



# Calvary Hospital 2022-2024

Community Health Needs  
Assessment (CHNA) and  
Implementation Plan

**CALVARY  
HOSPITAL**

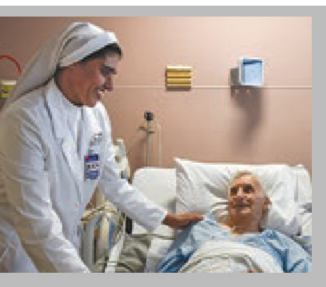
*Where Life Continues*

# Table of Contents



<b>Executive Summary .....</b>	<b>3</b>
Background .....	3
Mission Statement.....	3
Our Geographic Area .....	3
Community Health Needs Assessment .....	3
<b>Conducting a CHNA .....</b>	<b>6</b>
Defining Our Community.....	8
Input from Persons Representing the Broad Interests of the Community Including Those with Special Expertise in Public Health.....	10
Assessment of Health Needs of the Community .....	10
Impact of Actions from 2019 CHNA/CSP .....	14
<b>Identification of Significant Health Needs and Resources.....</b>	<b>15</b>
Need #1: Palliative Care Services .....	15
Need #2: Bereavement Services.....	17
Need #3: Palliative Care Provider Education .....	19
<b>Prioritization and Implementation Strategy .....</b>	<b>20</b>
Palliative Care.....	20
Bereavement Services.....	20
Palliative Care Education .....	20

# Executive Summary



## Background

Calvary Hospital is the world leader in providing expert medical care for people living with palliative care needs or requiring end-of-life care.

The model and benchmark for hospice in America, Calvary was established in lower Manhattan in 1899 by a small community of widows known as The Women of Calvary, who opened their home and hearts to eight women stricken by cancer.

Today, Calvary provides unmatched loving, compassionate, care that relieves suffering and improves the quality of life of approximately 6000 mostly terminally ill patients (*and* their families) annually through a wide range of medical interventions and support services.

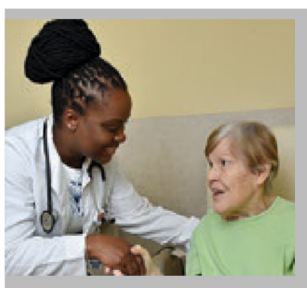
More than 1000 staff provide that care from Calvary's hospitals in the Bronx and Brooklyn (225 beds) and additional healthcare facilities across New York City, as well as Calvary's at-home and community-based palliative, hospice, and homecare services which cater to residents throughout Greater New York.

Non-profit Calvary remains responsive to the changing and growing needs of its diverse community. Its continuing mission is called CalvaryCare®, a 123-year tradition of love and caring for the medical, emotional, and spiritual needs of adult patients with advanced cancer or other life-limiting illnesses and the people who love them.

Calvary Hospital is the only fully accredited acute-care hospital in the United States devoted exclusively to the palliative care of adult patients. The United States Congress and the Centers for Medicare and Medicaid Services recognize Calvary Hospital as a unique entity within the nation's healthcare system.

## Mission Statement

The mission of Calvary Hospital is to care for the medical, emotional and spiritual needs of its adult patients with advanced cancer and other life limiting illnesses. Its core values are compassion, caring, commitment, dignity, and non- abandonment.



## Our Geographic Area

Calvary serves communities in the Bronx, Brooklyn, Manhattan, and Queens, as well as Nassau, Westchester, and Rockland counties.

## 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, New York State 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 its CSP in conjunction with its CHNA.

Calvary Hospital prepares annually a separate Community Service Plan for the State of New York. Since 2016, the Hospital prepares a joint CHNA/CSP in accordance with the Federal and New York State requirements every three years. 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 16, 2022. The CHNA report was uploaded to the Calvary Hospital website on November 28, 2022.

Calvary Hospital reviewed the joint CHNA/CSP which was completed in 2019 as part of the process of evaluating the needs for the 2022 report. Calvary Hospital assessed the needs included in the 2019 report, evaluated any progress made in meeting these needs and determined their relevance for 2022 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 solicits and considers input and feedback from a broad range of constituents within the communities it serves. It has discussions the New York State Department of Health, New York State Office for the Aging, and New York City Department of Mental Health and Hygiene, and many other state and local agencies and organizations in order to better serve the interests of medically underserved, low-income and minority populations in its community. For example, Calvary collaborates regularly with community-based organizations such as Bronx House, as well as the Archdiocese of New York and other religious organizations.

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, <http://www.facebook.com/calvaryhospital> a link to the 2016-2019 CHNA seeking input

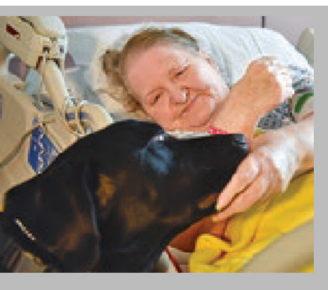
## Executive Summary *(continued)*



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.

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic. As a result of the COVID-19 pandemic, the Hospital was forced to cease or decrease the scope of several of its programs and services. Despite these limitations – Calvary remained committed to its mission. Throughout this challenging year, Calvary’s caregivers, from physicians, nurses and Calvary Care Technicians to chaplains and social work/family care practitioners continued to work every day for their community. In response to the pandemic the Hospital shifted resources and pivoted its objectives to meet the needs of the community. Specifically, Calvary worked to increase capacity for COVID-19 testing, provided personal protective equipment to the community, and operated vaccination centers. Calvary has reintroduced and restored its activities to pre-pandemic activities and will continue to expand and continually adapt to meet the needs of its community in the years to come.

Overall, 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 Commission Steering Committee and the Quality Outcomes 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 Outcomes Committee updates the Board on progress against these needs.



Effective January 1, 2023, the Centers for Medicare & Medicaid Services (CMS) is renaming/redesigning one model of accountable care organization (ACO). CMS is renaming the model the ACO Realizing Equity, Access, and Community Health (REACH) Model to better align the name with the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved. This development in the ACO space, when combined with the complexities of palliative care coordination, is well aligned with Calvary’s mission. In response Calvary applied for and received (in August 2022) from CMS designation as a High Needs Population Accountable Care Organization (HNP-ACO), which is part of REACH. Known as Navigator ACO, it will with other healthcare professionals and organizations deliver practical and clinical benefits by simplifying the complex clinical, administrative, and logistical issues associated with caring for high-needs patients.

# Conducting a CHNA

Calvary has identified three needs within its community and summarizes here its plans to respond to those 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 2019 and 2022, Calvary received referrals from approximately 250 healthcare facilities to provide patient care. Calvary admitted 5,656, 5,444 and 5,150 hospice and inpatients for the years 2019, 2020 and 2021, respectively. These journeys are difficult, and each patient should be cared for and treated 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 and Palliative Care Consultative Service, 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 homes and assisted living facilities, and other Greater New York area nursing homes and hospital settings.

# Conducting a CHNA *(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 was a Calvary patient or someone from the community whose death was attributable to illness, accident, suicide, or violence. In response to the community's needs, COVID-19 related support was added and will continue to be part of the program in the years to come.

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. The COVID-19 pandemic added additional barriers, including isolation and restrictions on visitation that limits opportunities to grieve and find ways to cope with loss. 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.

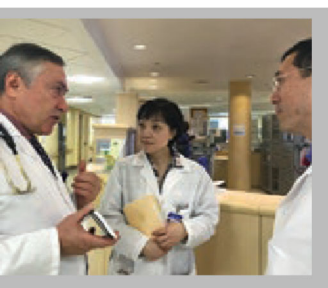
The needs/education of clinicians in the community are provided through numerous educational programs offered by Bereavement Services to clinicians working with bereaved family members.

## 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 need of this modality of care.*

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

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, New York-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 (continued)

The CalvaryCare® RN Residency Program in Palliative and End-of-Life was designed in response to changing needs within the nursing professional and to build nursing capacity with Calvary to better serve the growing palliative and end-of-life care population. Its model of education - based on the organization's mission to care for the clinical, emotional, and spiritual needs of our patients and their families - provides a truly unique opportunity for recent graduate nurses and early/mid-career nurses to enter directly into the palliative or end-of-life care. By addressing this workforce need, Calvary is able to provide more evidence-based care to people with advanced cancer and other life-limiting illnesses.

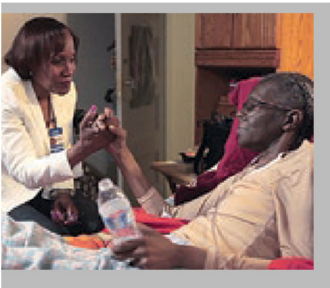
## Defining Our Community

The main service areas of Calvary Hospital are in The Bronx and Brooklyn.

**Home Care** – Bronx, Brooklyn, Manhattan, Queens, and Nassau, Rockland, and Westchester Counties.

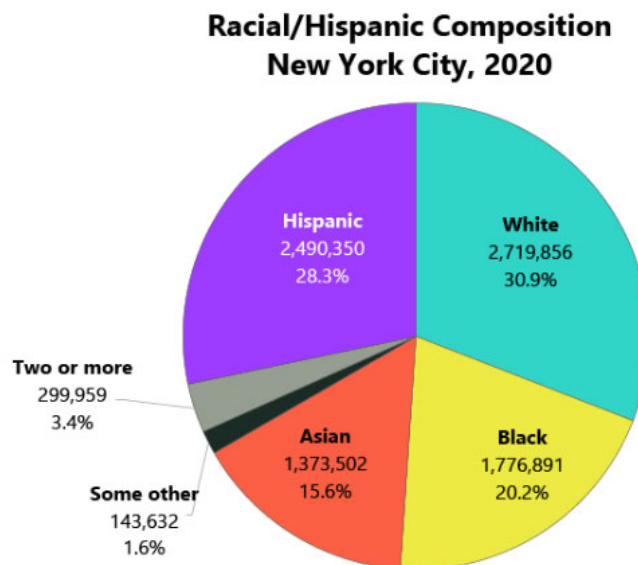
**Hospice** – Bronx, Brooklyn, Manhattan, Queens, and Nassau, Rockland, and Westchester Counties.

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



The NYC Department of City Planning publishes statistical information on the demographics of the New York City Area. The enumerated population of New York City was 8,804,190 as of April 1, 2020, a record high population. This is an increase of 629,057 people since the 2010 Census. Based on race alone, in 2020 approximately 30.9% of the population was White, 20.2% was Black or African American, and 15.6% was Asian. 28.3% 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.



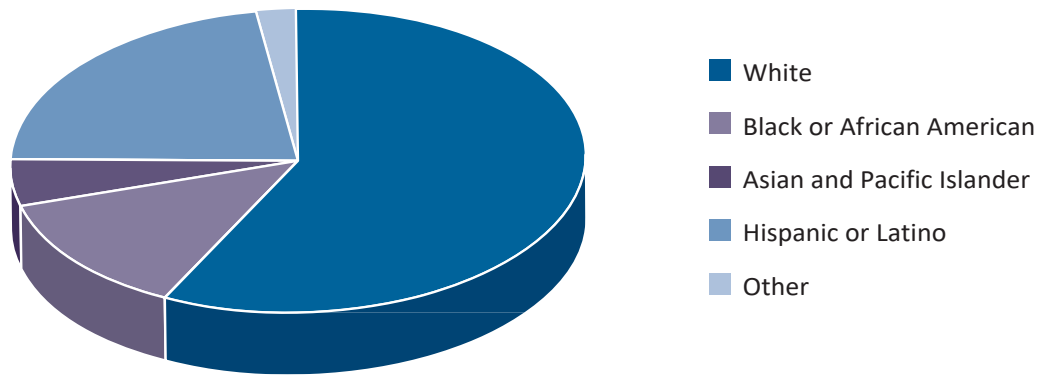


# Conducting a CHNA (continued)



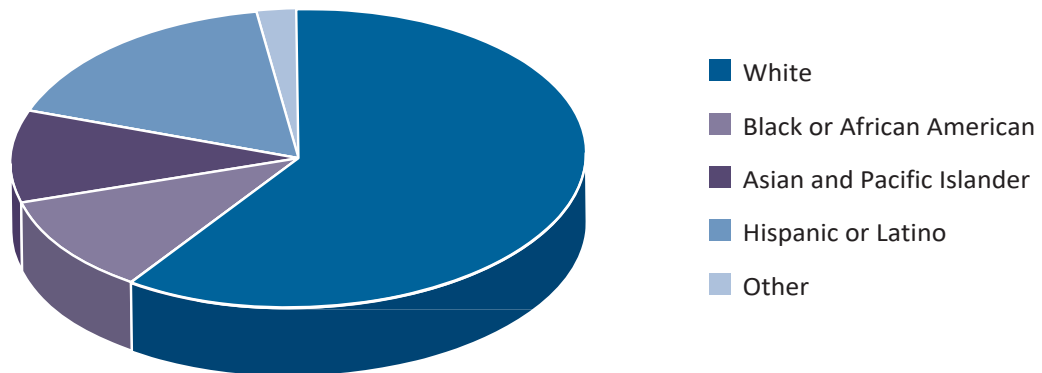
Population statistics were most recently prepared by Westchester County Department of Planning based on 2010 Census data reported a total population of 949,113 individuals. The racial diversity in the population included 57.4% White, 13.3% Black, 21.8% Hispanic or Latino, 5.4% Asian and Pacific Islander 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 49.81% White, 14.38% Hispanic, and 9.4% Black or African American, 8.66% Asian and Pacific Islander with the remainder having mixed race or other designations. The population is 1.36M people with a median household income of \$120,036.

## Nassau County Demographics





**Calvary Hospital operates in vibrant, increasingly diverse communities representing a range of views and needs regarding palliative and end-of-life care. Calvary focuses on providing services to individuals and their families that respect and meet those needs. Calvary admitted 5,656, 5,444 and 5,150 hospice and inpatients for the years 2019, 2020 and 2021, 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)

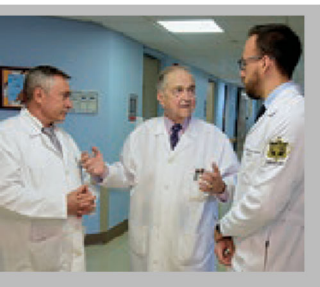
In addition to the above, Calvary has ongoing partnerships with various other organizations including medical schools, religious leaders and communities, local schools, local hospitals and community organizations to help it to identify community needs.

### **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 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 management of chronic diseases
- Improving mental health
- Increasing communication and connection of 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 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.

In 2020, a total of 3,383,729 resident deaths were registered in the United States—528,891 more deaths than in 2019. The number of deaths for which COVID-19 was the underlying cause of death was 350,831 (10.4% of the total number of deaths in 2020). From 2019 to 2020, the age-adjusted death rate for the total population increased 16.8%. This single-year

# Conducting a CHNA (continued)

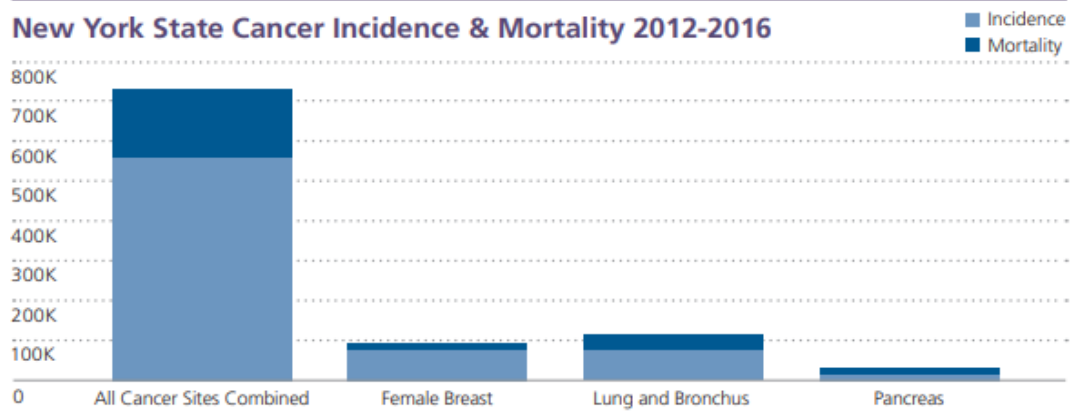
increase is the largest since the first year that annual mortality data for the entire United States became available. The decrease in life expectancy for the total population of 1.8 years from 2019 to 2020 is the largest single-year decrease in more than 75 years. Age-specific death rates from 2019 to 2020 increased for each age group 15 years and over. Age-adjusted death rates increased in 2020 from 2019 for each race and ethnicity group for both males and females.

Of the 10 leading causes of death in 2020, nine remained the same as in 2019, although five causes exchanged ranks. Heart disease was the leading cause followed by cancer. COVID-19, a new cause of death in 2020, was the third leading cause. A complete breakout of the leading causes of death, as a percentage of total deaths across the state can be seen below:

## New York State Leading Causes of Death 2017-2019

Number of deaths and age-adjusted death rate						
	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
2019	Total Deaths 156,405 622.4 per 100,000	Heart Disease 43,472 167.1 per 100,000	Cancer 33,418 133.6 per 100,000	Unintentional Injury 7,308 33.8 per 100,000	CLRD 7,065 27.7 per 100,000	Cerebrovascular Disease 6,125 23.9 per 100,000
2018	Total Deaths 157,176 625.1 per 100,000	Heart Disease 44,182 170.1 per 100,000	Cancer 34,206 136.7 per 100,000	Unintentional Injury 7,323 33.8 per 100,000	CLRD 7,226 28.3 per 100,000	Cerebrovascular Disease 6,183 24.1 per 100,000
2017	Total Deaths 155,191 626.6 per 100,000	Heart Disease 43,823 171.0 per 100,000	Cancer 34,648 140.7 per 100,000	Unintentional Injury 7,617 35.6 per 100,000	CLRD 7,220 28.8 per 100,000	Cerebrovascular Disease 6,183 24.4 per 100,000

## New York State Cancer Incidence & Mortality 2012-2016



# Conducting a CHNA (continued)

In 2017, The New York Department of Public Health determined the overall cancer incidence rate was 140.7 cases per 100,000 persons in New York decreasing to 133.6 cases per 100,000 through 2019. In addition to the historically leading causes of death and the priorities identified by New York, COVID-19 changed the landscape and impacts the specialized mission of Calvary into the future. The New York City Department of Health published the following statistics on COVID-19 in New York City.

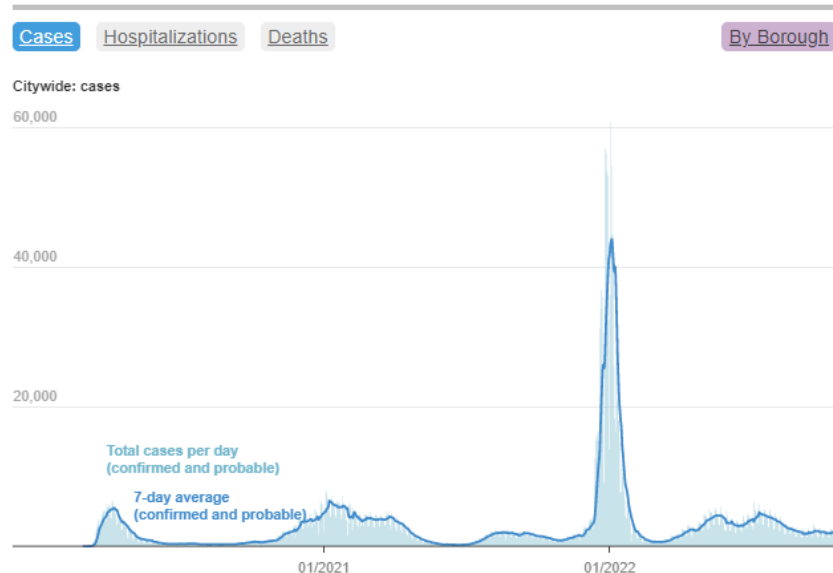
These visualizations show cumulative data on COVID-19 in New York City since the city's first confirmed case was diagnosed on February 29, 2020.

## Summary

Measure	Number of NYC Residents
Confirmed Cases People with a positive molecular test	2,453,732
Probable Cases People with a positive antigen test, or symptoms and confirmed exposure, or probable death	457,043
<b>Total Cases</b>	<b>2,910,775</b>
<b>Hospitalizations</b> People hospitalized within 14 days of diagnosis	<b>187,117</b>
Confirmed Deaths Deaths with positive molecular test	36,559
Probable Deaths Cause of death listed as COVID-19 or similar, but no positive molecular test	5,658
<b>Total Deaths</b>	<b>42,217</b>
Updated:	October 19, 2022

## Cases, Hospitalizations and Deaths

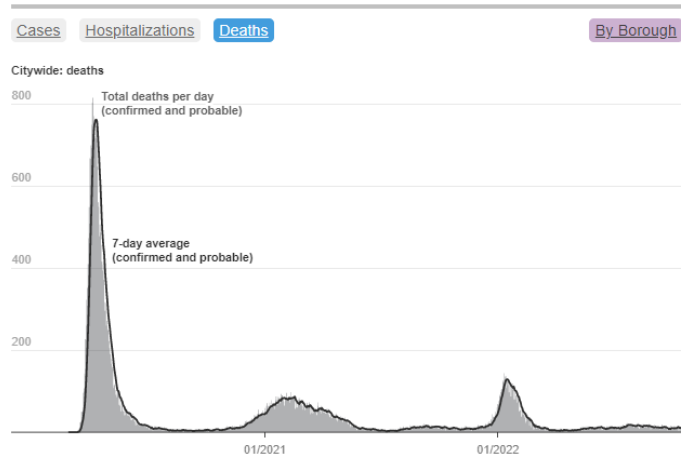
These charts shows the daily number of confirmed and probable COVID-19 cases, hospitalizations and deaths by date that each occurred. You can also see monthly hospitalization and death rates by ZIP Code.



# Conducting a CHNA (continued)

## Cases, Hospitalizations and Deaths

These charts show the daily number of confirmed and probable COVID-19 cases, hospitalizations and deaths by date that each occurred. You can also see monthly hospitalization and death rates by ZIP Code.



## Impact of Actions from 2019 CHNA/CSP

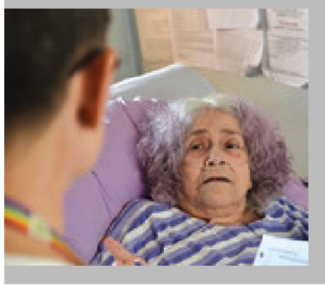
Calvary Hospital is consistently monitoring the needs of the community and reviews them against their initiatives. As part of their participation in the Prevention Agenda with the State of New York Public Health and Health Planning Council, Calvary performs an annual review of their progress against 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 2019. Additionally, Calvary Hospital posted on its Facebook page (<https://www.facebook.com/calvaryhospital/>) a link to the 2019-2021 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 2019 CHNA/CSP or the related Implementation Strategy.

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic. As a result of the COVID-19 pandemic, the Hospital was forced to cease or decrease the scope of several of its programs and services. Despite this limitation, Calvary remained committed to its mission. Throughout this challenging year, Calvary's caregivers, from physicians, nurses and Calvary Care Technicians to chaplains and social work/family care practitioners continued to work every day for their community.

Additionally, in response to the pandemic, the Hospital shifted resources and pivoted its objectives to meet the needs of the community. Specifically, Calvary worked to increase capacity for COVID-19 testing and provided personal protective equipment to the community. Once available, Calvary operated vaccination centers to increase availability of vaccines in the community. Calvary was also one of the first organizations to begin offering COVID-19 related support groups through its bereavement program. These groups are now part of the continued direction of the program.

Calvary has begun to reintroduce and restore its activities to pre-pandemic activities and will continue to meet the needs of its community in the years to come.

# 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 Commission Steering Committee and Quality Outcome 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:

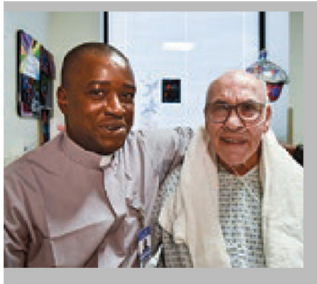
- 1) Inpatient Care:** Calvary Hospital's inpatient care is for adults with advanced cancer and other life limiting illnesses who need to be cared for in an acute care setting. Inpatient care is provided at Calvary's Bronx campus, Brooklyn campus, the Dawn Greene Hospice in Manhattan and Ozanam Hall of Queens nursing home.
- 2) Hospice:** Calvary's certified Home Health Agency and Home Hospice. Hospice is comprised of 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. 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. Our Family Care Center, located at the Bronx campus, offers respite from the medical floors, supportive services and education about wellness and cancer screenings. Services we provide include individual counseling, family counseling, group counseling for both children and adults, community resource information, education programs, and wellness programs including yoga, manicures, pet therapy, guided meditation and progressive muscle relaxation. 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. Our Family Care/Social Work programs are open to all relatives and friends of Calvary Hospital patients.



Additionally, Calvary helps keep patients and family members connected when family members are unable to visit due to illness, distance, or simply the weather via our video call program.

Calvary collaborates with Project Renewal each year bringing their Mobile Mammogram Scan Van to Calvary Hospital offering mammograms free of charge to all women over 40 in the community

**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. In order to ensure clergy in the community are equipped to care for patients and families, Calvary conducts both an



# Identification of Significant Health Needs and Resources *(continued)*

intensive summer program for seminarians and also receives during their academic year seminarians from the Archdiocese of New York and Dioceses of Brooklyn and Rockville Center to allow future clergy to bring the skills and training in the palliative context to their ministry throughout the community.



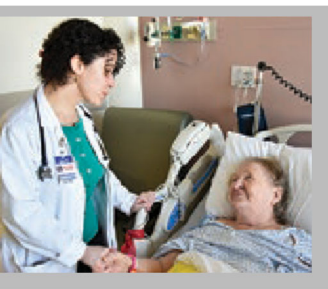
**5) Therapeutic Recreation:** Activities give patients a sense of accomplishment and bring meaning to each day. Therapeutic interventions such as arts and crafts, ceramics, horticulture, cognitive programs, creative arts, games, videos and holiday special events are offered on an individual basis or in a group setting and the Hospital offers salon and manicure services on-site to patients in both the Bronx and Brooklyn facilities. While many of these services were paused or reduced during the pandemic, Calvary sees the need for these services and is working to restore these services as permitted.

**6) ACO Realizing Equity, Access, and Community Health (REACH)** – Effective January 1, 2023, the Centers for Medicare & Medicaid Services (CMS) is renaming/redesigning one model of accountable care organization (ACO). CMS is renaming the model the ACO Realizing Equity, Access, and Community Health (REACH) Model to better align the name with the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved. This development in the ACO space, when combined with the complexities of palliative care coordination, is well aligned with Calvary's mission. In response Calvary applied for and received (in August 2022) from CMS designation as a High Needs Population Accountable Care Organization (HNP-ACO), which is part of REACH. Known as Navigator ACO, it will work with other healthcare professionals and organizations to deliver practical and clinical benefits by simplifying the complex clinical, administrative, and logistical issues associated with caring for high-needs patients.

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**

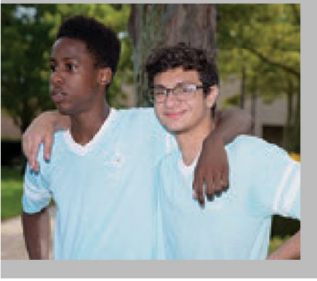
**Traditional medical care will treat the patient who has the chronic illness without realizing the impact that individual had on the family and community in which s/he lived. If an individual does not know how to process grief, it may not only impact them. For example, a primary caregiver's grief may 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 is needed (additional services to be established);**
- **Groups geared toward children are needed**

## *Identification of Significant Health Needs and Resources (continued)*



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 or more 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 free 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.



All of 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 grievers 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. All bereavement support groups, including Calvary's Camp Compass<sup>®</sup>, a week-long bereavement camp, are offered free of charge, as part of Calvary's core mission of compassion and non-abandonment. In addition, Calvary offers individual supportive counseling, both virtually and in person, for a nominal fee.

Our bereavement-support programs for children and teens are open to anyone who experienced the death of a loved one cared for by Calvary. 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.

Calvary Hospital also 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.

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.

# 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 an increasing number of New Yorkers in need of this 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. During 2019, 963 medical students, residents, fellows and other health care professionals receive training in palliative care through the PCI. Due to the COVID-19 pandemic, 315 and 245 individuals received training during 2020 and 2021, respectively. However, enrollment and training are expected to increase to pre-pandemic levels as permitted. The Association of American Medical Colleges estimated 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.

The Calvary Care® RN Residency Program in Palliative and End-of-Life was designed for the increasing needs of our community. With it, Calvary will build capacity to better serve the growing palliative and end-of-life care population. Calvary's model of education – based on its mission to care for the clinical, emotional, and spiritual needs of its patients and their families – provides a truly unique opportunity for recent graduate nurses and early/mid-career nurses to enter directly into CalvaryCare®. Addressing and prioritizing the palliative and end-of-life registered nurse workforce is key to providing compassionate, evidence-based care to people with advanced cancer and other life-limiting illnesses.



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 is the only organization to offer a Clinical Pastoral Education Program that provides students with hands-on experience with terminally ill patients.

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.

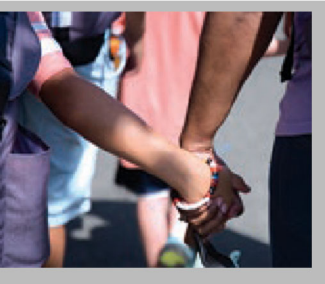
Calvary offers an annual Trusts and Estates Conference which is a continuing legal education seminar which brings together many of the most experienced trust and estate attorneys to discuss end-of-life issues.

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 fully-accredited acute care 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 for all acute care hospitals. Calvary Hospital's goal is to expand its 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 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 expand 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.

**CALVARY  
HOSPITAL**

*Where Life Continues*

---