



F.F. Thompson Hospital
350 Parrish Street
Canandaigua, New York 14424

Community Service Plan
Comprehensive Three-Year
Plan
(2010-2012)

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F.F. Thompson Hospital

Comprehensive Three-Year Community Service Plan (2010-2012)

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I. Mission Statement

A. Mission Statement for Thompson Health and F. F. Thompson Hospital

Reaffirm the mission statement that identifies the hospital's commitment to the community it serves.

Introduction: F.F. Thompson Hospital takes pride in bringing its community personalized and compassionate health care supported by the best in advanced medical technology and innovative treatment protocols. As a vital part of the Thompson Health System, F. F. Thompson Hospital is deeply rooted in the community and has formed significant partnerships to engage our patients in their homes, schools, businesses, and in our clinical settings. This comprehensive three-year plan features the goals that will continue our 100-year legacy of caring for our community.

Thompson Health provides the highest quality of care to its growing regional population of approximately 120,000 individuals. The following corporations of Thompson Health provide excellence in primary and secondary care services, wellness, and community education. These corporations are: F.F. Thompson Hospital, Inc., a 113-bed acute care facility; M.M. Ewing Continuing Care Center, a 190-bed long-term care facility; the F.F. Thompson Foundation, Inc.; FFTH Properties and Services, Inc.; Ontario County Advanced Life Support, Inc (OCALS).; and F.F.T. Senior Communities, which owns and operates a senior living community featuring independent and enriched living residences.

For many years, Thompson Health ensured the availability and continuity of emergency response services for our community by providing paramedic personnel to local ambulance companies who could not afford this higher level of service. Although Thompson sustained a financial loss for the majority of the thirteen years it provided this service, Thompson ensured the companies were able to provide these services on their own and then started the process to transition its certificate of need to a local ambulance provider. Thompson will discontinue OCALS as a corporation once the transition is completed.

The mission statements for Thompson Health and for F. F. Thompson Hospital are as follows:

Mission of Thompson Health: Thompson Health is dedicated to providing an integrated health care system, comprised of affiliated health-related corporations, to promote and support the health and well-being of the community.

Mission of F. F. Thompson Hospital: F. F. Thompson Hospital, Inc., is a community hospital which exists to serve the healthcare needs of the people in partnership with regional health care providers. F. F. Thompson Hospital serves as the center of a health care network to provide a full range of health care services and to improve community health.

B. Changes to the Mission Statement

Indicate whether there have been changes to the mission statement. If the mission statement has been revised, please describe the revisions.

Thompson Health conducts its strategic plan on a three-year basis and reviews the mission and visions of its corporations. The mission statement for F.F. Thompson Hospital has not changed over the last two cycles of the strategic planning process.

II. **Service Area**

A. Hospital Service Area

Define the areas the hospital uses for community/local health planning for the purposes of the Community Service Plan (CSP)

Thompson Health uses its primary and secondary services areas as well as the demographics for the county in planning for the services it provides to the community.

B. Description of Service Area

Describe the method(s) used to determine the service area (e.g. zip codes, census data, etc.)

The method by which F. F. Thompson Hospital defines its service area includes an analysis of its primary and secondary service area as well as the area demographics. The following defines the service areas and provides a demographic summary of the region.

Definition of Primary and Secondary Service Area: Thompson Health provides services to persons in Ontario County and parts of Wayne, Monroe, Livingston, Yates, and Seneca Counties. Thompson Health defines its primary service area as including those zip codes that cumulatively add up to 70% of its inpatient admissions and where we receive greater than 50% of the market share. At the 70th percentile, the remaining zip codes (up to the 90th percentile) comprise the secondary service area.

The following is a list of the zip codes in Thompson Health's Primary and Secondary Service areas.

Primary Service Area

Secondary Service Area

14424 Canandaigua
14425 Farmington
14469 Bloomfield
14564 Victor
14512 Naples
14471 Honeoye
14548 Shortsville
14544 Rushville

14522 Palmyra
14527 Penn Yan
14561 Stanley
14432 Clifton Springs
14504 Manchester
14502 Macedon
14507 Middlesex
14532 Phelps
14456 Geneva
14485 Lima
14513 Newark

County Demographics: Ontario County is located within the Finger Lakes Region of Upstate New York. It is one of the largest counties in the region in terms of both area and population. The county is approximately 644 square miles. The population concentrations and access to jobs and services are shaped considerably by three major East-West highways (Routes 5 & 20, Route 96, and the NYS Thruway) in the northern half of the county.

The population in Ontario County is primarily rural (approximately 161 persons per square mile compared with NYS at 408). The population, numbering approximately 103,935 persons, is concentrated in 26 small cities, towns and villages within the County. The population in Ontario County is primarily white (92%) with small pockets of African American persons (2%), persons of Hispanic origin (2.8%) and other (3.2%).

Ontario County has experienced a fair amount of growth over the last five years. The Town of Victor, which borders Canandaigua to the North, has experienced a 26% growth in population between 2000 and 2008. Ontario County is one of the few counties in New York State which is growing. Overall growth in Ontario County was approximately 4.7% between 2000 and 2008. Population projections through 2013 show continued population growth in the county with the population increasing 2.4%.

III. Public Participation

A. Participants

Identify the participants involved in assessing the community health needs.

To strengthen our entire system and our community, Thompson engages in many community partnerships to ensure we remain strong and viable for the future.

Based on its CARES values and commitment to the community, F. F. Thompson Hospital completed a community health assessment to better understand the needs of the community. Because it is vital that Thompson ensures every person in the community has access to high-quality health care, Thompson lives by its CARES values which are:

Commitment is to our customer. Our customer is the patient and resident, family, doctor, client, associate, volunteer and visitor – anyone to whom we provide service.

Actions always speak louder than words. We act in a professional and timely manner.

Respect. We treat every person with dignity, honor and appreciation. We avoid every intrusion into their privacy and hold their personal information in confidence.

Excellence. Our System is continuously providing outstanding care and exceptional service.

Service. We serve with pride, creating a responsive and healing environment. This is what our team is all about.

The following identifies the participants in the process to conduct the community health assessment.

Participants: The Hospital worked with a broad-based group of area community agencies known as “The Ontario County Partners for Community Solutions” to develop and implement the community health assessment. The participants in this Committee included F. F. Thompson Health, the Ontario County Department of Public Health, the Ontario County Office of Aging, the Ontario County Youth Bureau, the United Way, and the Canandaigua Churches in Action (a local church consortium).

Together, this group developed and implemented a community health assessment to determine the needs of the county and to start laying the groundwork to develop a county plan to address these needs.

In addition, F. F. Thompson Hospital has formed a partnership with representatives from Ontario County Public Health and its colleague regional hospitals, Clifton Springs Hospital and Geneva General Hospital.

The purpose of this partnership is to create the work plan that will address some of the Prevention Agenda priorities related to the community health assessment. This group met on a monthly basis to review the results of the community health assessment and to identify areas of the Prevention Agenda in which the group will collaborate. This group is known as the “Ontario County Health Collaborative” and its objectives are included in the work plan for F. F. Thompson Hospital that is included as Addendum B to this community service plan.

B. Outcomes

1. *Specify the dates and provide a brief description of the outcomes of the public input process.*
2. *Summarize any discussions concerning barriers to care or gaps in service*
3. *Describe how public notification of these sessions was accomplished.*

To fully describe the outcomes of the assessment process, we must first review the process for the community health assessment. The following description includes the dates of the public input process and the public notification which is followed by the outcomes, or a summary of the discussions concerning barriers to care or gaps in service. Because the outcomes report is comprehensive, it is included as Addendum A to this report.

Process for the Community Health Assessment: The MAPP (Mobilizing for Action through Planning and Partnership) process was used to conduct a comparable Community Health Assessment in six surrounding counties which included Seneca, Schuyler, Steuben, Ontario, Wayne and Yates. The Health Assessment included three major components which included (1) community health indicators; (2) community themes and strengths assessment; and, (3) focus group meetings. These components are described in the following:

Community Health Indicators: The first component examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the HIN and a variety of other secondary sources. This was completed by the support F. F. Thompson Hospital received from consulting staff to the Ontario County Department of Public Health and from data collected and analyzed by the Finger Lakes Health Systems Agency. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. This public participation component included a Community Needs Assessment Survey that was developed in coordination with the Committee known as The Ontario County Partners for Community Solutions.

Starting with 115 basic categories developed by the Center for Governmental Research where census data was collected and for which supplemental information was available, the Committee determined the most appropriate set of potential needs for residents of the county. Input was invited from county agencies and experts, with over 50 organizations reviewing and contributing to the composition of the survey form. The final document was a balance between obtaining as much information as possible in one survey process, and keeping the form short and simple

enough for residents to understand and use. The final document, presenting 64 needs for residents to rate, was designed in multiple formats:

- Electronic version for websites (English)
- Electronic version for websites (Spanish)
- Hard copy version for distribution to public sites (English)
- Hard copy version for distribution to public sites (Spanish)
- Large print version

The availability of the survey was published on the Ontario County website, multiple other public and agency sites, in addition to being advertised in community newspapers and newsletters. Distribution, with the assistance of college interns, was made to over 50 public sites, agencies, governmental offices, health offices, housing complexes, and commercial locations. In some instances, special facilitation enabled contributors to better understand the language and intent of the survey. Web sites and all forms of the survey were available throughout the months of February and March 2009. Every attempt was made to include as full of a range of demographic representation as practically possible. A total of 1,539 completed surveys were returned in Ontario County.

Community Themes and Strengths Assessment: The second component included the Community Themes and Strengths Assessment that was conducted through Focus Group meetings throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. The assessment was conducted at a Head Start Parent Advisory group (all parents in the group were invited to attend), senior meal site (regular attendance- advance notice of focus group provided), at a local Rotary meeting (regular attendance- advance notice of focus group provided), at a meeting of health and human service organizations (by invitation to all health and human service groups), and at Finger Lakes Health's Community Advisory Committee (regular attendance- advance notice of focus group provided). Well over 150 people attended these meetings in total. Dates of the meetings were: April 28, 2009; May 8, 2009; May 12, 2009; June 4, 2009; and June 8, 2009

Focus Group meetings: The third component was also conducted through Focus Group meetings and looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. This assessment was conducted among the same groups as the assessment above, and at the same time.

In these two assessments, focus group participants were presented with data from the previously described assessment components, and asked three questions:

- What's missing? What are the gaps in services?
- What factors or forces exist at the state, local and national levels that affect the health of County residents?
- What unique strengths does the community have that can be used to improve health? Work to address these factors.

Please refer to Addendum A (attached to this document) for a list of the comments made by the Ontario County focus groups to whom we presented. These included:

- (1) Geneva Head Start on April 28th, 2009;
- (2) The Ontario County Community Stakeholders, Canandaigua, May 8, 2009;
- (3) Clifton Springs residents on May 12, 2009; and, the
- (4) Victor Town Hall Senior Group on June 6, 2009.

IV. **Assessment of Public Health Priorities**

A. Criteria of Public Health Priorities

Explain the criteria used to select priorities and explain how data were used to target a community or segment of the community.

When the assessment process was completed, the consultants combined and analyzed the results of the assessments. The top 10 key findings from the 2009 Ontario County needs assessment study are:

1. Accessibility of health insurance (Health)
2. Assistance for low income households for heat, fuel, and utilities (Financial)
3. Availability of doctors who accept Medicaid/Medicare (Health)
4. Reduced drug- and alcohol-related crimes (Public Safety)
5. Availability of safe, affordable housing (Housing)
6. Availability of doctors and medical facilities (Health)
7. Support for children living in poverty (Children & Youth)
8. Youths in trouble with the law (Children & Youth)
9. Attracting new businesses / keeping current businesses (Economy)
10. Help for abused and neglected children and their families (Children & Youth)

Once these results were tallied, a finalized list of the top issues from all components of the assessment process was compiled. The data was then presented by the consultants to the Ontario County Health Collaborative including the partners which are F. F. Thompson Hospital, Geneva General Hospital, Clifton Springs Hospital, and representatives from the Ontario County Public Health Department.

The partners ranked the priorities based on their knowledge of health needs and available services, along with the data presented from all of the above, to select two to three priorities. The participants ranked the 10 Prevention Agenda categories, based upon their perception of the needs within each of the categories by using a ranking system known as the Hanlon Method.

This Method which uses the following formula to rank priorities:

$$(A + 2B) \times C$$

Where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution. The effectiveness of the solution obviously is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective.

In the Hanlon Method, numbers are assigned through which to measure size, severity and effectiveness, and the numbers were then added into the formula as the focus group ranked each relative factor. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, it is still a method that is largely subjective, but which represents a quantitative way to rank qualitative and non-comparable quantitative information.

Together, we ranked each component (size, seriousness and effectiveness of the solution) individually using a paper-ranking form so the rankings were not heavily influenced by group dynamics.

B. Selected Prevention Agenda Priorities

Clearly describe each of the selected Prevention Agenda Priorities

Based its analysis described above, F. F. Thompson Hospital has identified the following prevention agenda priorities, (1) Access to Care; and (2) Chronic Diseases.

A detailed listing of our objectives and goals and how they will be measured can be found in Addendum B, "F.F. Thompson Hospital Objectives 2010-2012".

Ultimately, we decided to focus on the following objectives within these priorities:

- (1) Access to Care
 - a. Research and analyze best practice models, implement strategies, and provide programs designed to improve the quality of health in partnership with the Ontario County Health Collaborative
 - b. Improve the quality of care through the provision of nursing orientation programs, sponsoring a rural medical student; operating an extension clinic to serve the under and uninsured, operating other extension clinics in higher populated areas, providing facilitated enrollment services, and operating a consumer price line.

(2) Chronic Disease

- a. Research best practices related to heart disease prevention and treatment; and, implement strategies related to prevention and treatment of chronic diseases; and implement best practice nutrition and physical activity initiatives in the schools, community and worksites in partnership with the Ontario County Health Collaborative.
- b. Conduct programs to address heart disease to include support groups relative to weight management, diabetes, and education programs;
- c. Address physical activity and nutrition through educational programs on healthy food choices and exercise to encourage physical activity.

C. Status of Priorities

Describe whether the priorities selected represent new community initiatives or existing programs that will be supplemented by input and support from community partners.

F. F. Thompson Hospital exists to meet the needs of our community. We are continually seeking new initiatives to enhance the access to care and quality of the health care we provide. Our community involvement has been demonstrated in many ways. We have enhanced our programs and services at F. F. Thompson Hospital by expanding our physical plant to add more emergency rooms due to the growth in emergency room visits and by streamlining our patient access to diagnostic imaging and ambulatory services. In addition, we were recently recognized for our focus on wellness and received the Wealth of Health award sponsored by a local health insurer.

The development of the Ontario County Health Collaborative is a new community initiative based on the community health assessment and the collaborative direction of the Prevention Agenda Priorities. Together, we will research and analyze best practice models, implement strategies, and provide programs designed to improve the access to care and chronic diseases. The additional programs noted above are existing programs that are part of the Hospital's strategic plan and ones we will continue to grow to ensure every person has access to high-quality health care.

D. Non-Prevention Priorities Considered in Assessment Process

Provide a description of all hospital public health programs not included in the Prevention Agenda, including program scope and goals.

All of the programs at F. F. Thompson Hospital meet the criteria of the Prevention Agenda.

V. **Three Year Plan of Action**

A. Strategies for Selected Priorities

For the Public Health Priorities identified in Section IV, including the two Prevention Agenda priorities, describe the strategies proposed to address them as follows:

1. Whether they are new or existing priorities

The development of the Ontario County Health Collaborative is a new community initiative based on the community health assessment and the collaborative direction of the Prevention Agenda Priorities. Together, we will research and analyze best practice models, implement strategies, and provide programs designed to improve the access to care and chronic diseases. The additional Public Health Priorities outlined in Section IV (and repeated in Addendum B) are existing priorities for F. F. Thompson Hospital. These were also identified by the 2005-2010 Community Health Assessment.

2. How they will be addressed by the hospital and community partners and by whom

The attached Work Plan (Addendum B) identifies how the priorities will be addressed and by whom.

3. The overall Goals and Strategies

The overall Goals and Strategies are outlined in the attached Work Plan (Addendum B)

4. How the goals will be measured for effectiveness

The attached Work Plan (Addendum B) identifies how the goals will be measured for effectiveness.

5. How the strategies may be modified to include on-going input and support from the hospital's community partners

The strategies will be modified by ongoing input and support from F. F. Thompson Hospital's community partners who participate in the Ontario County Health Collaborative described in this community service plan. This team will continue to meet to implement its shared objectives. As mentioned above, we will research and analyze best practice models, implement strategies, and provide programs designed to improve the access to care and chronic diseases. As a result of our ongoing meetings and analysis, there

will be modifications, additional input, and support of the outcomes by this collaborative team.

VI. **Financial Aid Program**

A. Successes, Challenges, and Best Practices

Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807(k) (9-a). Do not include the summary of the hospital's policy or financial data required by Exhibit 50 of the ICR; rather discuss general accomplishments, process improvements and/or best practices related to the hospital's financial aid program.

Successes:

The financial aid program of F.F. Thompson Hospital is administered by Patient Financial Services. The successes of this program are many and are outlined as follows:

Twenty-nine percent of all patients applying for financial aid have been approved either with full or partial aid available to help with their outstanding hospital bills in 2008. This percent equates to 509 applications being approved out of the 1,760 applications that were sent to patients in 2008. In 2009, F. F. Thompson Hospital began to send all self-pay patients a copy of the Financial Aid program application with the patient's initial bill rather than waiting for request from the patient. This will decrease our percentage approval but will increase the visibility of the program and ensure patient awareness.

F. F. Thompson Hospital has seen a 22% increase in amount it provides to patients through the sliding fee program. In July, 2009 this was equal to \$272,252 and in July, 2008 this was equal to \$222,882.

There was a 7.5% increase in the community care discounts applied to all uninsured patients which equated to \$1.4 million YTD in 2009 and to \$1.3 million in 2008. All uninsured patients are entitled to receive an automatic community care discount.

In addition, the distribution of our charity care applications increased 26% from 1,648 YTD July, 2009 compared to 1,309 YTD July, 2008.

We have made 441 payment plan arrangements with our patients YTD July 2009 compared to 100 arrangements made at the same time in 2008 which represents a 341% increase in the number of payment plan arrangements in just one year. This increase is primarily due to uninsured patients or those with high deductible and coinsurance plans.

Challenges:

The Patient Financial Services Department is focused on providing the highest quality and best financial programs it can to help patients navigate the financial complexity of paying for health care services.

The Department works to streamline its processes so that it can maintain a continual review of accounts to ensure that the appropriate financial aid is considered and applied. This has resulted in increase staffing, operational, and supply costs. This will continue to grow proportionately with the increasing number of applications received from uninsured and underinsured patients.

Best Practices:

F. F. Thompson Hospital offers a community care financial aid program that is considered a best practice for the region. This includes a financial aid policy that qualifies a patient for financial aid for a year with no need to reapply during that time frame. Patients are given a business card from the financial counselor with the effective date stamped on the back as well as the percent of sliding fee that has been awarded. The financial counselors carefully monitor patient visits to ensure that patients covered within the year of financial aid receive the applicable sliding fee discount on their accounts.

In addition, our program features an automatic community care discount that is applied to the accounts of uninsured patients without the need for the completion of financial aid applications. Additional discounts are then available through the financial aid application process.

F. F. Thompson Hospital oversees a grant funded Facilitated Enrollment program that is dedicated to promoting and supporting the health and well-being of the community by enrolling individuals in Child Health Plus and Family Health Plus programs.

Since the inception of this program in January, 2003, the Hospital has enrolled 6,000 individuals in these insurance programs. As a part of the 6,000 applications, the Hospital has received approval and has enrolled 2,016 children into Medicaid (children 1-18 years of age) and 4,127 children into Child Health Plus (children 1-18 years of age). Also, we have enrolled 1,437 adults into Family Health Plus (adults 19-64 years of age). In addition, we have enrolled 24 pregnant women in Medicaid and have enrolled 775 adults into Medicaid. Please note that the numbers enrolled do not equal the number of applications (6,000) since one application can include multiple individuals.

We have had a 41% increase in the number of facilitated enrollment applications increasing from 570 applications as of July, 2008 compared to 802 applications by July, 2009.

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

A. Potential Impacts

Describe any changes to the hospital's operation or financial situation that impacts the care of the community, financial assistance and/or access to health care. This could include, but is not limited to, impending mergers, increasing financial constraints, and key personnel turn over.

The Hospital does not anticipate any major changes to the hospital's operational or financial situation other than the positive impacts of the many programs and services it is implementing for the community.

F. F. Thompson Hospital is continuously focused on streamlining its operations for improved efficiencies and delivery of care. These areas of focus include increasing access to care and streamlining operations to ensure efficiencies.

To increase access to care, Thompson has engaged a fully-staffed Hospitalists program, however, the Hospital continues to seek OB-GYN providers, general surgeons, and internal medicine and family practitioners. The ability to recruit and retain practitioners in our region is impacted by the reducing reimbursements from our governmental payers and insurers.

To further increase access to care, the Hospital has engaged in a number of projects with a patient-centered approach to the delivery of care. This includes expanding our urgent care services and developing extension clinics as follows.

Because of the advent of higher-deductible health insurance plans, patients are seeking lower cost alternatives away from the hospital setting. Responding to this need and after seeing an increase in emergency room visits, the Hospital expanded the hours for urgent care in its Thompson Medical Center in Farmington, a local town within its service area. In addition, Thompson is adding digital x-ray services to the Thompson Medical Center and is renovating to improve patient flow in its lobby and registration areas.

Another avenue to help patients with lower-cost alternatives and to ensure that services are provided for the convenience of the patient, the Hospital is working to develop extension clinics in higher populated areas.

Most recently, the Hospital responded to a need expressed by a consortium of twelve area churches which formed a partnership known as "Canandaigua Churches in Action (CCIA)". CCIA is located at the original site of the Hospital on 120 North Main Street in Canandaigua where it provides clothing, food, and counseling services to those in need. CCIA identified the need for healthcare services for the uninsured and underinsured who are accessing its services. F. F. Thompson Hospital responded to this need by partnering with CCIA to open

the Thompson Health Clinic at CCIA in July 2009.

Given the growth in our community and especially with the increased focus on the delivery of outpatient services, Thompson Health applied for and received certificate of need approval for a major renovation project on its campus to expand and centralize space for surgery, endoscopy, rehabilitation, laboratory, dietary, and administrative services. The movement of these services will allow Thompson to better serve its patients with greater efficiencies and will create private rooms to ensure patient privacy and to improve infection control.

To further ensure patient privacy and infection control, the Hospital will implement private rooms. Seeing a growth in the demand for sleep studies, the Hospital decided to move the sleep center into a location away from the campus to ensure privacy and quiet for these patients. This will allow the Hospital to create private rooms in the inpatient space formerly occupied by the Sleep Center.

F. F. Thompson Hospital augments its services by partnering with a local tertiary hospital and its physicians to increase access and quality of service for diagnostic imaging, oncology/hematology, and infectious diseases. In addition, Thompson Health provides many educational services to the community as listed in the Wellness Calendar promoted on our website, newsletters, and the local paper. These classes include support groups for breast and prostate cancer, diabetes, respiratory disease, fibromyalgia, stroke and cardiac rehabilitation to name a few.

Access to care is enhanced by streamlining operations and greater efficiencies. Based on this, Thompson is working to implement an electronic medical record. To ensure the improved flow of information, Thompson is engaged in a review of its information technology systems and has recently completed a readiness survey to determine an appropriate IT vendor and to meet the criteria for IT meaningful use by 2013.

The financials for Thompson Health are positive, however, we are actively engaged in advocacy to plan for any changes that may incur as a result of the New York State budget and changes from national health care reform. Both are currently in negotiation.

VIII. **Dissemination of the Report to the Public**

A. Public Information

A key element of the Community Service Plan is the dissemination of pertinent information regarding a hospital's public health programs and availability of financial assistance to the public. The Hospital is required to disseminate a written summary of the CSP to the public either in brochure or pamphlet format, post information to the hospital's website, and include pertinent financial data that demonstrates current and future commitment to public health programs and financial assistance. The summary should highlight key information regarding a

hospital's public health programs, including Prevention Agenda priorities and non-Prevention Agenda programs, if applicable.

As the leading health care provider and largest employer in Ontario County, Thompson Health is at the center of the communities we serve. As such, we take our role as a valued community partner very seriously, and we are committed to improving the health of its members by providing the best health care possible and taking a proactive approach to health education. Of course, it's equally important to let the members of our community know where we've been and where we're going. To this end, we have several avenues available to help us disseminate the information included in the Community Service Plan to our community.

One of the most far-reaching ways to communicate results of our needs assessment, plan and financial impact is through our Partners newsletter. Biannually, we produce a health newsletter that is distributed to every household in and around our service area – over 70,000 households in total. In the Spring 2009 issue, we included a survey to collect additional data on some of the most pressing health care needs in our community. In addition, we plan on publishing a synopsis of our full Community Service Plan.

Each year, we produce a brochure that summarizes community benefit activity from the year prior and includes specific program results, financial data and other pertinent information. This will continue through the next plan cycle and will be distributed to key locations including hospital and physician waiting areas, health fairs, legislative meetings, board meetings and key community meetings.

In addition, the above-mentioned brochure will be available on the Thompson Health Web site, www.ThompsonHealth.com, for community members to view and download. This practice began with the 2007 Implementation Report, which was made available on the home page in 2008. This location will continue to be utilized, as will the Wellness Services landing page and the About Us section, under Publications.

Thompson Health practices open communication with the public and the Community Service Plan supports this goal.

IX. Financial statement

A. Financial Information Notes

The Department of Health will not require a separate financial statement to be submitted as a part of the Community Service Plan. Financial data already reported to the Department through the Institution Cost Report (ICR) will satisfy the statutory requirement.

F.F. Thompson Hospital reports financial data to the Department of Health through the Institutional Cost Report (ICR). As noted, no separate financial statement is required to be submitted as part of the community service plan.

ADDENDUM A
ONTARIO COUNTY FOCUS GROUP MEETINGS

	What is missing and what are the gaps in services	What factors exist that affect the health of residents	What are the community's unique strengths
Geneva Head Start – 4/28/2009	<ul style="list-style-type: none"> -Sense of community missing -Financial qualifications -Police not visible -Medicaid- Medicare gap -Lack of adult psychiatric services -Transportation- scheduling 8 hours for 1 appointment in Rochester -Language- growing Hispanic population -Cultural understanding -Landfill- new experimental system -Gasification burning garbage -Services for single parents- support groups financial 	<ul style="list-style-type: none"> Economy- downsizing- hours cut 40 to 20 unemployment Agriculture- Pesticides, farms Drugs- In urban areas Between Rochester and Syracuse Obesity- Can't afford Y Lack of motivation 	<ul style="list-style-type: none"> -Block party -Lake- trout derby -Rape Crisis Center -Spray Park -Domestic Violence Shelter -Lots of programs -FDC Course -FLCC -Headstart -Gyms- Y, 5&20 -Library -Farmer's Market -Geneva DMV, DSS, Employment Office- now in Geneva -FLMC -Migrant Health -Free lunch and dinners at churches -Sec 8 -WIC -Healthy Families -Neighbors Night -Center for Concern -Salvation Army -Food Pantry

ADDENDUM A
ONTARIO COUNTY FOCUS GROUP MEETINGS

	What is missing and what are the gaps in services	What factors exist that affect the health of residents	What are the community's unique strengths
<p>Ontario County Community Stakeholder Group, Canandaigua, New York – 5/8/2009</p>	<ul style="list-style-type: none"> - Substance abuse -Behavioral/mental health – lack of resources, money, chronic depression, awareness of services, reimbursement issues, limited access capacity -Dual diagnosis -Elder care-RSVP -Children caring for parents -Case management – to help navigate don't fit category access – House calls -Frailty of elderly -Emergency funding for basic needs -Lack of info (all not effective)- single point of contact link resources --Healthcare providers- recruitment and retention -Lack of coordination of services -Medication management 	<ul style="list-style-type: none"> -Rural residents delay care -Housing- smoking -Affordability of prescriptions -Worksite wellness- spread to community -Poverty-economy -Erosion of neighborhoods -Frustration of those needing services 	<ul style="list-style-type: none"> -3 hospitals -Transportation -Home delivered meds. -Supportive businesses -Lots of resources -Law enforcement- supportive and safe community -340B prescriptions program -Natural resources- visitors center, lake front -Proximity to other resources -Early intervention services -Good Medicaid penetration rate

ADDENDUM A
ONTARIO COUNTY FOCUS GROUP MEETINGS

Clifton Springs residents- 5/12/2009	What is missing and what are the gaps in services	What factors exist that affect the health of residents	What are the community's unique strengths
	<p>People recruiting health care professionals hard in rural areas</p> <ul style="list-style-type: none"> -Jobs for spouses -Recruit rurally to keep rural -Financial considerations -Lack of stable families -Rural vs. urban -Nutrition, family eating habits- limited choices and income -Lack of knowledge and access to community resources -County statistics -Lack of communication, united approach -End of life issues- hospice, education -Senior citizen housing 	<ul style="list-style-type: none"> -Geographic access to care-access to bus system -Transportation -Economy -Dental-fluoride -Health habits -Lack of family focus in parenting -Waterloo and Lyons A&C closing 	<ul style="list-style-type: none"> -Healthcare- 2 hospitals, VA Medical Center -DARE -Lots of community resources, service clubs, county resources -Youth programs, libraries, YMCA, B&G club -Cancer centers -Redundancy- combine, join forces, be business friendly -Success for Geneva's children

ADDENDUM A
ONTARIO COUNTY FOCUS GROUP MEETINGS

Victor Town Hall Senior Group -6/8/2009	What is missing and what are the gaps in services	What factors exist that affect the health of residents	What are the community's unique strengths
	<ul style="list-style-type: none"> -Homecare lacking -Internists- no new patients -Hard to get into nursing homes and rehab services (had to leave county) -Urgent care hours -Complicated insurance plans and forms -Directory of resources (OFA has one) all don't have computers -Loss of health insurance <p><u>Ontario County Needs:</u></p> <ul style="list-style-type: none"> -Accessibility to health insurance -Availability of doctors who take Medicare and Medicaid -Availability of doctors and medical facilities -Programs for children's mental health -Programs for obesity -Personal community unmet 	<ul style="list-style-type: none"> -Stock market-decreasing resources -Cost of prescription drugs 	<ul style="list-style-type: none"> -Nims- OFA transportation -EPIC Albany -Senior Groups- Victor, Farmington -Thompson Hospital, Clifton Springs- good quality -Good ambulance service -Canandaigua bus service -Free parking at hospitals

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Time-frame	Measurement and Evaluation
Access to Quality Health Care	Analyze best practice models to enhance access to care for Ontario County residents	Collect and summarize best practice data.	Consultants from S2AY Rural Health Network, Ontario County Department of Public Health & Geneva General, F.F. Thompson, Clifton Springs Hospitals	NYSDOH, FLHSA, Chemung County Public Health, MVP, Excellus, Monroe Plan	Third quarter 2009	One or more best practice models are chosen
		Review data to identify best practices for Ontario County.			First quarter 2010	
	Based on the above research, implement strategies to help Ontario County residents identify and regularly access medical and preventive health care services	Determine necessary resources and activities based on strategies chosen.	Ontario County Department of Public Health & Geneva General, F.F. Thompson, Clifton Springs Hospitals	As determined by chosen strategies	2010-2012	Compared to 2009 data, there is an increase in the percent of adults over 18 with a regular health care provider, an increase in the percent of adults over 18 who have seen a dentist in the past year, and an increase in the percent of adults over 18 with health insurance coverage

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Time-frame	Measurement and Evaluation
Access to Quality Health Care	To provide programs to improve the access to and quality of care	Developing and implementing programs to improve the clinical and decision-making skills of nurses by providing a formal six-month orientation/mentoring program for new nursing graduates.	Partners include a network sponsored by F.F. Thompson Hospital and including regional hospitals, Jones Memorial Hospital and Nicholas Noyes Hospital	Nurses from respective hospitals and the hospital's respective wellness departments	Courses will be provided throughout 2010 and ongoing	Those participating in the program are oriented and have passed their boards to enter nursing as a profession
		Continue the student sponsorship of a rural medical student	F.F. Thompson Hospital	SUNY Upstate Medical University and F. F. Thompson Hospital	Year round starting in April, 2010	A rural medicine student is identified and completes the mentoring program with a local primary care provider
		Operate an extension clinic to provide primary medical services to the underinsured and uninsured.	F.F. Thompson Hospital, Canandaigua Churches in Action	F. F. Thompson Hospital, Canandaigua Churches in Action	2010 - 2012	The numbers of patients accessing the clinic have increased from the Clinic's opening date of July 2009.

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

		Operate other extension clinics in higher populated areas.	F. F. Thompson Hospital and identified partners in selected areas.	F. F. Thompson Hospital and identified partners in selected areas.	2010 - 2012	At least one extension clinic (in addition to CCIA above) has been opened and is serving patients
		Continue to managed the Facilitated Enrollment Program with F.F. Thompson Hospital as the lead agency for the NYS DOH for facilitated enrollment in Ontario County	F.F. Thompson Hospital, NYSDOH	F.F. Thompson Hospital, NYSDOH	2010 – 2012	There is an increase in the numbers of individuals insured under the facilitated enrollment program using the end of 2009 as the base year for the numbers of individuals enrolled.
		Continue to provide pricing information for patient services to patients who called to inquire about their financial responsibility for these services. This program is known as the Consumer Priceline Service	F.F. Thompson Hospital	Patient Financial Services Department of Thompson Health	2010 – 2012	There is an increase of individuals using the Consumer Priceline Service using FYE 2009 as the base year for the numbers of individuals served.

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Time-frame	Measurement and Evaluation
Chronic Disease	Research best practices related to heart disease prevention and treatment	<p>Collect and summarize best practice data.</p> <p>Review data to identify best practices for Ontario County.</p>	Consultants from S2AY Rural Health Network, Ontario County Department of Public Health & Geneva General, F.F. Thompson, Clifton Springs Hospitals	NYSDOH, Finger Lakes Health Systems Agency (FLHSA) and local health insurance providers such as, MVP, Excellus, and Monroe Plan	<p>Third quarter 2009</p> <p>First quarter 2010</p>	One or more best practice models are chosen.
Chronic Disease	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Ontario County Public Health & Geneva General, F.F. Thompson, Clifton Springs Hospitals	As determined by chosen strategies	2010-2012	Compared to 2009 data, there is an decrease in the percent of coronary heart disease and congestive health failures hospitalizations (per 10,000) (ages 18+ years), and a decrease in readmissions,

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Time- frame	Measurement and Evaluation
Chronic Disease	Focus on reducing the number of people with indicators for heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites as well as through providers and the hospitals.	Determine necessary resources and activities based on strategies chosen	Ontario County Public Health & Geneva General, F.F. Thompson, Clifton Springs Hospitals	As determined by chosen strategies	2010 – 2012	Based on data available in 2009, there is a decrease in the percent of overweight children and adults and there is an increase in the percent of adults engaged in some type of leisure time physical activity and percent of adults eating 5 or more fruits or vegetables per day and the percent of WIC mothers breastfeeding at 6 months

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

	Current programs addressing Chronic Disease	Continue to implement support groups to help families of and persons with chronic disease. E.g. Mended Hearts cardiac support group, Diabetes Support, TOPS- Taking Off Pounds Sensibly, Saving Lives through Education.	F.F. Thompson Hospital	The Wellness and Cardiac Rehabilitation Departments of F. F. Thompson Hospital	2010 – 2012	Positive results are received as a result of surveys taken for courses provided and there is an increase in the number of individuals accessing these programs using 2009 as a baseline year for counting the number of those participating.
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ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Time-frame	Measurement and Evaluation
Physical Activity and Nutrition	Assist the community and Thompson Health employees to identify and engage in healthy initiatives on a regular basis.	Educational activities and support group activities. Engage adults and children in activities that will promote a healthy lifestyle	F.F. Thompson Hospital	Jones Memorial Hospital, Nicholas Noyes Hospital	2010 - 2012	There is a decrease in the percent of overweight children and adults and an increase in the percent of adults engaged in some type of leisure time physical activity and an increase in the percent of adults eating 5 or more fruits or vegetables per day
		Continue to implement the Get Up! Fuel Up! Program that teaches school age children how to make healthy food choices	F.F. Thompson Hospital	Ontario County Youth Bureau, Area School Districts, Child Care Centers	2010 - 2012	Based on data from 2009, there is an increase in the numbers of children participating in these programs
		Sponsor a National Speaker in Food and Nutrition	F.F. Thompson Hospital, Jones Memorial Hospital, Nicholas Noyes Hospital	School districts from each hospital service area, Food Studies Institute	4 th quarter 2009	The program obtains positive survey results from participants

ADDENDUM B
F.F. Thompson Hospital Objectives
Community Service Plan
2010-2012

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Time-frame	Measurement and Evaluation
	Assist the community and Thompson Health employees to identify and engage in healthy initiatives on a regular basis.	Implement the Eat Well Live Well program to monitor physical activity and fruit and vegetable intake. Program encourages eating 5 servings of fruits and vegetables and walking 10,000 steps each day	F.F. Thompson Hospital	Wegmans Food Markets	Spring 2010	Using 2009 as a baseline, there is an increase in the numbers of individuals from Thompson participating in this program and an increase in the number of steps walked and fruits and vegetables consumed