Introduction

New York State Public Health Law requires hospitals to submit a comprehensive 3-year community service plan (CSP) linked to the state’s Prevention Agenda to address public health priorities in their respective communities. Based upon the 2013 Community Health Assessment (CHA) for Oneida County, Rome Memorial Hospital’s CSP outlines the 2014-2016 goals and interventions identified through the process of analyzing the data and selecting priority areas, in collaboration with the Oneida County Health Department, other local hospitals and community agencies. Faculty and staff from the Central New York Master of Public Health Program provided technical support for the CHA and respective hospital CSPs. The CNYMPH program is a graduate program in public health sponsored by Syracuse University and Upstate Medical School.

Mission, Vision & Values

Mission: We provide quality healthcare with compassion.

Vision: Exceptional people delivering exceptional care for a healthier community.

Values: We commit to accountability, respect, integrity, innovation and excellence always.

Services

From 24-hour emergency care to routine testing and screenings for early detection, Rome Memorial Hospital is committed to providing quality care for the people who reside in Rome and the surrounding rural community. As a full-service community hospital, Rome Memorial Hospital is the cornerstone of its parent organization, Greater Rome Affiliates. Among GRA’s other affiliates are Rome Medical Group and Rome Medical Practice, which provide access to primary and specialty physician services in the local communities.

Rome Memorial Hospital, Inc.
• 130 Acute Care Beds (medical/surgical, intensive care, maternity, pediatric, senior behavioral health)
• 80-Bed Skilled Nursing Facility (long-term care, sub-acute rehabilitation, +2 respite beds)
• 24-hour Emergency Department
• Ambulatory Surgery
• Breast Center with Nurse Navigator
• Community Recovery Center, 264 W. Dominick St., Rome
• Cardiopulmonary Services
• Chestnut Commons Physical & Occupational Therapy, 107 E. Chestnut St., Rome
• Corporate Health
• Endoscopy
• Laboratory Collection Centers
  o 1500 N. James St., Rome (1st floor)
  o Beeches Office Complex, Turin Road, Rome
  o Rome Medical Group, 1801 Black River Blvd., Rome
  o Rome Medical Plaza, 1617 N. James St., Rome
  o Boonville Family Care, 13407 State Route 12, Boonville
• Lymphedema
• Medical Imaging (high-definition MRI, ultrasound, low-dose CT, bone densitometry, digital mammography, nuclear medicine, fluoroscopic studies, image-guided biopsies, stereotactic breast biopsy and general X-rays). General X-ray also available at
  o Rome Medical Group, 1801 Black River Blvd.
  o Chestnut Commons, 107 E. Chestnut St.
• Mohawk Valley Radiation Medicine, 107 E. Chestnut St., Rome
• Nutrition Counseling
• Physical, Occupational & Speech Therapy
• Prenatal Care Center, 155 W. Dominick St., Rome
• Primary Care
  o Boonville Family Care, 13407 Route 12, Boonville
  o Delta Medical, 1819 Black River Blvd., Rome
• Pulmonary Rehabilitation
• Regional Center for Wound Care, 267 Hill Road, Rome
• Sleep Disorders Center
• Surgical Services (Inpatient & Outpatient)

Rome Medical Group, P.C. (Adult and Pediatric Primary Care)
• Rome Medical Group, 1801 Black River Blvd., Rome
• Camden Family Care, 5 Masonic Ave., Camden

Rome Medical Practice, P.C. (Specialty Practices)
• Neurology, 267 Hill Road, Rome
• Rome Orthopedics & Sports Medicine, 107 E. Chestnut St., Rome
• Pulmonary & Sleep Medicine, 267 Hill Road, Rome
• Rome Surgical Specialists, 267 Hill Road, Rome
• Upstate Urology, 267 Hill Road, Rome

Definition of Community Served

RMH’s primary service area includes the City of Rome and the surrounding rural towns of Camden, Boonville, Annsville, Florence, Vienna, Lee, Ava, Western and Floyd. The population of the primary market is approximately 67,000 people. For selected specialties, such as senior behavioral health care, RMH’s service area extends into the surrounding counties of Madison, Herkimer, Lewis and Onondaga counties. Methods used to determine the service area are analysis of patient origin, based on home zip code.
Oneida County Zip Code Map

Zip codes can cross town, city, and county lines.

Some Zip codes are not defined by a specific geographic area because the Zip code is predominantly P.O. Boxes.
Sylvan Beach - 13157
McConnellsville - 13401
Prospect - 13435
North Bay - 13123
North Western - 13419

Town Boundaries
Zip Code Boundaries
Town Names are in Black
Zip Code Names are in Green
2010 Population by Zip Code

Source: SPARCS, Dartmouth Atlas, Management Analysis
Table 1. Rome Service Area: 2010 Census by Zip Code

<table>
<thead>
<tr>
<th>Post Office Name</th>
<th>Zip Code</th>
<th>Population</th>
<th>Hospital Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ava</td>
<td>13303</td>
<td>1,153</td>
<td>Rome</td>
</tr>
<tr>
<td>Blossvale</td>
<td>13308</td>
<td>3,625</td>
<td>Rome</td>
</tr>
<tr>
<td>Boonville</td>
<td>13309</td>
<td>5,889</td>
<td>Utica¹</td>
</tr>
<tr>
<td>Camden</td>
<td>13316</td>
<td>6,460</td>
<td>Rome</td>
</tr>
<tr>
<td>Lee Center</td>
<td>13363</td>
<td>2,315</td>
<td>Rome</td>
</tr>
<tr>
<td>Rome</td>
<td>13440</td>
<td>42,986</td>
<td>Rome</td>
</tr>
<tr>
<td>Rome</td>
<td>13441</td>
<td>51</td>
<td>Rome</td>
</tr>
<tr>
<td>Taberg</td>
<td>13471</td>
<td>3,540</td>
<td>Rome</td>
</tr>
<tr>
<td>Westdale</td>
<td>13483</td>
<td>256</td>
<td>Rome</td>
</tr>
<tr>
<td>Westernville</td>
<td>13486</td>
<td>815</td>
<td>Rome</td>
</tr>
<tr>
<td>Westmoreland</td>
<td>13490</td>
<td>1,361</td>
<td>Rome/Utica</td>
</tr>
</tbody>
</table>

*HSA Source: Dartmouth Atlas of Healthcare*

*Population Source: census.gov*

¹ Dartmouth Atlas defines Boonville as part of the Utica Hospital Service Area (HSA), though a significant number of RMH’s inpatient admissions are from Boonville. Additionally, the hospital has an Article 28 clinic in the Village of Boonville.

Most zip codes in the primary service area are located in Oneida County. Residents from Rome’s 13440 zip code with a population of almost 43,000 comprise approximately two-thirds of RMH’s inpatient discharges. The surrounding communities are mostly rural, with Camden 13316 (population of 6,460) and Boonville 13309 (population of 5,889) as the two largest towns located in the primary service area.

Based upon the 2010 Census, the population of Oneida County is 234,878, with 50.2% percent female; 21.4% of the population was under age 18; and 16.8% were 65 and older. The population is 88.7 percent white, 6.6% African-American, and 3.1% Asian; 4.9% identify themselves as Hispanic or Latino.

At $48,382, the median household income in Oneida County is less than New York State’s at $56,951. The percent of population below the poverty line was 15.1 percent based on the Census Bureau’s American Community Survey 2007-2011, higher than the rate of 14.5 percent for the state. There is an educational attainment gap in Oneida County with only 21.9% of residents age 25+ earning a bachelor’s degree or higher, compared to 32.5% in New York State. Nearly 60 percent of Oneida County residents age 16 and older are part of the labor force, though 4.3% are unemployed.
The Rome 13440 zip code demographics generally mirror the county’s numbers. The population of Rome 13440 is 42,986, with 48.9% percent female; 21% of the population is under age 18; and 16.7% are 65 and older. The population is 89.5 percent white, 5.7% African-American, and 1% Asian; 4.4% identify themselves as Hispanic or Latino.

At $49,553, the median household income in Rome is less than New York State. The percent of population below the poverty line was 12.6%. The educational attainment gap is even greater for the Rome population with only 18.9% of residents age 25+ earning a bachelor’s degree or higher. About 56% of residents age 16 and older are part of the labor force, with 4.7% unemployed.

According to countyhealthrankings.org, Oneida County measures up poorly in terms of morbidity (rank #53 out of 62 counties), including mental health, and various socio-economic factors (#43 out of 62 counties). At the same time, it fares better than most counties regarding overall clinical care (#16), particularly with respect to insurance coverage (despite relatively fewer providers), and physical environment (#17). Rates of adult smoking, adult obesity, physical inactivity, and teen birth rate are all higher than the state and the national benchmark. The overall rank of 50 reflects Years of Potential Life Lost (YPLL) before age 75 per 100,000 population, a measure of premature mortality.

Public Participation

The Community Health Assessment (CHA) for Oneida County was developed within the framework of the New York State Prevention Agenda and drew upon a variety of data sources, both qualitative and quantitative. Faculty and staff from the Central New York Master of Public Health provided technical support to a team made up of representatives of the Oneida County Health Department, local hospitals and community agencies.

This workgroup also included representatives of neighboring Herkimer County because many of the services accessed by residents of Herkimer County, particularly acute care hospital services, are in Oneida County and many community service agencies serve both Herkimer and Oneida Counties.

A community health forum, held on May 20, 2013, marked the formal launch of the CHA process. The participants from multiple health and human services agencies worked in small groups to identify and prioritize key health system and health status issues. Provider shortages dominated the discussion in terms of health system issues. Obesity and chronic disease were critical issues raised as health status issues, followed by mental health and maternal child health concerns. This collaborative process ensured broad participation in the analysis of data and selection of priority areas.

The issues raised in the CHA forums mirrored the concerns expressed at community outreach sessions that Rome Memorial Hospital conducted in 2012 and 2013 with various constituencies to better understand the perceived gaps in the community. Provider shortage, especially in primary care, was seen as barrier to improving the community’s health status. A survey of local physicians confirmed that a significant percentage of
primary care physicians are not accepting new patients because their patient panels are at capacity.

**Assessment and Selection of Public Health Priorities**

Following the public participation and input period, the health priorities were chosen based upon the following criteria:

- The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas.
- The priority area was supported by data showing health status indicators or health needs were below the New York State average for the entire population or for a subset of the population with a measurable disparity.
- The priority area was identified/recommended during the public input process.
- Availability of collaborative partners, resources and capacity for meaningful impact.

The work group that made the final selection of the priority areas included representatives from the Oneida County Department of Health Department and the county’s three hospitals, with input from faculty and staff from the Central New York Master of Public Health Program.

The priorities and overarching goals and objectives are outlined below:

**Priority Area: Prevent Chronic Diseases**

**Goal:** Promote tobacco use cessation among adults.

**Disparity:** Poverty

**Countywide Objective:** By December 31, 2017, increase the number of total referrals from Oneida County providers to the NYS Smokers’ Quitline by 70% from 249 (2012) to 423.

**Rationale & Supporting Data:** Reducing illness, disability and death related to tobacco use and second-hand smoke exposure was chosen as a focus area because tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State and in the US. Cigarette use alone results in an estimated 25,500 deaths in New York State.

In Oneida County, 25.1% of adult residents are current smokers, compared to the state average of 17.0%. The difference is statistically significant and New York State has set an objective to reduce the percent of adults who smoke to no more than 15% by 2017. Only 59% of Oneida County residents who currently smoke attempted to break the addiction for at least one day in 2010.

RMH specific data indicates that there is significant opportunity to strengthen linkages with the NYS Smoker’s Quitline. Although RMH has an excellent track record for leveraging the electronic medical record to identify tobacco users and arrange for smoking cessation consults with a respiratory therapist during a hospital stay, few are actually referred to the Quitline through the Fax-to-Quit process.

In all of 2012, only 6 referrals were made through the Fax-to-Quit process. On average, respiratory therapists provide 67 consults monthly to inpatients who are smokers or former smokers who quit
within the last 12 months. In addition, no referrals were made through the hospital’s Prenatal Care Center, which has an identified at-risk population because of socioeconomic status. Smoking abstinence rates among pregnant mothers at the clinic was 65.3% in 2012. Only 10 referrals were made through the hospital’s Community Recovery Center an outpatient substance abuse program, that serves a population at risk.

**RMH Specific Objective:** Increase the number of total referrals to the NYS Smokers’ Quitline from RMH’s inpatient, substance abuse and prenatal care settings in support of the countywide goal. Because current utilization is so low, 2014 will be used to establish RMH’s baseline with measurable goals for increases set annually.

**Priority Area: Healthy Women, Infants, and Children**

**Goal:** Increase the proportion of Oneida County babies who are breastfed.

**Disparity:** Poverty

**Objective:** By December 2017, increase the percentage of WIC infants breastfed at least 6 months by 8% (2% annually). (baseline: 15.1%, 2011 PedNSS)

**Rationale & Supporting Data:** Breast milk is the optimal food for infants. Breastfed infants are less likely to develop medical problems such as childhood obesity, respiratory and gastrointestinal infections and are at lower risk for childhood cancers, asthma and Sudden Infant Death Syndrome (SIDS). Breastfeeding benefits mothers by decreasing risks of breast and ovarian cancers, osteoporosis and postpartum depression, and by increasing the likelihood of returning to pre-pregnancy weight.

The three year average (2009-2011) shows after discharge, only 16% of WIC mothers breastfed their babies for more than six months, compared to nearly 40% for New York State. Medicaid insured women in Oneida County are less likely to attempt any breastfeeding. According to hospital perinatal reporting (SPDS), Medicaid insured women in Oneida County breastfed at a lower rate of 51.9%, compared to the overall rate of 60.7%.

RMH’s breastfeeding rate for 2012 was 66.5% overall. However, women from the Prenatal Care Center (a Medicaid insured population) are less likely to breastfeed their babies.

**RMH Specific Objective:** Because RMH’s new Centering Pregnancy program was established in April 2013 at the Prenatal Care Center to improve breastfeeding rates, as well as other maternal/child health indicators, 2014 will be used to establish a baseline with measurable goals for increases set annually in support of the countywide goal. Breastfeeding exclusivity and duration at 6 weeks will be tracked by the Prenatal Care Center.

**Three Year Plan of Action**

**Priority Area: Prevent Chronic Diseases**

**Goal:** Promote tobacco use cessation among adults.

**Disparity:** Poverty
**Objective:** By December 31, 2017, increase the number of total referrals from Oneida County providers to the NYS Smokers' Quitline by 70% from 249 (2012) to 472.

**Proposed Interventions:**

- Participate in the development of a NYS Smokers’ Quitline Referral policy to be adopted by all collaborators by July 1, 2014. Measure: Completed policy document and letter of intent to utilize.

- Re-educate RMH employees and fully implement the Fax-to-Quit Referral Policy at RMH inpatient, Community Recovery Center, and Prenatal Care Services sites by Oct. 1, 2014. Measure: Policy notification materials, with baseline number of referrals and follow-up calls by December 31, 2014.

- Monitor Fax-to-Quit referral rates quarterly and provide scripting to help staff obtain the necessary consents from patients.


- Evaluate the IT resources required to implement the Opt-to-Quit policy at RMH by Dec. 31, 2014. Measure: Completion of assessment.

- If feasible, implement the Opt-to-Quit Policy at RMH inpatient and Prenatal Care Services sites by Oct. 1, 2015.

- Participate in the evaluation of the Fax to Quit and Opt to Quit interventions to document progress and lessons learned by February 1, 2016. Measure: Completed report.

- Participate in the development of a presentation to share with other county healthcare providers interested in implementing the interventions by Sept. 30, 2016. Measure: Completion of the presentation.

- Participate in outreach efforts to present the report to area medical providers to promote the adoption of Opt-To-Quit and Fax-To-Quit programs, from October through December, 2016. Measure: Meeting sign-in sheets and feedback.

- Provide assistance to area providers interested in implementing tobacco cessation objectives involving Fax-To-Quit and Opt-To-Quit. January-December 2017. Measure: Letters of intent from providers committed to tobacco-cessation objectives.

- Promote the NYS Smokers’ Quitline though media, community outreach and other communication vehicles. Measure: Number of mentions.
• Recruit a member of the hospital’s respiratory therapy staff to become a trained tobacco cessation counselor by June 30, 2014. A gap is anticipated due to a reduction in the Tri County Cessation Center’s funding levels. Measure: Completion of training.

• Continue to use electronic medical records to prompt completion of the tobacco assessment. Measure: medical record documentation and review.

• Continue to provide smoking prevention education at local schools to deter children from becoming adult smokers. Measure: Number of participants.

**Priority Area: Healthy Women, Infants, and Children**

**Goal:** Increase the proportion of Oneida County babies who are breastfed.

**Disparity:** Poverty

**Objective:** By December 2017, increase the percentage of WIC infants breastfed at least 6 months by 8% (2% annually). (baseline: 15.1%, 2011 PedNSS)

**Proposed Interventions:**

• Develop a process that enables the hospital to notify WIC when an enrolled mother delivers to enable WIC breastfeeding peer counselors to make prompt contact with mother after delivery. Connecting the peer counselor with the breastfeeding mother in the hospital or soon after delivery will help establish the relationship and encourage exclusivity and duration. Group to meet in January to establish timeline for implementation. Measure: Process map. Oneida County to track breastfeeding duration rates for WIC clients with peer counselors.

• Increase the percentage of women enrolled in Centering Pregnancy Program at the RMH’s Prenatal Care Clinic. The program, which was started in April 2013, features a breastfeeding module and peer support to increase breastfeeding rates. Measure: RMH’s Maternity Department will track breastfeeding exclusivity at delivery. The Prenatal Care Clinic will track duration at 6-week follow-up appointment.

• At discharge, proactively schedule breastfeeding mothers with one-on-one appointments with a lactation counselor to address concerns/questions regarding difficulty breastfeeding. Providing support soon after discharge increases the likelihood that the mother will continue breastfeeding. Measure: Number of appointments made with lactation counselor.

• Continue to foster a culture that promotes breastfeeding by adhering to the 10 Steps to Successful Breastfeeding and reinforcing them through staff education. RMH already ensures that breastfeeding infants do not receive supplementation, unless medically indicated. Measure: Staff education hours dedicated to breastfeeding.

• Collaborate with local obstetricians to increase the number of women who attend breastfeeding classes during pregnancy. Providing classes in advance increases the
likelihood that mothers will attempt to breastfeed. Measure: Number of participants at classes.

• Continue to offer breastfeeding and baby care basics classes quarterly for expectant parents. Measure: Number of participants at classes.

Additional Strategies that Support Prevention Agenda Goals

Rome Memorial Hospital’s efforts to improve community health extend beyond the two priorities identified through the CHA and CSP process. Some of the hospital’s additional initiatives include:

• Hosting couch to 5K programs and walking programs to promote physical activity.
• Conducting grocery store tours for patients recently hospitalized for congestive heart failure and diabetes to reduce their risk for readmission. This is a partnership with Price Chopper.
• Offering free health screenings at area health fairs to detect high blood pressure, high cholesterol, diabetes, and glaucoma.
• Conducting colorectal health screenings in Boonville, Rome and Camden during the month of March.
• Conducting PSA screenings each September for the early detection of prostate cancer.
• Offering free blood pressure screenings monthly at area pharmacies and senior centers to provide ongoing monitoring for patients that suffer from high blood pressure and early detection for those who are at risk.
• Offering free Type 2 diabetes education classes every month for diabetics and their families. The nurse educator covers exercise, diet, and medication management to help newly diagnosed diabetics understand how to manage controllable risk factors and prevent future complications.
• Sponsoring monthly health lectures at the hospital and providing speakers and displays for local organizations and businesses to promote early detection, treatment and management of chronic disease.
• Participating with the Cancer Services Program to provide free mammography screening for the uninsured and underinsured to promote early detection. The nurse navigator from the hospital’s Breast Center works closely with the CSP to help secure additional resources for underserved women diagnosed with breast cancer.
• Conducting flu vaccination clinics annually to protect residents from the flu and prevent unnecessary hospitalizations.
• Investing significant resources to recruit additional providers to the Rome area to solve the physician shortage concerns.
• Exploring collaborative relationships with other organizations to improve the coordination of high quality, cost-effective care.
• Introducing new services including lymphedema, low-dose CT lung cancer screening and advanced wound care to address unmet needs in the community.
• Partnering with the Alzheimer’s Association to provide an educational series for caregivers.
• Partnering with the local YMCA to enhance wellness programs for hospital employees and patients of RMH-owned physician practices.
• Expanding RMH’s wellness initiatives for employees, such as offering yoga classes and posting nutritional information for food offered in the cafeteria.
• Implementing strategies to reduce health-acquired infections. RMH hasn’t had a central line infection in its ICU since 2006. November 2013, its medical/surgical unit celebrated three years without a catheter associated urinary tract infection.

Dissemination of the Plan to the Public

Rome Memorial Hospital will post its Community Service Plan on its website. News and events related to the interventions will also be posted. The hospital’s website address is: www.romehospital.org.

Process to Maintain Engagement, Track Progress and Make Mid-Course Corrections

Rome Memorial Hospital will actively participate in the two work groups that were created to develop the objectives and proposed interventions for the two priority areas. The groups consist of representatives from the Oneida County Department of Health, the county’s three hospitals and local agencies that have been identified as collaborating partners.

The MAPP/CHA Tobacco Cessation Team will communicate through monthly phone calls and a quarterly meeting to discuss progress and other aspects of the health priorities.

The MAPP/CHA Breastfeeding Work Group will continue to work collaboratively and communicate progress among members. Some interventions will require simple progress reports and updates, while others will require a series of initial implementation and planning meetings with some partners. Partners have agreed to a flexible structure in which work group members meet individually, as necessary, in the beginning and as a group, as needed, over the period of the plan.

Mid course corrections will be made by continually reviewing process and outcome measures, evaluating anecdotal feedback in work group meetings and taking into consideration promising new best practices.

The 2013 Community Service Plan is a publication of Rome Memorial Hospital, Rome, NY and submitted to the DOH, Friday, November 15, 2013.

Basil J. Ariglio, President/CEO  For additional copies of the report contact:  Rome Memorial Hospital  Cassie Winter, VP Communications/Marketing  1500 N. James St.  (315) 337-5309  Rome, NY 13440  cwinter@romehospital.org

The plan is also available online at www.romehospital.org.