

2013 COMMUNITY SERVICE PLAN



A Comprehensive Community Health Needs Assessment and Community Health Implementation Plan for:

NORTHERN DUTCHESS HOSPITAL
PUTNAM HOSPITAL CENTER
VASSAR BROTHERS MEDICAL CENTER

www.nealtn-quest.org

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HEALTH QUEST MISSION STATEMENT

To improve the health of the communities that we serve in the Hudson Valley by providing quality patient care based on our commitment to excellence, innovation and state-of-the-art technologies.

Health Quest is an organization that effectively addresses a wide range of healthcare needs presented by the 1.5 million residents in our collective and ever-widening patient service area. Health Quest was formed through an affiliation of three local hospitals: Northern Dutchess Hospital (Rhinebeck, NY), Putnam Hospital Center (Carmel, NY) and Vassar Brothers Medical Center (Poughkeepsie, NY).

In addition to the hospitals and their foundations, Health Quest also counts among its many partners a long-term care facility, a freestanding radiation oncology center, urgent care centers, a multispecialty medical practice and a home care service providing for the healthcare needs of our entire region.

Health Quest is committed to providing a continuum of care — care that is accessible, care that allows people in our community to stay close to home for all the healthcare services they need.



ABOUT VASSAR BROTHERS MEDICAL CENTER

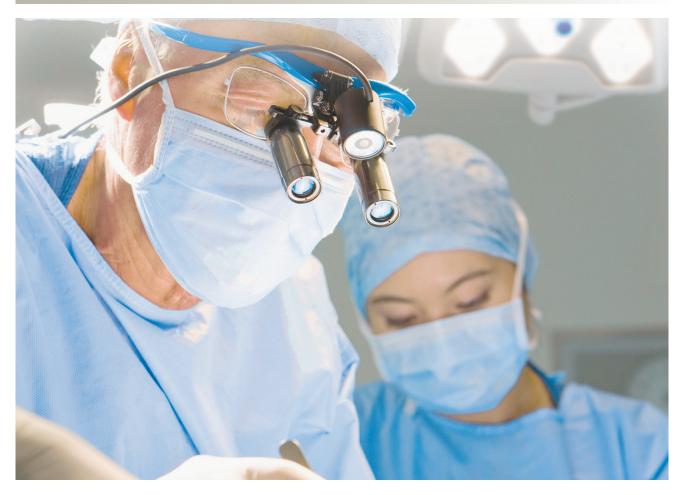


Vassar Brothers Medical Center (VBMC) is a 365-bed facility that has been serving New York's Mid-Hudson Valley since 1887. Located on the banks of the Hudson River, Vassar Brothers has established centers of excellence in cardiac services, cancer care and women and children's health services.

As a regional medical center, Vassar houses the area's first and only cardiothoracic surgery center between Westchester and Albany and delivers more babies than any other hospital between Manhattan and Montreal. Vassar has a state-of-the-art birthing center with private luxury maternity suites, each with a striking

view of the Hudson River, and a newly renovated and expanded outpatient cancer center. The Dyson Center for Cancer Care is designed to accommodate patients and their families while providing infusion therapy, radiation therapy, stereotactic radiosurgery and a wide variety of support groups.

ABOUT VASSAR BROTHERS MEDICAL CENTER



Vassar Brothers has the only Level 3 Neonatal Intensive Care Unit in the Mid-Hudson Valley and the only dedicated Pediatric Unit. The Medical Center houses the Center for Advanced Surgery, one of the most sophisticated operating rooms in the world and one of only a handful in the United States. The Vassar Brothers Wound Care Center, intended for the treatment of chronic, non-healing wounds, has one of the highest healing rates in the country. To its south is the Vassar Brothers Medical Mall, located at the intersection of Interstate 84 and Route 9. The facility houses the Fishkill Ambulatory Surgery Center, the

Vassar Brothers Imaging Center — which offers CAT scans, bone densitometry and mammography — radiation oncology, and the Vassar Brothers Center for Sleep Medicine.

VBMC has been recognized by Healthgrades many times for its excellence in cardiac surgery and has been deemed one of America's 100 Best Hospitals for Cardiac Surgery three years in a row (2012–2014). Healthgrades has also recognized VBMC's excellence in other fields, including critical care, stroke care, pulmonary care, surgery and treatment of medical issues like sepsis and gastrointestinal conditions.

VASSAR BROTHERS MEDICAL CENTER SERVICE AREA

VBMC's primary service area includes the southernmost half of Dutchess County, up to and including the town of Hyde Park, as well as the easternmost parts of Orange and Ulster counties. Like many communities in New York

State, the VBMC service area is experiencing minimal growth, with gradual declines in the numbers of young families and children.

Significant growth is expected in the volume of residents aged 65 and older.



ABOUT NORTHERN DUTCHESS HOSPITAL

Northern Dutchess Hospital (NDH) is a 68-bed acute care, community hospital located in beautiful Rhinebeck, NY.



NDH provides a comprehensive range of emergency, medical and surgical services offered through various specialty departments, including the Bone and Joint Center, Neugarten Family Birth Center, Emergency Department, Women's View Montgomery Street Health Annex, Breast Care Center, Dyson Center for Women's Imaging, Center for Healthy Aging, NDH Wound Care and Hyperbaric Therapy Center, Zipser Surgical Center, Sosnoff Cardio-Diagnostic Center, Outpatient Nutrition Department, Nasal and Sinus Center, Arthritis Center, NDH Sleep Disorders Center,

Paul Rosenthal Rehabilitation Center,
Outpatient Rehabilitation Center and our
medically based Fitness Center.

Nationally recognized, the hospital's Maternity service line celebrated its 25th anniversary in 2010 and maintains a five-star rating for the sixth year in a row in 2013 from Healthgrades, an independent healthcare ratings company. The Orthopedics department also received a five-star rating for total knee replacement for the seventh year in a row in 2013 and the third year in a row in 2013 for total hip replacement from Healthgrades.

healthgrades

NORTHERN DUTCHESS HOSPITAL SERVICE AREA

Northern Dutchess Hospital is accredited by the Joint Commission. It also holds the NY State Department of Health Stroke Center Designation. For rehabilitation services, the Paul Rosenthal Rehabilitation Center has consistently achieved the Top Performer Award from Uniform Data System.

As its name suggests, NDH's service area includes Dutchess County from Hyde Park north. It also includes several adjacent zip codes in Ulster County and some of the southernmost towns in Columbia County to the north. Like the neighboring VBMC service area, population growth is projected to be limited to people aged 65 and older.



ABOUT PUTNAM HOSPITAL CENTER



Putnam Hospital Center (PHC) is a 164-bed not-for-profit acute care hospital offering the highest-quality medical, surgical, psychiatric, pediatric and obstetrical/gynecological care, as well as 24-hour emergency services.

PHC serves a population of more than 150,000 men, women and children who live and/or work in Putnam, northern Westchester and southern Dutchess counties. It is Putnam County's largest employer, with a staff of over 360 highly qualified physicians, surgeons and allied health professionals and approximately 1,000 other employees.

PHC provides a comprehensive range of inpatient and outpatient services offered through various specialty departments that include the Orthopaedic Institute at Putnam Hospital Center, the Wagner Cancer Pavilion, the Cohn-Artzt Ambulatory Surgery Center, the Birthing Center, Emergency Department, PHC Imaging Center with ACR Breast Imaging

Center of Excellence, Partial Hospitalization
Program for Mental Health, Blood Management
Program, the Center for Wound Healing, PHC
Sleep Disorders Center, Pain Management
Program and four Outpatient Physical
Rehabilitation satellite facilities.

Nationally recognized, Putnam Hospital Center received the Outstanding Patient Experience Award™ in 2013 from Healthgrades, an independent healthcare rating company, as well as a variety of clinical awards. Accredited by the Joint Commission, New York State Department of Health and New York State Office of Mental Health, Putnam Hospital Center has been designated a New York State Department of Health Stroke Center.

healthgrades

PUTNAM HOSPITAL CENTER SERVICE AREA

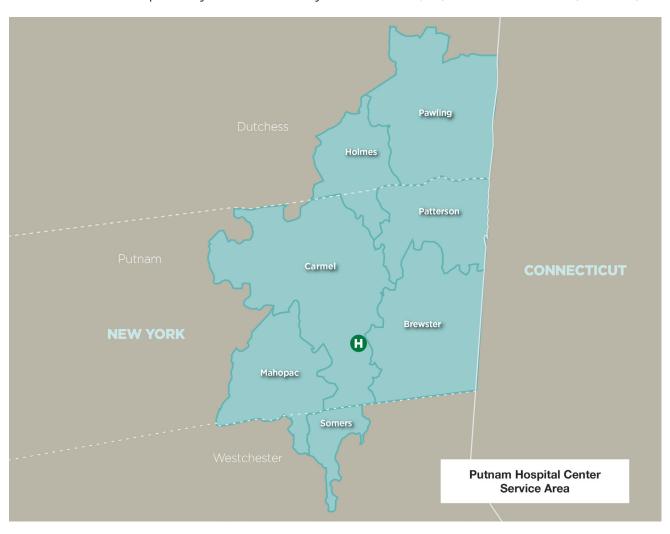
PHC is the only hospital in Putnam County.

Eighty percent of its patient population comes from the eastern half of Putnam County, with the service area extending north to the southeast corner of Dutchess County and south to select bordering zip codes in northern Westchester County. Data indicates that residents of the western half of Putnam County receive medical care primarily at Hudson Valley

Hospital Center and, to a lesser degree, other Westchester hospitals due to natural geographic and transportation barriers.

The population of the PHC service area is projected to decline, particularly among children and women of childbearing age.

The number of people aged 65 and older, however, is projected to increase significantly.



THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Health Quest hospitals participated in community needs assessments and community health improvement plans with both Dutchess and Putnam counties. Because the communities and processes involved varied between the counties, this document will discuss each county separately.









DUTCHESS COUNTY NEEDS ASSESSMENT

Vassar Brothers Medical Center; Northern Dutchess Hospital



The Integrated Community Assessment
Workgroup (ICA) was established in 2008 by
the Integrated Community Planning Workgroup
(ICP) to implement a countywide integrated
assessment. Its goal is to examine the local
health and human services system including
all aspects of the local environment — i.e.,
physical, legal, social, economic and health.
The assessment was achieved by conducting a
survey reaching out to a representative sample
of Dutchess County residents.

The ICP consists of health and human services public agency representatives, and the ICA consists of a smaller group of individuals from the lead agencies — Dutchess County Department of Health, Dutchess County Community and Family Services, Dutchess County Department of Mental Hygiene, Dutchess County Department of Probation, Dutchess County Department of Planning & Development, Dutchess County Office for Aging and Dutchess County Veterans Services,

as well as the Mental Health Association, the Dyson Foundation, the Foundation for Community Health, Health Quest and Saint Francis Hospital.

The ICP has been building upon other community assessment data, including the Many Voices One Valley Report, a project of the Dyson Foundation and the Marist College Institute for Public Opinion, to examine residents' priorities for the Mid-Hudson Region (http://www.manyvoicesonevalley.org/). Several independent assessments have been conducted over the years, notably:

- An annual countywide data document capturing available economic, educational and health data that impact children, youth, families and adults
- A community health assessment report issued every three years for selected indicators

In 2009, the County issued its first systematic and integrated assessment, accomplished via survey administration to a representative sample of Dutchess County residents. The results of the 2009 integrated assessment have fed the strategic planning process of each department involved, as well as the ICP. It also ensures that the Health and Human Services planning process is responsive to community strengths and needs and results in a plan that can be implemented successfully, where clear indicators can be tracked and benchmarked.

DUTCHESS COUNTY NEEDS ASSESSMENT

Vassar Brothers Medical Center; Northern Dutchess Hospital



In 2012, members of the ICA reviewed the questions from the 2009 survey. While some questions were discarded or added, care was taken to ensure that survey results would be compatible with the 2009 results for trending purposes. Once the survey questions were finalized, the group issued an RFP and retained a firm to conduct the survey. The firm made 11,227 calls between November 30, 2012, and January 18, 2013. They achieved a 10% response rate, including both land lines and cell phones. The raw data was submitted to the Dutchess Department of Health, where it was analyzed and compiled by their epidemiologist. On September 17, 2013, the Dutchess County Department of Health hosted a county-wide Community Health Improvement Plan Design Forum. The purpose of the forum was to review the results of the recent survey and develop a locally relevant, comprehensive action plan to improve the health and lives of the residents of Dutchess County. Representatives from various

agencies attended, including staff, management and physician representation from Health Quest, VBMC and NDH.

As a result of the survey and subsequent analysis, Dutchess County identified the following four priority areas:

- 1. Reduce Childhood and Adult Obesity
- Increase Access to Preventative Healthcare and Improve Management of Chronic Disease
- 3. Reduce Tick and Insect-related Diseases
- 4. Reduce Substance Abuse

While insect-related disease does not appear to fit into any of New York State's Preventive Agenda categories, it was by far the biggest health concern for Dutchess County residents who responded to the survey. We have, in order to be consistent with the Prevention Agenda structure, considered it to be in the Safe and Healthy Environment category.

THREE-YEAR PLAN OF ACTION

1. INCREASE ACCESS TO PREVENTIVE HEALTHCARE AND IMPROVE MANAGEMENT OF CHRONIC DISEASE:

Rates of hospitalization for diabetes have remained steady over the past five years and are similar to NYS on average. However, non-Hispanic Blacks are over twice as likely to become hospitalized and to die from diabetes as non-Hispanic Whites.

Priority Area: Prevent Chronic Diseases

Goal: Promote Use of Evidence-based Care to Manage Chronic Diseases

Reduce the overall rate of hospitalization for diabetes complications by 10%. Disparity: Reduce the overall rate of hospitalization for Black non-Hispanics by 15%

Performance Measures

Objective 1: Increase the number of newly diagnosed diabetics who are appropriately managing their disease

Indicator

Patients who have been diagnosed with diabetes within each year will have attended classes on diabetes management

Source

Patient self-report at time of program

Objective 2: Provide community education on prevention, recognition and management of diabetes

Indicator

Patients per year who have attended a Diabetes Prevention Program (CDC) will complete at least 9 out of the 16 sessions

Source

Attendance during the program sessions

Patients per year will have attended at least 3 of the 6 sessions of the Living with Diabetes Series

Attendance during the program sessions

THREE-YEAR PLAN OF ACTION

Action Plan

Objective 1

Activity	Target Date	Partners
Hire or train at least one Certified Diabetes Educator	06/31/2014	Hudson River Health Care (HRHC), American Association of Diabetes Educators (AADE)
Enhance Staff Skills through additional training	11/30/2013	Putnam Hospital Center, HRHC
Conduct 3 six-week AADE self-management classes in year one	12/31/2014	AADE, HRHC
Conduct 3 six-week AADE self-management classes in year two	12/31/2015	AADE, HRHC
Conduct 3 six-week AADE self-management classes in year three	12/31/2016	AADE, HRHC
Develop protocols to fast-track newly diagnosed diabetics into class	3/31/2014	HRHC, Health Quest Medical Practice, Community Primary Care Physicians
Develop protocol to refer patients for intensive care management for patients with poorly controlled diabetes, including any patient hospitalized	3/31/2014	HRHC, Health Quest Medical Practice, Community Primary Care Physicians
Utilize outreach materials and outreach methods to target high-risk communities with the CDC Diabetes prevention program. Work with HRHCare's team of "Community Health Workers" to outreach into this community (African American and Hispanic)	1/31/2014	HRHC, Health Quest Medical Practice, Community Primary Care Physicians

THREE-YEAR PLAN OF ACTION

Objective 2		
Activity	Target Date	Partners
Hold at least one Community Education Day in year one with at least 50 attendees	12/31/2014	Dutchess County Department of Health (DCDOH), St. Francis Hospital Institute for Family Health, HRHC
Hold at least one Community Education Day in year two with at least 50 attendees	12/31/2015	DCDOH, St. Francis Hospital, Institute for Family Health, HRHC
Hold at least one Community Education Day in year three with at least 50 attendees	12/31/2016	DCDOH, St. Francis Hospital, Institute for Family Health, HRHC
Other outreach opportunities as identified	Ongoing	Any/all

2. LYME AND OTHER INSECT-BORNE DISEASES:

Dutchess County residents have significantly higher rates of tick-borne diseases than NYS residents overall. In both the 2009 and 2012 Dutchess Community Surveys, Lyme disease and other insect-related diseases were identified by two-thirds of respondents as the top environmental concern.

Disease	Dutchess County	New York State
Lyme disease	147.9	64.9
Anaplasmosis	23.9	2.8
Ehrlichiosis	0.7	0.4
Babesiosis	17.8	3.2

THREE-YEAR PLAN OF ACTION

Priority Area: Promote a Safe and Healthy Environment

Goal: Promote Use of Evidence-based Care to Manage Insect-borne Disease Increase percentage of Dutchess County providers utilizing best practices treatments for tick attachments by 10%

Performance Measures Objective 1: Increase provider education and treatment consistency of tick bites and illnesses through promotion of CDC guidance Indicator Source Number of physicians following CDC guidelines will increase by 10% over baseline Number of physicians administering SDDT for every tick attachment will increase by 10% over baseline Annual survey

THREE-YEAR PLAN OF ACTION

Action Plan

Objective 1

Activity	Target Date	Partners
Host a county-wide continuing education event for physicians emphasizing best practices	12/31/2014	DCDOH, Tick Task Force, Dutchess County Medical Society
Design and implement an annual physician survey to measure tick attachment rates and compliance with CDC guidelines	3/31/2014	DCDOH, Tick Task Force, Dutchess County Medical Society
Provide additional training to physicians who indicate noncompliance via survey	Ongoing	DCDOH, Tick Task Force, Dutchess County Medical Society
Conduct at least one staff educational event on a tick-related topic in year one	12/31/2014	DCDOH, Tick Task Force
Conduct at least one staff educational event on a tick-related topic in year two	12/31/2015	DCDOH, Tick Task Force
Conduct at least one staff educational event on a tick-related topic in year three	12/31/2016	DCDOH, Tick Task Force
Distribute educational flyers to all Health Quest affiliated physicians	12/31/2014	HQMP, PHC, NDH

THREE-YEAR PLAN OF ACTION

Vassar Brothers Medical Center: Priorities Not Formally Addressed



1. REDUCE CHILDHOOD AND ADULT OBESITY.

While this issue is undoubtedly of great importance to the Dutchess County community, as indeed it is to so many communities, VBMC elected not to address this with a formal initiative at this time. We felt it was of a lower priority than other identified issues. We also had concerns about the lack of sufficient methodology to measure interim progress. We are, however, engaging

a segment of the community through our diabetes self-management program and hope to develop formal programming at a later date.

2. SUBSTANCE ABUSE.

Saint Francis Hospital has licensed mental health and substance abuse beds and provides extensive services to Dutchess County in these fields.

THREE-YEAR PLAN OF ACTION

Vassar Brothers Medical Center: Spotlight Programs

It is important to note that, while not formally chosen for detailed inclusion in this report, VBMC engages in many community benefit activities, some of which touch upon priorities identified during the CHNA process. We remain committed to our partnership with DCDOH and community agencies, and are willing to participate in any programs the hospital's resources can advance.

PEDIATRIC CHRONIC ILLNESS SUPPORT GROUPS

Pediatric Chronic Illness Support Groups are designed to bridge the gap between inpatient hospitalization and well visits, to ensure a continuum of care and optimum quality of care for chronically ill children and their families. The primary goal of the support groups is to provide psychosocial support through a variety of educational and supportive activities. They are patient- and familycentered, therefore the goals and outcomes of the program are personalized to the participants. The groups provide inclusive environments in which patients and families can openly share their experiences and feelings, thus discovering that they are not alone. Through these support groups, the Pediatric Unit staff strives to provide a continuum of care that stretches far beyond the walls of this hospital, and into the community we serve.

We provide the following support group programs to the community:

- ADHD support group
- Autism support group
- Juvenile Diabetes support group
- Cub's Place
- VBMC's chronic illness support group activities
- Arts for Healing



THREE-YEAR PLAN OF ACTION

Vassar Brothers Medical Center: Spotlight Programs

HANDS

HANDS is a self-help support group for parents who, for any reason, have suffered the loss of a baby during any stage of pregnancy or shortly after birth. Grief and loss take time to resolve. Networking with caring, supportive, bereaved parents with similar losses offers an opportunity to share experiences, emotions and information in a confidential, non-judgmental atmosphere.

Our meetings are the first and third Wednesday of each month in Conference Room A at VBMC from 6:30 PM to 8:30 PM.

We also offer other monthly support groups:

- SIDS support group
- Moving forward support group
- Difficult choices support group
- Miscarriage support group

THE STROKE SUPPORT GROUP

The stroke support group meets once a month on the second Wednesday from 11:00 AM to 12:00 PM in Conference Room B. Our group consists of stroke survivors and family members or caregivers of survivors. Members often share experiences and advice. The group helps members better cope and feel less isolated as they meet and interact with other people who share similar experiences. Each meeting has an educational component as well as a time for just sharing stories and discussing what the group would like moving forward.



THREE-YEAR PLAN OF ACTION



1. VACCINATE PREVENTABLE DISEASES— DECREASE THE BURDEN OF INFLUENZA:

In choosing its first initiative, Northern Dutchess Hospital deviated slightly from the DCDOH priorities. NDH is a small hospital (68 beds) with limited resources. In NDH's service area, 18% of its population is over 65, a number projected to rise to 23% in the next 10 years. NDH has a strong focus on caring for the senior community, with its affiliated 100-bed skilled nursing facility, its Center for Health Aging and its commitment to orthopedic and rehabilitative services. The hospital itself is a hub for senior activity and

a natural location for outreach to the senior population. While the most recent rates of immunization available meet the NYS 2017 objective, the county lags behind the statewide rate. NDH's implementation plan is designed to build on its existing policy of screening and immunizing all inpatients by expanding screening efforts to the emergency department. It will also gauge the need for community flu clinics, which appear to be less in demand due to inexpensive vaccines being offered by pharmacies.

THREE-YEAR PLAN OF ACTION

Priority Area: Vaccinate Preventable Diseases

Goal: Decrease the burden of influenza disease

Increase flu immunization rates by 10%. Disparity: Increase flu immunization rates among residents 65 and older by 10%

Performance Measures

Objective 1: Increase screening and vaccination of NDH patients by targeting outpatients

Indicator Source

Percentage of NDH patients vaccinated for influenza will increase by 20% over three years

Internal data

Objective 2: Increase community awareness of benefits of vaccine and community resources to receive vaccinations

Indicator Source

Attendance at community flu clinics will rise 10% over baseline (dependent on community need) over three years

Internal data, Regional pharmacy data

THREE-YEAR PLAN OF ACTION

Action Plan Objective 1 Activity Target Date Partners Determine baseline % of NDH patients who have received the flu vaccine 12/31/2013 VBMC, PHC, DCDOH Enact protocols to screen all ED admits for vaccination and provide vaccine according to state recommendations Increase the percentage of patients who receive the vaccine by 8% **DCDOH** Increase the percentage of patients who receive the vaccine by 14% over baseline **DCDOH** Increase the percentage of patients who receive the vaccine by 20% over baseline DCDOH (cumulative)

THREE-YEAR PLAN OF ACTION

Action Plan

Objective 2

Activity	Target Date	Partners
Develop at least one patient education campaign in year one	12/31/2014	DCDOH
Develop at least one patient education campaign in year two	12/31/2015	DCDOH
Develop at least one patient education campaign in year three	12/31/2016	DCDOH
Provide outreach to senior groups through lectures, mailings and other forums	Ongoing	DCDOH, Office of the Aging, Dutchess Connect
Hold at least one community flu clinic in year one (determine baseline attendance)	12/31/2014	DCDOH
Collaborate with community partners to offer flu clinics focused on the elderly	12/31/2014	DCDOH, Office of the Aging, Dutchess Connect
Hold at least one community flu clinic in year two, with attendance = 5% over baseline	12/31/2015	DCDOH
Hold at least one community flu clinic in year three, with attendance = 10% over baseline	12/31/2016	DCDOH

2. LYME AND OTHER INSECT-BORNE DISEASES:

Dutchess County residents have significantly higher rates of tick-borne diseases than NYS residents overall. In both the 2009 and 2012 Dutchess Community Surveys, Lyme disease and other insect-related diseases were

identified by two-thirds of respondents as the top environmental concern. While VBMC's initiative focuses on education of providers, NDH will focus on education of the patient. This two-pronged approach is hoped to have a positive impact on awareness and treatment.

Priority Area: Promote a Healthy and Safe Environment

Goal: Prevent Tick-borne Diseases in Dutchess County.

Promote Use of Evidence-based Care to Manage Insect-borne Disease

THREE-YEAR PLAN OF ACTION

Performance Measures

Objective 1: Educate NDH patients on tick attachment prevention and treatment options

Indicator Source

90% of people attending educational events will demonstrate increased knowledge of subject matter

Pre and post-testing

Action Plan

Objective 1

Activity	Target Date	Partners
Collaborate with DCDOH staff to create or adopt informational pamphlet for patients	12/31/2014	DCDOH, Tick Task Force
Develop protocol to disseminate information to all ED patients during tick season	12/31/2013	DCDOH, Tick Task Force
Conduct at least one patient education event in year one	12/31/2014	DCDOH, Tick Task Force
Conduct at least one patient education event in year two	12/31/2015	DCDOH, Tick Task Force
Conduct at least one patient education event in year three	12/31/2016	DCDOH, Tick Task Force
Prepare a display for the ED in year one	12/31/2014	DCDOH, Tick Task Force
Prepare a display for the ED in year two	12/31/2015	DCDOH, Tick Task Force
Prepare a display for the ED in year three	12/31/2016	DCDOH, Tick Task Force

THREE-YEAR PLAN OF ACTION

Northern Dutchess Hospital: Priorities Not Formally Addressed





1. REDUCE CHILDHOOD AND ADULT OBESITY.

While this issue is undoubtedly of great importance to the Dutchess County community, as indeed it is to so many communities, NDH elected not to address this with a formal initiative at this time. We felt it was of a lower priority than other identified issues. We also had concerns about the lack of sufficient methodology to measure interim progress. We are currently piloting an after-school fitness and nutrition program for adolescents and their parents, and we plan to revisit this issue as a possible initiative on a regular basis

2. INCREASE ACCESS TO PREVENTIVE HEALTHCARE AND IMPROVE MANAGEMENT OF CHRONIC DISEASE.

NDH has a robust program of support groups and lectures designed to improve management of chronic disease. The hospital also emphasizes education and prevention. However, due to its size and relatively limited resources, NDH did not elect to pursue a formal initiative at this time. We will revisit this regularly with the expectation that programs piloted at other Health Quest affiliates will prove viable at NDH.

3. SUBSTANCE ABUSE.

Saint Francis Hospital has licensed mental health and substance abuse beds and provides extensive services to Dutchess County in these fields.

THREE-YEAR PLAN OF ACTION

Northern Dutchess Hospital: Spotlight Programs

It is important to note that, while not formally chosen for detailed inclusion in this report, Northern Dutchess Hospital engages in many community benefit activities, some of which touch upon priorities identified during the CHNA process. We remain committed to our partnership with DCDOH and community agencies, and are willing to participate in any programs the hospital's resources can advance.

CHILD SAFETY SEAT CHECKS

Health Quest is pleased to offer ongoing child safety seat checks at Northern Dutchess Hospital, 6511 Springbrook Ave. in Rhinebeck. The free child safety seat checks are offered every Tuesday and Thursday evening from 6:30 PM to 8:30 PM by appointment only.

The FREE seat check is conducted by a National Certified Technician and includes:

- What type of safety seat or seat belt properly fits your child
- How to properly install your child's safety seat into your vehicle
- How to properly secure your child in the safety seat or belt
- The current recommendations for child safety and limits of your current safety seat

Technicians also provide information on child seat needs as they progress though different stages of development and solutions for children with special needs. We encourage you to get your child safety seats purchased, checked and installed four weeks prior to your due date. This will ensure you are fully prepared for your new arrival and will not be delayed at the hospital during discharge. Technicians educate you on proper installation, safety recommendations, current laws; and will check for recalls on your safety seat, make sure the seat is compatible with the vehicle manufacturer and explain the limits of your car seat.

Please bring your children so they can be fitted to their current seats. Please call (845) 475-9746 for more information and to schedule an appointment. Additional times and locations are available throughout the year.

HEALING STEPS SUPPORT GROUP

Optimal health includes mind, body and spirit. The Wound Care Center and Hyperbaric Therapy at Northern Dutchess Hospital strives to support spiritual well-being to patients and caregivers offering a mentored support group by a wound care nurse specialist and scheduled guest speakers. Please join in on our free Healing Steps Support Group to encourage patients, family members and caregivers emotionally and spiritually through all steps of wound healing. All are welcome. The Group meetings will be held at the Wound Care Center the last Tuesday of every month at 5:00 PM and are up to an hour in length. Please call Lauren Stephenson, RN, BSN, CWCN at (845) 871-3881 for further details and to RSVP.

THREE-YEAR PLAN OF ACTION

Northern Dutchess Hospital: Spotlight Programs



THE CENTER FOR HEALTHY AGING

The Center for Healthy Aging is a resource for patients 65 years old and older and their families. We provide inpatient, outpatient and transitional care for aging adults. After a full geriatric assessment, we share our insights and expert advice with patients, caregivers and primary care providers. Our director, Dr. Jodi Friedman, is a family practice physician with fellowship training and additional qualifications in geriatrics. The Center also includes Allison Gould, a Licensed Social Worker specializing in geriatrics and caregiver support.

In cooperation with hospitalists, primary care physicians, discharge planners and therapists, we help plan the safest hospital stay and discharge arrangements. In our assessments, we pay close attention to common geriatric challenges, like falls, changes in mental states, skin care and managing multiple prescriptions. Our goal is to provide additional care in the hospital while maintaining close contact with caregivers and primary care physicians to ensure safe, seamless continuity of care from hospital to home.

Primary care physicians typically consult our geriatricians to assist in the care of older adults. When contacted, we provide a full geriatric assessment and communicate a plan of care with primary care physicians and caregivers. Candidates who are eligible for referral are frail older adults who have experienced a change or decline in their functioning, memory loss and/or falls. We can also provide guidance on appropriate healthy screening guidelines for mature patients.

In order to correctly tailor our services, our geriatric specialists perform a comprehensive evaluation that provides a well-rounded understanding of the individual. We look at all areas of an older adult's life-health habits, medications, mental and physical functionality, social support, emotional health and living situation — to help him or her, and loved ones, adjust to the changes that accompany aging. Our goal is to help the older adult live the fullest life, and to help caregivers provide the best assistance. Our program goes where the care is needed — in the hospital, rehabilitation clinic or in an outpatient setting.

THREE-YEAR PLAN OF ACTION

Northern Dutchess Hospital: Spotlight Programs



Social work services are available at the Center for Healthy Aging to assist patients who are struggling with depression, anxiety, life transitions, bereavement and other emotional issues. Supportive counseling for the caregivers of our patients is also available.

We offer many other services to assist older adults, and can tailor these services to each individual's needs. Services available at Northern Dutchess Hospital include:

- Physical and occupational therapy, based on specific medical issues
- Parkinson's Disease Speech and Movement program

- Prevention of Falls program
- Medically based fitness center
- Alternative medicine therapies such as massage and acupuncture
- "Safe at Home" assessments in conjunction with the Rhinebeck Town Board
- Community education and events

For more information please call (845) 876-4745

We are located at 6529 Springbrook Ave., Rhinebeck, on the campus of Northern Dutchess Hospital.

PUTNAM COUNTY NEEDS ASSESSMENT

Putnam Hospital Center



In 2013, the Putnam County Department of Health (PCDOH) initiated and facilitated the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process with its community partners. The PCDOH has had a long-standing history of working with the community through its Live Healthy Putnam Coalition and Bioterrorism/Disaster Preparedness Task Force. These coalitions formed the basis to reach out to those individuals both at the organizational and individual level who wanted to participate in the MAPP planning process. Representatives from 70 agencies participated, including the Mental Health Association, American Cancer Society, Planned Parenthood, Putnam ARC, the United Way of Westchester & Putnam County,

the Visiting Nurse Service, the Veterans Task Force and multiple school districts, physician practices and hospitals.

The MAPP process uses four unique assessments to determine community priorities. The four assessments are: Community Health Status, Local Public Health System, Community Themes and Strengths and Forces of Change. These four assessments inform the development of the Community Health Improvement Plan (CHIP).

The public was engaged through web-based electronic surveys. Paper surveys were provided to individuals without computer access and to residents in waiting rooms,

PUTNAM COUNTY NEEDS ASSESSMENT

Putnam Hospital Center



at local events and meetings. Focus groups were conducted with targeted groups that represented a section of the Putnam population that was identified as high risk.

In June of 2013, the Putnam County Health Department and Putnam Hospital Center hosted a well-attended community health summit. Representatives from many community agencies were presented with survey and focus group results and then broken into groups to determine priorities and best practices interventions.

Through the MAPP process two overarching priorities were identified and served as a foundation for developing Putnam County's CHIP. They are:

- 1. Prevent Chronic Diseases
- 2. Promote Mental Health and Prevent Substance Abuse

Two Steering Committees, made up of dedicated community partners, were formed under the guidance of the PCDOH. Committee members worked to develop a formal CHIP Action Plan to address specific areas within each priority to focus on over the next five

years (2013-2017). Strategies and activities were identified with corresponding timelines and responsible parties to achieve specific measurable objectives.

With the input of Putnam Hospital Center and other community partners, the Putnam County Department of Health developed the following focus areas based on the identified chronic disease health priority:

- Focus Area One: Reduce Obesity in Children and Adults
- Focus Area Two: Promote Chronic Disease Self-Management education, including disparate populations
- 3. Focus Area Three: Reduce Illness, Disability and Death Related to Tobacco Use and secondhand smoke exposure

The following focus areas were developed in response to the identified mental health priority:

- Focus Area One: Promote Mental, Emotional and Behavioral (MEB)
 Well-Being in Communities
- 2. Focus Area Two: Prevent Suicides Among Youth and Adults

PUTNAM HOSPITAL CENTER: THREE-YEAR PLAN OF ACTION

Putnam Hospital Center has chosen its two Prevention Agenda Initiatives based largely on its well-developed mental health program.

1. PREVENT SUICIDES AMONG YOUTH AND ADULTS.

PHC already has screening for suicide risk in place for inpatients. Our objectives involve expanding the screenings to emergency patients, conforming to best practices and increasing community awareness.

Priority Area: Promote Mental Health and Prevent Substance Abuse

Goal: Increase Suicide Risk Assessment, Prevention and Intervention Reduce the suicide rate of adults in Putnam County

Objective 1: Increase Internal Screening and Communicatio include outpatients		
Indicator	Source	
100% of PHC patients will be screened for suicide risk	Internal EMR data	
100% of PHC patients with a positive screening will receive a mental health consult and appropriate referral	Internal EMR data	
bjective 2: Increase community aware suicide and available reso		

THREE-YEAR PLAN OF ACTION

Action Plan

Objective 1

Activity	Target Date	Partners
Change EMR to include best practices Columbia Suicide Severity Rating Scale	12/31/2013	None Required
Develop protocols for referrals for positive screenings	Med-Surg done; ED 12/31/2013	None required
Add suicide hotline information to discharge materials given to all patients	12/31/2014	PCDOH, Mental Health Association
Develop a process for education and training of nurses who provide care and treatment to people at risk for suicide (in a psychiatric setting)	12/31/2014	PCDOH, Mental Health Association

Objective 2

Activity	Target Date	Partners
Host or sponsor at least 1 SAFE talk, 1 ASSIST and 1 Project Connect community class in year one	12/31/2014	PCDOH, Mental Health Association, Putnam Family and Community Services
Host or sponsor at least 1 SAFE talk, 1 ASSIST and 1 Project Connect community class in year two	12/31/2015	PCDOH, Mental Health Association, Putnam Family and Community Services
Host or sponsor at least 1 SAFE talk, 1 ASSIST and 1 Project Connect community class in year three	12/31/2016	PCDOH, Mental Health Association, Putnam Family and Community Services
Host at least one professional education event in year one	12/31/2014	Community Health providers, PCDOH
Host at least one professional education event in year two	12/31/2015	Community Health providers, PCDOH
Host at least one professional education event in year three	12/31/2016	Community Health providers, PCDOH

THREE-YEAR PLAN OF ACTION

2. REDUCE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE

Priority Area: Prevent Chronic Diseases

Goal: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Reduce the percentage of County Residents who self-report as smokers.

Disparity: Reduce the percentage of those with poor mental health who smoke

		ling the NYS Quitline by 10%
Indicator		Source
Improvement o	over baseline of calls tagged with PHC	NYS Quitline
Objective 2 Indicator	2: Increase the number of PHC mental hea assistance to quit smoking by 15%	Ith patients who seek Source
IP and partial r	program patients who call the Quitline	Internal data,
	y 10% over baseline	NYS Quitline
will increase by		

THREE-YEAR PLAN OF ACTION

Action Plan

Objective 1

Activity	Target Date	Partners
Adopt 5A questions into EMR	12/31/2014	VBMC, NDH
Obtain baseline data from NYS Quitline	12/31/2013	NYS, PCDOH
Insure that all smoking patients are referred to NYS Quitline	N/A	None required
Increase calls to Quitline from PHC patients 4% over baseline by end of year one	12/31/2014	PCDOH
Increase calls to Quitline from PHC patients 7% over baseline by end of year two	12/31/2015	PCDOH
Increase calls to Quitline from PHC patients 10% over baseline by end of year three	12/31/2016	PCDOH

Objective 2

Activity	Target Date
Develop protocol to screen all partial program patients for smoking and NYS Quitline use to determine baseline	12/31/2013
Develop pre- and post-program questionnaire using Likert scale	12/31/2013
Develop protocol to refer all partial program patients who self-report as smokers to the NYS Quitline and the PHC support group	12/31/2013
Increase calls to Quitline from partial program patients 4% over baseline by end of year one	12/31/2014
Increase calls to Quitline from PHC patients 7% over baseline by end of year two	12/31/2015
Increase calls to Quitline from PHC patients 10% over baseline by end of year three	12/31/2016

THREE-YEAR PLAN OF ACTION

Action Plan Objective 3 Activity Target Date Partners Notes Work with community partners to PCDOH, POW'R identify appropriate facilitator and Cessation Center, best practices for support group Open Door Obtain a first-year enrollment of 20 12/31/2014 PCDOH, POW'R smokers with 25% smoke-free after Cessation Center, six months Open Door PCDOH, POW'R Obtain a second-year enrollment of 25 smokers with 25% smoke-free Cessation Center, after six months Open Door PCDOH, POW'R Obtain a third-year enrollment of 30 smokers with 25% smoke-free Cessation Center, after six months Open Door

PUTNAM HOSPITAL CENTER: THREE-YEAR PLAN OF ACTION

Putnam Hospital Center: Priorities Not Formally Addressed



1. REDUCE OBESITY IN CHILDREN AND ADULTS.

PHC is actively involved in encouraging healthy eating and activity levels, particularly in children. We will continue these activities, including our annual PHC Reservoir Classic 5-Mile Road Race and our popular, well-attended Kids' Day, which occurs every summer and places heavy emphasis on exercise and a healthy diet. PHC did not formally select this as an initiative because we do not feel a sufficient methodology yet exists to measure progress.

2. PROMOTE CHRONIC DISEASE SELF-MANAGEMENT EDUCATION, INCLUDING DISPARATE POPULATIONS.

PHC conducts numerous activities relating to chronic disease prevention and management, including support groups, lectures, displays and special events.

While we are always striving to increase attendance at these events, we do not have any particular initiative tied to this effort as we felt other focus areas were of higher priority.

3. PROMOTE MENTAL, EMOTIONAL AND BEHAVIORAL (MEB) WELL-BEING IN COMMUNITIES.

PHC has been and will continue to be a strong proponent of this initiative. We are active in multiple community coalitions and work closely with both PCDOH and the County Mental Health Department, and will participate in the county's stated objectives for this focus area. PHC did not list this as a formal initiative because the county's objectives do not include active, measurable roles for the hospital at this time.

PUTNAM HOSPITAL CENTER: THREE-YEAR PLAN OF ACTION

Putnam Hospital Center: Spotlight Programs



It is important to note that, while not formally chosen for detailed inclusion in this report, Putnam Hospital Center engages in many community benefit activities, some of which touch upon priorities identified during the CHNA process. We remain committed to our partnership with PCDOH and community agencies and are willing to participate in any programs the hospital's resources can advance.

- Putnam Hospital Center include a semiweekly Arthritis Exercise Program, which is run under the auspices of the Outpatient Rehabilitation Services Department.

 Designed by the Arthritis Foundation, the ongoing exercise program specifically uses gentle exercises to help increase joint flexibility and increase overall stamina while providing a support network specifically for people with arthritis.
- Community education programs offered by Putnam Hospital Center cover a wide range

- of topics. A fall Orthopedics Seminar featured the latest surgical techniques and equipment in orthopedics and included information on blood management in orthopedic surgery. Five orthopedic surgeons discussed everything from hip and knee replacement to shoulder, spine and hand surgery and answered questions from the attendees.
- The annual Kids' Day at PHC event is a festival of health and safety demonstrations interspersed with kids' crafts, games and entertainment. Attended by approximately 2,500 parents and children, the event provides children with interactive tools to learn about all aspects of their own wellness while having fun. Kids' Day provides information to the community on healthy child lifestyle choices including food, activities and education. A community needs survey is distributed to participants of Kids' Day to determine activities and educational opportunities for the coming year.

IN CONCLUSION

Health Quest hospitals meet on a regular basis with community agencies and stakeholders. Each hospital has a Community Health Needs Committee (CHNC) with representation from board members, the executive team, hospital staff and community representatives. The committees meet at least quarterly and often include representatives from the local health departments as attendees. By charter, the CHNCs are tasked with overseeing the development and updating of community health needs assessments, monitoring the hospitals' responses to the assessment to ensure that identified healthcare needs are being met, and reporting back to the hospital and Health Quest boards. Additionally, representatives from all hospitals participate in community boards and task forces that keep them in regular touch with community partners. The CHNCs will regularly review progress toward the goals stated in this document and determine if any changes to objectives are required. Board approvals of this document have been issued and are on file.

This Community Service Plan will be made available to the public through inclusion on the Health Quest website, located at www.health-quest.org. Health Quest wishes to extend its sincere thanks to the Dutchess County Department of Health and the Putnam County Department of Health, without whose contributions and assistance this report would not be possible.



