



2013

## COMMUNITY SERVICE PLAN

### INTRODUCTION

Blythedale Children's Hospital is a specialty children's hospital located in Westchester County and dedicated to the diagnosis, care and treatment of children and adolescents with complex medical and rehabilitative needs. Blythedale is a leader in developing innovative, multi-disciplinary programs.

This Community Service Plan was prepared to meet the requirements of Section 2803 of the NYS Public Health Law, in accordance with updated guidance provided by the NYS Department of Health, as well as the Internal Revenue Service's Section 501 (r) requirements for a Hospital Community Health Needs Assessment.

As directed by the State Health Department, Blythedale's 2013 Community Service Plan addresses health improvement priorities from the State's *Prevention Agenda*, including those selected by a coalition of local community hospitals and other community representatives convened by the Westchester County Department of Health. However, as a specialty hospital serving children and adolescents, one of the priorities identified by the Westchester County Department of Health was not within Blythedale's mission and scope. Thus Blythedale has selected another priority from the State's Prevention Agenda which addresses an issue of concern to Blythedale's community of referring hospitals.

### MISSION STATEMENT

Blythedale Children's Hospital is dedicated to improving the health and quality of life of children. We change the lives of children with complex medical illnesses and disabling conditions through superb multi-disciplinary care, teaching, research and advocacy programs.

We are the only specialty children's hospital in New York State that provides the highest level of multi-disciplinary medical care and rehabilitation for children with complex medical illnesses and conditions. Working collaboratively in an environment that fosters excellence, our goal is to improve each patient's overall health, independence and quality of life, as well as provide hope to patients and families through superior outcomes—without regard to religion, race or ability to pay.

## **HOSPITAL SERVICE AREA**

As a specialty children's hospital, Blythedale's service area is widespread, with patients coming from the entire southern portion of New York State, as well as adjacent areas of New Jersey and Connecticut.

60%	New York City
28%	Hudson Valley
8%	Long Island
4%	Out of State

Since the vast majority of admissions to Blythedale come by referral from other hospitals, particularly the large medical centers in the metropolitan New York and Hudson Valley area, Blythedale's sense of need for services largely emanates from its community of referring hospitals and their physicians.

Blythedale's patient population reflects the ethnic and racial diversity of its large service area, as illustrated by its 2012 inpatient population:

5%	Asian
27%	Black or African-American
40%	Hispanic or Latino
20%	White
8%	Other

To address this diversity, the Hospital provides staff training in cultural diversity, interpreter services, dietary variety and other accommodations to support families from different cultural backgrounds while their children are patients at Blythedale.

## **COLLABORATIVE PLANNING PROCESS**

In addition to its referring hospitals, Blythedale also works closely with a variety of local agencies, notably the Westchester, Rockland and Putnam County Departments of Health, and the Westchester Child Health Advocacy Network, to identify community health priorities relevant to Blythedale's mission and services.

In January 2013, the Westchester County Department of Health convened a workgroup of local hospitals to select two priorities from the State's Prevention Agenda and collaboratively develop plans to address these priorities as part of the County Health Department's Community Health Assessment and the hospitals' Community Service Plans. In addition to workgroup meetings, the County Health Department also held a Health Care Summit on August 10<sup>th</sup> to gather additional community input. (See Appendix 1 for a more complete description of the county health planning process, a listing of workgroup meeting dates, participating agencies, as well as a list of attendees at the August 10<sup>th</sup> Health Care Summit.)

## IDENTIFICATION OF PUBLIC HEALTH PRIORITIES

Based on discussions at both workgroup meetings and the August 10<sup>th</sup> Health Care Summit, the following goals were selected as county-wide priorities:

- Promote Healthy Women, Infants and Children by increasing breastfeeding.
- Prevent Chronic Disease by decreasing the percent of Blacks and Hispanics dying prematurely from heart related deaths.

As noted above, the second priority initiative identified by the coalition assembled by the Westchester County Department of Health, related to chronic disease in the adult population, is not within Blythedale's mission and scope. Thus Blythedale has selected another priority from the State's Prevention Agenda which addresses an issue of concern to Blythedale's community of referring hospitals: prevent hospital acquired infections, specifically reducing infections caused by multidrug-resistant organisms (MDROs).

## PLANS OF ACTION

### **#1 Prevention Agenda Goal: Increase the proportion of NYS babies who are breastfed**

Only 43% of New York State infants were exclusively breastfed while in the hospital and breastfeeding rates diminish post-hospital discharge and over time. Breastfeeding has been shown to reduce the risk of various conditions over time in children, as well as reduce the risk to the breastfeeding mother of conditions such as breast cancer, type 2 diabetes, obesity and other conditions.

While Blythedale is not a "birth hospital," it does care for infants whose mothers have chosen to feed their children breast milk. In its new infant inpatient unit, the Hospital included a modern lactation room with private facilities for mothers to pump breast milk. A dedicated refrigerator is available for its storage, as well as a hospital-grade breast pump and supplies. The Hospital's physicians, nursing and social work staff and clinical dietician work with nursing mothers to facilitate this process. Blythedale human resources policies also support staff members who are nursing mothers.

While medical issues often create barriers to breastfeeding that are unique to Blythedale's patients, Blythedale plans to enhance its program of support to new mothers so that those who have chosen to breastfeed continue to do so as long as possible during their child's stay at Blythedale and have the necessary resources to do so upon discharge. As the Hospital serves a broad racial and ethnic cross-section of patients, this initiative will, to the extent possible, address disparities in breast milk feeding "success rates." Blythedale will also seek to promote and support breast feeding among its staff members who are new mothers.

### **Objectives**

1. By 2017, Blythedale will increase by 10% the percentage of breastfeeding mothers of infants admitted to the hospital who are still breastfeeding at discharge.
2. By 2017, Blythedale will increase by 10% the percentage of employees who are new mothers who utilize the Hospital's facilities to support their breastfeeding.

### **Interventions and Activities**

1. Promote awareness of benefits of breastfeeding with staff and patients' families by:

- Creating an educational resource binder for breastfeeding mothers to be placed in the Hospital's lactation room and Family Resource Center
  - Creating a self learning module on supporting breastfeeding mothers for medical and nursing staff to complete annually
  - Collaborating with the Human Resources Department to promote and support breastfeeding in the work-place
2. Enhance staff knowledge and education of supportive techniques related to lactation by sponsoring annual in-services for Blythedale staff by La Leche League instructors
  3. Identify and develop plans to address any racial, ethnic and economic disparities, as well as complex medical issues, which result in barriers to breastfeeding.
  4. Support lactating mothers in continuing and improving their lactation status during their child's hospitalization at Blythedale:
    - Collect 2014 baseline data on incidence of breastfeeding by mothers of Blythedale infant patients (including information on race and ethnicity) so as to be better able to set meaningful and measurable objectives and track the impact of interventions
    - Utilize a lactation consultant to provide individual counseling as needed
    - Improve documentation of breast milk provision in Hospital's electronic health record so as to be able to better track formula vs. breast milk provision
    - Obtain and distribute discharge breastfeeding/nursing bags to encourage continued breastfeeding after discharge from Blythedale
    - Refer interested mothers to lactation consultants in the community in preparation for discharge so that supports are available as needed.

#### **Performance Measures**

- The number, percentage and duration (in months) of patients admitted and subsequently discharged who receive some form of breast milk.
- The number and percentage of staff members who are new mothers who utilize Blythedale's lactation facilities
- The proportion of black and Hispanic breastfeeding mothers

#### **#2 Prevention Agenda Goal: Reduce infections caused by multidrug-resistant organisms (MDROs)**

Healthcare associated infections are the focus of many initiatives at the federal, state and hospital level. Of the various types of healthcare associated infections, those caused by multidrug-resistant organisms are the most appropriate target for Blythedale's efforts.

As have all hospitals, Blythedale has had an aggressive infection control program to address all causes of healthcare associated infections. This program has been extremely successful in controlling the incidence of such infections, critically important with Blythedale's population of children with complex medical conditions. (In 2011 the rate was 0.5, in 2012, 0.4). However, it requires constant vigilance to maintain this low rate. Blythedale will continue to seek ways to improve its ability to reduce infections caused by multidrug resistant organisms.

**Objective:** By 2017, Blythedale will maintain an incidence rate of less than 1.0 per 1,000 patient days for hospital-onset multidrug resistant organisms, including methicillin-resistant

Staphylococcus aureus (MRSA) infections and multidrug-resistant gram-negative bacterial infections.

### **Interventions and Activities**

1. Environmental:
  - Use ultraviolet light disinfection to reduce amount of microbial contamination of environmental services in patient care areas
  - Maintain an active hand hygiene program, including education in hand hygiene and its importance in reducing the spread of infections
  - Place patients identified with a MDRO on contact precautions in a private room or cohorted with patients with the same resistant organism.
2. Surveillance:
  - Perform and review screening cultures for patients with past history of infection/colonization with a resistant organism, upon admission and when medically indicated due to a change in medical status
3. Education
  - Provide staff education on MDROs, including routine feedback and data on infection rates
4. Policies and Procedures
  - Maintain policies and procedures to insure proper administration of antibiotics so as to limit MDRO development
  - As necessary, revise policies and procedures to reflect changes in the U.S. Center for Disease Control's guidelines.

### **Performance Measures**

- 100% terminal cleaning of all rooms (at patient discharge or transfer), as well as of isolation rooms bi-weekly
- 100% compliance with annual education, surveillance and antibiotic administration policies
- Hand hygiene compliance rate = 90% or above
- Quarterly reports will be made to the Infection Prevention and Control committee and information on HAIs will be posted on the Hospital's Intranet and on each nursing unit

### **DISSEMINATION OF THIS REPORT TO THE PUBLIC**

Details on Blythedale's community health programs and other hospital services are regularly featured on the Hospital's website and in the Hospital's newsletter. This Community Service Plan will be posted on Blythedale's website.

### **OTHER BLYTHEDALE COMMUNITY SERVICE HIGHLIGHTS**

Blythedale has provided a significant amount of community benefit programs, as evidenced through a variety of programs and services, including:

**Eat Well, Be Well:** To help reduce the prevalence of childhood obesity and prevent its long-term negative health effects, over the past seven years Blythedale has brought into numerous school districts throughout Westchester, Rockland and Putnam Counties its ***Eat Well, Be Well*** school-based nutrition education program. This program, with funding support from Kohl's Department Stores, provides school staff and students with the tools necessary to help children

develop healthy eating habits through a comprehensive curriculum developed by Blythedale's registered dietitians. This program has reached more than 50,000 students, as well as parents and school staff, with information on how to make food and lifestyle choices that will promote healthy living for a lifetime.

**Injury Prevention:** As part of its injury prevention activities, Blythedale sponsors fitting and installation checks for both regular and special-needs car seats on site at the Hospital, and Hospital staff have served as instructors in car seat technologist training courses in the lower Hudson Valley.

**CPR Training Center:** Blythedale has been a Community Training Center for the American Heart Association, providing training in Heartsaver CPR (cardio-pulmonary resuscitation), Heartsaver AED (automated external defibrillator) and Heartsaver First Aid. In addition to Blythedale staff, those trained include health care professionals, members of local police and fire departments, students at area schools and staff from various community agencies. Blythedale has also offered Pediatric CPR training for the community and health care professionals, and is a certified Pediatric Advanced Life Support (PALS) Training Center.

**First Responder Training Program:** Blythedale, in coordination with the Westchester Regional EMS Office, Westchester County Department of Environmental Services, and the NYS EMS for Children Program, has developed a special pediatric CME series for first responders of the Westchester EMS region. The series covers subjects vital to first responders, including traumatic brain injury, autism, technology and care of the infant or child, child abuse/neglect and child/infant safety during transfer. The courses are presented by Blythedale clinical experts, including physicians, nurses, therapists and other clinical experts.

## **MEDICAID SERVICES, CHARITY CARE AND OTHER HOSPITAL FINANCIAL ASSISTANCE**

As a major funder of services for children with special health care needs, Medicaid is a significant (75%) source of primary or secondary coverage for the majority of Blythedale's patients.

Consistent with its mission and federal and State requirements (*Public Health Law 2807(k)(9-a)*), Blythedale has developed guidelines that delineate the circumstances and procedures under which free or reduced cost care is available. (See Appendix 2 for Blythedale's Financial Assistance Policies and Procedures.) These guidelines are made available to all families upon registration, and Hospital staff provide counseling as necessary. Patients are also notified of Blythedale's Charity Care policies through notices on the Hospital's website and posters in English and Spanish in the Hospital's lobby and in patient registration and waiting areas. Interpretation services are available for patients needing information in languages other than English.

All patients having difficulty paying their bills are directed to Hospital staff who assist the family in completing a financial assessment and try to qualify the patient for assistance. Blythedale's Patient Assistance Fund and other special funds are also used to help children with various items where family resources are limited and insurance does not cover.

**APPENDIX 1**  
**Westchester County Health Planning Team**  
**January – October 2013**

On December 10, 2012 the New York State Health Commissioner Dr. Nirav Shah sent letters to all county health departments and local hospitals requesting within each County the joint collaboration with the development of the community health assessment and health improvement plans required for submission by November 15, 2013. Specifically, Commissioner Shah asked hospitals and local health departments to work together with local community partners on assessing community needs, identifying at least two local priorities, one of which should address a health disparity, and developing a plan to address the identified priorities.

To help support and coordinate this collaboration, the Westchester County Department of Health (WCDH) invited all sixteen Westchester County hospitals to attend a kick-off meeting on January 31, 2013. In addition, the three Federally Qualified Health Centers were also invited to attend. The meeting was held at the Westchester County Department of Health (10 County Center Road in White Plains).

At the first meeting Sherlita Amler, MD, Westchester County Commissioner of Health, welcomed all participants to the meeting. WCDH provided a brief overview of the prior planning process and the new requirements for both the health department and the hospitals specific to the development of community health assessments and community health improvement plans. The Planning Team supported working collaboratively on this project and during the past ten months has demonstrated its commitment by attendance at monthly meetings, participation in two conference calls and hosting a Health Summit entitled “Working Together Toward a Healthier Westchester.” In addition, the team has shared information, resources and updates through email and phone calls.

The team conducted an extensive review of all the health indicators contained in the Prevention Agenda. For each indicator, the team reviewed whether the County was below, meeting or exceeding the state established targets/goals, the estimated number of people affected by each indicator (when available), the County’s overall ranking for the indicator compared to other New York Counties, and the performance range within the State. The team often requested the Westchester County Department of Health to provide additional reports/analysis, including data at a sub-County level to allow a more complete understanding of the problem.

In addition to a thorough review of the data, the priorities selected included consideration of priorities that were attainable and that aligned with each agency’s mission and service area. With the diversity and the number of hospitals in the County, it was quite challenging for the team to select its priorities especially when for a number of indicators the data revealed only certain parts of the County being impacted. After careful deliberation and discussions, the following two priorities were selected:

1. Increasing Breastfeeding (Focus Area: Promote Healthy Women, Infants and Children) and
2. Decrease the Percentage of Blacks and Hispanics Dying Prematurely from Heart-related Deaths (Focus Area: Prevent Chronic Disease)

The team developed an agency profile that was distributed to community partners. The profile requested each agency to provide general agency information, such as hours of operations, office locations and service areas, as well as to include current activities, training and policies in place to support the selected priorities and any new activities planned. The team also invited community partners to a half-day summit that was devoted to sharing current activities/programs and to discuss what could be done to address the selected health priorities.

As part of its ongoing commitment to addressing the identified health priorities, the team is planning to continue meeting to review progress in implementing the improvement plans developed by each agency, to work together, when applicable, on planned activities, to discuss barriers to implementation and consider new strategies that could be adopted. The Team is also planning to regularly convene the attendees from the health summit to provide input and support on project implementation.

### **COMMUNITY HEALTH PLANNING MEETINGS**

<b>2013 MEETINGS</b>	<b>DATE</b>
Health Planning with Hospitals	Thursday, January 31, 2013
Health Planning with Hospitals	Thursday, February 28, 2013
Health Planning with Hospitals	Thursday, March 28, 2013
Health Planning with Hospitals	Thursday, April 25, 2013
Health Planning with Hospitals	Thursday, May 23, 2013
Health Planning with Hospitals	Thursday, June 27, 2013
Health Planning Team Conf Call (re: August Health Summit)	Thursday, July 11, 2013
Health Planning with Hospitals	Thursday, July 25, 2013
<b>Health Planning Summit</b>	Thursday, August 15, 2013
Health Planning with Hospitals	Thursday, August 22, 2013
Health Planning with Hospitals	Thursday, September 26, 2013
Health Planning with Hospitals	Thursday, October 10, 2013

**WESTCHESTER COMMUNITY HEALTH PLANNING COMMITTEE**

<b>ORGANIZATION</b>	<b>CITY, NY</b>
Blythedale Children's Hospital	Valhalla, NY
Burke Rehabilitation Center	White Plains, NY
Hudson Valley Hospital Center	Cortland Manor, NY
Lawrence Hospital Center	Bronxville, NY
Mount Vernon Neighborhood Center	Mount Vernon, NY
Northern Westchester Hospital	Mount Kisco, NY
Open Door Family Medical Center	Ossining, NY
Phelps Memorial Hospital Center	Sleepy Hollow, NY
Saint Joseph's Hospital	Yonkers, NY
Sound Shore Medical Center	New Rochelle, NY
St. John's Riverside Hospital	Yonkers, NY
St. Vincent's Hospital Westchester	Harrison, NY
Stellaris Health Network	Armonk, NY
Westchester Medical Center	Valhalla, NY
White Plains Hospital	White Plains, NY
Westchester County Department of Health	Mount Kisco, NY

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
AUGUST 11, 2013  
STAKEHOLDERS HEALTH PLANNING SUMMIT PARTICIPANTS**

<b>ORGANIZATION</b>
Affinity Health Plan
American Diabetes Association
American Heart Association
American Lung Assoc. POW'R Tobacco Cessation Center
Hagan School of Business, Iona College
Hudson Health Plan
Lower Hudson Valley Perinatal Network Children's Health and Research Foundation, Inc.
March of Dimes
New York Medical College School of Health Sciences and Practice
Pace University
Planned Parenthood Hudson Peconic, Inc.
POW'R Against Tobacco
Rye YMCA
St. Frances African Methodist Episcopal Zion Church
THINC
United Way of Westchester and Putnam
Westchester County Department of Social Services
Westchester County Office of Women
Westchester County Dept. of Senior Programs & Services
Yonkers Public Schools

**APPENDIX 2  
 BLYTHEDALE CHILDREN'S HOSPITAL  
 POLICY AND PROCEDURE**

Manual Code: Page 1 of 3
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<b>SUBJECT: CHARITY AND DISCOUNTED CARE</b>		
<b>EFFECTIVE DATE:</b> January 2013	<b>REVISED DATE:</b> November 2013	<b>SUPERCEDES:</b> January 2012

**I. PURPOSE**

Consistent with its mission and State and Federal requirements (NYS PHL 2807(K) (9-A) and IRS 501(R)), Blythedale has guidelines that delineate the circumstances and procedures under which free care and discounted (reduced cost) care are available.

**II. POLICY**

Blythedale is committed to maintaining financial aid policies that are consistent with its mission and that take into account a family's ability to pay for necessary medical services. This policy applies to families with a demonstrated inability to pay, as opposed to an unwillingness to pay, which is classified as bad debt.

The Hospital uses the federal poverty guidelines (FPG) to determine eligibility for both free and reduced cost care to patients. The current percentage of the FPG used in the charity care determination is 400%. Persons who meet this threshold and have no insurance or eligible benefits for a required service are eligible for free and discounted care.

**III. PROCEDURES**

**A. Eligibility for Financial Assistance**

Financial aid is intended to assist uninsured, under-insured and those who have exhausted their insurance benefits and do not otherwise have the ability to pay full charges as determined under the Hospital's qualification criteria as described in the attachment to this policy.

**B. Collections Policy**

1. Reasonable payment arrangements may be extended for amounts owed.

2. Collections agencies under contract with the Hospital will be required to follow the Hospital's financial assistance policy and provide information to patients on how to apply, where appropriate.
3. No account will be sent to collection if the patient has submitted a completed application for financial assistance, including any required documentation, while the application is pending.
4. Written notice will be provided at least 30 days prior to an account being sent to collection.
5. The collection agency will be required to have the Hospital's written consent prior to starting a legal action for collection.
6. Legal action may be taken by the Hospital when there is evidence that the patient or responsible party has income and/or assets to meet their obligation.

**C. Training**

The Hospital will provide training to staff that interact with patients about financial assistance, how to communicate its availability to patients and how to direct patients to the appropriate staff for assistance.

**D. Reports**

Patient Accounts will produce the following annual reports:

1. The number of patients who applied for financial assistance (both free and discounted care), the number who were approved and denied, and the amount of free and discounted care.
2. The number of Medicaid applications the Hospital helped patients complete and the number approved and denied.
3. Uncollected amounts in providing services to the uninsured and underinsured, including uncollected co-insurance and deductible amounts.

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Edward Ng  
Director of Patient Accounts

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John Canning  
Chief Financial Officer

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Regina M. Kelly  
Compliance Officer

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Larry Levine  
President and CEO

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Owen Gutfreund  
Chairman, Board of Trustees

# APPENDIX

## BLYTHEDALE CHILDREN'S HOSPITAL CHARITYCARE POLICY AND PROCEDURE

### Discounted Care

Blythedale uses 400% of the Federal Poverty Guideline (FPG) to determine a range of discounts off of the cost of care. The Discount for care is calculated using the following procedure:

- $(RCC \times \text{Hospital charges}) \times \text{Patient Responsibility\%}$

This process discounts the patient's bill to the hospital's cost. The application of the % of that cost would be the patient's responsibility.

\*(RCC = Ratio of cost to charge from the most current Institutional Cost Report (ICR) on file). The current RCC for Blythedale filed on New York State ICR Exhibit 51 is 0.4353 (Yr: 2012)

Persons eligible for reduced charge services will be responsible for the portion of the bill as shown on the scale below.

400% OF 2013 FPG		FAMILY SIZE							
		1	2	3	4	5	6	7	8
45,960	62,039	20%							
62,040	78,119	30%	20%						
78,120	94,199	40%	30%	20%					
94,200	110,279	50%	40%	30%	20%				
110,280	126,359	60%	50%	40%	30%	20%			
126,360	142,439	70%	60%	50%	40%	30%	20%		
142,440	158,519	80%	70%	60%	50%	40%	30%	20%	
158,520	174,599	90%	80%	70%	60%	50%	40%	30%	20%

### Patient Accounting: Charity Care:

Patient Financial Services (PFS) office will record patients who are eligible for FREE CARE under the financial class of "CC" (Charity Care) in the Meditech Bar System. Allowance for Charity Care @ 100% are as follows:

1. Total Charges x Current Hospital RCC (0.4353) Cost (Charity Care)
2. Total Charges - Cost Contractual Allowance Amount

### Patient Accounting: Discounted Care:

Patient Financial Services (PFS) office will record patients who are eligible for DISCOUNTED CARE under the financial class of "DC" (Discounted Care) in the Meditech Bar System. Allowances for Discounted Care are as follows:

1. Total Charges x Current Hospital RCC (0.4353) Cost.
2. Total Charges - Cost Contractual Allowance Amount.
3. Cost is then Discounted using the FPG 400% scale to determine the expense to the patient. This is the amount billed to the patient. This component of the AR is the patient's responsibility and is considered Normal AR.
4. The Discounted Care Component is the Hospital Costs (Step 1) less the Patient Responsibility (Step 2)

### Example of Patient Responsibility & Charity Care Component:

- Qualified family of 3 with annual reported income of \$65,000
- $(\text{Charges } \$1,000 \times \text{RCC } 0.4353) = \text{Hospital Cost } \$435.30$
- Patient Responsibility in accordance with FPG guideline listed above = 20% of Cost • Discounted Care Allowances Hospital Cost (\$435.30) - Patient % (\$87.06) = \$348.24
- Contractual Allowances Charges \$1,000 - Cost \$435.30 = \$564.70
- Patient Responsibility (AR) \$87.06
- HCRA (NYS surcharge 9.63%) \$8.38
- Total Patient Responsibility: \$87.06 + \$8.38 = \$95.44