and Chief Executive Officer
- Una E. Morrissey, R.N., Senior Vice President C.O.O. / C.N.O. Nursing Ops
- Donna Fitzmartin, V.P. for Clinical / Ancillary Services and Case Management
- Stephen M. Meyers, Vice President for Administration and H.R.
- Ismael Fontanez, V.P. / Facilities & Safety
- Leonardo Tamburello, Divisional V.P., Chief Financial Officer
- Marina Bilik, V.P. Operations
- Karen Decorato, V.P. Ops and Regulatory Affairs
- Herbert Rader, M.D., Medical Director

### ADVISORY BOARD
- Blossom Klass, President
- Ben Akselrod, Rabbi Alvin Harris
- Eileen McBride, Dir of Patient Relations NYCH
- Stephen M Meyers, Nych Administration Representative
- Jacqueline Shapiro
- Reva Sokol
- Nelson Soto
- Kelly Steier
- Joseph Stile, Trustee
EXECUTIVE SUMMARY
2008—2009 COMMUNITY SERVICE PLAN

New York Community Hospitals Community Service Plan is the disclosure and demonstration of our commitment to provide quality health care to the community. Our Mission Statement which is central to the Hospitals strategic plan, provides the focus to achieve our goal of caring for the sick in a compassionate and respectful manner.

The community’s involvement in the strategic management of health care resources was solicited to validate the Hospitals health care priorities. Frequent communication with all levels of management and the community about what actions are necessary to meet operational objectives, proved to be the cornerstone in developing the Hospitals mission. Much of the information that was utilized to direct the Hospitals planning efforts was obtained from data obtained from our information systems, patient surveys, involvement in community civic, religious and senior groups. Support groups, community education programs and volunteer groups and Advisory Board membership. Current and future public health priorities including those selected and to be selected in the future to meet the goals of the NY Healthiest State Agenda are solicited by these means in addition to additional solicitation methods to be developed at the hospital and in conjunction with it’s selected community health partners.

New York Community Hospital serves patients from the southern tier of Brooklyn, with its primary service areas defined as Sheepshead Bay, Manhattan Beach and Midwood. In 2008 there were 7035 patients admitted to the Hospital, 16,598 patients treated in Emergency Services, and 3,773 ambulatory patient procedures performed. Service Areas provided by the hospital are derived from many years of census data including the Zip Code localities of the patient population derived from the Southern Tier communities of Brooklyn.

The unique needs of our patient population are provided for by professional staff who are loyal to the philosophy and values created by the Hospital’s governing body.

At New York Community Hospital, quality health care is based not only on the outcome of the patients health status, but also on the patients perception of how his care was delivered. Our Hospital-wide Continuous Quality Improvement Program emphasizes the importance of quality patient care outcomes as well as the delivery of hospital care. Our goal is to heal the patient, to satisfy the patients expectations and to ensure his/her rights.

-6- Refers to CSP Sec II A & B
The Hospital Mission Statement speaks of commitment to excellence, leadership and to our patients. Our Vision is to offer our surrounding communities quality medical care and a diverse array of medical services. The focus of the care is easy accessibility, comprehensiveness and technology.

New York Community Hospital’s affiliation with NewYork Presbyterian Hospital-Weill-Medical College of Cornell University enables us to participate in joint planning and collaborative efforts as applicable to our hospital. This collaboration along with the hospitals long standing association with State and Local Associations such as HANYS and The Greater New York Hospital Association has allowed us to provide a continuity of care for our patients who are in need of high tech surgery and tertiary care.

As a member of the NewYork Presbyterian Healthcare System, a network of more than 50 hospitals, long term care facilities and rehabilitation facilities, allows our patients to have access to specialized services that are not provided at our location. The System offers a true continuum of care from primary to acute, and from prenatal to geriatric. Our System improves the quality of life in the communities it serves by emphasizing preventive services and offering comprehensive multi-disciplinary treatment to every patient.

In addition to our affiliation with NewYork Presbyterian Hospital, our own active Board of Trustees, hospital based Performance Improvement Program, Internal Committees and sub-committees and ongoing weekly Administrative Staff , Short and Long Term Planning Meetings contribute to the ever changing community needs assessment aspects that the hospital must address.

Presented on an annual basis and submitted for approval to the Board of Trustees is a complete set of Hospital Goals and Objectives for each upcoming year. Major goal statements as submitted by the Executive Administrative Office continue to be as follows:

* 1- Continue to strengthen the Financial Management of the Hospital
* 2- Continue to Strengthen and Enhance Hospital Services to the Community and Strengthen Community Outreach.
* 3- Continue to strive to instill Culture for the enhancement of Employee and Medical Staff Morale. Improve and strengthen JCAHO and regulatory compliance areas of the hospital.
* 4- Strengthen Medical Staff Development to Include Retention and Recruitment and Strengthen Medical Staff Performance in PI/QA activities.
* 5- Improvement of the overall Hospital Facility.
* 6- Enhance Ambulatory Services based on Community Needs Assessment
New York Community Hospital of Brooklyn is proud to provide care to our community. Our doors are open 24 hours a day, seven days a week, 365 days a year. Every year we serve thousands of individuals and keep our community healthy, strong, and vibrant. This record of service is and always will be our most valuable contribution to the community.

Hospitals strengthen the infrastructures of local communities. Communities rely on their hospitals and health systems to:

- Provide high quality health care
- Bring life into the world
- Care for the aged
- Ensure safety when an emergency or disaster strikes
- Educate people about the impact of lifestyles on their health and well being
- Provide comfort at the end of life.

Less often recognized is the hospital’s contribution to the local economy, including the people it employs, the impact of its spending, and the effect of hospital employees’ spending and the taxes they pay. New York Community Hospital is critical to the economic viability of our community. New York Community Hospital is a major source of employment and purchaser of goods and services, as well as providing health care that allows people to be productive citizens. Aspects of this report have been prepared with assistance from the Healthcare Association of New York State, highlighting the significant role New York Community Hospital plays within our local community. It identifies and measures the direct involvement New York Community Hospital has on the local community and demonstrates the “ripple” effect of the dollars the health care sector brings into the community and the jobs it helps create. It also demonstrates the benefit the hospital provides for a safe, stable and healthy community.

**New York Community Hospital is an Economic Anchor in Our Community**

In addition to enhancing the health and well being of the communities we serve, we contribute significantly to the area’s economic health. Statistics available to us indicate that we had an estimated total annual economic impact of more than $90,000,000.

**New York Community Hospital is a Major Employer**

New York Community Hospital of Brooklyn employs more than 475 full time and part-time employees with a gross total payroll of more than $47,000,000. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the local and state economies.

Dollars earning by New York Community Hospital of Brooklyn employees and spent on groceries, clothing, mortgage payments, rent etc generate approximately $58,000,000 in economic activity for the local community.
New York Community Hospital Provides Other Important Economic Benefits

Construction activity at New York Community Hospital of Brooklyn affects the local economy from the convenience store located down the street to the insurance agent providing policies for the contractors and other companies working on the projects. Construction projects totaling more than $2,000,000 have been completed at New York Community Hospital of Brooklyn. Construction projects totaling approximately $2,500,000 are currently underway at the hospital. These projects generate local jobs and revenue and result in improved health care delivery for the community.

Hospitals are a key ingredient to New York’s quality of life and to keeping communities healthy and vibrant. New York Community Hospital is a major contributor to both the local and state economies and to keeping families healthy and secure by providing needed health care services. Data within this report provides evidence that the economic benefit of our hospital on the local and state levels is significant.

The Financial Resources Statement is included within this implementation Plan.

The Future

New York Community Hospital’s Vision is to serve as a magnet health care center for patients in need of acute care, health education and referral services through its affiliation with NewYork Presbyterian Healthcare System. By coordinating the healthcare services in the community, the hospital will provide accessible, cost effective, clinically appropriate care to all of its community residents. The hospital’s financial goals in 2008-2009 include identifying the implementation of Cost Reduction Programs to decrease operating expenses. This will include looking at all purchasing, billing and internal departmental budgets utilized by the institution.

The implementation of a fully operational Electronic Medical Record will be forthcoming in years 2010–2012. This project will meet the needs of Local, State and Federal guidelines for providing cost effective healthcare as well as the reduction of errors, access to information and overall safety risks associated with the daily provision of care for the patient at our hospital.
### 2008 High Volume Admissions

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Discharges</th>
<th>Emergency Service Visits</th>
<th>Emergency Service Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td></td>
<td></td>
<td>6,984</td>
</tr>
<tr>
<td>Coronary Insufficiency</td>
<td></td>
<td></td>
<td>16,598</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td>7035</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transient Cerebral Ischemia</td>
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<tr>
<td>Septicemia</td>
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<td></td>
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</tr>
<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Insufficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteomyellitus / Gangren</td>
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</table>

### 2008 Utilization Statistics

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Blue Cross</th>
<th>Commercial Plans</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Insufficiency</td>
<td></td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
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<tr>
<td>Transient Cerebral Ischemia</td>
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<tr>
<td>Septicemia</td>
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<tr>
<td>Diabetes Mellitus</td>
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<tr>
<td>Renal Insufficiency</td>
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<tr>
<td>Osteomyellitus / Gangren</td>
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### Primary Service Areas

<table>
<thead>
<tr>
<th>Zip Code/Neighborhood</th>
<th>Zip Code/Neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>11235, 11229</td>
<td>11230, 11210</td>
</tr>
<tr>
<td>11223, 11224</td>
<td>Flatbush, Midwood</td>
</tr>
<tr>
<td>Sheepshead Bay</td>
<td>11234, 11236</td>
</tr>
<tr>
<td>Kings Highway</td>
<td>Mill Basin</td>
</tr>
<tr>
<td>Gravesend/Home crest</td>
<td>Bergen Beach</td>
</tr>
<tr>
<td>Gerritsen Beach</td>
<td>Flatland</td>
</tr>
<tr>
<td>Manhattan Beach</td>
<td>Canarsie</td>
</tr>
<tr>
<td>Bensonhurst</td>
<td></td>
</tr>
<tr>
<td>Coney Island</td>
<td></td>
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<tr>
<td>Brighton Beach</td>
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These admissions and the fact the New York Community Hospital serves, primarily, an elderly population, (61 percent of the admissions are Medicare-covered patients,) help to identify the outpatient and outreach programs needed to better serve the community.

The high volume diagnoses identified are not singular conditions. The patient population being cared for at the Hospital present with multiple problems; therefore, requiring more intensive or complex care, e.g., the patient presenting with congestive heart failure may have diabetes, pulmonary disease and renal failure.

Suggested interventions recommended for Brooklyn by Health Systems Agency in its publication, Health Care Forums are to improve access to primary care. Through which age-appropriate screening, preventive counseling, vaccinations and referral follow-up care will be provided.

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Refers to CSP Sec II A & B
New York Community Hospital, located in Midwood, Brooklyn, serves the health care needs of residents in the southern tier communities of the Borough. Expressions of health care needs by an economically stable, culturally diverse community represent a cooperative social context in which the Hospital seeks to develop services and health programs that meet the needs of the community.

Number of Beds

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Medical/Surgical</td>
<td>134</td>
</tr>
<tr>
<td>Monitored Beds</td>
<td>35</td>
</tr>
<tr>
<td>Critical Care/Intensive Care Unit</td>
<td>7</td>
</tr>
<tr>
<td>Progressive Care Unit</td>
<td>12</td>
</tr>
<tr>
<td>Telemetry</td>
<td>16</td>
</tr>
</tbody>
</table>

Services Provided

Inpatient Services

- Medical & Surgical Care
- Operating Room Suite
- CCU/ICU
- Diagnostic Radiology
- Progressive Care Unit
- Laboratory Services
- Pharmacy Services
- Respiratory Services
- Patient Representative
- Social Work
- Physical Therapy

Outpatient Services

- Ambulatory Surgery Center
- Emergency Medical Services
- Stroke Center Designated 911 Receiving
- Clinical Laboratory
- Diagnostic Medicine
- Nuclear Medicine
- Ultrasound
- CT Scan
- Mammography

Population Served:

- Russian Speaking: 70%
- Local Southern Brooklyn Communities: 30%

In 2008 Emergency Services received 16,598 patient visits, 3,773 Ambulatory Surgery visits, and 7,035 inpatient admissions.

The average length of stay in 2008 was 6.36 days. The Hospital patient mix was as follows:

- Medicare: 61%
- Medicaid: 10%
- Blue Cross: 4%
- Commercial Plans: 24%
- Others: 1%

New York Community Hospital employs approximately 475 people, many of whom are Brooklyn residents. Employee to patient ratio remains generally around 3.90:1.
Public Participation

Patient Education and Community Outreach Programs presented within the Hospital and out in the community help us find new ways to better serve our patients and enable us to continue our dialogue with the community.

Most significantly, we achieved a common set of shared values that will frame the future success of New York Community Hospital. In 2009 we will continue to aggressively pursue our common goals - to be more caring to our patients and continue to make our Hospital a success. Of all our achievements, the Hospital has regained its reputation in the community as a caring place, and, of this, we are most proud. Letters received regularly both of compliment and complaint, serve as a regular form of Public Participation. The hospital, by way of it’s Patient Relations Department, maintains a consistent mechanism to acknowledge each of these letters and interpret them accordingly for use in future Performance Improvement activities.

Patient Satisfaction Questionnaires are mailed to our patients following their discharge to insure we are meeting our patients expectations and to assist the hospital Administration in our growth and continuous improvements. Results of patient satisfaction survey results are reported to the Quality Improvement Committee and utilized in the Long Range Planning Process for Needs Assessment…

In 2006 the hospital began to participate in the HCAHPS initiative in order to provide a standardized survey instrument for data collection and compare date against many other hospitals. HCAHPS will in essence be a report card of a set of core values that can be combined with a customized set of hospital specific items with the data utilized to support improvements in internal customer services and quality related activities. Complementary letters are forwarded to all the individuals involved and posted on our Appreciation Bulletin Board for all to see. Our goal is to insure total Patient Satisfaction. With the goal of improving patient satisfaction, the formal voice of our public (our patients) will be heard through these surveys. Results are distributed to all members of the hospital and posted accordingly.

ADVISORY BOARD

Public participation has routinely occurred via the hospital’s long standing Advisory Board. This Board, meeting generally on a monthly basis is made up of members of the local community, volunteers and clergy from our community and the Pastoral Care program. The Board has met five times during the year 2009 thus far. Information disseminated from these meetings have enhanced our public awareness and contributed to the structuring and development of our Community Service Plan. The Advisory Board has played an important role in the development and continuing selection of priorities for the Health Prevention Agenda for the Healthiest State. Current members of this Advisory Board are listed within this Community Service Plan.
Public Participation con’t

LOCAL AGENCIES, SCHOOLS, COMMUNITY LEADERS

The Community Service Plan as updated each year will be mailed to a list of local agencies, schools, community leaders and other community partners who can be helpful in our needs assessment. New York Community Hospital is working to become increasingly plan-driven, and public participation is essential as concerns effective planning. Information sharing in this manner should also improve New York Community Hospital’s ability to coordinate effectively and share resources with other health and health-related agencies. In meeting with local agencies and community health partners NY Community Hospital will be able to achieve successful results and outcomes in the goals set forth for the NY Healthiest State initiatives.

PASTORAL CARE PROGRAM

New York Community Hospital’s Pastoral Care Program is reaching out to become more inclusive of local clergy. It offers a wonderful forum for inviting two-way communication about New York Community Hospital with both local clergy members and their congregations. Members of the clergy are active members of the hospital’s advisory board and contribute to the needs of the hospital on an ongoing basis. Input regarding the health needs of our community have been ascertained on a regular basis by way of the hospital’s continued association with the religious organizations of our community.

GLATT KOSHER KITCHEN

The hospital serves Glatt Kosher food to all the patients and thus maintains a Glatt Kosher kitchen as supervised by the Vaad of Flatbush, Brooklyn. A constant form of communication exists between community members, patient in-house population, visitors and family members, and the Vaad Supervisors working in conjunction with their daily on-site rabbinical staff. Patient as well as cultural sensitivity needs are enhanced by way of this on-going program.

HOSPITAL WEB SITE

As of the fourth quarter 2003 New York Community Hospital launched it’s Web Site. This user friendly site allows easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the Web Site’s email webmaster address.

As of the first quarter of 2006 www.nych.com has integrated a new Online Consumer Health Library (under the search our library link on the home page) with refreshed content, improved search and support for the new features into the future. This new library includes over 50 categories of information with articles written for a consumer audience. Content is drawn from articles published in past issues of Dowden Health Media’s award winning health publications. These articles set out to inform as well as drive readers to take action in maintaining the health and medical well being of themselves and their family.

NYCH.com is currently under re-design and will be expanded in the near future for happenings and news at the hospital as well as the ability to allow for the ease of public input necessary to provide a constant dialogue associated with the health needs of the community and those provided by our hospital. In addition we have now made access to specific Physician information on many of our attending staff doctors associated with our hospital available on line. The CSP along with updates to this 2009 plan will be placed onto the Web site for public information. This will be a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The Web site address is generally included in all advertising, mailings and print material generated by the hospital allowing for enhancement of Public Participation and continued input regarding all health issues.
ASSESSING COMMUNITY NEEDS

Needs Assessment / Assessment of Public Health Priorities

The Community Service Plan Committee is comprised of the Hospital Governing Body, Administrative and Medical Staff leadership and Professional/Clinical staff. This committee analyzes internal and external health related information to obtain a broad view of activities in order to determine community needs and how best to meet these needs.

The hospital has utilized information provided by the Department of Health during visits (under Article 28), as a means for assessment and improvement of processes and services to patients, families, physicians, and the community. This information is developed in an ongoing collaborative and interdisciplinary effort by way of various workgroups and Administrative and Medical Staff conferences, ongoing evaluation that provides a mechanism for update and change. In addition leadership and staff participation in Department of Health external programs (NYPORTS) has enhanced the hospital’s education and thereby contributed to the development of our Community Service Plan.

Analysis of data that is obtained from our information systems enables the Hospital to identify our patients needs. This information is based on the high volume diagnoses that are presented for treatment in Emergency Medical Services and for inpatient admissions.

Health Care Team

Delivery of quality patient care is assured through a continuous process of quality assessment and evaluation of patient care needs. The composition of our Health care Team is in keeping with traditional health organizations, but with a significant difference in a philosophical approach to patient care. At New York Community Hospital we endeavor to assess, plan, implement and evaluate the outcome of daily operations that revolve around the patient. It is our belief that patients who participate in their health care planning have an improved outcome. Planning for most hospitalizations begin on the day of admission. Assuring quality patient care is our primary goal and is a continuous commitment on the part of each Health Care Team member.

The leadership at New York Community Hospital has developed ongoing forums to develop methods to meet the standards of the Joint Commission on Accreditation of Health-care Organizations, the State Department of Health and other regulatory bodies. This exercise has provided a state to discuss and address issues in the delivery of services that affect the organization both in clinical and financial areas. Among our accomplishments, we improved our employees morale, we made our Hospital a better place to work, we are continually improving our physical facility, we enhanced our medical equipment, and most important, we improved our services. We were more caring to our patients. We responded and served our doctors better. We provided better quality care to our patients.
In keeping with the NYS Department Health’s Strategic Plan to improve the health of New Yorkers, New York Community Hospital has adopted three priority focus areas based on our analysis of community health problems and the concerns of an elderly Russian immigrant population.

The three Prevention Agenda priority areas:
1. Tobacco Use
2. Chronic Disease
3. Community Preparedness

1. Tobacco

Tobacco use is widely prevalent among all age groups in our community, and is a deeply entrenched, culturally accepted practice among the new immigrant groups.

- Since tobacco use and dependency is the leading preventable cause of morbidity and mortality in New York, it seems appropriate for all institutions, agencies and organizations, to work together to encourage smokers to stop, and to discourage young people from starting.

- This priority will represent a new effort on the part of the hospital and the community associated agencies. The goal being to educate those willing to participate in any in-house programs as well as have our partners disseminate as much information as available to us in the scope of our resources and ability to accomplish same.

- The Hospital, with its very substantial number of Russian-speaking patients and professional staff members, has developed relationships with healthcare providers and with influential public media in the Russian community that we believe can be used to promote smoking reduction and cessation through personal counseling and public education. Partnering with agencies such as our Community Board 14 as well as the Brighton Beach Neighborhood Association will enhance the efforts for success of this project.

- Using information readily available from the American Cancer Society, the American Lung Association, and the American Heart Association, community physicians, public and parochial schools and media personalities in the Russian community smokers would be provided with educational materials and with lecturers from the Hospital staff as well as outside professional organizations aimed at Tobacco cessation techniques.

- In concert with efforts being made at New York Presbyterian Hospital, of which New York Community Hospital is a sponsored affiliate, NYCH is beginning a campaign to make the entire area around the hospital smoke-free, with a target date for full implementation of November 1, 2009. Education of our own staff, patients, family and visitors is a beginning and coincides with our future efforts of this health agenda.
2. Chronic Diseases

Chronic Diseases with high prevalence in our elderly population include Diabetes, Coronary Artery Disease, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease – all conditions in which compliance with recommended treatment regimens has a positive effect on morbidity and mortality. The fact that over 70% of all deaths that occurred in NY State were due to Chronic diseases, and the nature of our patient population is such, make it a clear hospital and community inspired choice as a health priority agenda for NYCH.

After discussion with community physicians as well as the input from our professional medical staff, and patient population, the Hospital has selected Diabetes as a chronic disorder where compliance with recommended treatment regimens has been shown to improve overall outcomes. This will represent a greatly expanded but generally new priority for NYCH.

- Among the strategies which are being implemented are lectures and workshops for patients at risk for complications, and a post-discharge counseling program to check on recently discharged patients to reduce barriers to compliance, e.g., visual problems (cannot read instructions), economic problems (cannot afford prescriptions), misunderstanding about instructions (unsure about frequency, diet), etc.

- In order to provide staffing for volunteer counseling and associated follow up activities, the hospital is partnering with the Council of Jewish Organizations of Flatbush (COJO) a community based organization of which a great portion of our patient population is derived from. In consort with the NYCH Director of Patient Relations and Volunteer Services the partnership with COJO will be able to move forward over the next three years and help ensure success of the project.

Diabetes Mellitus

- New York Community Hospital, in cooperation with community-based organizations, including the Council of Jewish Organizations, is planning to reach out to selected discharged patients with a diagnosis of Diabetes Mellitus, in order to provide education, support and encouragement to comply with their physician’s instructions.

- This program is being developed because many of the patients are recent Russian immigrants who have cultural and linguistic barriers to communication, and do not always appreciate the nature of their illness and the importance of compliance with medication and dietary instructions.

- The program will be hospital-based, using mature volunteers to contact patients by phone to inquire about their comprehension of their discharge instructions, the quality of communication with caregivers, the availability of recommended services, current compliance with medication orders, and questions or problems that can be referred to professional hospital staff.
2. Chronic Diseases continued:

- It is planned and hoped that approximately twenty volunteers will be recruited and trained in a 20-hour orientation course conducted by hospital personnel, including physicians, nutritionists, pharmacists, nurses and podiatrists. These volunteers will use validated scripts to guide their conversations with patients.

- The purpose and goals of the program are to enhance the competence of patients to understand and cope with their illness, to reduce avoidable readmissions to the hospital for preventable complications, to promote compliance with physician instructions, and to encourage mature volunteers to become involved in public education. By the year 2013, reduce the prevalence of adult diabetes and hospital complications of diabetes in the New York Kings County of the Southern Tier Zip Code areas.

- Hospital statistics as available regarding admitted diagnoses of diabetes and readmission rates will be utilized for purposes of tracking any effectiveness within the community served by the hospital.

- The program will be supplemented by printed materials provided by the hospital, and support group meetings conducted in the hospital with the support of volunteer physicians and other staff.

- In addition, the effectiveness of the program will be evaluated through patient surveys, interviews with participating physicians, and monitoring of re-admission rates.
3. Community Preparedness

Community Preparedness involves training and networking in anticipation of natural disaster, such as flooding, an infectious disease epidemic or a man-made disaster that would affect a large number of individuals. Planning and preparation are clearly essential prerequisites for effective response and recovery. Hospitals, as major community resources, would be important partners in integrated and coordinated efforts to respond effectively to a major disaster.

As stated by the Department of Health of the State of New York, since September 11, 2001, it has become clear that public health has a crucial role to play in any emergency, whether naturally occurring or resulting from a deliberate act. Public health is now integrated into the emergency response system as a full partner, and often, as the lead player. That is because any type of hazard or emergency can affect the health and safety of New Yorkers. Natural disasters, food-borne disease outbreaks and vaccine shortages occur more and more often, and when they do, a quick and effective public health response is crucial to reduce injury, prevent or control illness and save lives. For that reason the NYSDOH Prevention Agenda Priority for Community Preparedness aims to empower our hospital and associated partners to promote readiness, foster community resilience and ensure a comprehensive and effective response should a disaster strike.

Objectives and indicators required over the next three to five years include the hospitals ability or inability to become 100% approved for emergency preparedness. Indicators that will be reviewed over the course of this project will be:

a) Do we have comprehensive all hazards planning?

b) Are we able to handle the isolation and quarantine of persons exposed to or infected with a communicable disease.

c) Can we handle a pandemic influenza outbreak?

d) Can we maintain operations of essential public health services for the public during an emergency?

e) Do we understand the needs of the community and the role they may play in an emergency?

The hospital will attempt to solicit public participation regarding aspects of emergency planning, in order to improve the services currently provided for.

- Presently, the most likely infectious disease emergency is H1N1 Influenza. In preparation for a major demand on hospital services, space has been allocated and fitted out in an adjacent facility where patients who are not critically ill but are concerned about symptoms of flu can be assessed, treated and discharged.

- Since City Disaster Management authorities have identified this Hospital as being in an area that could be affected by flooding, plans have been made for evacuation through collaborative agreements and have partnered with Senior Care and Assist Ambulance Services for ambulance transport and with Revival Homecare Services for accommodating patients evacuated from the Hospital.
3. Community Preparedness continued

- The hospital is a sponsored member of the New York Presbyterian Healthcare System and as such is linked to its communication system that permits constant assessment of needs and resources across the entire system so that materials and patients can be moved from high risk areas to alternate sites where appropriate facilities can be made available.

- The Hospital’s preparedness program is described in an “Emergency Operations Plan.” Since this is a 134-bed medical-surgical hospital, the plan naturally focuses on efficient and effective evacuation.

- The plan was developed after a hazard and vulnerability assessment in cooperation with City and State agencies, using an assessment tool developed on the recommendation of the Mayor’s Office of Emergency Management and the GNYHA.

- Once mobilized in response to a community disaster, the plan calls for an Incident Command Center to be established in the hospital with direct communication to the Command Center of the New York Presbyterian Healthcare System as described in a formal Mutual Aid Agreement. The plan is also coordinated with the City of New York’s Healthcare Facility Evacuation Plan.

- Designed to meet community emergency needs, but located within the hospital, a variety of resources are stored in anticipation of biological, chemical or nuclear terrorist incidents, and natural disasters, and these include stores of antibiotics, hazmat equipment, personal protective and decontamination equipment, etc.

- Evacuation agreements are in place for evacuees from our community to be transferred to New York Methodist Hospital (718-780-3000), Kings County Hospital (718-245-3131), and New York Presbyterian Hospital – Cornell Campus. Separate plans are in place to respond to radiation disaster, chemical contamination and biological incidents requiring mass immunization and/or rapid distribution of prophylactic antibiotics. As stated the hospital has partner agreements with local ambulance companies, Assist & Senior Care, as well as Nursing Homes and Home Care agencies. IE. Revival Home Care and when needed actively participate in the planning and coordinated efforts of the hospital in case of a emergency or disaster.

- The Preparedness Plan includes ongoing liaison with the New York Office of Emergency Management 718-422-8700, Greater New York Hospital Association 718-422-8767, Centers for Disease Control and Prevention 770-488-7100, Hazmat Spills Hotline 1-800-457-7362, Wadsworth Center Laboratories 518-474-2160, the New York City Fire Department (Brooklyn) 718-999-4444, and many other agencies.

- The intent of this planning is to ensure that the resources, experience and expertise of the hospital and its professional staff can be mobilized rapidly to respond effectively to unan-
MEETING COMMUNITY NEEDS

Community Outreach

New York Community Hospital Physicians, Allied Health Professionals, clinical and support staff participate in health fairs, screenings, lectures and community programs in conjunction with local or borough wide Healthcare organizations, legislative officials, civic, senior and religious organizations.

New York Community Hospital as part of the Greater Southern Brooklyn Health Coalition, has been an active participant in the Borough Wide Health Conference.

As Community Leaders, people look to our Hospital to raise awareness about health issues and other concerns such as the environment, housing, transportation and safety and how these issues affect their lives. We endeavor to create a sense of community for the common good of our neighbors and to assure them that our programs are focused on keeping them healthy as we encourage them through educational program encouraging preventive health measures.

Health Fairs, Screenings, Lectures, visits to Senior Centers are arranged accordingly and held throughout the year. The programs clearly demonstrate an added sense of responsibility of our Hospital Physicians, Staff and our Advisory Board, for our patients and the Community who are our neighbors and friends.

Social Work Services sponsored several meetings with the community and with other health care agencies related to Alzheimer's and the elderly and also Domestic Violence.

Patient Relations Department sponsored programs & visited community groups to discuss and educate seniors on Advance Directives. The hospital has sponsored Legal Awareness days for the community regarding information on Health Care Proxys and Power of Attorney information.

P.S.A. screenings for Prostate Disease, co-sponsored by a local legislator, has been presented by the Department of Laboratory Services at several locations in the community. Annual Flu Shots have been donated and given to the local community through our local Assemblywoman’s local district office.

Blood Pressure Screenings, Glucose Screenings, Nutrition Screenings were given throughout the community. Outreach Programs are presented at Senior Centers, religious organizations, civic groups, banks and other locations.
**MEETING COMMUNITY NEEDS con’t**

“**Smoking Cessation Hypnosis Seminar**” held at New York Community Hospital for community residents and staff. (NOTE: Tobacco Usage cessation programs to be expanded in conjunction with new Health Agenda Priority as selected by the hospital for three year planned project.)

Kings Bay YM-YWHA Participation in the National Senior Health and Fitness Day program, providing ways to improve one’s own health and fitness.

“**Brighton Jubilee**” Summers 2004 through 2009. Providing and participating in community event to provide residents with information regarding the warning signs and steps to follow to rule out any cardiac concerns. Blood pressure screening and breast cancer and diabetes information.

New York Community Hospital was the recipient of HANY’s “**Award for Excellence**” in the “**Breast Cancer Demonstration Project 2002**” and “**2003**” and was sited with a special recognition for it’s “Generosity to the Public”.

2006–2009 the Hospital focus on Women’s Health Care, and will continue to offer Alzheimer Screening and Decision Making Days.
Volunteer Program Services

The Volunteer Services Department at New York Community Hospital participates with many organizations and schools within our hospital community.

Services provided include the following programs.

Sheepshead Bay High School
The “Learn” Program for future nursing students.

Edward R. Murrow High School
The “Hospital Helper Program” for community service credits.

Youth Adult Institute
National Institute for people with disabilities. Young adults serve in volunteer positions to learn “on the job” training.

COJO Council of Jewish Organizations of Flatbush
Sponsored employment activities on an on-going basis throughout the year
Planned Partner Agency for Tobacco cessation programs over the next three years.

Board of Education City of New York
Summer Youth Employment Program
Provides students a valuable experience in the “world of work”, developing job skills and good work habits.

We will continue to strengthen and enhance the hospital services to the community and strengthen community outreach. New York Community Hospital plans to enhance its linkage with at least three of its neighboring Synagogues and Churches. The hospital plans to promote special care to Seniors in the community via health fairs, and to continue to offer and initiate new medical information lectures and seminars to members of the community and various organizations associated to the hospital.
MEETING COMMUNITY NEEDS

COMMUNITY

Programs Participated

Brighton Neighborhood Association
Brighton Jubilee Summers 2004—2009
Brighton Grandmothers Contest
Dime Savings Bank/Brighton Beach

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Hospital Volunteer Program
Sheepshead Bay High School
Edward R Murrow High School
Xaverian High School
Youth Adult Institute

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Madison High Schoo
Employment Program
Student Volunteers/Derech Ha Torah
Blossoms Girls ,Teen Volunteers
Bikur Cholim Volunteers
Blood Pressure Screening
Board of Education Summer Youth

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SPEAKER PROGRAM
Advance Directives
Young Israel of Flatbush
Bergen Beach Senior Program
Interagency Council for Seniors

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Legislative Office/Nostrand Avenue
Influenza Vaccine Programs for Seniors

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Nutrition
Harama Senior Center
Brookdale Senior Center
Glenwood Road Synagogue
Young Israel of Flatbush
National Health & Senior Fitness Day

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Physical Therapy
Harama Senior Center
Young Israel of Flatbush
Brookdale Senior Center

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Brooklyn Tenants Association
Kings Plaza Health Fair/May
Kings Plaza health Fair/Oct
Nutrition, Foot Exams
Advance Directives

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“Smoking Cessation Program” NYCH”
Hypnosis Seminar held at NY Community Hosp.
Kings Bay Y
PSA Screening for Prostate Disease

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Resurrection R.C. Church
PSA Screening for Prostate Cancer
Public School 193
Health Fair
Boro Park Senior Center
Nutritional Education Seminar “Special Diets for Optimum Health”
# MEETING COMMUNITY NEEDS Con’t

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All the Community, Borough wide, City and Hospital programs mentioned demonstrate the added sense of responsibility of our Hospital staff, Advisory Board and Friends Auxiliary toward patients and the community who are many times neighbors and friends.

Health fairs held at local malls & at festivals draw thousands of people, some of whom participate in screenings, pick up health educational materials and inquire about services offered at our Hospital. Our community programs have benefited over 10,000 residents.
Physician Referral Information is available. Health Fairs and Screening held throughout the year, encourage the community to be more aware of its health. Participants receive basic screening that include blood sugar, blood pressure, glucose screening lung function, peripheral arterial disease screening, foot screening, Nutrition counseling and Advance Directive Workshops. Health fair participants found to be at risk are advised to consult a physician for follow up care.

**Physician Referral Service**

New York Community Hospital makes available a Physician Referral line. Many residents in the Brooklyn area do not have a personal physician. The Hospital’s physician referral service addresses their needs, offering information on available physicians participating in most specialties at the hospital.

The number is 1-888-NYCH-4-MD or 1-888-692-4463.
AREA ORGANIZATIONS/AGENCIES
New York Community Hospital
Outreach/Support/Volunteers/Health Education
PASTORAL CARE         HOSPITAL VOLUNTEERS  ADVISORY BOARD
FRIENDS OF NEW YORK COMMUNITY HOSPITAL

American Heart Association               Trustee Association of New York
American Cancer Society                  United Hospital Fund
American Diabetes Association            Healthcare Association of NY State
American Lung Association                Greater New York Hospital Association
Arthritis Foundation                     Greater Southern Brooklyn Health Coalition

United Scleroderma Foundation             Brooklyn Public Library
Interagency Council on Aging              Brooklyn Housing Family Services
Bergen Beach Youth Organization           St. Brendans Church
Young Israel of Flatbush/Home crest      Brooklyn Chamber of Commerce
Brighton Neighborhood Association        Brooklyn Borough President
Midwood Senior Center                    Community Boards #13, 14, 15
Harama Senior Center                     Greater Sheepshead Bay Development

House of Jacobs Senior Center            Alzheimer Resources Association
Hadassah, Brooklyn Region                 Council of Jewish Organizations
Nottingham Association                   United Way of New York City
Marine Park Civic Association            Assembly member Helene Weinstein

School District #21                      Assembly member Steven Cymbowitz
School District #22                       State Senator Carl Kruger

NYC Technical College, Human Services Interns
Edward R. Murrow High School

Resurrection Church, Gerritsen Beach     Madison High School
Kings Bay Y/Nostrand Avenue               Sheepshead Bay High School

Kingsborough Community College
Secretarial Interns

VAAD HARABONIN OF FLATBUSH
Bikur Cholim
NEW YORK COMMUNITY HOSPITAL

CHARITY CARE
(FINANCIAL AID)

New York Community Hospital provides both hospital and physician services to all patients seen in the following settings of the hospital: inpatient care, emergency services, ambulatory surgery, and referred outpatient. All of these patients, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliations, may be subject to charity care (financial aid).

The process for determining patient eligibility for charity care/financial aid and collecting patient debt will reflect New York Community Hospital’s commitment to treating all patients fairly and with dignity and respect.

Charity care/financial aid is not intended to be a substitute for existing government entitlement or other assistance programs. Based on the individual circumstances of each patient, every reasonable effort will be made to explore appropriate alternative sources of payment and coverage from third parties, and other public and private programs, to allow New York Community Hospital to provide care to persons in need without other payment alternatives.

The availability of charity care/financial aid does not eliminate personal responsibility. Eligible patients are required, whenever possible, to access public or private insurance options, and are expected to contribute to their care based on their individual ability to pay.

New York Community Hospital will employ a consistent process to consider an individual’s need for charity care/financial aid based on that individual’s documented demonstration that the charges for services provided cannot be covered by another payment source and that (s)he is unable to pay for those services.

New York Community Hospital will communicate the availability of charity care/financial aid to patients, the public in general, and local community service agencies. New York Community Hospital will maintain an accounting of the dollar amount charged as charity care.

Patients are deemed elective or non-elective. The elective patient is screened prior to service to determine ability to meet the financial requirements of the hospital. The non-elective patient (the vast majority seen in the hospital) will be treated at the hospital regardless of their ability to pay for services at the time they are rendered.

The hospital generates bills for all services rendered and expects full reimbursement from the patient and/or insurance carrier and/or governmental agencies, in accordance with regulations set forth by the federal, state, or local governments.

All patient coverage is reviewed for completeness and accuracy. If patients are in need of financial assistance they will be referred to Network Recovery, an affiliate of New York Presbyterian, as this hospital is, for Medicaid assistance.

While New York Community is a low charge facility, within the NY metropolitan area, we recognize that the charges are high, and present a sizeable financial burden to the patient who lacks adequate medical insurance coverage. The hospital also recognizes a basic responsibility to provide charity care (financial aid) for those in need.

-27- Refers to CSP Sec VI
Under these circumstances the hospital provides financial assistance (charity care) by reducing the published charges appearing on its bill. Financial aid (charity care) is not to be confused with bad debts. The reduction of a bill takes place prior to an account being referred to a collection agency for follow up. However, on occasion the hospital may recall a bill sent to an agency for further reduction or write-off.

As a member of the New York Presbyterian Network, the specifics of charity care and financial aid are those recommended and practiced by the Network and administered by the Network Financial Aid Group.

Although patients are primarily directed to contact the Network Financial Aid Group, the hospital will at times process a write-off directly after reviewing the forthright problems of a patient, taking into consideration the patient’s age, family status, health, living conditions, and basic resources including discretion exercised by key hospital personnel in Administration, Nursing, Finance, Social Work, and Patient Representative Departments.

For the Self Pay Patient being treated in Ambulatory Surgery the hospital forgives the House Doctor’s fee for Evaluation & Management Services.

**Education/Public Awareness**

New York Community Hospital will train appropriate staff members who are to implement this policy. Staff will be educated about the availability of charity care/financial aid and how to direct patients to obtain further information about the process.

Information about this policy will be made available in the Emergency and main Admitting Departments of New York Community Hospital.

New York Community Hospital will share information about this policy with appropriate community health and human service agencies and other local organizations that help people in need.

**New York Community Hospital is proud to provide quality care to all who need it regardless of their ability to pay. More information about the Hospital’s charity care guidelines may be obtained by calling 718-692-5331**

As noted in the Community Service Plan, New York Community Hospital has chosen to submit its current financial and charity care information as an addendum. These figures are in accordance with the figures reported in the (ICR) Institutional Cost Report.
Successes and Challenges

- New York Community Hospital (NYCH), is a member of the New York Presbyterian Healthcare System (NYPHS). Therefore, many of our practices, policies, and guidelines, pertaining to the Financial Assistance Program (FAP), mirror those at NYPH with some exceptions.

- The hospital is particularly proud of their efforts made in educating all patients, family members, and all hospital personnel about FAP. Signs are posted throughout the hospital in multiple languages, providing a brief introduction of the program and telephone numbers for contact purposes. Also, we provide all our patients with literature for which they sign for, once again introducing our program and telephone numbers for contact, at the time of every registration.

- We have trained on-site Financial Counselors to assist patients and their family members in applying for Medicaid and/or Financial Assistance. The Counselors will guide them in advising them of the necessary documentation needed and the rules of the program. They will also initiate any phone calls on the patient’s behalf to help expedite the process. It is an open door policy and appointments are not required. It is also the practice that the counselors, upon request, will visit patients while in-house to assist them in their financial needs.

- In addition, the Human Resources Department has initiated the introduction of the Financial Assistance Program, as part of orientation to all current employees as well as new hires, as part of the Hospital Wide Annual Mandatory Education Program.

- Despite our assistance to the patients in providing the necessary contacts and required documentation, NYCH is still left with the challenge of encouraging patients to follow through with financial aid applications, in order to receive the financial assistance they are entitled to.

- It is important to note, that NYCH will provide financial assistance to all patients that qualify even if they reside outside the hospital’s service area.

- There are occasions when a decision will be made by management to provide a 25% discount for self-pay patients who do not qualify for Medicaid or financial assistance. A 25% discount will also be offered to all patients who have no insurance but would like to pay out of pocket for elective procedures.

CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CARE/ACCESS TO SERVICES

- There have been no changes to the hospital’s operation or financial situation that would impact the care of the community, financial assistance and or access to healthcare.
Dissemination of the Report to the Public

Public Information

The hospital Comprehensive Community Service Plan will be made available in brochure or pamphlet format and put into specific brief concise language. This summary of pertinent information including the hospital’s health programs, Prevention Agenda priorities and other programs committed to public health agenda issues will be incorporated. The availability of financial assistance will also be incorporated into this summary. The CSP will be translated into the Russian language in order to accommodate the surrounding Russian speaking immigrant zip code communities of which more than 70% of our patient population is derived from.

HOSPITAL WEB SITE

- NYCH.COM, New York Community Hospital’s Web Site is a basic user friendly site allowing easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the Web Sites email webmaster address.

- This has been a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The Web site address is generally included in all advertising, mailings and print material generated by the hospital allowing for continued input from the public regarding all health needs.
### Dissemination of the Report to the Public

**Public Information Continued**

**Financial Data Disclosure indicating current and future projected financial commitment to Public Health Prevention Agenda Priorities**

SUBJECT TO CHANGE AFTER FURTHER NEEDS ASSESSMENT AND ON-GOING COMMUNITY INPUT

NY Community Hospital

(Community Service Plan
Projected Costs 2009-2011)

<table>
<thead>
<tr>
<th>Program</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Preparedness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYCH Staff</td>
<td>27,500</td>
<td>28,350</td>
<td>30,320</td>
</tr>
<tr>
<td>Equipment</td>
<td>25,000</td>
<td>30,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td><strong>Projected Costs for Emergency Preparedness</strong></td>
<td>127,500</td>
<td>133,350</td>
<td>145,320</td>
</tr>
</tbody>
</table>

| **Chronic Illness/ Diabetes Program** |       |       |       |
| NYCH Staff                          | 30,000| 32,500| 32,500|
| Printing & Distribution             | 2,500 | 5,000 | 5,000 |
| Supplies                            | 4,000 | 4,000 | 4,000 |
| **Projected Costs for Diabetes Program** | 36,500| 41,500| 41,500|

| **Tobacco Use Cessation Program**   |       |       |       |
| NYCH Staff                          | 21,000| 21,250| 21,500|
| Printing                           | 5,000 | 5,000 | 5,000 |
| Education                          | 15,000| 16,500| 18,000|
| Events                             | 20,000| 20,000| 20,000|
| **Projected Costs for Tobacco Cessation Program** | 61,000| 62,750| 64,500|

**Total Community Service Plan Projected Costs**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$225,000</td>
<td>$237,600</td>
<td>$251,320</td>
</tr>
</tbody>
</table>
FINANCIAL INFORMATION NOTES  
DOCUMENTATION AND REPORTING – YEAR ENDING 2008

Documentation

The Hospital’s Community Service Plan, including all required components shall be submitted to the Commissioner of Health. The Community Service Plan will be reported at Community Forums, to the Advisory Board and the media via public announcements. Future incorporation into the Hospital Web Site is planned.

Financial Resources

The Financial Resources of New York Community Hospital of Brooklyn, Inc. are indicated in the 2008 financial statements presented below. The total revenue for 2008 was $79,892,000 with related operating expenses of $74,876,000 resulting in an excess of revenues over expenses. See attached Addendum of financials.

New York Community Hospital continues to provide quality health care to its patient community regardless of the individual patient’s ability to pay. This has resulted in approximately $580,000 charity care costs during 2008 and 1,645,000 in bad debt.

Projected Charity Assistance for 2009 in excess of $650,000.  Refers to CSP Sec VIII –3

SEE NEXT PAGES FOR STATISTICS

INTEGRATED INTO FULL CSP PLAN ONLY

-32-  Refers to CSP Sec IX
ADDENDUM

COMMUNITY SERVICE PLAN
HOSPITAL FINANCIAL STATEMENT FOR REPORT YEAR 2008

NAME OF FACILITY: NEW YORK COMMUNITY HOSPITAL

I. **Revenue $000's**

- Patient Services Revenue NET 78,710 (exh 46)
- Other Operating Revenue (eg. investments) 1,182 (Exh 26A)

**Revenue (subtotal)**

79,892

II. **Expenses**

- Depreciation and Interests 2,373 (Exh 11: cc 042' 043 Excludes operating leases & rentals)
- Salaries & Benefits 47,964 (Exh 11 Sal)
- Supplies and Other Expenses 24,539

**Total Expense (Excludes Bad debt /Uncompensated Care):**

74,876 (Exh 28)

III. Details of Specific Revenue / Expense Items

- Government Grants Revenue 0
- Research and Medical Education Revenue 0
- Research and Medical Education Expense 0
- Bad Debt/Uncompensated Care 1645
- (Part 86-1.11(g)(1)(i)(a) – attachment 1)
- Charity Care
  (Part 86-1.11(g)(1)(i)((b) – attachment 1)
  
  **Free Care (Charity Care Hill-Burton) 580,000(Exh 46)**
  **Courtesy Care**
  
  **Community Benefits Revenue/ Expense 50,000**
  (e.g. community programs, health screenings, etc.)

**Total Charity Care:** (per financials)

630,000

**Total Revenue (includes I & II): CHCCP35ded in other opr. Rev.**

71,722

IV. **Assets**

51,530 (Exh 23)

- Liabilities and Fund Balances

51,530 (Exh 23)

V. **Capital – Equipment**

5,149 (Exh 23 not of accumulated depreciation)

- Land

8,300

- Buildings & Improvements/Construction

8,528

-33- Refers to CSP Sec IX
ADDENDUM

COMMUNITY SERVICE PLAN
HOSPITAL FINANCIAL STATEMENT FOR REPORT YEAR 2007

NAME OF FACILITY: NEW YORK COMMUNITY HOSPITAL
SUMMARY FINANCIAL STATEMENT 2008
$000’s

I. Total Revenue: (see attachment 1 of 2) * 79,892

III. Total Expenses: (see attachment 1 of 2) 74,876

V. Charity Care: (see attachment 1 of 2) * 580
(Excludes Community Benefits)

IV. Bad Debt/Uncompensated Care (see attachment of 1 of 2) 1645

NOTES:

1. Revenue - includes income from patient care billings, donation, and fund raising;

3. Operating Expenses – Includes: salaries/benefits, supplies, other expenses, depreciation and interests expenses on loans. Excludes: grants, research, and medical education

V. Charity Care - this accounting is a result of facility charity care policies reflecting expenditures associated with free care to patients not expected to pay their medical bills (e.g., patients without health insurance, or financial resources) See part 86-1.11(g)(1)(i)(b)

4. Bad Debt - reflects expenditures not collected from patients expected to pay their medical bills - uncollected medical charges (e.g., patients with some form of health insurance or financial resources…) See part 86-1.11(g)(1)(i)(a)

-34- Refers to CSP Sec IX
NURSING SERVICES PROVIDING CRITICAL NEEDS

New York Community Hospitals Nursing Service is committed to providing quality competent and compassionate care to the community. The Nursing Staff is knowledgeable about cardiovascular, respiratory and other disorders and utilize the latest technology. Nurses in specialty areas such as Intensive Care, Emergency Care, Operating Room and Ambulatory Surgery have special training and competency requirements. All are adept at assessment, treatment and evaluation of patient outcomes. Our goal is to promote and restore health through ongoing collaborative and interdisciplinary patient care and education. In some cases, our goal may be to support the patient and family through the end-of-life process. In all situations, collaboration among the entire health care team, including the patient and family, is critical to success.

Nursing is key in providing a courteous, helpful and respectful atmosphere for our patients and their families. We strive to promote a caring environment at all times. Since our patients are of a diverse population, including a variety of ethnic, cultural and religious backgrounds, we have programs in place to meet the special needs of our patients. Translators are available to assure appropriate communication and we have made a special effort to recruit and hire Bilingual Nurses since many of our patients speak Russian. All issues related to patient satisfaction are reviewed with staff on a regular basis.

Nursing is acutely aware of the importance of protecting patient rights and confidentiality. Patients have a right to care which respects their values and beliefs. Our role as patient advocate involves promoting communication between the patient and the health care team. The presence of Advance Directives is established and respected.

Nursing Service participates in Community Outreach Programs. Stroke Education, Blood pressure/glucose screenings and community health fairs meet the needs of our community. In addition, the Nursing and Employee Health Service Department participates in an annual community Flu Vaccination program.

Improvements in patient care services include the upgrading of telemetry, updating and replacing the PCU Monitoring System, implementation of “POD Units”, special observation areas at high risk for falls and the upgrade and additions to all bedside oxygen and suction wall units.

Proposed Goals and Objectives of the Nursing Service at New York Community Hospital will remain aggressive for 2008-2009. They include elements to achieve higher quality patient care, enhancement of services, enhanced management of finances and senior management operational responsibilities. Some of the more significant objectives will be:

* Implement increased strategies and policies addressing and ensuring full compliance with the additional National Patient Safety Goals.
* Enhancement to the Stroke Center by the New York State DOH.
Nursing Services Continued

◊ Enhancement of Dialysis Services.
◊ Expansion of the “POD” observation beds to all three Med Surg. Nursing Units to enhance patient safety through fall reduction. (Completed 2008)
◊ Strengthening of “Advanced Healing and Wound Care Program”.
◊ Enhance Emergency Services through tracking and reducing “time to admission”
◊ Implementation of strategies to ensure compliance with the CMS National “Core Measures” for patients with diagnosis of Pneumonia, Congestive Heart Failure and Myocardial Infarction.
◊ Strengthening of Emergency Preparedness plans through staff education.
◊ Strengthening of Nursing Education, Orientation and Competency Programs.
◊ Development of additional drug efficacy programs and effective strategies to reduce medication errors.
◊ Enhancement to the Falls Prevention Program
◊ Rapid Response Team program implemented throughout the hospital. (Completed 2008)
◊ Expansion and enhancement to Emergency Services Facility on Main Floor
PHYSICIAN SPECIALITIES

DEPARTMENT OF ANESTHESIA

DEPARTMENT OF PATHOLOGY

DEPARTMENT OF RADIOLOGY

DEPARTMENT OF MEDICINE

Internal Medicine
Allergy and Immunology
Cardiology
Dermatology
Endocrinology
Family Practice
Gastroenterology
Hematology
Infectious Disease
Oncology
Nephrology
Neurology
Pulmonary Disease
Rheumatology
Urology

DEPARTMENT OF SURGERY

General Surgery
Gynecology
Major Hand Surgery
Neurosurgery
Ophthalmology
Oral Surgery/Dentistry
Orthopedics
Otorhinolaryngology
Plastic and Reconstructive Surgery
Thoracic Surgery
Urology
Vascular Surgery

ALLIED HEALTH PROFESSIONALS

Podiatry

CONSULTATIVE SERVICES

Physical Medicine
Psychiatry

INPATIENT SERVICES

Medical & Surgical Care
Operating Room Suite
CCU/ICU
Progressive Care Unit
Laboratory Services
Pharmacy Services
Respiratory Service
Patient Relations
Social Work/Discharge Planning
Physical Therapy
Diagnostic Radiology
Nuclear Medicine
Ultrasound
CT Scan
Mammography

OUTPATIENT SERVICES

Ambulatory Surgery
Emergency Services
Laboratory Service
Diagnostic Radiology
Nuclear Medicine
Ultrasound
CT Scan
Mammography
COMMUNITY SERVICE PLAN
AS SUBMITTED FOR
September 2009

NEW YORK COMMUNITY HOSPITAL
2525 Kings Highway
Brooklyn, New York 11229
(718) 692-5300  Fax (718) 692-8454  TTY (718) 692-5389

Member NewYork-Presbyterian Healthcare System
Affiliate: Weill Cornell Medical College