



Calvary Hospital 2019-2021

Community Health Needs Assessment (CHNA) and Implementation Plan

**CALVARY
HOSPITAL**

Where Life Continues

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Executive Summary



Background

Calvary is the country's only hospital dedicated to providing hospice and palliative care to adult patients with advanced cancer and other life limiting illness. Calvary Hospital is a 501(c)(3) not-for-profit hospital. The expertise of the Medical Staff is treating the constellation of symptoms that are associated with the most acutely ill end-of-life patients.

Calvary Hospital is a 225-bed, fully accredited, specialty hospital dedicated to the palliative care of adult patients in the advanced stages of cancer and other serious end-of-life conditions. In addition to its inpatient programs at both the Bronx and Brooklyn Campuses, Calvary provides outpatient, home care, home hospice, and inpatient wound care services. Calvary is committed to the non-abandonment of its patients and families, and provides its services in an environment that recognizes the physical, psychological, spiritual, and emotional needs of its patients.

Calvary will continue to be faithful to this tradition. Calvary will strive primarily to expand its programs and services to meet the emerging physical, psychosocial, and spiritual needs of both patients and families by providing acute inpatient care, home care, and home hospice care.

As we approach the future with a sense of hope and promise, Calvary is ever mindful of the legacy of our founders, the Women of Calvary, to provide compassionate care while recognizing the individuality and dignity of every patient. At the same time, we will continue to develop new programs and services to meet the needs of today's world.

Calvary Hospital is committed to assuring that it provides consistently high-quality care. Calvary is dedicated to its mission of meeting the needs of patients and families who are facing end-of-life illness.

Mission Statement

The mission of Calvary Hospital is to care for the medical, emotional and spiritual needs of our adult patients with advanced cancer and other life limiting illnesses. It is the only fully accredited acute care hospital in the U.S. devoted exclusively to the palliative care of adult patients. Calvary's core principles are compassion, non-abandonment, dignity and love.

Our Geographic Area

The main service areas of Calvary Hospital are in the boroughs of Bronx, Brooklyn, Manhattan, and Queens in the City of New York with additional service areas in the surrounding counties such as Westchester and Nassau.

Additional non-hospital services, such as home hospice, are provided in Rockland County.

Community Health Needs Assessment and Community Service Plan

Calvary Hospital is required to complete a community health needs assessment (CHNA) to fulfill the Internal Revenue Service (IRS) requirement in the Patient Protection and Affordable Care Act which mandates that all non-profit hospitals conduct a CHNA every three years. The Calvary Hospital CHNA was conducted to ensure that the hospital continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statutes, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The Calvary Hospital CHNA was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community.

Executive Summary (continued)



In 2008, the State of New York Department of Health formed a new public health initiative in line with the Commissioner of Health's statewide mission to improve health of all New Yorkers. It required hospitals to complete a Community Service Plan ("CSP"). This was a collaborative approach to evaluating the health needs of the community where hospitals were asked to work together with community partners, including local health departments, to address the Commissioner's public health priorities as identified in the Prevention Agenda. Calvary participated in this initiative and completed their CSP in conjunction with their CHNA.

In the past, Calvary Hospital had prepared a separate Community Service Plan for the State of New York. Since 2016, the Hospital prepared a joint CHNA/CSP in accordance with the Federal and New York State requirements. All endeavors entered into to prepare the CHNA were also to prepare the CSP and references to the CHNA process are also meant to include the CSP process.

Calvary Hospital's CHNA process and secondary data was approved by the Board of Directors on November 20, 2019. The CHNA report was uploaded to the Calvary Hospital website on November 21, 2019.

Calvary Hospital reviewed the joint CHNA/CSP which was completed in 2016 as part of the process of evaluating the needs for the 2016 report. Calvary Hospital assessed the needs included in the 2016 report, evaluated any progress made in meeting these needs and determined their relevance for 2019 and forward.

To perform the CHNA Calvary hospital utilized both primary and secondary sources of data. Calvary Hospital analyzed information from the State of New York including Statewide Planning and Research Cooperative System (SPARCS), studies performed by such organizations as the Center to Advance Palliative Care (CAPC), along with other public statistical information and internal studies.

Calvary continuously seeks to obtain input representing the broad interests of the community. Calvary solicited and took into account input from a broad range of persons located in and serving its community. Calvary had discussions with various New York State agencies, public health organizations, and organizations serving the interests of medically underserved, low-income and minority populations in its community. Calvary consulted with representatives from the New York State Department of Health, New York State Office for the Aging, and New York City Department of Mental Health and Hygiene, specifically working with its Bureau of Maternal, Infant and Reproductive Health, and NYC Administration for Children's Services, among other state and local agencies.

Calvary consults and collaborates regularly with other public health organizations and with organizations serving the interests of medically underserved, low-income and minority populations in its community. Working with various community and religious leaders and organizations such as the Hospice Foundation of America, Geel Community Services, Valerie's House, Chinese Coalition for Compassionate Care, National Association of Chevra Kadisha, Boards of Education, numerous public and private primary and secondary educational institutions.

Calvary also sought feedback on the needs of the community from its community members directly through its social media platforms. Calvary Hospital posted on its Facebook page (<https://www.facebook.com/calvaryhospital/>) a link to the 2016-2018 CHNA seeking input

Executive Summary (continued)



on the needs of the community. While no specific feedback was received, the post did generate significant interest and engagement and Calvary plans to continue to use its social media platforms for future interaction with its community members.

Over the last five years, Calvary has been an active participant in New York State's DSRIP (Delivery System Reform Incentive Payment) program – a statewide initiative established to fundamentally restructure the healthcare delivery system by reinvesting in the Medicaid program with the goal of improving clinical and service quality while simultaneously reducing unnecessary cost.

Calvary has participated in ten Performing Provider Systems (PPS) which have been the organizational hubs under DSRIP. Calvary joined the PPSs of Mount Sinai, NewYork-Presbyterian (NYP), Health and Hospital Corporation (One City Health), St. Barnabas (Bronx Partners for Healthy Communities), Bronx Lebanon (Bronx Health Access), Maimonides (Community Care of Brooklyn), New York Hospital Queens, Westchester Medical Center (Centers for Regional Healthcare Innovations), Montefiore (Montefiore Hudson Valley Collaborative), and the physician-led SOMOS Community Care. Over the course of this time Calvary has attended nearly 100 meetings and actively contributed on various committees including a co-chairperson role in NYP's finance committee as well as membership roles in multiple PPS clinical transition/care coordination committees and other sub-committee initiatives. In addition, Calvary had an advisory role to four PPSs that chose palliative care projects as part of their formal list of DSRIP initiatives.

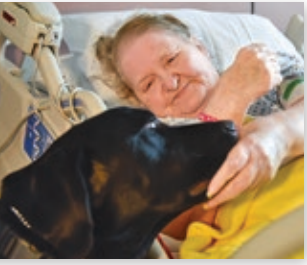
Calvary's noted contributions over this time included planning to better integrate hospice consultation into acute care discharges (as a means to reduce unnecessary 30 day re-admissions) as well as proposing a new funds distribution model to pay for innovative high impact projects. As part of the DSRIP process, Calvary also joined Healthix, a regional health information organization (RHIO). This initiative allowed Calvary to share more medical information within the provider community to better coordinate care.

Calvary attended and participated in the Department of Health's Population Health Summit VI: Becoming the Healthiest State for People of All Ages – Incorporating Health Across all Policies and Age Friendly Principles into the New York State Prevention Agenda 2019-2024 (February 28, 2019 – Albany, NY) developed by the New York State Public Health and Health Planning Council (PHHPC).

The broader community was engaged in the discussion through ongoing presentations and lectures. The need for additional education and palliative care services became apparent when the feedback from these community groups was evaluated. As part of Calvary's participation in the Prevention Agenda, the Hospital was able to meet and connect to a number of health providers to better understand the spectrum of initiatives and how they interrelate to palliative and end-of-life care issues.

Calvary Hospital assessed the needs of the community through the lens of the specialized services it is equipped to provide. The oversight of the CHNA process is an intrinsic part of Calvary's regulatory and quality process. Two separate committees of the Board of Directors: the Joint Commissions Steering Committee and the Quality Committee, are responsible for evaluating the data and prioritizing the needs of the community identified during the CHNA process. Once the report was final, it was presented to the Board of Directors. On an annual basis, the Quality Committee updates the board on progress against these needs.

Executive Summary (continued)



Calvary is the world's leading expert in palliative care. Calvary's core values are compassion, non-abandonment, dignity and love. Calvary's dedication to these principles has helped make Calvary an international model of palliative and end-of-life care. Calvary envelops its patients and their families in a "community of care." Calvary cares for the whole person understanding that this is the first and only time that its patients will be making this journey. Calvary's staff makes this journey with patients and their families. However long Calvary cares for these patients, it is Calvary's responsibility to make each day as comfortable as possible and will never abandon a patient when they need us most. Calvary's commitment extends to providing trained pastoral care – from all faith traditions – tailored to each patient's needs and to the needs of family members.

Based on these specialized services, Calvary identified three needs within the community which needed to be addressed and prepared a summary of its plan to meet these needs:

I. Access to Palliative Care:

The need to provide palliative care in this country is significant. Doctors and hospitals continue to underserve patients in the late stages of chronic disease when cure is not an option. Inadequate pain management and overly aggressive treatment are common, which diminishes the remaining quality of life. The access to palliative care across the country is growing, but is insufficient to cover the ever-growing need.

Adult patients with advanced cancer and other life limiting illnesses, need expert care. During the period between 2016 and 2019, Calvary received referrals from approximately 250 healthcare facilities to provide patient care. Calvary admitted 2,886, 2,625 and 2,947 patients for the years 2016, 2017 and 2018, respectively. This is only a fraction of the individuals suffering from these illness in hospitals and nursing homes throughout the NYC area. These journeys are difficult and each patient should be cared for and treated in with respect and in alignment with their family's wishes. Further, their families deserve the same love and sensitivity provided to patients.

The community Calvary serves is diverse. Calvary Hospital believes there is a need for multilingual, multiethnic staff equipped to address the many cultural issues that often arise when addressing the end-of-life concerns of patients and families. Caregivers need to be familiar with – and sensitive to – the needs of a religiously and ethnically diverse patient population. Calvary's outreach nurses regularly go to nursing homes and hospitals to train caregivers so that they can identify patients who would benefit from palliative care.

Calvary Hospital understands that the need to provide these services extends beyond the capacity of beds within its brick and mortar walls. Through its Hospice program, Calvary partners with patients' families to promote quality of life, address pain management and other symptoms, and help prepare both the patient and their loved ones for what to expect in the final days of life.

Calvary also continues to provide for patients in its 200-bed Bronx campus, and 25-bed Brooklyn campus, as well as through The Dawn Green Hospice at Mary Manning Walsh Nursing Home in Manhattan, Ozanam Hall of Queens Nursing Home and within private home and assisted living facilities, and metropolitan New York area nursing homes and hospital settings.

Executive Summary (continued)



II. Access to Bereavement Services:

Traditional medical care will treat the patient who has the chronic illness without addressing the impact that individual had on the family and community in which s/he lived. The passing of a loved one has broad impact on these individuals. There is a need within the community to both expand bereavement services to a larger population and to enhance the specific types of services provided.

Based on its unique experience and role in the healthcare community, Calvary Hospital will continue to address the Mental Health needs of the community through its extensive Bereavement Program. Calvary's bereavement support is available to anyone who has experienced a significant death in their lives, whether that person was a patient in the Hospital or through Hospice, or someone from the larger community whose death was attributable to illness, accident, suicide or violence.

All individuals grieve after the loss of a loved one, but left untreated, some grief can become a mental illness. If complicated grief is left to worsen, there could be implications to the individual, but also the children and community of the individual. Calvary Hospital understands that private counseling services are expensive and for a vast majority of families in the Hospital's community not economically feasible. Calvary provides free, therapeutic, evidence-based interventions for bereaved individuals, regardless of where their loved one died.

The needs/education of clinicians in the community are provided through numerous educational programs offered by Bereavement Services to clinicians working with bereaved family members.



III. Palliative Care Education:

There is a need for formal education to clinical providers to advance knowledge of the field of palliative care and to provide insight into best practices in the field. Through ongoing education, palliative care will continue to expand and reach an increasing number of New Yorkers in needs of modality of care.

Education programs in schools of nursing and social work and continuing education programs often ignore critical elements of the palliative care and non-health care professionals have limited opportunities to learn about the field of palliative care. A need exists within Calvary's community for formal education about palliative care and insight into best practices in the field.

Calvary is uniquely positioned to help expand knowledge about palliative care. Calvary has been designated an "international center for training in palliative care" by the NIH's National Cancer Institute. The Palliative Care Institute (PCI) communicates, through education and research, Calvary's expertise in caring for patients with advanced disease. It has trained thousands of healthcare professionals to date from North America, Europe, the Middle East and Asia. Each year, more than 800 medical students, residents, and fellows receive training through the PCI, including formalized palliative care rotations for residency and fellowship programs from New York Medical College, Memorial Sloan Kettering Cancer Center, NewYork-Presbyterian, and the SUNY-Health Science Center at Brooklyn. The PCI also offers a training program for the Fire Department of the City of New York Emergency Medical Services.

Conducting a CHNA



Defining Our Community

The main service area of Calvary Hospital are in the boroughs of Bronx, Brooklyn, Manhattan, and

Home Care – Bronx, Brooklyn, Manhattan, Queens, Nassau County, and Westchester County

Hospice – Bronx, Brooklyn, Manhattan, Queens, Nassau County, and Westchester County

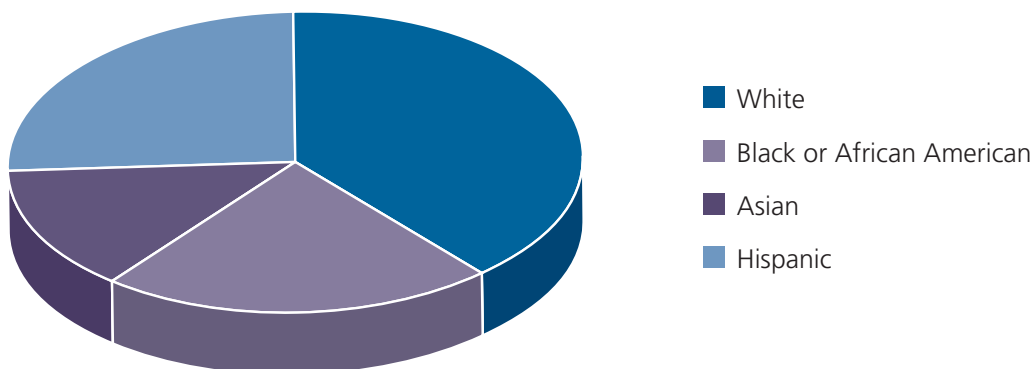
As the referral center for end-of-life care in the greater NYC area, Calvary receives referrals from 250 healthcare organizations.



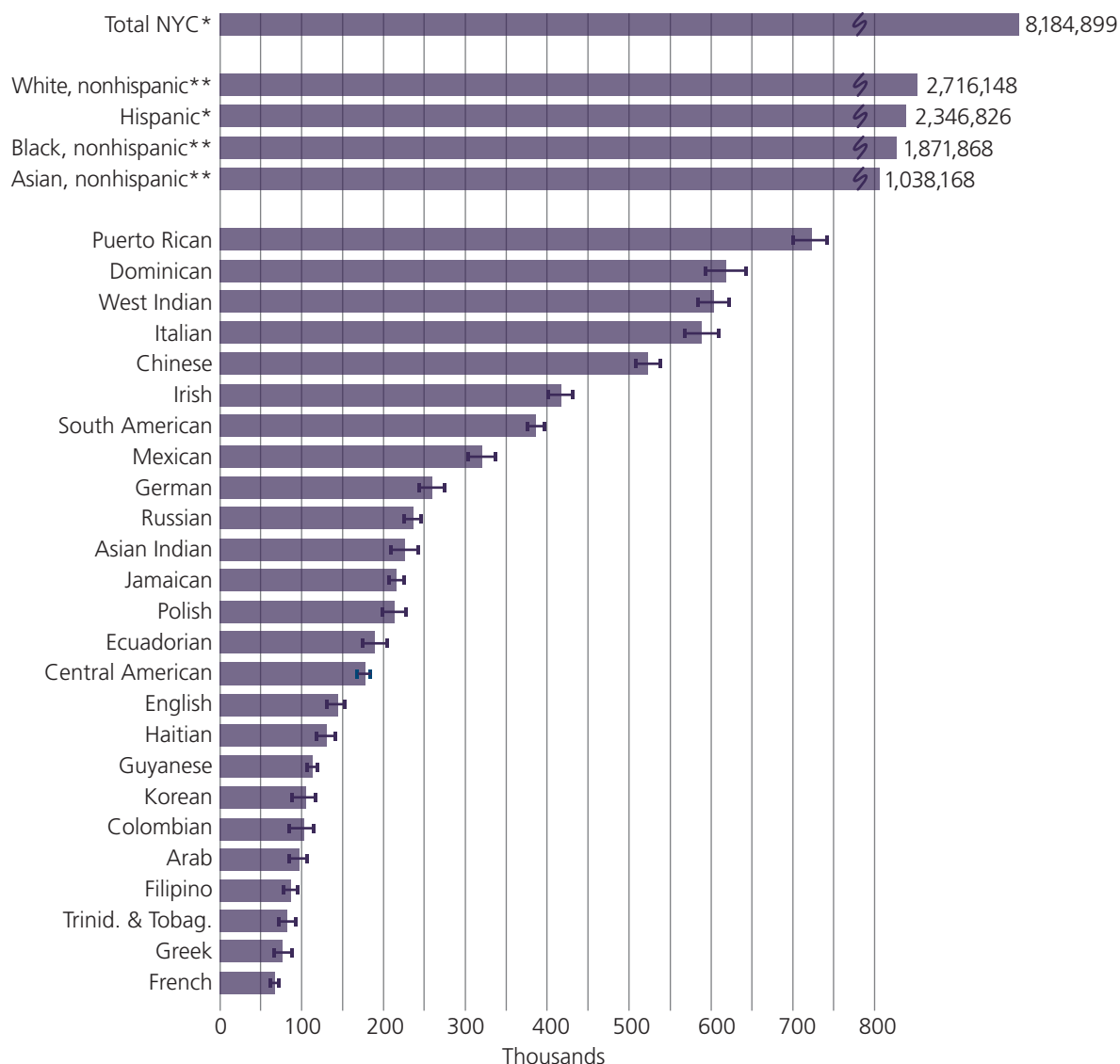
The NYC Department of City Planning publishes statistical information on the demographics of the New York City Area. New York City was the most populous city in the United States in July 2015 with a population of 8,550,405 people. About 1 in every 38 people living in the United States resides in New York City and it has a population density of 27,000 people per square mile. Based on race alone, in 2015 approximately 44.9% of the population was White, 25.6% was Black or African American, and 15.3% was Asian. 29.1% of the population was Hispanic of any race.

Below is a chart published by the Department of City Planning showing a distribution of the population based on Race/Hispanic Origin and Ancestry.

NYC Demographics



Total Population by Race/Hispanic Origin and Ancestry – New York City, 2010



* This estimate is controlled, and a statistical text of sampling variability is not appropriate.

** Margins of error for white, black and Asian nonhispanics are +/-3,203; +/-7,361; +/-6,747, respectively.

⚡ This symbol represents a break in the scale and the introduction of a new scale.

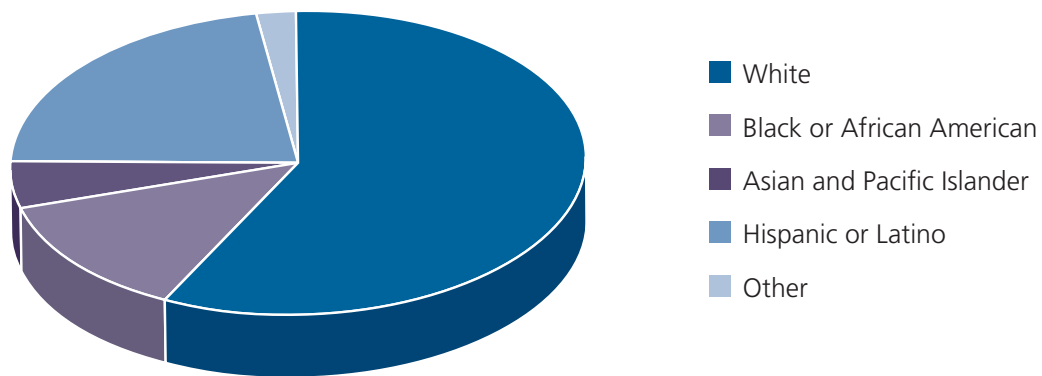
The “2017 American Community Survey 1-Year Estimates” put out by the NYC Planning shows comparative economic characteristics of the different NYC boroughs as well as NYC as a whole. In 2017, 14.7% of the NYC population as a whole live in poverty with the number rising to 24.8% if one reviews only statistical data for those living in the Bronx. When only households with a female head are considered the percentage of families living in poverty rises to 27.3% for NYC as a whole and 36.9% for the Bronx.

Conducting a CHNA (continued)



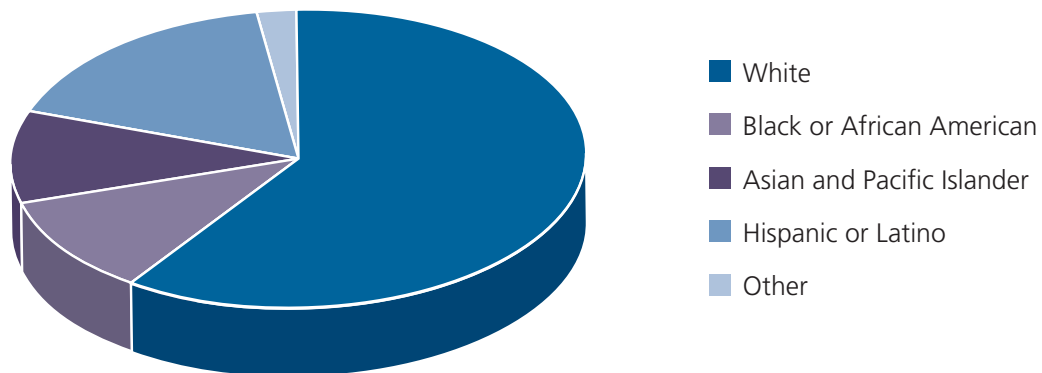
Population statistics prepared by Westchester County Department of Planning based on 2010 Census data reported a total population of 949,113 individuals. The racial diversity in the population included 57.4% White, 13.3% Black, 21.8% Hispanic or Latino, 5.4% Asian and Pacific Islander with the remainder having mixed race or other designations. The Westchester County Department of Planning provided information on the median household income and range for Westchester based on demographic information from the 2013-2017 U.S. Census American Community Survey. The median household income for the period was \$89,968 with approximately 67,553 households earning over \$200,000 and 104,185 households earning less than \$50,000.

Westchester County Demographics



The website DataUSA published demographic information on Nassau County and Rockland County, NY based on population surveys in 2016 and 2017. The racial diversity of the population of Nassau County is 59.6% White, 17.2% Hispanic, and 11.1% Black or African American, 9.76% Asian and Pacific Islander with the remainder having mixed race or other designations. The population is 1.37M people with a median household income of \$108,133.

Nassau County Demographics



Conducting a CHNA (continued)



Calvary Hospital is located in a vibrant, socio-economically diverse, multi-ethnic community. Due to the specialized services the Hospital performs, its community is diverse as to race, ethnicity, and economic factors but it is unified by the end-of-life process. Calvary focuses on providing services to individuals and their families when cure is no longer an option. The major community it serves is area hospitals and healthcare providers which are a large referral source. Calvary Hospital steps in when traditional medicine has run its course. Calvary admitted 2,886, 2,625 and 2,947 patients for the years 2016, 2017 and 2018, respectively.

Input from Persons Representing the Broad Interests of the Community Including Those With Special Expertise in Public Health

Performing a CHNA involves identifying the health needs of the hospital's community and creating strategies to address the prioritized needs. Calvary Hospital's CHNA uses detailed secondary public health data at state, county, and community levels, and internal surveys and discussions from the community to determine the needs. In performing the CHNA, some of the stakeholders Calvary worked with are listed below:

- NYS / NYC Departments of Health
- Hospice and Palliative Care Association New York (HPCANYS)
- NYC Health Council
- Department of Aging in NYC
- NYC Board of Education
- Department of Education Mental Health
- Hospice Palliative Care Institute of NY
- New York State Public Health and Health Planning Council (PHHPC)

In addition to the above, Calvary has ongoing partnerships with various other organizations including medical schools, religious leaders, local schools, local hospitals and community organizations to help them to identify the needs.

Assessment of Health Needs of the Community

To begin the assessment of community needs Calvary started with the Prevention Agenda 2019 – 2024 developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with Calvary Hospital and more than 100 organizations across the state.

New for the 2019-2024 cycle was the incorporation of a Health Across All Policies approach. To assist in this new approach, Calvary attended and participated in the Department of Health's Population Health Summit VI: Becoming the Healthiest State for People of All Ages – Incorporating Health Across all Policies and Age Friendly Principles into the New York State Prevention Agenda 2019-2024 (February 28, 2019 – Albany, NY).

Conducting a CHNA (continued)



The summit agenda focused on improving health outcomes across all age groups with specific initiatives on:

- Reducing the substance use disorders (SUD)
- Improving food security, reducing obesity rates & improving healthy living
- Decreasing negative environmental health effects (e.g., energy, housing)
- Increasing clinical screenings (e.g., cardiovascular, cancer, diabetes)
- Better managing chronic diseases
- Improving mental health
- Better connecting all organizations (health focused, CBOs) to improve health outcomes



The conference allowed Calvary to meet and connect to a number of health providers to better understand the spectrum of initiatives and how they interrelate to palliative and end-of-life care issues.

The overall NYS Prevention Agenda 2019-2024 was developed through the collaboration of organizations across the spectrum including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, schools, and others who can influence the health of individuals and communities. It was designed to serve both as a plan to improve the health of residents of New York and an aid to assist hospitals in developing their own CHNA. The Prevention Agenda notes five priority areas:

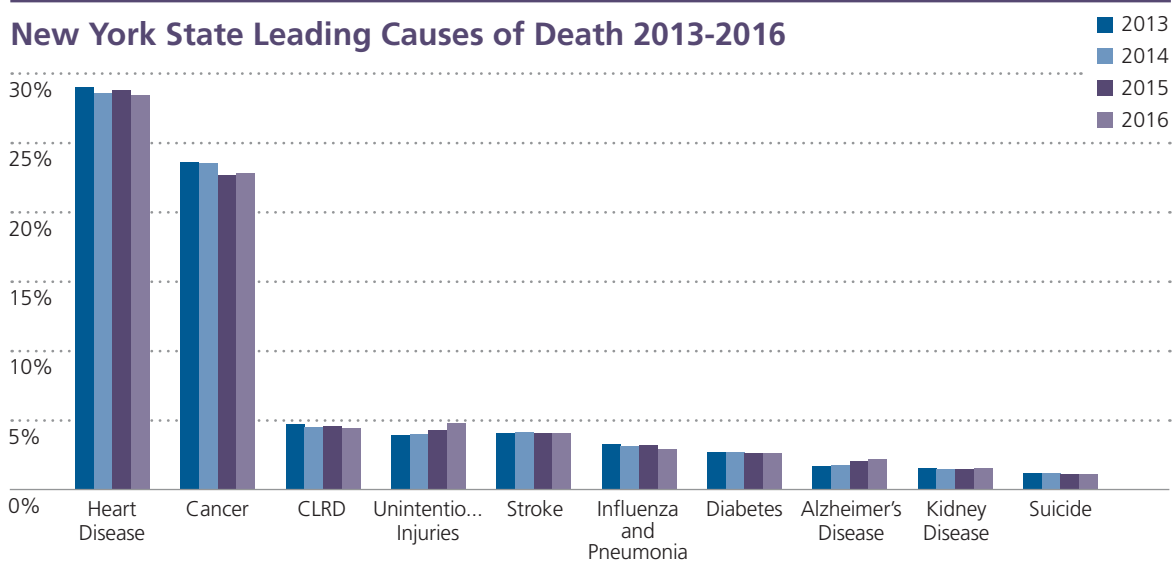
- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections

While Calvary Hospital agreed that all five priorities were important to the overall health of New Yorkers, the Hospital again focused on chronic diseases and mental health because those two initiatives were in line with the Calvary's specialized mission. Further research, investigation, and discussion was undertaken to assess the greater needs in the community regarding chronic disease and mental health. Chronic disease puts stressors on the patient, family and friends during the time of treatment. In many situations, the surviving loved ones suffer years of depression and other mental health issues.

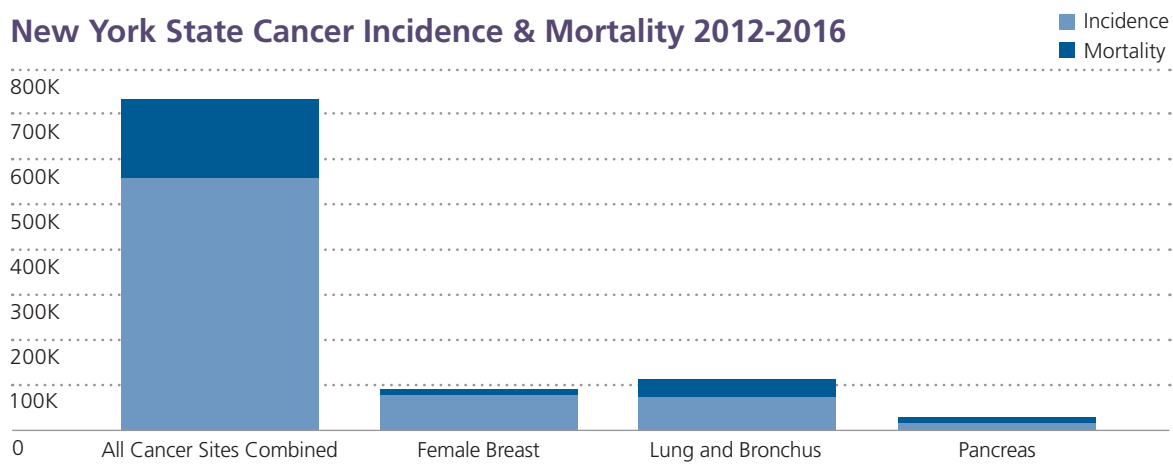
The Center for Disease Control and Prevention has examined and tracked the leading causes of death across the United States since 1999. Between 2013-2016, over 60% of all deaths that occurred in New York State were attributable to chronic diseases such as cancer, diabetes, heart

Conducting a CHNA (continued)

disease, stroke, and CLRD, which is comprised of chronic bronchitis, emphysema, and asthma. A complete breakout of the leading causes of death, as a percentage of total deaths across the state can be seen below:



In 2014, The New York Department of Public Health determined the overall cancer incidence rate was 476.5 cases per 100,000 persons in New York, ranking the state fifth highest among the 50 states and the District of Columbia. Based on the Center for Disease Control and Prevention's specific data between 2012-2016 relating to cancer in New York, the mortality rate overall is 31.82% but is significantly higher for certain diagnosis such as lung and bronchus. A detailed breakout of the incidence and mortality rates for all cancer, breast, lung, and pancreas cancer is shown below:



The cancer diagnosis affects more than simply the patient. The diagnosis affects families, care givers and the entire community. There is a strain on the individuals and the families as the illness is being treated. If unfortunately, the treatment is not successful, there is a lasting effect

Conducting a CHNA (continued)



on the family members especially in the case where children lose their parents. **The impact of cancer and chronic disease as a health priority is apparent but the overlap to the priority of mental health can also be seen.**

The Center to Advance Palliative Care (CAPC) issued the America's Care of Serious Illness which was a 2015 state-by-state report card on access to palliative care in our nation's history. The report measures the extent to which seriously ill patients receive access to palliative care in hospitals. The report analyzed whether seriously ill patients in the United States are receiving equitable access to palliative care services in hospitals. Building on prior report cards performed in 2008 and 2011, this study shows the growth of hospital palliative care programs across the fifty states and identifies gaps. In 2015, nationally 66.5% of hospitals have palliative care programs up from 63.0% in 2011 and 52.8% in 2008. For the State of New York, 76.8% of hospitals have programs up from 72.8% in 2011 and 59.1% in 2008. While New York is above the average, 25% of the hospitals still do not provide this care. New York receives a B rating which is equivalent to the national average relating to access to care. The report concluded that care varies by region and that there was a lack of workforce to meet the demand. The report also noted that although more hospitals were creating programs, for-profit hospitals reported fewer programs than tax-exempt hospitals.

A 2008 study by Morrison RS, Penrod JD, Cassel JB, et al. Entitled "Cost Savings Associated with U.S. Hospital Palliative Care Consultation Programs" concluded hospital palliative care consultation teams are associated with significant hospital cost savings.

The 2011 Public Opinion Research – CAPC report showed the following:

Doctors might not provide all of the treatment options or choices available	58%
Doctors might not talk and share information with each other	55%
Doctors might not choose the best treatment option for a seriously ill patient's medical condition	54%
Patients with serious illness and their families leave a doctor's office or hospital feeling unsure about what they are supposed to do when they get home	51%
Patients with serious illness and their families do not have enough control over their treatment options	51%
Doctors do not spend enough time talking with and listening to patients and their families	50%

The following CAPC registry data was considered in the assessment of the needs:

- Overall palliative care service penetration is 4.8%; for small hospitals (<150 beds) it is 7.3% and for large hospitals (500+ beds) it is 3.7%.
- Programs report receiving 67.0% of funding from their hospital, 23.9% from billing; and 3% from philanthropy, foundations or grants.

Conducting a CHNA (continued)



- Overall, only 35.3% of programs report using a standardized screening tool to identify potential palliative care patients. This holds across hospital size.
- Small hospitals are much more likely to get referrals for palliative care from hospitalists, with an average of 64.1% of referrals coming from hospitalists; large hospitals report an average of 33.4% of referrals coming from hospitalists.
- Across all programs, the mean percentage of patients discharged home (including assisted living facilities) is 42%. Of those, one-third receive home hospice.
- On average, programs report total staff head count across disciplines of 8.7, and full-time equivalent (FTE) of 5.4.

Calvary Hospitals Palliative Care Institute (PCI) has conducted research projects including an NIH collaborative study with Memorial Sloan-Kettering Cancer Center (MSKCC) investigating “The Desire for a Hastened Death in Terminally Ill Cancer Patients,” an NIH study with MSKCC and Fordham University on “Measuring Hope and Hopelessness at the End of Life” and an NIH study with MSKCC assessing “Family Focused Grief Therapy.” The success of these projects further demonstrates the need for palliative care.

To gain a better understanding of the need for bereavement services, Calvary Hospital participated in some ad hoc research studies such as the three listed below:

- MSKCC: “Identifying Family Members in Need of Support during Palliative Care and Bereavement.”
- Consultant Montefiore-Einstein Center for Cancer Care: The BOLD Buddy Program
- Stakeholder Albert Einstein College of Medicine, Patient Centered Outcomes Research Institute (PCORI) Study

A 2013 article in Psychology Today by Deborah Khoshaba, Psy. D, entitled “About Complicated Bereavement Disorder” explains that in some instances grief can become a chronic, debilitating mental health condition. Up to 20% of bereaved persons, may have symptoms severe enough that they require intervention.

Impact of Actions from 2016 CHNA/CSP

Calvary Hospital is consistently monitoring the needs of the community and reviews them against their initiatives. As part of their participation in the Prevention Agenda with the State of New York Public Health and Health Planning Council, Calvary performs an annual review of their progress against these priorities. Calvary Hospital’s Public Affairs Department monitors the website and addresses all comments or concerns that are submitted. Calvary Hospital completed a joint Community Health Needs Assessment/Community Service Plan for the State of New York during 2016. Additionally, Calvary Hospital posted on its Facebook page (<https://www.facebook.com/calvaryhospital/>) a link to the 2016-2018 CHNA seeking input on the needs of the community. While no specific feedback was received, the post did generate significant interest and engagement and Calvary plans to continue to use its social media platforms for future interaction with its community members. No comments were submitted to Calvary Hospital regarding the 2016 CHNA/CSP or the related Implementation Strategy.

Conducting a CHNA (continued)

Over the last five years, Calvary has been an active participant in New York State's DSRIP (Delivery System Reform Incentive Payment) program – a statewide initiative established to fundamentally restructure the healthcare delivery system by reinvesting in the Medicaid program with the goal of improving clinical and service quality while simultaneously reducing unnecessary cost.

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Calvary's noted contributions over this time included planning to better integrate hospice consultation into acute care discharges (as a means to reduce unnecessary 30 day re-admissions) as well as proposing a new funds distribution model to pay for innovative high impact projects. As part of the DSRIP process, Calvary also joined Healthix, a regional health information organization (RHIO). This initiative allowed Calvary to share more medical information within the provider community to better coordinate care.

Unfortunately, the underlying need for palliative care and the emotional support provided to both the patient and loved ones will not be extinguished. However, Calvary has, consistent with its mission, pursued numerous programs, initiatives and curriculums to advance the each of the needs of its community since the implementation of the 2016 CHNA.

I. Access to Palliative Care:

The 2016 CHNA re-affirmed that Calvary's community is religiously and ethnically diverse, which required strategic programs and initiatives to increase those groups access to palliative care. While Calvary's efforts to reach all members of its community are ongoing, Calvary has made important strides since its previous CHNA to expand access to palliative care in the Jewish, Hispanic and Chinese communities.

a. Jewish Community

Since Calvary first announced its collaboration with Yeshiva University's REITS in 2012, it has worked continuously to educate the Jewish community about end-of-life under Halacha ("Jewish law") through partnerships with media partners such as 5 Towns Jewish Times, Jewish Press and Jewish Link; through various events with UJA Federation, NASCK, Westchester Jewish Council, and various Young Israel Synagogues.



Conducting a CHNA (continued)



Specifically, since the 2016 CHNA was conducted, the Hospital has worked to increase access to and awareness of palliative care within the Jewish community by expanding its Kosher food program by commissioning a commercial refrigerator dedicated to holding kosher foods for patients and their families, free of cost, participating in a historic gathering of the 75 Czech Torah Scrolls, dedicating a new Torah Mantle, publishing their first thought leadership article on “Halachic End-of-Life” care and creating a special URL to provide details of their care for the Jewish community (<https://www.calvaryhospital.org/jewish-family-care/>).

b. Hispanic Community

The Hispanic community represents a large portion of both Calvary’s community and its patient population. In order to meet the needs of this population and ensure its access to palliative care Calvary has undertaken numerous initiatives. To help prospective patients, Calvary created a Spanish translated URL (<http://www.calvaryhospital.org/en-espanol/>) and has translated numerous documents and resources into Spanish. Calvary has also engaged the Hispanic community, in Spanish, through an article titled “Selfcare for the Caregiver” published on the Calvary website, through radio interviews and segments with Spanish-speaking Calvary employees on WADO Radio.



c. Chinese American Community

Due to cultural influences, attitudes and beliefs around illness, death and dying members of the Chinese American community can be reluctant to seek palliative care services. Through coordination with the Chinese American Coalition for Compassionate Care (CACCC) to empower Chinese Americans in Calvary’s by improving access to end-of-life resources. Calvary representatives attended a 4-day bilingual volunteer training offered by CACCC and attended the “When East Meets West” Cultural Competency Forum. During 2019, Calvary created a Chinese language URL for its website (<https://www.calvaryhospital.org/chinese-end-of-life-care-ny/>).



II. Access to Bereavement Services:

A consistent need within Calvary’s community is the need for expanded bereavement services to broader populations and enhanced specific types of services offered. To address these needs Calvary has expanded and continues to offer over 2 dozen support groups for community members dealing with grief. Specifically, the Hospital has added mindfulness and movement groups to support instrumental griever, created follow up groups to provide support beyond the acute group period (18 months from death of a loved one), and has provided bereavement services education to the department of health staff and the Association for Deaf Counseling to enable those groups to expand the bereavement services available to the community through their patients.

III. Palliative Care Education:

There is a need for formal education to clinical providers to advance knowledge of the field of palliative care and to provide insight into best practices in the field. Through ongoing education, palliative care will continue to expand and reach an increasing number of New Yorkers in needs of modality of care.

Identification of Significant Health Needs and Resources



Calvary Hospital assessed the needs of the community through the lenses of the specialized services it is equipped to provide. The Joint Commissions Steering Committee and Quality Committees of the Board of Directors are responsible for evaluating the data and prioritizing the needs. Calvary Hospital used secondary and qualitative data to determine three top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. All needs are a priority with palliative care services being the most significant need. These issues are within the hospital's scope, competency and resources to impact in a meaningful manner. Calvary Hospital's end-of-life palliative care is the world's most comprehensive. For more than a century, it has been treating not only the physical pain, but has also been providing enormous emotional relief, to both the patient and the family. Calvary eliminates the stress and anxiety at a time when people are most vulnerable. Calvary Hospital is uniquely positioned to meet these specialized needs noted below:

Need #1: Palliative Care Services

New York Public Health Law section 2997-d on Palliative Care requires that hospitals, nursing homes, home care agencies, special needs assisted living residences, and enhanced assisted living residences provide access to information and counseling regarding options for palliative care appropriate to patients with advanced life limiting conditions and illnesses. These providers and residences must also facilitate access to appropriate palliative care consultation and services, including associated pain management consultation and services, consistent with the patient needs and preferences.

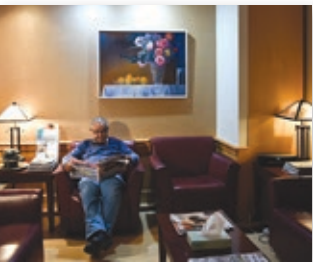
The need to provide palliative care in this country is significant. Doctors and hospitals continue to underserve patients in the late stages of chronic disease when cure is not an option. Inadequate pain management and overly aggressive treatment are common, which diminishes the remaining quality of life. As noted above, the access to palliative care across the country is growing but there is still inadequate access to care.

Calvary Hospital is the only fully accredited acute care specialty hospital in the U.S. exclusively providing palliative care for adult patients with advanced cancer and other life limiting illnesses. Calvary Hospital provides an extensive continuum of care, including:

- 1) Inpatient Care:** Calvary Hospital's inpatient care is for adults with advanced cancer and other life limiting illnesses who need to be cared for in an acute care setting. Inpatient care is provided at Calvary's Bronx campus, Brooklyn campus, the Dawn Greene Hospice in Manhattan and Ozanum Hall of Queens nursing home.
- 2) Hospice:** Calvary's certified Home Health Agency and Home Hospice. Hospice is comprised of our comprehensive home care and hospice services serving patients who live throughout the metropolitan New York area. Calvary Hospice provides end-of-life care to patients with life limiting illnesses whose care has transitioned from active curative to palliative and

Identification of Significant Health Needs and Resources (continued)

quality of life focused. The majority of care is provided in the patient's home and as needed, short term inpatient care is provided at several facilities throughout the greater New York area. In addition to professional services, hospice benefit includes the cost of medicines, equipment, supplies and transportation. Hospice partners with patients' families to promote quality of life, address pain management and other symptoms, and help prepare both the patient and their loved ones for what to expect in the final days of life. Published data verifies that Calvary's Home Care and Hospice program continues to exceed national and regional measures for the relief of symptoms.



3) Family Care/Social Work: Our Family Care/Social Work staff understands the direct link between the family's well-being and the patient's condition. Family Care provides an array of services free of charge to help relieve the family's stress and help them cope with the illness of their loved one. The Family Care Center, located at the Bronx campus, offers respite from the medical floors and education about cancer screenings. Because end stage illnesses often lead to problems that are difficult to handle, a Social Work/Family Care Practitioner is assigned to each patient and their family on the day of admission. The assigned Social Worker/Family Care Practitioner is available to the patient and family throughout the period of hospitalization and is available on call 24 hours a day, seven days a week. Services we provide include: individual counseling, family counseling, group counseling for both children and adults, community resource information, education programs, wellness programs including massage, yoga, manicures and progressive muscle relaxation. Relatives and friends of Calvary Hospital patients are invited to attend these weekly groups. Professionally led by a Social Work/Family Care Practitioner, the groups are designed as a special opportunity to talk about your own experience as a family member or friend of a patient.



4) Pastoral Care: The Hospital has a staff of 30 chaplains, who represent the three major faith traditions and many others, to care for our inpatients and home hospice patients. Calvary Hospital has affiliations with chaplains of all faiths, such as Buddhism and Islam, who can be called upon as needed to minister to Calvary patients. Calvary also has several Spanish-speaking chaplains on staff. Many of its chaplains are Board-certified and have participated in Clinical Pastoral Education. Pastoral caregivers are integral members of the caregiving team. Calvary understands that the demographics of our community include areas with strong religious affiliations. Calvary believes it is essential to work with these religious leaders to provide resources to support the physical and spiritual needs of members of these different communities some of which are immigrant populations. For example, Calvary collaborated with Yeshiva University's affiliated Rabbi Isaac Elchanan Theological Seminary to provide rabbinic consultation to observant families in accordance with Jewish law (halakha). Calvary's goal was to arm people with the tools they needed to make the right end-of-life decisions for themselves and their families.

Identification of Significant Health Needs and Resources (continued)



5) Therapeutic Recreation: Activities give patients a sense of accomplishment and bring meaning to each day. Therapeutic interventions such as arts and crafts, ceramics, horticulture, cognitive programs, creative arts, games, videos and holiday special events are offered on an individual basis or in a group setting and the Hospital offers salon and manicure services on-site to patients in both the Bronx and Brooklyn facilities. Calvary Hospital also is proud to host monthly performance events by Broadway singers and Juilliard students.

End-stage illness often leads to problems that are difficult to handle. Calvary Hospital's family-centric approach to patient care has been instrumental to our success in helping relieve the pain and suffering of thousands of patients and families.

Need #2: Bereavement Services

Traditional medical care will treat the patient who has the chronic illness without realizing the impact that individual had on the family and community in which s/he lived. If an individual does not know how to process grief, it may not only impact them. For example, a primary care giver's grief, may diminish the caregiver's ability to care for the caregiver's children. The passing of a loved one has broad impact on these individuals.

In the current state, the needs can be outlined as follows:

- **Professional Practice Standards need to be promulgated and adopted;**
- **Community Education for the professionals providing services is required;**
- **Public Education regarding the need for services and availability of groups is required;**
- **Access to Sibling and Child groups are needed (additional services to be established);**
- **Groups geared toward children are needed**

All people will grieve the loss of a loved one. In some cases, grief becomes prolonged and becomes a mental disorder known as complicated grief. Bereavement services are important to help all people through the grieving process not only for the individual but the family and community. For example, an individual who is disabled by complicated grief will be unable to hold employment or care for children.

Currently, a variety of individuals and organizations provide Bereavement Services in the New York City area. Fees range from free services to \$100 per session. A cost of \$100 per session is not always feasible for a lower income population; thus, restricting access to care. In addition, there may be cultural barriers to receiving mental health care which need to be understood and overcome.

Calvary Hospital offers bereavement support groups in the Bronx, Brooklyn, and Manhattan. Calvary's programs are available to anyone who has lost a loved one, whether that person was a patient at Calvary, or someone from the larger community whose death was attributable to illness, accident, or violence. Support groups are offered in different languages.

Identification of Significant Health Needs and Resources (continued)



Calvary Hospital works closely with the New York Fire Department and New York Police Department to identify needs of the September 11th first responders. Because of Calvary's expertise and investment in the community, Calvary identified a trend of cancer diagnosis relating to first responders in the World Trade Center attack. Calvary will continue to work with the community to provide these much needed services.



All Calvary's groups are free and open to the community. Calvary's groups encourage family members and friends to share their experiences of loss and sorrow, to help them find solace and strength to continue with their lives. Through these interactions Calvary works to identify different types of griever that may be helped by additional programming. Calvary operates over two dozen bereavement groups that have expanded to better serve the diverse characteristics of grievers including support groups for young adults ages 18-25, one for men of all ages, and a mindfulness and movement group for adults that combines talking and experiential exercises such as yoga and guided visualization.

Calvary's bereavement programs address the special problems that can arise when a child or adolescent suffers the devastating loss of a parent, sibling, or other loved one. Calvary has one of the metropolitan area's few bereavement programs specifically for young children, and also one of the few for bereaved adolescents and young adults (ages 18-25). Our bereavement support groups are open to individuals of all faith traditions and backgrounds, and they become a lifeline for the nearly 400 children and teens we serve every year. Groups meet at St. Joseph High School in Brooklyn, and St. Jean Baptiste High School in Manhattan on the Upper East Side. All bereavement support programs, including Calvary's Camp Compass®, a week-long bereavement camp, are offered free of charge, as part of Calvary's core mission of compassion and non-abandonment.

Our bereavement-support programs for children and teens are open to all whose loved one was cared for at Calvary or our home hospice. Groups and camp are also open to children in the community, and in fact, most of the participants from the community did not have a loved one cared for by Calvary. Through the groups and camp, children and teens honor their deceased loved ones and learn to live life fully.

Community outreach is essential to finding the individuals in need. Calvary has worked with numerous public and private primary and secondary educational institutions to assist them in dealing with grief and inform them of Calvary's bereavement services. Calvary has also worked with various other organizations such as ACS, Catholic Charities Homebase, Family Advocate, and the NY Psychotherapy Counseling Center as well as a number of other local organizations.

Identification of Significant Health Needs and Resources (continued)



Need #3: Palliative Care Provider Education

There is a need for formal education to clinical providers to advance knowledge of the field of Palliative Care and to provide insight into best practices in the field. Through ongoing education, Palliative Care will continue to expand and reach and increasing number of New Yorkers in needs of modality of care.

Calvary's research and teaching arm, whose mission is to transmit the expertise that Calvary has developed in palliative care into hospitals, clinics, and long-term care facilities throughout our area and beyond.



The Palliative Care Institute (PCI), Calvary Hospital's research and education division, aims to communicate the expertise that Calvary has developed in relieving the suffering of patients and families with advanced illness. The foundations of this care are clinical competence, a philosophy of non-abandonment and love. Each year, more than 800 medical students, residents, fellows and other health care professionals receive training in palliative care through the PCI. The Association of American Medical Colleges estimates that for 2017-2018, nationally there were 19,553 medical school graduates with over 1,800 from New York medical schools. This number is small in comparison to the vast number of licensed doctors who are practicing throughout NYC and the nation.

In 2005, the NIH's National Cancer Institute designated Calvary an international leader in palliative care and invited the Hospital to participate in the Middle East Cancer Consortium (MECC). Comprised of the national ministries of health from Egypt, Turkey, Israel, Cyprus, Jordan and the Palestinian Authority, MECC members have visited Calvary regularly during the past decade.

Calvary Hospital has partnered with the New York Fire Department to teach its unique approach in palliative care and provide emergency medical technician (EMT) personal training programs in caring for patients at the end of their life.

Calvary is the only organization to offer a Clinical Pastoral Education Program that provides students with hands-on experience with terminally ill patients. Calvary also hosts an annual Pastoral Care Day to share our expertise with the interfaith community.

Calvary works with local educators and school mental health consultants to set up educational programs to assist parents and teachers with helping children deal with grief.

Calvary offers an annual Trusts and Estates Conference which is a continuing legal education seminar which brings together many of the most experienced trust and estate attorneys to discuss end-of-life issues.

PCI is engaged in community outreach where it provides educational sessions to a wide range of members of the community not directly involved in healthcare.

Prioritization and Implementation Strategy



Palliative Care

There are no other hospitals in the United States that specialize in end-of-life and palliative care. Hence, in the community it services it is the end-of-life service provider from all acute care hospitals. Calvary Hospital's goal is to expand their services to the greatest number of patients in multiple settings including hospital beds licensed to Calvary Hospital, to patients at home and nearby metropolitan New York area nursing homes and critical care hospitals. It is the mission of Calvary Hospital to provide quality end-of-life care.



Bereavement Services

- Calvary Hospital's goal is to continue to improve access to bereavement services in the New York City area through expansion of bereavement services provided.
- Calvary Hospital will expand its outreach and intervention through the use of the following methods: hospital phone calls, community phone calls, individual community therapy, group therapy and event/lectures. It will use this outreach to try to identify people in need and help them get these services.
- Listen to community leaders and continue to provide specialized bereavement groups such as those for parents or siblings of murdered children or those suffering from the death of a child.
- Continue community outreach into the schools to identify populations at risk.



Palliative Care Education

- Through the Palliative Care Institute, Calvary Hospital will provide formal education to clinical providers to advance knowledge of the field of Palliative Care and to provide insight into best practices in the field.
- Continue to explain education of medical students, fellows and other providers.
- Expand community outreach to provide educational services for community leaders including estate attorneys, religious leaders, hospice directors and funeral directors.



Where Life Continues
