



NIAGARA FALLS
Memorial Medical Center
Niagara's Premier Health Network

Community Service Plan January 1, 2014 to December 31, 2017

Submitted November 2013

Overview

Niagara Falls Memorial Medical Center is a 171-bed, full-service acute care hospital in downtown Niagara Falls.

The medical center offers extensive inpatient and outpatient services including a 120-bed skilled nursing and rehabilitation center, four primary care physician practices (Niagara Falls, North Tonawanda, Grand Island and Wheatfield), a suburban outpatient service center (Summit Healthplex/Wheatfield) with laboratory, radiology, rehabilitation, sports medicine and specialty physician services, and a health clinic for members of the nearby Tuscarora Indian Reservation.

Memorial offers several services unique to Niagara County including a diabetes and endocrinology center, inpatient adult behavioral health unit (54 beds), dedicated psychiatric emergency department and the Child Advocacy Center of Niagara, a multi-disciplinary program responding to reports of physical and sexual child abuse.

Hospital Mission Statement

Memorial Medical Center's mission statement is:

"Improving the health of the Greater Niagara Region with a passion for excellence."

We strive to improve the region's health status by positioning ourselves as a community center for health and wellness working collaboratively with scores of community partners. Such collaborative efforts include (but are not limited to):

- A state Department of Health designation as the **Health Home for Niagara County**. This free program for qualified Medicaid patients is coordinated by a dedicated case manager who helps participants navigate the healthcare system and coordinates referrals to other services.

Our Health Home partners include:

American Red Cross
Buffalo Beacon Corporation - Beacon Center
Buffalo Heart Group, LLP
Buffalo Psychiatric Center
Catholic Charities
Child Advocacy Center of Niagara
Community Care – Blue Cross Blue Shield of WNY
Community Health Center of Buffalo, Inc.
Community Missions of Niagara Frontier, Inc.
Complete Homecare
DaVita Healthcare Partners Inc.
Diversified Hearing Services
Eastern Niagara Health System

Erie County Medical Center
 Erie Niagara MLTCP, Inc. - First Choice Health
 Family & Children's Service of Niagara, Inc.
 Fellowship House, Inc.
 Fichte, Endl & Elmer Eyecare
 Fidelis Care
 HEALTHeLINK
 Horizon Health Services, Inc.
 Housing Options Made Easy, Inc.
 JGB Health Facilities Corp.
 Liberty RC, Inc.
 MediSource - Independent Health Association
 Mental Health Association
 New Directions Youth and Family Services, Inc.
 Niagara Community Action Program, Inc.
 Niagara County Department of Mental Health
 Niagara County Department of Social Services
 Niagara County Healthy Neighborhoods Program
 Niagara Falls City School District - Community Education Center
 Niagara Falls Housing Authority
 Niagara Falls Neighborhood Housing Services, Inc.
 Niagara Hospice, Inc.
 Northpointe Council, Inc.
 Opportunities Unlimited of Niagara
 Orleans/Niagara BOCES
 Palliative Home Care of Niagara, Inc. - Liberty Home Care
 Pine Pharmacy of Niagara Falls, LLC
 Planned Parenthood of Western New York
 Podiatry Affiliates
 Preferred Home Care Inc.
 The Dale Association, Inc.
 The Magdalene Project
 United Cerebral Palsy Association of Niagara County, Inc.
 Visiting Nurses Association of WNY
 YMCA Buffalo Niagara
 YWCA of Niagara

- Sponsorship of the **Niagara County Healthy Moms/Healthy Babies Coalition**. This coalition of more than 20 social service, healthcare, educational and religious organizations and agencies works collaboratively to improve the health of our community's moms and babies and to address disparities in adequate prenatal care provided to expectant mothers, the percentage of low birth weight babies born in our community, and high rates of infant mortality.
- **Project Runway**. Funded by the Peter and Elizabeth C. Tower Foundation, Project Runway aims to increase community awareness of the issues surrounding substance use and abuse by girls and young women and to train healthcare professionals, including physicians, to effectively evaluate and treat those who use alcohol and drugs. The work plan for this program is based on input received at public sessions held in three different Niagara Falls neighborhoods.
- Niagara Falls Memorial Medical Center has been named a provider for **NY State of Health, the state's In-Person Assistor and Navigator (IPA/Navigator) Program** to help people shop for and enroll in health insurance coverage. In that capacity, Memorial has concluded memoranda of understanding with numerous community organizations and provides IPA/Navigator Assistance at 10 sites across Niagara County.

Definition and Description of Community Served

Niagara Falls Memorial defines its service area as western Niagara County and northern Erie County. The zip codes included in this area are 14072, 14301, 14303, 14304, 14305, 14092, 14107, 14109, 14120, 14131, 14132, 14144, 14172 and 14174.

The service area is a study in contrasts. Niagara Falls (zips 14301, 14303, 14304, 14305), with an estimated 49,722 residents, has a median household income of \$32,617 with 21.7% of its residents living below the poverty level (Source: U.S. Census Bureau).

More than 50 percent of Niagara Falls residents receive some form of government assistance and 66 percent of the city school district's population qualified for either free or reduced-price meals during the 2012-2013 school year. Black/African American and Latino/Hispanic residents account for 24.6 percent of the city's population.

The next largest city, North Tonawanda (zip 14120) has 31,269 residents and a median household income of \$46,203, with 10.5% of its residents living below the poverty level. More than 96 percent of the city residents are white.

The surrounding towns of Niagara, Wheatfield, Grand Island, Lewiston, Porter and Wilson are predominantly suburban and rural with a significant agricultural presence.

Public Participation

Public participation in the Community Service Plan process was performed collaboratively by a work group comprising the Niagara County Health Department, Niagara Falls Memorial Medical Center, Mount St. Mary's Hospital & Health Center, DeGraff Memorial Hospital/Kaleida Health, Eastern Niagara Health System, Niagara County Department of Mental Health and University at Buffalo Preventive Medicine Residency Program.

Those efforts were facilitated by the P² Collaborative of Western New York, a not-for-profit organization that works with individuals and organizations in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties to improve the health of Western New Yorkers.

- The work group met seven times in an eight month period (March 7, April 9, May 16, July 2, Aug. 27, Sept. 11 and Oct. 3).
- Early in the process the work group conducted a countywide Community Health Survey that was widely publicized through the use of news releases, website postings and in-person community distribution. Survey responses were gathered both online and on paper (hard copy) with 1,455 surveys completed and submitted.

The five most often identified issues of concern and the associated Prevention Agenda focus areas were:

- Cancer (50.24%) - Prevent Chronic Disease
 - Heart-Related Issues (37.23%) - Prevent Chronic Disease
 - Overweight/Obesity (31.93%) - Prevent Chronic Disease
 - Alcohol/Drugs (27.94%) - Promote Mental Health/Prevent Substance Abuse
 - Nutrition/Healthy Diet (27.32%) - Prevent Chronic Disease/Healthy & Safe Environment.
- Niagara Falls Memorial Medical Center, DeGraff Memorial Hospital and Eastern Niagara Health System also conducted facilitated focus groups in their communities.

Focus group participants at the John Duke Senior Center in Niagara Falls identified the most significant health issues they face as:

- Obesity and the way it's connected to other health issues for both adults and children
- Heart disease
- Diabetes (especially when uncontrolled in seniors)
- Mental health (particularly dementia)
- Arthritis/joint problems
- Cancer
- Dental care and eye care

These fall under the Prevention Agenda focus areas Prevent Chronic Disease, Promote a Healthy and Safe Environment, Promote Mental Health and Prevent Substance Abuse.

- The countywide work group hosted a community stakeholder meeting (Aug. 14) that was attended by representatives from Opportunities Unlimited of Niagara (a not-for-profit organization providing programs and services to people with mental retardation or developmental disabilities), Niagara County Community College (a two-year college with more than 7,000 enrolled students) and The Dale Association (a not-for-profit human service organization with a comprehensive list of programs and services for adults of all ages) along with the county's hospitals, Health Department and P² Collaborative.

Attendees identified as their health issues/concerns:

- Patients need help with navigating healthcare system and the resources needed to access information
- A needed for additional provider education about how to manage diverse populations (e.g. those with developmental disabilities)
- Development of more collaborative communication and a strong support network
- PTSD
- Diabetes/overweight
- Environmental risks
- Mental health issues – mental illness prevents needed attention to patients' chronic diseases
- Cancer
- Nutrition

Assessment and Selection of Public Health Priorities

On July 2, Niagara County work group participants selected and agreed upon the following priority from the NYS Prevention Agenda:

- **Priority:** Prevent Chronic Disease
- **Focus Area:** Increase access to high-quality chronic disease preventive care and management in clinical and community settings.
- **Disparity:** People with mental health issues

In connection with this shared priority, Niagara Falls Memorial Medical Center has chosen as its objective: By December 31, 2017, increase the percentage of adult health home members diagnosed with both schizophrenia and diabetes whose blood glucose is in good control (hemoglobin A1C less than 8%) by 20%.

Rationale:

- The rate of hospitalizations for short-term complications of diabetes (ages 18+ years for the years 2008-2010) is 9.2 per 10,000 in Niagara County compared to 5.6 per 10,000 in New York State. The New York State 2017 objective is 4.8 per 10,000.
- The Niagara County Health Home has a growing number of clients from across Niagara County who have both an acute care (medical) and a mental health diagnosis. A significant percentage of those clients have been diagnosed with schizophrenia.
- People with schizophrenia are at a greater risk of metabolic syndrome due to their serious mental illness. Diabetes screening is important for anyone with schizophrenia or bipolar disorder, and the added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes. (Source: Agency for Healthcare Research (AHRQ) / National Committee for Quality Assurance (NCQA).

On August 27, the work group reached a general consensus that “Promote a Healthy and Safe Environment” would be a good fit for the second shared priority area.

Most members, including Niagara Falls Memorial Medical Center, agreed that working toward preventing falls among frail elders would be the best way to approach this focus area.

Accordingly, Niagara Falls Memorial will participate in the following shared priority:

- **Priority:** Promote a Healthy and Safe Environment
- **Focus Area:** Injuries, Violence and Occupational Health
- **Goal:** Reduce fall risks among vulnerable populations

In connection with this shared priority, Niagara Falls Memorial Medical Center has chosen as its shared objective: By December 31, 2017, reduce the rate of fall-related hospitalizations in the population aged 65+ by 10 percent to achieve a Niagara County rate of 184.1 per 10,000 residents. The current rate is 221.3 per 10,000 residents.

Rationale

- Falls in older adults are the leading cause of injury related deaths, hospitalizations and emergency department visits.
- Falls may have serious consequences affecting mobility, mental health and independence.
- Every day in New York State two older adults die and 140 older adults are hospitalized due to falls.
- 60% of adults who are hospitalized due to a fall end up in a nursing home or rehabilitation center. 27% of those who fall suffer a hip fracture.
- Falls account for approximately \$1.7 billion in annual hospitalization cost and \$145 million in outpatient costs in New York State. (Source: New York State Department of Health CHAI)
- In calendar year 2012, there were 128 inpatient admissions to Niagara Falls Memorial Medical Center that were directly attributed to falls. During the same period, 406 patients presented to the hospital’s emergency department with a fall. Of those, 144 (35.5%) were age 65 or older.
- DeGraff Memorial Hospital and the Niagara County Health Department are using the NYSDOH “Stay Well” program, an evidence-based initiative, to prevent falls. Components of that program

can be shared with and used by other hospitals who adopt this or similar initiatives.

- The Health Foundation of Western and Central New York has expressed interest in supporting this spread of falls prevention initiatives throughout Niagara County, and a multi-stakeholder work group would be a strong applicant to seek this funding.

Three Year Plan of Action

Priority 1: Prevent Chronic Disease

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible	
Increase access to high-quality chronic disease preventive care and management in clinical and community settings.	Promote use of evidence based care to manage chronic diseases.	By December 31, 2017, increase the percentage of adult health home members diagnosed with both schizophrenia and diabetes whose blood glucose is in good control (hemoglobin A1C less than 8%) by 20%.	By 12/31/14	<ol style="list-style-type: none"> 1. Collaborate with Health Home Director to establish baseline hemoglobin A1C data on Health Home patients diagnosed with schizophrenia. 2. Collaborate with Niagara County Office of Mental Health to identify prevalence of schizophrenia in Niagara County by zip code. 3. Identify evidence based educational material on diabetes risk in schizophrenic patient population. 4. Build data base to capture number of Health Home schizophrenic patients with diabetes, in addition to A1C levels. 5. Establish referral network between Health Home and Niagara Connections Project. 6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data. 	<p>NFMMC</p> <p>NFMMC NCOMH</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NCDOH, Hospitals</p>
			By 12/31/2015	<ol style="list-style-type: none"> 1. Continue collecting A1C data on diabetic schizophrenic patients. 2. Distribute evidence based diabetes education material to diabetic schizophrenic Health Home patients. 	<p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>

			<p>3. Distribute evidence based educational material on prevalence of diabetes in schizophrenic patients to NFMMC based primary care and off site locations.</p>	NFMMC
			<p>4. Distribute evidence based educational material on prevalence of diabetes in schizophrenic patients to Health Home partners.</p>	NFMMC
			<p>5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events.</p>	NFMMC
			<p>6. Hold 3 educational seminars with NFMMC primary care physicians, hospitalists, psychiatrists, residents and medical students.</p>	NFMMC NFMMC
			<p>7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p>	NFMMC
			<p>By 12/31/2016</p>	
			<p>1. Continue collecting A1C data on diabetic schizophrenic patients.</p>	NFMMC
			<p>2. Continue distributing evidence based diabetes education material to diabetic schizophrenic Health Home patients.</p>	NFMMC
			<p>3. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to NFMMC based primary care and off site locations.</p>	NFMMC NFMMC
			<p>4. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to Health Home partners.</p>	NFMMC
			<p>5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events.</p>	NFMMC
			<p>6. Hold 3 educational</p>	NFMMC

			<p>seminars with NFMCC primary care physicians, hospitalists, psychiatrists, residents and medical students.</p> <p>7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p> <p>By 12/31/2017</p> <ol style="list-style-type: none"> 1. Continue collecting A1C data on diabetic schizophrenic patients. 2. Continue distributing evidence based diabetes education material to diabetic schizophrenic Health Home patients. 3. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to NFMCC based primary care and off site locations. 4. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to Health Home partners. 5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events. 6. Hold 3 educational seminars with NFMCC primary care physicians, hospitalists, psychiatrists, residents and medical students. 7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data. 8. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area. 	<p>NFMCC</p> <p>NCDOH Hospitals</p> <p>NCDOH Hospitals</p>
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Priority 2: Promote a Safe and Healthy Environment

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible	
Injury Prevention	Reduce falls risks among vulnerable populations	By December 2017 reduce the rate of fall-related hospitalizations in the population aged 65+ by 10 percent to achieve a countywide rate of 184.1 per 10,000 residents.	By 12/31/14	7. Research and review hospital specific data related to falls hospitalizations by 6/14.	NFMMC
				8. Research and review hospital specific data related to falls ER1 visits by 6/14.	NFMMC
				9. Categorize falls data by address to identify patterns at senior housing complexes, etc.	NFMMC
				10. Identify community/hospital resources for reducing falls risks by 6/14.	NCDOH Hospitals Community Partners
				11. Identify NFMMC and Schoelkopf nursing home fall reduction programs already in place.	NFMMC, Schoelkopf Nursing Home
				12. Develop a resource listing of falls resources.	NFMMC, NCDOH Niagara County Office for the Aging
				13. Collaborate with NCDOH and Niagara County hospitals to apply for the Match Grant.	NCDOH Hospitals Community Partners
				14. Collaborate with NCDOH to receive falls prevention educational material and brochures.	NFMMC NCDOH
				15. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NCDOH Hospitals
			By 12/31/2015	1. Distributes falls prevention educational material and brochures to NFMMC	NFMMC

			<p>Primary Care sites and off site locations.</p> <ol style="list-style-type: none"> 2. Collaborate with NCDOH to conduct Falls Prevention Train the Trainer Programs with NFMMC Outreach personnel. 3. Promote falls prevention on NFMMC website and Facebook page. 4. Collaborate with ER1 staff to complete fall risk assessments to patients presenting with injuries sustained in a fall. 5. Provide fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall. 6. Collaborate with Schoelkopf Nursing Home staff to complete fall risk assessments to residents identified as prone to falling. 7. Provide fall prevention educational material to Schoelkopf Nursing Home residents identified as prone to falling. 8. Include Schoelkopf Nursing Home resident's families in fall prevention education. 9. Continue collecting both hospitalization and ER visit data related to falls. 10. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County. 11. Establish referral process to refer fall patient to NCDOH program for continued fall assessments. 12. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data. 13. Provide falls prevention educational material and/or brochures at 4 community outreach events. 	<p>NCDOH NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC</p> <p>NCDOH NFMMC</p> <p>NCDOH NFMMC</p> <p>NCDOH Hospitals</p>
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			<p>14. Meet with local fire and EMS personnel to discuss possibility of providing falls prevention education and training.</p>	NFMMC
			<p>By 12/31/2016</p> <ol style="list-style-type: none"> 1. Continue collecting both hospitalization and ER visit data related to falls. 2. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County. 3. Continue promoting falls prevention on NFMMC website and Facebook page. 4. Continue providing fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall. 5. Continue referring falls patients to NCDOH Falls program. 6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data. 7. Provide falls prevention educational material and/or brochures at 4 community outreach events. 	<p>NFMMC NFFD, Rural Metro Medical Services</p> <p>NFMMC</p> <p>NFMMC NCDOH</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>
			<p>By 12/31/2017</p> <ol style="list-style-type: none"> 1. Continue collecting both hospitalization and ER visit data related to falls. 2. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County. 3. Continue promoting falls prevention on NFMMC website and Facebook page. 4. Continue providing fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall. 5. Continue referring falls patients to NCDOH Falls 	<p>NCDOH Hospitals</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>

			<p>program.</p> <p>6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p> <p>7. Provide falls prevention educational material and/or brochures at 4 community outreach events.</p> <p>8. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.</p>	<p>NFMMC, NCDOH</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NCDOH Hospitals</p> <p>NFMMC</p> <p>NCDOH Hospitals</p>
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Dissemination of the Plan to the Public

1. Copies of this Community Service Plan will be sent to a number of public facilities in order to make it easily accessible. Those sites include:

- Niagara Falls City Hall and both city libraries
- Niagara, Lewiston, Porter and Wheatfield town halls
- Niagara County Courthouse

2. The Plan will be posted to hospital's website at <http://nfmmc.org/CommunityServicePlan>.

3. A release containing the information in steps 1 and 2 above will be sent to all area news media with a request for publication.

Plan for Monitoring

Steps for maintaining engagement with our local partners over the life of this Community Service Plan and the processes that will be used to track progress and make mid-course corrections are outlined in the Activities/Interventions column of the Plans of Action for the listed priorities.