



WESTFIELD MEMORIAL HOSPITAL
COMMUNITY SERVICE PLAN
SEPTEMBER 2009
2010-2012

WESTFIELD MEMORIAL HOSPITAL
189 EAST MAIN STREET
WESTFIELD, NY 14787

Table of Contents

I. Mission Statement	Page 3
II. Service Area	Page 3
III. Public Participation	Page 5
IV. Assessment of Public Health Priorities	Page 6
V. Three Year Plan of Action	Page 8
VI. Financial Aid Program	Page 17
VII. Changes Impacting Community Health/ Provision of Charity Care/Access to Services	Page 18
VIII. Dissemination of the Report to the Public	Page 18

Westfield Memorial Hospital, consistent with the provisions of Section 2803-1 of the Public Health Law, Chapter 922 of the Laws of 1990, and the requirements of the New York State Department of Health Memoranda 91-21 and 93-21, has prepared this comprehensive Hospital Community Service Plan for January 2010- December 2012.

I. Mission Statement

Westfield Memorial Hospital (WMH) is a voluntary, not-for-profit primary care hospital. WMH has been an affiliate of Saint Vincent Health System, a tertiary care provider in northwestern Pennsylvania, since 1996. The focus of WMH is on increasing access to care and diagnostic services to meet the needs of the community.

The 2009 mission statement, revised last in June of 2003, articulates Westfield Memorial Hospital's commitment to meeting the health care needs of the community and is reviewed on an annual basis by the Board of Directors of Westfield Memorial Hospital. The Board makes revisions to the mission statement as necessary in response to changes in the health care needs of its community.

Westfield Memorial Hospital Mission Statement

"Westfield Memorial Hospital is committed to providing compassion and excellence in the delivery of care that appropriately addresses the health needs of our communities."

The mission statement of WMH is consistent with that of Saint Vincent Health System:

Saint Vincent Health System Mission Statement

"Inspired by the Sisters of Saint Joseph of Northwestern Pennsylvania, Saint Vincent Health System is a community of caregivers dedicated to bringing God's healing love to all and committed to compassion and excellence in the delivery of a continuum of holistic care."

II. Service Area

A. Hospital Service Area

WMH is located in the far northwestern corner of New York State in Chautauqua County. Established in 1942, the hospital's primary service area consists of 11 townships in a 300-square-mile rural area of northwestern Chautauqua County. It serves approximately 33,000 people or 25% of the population of Chautauqua County with four inpatient beds, a 24 hour Emergency Room, Short Stay Surgical Services, Physical Therapy, Cardiac Rehabilitation and Stress Testing, as well as a Wound Clinic, Diagnostic Radiology and Laboratory services.

Vulnerable population – The Poor

A significant population at or below the poverty level resides in the Westfield service area and this population is expected to grow. As evidenced by the statistical growth of Medicaid recipients and uninsured and underinsured individuals for whom WMH is the health care site of choice, WMH is a critical access point.

Chautauqua County residents account for the 4th lowest income level in NYS with 10% of households living on an income level less than \$10,000. School districts with students

qualifying for free or reduced school lunches in WMH service area include three of the five highest needs areas in the county. These include; Brocton (52%), Chautauqua Lake (40%), Ripley (66%), Sherman (59%), and Westfield (49%).

Vulnerable population – Amish

The WMH primary service area encompasses the Clymer, Sherman, Ripley, Mayville, Hartfield, and Panama areas. All of these areas boast a high concentration of Amish families, accounting for approximately 7.5% of WMH's total population served. WMH and the WMH medical staff make every effort to sensitively service the health care needs, of this at-risk population, with respect for their cultural and religious beliefs. The trust and acceptance of assistance on the part of Amish leadership has been successfully gained by WMH and its physicians in a cooperative and respectful manner.

Transportation is a unique health care access challenge for this population. Their primary mode of transportation is horse and buggy. WMH is in the 10-12 mile range of transportation for the Amish and provides all appropriate levels of care. WMH has also made accommodations for hitching the horses and buggies on site.

Vulnerable population – Elderly

According to New York State Department of Health information released in 2005, 41% of the population in the Westfield primary service area is over the age of 60. A review of DRG data has shown that the average age of patients in the top six DRGs performed at WMH is 79 years. WMH recognizes the unique health care needs of the aging population in the Westfield service area and tailors programs and facilities to meet those needs.

Arranging for safe transportation to and from health care services is a major consideration in whether or not seniors seek and obtain such services. No public transportation exists in the Westfield service area and the vast amount of secondary roads can make transportation intimidating for drivers, especially during the winter months when the area receives over 200 inches of snow annually. WMH improves access to health care for seniors because of the close proximity of WMH and the wide array of inpatient and outpatient services aimed at meeting the health care needs of seniors.

Seasonal Population Surge

Seasonal residents and tourism during the traditional summer vacation period are major factors when evaluating access to health care in general and the availability of services to this highly senior population. During the six months of late spring, summer and early fall, the population virtually doubles as a result of an expanding tourism industry.

WMH has responded to the demand for health services by this significant transient population through its commitment to an on-site health clinic at the Chautauqua Institution during the summer months. In addition, WMH routinely increases staffing to provide Emergency Department, diagnostic and hospital services for this population.

B. Description of Service Area

WMH is located in the far northwestern corner of New York State in Chautauqua County. Established in 1942, the hospital's primary service area consists of 11 townships in a 300-square-mile predominately rural area of northwestern Chautauqua County.

A variety of sources including hospital census data based on zip codes were used as well as Vital Statistics of New York State 2007 to define the WMH service area and to support information included in this plan.

III. Public Participation

A. Participants

Westfield Memorial Hospital along with the partners in the Community Health Planning Team included WCA Hospital, Brooks Memorial Hospital, TLC Hospital, Chautauqua County Health Network, and the Chautauqua County Department of Health. The Team met regularly throughout the past year to collaborate and prepare the Community Health Assessment and Community Service Plans for 2010-2012.

B. Outcomes

A list of target populations was compiled during the CCHD led Community Health Planning Team meetings, with each member choosing several groups specific to their service area in which to gather data. Target populations included differing ages, races, backgrounds, educational levels, income levels, and organizations in an effort to capture a full cross section of the county.

Each member met with a number of focus groups and all asked the same question, "What are the health needs of our community?" The focus group answers were recorded on a flip chart and tallied later. Each team member then submitted their data to the Health Department evaluator for categorization and tabulation. Five hundred and twenty-five individual responses were collected and tabulated from thirty-eight focus groups.

Westfield Memorial Hospital focus groups totally 115 people included;

CLCS Health Class #1 - Juniors in High School	(March 2009) (25 Students)
CLCS Health Class #2 - Seniors in High School	(March 2009) (22 Students)
WACS High School Faculty Meeting	(March 2009) (40 Teachers & Staff)
WMH Parkinson's Support Group	(March 2009) (20 Members)
Amish Women Currently Using A Midwife	(April 2009) (8 Mothers)

Collectively, the community's perceived health priorities that were identified and chosen by the Community Health Planning Team included; Access to quality healthcare, Chronic Disease and Physical Activity and Nutrition.

IV. Assessment of Public Health Priorities

A. Criteria of Public Health Priorities

During the early CHA/CSP planning process the Community Health Planning Team agreed to conduct community focus groups with the purpose of collecting community input about health priorities of Chautauqua County.

Between 2003-2008, Chautauqua County received a STEPS grant which promoted collaboration between various health care providers as well as other service agencies. STEPS Grant money used to complete the project was successful on numerous levels. The project, however successful, was unsustainable due to a lack of funding after the initial grant was exhausted. This current collaboration feels it is important to build on the work already completed in the STEPS Project and find ways to make it a sustainable delivery of care system in the community.

Upon completion of the 2009 assessment of public health priorities, the areas of highest need were identified as were top priorities only marginally different from the previous STEPS Assessment.

The agencies in Chautauqua County (CCHD, CCHN, BMH, TLC, WCA, & WMH) have already worked collaboratively to identify and develop plans of action together in the past, and look forward to making these services sustainable for the future.

B. Selected Prevention Agenda Priorities

1. Priority Area (Access to Quality Health Care), Charity Care

The issue of accessing quality health care in rural communities requires appropriate health care coverage as well as sufficient supply of trained and qualified providers. Working to address one challenge without concern for the other will do little to improve overall access to quality health care in a meaningful way.

2. Priority Area (Chronic Disease) Diabetes Education and Self-Management Tools

The collaborative CHA and CSP progress increased the group's awareness about all of the individual diabetes prevention and self-management care programs conducted at each hospital but a comprehensive approach has not been successfully developed. If each hospital and the health department were to pull their resources, a comprehensive approach becomes a reality.

3. Priority Area (Prevention of Disease) Immunizations, Lessons from H1N1

Local hospitals and the CCHD currently collaborate on many levels of Public Health Emergency Preparedness drills, reporting and communication. These exercises have proven valuable especially during the recent H1N1 outbreak. These exercises enabled hospitals and LHD to communicate quickly and effectively about the progression of H1N1 sampling, testing and reporting in our local community. However, the recent H1N1 outbreak made each hospital and the LHD realize that a comprehensive educational campaign about the

community's role in the prevention of disease spreading has not been activated in our community.

4. Priority Area (Chronic Disease) Tobacco Cessation

Tobacco use represents the single most avoidable cause of death in our society. Tobacco use leads to the promotion of almost all chronic diseases, therefore, decreasing the tobacco use in Chautauqua County will lead to lower rates of chronic disease.

5. Priority Area (Physical Activity and Nutrition), High Level Wellness

At every stage of life, preventative health promotion activities hold the promise of improving lives. Prevention stems directly from evidence that many of the leading causes of disability and premature death are in some way linked to personal behaviors that may either exacerbate or contribute to disease development or exacerbate current health problems.

C. Status of Priorities at WMH

1. Priority Area (Access to Quality Health Care), Charity Care -Ongoing Priority

2. Priority Area (Chronic Disease) Diabetes Education and Self-Management Tools-Ongoing Priority

3. Priority Area (Prevention of Disease) Immunizations, Lessons from H1N1 - Ongoing priority with annually updated strategies

4. Priority Area (Chronic Disease) Tobacco Cessation - New program in late 2009

5. Priority Area (Physical Activity and Nutrition), High Level Wellness - New program in 2010

D. Non-prevention Priorities Considered in Assessment Process

Parkinson's Support Group @ Westfield Memorial Hospital

APDA sponsored grant program to address the needs of the significant number of Parkinson's patients in western New York region.

Alzheimer's Support Group @ Westfield Memorial Hospital

Develop a support group which provides access to resources for Alzheimer patients and their family

Health Fairs - WMH participated in five in past 12 months which help raise awareness of healthy lifestyles and stress the importance of preventative and wellness screenings.

1000 Blood Pressure Screenings

145 Dexascans

50 BMI

V. Three Year Plan of Action

1.Priority Area (Access to Quality Health Care), Charity Care – The issue of accessing quality health care in rural communities requires appropriate health care coverage as well as sufficient supply of trained and qualified providers. Working to address one challenge without concern for the other will do little to improve overall access to quality health care in a meaningful way.

Goal 1: Increase the numbers of primary healthcare providers through recruitment and retention in Chautauqua County.

Currently in Chautauqua County 12% of primary care physicians, 27% of Physician Assistants, and 40% of nurse practitioners are likely to retire over the next ten years. The vacancy rate for RN and LPN will each be approximately 35% during this same period.

WMH Access to Quality Care Objectives & Activities:

(#1) Coalition Capacity-Building and Sustainability – The CCHD, WMH, BMH, WCA, and TLC through the CCHN have sought to structure a system that provides access to quality services and meets the needs of consumers as well as providers through two collaborative committees, the Community Health Initiative (CHI) and the Health Care Workforce Advisory Committee (HWAC).

Goal 1: Increase the numbers of primary healthcare providers through recruitment and retention in Chautauqua County.

Currently in Chautauqua County 12% of primary care physicians, 27% of Physician Assistants, and 40% of nurse practitioners are likely to retire over the next ten years. The Westfield service area is already a designated HPSA.

The vacancy rate for RN and LPN will each be approximately 35% during this same period. At the current time WMH has adequate access to nursing resources.

(#2) Current and Continuing Intervention –Through HWAC the hospitals and CCHD work in partnership with physician offices where they have an opportunity to collaborate not only locally, but with regional efforts on the part of WNY Rural Health Education Center and the WNY Health care Association.

2010 – Ongoing use of the Community Support Group in Westfield to Help Recruit PMDs
Participate in HWAC’s Physician Recruitment Plan Committee
Meets Quarterly

(#3) Physician Recruitment – HWAC has begun developing a comprehensive physician recruitment based on successful models from similar communities across the country.

1. Outline Component strategies

- a. Establishment of a community support group to enhance recruiting visits
- b. Maximize financial resources available for incentives, loan repayment, & recruitment costs
- c. Cultivate relationships with local students and practitioners for recruitment back to the area. Specifically those annual summer residents wishing to move here permanently after residency completion or wishing to semi-retire.

(#4) Awareness Raising – Hospitals and physician offices are the primary agencies which refer to the *Get Covered Helpline*.

Evaluation: Through the HWAC Committee reports will be generated and recommendations based on findings.

1. Reports from

- a. Physicians who did not choose to locate in Chautauqua County
- b. Community Support Group Members Feedback

Goal 2: Increase the number of persons receiving health care services in the community.

WMH Objectives & Activities:

(#2) Current and Ongoing Intervention –

The **CHI** is charged with providing direction and feedback on activities related to increasing community involvement in locally-generated, innovative solutions to issues related to the system of accessing health care and Health care coverage.

Partners for Prevention is a cooperative effort between WMH, CCHN, BMH, TLC, WCA, and the CCHD. This grant-funded project is part of the Northern Appalachia Leadership Initiative on Cancer (NALIC). NALIC is a community-based cancer control project with several goals including cancer outreach and education of residents of rural, medically underserved communities. For this project, the Community Programs Coordinator of WMH attended meetings, organized events, participated in colorectal, breast, and cervical cancer screening and prostate education.

CCHN has established the *Get Covered Helpline* in response to the needs of physicians and hospitals. Its focus of identifying the health coverage needs and circumstances of each individual caller and finding solutions of each individual caller assists in referring services in the most efficient manner. WMH refers patients to the helpline as necessary.

(#3) Long-term Intervention – CCHN, with the collaboration of county hospitals will develop an endowment through a local community foundation for use in future recruitment of health care providers.

1. Salary guarantee
2. Loan Repayment

(#4) Community & Staff Education – WMH billing and finance departments use the three brochures developed by CCHN to assist the uninsured or underinsured to find affordable healthcare. Any new staff is educated as to available avenues of assistance in obtaining health insurance.

(#5) Awareness Raising – Hospitals and physician offices are the primary agencies which refer to the *Get Covered Helpline*.

Evaluation: CCHN completes annual quality assurance auditing for all the county's hospital through an independent contractor and reports the findings to each individual hospital.

2. Priority Area (Chronic Disease) Diabetes Education and Self-Management Tools – The collaborative CHA and CSP progress increased the group's awareness about all of the individual diabetes prevention and self-management care programs conducted at each hospital but a comprehensive approach has not been successfully developed. If each hospital and the health department were to pull their resources, a comprehensive approach becomes a reality.

Goal: A new initiative to form a Chautauqua County Diabetes Prevention Task Force will be explored, to share and network diabetes programs, classes, initiatives, among hospitals, health department and interested health care agencies.

WMH Objectives & Activities:

(#1) Coalition Capacity-Building and Sustainability – The mission is to increase the capacity to reduce the burden of chronic disease with an emphasis on diabetes in the county's targeted urban and rural regions. At least one representative from the Chautauqua County Task Force will network with the Tri-County Diabetes Coalition and the WNY Diabetes Coalition. The Chautauqua County Diabetes Prevention Task Force will interface with the two regional diabetes prevention coalitions to the fullest extent possible, thus increasing funding opportunities. This will also improve the involvement of the regional coalition's ability to outreach into the small niches of each specific community in Chautauqua County that are historically unintentionally neglected.

The first year objective of the Diabetes Prevention Task Force is to develop a meeting structure, and assign appropriate staff to the task force while meeting the specific goal of networking and information sharing of individual diabetes prevention initiatives. An additional task of the group during the first year is to investigate evidence-based programs that could be conducted as a group to address diabetes prevention comprehensively throughout the entire community. The task force will be assigned the job of evaluating existing diabetes education and prevention program in the hospitals for gaps and needed improvements. The evaluation will be used as tool to assist the task force in narrowing the focus of needed programming and funds.

The second year objective of this group is to identify funding to support the task force and the agreed upon evidence-based programming proposed to be implemented into the community to address previously identified gaps and needs. Applications will be submitted to funding entities to provide fiscal

support for required continuing education courses for diabetes educators, dieticians, and hospital support staff.

(#2) Primary Prevention – Westfield Memorial Hospital will promote healthy and nutritious diet and weight management with regular cooking classes.

(#3) Secondary Prevention – Westfield Memorial Hospital will work to raise awareness regarding diabetes management programs in the community and to promote prevention of complications of diabetes in those who currently have the disease.

(#4) Professional Education – The Team will educate community through PMDs, newsletters, and local papers once an evidenced based program has been chosen and is ready for implementation.

(#5) Awareness Raising – The Team will educate community through PMDs, newsletters, and local papers once an evidenced based program has been chosen and is ready for implementation.

(#6) Policy, Environmental and/or Systems Change - The programmatic level isn't sustainable and therefore we need to focus on the systems level. The Community Health Planning Team would like to propose a Medicaid pilot model for Chautauqua County and work on this model for the future. The team feels Advocacy for self-management diabetes education and increased Medicaid reimbursement rates would have a positive impact on diabetes in the county.

Evaluation:

During the third and consecutive years following, the funded programs will be implemented, tracked and reported upon while supplementary funding sources will be sought to support additional diabetes prevention programming and initiatives in the community. The task force will also be investigating successful models for rural approaches to diabetes education and prevention that could be used within our communities.

3. Priority Area (Prevention of Disease) Immunizations, Lessons from H1N1 - Ongoing priority with annually updated strategies

Local hospitals and the CCHD currently collaborate on many levels of Public Health Emergency Preparedness drills, reporting and communication. These exercises have proven valuable especially during the recent H1N1 outbreak. These exercises enabled hospitals and LHD to communicate quickly and effectively about the progression of H1N1 sampling, testing and reporting in our local community. However, the recent H1N1 outbreak made each hospital and the LHD realize that a comprehensive educational campaign about the community's role in the prevention of disease spreading has not been activated in our community.

Goal: To increase the awareness of how illness is spread and to decrease the spread of disease throughout the community.

WMH Objectives & Activities:

Messaging about the spread of disease and how to prevent it must be distributed throughout the entire county using multiple avenues of communication. (posters, flyers, radio, television, brochures, outreach, seminars, school sessions).

(#1) Coalition Capacity-Building and Sustainability – The Pandemic Preparedness Plan was developed based on current information from the NYS DOH, CDC, and the WHO. This plan is intended to be used as a fluid and flexible guideline for dealing with the problems associated with a Pandemic Influenza outbreak in our community service area, and not as strict policy and procedure. It has been designed to easily accommodate any changes recommended by the above agencies as a pandemic progresses. Information and epidemiology will be reported to the CCHD and disseminated to the other agencies.

(#2) Primary Prevention – Appropriate Immunizations in specific populations per CDC.

1. Annual community immunization for seasonal influenza with the VNA
2. Annual associate prevention
 - a. All associates are offered annual flu vaccines in the Fall.
 - b. All associates are fitted with an N95 respirator mask annually and as needed.

(#3) Secondary Prevention – The Pandemic Preparedness Plan

1. Following the H1N1 outbreak this spring, WMH implemented its in-house contagious disease plan.
 - a. Signs have been posted on all entrances
 - b. Masks are located at all entrances for patients and visitors who may have respiratory diseases.
2. Surveillance Plan – Intrapandemic flow plan used ED to evaluate patients
 - a. Infection Control Committee
 - i. Infectious Outbreak Investigation Protocol
3. Associate Health Care Plan - Intrapandemic flow plan used ED to evaluate staff

(#4) Professional Education – All healthcare agencies will agree upon and distribute common messages about disease prevention and the importance and availability of immunizations.

1. The CCHD will distribute information to all area healthcare providers.
2. WMH will inform all staff members with direct patient care of any directives from the CCHD, the CDC, and the WHO.
 - a. Information will be disseminated via daily postings on each department's communication board.
 - b. Education will be provided as needed through the staff educator and quality assurance department.
3. WMH associates complete a mandatory inservice annually using the Pandemic Preparedness Guide For Staff, as well as the annually updated Influenza Protocol, and Power Point Presentation followed by successful completion of a post test.

(#5) Awareness Raising – The education and promotion of immunizations and the availability.

1. Use PHEP dollars to purchase quarterly joint ads within the community.
2. WMH in house education
 - a. Posters & information related to precautions surrounding the spread of disease.
 - b. Specific information will be added as needed to monthly community bulletin in local newspapers which serve our community.

3. Use PHEP dollars to implement Evidence-based programs in the schools and community.
4. Promote prevention of diseases transmission at community health fairs, local businesses, newspapers, & local schools.

Evaluation:

Ongoing monthly quality assurance will be completed in all department and quantified quarterly.

1. All providers continue to screen for any sign/symptoms of respiratory disease on admission
 - a. Monthly assessment during in house QA Audits.
 - b. Data reported quarterly.

5. Priority Area (Chronic Disease) Tobacco Cessation - New Priority Fall 2009

Tobacco use represents the single most avoidable cause of death in our society. Tobacco use leads to the promotion of almost all chronic diseases, therefore, decreasing the tobacco use in Chautauqua County will lead to lower rates of chronic disease.

Goal:

Tobacco Cessation is the one currently sustainable program in which all hospitals and the CCHD collaboratively provide with the Southern Tier Health Care Systems (STHCS) currently and all plan to continue to participate in for the next three years.

WMH Tobacco Cessation Objectives & Activities:

(#1) Coalition Capacity-Building and Sustainability - The Chautauqua County Steps Program, in collaboration with the local Tobacco Control Program and hospital staff members, helped implement a new policy that requires health care providers to directly address patients' tobacco use and cessation efforts. As of May 2006, more than 547 health care providers were trained on the 2-minute intervention, and the Woman's Christian Association (WCA) Hospital changed its patient intake and education forms to reflect the new process. As a result of the new policy, total calls to the state Smokers' Quitline from health care provider referrals quadrupled from 2005 to 2006, resulting in 50% more calls than in a neighboring county with similar demographics. We at WMH hope to replicate these results by joining the other three hospitals in collaboration with the (STHCS) Smoking Cessation team as a tobacco free facility.

1. All hospital campuses are smoke free by 2010.
This is a community based environmental policy change.
2. All hospitals and the CCHD collaborate with the STHCS to provide a consistent and statistically proven method of tobacco cessation.
3. NRT available through health department until supplies are exhausted. The NRT is available to agencies that have certified cessation facilitators.
WMH Trainers; Tina R. Newell, R.N.
Cheryl Love, R.N.

(#2) Primary Prevention – Decrease the number of new adolescent smokers in the WMH service community.

2009-2010 School Year

WMH/WACS/CCHD Coalition for a Healthy Lifestyle

Fall 2009 Meet and Develop Committee

WMH Campus = Smoke Free

Winter/Spring 2010 Joint Prevention of Student Smoking on WMH Campus

2010-2011 School Year

CLCS/WMH/CCHD Coalition for a Healthy Lifestyle

Recreate/customize program in collaboration with a second school district

2011-2012 School Year

BCS/WMH/CCHD Coalition for a Healthy Lifestyle

RCS/WMH/CCHD Coalition for a Healthy Lifestyle

Recreate/customize program in collaboration with further school districts

(#3) Secondary Prevention

1. Continue to provide certified facilitator trainings at the hospital. This increases the hospitals capacity to provide cessation education to their clients and the community. This also strengthens the collaboration between the hospitals and the STHCS Cessation Center in Olean.

- a. WMH will offer 4 week workshops every November and January for the next three years.
- b. WMH will offer additional classes whenever there are a minimum of eight interested community members.
- c. All clients enrolled in the cessation program are referred to the NYS Quitline.
- d. WMH will place advertisements in the Westfield Republican, Mayville Sentinel, and the Quality Guide monthly with community based education programs offered.

2. Share a list of already trained personnel at each individual hospital annually.

(#4) Professional Education

1. Each year the cessation certification training is provided at no charge to the hospitals, pharmacists,

and other service agencies.

- a. These trainings are open to the public and other community agencies.
- b. The DOH announces any upcoming training dates.
- c. WMH will train 2 more educators annually in order to provide further training coverage for both the community and staff members.

2. CME classes for PA, NP, & MD through STHCS provided by the UB School of Medicine program.

(#5) Awareness-Raising

1. Tri-County Tobacco Control Program (CCHD) will continue to provide community education, policy and environmental change, retailer awareness and reduction of tobacco sales.
2. Assess smoking as a vital sign at each visit.
 - a. Re-enforce the 2-minute intervention with the 5A's.
 - i. All staff will be trained by 2010
 - ii. Any new staff will be trained as part of orientation to the hospital
 - b. Encourage all physicians who practice in our facility to implement this policy in their office.
 - i. Target goal of 10% new physicians/year
WMH = 20 PMDs, 3 DDSs
2 Currently Screen all Patients & Use the 5 A's Intervention
 - ii. Attend & present at Medical Staff Meetings Twice/Year
 - iii. Present at Office Manager's Meetings Twice/Year
 - iv. Collaborate w/STHCS to bring further education to PMD offices who wish to screen patients
 - v. STHCS to provide Fax to Quit pads to all offices
2. Posters and educational information
 - a. Displayed throughout the hospital.
 - b. Distributed to local businesses & municipalities

Evaluation:

1. Ongoing biannual evaluation will be completed related to Fax to Quit referrals & attendance at smoking cessation classes.
3. All providers continue to screen for tobacco use on every visit.
 - a. Monthly assessment during in house QA Audits.
 - b. Data reported quarterly.
4. All providers continue to provide Tobacco Cessation to their community of service.
5. WMH will track statistical change in Quitline Referrals annually over the next three years.
 - a. Expectation of dramatic rise in referrals in 2010
 - b. 2011 & 2012 referrals remaining with 25% of the 2010 referrals.
6. 75% of MDs and DDSs in service community are screening for tobacco use by 2012.

6.Priority Area (Physical Activity and Nutrition), High Level Wellness

At every stage of life, preventative health promotion activities hold the promise of improving lives. Prevention stems directly from evidence that many of the leading causes of disability and premature death are in some way linked to personal behaviors that may either exacerbate or contribute to disease development or exacerbate current health problems.

Goal: Educate people to modify behavior to control several important risk factors to either prevent or promote better control of chronic disease. These behavior changes at any age can return rewards in health and productivity.

WMH Objectives & Activities:

(#1) Coalition Capacity-Building and Sustainability – The CCHD and WMH will work in conjunction with other agencies in our service area to promote activities related to chronic disease prevention.

(#2) Primary Prevention – The promotion of healthy lifestyle habits with affordable and sound nutrition, stress management, and adequate aerobic exercise address the most important health issues of our time; obesity, high fat diet leading to cardiovascular disease, stress reduction, and diabetes prevention.

Aerobic Exercise

1. The Village of Westfield currently has marked and distance labeled walking trails throughout with maps available at numerous locations throughout the village.
 - a. Different distances
 - b. Maps found at WACS, WMH, Eason Hall, Library, YWCA
2. Expand the walking paths to one additional village/year in the WMH Service Community.
 - a. 2010, 2011, 2012
 - b. Possible villages to promote paths
 - i. Mayville, Ripley, Brocton/Portland, Sherman
3. The Annual Community Aerobic Activity Challenge was co-organized by the Westfield Recreation Commission, YWCA of Westfield and Westfield Memorial Hospital in the 1990s. This six-month exercise program focuses on developing regular aerobic exercise patterns. More than 100 participants per year walk, bike, run, swim, and exercise to improve their health. Most participants continue to exercise on their own throughout the winter months.

Nutrition WMH will begin to offer healthy cooking classes before all of their Thursday evening Education Offerings in 2010.

- A. Cooking classes
 - i. Cooking Foods from scratch
 - ii. More economical

- iii. Healthier
- B. Decrease Fats, Salt, & Simple Carbs
 - a. Local Schools
 - i. WACS, CLCS, SCS, RCS, BCS

Stress Reduction WMH will include between 5 & 15 minutes of stress reduction activities with every Thursday night wellness program.

(#3) Awareness Raising - The

1. The Annual WMH Walk for Wellness draws 50-100 community members together to share in exercise.
2. Bimonthly advertisements for Community Programs in Westfield Republican, Mayville Sentinel, and Quality Guide.

Evaluation:

Participant evaluation on completion of each program and track attendance at events.

VI. Financial Aid Program

Successes and Challenges

Access to Services

In 2008 Westfield Memorial Hospital assisted 312 patients and wrote off \$213,582.12 in community care assistance.

In 2009 Westfield Memorial Hospital has already assisted 294 patients and written off \$145,682.98.

Statistically Westfield Memorial Hospital has assisted 85 more people and spent \$2,583 more through August of 2009 than in 2008.

Successes When the economy took its downturn, Westfield Memorial Hospital increased its charity care threshold to 300% of the national poverty rate. WMH has an on-site counselor to assist patients and families which has been very successful and allowed us to help more people.

Challenges Despite prominently displaying this information in the front lobby, at admissions, on the statement sent to the patient and counseling ER patients without insurance at the time of service, it has been difficult to get people to take the steps necessary to qualify for the charity care program.

VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

The impact of the general economic downturn could limit or diminish healthcare services for all hospitals within Chautauqua County and New York State. Greater numbers of patients are being seen in Emergency Rooms due to changes in health care insurance status as unemployment rises.

Chautauqua County has yet to feel the complete impact of the Berger Commission changes and discover the impact this will have on the financial viability of all hospitals in the county and thus health care access and delivery within the community. Financial instability in Chautauqua County hospitals could have a negative impact on access to care.

The United States Government Accountability Office reported in June of 2003 classifies the elderly, disabled, and those with low income as “transportation-disadvantaged” persons. Data from the U.S. Census bureau American Survey from 2007 indicates that Chautauqua County population consists of a greater percentage of elderly person aged 65 years and greater, and a much lower median income than the New York State population as a whole.

Public transportation in the County is provided by the Chautauqua Area Rural Transit System (CARTS). While the system is inexpensive and provides service to every town, the coverage is inadequate, the system operates only during weekdays from 7:30 am to 5:30 pm, and arrangements for pick-up must be made in advance. If a request is made outside of a regular route, CARTS will offer services whenever requested; however, as inconvenience and cost of the pick-up increases for CARTS, fees for clients increase. For many families even the reduced fees of the CARTS van are prohibitive.

VIII. Dissemination of the Report to the Public

Westfield Memorial Hospital will place this document on it’s website. Classes are advertised in local newspapers, on posters throughout the community, in pamphlets, in PMD offices, and in public service announcements.

A pamphlet will be designed and displayed in all waiting rooms and departments in the hospital.