



# Cortland Regional MEDICAL CENTER

*The Center of Your Care*

## Community Service

### *Three-Year Comprehensive Plan 2009-2011*

#### Mission

**Cortland Regional Medical Center provides quality healthcare with skill and compassion, meeting the lifelong healthcare needs of all citizens of Cortland and the surrounding communities.**

#### Vision

**Cortland Regional Medical Center will be the best choice for Quality Healthcare.**

#### Strategy Statement

**Patient Centered and Performance Focused.**



**CORTLAND REGIONAL MEDICAL CENTER**  
**COMPREHENSIVE COMMUNITY SERVICE PLAN**  
**2009-2011**

***INTRODUCTION***

Cortland Regional Medical Center's Comprehensive Community Service Plan is prepared to comply with New York State Public Health Law, which requires all New York State hospitals to produce a Comprehensive Community Service Plan every three years. Cortland Regional Medical Center is proud to utilize this opportunity to demonstrate its commitment to meeting the health care needs of the Cortland community and surrounding area.

In April 2008, New York State Commissioner of Health, Richard Daines, M.D., launched the "Prevention Agenda for the Healthiest State," establishing priorities to improve the health of all New Yorkers. Commissioner Daines has enlisted hospitals and local health departments to engage in collaborative efforts to address these priorities. Cortland Regional Medical Center's Community Service Plan describes the Medical Center's participation with community partners to assess community needs and sets forth Prevention Agenda Public Health Priorities for the local community, which have been established in response to a community needs assessment and in consultation with the Cortland County Health Department. The information contained in this report is intended to inform the community about the process undertaken to identify and prioritize the community's healthcare needs and the plans Cortland Regional Medical Center has developed to address the most urgent needs.

Copies of CRMC's Community Service Plan are available at local public libraries and in the Medical Center's in-house library. Summaries are also made available to community agencies through the Seven Valleys Health Coalition and at locations within the Medical Center. Additionally, this document is posted on the CRMC website at [www.cortlandregional.org](http://www.cortlandregional.org). CRMC invites public comment on this report, as well as on the organization, its services, and community involvement. Comments and inquires can be submitted to:

Thomas Quinn, Director of Marketing  
Cortland Regional Medical Center  
134 Homer Avenue, Cortland, New York 13045

## ***OUR MISSION***

Cortland Regional Medical Center provides quality healthcare with skill and compassion, meeting the lifelong healthcare needs of all citizens of Cortland and the surrounding communities.

## ***OUR VISION***

Cortland Regional Medical Center will be the best choice for Quality Healthcare.

## ***STRATEGY STATEMENT***

Patient Centered and Performance Focused.

## **REAFFIRMATION OF MISSION STATEMENT**

Cortland Regional Medical Center has long recognized its role as a general community hospital; however, the services provided to the community have changed greatly in the 118 years since the hospital was established. The Medical Center's Mission Statement has, therefore, been updated periodically to reflect those changes. The Board of Trustees initially approved the Medical Center's current Mission Statement in 2003, along with its Vision Statement and Strategy Statement. As part of the strategic planning process in November 2008, the Board reaffirmed that the Mission Statement continues to reflect accurately the Medical Center's mission, and at the same time, reaffirmed the Vision and Strategy Statements.

CRMC's mission is stated in succinct and clear terms so that all associated with the organization can easily remember it and rely on it as a touchstone for decision-making. The current Mission Statement reflects the role of Cortland Regional Medical Center as the leading provider of healthcare services in the greater Cortland community. The Vision Statement is similarly simple, making it useful to trustees, managers, and staff in considering how CRMC will deliver healthcare now and in the future. The accompanying Strategy Statement serves as an overriding guide for the development of strategies to fulfill the Medical Center's mission and realize its vision.

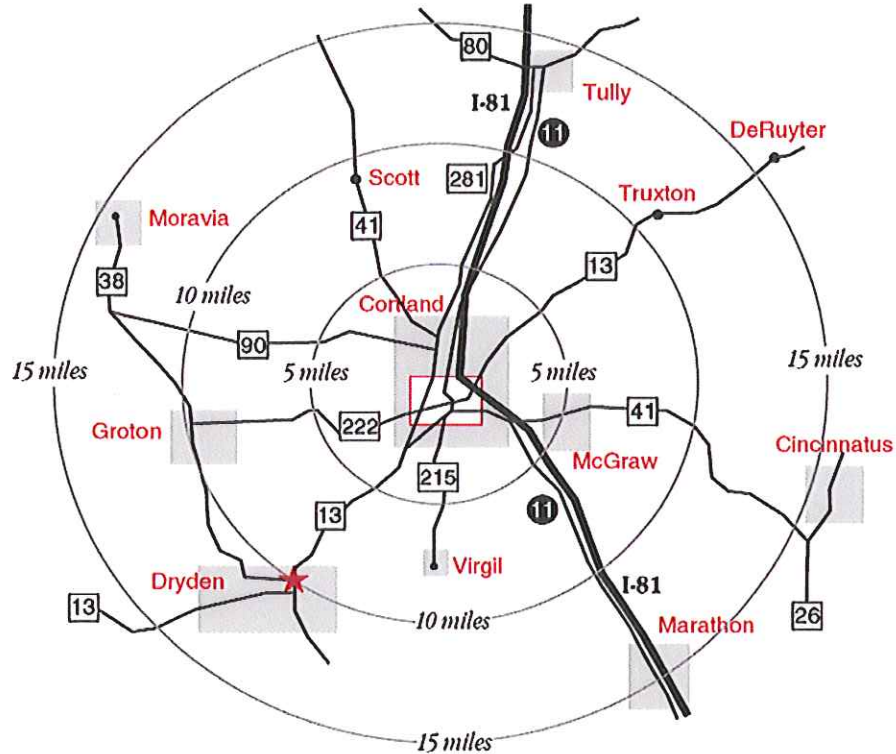
## SERVICE AREA

### HOSPITAL SERVICE AREA

Cortland Regional Medical Center is located in the City of Cortland, County of Cortland, in the central region of New York State. The Medical Center is approximately 35 miles south of Syracuse, New York; 40 miles north of Binghamton, New York; and 24 miles northeast of Ithaca, New York. As the only hospital in Cortland County, CRMC is federally designated a sole community hospital. The Medical Center serves all of Cortland County and neighboring parts of seven contiguous counties, including Onondaga, Madison, Chenango, Broome, Tioga, Tompkins, and Cayuga.

### DESCRIPTION OF SERVICE AREA

Cortland Regional Medical Center defines its primary service area as an 18-zip-code area in and around Cortland proper. It accounts for approximately 92% of Cortland Regional Medical Center's total inpatient admissions and approximately 56% market share. Cortland Regional Medical Center is committed to providing quality healthcare services by using available resources to meet the needs of the people who live or work in its service area.



## ***PUBLIC PARTICIPATION***

### **PARTICIPANTS**

Cortland Regional Medical Center collaborates with the Cortland County Health Department, SUNY Cortland, and the United Way for Cortland County to maintain an ongoing community needs assessment under the auspices of the Seven Valleys Health Coalition. A Community Assessment Team (CAT) comprised of the Medical Center's CEO and the Cortland County Public Health Director, as well as representatives from each of the other involved organizations, oversees the annual updating of the assessment. The first edition of *Cortland Counts: An Assessment of Health and Well Being in Cortland County* was released in 2001, and comprehensive assessments have thereafter been conducted every five years. In the years between full assessments, an abbreviated version, the *Community Report Card*, is published to provide updated highlights of the comprehensive assessment in an "at-a-glance" format. In July of 2009, the ninth annual *Community Report Card* was released, and the five-year comprehensive assessment is being prepared for publication in the fall of 2009.

### **OUTCOMES**

A Blue Ribbon Committee (BRC) that includes broad community representation was established in 2002 to review the *Cortland Counts* assessment in light of data provided by focus groups and citizen surveys conducted by the Community Assessment Team, as well as other community research and feedback. Using both subjective and objective data, the BRC set priorities and developed a Strategic Plan that currently includes four broad tracks: Economic Development, Youth, Housing, and Health. A community organization, or coalition of organizations, is taking the lead to address each broad track:

The Cortland County Business Development Corporation is spearheading economic development initiatives.

The Cortland Area Communities That Care Coalition (CACTC) is coordinating efforts to improve services and expand opportunities for the youth in the greater Cortland community.

Several agencies are involved in addressing the need for better quality, affordable housing.

The Seven Valleys Health Coalition, in collaboration with Cortland Regional Medical Center, the Cortland County Health Department, Family Health Network, and other community-based agencies, is directing the focus on community health.

The Blue Ribbon Committee meets annually and invites the entire community to participate in redefining priorities and updating the strategic plan. *Cortland Counts* is a key document that the Medical Center and many community agencies utilize in setting priorities for the continuation of existing services and the development of new/enhanced programs and services.

## PUBLIC INPUT

- **Providers:** A Community Forum was held in January 2009 that included stakeholders representing each of the four Strategic Plan Tracks. Two additional meetings concerning the Health Track were held in February and May to ensure that the health goals had been clearly identified and were being addressed.
- **Community:**
  - ◆ Focus groups were held during the first six months of 2009. Participants were asked to identify their top three health priorities from the New York State Commissioner of Health's Prevention Agenda. The focus groups included:
    - 4-H Teen Council Members
    - CRMC Annual Meeting Attendees
    - Office of the Aging Advisory Board Members
    - Loaves and Fishes Clients
    - Youth in Foster Homes
    - Health and Human Service Agencies Leaders
    - SUNY Cortland Students
    - Charles Street and Lawrence House Residents
    - Salvation Army Clients
    - Meals on Wheels Recipients
    - LGBT Community Members
  - ◆ A voting booth was set up at the Cortland County Chamber of Commerce Business Showcase, and attendees were given tokens with dollar values of \$10, \$5 and \$1. Participants were asked to place their tokens in buckets representing the issues on which they would prefer to see their money spent. Ten dollars represented the highest need. Five hundred sixty-two (562) people provided their input by casting votes. An ongoing goal is to obtain input from a broader cross section of the community, both in data collection and distribution of information.

## BARRIERS TO CARE/GAPS IN SERVICE

### ➤ **Transportation:**

Lack of transportation continues to be a barrier to accessing services for many individuals in the greater Cortland community. Determining how many residents are unable to obtain healthcare because of transportation issues is an ongoing challenge. The County's not-for-profit agencies were surveyed in the spring of 2009 in an attempt to determine the impact on access to services caused by budget constraints and decreased funding as the result of the economic downturn. It was hoped this survey would produce data that would quantify the scope and nature of the transportation problem. While the responses provided valuable information about the agencies, their services, and the existence of waiting lists and programs that were no longer available, the survey was not as helpful as anticipated in defining the demographics or number of area residents unable to access care because of transportation issues. Obtaining this data is a continuing goal that can only be achieved by collaboration among Cortland Regional Medical Center, the Cortland County Health Department, SUNY Cortland, the United Way for Cortland County, and local physician practices. Strategies to gather information from residents of the outlying areas of the County must also be employed to understand the transportation barriers for those living on the periphery of the service area.

➤ **Mental Health Services:**

The inadequacy of mental health services in the Cortland community, particularly for children, was the primary topic of discussion regarding gaps in service. Expansion of existing clinics and exploration of partnering with larger medical facilities through telemedicine grant opportunities were discussed as possible solutions.

**PUBLIC NOTIFICATION OF OPPORTUNITIES TO PROVIDE INPUT**

Advertisements were placed in the local newspaper and announcements were distributed via e-mail and LISTSERVS. Public assistance programs were also encouraged to post the notifications and to advise clients of opportunities to participate. Upon evaluation, the process of notifying the public could be improved by placing notices where those residents whose access to healthcare is limited would be more likely to see them. Suggested locations include the County's Senior Centers, local Food Pantries, Cortland-Chenango Rural Services, and through contact with the faith community.

## *ASSESSMENT OF PUBLIC HEALTH PRIORITIES*

### CRITERIA OF PUBLIC HEALTH PRIORITIES

➤ Criteria:

- ◆ Focus groups identified each priority as one of the County’s most significant health issues.
- ◆ County Health Department measures related to health priorities support the public’s subjective opinion. That is, the priority-specific County measures published in *Cortland Counts* deviate from state and national benchmarks and Healthy People 2010 Goals.
- ◆ Medical Center internal data supports issues as priorities based on patient volume and utilization of services associated with them.
- ◆ Medical Center and County Health Department currently have resources required to significantly impact the issues and measure outcomes.

➤ Use of Data: Primary sources and utilization of data to target a population are as follows:

- ◆ Community Forum Health Track, Focus Groups, and Community Survey Results: Described previously, these provided subjective data regarding health priorities. Issues consistently considered as “top health priorities” included Access to Quality Healthcare, Healthy Mothers/Healthy Babies, Chronic Disease, Healthy Environment, and Mental Health.
- ◆ Cortland Counts 2009 Community Report Card: County statistics (see following table) that most significantly deviated from state, regional, national, and Healthy People 2010 Goals assisted in defining the County Public Health Priorities.

<i>Indicator</i>	<i>Cortland County</i>	<i>Upstate NY</i>	<i>NYS</i>	<i>National</i>	<i>Healthy People 2010 Goal</i>
Births to Women Receiving 1 <sup>st</sup> Trimester Prenatal Care	72.4%	70.0%	69.9%	83.2%	90%
Low Birth Weight Babies	8.5%	7.9%	8.3%	8.3%	5%
Cigarette Use in Women During Pregnancy	24.7%	16.3%	9.2%	22.4%	1%
*Colorectal Cancer Incidence					
Men	71.9	64.5	63.5	59.2	
Women	54.9	48.6	47.3	43.8	
*Lung/Bronchus Cancer					
Men	92.8	89.0	82.2	79.4	
Women	70.0	62.0	53.9	52.6	
*Cerebrovascular Disease Mortality Rate	63.2	43.9	34.0	46.6	48.0
*CLRD or COPD Mortality Rate	57.1	46.7	35.3	43.2	60.0
*Cervical Uterine Cancer	10.2	7.5	9.0	8.4	
*Prostate Cancer	174.1	174.8	170.3	163.0	

\* Rate per 100,000

- ♦ New York State’s Prevention Quality Indicators (PQI): Review of hospitalization rates by zip code for conditions generally considered preventable when good primary care is accessible (PQI) aided in determining health priorities. Because Cortland County is a HPSA for primary medical care (low-income population), the area’s PQIs are expected to be high. PQIs were determined using the following parameters:
  - The twelve conditions in the areas of Circulatory, Diabetes-Related, Respiratory, and Acute illnesses.
  - Cortland County zip codes individually and in sum.
  - Cortland Regional Medical Center’s service area zip codes individually and in sum.

Results:

- Conditions associated with highest PQI scores in the Cortland area are COPD, CHF, and angina (Admissions as Percent Expected: 171%, 92%, and 86%, respectively).
- Further assessment indicates that Cortland zip code 13045 is associated with highest COPD PQI (Admission as Percent Expected: 253%).
- Racial/Ethnic disparities are not indicated for any condition per PQI tool. Admissions as Percent Expected by Race/Ethnicity for Hispanic, African, Asian, and other groups were below population threshold.
- ♦ Cortland Regional Medical Center Data
  - Inpatient – Case volumes by service line (measured as discharges) were considered in identification of health priorities. Highest volumes of inpatient discharges have consistently included the following:

	2005	2006	2007	2008 (9 mos.)
Pulmonary/Medical	796	696	799	546
Cardiovascular Diseases	638	562	665	431
Obstetrics/Delivery	545	495	543	380
New Born	523	486	530	371

TREO Services 2009

Measurements of the Medical Center’s Ambulatory Care Sensitive Conditions (ACSC), those admissions that could have been treated as outpatients, were also considered in determining health priorities. Accessibility of primary care is a common reason for ASCS admissions, and as previously stated, Cortland County is a HPSA for Primary Medical Care (low-income). Data analysis indicates the following trends toward improvement in CRMC’s top ACSC Severity 1 cases.

<i>ACSC Severity 1 &amp; 2: Cases Per Medical 1000*</i>								
	2005		2006		2007		2008 (9 mos.)	
	CRMC	NYS	CRMC	NYS	CRMC	NYS	CRMC	NYS
<b>Pneumonia</b>	84.38	35.57	75.35	33.23	71.56	31.23	71.19	28.43
<b>COPD</b>	73.57	17.66	58.28	16.76	53.12	16.02	55.63	16.93
<b>CHF</b>	41.14	34.54	45.29	32.98	42.30	30.50	30.17	27.08
<b>Chest Pain</b>	29.64	49.48	23.39	48.91	29.90	49.77	24.05	46.68

\* TREO Services

- Ambulatory – Prompt Care is Cortland Regional Medical Center’s primary care program for non-emergency conditions. Extended hours of service (evenings, nights, and weekends) are available to supplement care provided at physicians’ offices during regular business hours. Members of the community who do not have access to a medical home often seek treatment through this service. Prompt Care’s patient encounter statistics were assessed in consideration of prevention priorities and demonstrate Cortland’s steadily increasing utilization of the program. This is described as follows and based on internal statistics:

***Prompt Care Patient Encounters***

2005	2006	2007	2008
9507	9936	11008	12529

Currently, 14% of patients seen in Cortland Regional Medical Center’s Emergency Department/Prompt Care Program lack health insurance. This compares to the most recent (2006) national average of 20% for emergency departments (Agency for Healthcare Research and Quality, July 2009).

A comparison of national, state, County and CRMC health insurance coverage statistics appears in the following table:

Uninsured individuals (18-64yrs) <sup>4</sup>		<b>2008</b>
U.S.		17.1%
NYS		14.5%
Cortland County		13.3%
<b>Uninsured Encounters at Cortland Regional Medical Center<sup>2</sup></b>		
Total encounters	<b>2004</b>	<b>2008</b>
	143,791	157,309
Number of uninsured encounters	13,433	11,199
% Uninsured encounters	9.3%	7.1%

<sup>2</sup>Cortland Regional Medical Center

<sup>4</sup>[www.cdc.gov/brfss](http://www.cdc.gov/brfss)

## SELECTED PREVENTION AGENDA PRIORITIES

Based on data analysis, the Cortland County Health Department and Cortland Regional Medical Center will collaborate on the following public health priorities:

- ***Chronic Disease:*** Focus will be on cardiac health, diabetes, and diseases of the lung.
- ***Access to Quality Health Care:*** Quality of nursing care at CRMC, Medicaid enrollment, access to providers, and sufficiency of providers and provider sites will be addressed.
- ***Healthy Mothers/Healthy Babies/Healthy Children:*** Provision of quality care, education, and sufficiency of providers and provider sites will be addressed.

## STATUS OF PRIORITIES

All priorities represent existing programs that will be supplemented by input and support from community partners.

## ***THREE-YEAR PLAN OF ACTION***

### **STRATEGIES FOR SELECTED PRIORITIES**

The priorities selected through the collaborative assessment process described in the previous section are all public health issues that have been recognized in the past as priorities for the greater Cortland community and to which CRMC and its community partners have dedicated resources.

#### **CHRONIC DISEASE**

Cortland Regional Medical Center and its community partners will focus on cardiac health, diabetes, and diseases of the lung. In particular, CRMC has implemented or is planning to implement new programs targeted to reduce readmission of patients for chronic conditions within 30, 60, and 90 days.

#### ➤ ***General Approaches to Improve Chronic Disease Management:***

- ♦ Transition Coach Program – CRMC is in the process of implementing a new program to assist patients suffering from chronic diseases, such as congestive heart failure, pulmonary lung disease, and diabetes, in making the transition from institutional care to informal care within the home. The Transition Coach will work with patients and their families on areas such as medication reconciliation, improved management of medical appointments, and how to look for red flags or triggers that might require a change in care or medical attention. CRMC secured grant funding to help implement this innovative model of coordinating care.
- ♦ Long Term Home Health Care Program (LTHHCP) – Cortland Regional Medical Center’s Long Term Home Health Care Program is designed to allow nursing home eligible individuals with chronic conditions to remain at home by providing nursing care, assistance of home health aides, physical therapy, and a variety of other services. Monitoring patients remotely via telemedicine is currently being considered to improve care provided to LTHHCP participants.
  - o Goal: Decrease readmission to the hospital at 30, 60, and 90 days.
  - o Measurement: Number of readmissions at 30, 60, and 90 days.
- ***Diabetes:*** Cortland Regional Medical Center works in collaboration with the Central New York Diabetes Prevention Partnership. The Medical Center’s Certified Diabetic Educator is an active participant in this coalition of providers of services to diabetics.
  - ♦ CRMC Diabetes Services – The Medical Center has been offering a comprehensive range of services to diabetics for more than 20 years. A Registered Nurse who is certified as a Diabetic Educator through the American Diabetes Association coordinates these services. CRMC committed significant financial resources over a two-year period to permit a staff RN to receive the training necessary to become certified. The range of services includes:
    - Outpatient Counseling – Individualized education regarding insulin/medication management, use of a glucometer, and general management of the disease.
    - Diabetes Self-Management Program – A four-week program that covers various aspects of managing diabetes, including medications; nutrition and meal planning; exercise; stress management; and eye and foot care.

- Diabetes Support Group – A monthly forum that provides an opportunity for diabetics and members of their families to discuss the challenges of living with diabetes.
- Follow up Telephone Consultations – CRMC's Certified Diabetic Educator follows up with each participant of the Diabetes Self-Management Program and every patient with whom the educator consulted while receiving treatment at CRMC. These telephone consultations provide patients the opportunity to address questions, concerns, and specific issues.
  - Goal: Increase the number of diabetics participating in these programs.
  - Measurement: Number of patients enrolled in diabetic education programs.

➤ *Cardiac Health:*

- ◆ RMP Cardiology Practice – Regional Medical Practice, P.C. (RMP) is an affiliate of Cortland Regional Medical Center that employs physicians and develops office-based practices. Through this vehicle, CRMC recruited a cardiologist to practice onsite, filling a gap in service for this specialty. The RMP Cardiology Practice provides a full array of non-invasive cardiac care, including cardiac diagnostics and pace maker monitoring. CRMC plans to expand this practice with the addition of a second cardiologist.
- ◆ Cardiac Rehabilitation Program – CRMC offers a Cardiac Rehabilitation Program for patients who are recovering from cardiac disease. The program provides a progressive exercise regimen under the supervision of a cardiologist and specially trained mid-level practitioner.
- ◆ Vascular Screening Program – Under the auspices of a proposed Cortland Rural Health Outreach Collaborative, a program will be instituted to increase early detection of carotid, aortic, and peripheral vascular diseases by conducting non-invasive diagnostic screening of adults over age 50 at community health screening events. Individuals identified as being at risk would be assisted in obtaining access to necessary diagnostic tests and procedures. CRMC will seek alternative funding sources to underwrite the cost of implementing this program.
- ◆ Congestive Heart Failure (CHF) Rehabilitation Program – CRMC proposes to follow the model outlined for the Vascular Screening Program to introduce a CHF Rehabilitation Program. Alternative funding will be sought to implement this program.
  - Goal 1: Disease prevention by increased participation in cardiac health and screening programs.
  - Measurement: Number of participants in cardiac health and screening programs.
  - Goal 2: Prevent progression of cardiac disease.
  - Measurement: Number of readmissions at 30, 60, and 90 days.

➤ *Lung Diseases:*

- ◆ Pulmonary Rehabilitation Program – Pulmonary Rehabilitation is an exercise program designed for patients with chronic pulmonary obstructive disease (COPD) to increase exercise tolerance and independence in activities of daily living and to decrease symptoms and utilization of medical resources. CRMC is seeking certification in order to expand its existing pulmonary exercise program. Certification involves an accreditation process to ensure the program meets national quality standards. A benefit of certification is that physicians will view the program positively and more readily refer patients to it.
  - Goal: Establish a certified Pulmonary Rehabilitation Program.
  - Measurement: Number of participants in the certified program.

- ◆ Smoking Cessation Initiative – CRMC, in collaboration with the Cortland County Health Department, has undertaken a broad-based campaign against smoking. A significant step in this process occurred in March 2006 when the facility became a smoke free campus. Components of CRMC’s smoking cessation program include:
  - Identify inpatient smokers; offer smoking cessation services during hospitalization.
  - Distribute nicotine replacement products.
  - Provide individual smoking cessation counseling by licensed Respiratory Therapists.
  - Offer the “Tobacco Free for Life” Program, a seven-week, comprehensive approach to quitting tobacco use.
  - Sponsor and host the annual “Great American Smoke-Out.”
  - Participate in anti-smoking campaigns at area high schools.
    - Goal: Reduce the number of smokers in Cortland County.
    - Measurement: Percent of County residents who smoke.

## ACCESS TO QUALITY HEALTH CARE

Cortland Regional Medical Center instituted a Nurse Residency Program to improve the quality of nursing care at CRMC. Additionally, the Medical Center will partner with community organizations to increase Medicaid enrollment, expand access to providers, and recruit new providers to ensure a sufficient number of primary care and specialty physicians to meet the community’s needs.

- *Nurse Residency Program for Graduate and Specialty Nurses:* CRMC has instituted a Nurse Residency Program for graduate nurses (GNs) and for experienced nurses wishing to specialize in maternity, intensive care, or the operating room. The residency allows GNs to spend a longer period of time being oriented to nursing in the hospital setting, giving them sufficient time to integrate critical thinking and priority setting with skill mastery and increased knowledge of disease processes before they are expected to carry a full patient load on their own. It also allows nurses with general medical/surgical experience to specialize under the guidance of a preceptor for a minimum of three months and as long as 12 months. The Nurse Residency Program places emphasis on improving health outcomes and quality of care for all patients but in particular for patients with CHF.
  - Goal: Reduce the rate of readmissions within 30 days for patients with CHF.
  - Measurement: Number of readmissions with CHF diagnosis.
- *Medicaid Enrollment:*
  - ◆ Employ a full-time Facilitated Enroller to assist individuals with the Medicaid enrollment process. The Cortland County Department of Health administers the grant that provides partial funding for this position.
  - ◆ Offer onsite consultations with Facilitated Enroller for Total Care. Initiated discussions with Total Care to offer similar service for its Managed Care for Medicaid Program.
  - ◆ Contract with AHC to assist inpatients who are Medicaid eligible to obtain coverage.
  - ◆ Participate in annual Health Insurance Fair to raise awareness of available coverage.
    - Goal: Reduce the number of uninsured individuals in Cortland County.
    - Measurement: Number of uninsured County residents.

➤ **Expand Access to Providers:**

- ◆ Provide increased access for Medicaid recipients by having physicians employed by Regional Medical Practice, P.C. accept Medicaid and other insurances that many physician practices do not accept.
  - Goal: Provide Medicaid recipients greater access to office-based medical care.
  - Measurement: Number of Medicaid recipients in RMP physician practices.
- ◆ Instituted a Stroke Telemedicine Program to provide better outcomes for stroke victims in collaboration with University Hospital in Syracuse. The program provides access to neurological consultations 24 hours per day, seven days per week and allows patients to be administered time-sensitive treatment that improves the chances of recovery. EMS regulations require that individuals exhibiting symptoms of having a stroke be transported to the nearest Stroke Center, which is not necessarily the closest facility. CRMC intends to seek certification as a Stroke Center in order to receive these patients and improve outcomes by administering more timely treatment.
  - Goal: Receive Stroke Center certification.
  - Measurement: Number of suspected stroke victims transported to CRMC.

➤ **Provide Sufficient Numbers of Providers:**

- ◆ Physician Recruitment and Retention Plan – Cortland Regional Medical Center adopted a comprehensive Physician Recruitment and Retention Plan in April 2009 that establishes recruitment priorities over the next five years based on a survey of community physicians, internal data including Medical Staff ages and anticipated retirements, and external data on the supply and distribution of physicians.
  - Priority Specialty Recruitment Years 1-3
    - Orthopedics
    - Primary Care: Family Practice, Internal Medicine, Pediatrics
    - OB/GYN
    - ENT
    - General Surgery
    - Cardiology
    - Urology
  - Priority Specialty Recruitment Years 3-5
    - Neurology
    - Gastroenterology
    - Oncology
    - Psychiatry
    - Primary Care: Family Practice, Internal Medicine, Pediatrics
  - Goal: Successful recruitment of additional physicians.
  - Measurement: Number of new physicians opening or joining existing practices.

## HEALTHY MOTHERS/HEALTHY BABIES/HEALTHY CHILDREN

Cortland Regional Medical Center, together with community partners, will focus on improving the quality of obstetrical and pediatric care, providing education to pregnant women and new mothers, and ensuring there are sufficient numbers of physicians in the community to provide improved access to obstetrical and pediatric care.

### ➤ Quality Care:

- ◆ Southeast Addition Project – CRMC has received NYSDOH certificate of need approval to construct an addition that will house among other services a new maternity unit. The modernized unit will provide state-of-the-art technology coupled with comfortable surroundings to enhance the birthing experience. The new unit will improve CRMC's future efforts to attract new physicians to the Cortland community and persuade more women to seek obstetrical care locally.
- ◆ RMP Obstetrical/Gynecological Practice – CRMC recently recruited an OB/GYN specialist to join its affiliate, Regional Medical Practice, P.C., expanding access to quality prenatal and postpartum care.
- ◆ MOMS Program – The Cortland County Health Department sponsors a Medicaid Obstetrical Maternal Services Program (MOMS) that provides expectant mothers with an array of services, including nursing visits, social worker support, and nutrition consults. The RMP Obstetrical/Gynecological Practice participates in the MOMS program to make appropriate referrals and provide medical care to MOMS participants throughout their pregnancy.
  - Goal: Increase the number of women receiving prenatal care in the first trimester.
  - Measurement: Number of women receiving prenatal care in the first trimester.

### ➤ Education:

- ◆ Child Birth Classes – On a monthly basis, CRMC offers a full two-day, weekend Child Birth Class for expectant parents that covers a variety of topics, including: nutrition; the role of the coach; breathing and relaxation techniques for labor; care and characteristics of the newborn; breastfeeding; parenting skills; post partum issues; and infant safety. CRMC also provides space for its community partner, Family Health Network, to hold Child Birth Classes.
- ◆ Postpartum and Newborn Care Education – Maternity staff provide education to new mothers about how to care for themselves and their newborns.
- ◆ Breastfeeding Support Clinics – Provided as a follow up service after mother and baby have gone home to improve breastfeeding success and encourage that it continues to provide the new infant a healthy start.
- ◆ Healthy Beginnings Program – In collaboration with the Cortland County Health Department, CRMC distributes packets that emphasize the importance of immunizations and also provides information on lead poisoning prevention; infant/child safety; nutrition; and health and dental care. CRMC registers mothers for *Healthy Beginnings* newsletters, which the Health Department sends to parents at or around the time their child is due for a well-child visit during the first two years of life.

- ♦ Smoking Cessation Education – A remarkably high percentage of pregnant women in Cortland County smoke cigarettes throughout their pregnancy. CRMC will target pregnant women to receive smoking cessation education. The RMP Obstetrical/Gynecological Practice will identify pregnant women who smoke, provide smoking cessation education to those women, and make referrals to CRMC’s smoking cessation program, as appropriate.
  - o Goal: Reduce the number of women smoking cigarettes during pregnancy.
  - o Measurement: Percent of pregnant women in Cortland County who smoke.

➤ **Sufficient Providers:**

- ♦ Cortland Regional Medical Center will recruit an additional OB/GYN physician to ensure a sufficient number of physicians in this specialty are available to meet the community’s need.
  - o Goal: Successfully recruit one additional OB/GYN physician in the next one to three years.
  - o Measurement: An additional OB/GYN physician has opened or joined an existing physician practice.

## ***FINANCIAL AID PROGRAM***

### **SUCCESSSES AND CHALLENGES**

#### ➤ ***Process Improvements and General Accomplishments:***

- ◆ Created a pamphlet highlighting CRMC's financial aid program and how to apply. Pamphlet is available at all registration locations, on and offsite.
- ◆ Updated policy to provide financial aid to income levels up to 300% of the federal poverty level.
- ◆ Placed new signage about CRMC's financial aid program in all registration areas, both on and offsite, as well in the Business Office and Main Lobby.
- ◆ Distributed CRMC financial aid pamphlets and applications at Family Health Network clinic sites.
- ◆ Facilitated Enroller for Total Care is onsite to assist patients two days each month.
- ◆ Initiated discussions with Fidelis regarding the possibility of having an onsite Facilitated Enroller for the Fidelis Managed Care for Medicaid Program.

#### ➤ ***Best Practices:***

- ◆ Provide a full-time, onsite Facilitated Enroller for Family Health Plus, Child Health Plus, and Medicaid.
- ◆ Contract with an outside agency, AHC, to assist eligible inpatient self-pay population to obtain Medicaid.
- ◆ Screen self-pay registrations for Blue Cross, Medicaid, and/or Fidelis coverage. Patients without coverage are called for current insurance information, and if they have none, they are offered financial assistance and/or monthly payment options.
- ◆ Participate in annual Health Insurance Fair to help raise awareness of the options available to individuals who have no insurance or are under insured.

#### ➤ ***Challenges:***

- ◆ Difficulty gaining patient cooperation with the application process and patients' non-compliance with policy.
- ◆ Lack of valid patient demographic information, including telephone numbers.
- ◆ Applicants' dishonesty.

## ***CHANGES IMPACTING COMMUNITY HEALTH, PROVISION OF CHARITY CARE, AND/OR ACCESS TO SERVICES***

### **POTENTIAL IMPACTS**

#### ➤ ***Positive:***

- ◆ Recruitment of additional physician specialists in orthopedics, obstetrics and gynecology, and cardiology.
- ◆ Creation of new Vice President of Professional Services position to oversee several ancillary departments and supervise physician practices within Regional Medical Practice, P.C., affiliate of Cortland Regional Medical Center.
- ◆ Arrival of a new, highly qualified Vice President of Medical Affairs.
- ◆ Adoption of retirement succession plan for the CFO position.
- ◆ Development of comprehensive physician recruitment plan.
- ◆ Conversion to electronic medical records.
- ◆ Implementation of Nurse Residency Program.
- ◆ Offsetting of APG payment methodology by increase in nursing home reimbursement.

#### ➤ ***Negative:***

- ◆ Downturn in the national and local economy.
- ◆ Bad debts resulting from increased unemployment.
- ◆ Healthcare reimbursement uncertain.
- ◆ Cash drain to support Regional Medical Practice, P.C.
- ◆ Nationwide shortage of radioisotopes needed to perform nuclear medicine studies.

#### ➤ ***Unknown:***

- ◆ Effect, if enacted, of proposed federal healthcare reform on Medicare and Medicaid reimbursement rates.
- ◆ Outcome of contract negotiations with Excellus Blue Cross Blue Shield

#### ➤ ***Narrative:***

To date, there have been no changes in the Medical Center's operations or financial situation that would negatively impact provision of care to the community or the ability to offer financial assistance. Through the first eight months of 2009, Cortland Regional Medical Center has witnessed a decline in inpatient utilization, as well as a decrease in overall outpatient volumes. Decreased utilization has resulted in a decline in revenue; however, the Medical Center has still experienced a year-to-date positive result from operations. To address the projected shortfall in revenue, the Medical Center, like many hospitals across New York State, instituted a one-year wage freeze, which will result in savings of approximately \$1.2 million. Given the current economic downturn, employees have been understanding of the need to take such action knowing that other industries and some hospitals have had to resort to layoffs. CRMC has also targeted 15 FTEs out of 810 FTEs that will be eliminated by attrition, resulting in an additional savings of approximately \$500,000.

Cortland Regional Medical Center adopted a comprehensive physician recruitment plan in the spring of 2009. Regional Medical Practice, P.C. is an affiliate of the Medical Center that employs physicians. Through this vehicle, CRMC has successfully recruited two orthopedic surgeons and one OB/GYN physician who have already or will be relocating to the community before year-end. The recruitment plan calls for adding another cardiologist in the coming year and an OB/GYN within the next three years.

The creation of a new Vice President of Professional Services position has strengthened the Medical Center's ability to provide quality care through improved oversight of the physician practices operated under the auspices of Region Medical Practice, P.C. This position also has administrative responsibility for several ancillary departments.

Turnover in key personnel has not had a negative impact on CRMC's operations; rather, it has been seen as an occasion to strengthen the senior leadership team. The resignation of the Vice President of Medical Affairs (VPMA) afforded the Medical Center the opportunity to recruit a highly qualified and experienced VPMA. Additionally, the departure of another member of the senior leadership team led to a realignment of administrative responsibilities and creation of the new Vice President of Professional Services position described above. Finally, in recruiting a new Vice President of Human Resources, succession planning was taken into consideration. A candidate was recruited who because of past experience in both human resources and finance could succeed the CFO who is expected to retire within the next three years.

Cortland Regional Medical Center has seen an increase in both financial assistance provided and bad debts written off from 2007 to 2008. The Medical Center views this increase as primarily a function of the downturn in the economy and a spike in the local unemployment rate, which stood at 9.1% in July 2009. If sustained, the poor economic conditions could have a negative impact on the Medical Center's financial situation.

## ***DISSEMINATION OF COMMUNITY SERVICE PLAN***

### **PUBLIC INFORMATION**

Pertinent information regarding Cortland Regional Medical Center's public health programs, as outlined in its Community Service Plan, will be disseminated to the public in a variety of ways and will include information about the availability of, and instructions for making application for, financial assistance.

- ***Pamphlets:*** A pamphlet summarizing CRMC's Community Service Plan is being prepared that will highlight the community assessment process, the public health priorities selected for emphasis in the coming three years, the programs available to address these priorities, and information about CRMC's financial assistance program. Pamphlets will be provided to the member agencies of the Seven Valleys Health Coalition for distribution to their respective clients. Pamphlets will also be made readily available at various locations on the Medical Center's campuses.
- ***Libraries:*** A copy Cortland Regional Medical Center's Community Service Plan will be placed in the County's public libraries, including Cincinnatus, Cortland, Homer, Marathon, and McGraw. A copy will also be available in the Medical Center's in-house library.
- ***Websites:*** CRMC's Community Service Plan will be posted to the Medical Center's website at [www.cortlandregional.org](http://www.cortlandregional.org) and on the website of the Seven Valleys Health Coalition at [www.sevenvalleyshealth.org](http://www.sevenvalleyshealth.org).