New York State Department of Health
Health Equity Impact Assessment Template
Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Rural Emergency Hospital Conversion
2. Name of Applicant	Ira Davenport Memorial Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	**Rural Health Redesign Center Organization, Inc. (RHRC)** - *Janice Walters, Interim Executive Director* - *Anna Anna, Program Director* - *Susan Aft, Lead Compliance and CoP Specialist* - *Autum Martin, Compliance and CoP Specialist* - *Bill Bizzaro, Sr. Financial Analyst* - *Tracey Dorff, Grant Writer & Data Analyst*
4. Description of the Independent Entity's qualifications	Rural Health Redesign Center Organization, Inc. (RHRC), the *Independent Entity,* is a 501(c)3 non-profit located in Harrisburg, Pennsylvania, founded in 2020. RHRC is committed to addressing the challenges faced by rural hospitals and communities across the nation. With a dedication to health equity and helping rural communities to thrive, the RHRC supports equitable care within rural communities for all residents, including but not limited to racial and ethnic minorities; members of religious minorities; lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) persons; persons with disabilities; and persons adversely affected by persistent poverty or inequality. The RHRC team consists of rural-relevant subject matter experts, with expertise in hospital administration, finance and operations, hospital profiling, community profiling, innovative payment models, value-based care, data analytics and visualization, quality improvement, regulatory compliance, and human-centered design that encourages and supports healthcare services through a diversity and health equity lens. Through the work of the RHRC, this team has supported over 100 facilities across 39 states, to date.
5. Date the Health Equity Impact Assessment (HEIA) started	10/1/2023

6. Date the HEIA concluded	2/6/2024

7. Executive summary of project (250 words max)

Ira Davenport Memorial Hospital, a facility within the Arnot Health system, is a 35-bed, non-profit acute care hospital located at 7571 State Route 54, Bath, New York in Steuben County. This facility is seeking approval for hospital designation conversion from an acute care hospital to a Rural Emergency Hospital (REH) designation.

For requirements to meet the new designation, the hospital will be eliminating inpatient and swing-bed services, while remaining open for all emergency department, observation, and outpatient services, and continue their distinct-part unit, a skilled nursing facility. Although the Rural Emergency Hospital designation conversion requires there to be changes to inpatient services available to the service area, the role of Rural Health Redesign Center is to evaluate the potential impacts on the medically underserved groups within the service area through this Health Equity Impact Assessment.

Operating since 1959, Ira Davenport Memorial Hospital has invested in its service area by providing quality, basic healthcare services for the residents in the surrounding communities within Steuben County. The Rural Emergency Hospital conversion allows for the opportunity to continue providing care to these rural citizens within their local community, without imposing additional undue stressors to healthcare accessibility for those residents and their medically underserved populations.

8. Executive summary of HEIA findings (500 words max)

Ira Davenport Memorial Hospital, in conjunction with their parent system, Arnot Health, requested the expertise at Rural Health Redesign Center to serve as the Independent Entity for the completion of the Health Equity Impact Assessment (HEIA), which is a required, comprehensive evaluation of the impact of the potential hospital designation change on the most medically underserved groups within the service area of the hospital. The RHRC team compiled data across various government-supported platforms and outside databases regarding Steuben County demographics, which is the service area for Ira Davenport Memorial Hospital. Additionally, Ira Davenport administration, in conjunction with the RHRC team, held the required community forum that invited and engaged all required stakeholders from state and local governments, communities and other hospital stakeholders.

Qualitative data was obtained through the comments from the forum and surveys, along with one-on-one interviews with hospital staff, community agencies and governing officials, which helped form a more wholistic approach to the concerns within the community that may not have been as concerning from data alone, such as transportation. Furthermore, beyond the scope of transportation issues, the community seemed in favor and supportive of the designation conversion and the changes that would occur due to that status change, which was substantiated by the data analysis.

Upon completion of the forum, the RHRC team analyzed data previously compiled for all ZIP codes related to the hospital service area, including the top eight (8) patient ZIP codes: 14810, 14840, 14809, 14873, 14879, 14821, 14843, 14815. These ZIP codes, along with correlated data for Steuben County were assessed for impact to medically underserved populations in this rural county. Information was analyzed for these groups by reviewing income, race and ethnicity, language, age, gender, sexual orientation, vehicle status, number of households with and without insurance, and number of households underinsured, disability. Demographic data analysis would indicate that a significant portion of the population is aged 65+ and disabled. This may be reflective of the skilled nursing facility associated with the hospital, and the surrounding community.

Throughout the process of conducting the HEIA, RHRC worked collaboratively with Ira Davenport Hospital administration to ensure any conflicting results that arose from this assessment were implemented into their mitigation plan. The RHRC team ensured the staff were aware of the implications of their plan, which is to ensure sustainable, quality practices that allow all medically underserved, at-risk, and minority populations access to healthcare within their service area.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

a. Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires. *Completed.*

Please reference excel document: heia_data_tables_IDMH_FINAL

b. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

- ☒ Low-income people
- ☒ Racial and ethnic minorities
- ☒ Immigrants
- ☒ Women
- ☒ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☒ People with disabilities
- ☒ Older adults
- ☒ Persons living with a prevalent infectious disease or condition.
- ☒ Persons living in rural areas.
- ☒ People who are eligible for or receive public health benefits.
- ☒ People who do not have third-party health coverage or have inadequate third-party health coverage.
- ☒ Other people who are unable to obtain health care.
- ☒ Not listed (specify): persons with none or limited transportation

c. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

To identify the impact on each medically underserved group given above, various first source verifications were utilized to assess and determine for evidence about the quantitative data regarding community and the population. Sources for county level data were obtained from U.S. Census Data, U.S. Census Data-American Community Survey, and University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps for related groups which include low-income people, racial and ethnic

minorities, older adults, persons living in rural areas, and people with limited transportation. Additionally, people with public health benefits, without third-party coverage or inadequate coverage, and those unable to obtain healthcare were observed through these sources, as well.

Data provided from Eastern Quality Improvement Collaborative (EQIC) was a source of verification for racial and ethnic minorities, immigrants, older adults, and persons living in rural areas. The applicant participates in the EQIC initiative under the Healthcare Association of New York State; EQIC provides stratified data as a strategic area of focus within the collaborative. Further source verification from Poverty, Racism, and the Public Health Crisis in America. Front Public Health (Beech BM, et.al. 2021) identified potential impacts on low-income people, and racial and ethnic minorities.

Facility REaL data was used for evaluation of women and older adult population considerations, while discharge data evaluated for both older adults and persons living in rural areas. Facility-level data provided for indigent care was also evaluated for low-income populations, and public health benefit patients.

Qualitative data from stakeholder interviews and questionnaires was evaluated from low-income people, older adults, persons living in rural areas, and people with limited transportation to address personal impact within the subpopulation of the service area provided by the hospital. Additionally, representatives from each were invited to participate in the community forums held, which culminates for a whole representation of the medically underserved groups discussed.

Although no county-level data was available for LGBTQ+ there was New York State level data for this medically underserved population. This data, along with information regarding transportation were among the more difficult medically underserved populations to stratify across this county and hospital demographics specifically. Data given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 provided supporting documentation for potential health equity concerns and accessibility issues.

Data collected regarding persons with no or limited access to transportation were indicated in county reporting from University of Wisconsin Population of Health Institute-County Health Rankings

and Roadmaps. Transportation issues and concerns, including private personal, commercial, emergency land and air, were discussed at length with the participating hospital and included in survey notes. Furthermore, data on the New York State Community Health Indicator Reports for Steuben County showed that 0.5% of the population used public transportation for work, while another 79.7% of the work population drove alone.
Considerations for persons living with a prevalent infectious disease or condition were taken from New York State Community Health Indicator Reports (CHIRS), CDC (Centers for Disease Control) and University of Wisconsin. Data would indicate that Steuben County has a higher incident of Communicable Disease Indicators in pneumonia/flu hospitalizations rates; pertussis; haemophilus influenza, and Hepatitis A rates than compared to local communities and aggregated against New York State averages. Other Communicable Disease Indicators and HIV/AIDS and STI (Sexually Transmitted Infection) Indicators were below averages for aggregated New York data and local community measures.

d. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

I. **Low income**

i. *According to the Steuben County Community Health Needs Assessment (CHNA), an estimated 1 in 7 individuals (about 14%) within the County are living below the poverty level. Recognizing that lower socioeconomic status is linked to higher incidence of chronic disease, shorter life expectancy, and lower rates of good social, emotional, and physical health, the impact of the project on this population has been taken into consideration. This project seeks to impact this population by maintaining accessible outpatient care in the community.*

ii. *Additionally, lower socioeconomic status populations tend to have more support from public health benefits, unable to obtain healthcare, or who do not have third-party coverage, or inadequate coverage. Understanding the interconnectedness of these issues, this project will allow those with public health benefits to continue to seek care within their community. Referrals to the local indigent clinic are also continuing to promote accessibility for this patient population. An estimated 3.7% of adults in Steuben County did not receive medical care because of cost, according to CHIRS Steuben County.*

II. **Racial and ethnic minorities/Immigrants/language**

i. *The community and service areas surrounding Ira Davenport tend to be homogeneous in nature, and only vary slightly during the summer months with vacationers, including international visitors. The population in the county in which services are provided includes 1.6% Black, non-Hispanic, 0.3% Native American or Alaskan Native, 1.6% Asian, 1.8% Hispanic, and 93.3% Non-Hispanic, White. There are no specific racial or ethnic communities in the service areas that would be adversely impacted by this project.*

ii. *The immigrant population within Steuben County is minimal, with the variation showing through in the local tourist sites during the summer months. The discussion with hospital administration regarding the need to ensure cultural adaptability when encountering travelers has been addressed and agreed to continue cultural diversity training and language translating services. According to facility specific REaL data, Spanish and German are among the highest non-English speaking needs. While interviewing IDMH administration regarding the REaL data, clarification was given that German is not a preferred language of patients during their encounters. She clarified that here is a transient population from Canada and New York City who have second homes in the area also speak German.*

III. **Women & Lesbian, gay, bisexual, transgender, or other-than-cisgender people**

i. *Data compiled by University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps indicated that women represent 49.9% of the population in Steuben County. Women were approximately 58.7% of the patient population for Ira Davenport Memorial Hospital, according to their REaL data. Accessibility is not anticipated to change for this group that is consistently utilizing services.*

ii. *Lesbian, gay, bisexual, transgender, or other-than-cisgender persons were difficult to stratify across the patient population. Insight given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 showed that approximately 7.9% of the New York State residents identify as "lesbian, gay, bisexual or something else/other sexual orientation." The brief also concluded that there is a centralized statistically significant portion of that population located in New York City, compared to other areas in the*

state. There is no anticipated impact to accessibility due to this project for this medically underserved group.

IV. **People with disabilities**

i. According to statistical data provided by University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps the most prevalent disabilities in Steuben County are cognitive and living difficulties (11%), and ambulatory difficulties (~20%), and hearing difficulties (14%). Additionally, these rates are impacted by the homogeneous, older population of this county that are primarily located in the skilled nursing facility. There is no projected impact of change on this population to accessibility to services.

V. **Older adults**

i. The majority of those living with a disability in Steuben County are 65 years of age or older and is about 68%. Additionally, 28% of the population aged 65 years or older are living alone. However, within the next few decades, the 65+ population is expected to increase. As this population grows, there will be a greater demand for health care needs and services, including chronic disease. Older adults require more frequent medical encounters, are more prone to illness, falls and unintentional injuries, and often experience more co-morbid conditions than younger adults and children. In addition, aging adults may not have access to a vehicle and rely on family, friends, or public transportation for accessing basic needs and medical appointments. The strain of caring for an elderly adult may also negatively affect the caregiver. There is no anticipated impact on accessibility for the older population, but considerations for transportation have been made.

VI. **Persons living in rural areas & People with limited transportation**

i. The Department of Health and Human Services states that 35% of Steuben County's population is living in a Health Professional Shortage Area (HPSA) compared to 27% of New York State residents. Furthermore, according to University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps, 60.4%, or 59,761 residents, in Steuben County are considered rural. This project would allow for these rural populations to access their local communities for healthcare options.

ii. Data for Steuben County showed that out of all occupied housing units, about 9% have no vehicles available and an additional 34% have access to only one vehicle. When comparing across the Finger Lakes Region, 211-assistance calls within the past year

regarding transportation assistance were highest within Steuben County with 947 calls, followed by Monroe County with 741 calls. Approximately 88% of those transportation request calls were for medical transportation, and another 8% were for public transportation. Although there is no direct impact on transportation, anticipated traveling to facilities farther from their locality would put additional strain on already hindered accessibility for these groups.

VII. **Persons living with a prevalent infectious disease or condition**

i. *Infectious disease reports from CDC and New York State datasets were reviewed when considering potential impacts on these community health issues. Previously discussed specified portions of this community have higher risks than others and would need to have access to local healthcare availability. Additionally, through coordinated efforts, referrals to community health clinics can be made.*

VIII. **People who are eligible for or receive public health benefits; People who do not have third-party health coverage or have inadequate third-party health coverage; Other people who are unable to obtain health care**

i. *For considerations for the significance of impact to patients that receive public health benefits, Health Status and Social Determinants of Health for New York State Community health Indicator Reports revealed that 12.2% of households receive Food Stamps/SNAP benefits in the last 12 Months, 45.2% of enrolled students are eligible for free or reduced priced lunch, and there is 26.3% of the population with Medicaid public health coverage. Additionally, 95.6% of children 18 years or younger and 93.2% of adults aged 18 to 64 years old have health insurance coverage. There will not be a reduction of services for this group as an impact of this project.*

e. To what extent do the medically underserved groups (identified above) <u>currently use</u> the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) <u>expected</u> to use the service(s) or care impacted by or as a result of the project?

a. *All patients regardless of income, race, gender, ethnicity, LGBTQ identification, language, age, disability, transportation, etc. utilize inpatient and swing services. The group with higher utilizer of inpatient and swing services are those of advanced age and comorbid conditions. However, analysis of inpatient and swing bed average daily census over the last five years provided by the facility indicates low utilization of both services.*

Financial analysis of outmigration indicates that the Applicant captured 1.3% of the Medicare Fee for Service (FFS) county market share for inpatient services in 2022. The volume of swing encounters in the market analysis is too small to determine outmigration and percentage of market share. Ira Davenport Memorial Hospital also has provided inpatient surgical services, but analysis of data indicates a significant underutilization of these procedures.

b. *All patients regardless of income, race, gender, ethnicity, LGBTQ, language, age, disability, transportation, etc. will continue to have access to outpatient services. The Applicant will continue to provide long-term care and skilled nursing services with the nursing home. However, access to swing services would be available from the surrounding facilities with swing bed licensure.*

Avg. Daily Census (ADC)	2018	2019	2020	2021	2022	2023
Inpatient ADC	1.66	1.19	0.86	1.35	1.15	1.28
Swing Bed ADC	0.33	0.84	0.74	0.45	0.80	0.99

f. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

The following hospitals are located in the service area evaluated for the HEIA and provide inpatient services:

1. *Bath VA (Veterans Affairs) Medical Center, 76 Veterans Ave. Bath, NY 14810 is located 5 miles from IDMH. Bath VA Medical Center is an acute care facility under the Veterans Administration.*
2. *St. James Mercy Hospital, 7329 Seneca Road N Hornell, NY 14843 is an acute care facility with 15 staffed beds located 25 miles from IDMH. This acute care facility provides inpatient and observation beds, outpatient services, and urgent care.*
3. *Guthrie Corning Hospital, 1 Guthrie Drive Corning, NY 14830 is a level III hospital with 65 staffed beds, located 33 miles from the Applicant. This facility offers inpatient care to include an intensive care unit. They also provide obstetrical services.*
4. *Schuyler Hospital, 220 Steuben Street, Montour Falls, NY 14865, is a critical access hospital about 27 miles from Applicant; the facility provides inpatient services and swing beds.*
5. *Nicholas H Noyes Memorial Hospital, 111 Clara Barton Street, Dansville NY 14437 is a 72-bed acute care hospital located 31 miles northwest of IDMH. Services offered include surgery, emergency services, obstetrics, and inpatient to include intensive care.*
6. *Arnot Ogden Medical Center 600 Roe Ave. Elmira, NY 14905 is an acute care facility 45 miles from IDMH. This facility is part of the Arnot Health*

System, which the applicant is also affiliated with. They have approximately 300 staffed beds with the following services: inpatient with intensive care, obstetrics, NICU (Neonatal Intensive Care Unit), surgical services, dialysis, psychiatric inpatient, interventional cardiology, surgical services, and other outpatient services.

7. *Soldiers & Sailors Memorial Hospital, 418 Mian Street, Penn Yan, NY 14527 is a critical access hospital with inpatient care, swing beds and an emergency department. This facility is approximately 25 miles from the Applicant.*

The following organizations are the closest Level 1 Trauma Centers:

8. *Strong Memorial Hospital-University of Rochester 601 Elmwood Ave. Rochester, NY 14642 is an acute care facility located 81 miles from Applicant. This level 1 trauma center has 516 staffed beds. Services available are inpatient including intensive care units, obstetrics, interventional cardiology services with cardiac surgery, oncology/chemotherapy, and other services.*
    i. *The Applicant has a transfer agreement with Strong Memorial Hospital University of Rochester. This facility receives most of the applicant's trauma, stroke, and cardiology transfers.*
9. *State University of New York Upstate Medical University 750 East Adams Street Syracuse, NY 13210 is a level 1 trauma center with 735 beds. It is approximately 94 miles from the Applicant.*
10. *Geisinger Medical Center 100 North Academy Avenue Danville, PA is a 574-bed level 1 trauma center approximately 134 miles south of IDMH.*

Source(s): Source(s): Google maps; review of area hospital websites, American Trauma Society website, CMS Care Compare, NYS Health Profiles website

g. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

According to an outmigration report developed from 2022 hospital claims data, the Applicant has a 7.0% Medicare Fee for Service (FFS) market share of services being delivered within its service area. Specific to inpatient services, which would be eliminated upon implementation of this project, the Applicant's Medicare FFS market share is 1.3%, as only 26 inpatient encounters occurred in the 2022 calendar year. Swing bed volume for 2022 is too low to measure the outmigration. This provides evidence of significant outmigration of residents to other hospital providers in the service area. Therefore, the conversion of Ira Davenport Memorial Hospital to an REH facility and loss of these inpatient and swing bed services will have minimal negative impact on the community.

Service Type	Count of Services		
	At Hospital	Elsewhere	Hospital's Market Share
Inpatient	***26***	***1946***	***1.3%***
Swing Bed	***DS***	***12***	***N/A***
Outpatient [1]	***13984***	***185401***	***7.0%***
Ambulance	*DS*	*18*	*N/A*
Clinic	*251*	*20309*	*1.2%*
Emergency	*1667*	*12326*	*11.9%*
Imaging	*762*	*8743*	*8.0%*
Infusion and Drugs	*DS*	*10630*	*N/A*
Lab	*9222*	*76675*	*10.7%*
Major Surgery	*DS*	*2838*	*N/A*
Minor Surgery	*DS*	*851*	*N/A*
Other	*491*	*15575*	*3.1%*
Rehab and Therapy	*1515*	*37436*	*3.9%*
Total [1]	**14010**	**187359**	**7.0%**

**DS indicates data suppression due to small number*

h. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The project's implementation will not result in any planned or anticipated non-compliance with Public Health Law obligations. Financial assistance and/or charity care will continue to be available to persons who have received healthcare at IDMH in accordance with the organization's Community Assistance Policy. IDMH will provide, without discrimination, care of emergency medical conditions to all individuals regardless of their eligibility for financial assistance or for government assistance. Per organizational policy, the following health care services are eligible for charity care: 1) emergency medical services provided in an emergency room setting; 2) services for a condition which, if not promptly treated, would lead to an adverse change in health status of an individual; 3) non-elective services provided in response to a life-threatening circumstances in a non-emergency room setting; and 4)medically necessary. Eligibility for the program is for individuals uninsured, underinsured, ineligible for any government health care benefit program and unable to pay for their care, based on an individualized determination of financial need. The organization will not consider, age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. The organization will make available to the patient in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in

effect as of July 1 of each calendar year.

The applicant has also partnered and will continue to partner with the following organizations to provide community services and education to the public:

a. *Bath School District*
b. *Stueben County Office of Mental Health*
c. *Steuben County Alcoholism & Substance Abuse Services (SCASAS)*
d. *Snell Farm/Hillside*
e. *Steuben County Sheriff Department*
f. *AIM Independent Living Center*
g. *Steuben Prevention Coalition and Opioid Committee*
h. *Arnot Behavioral Science Unit*
i. *Arnot Addiction Recovery Unit*
j. *Keuka Family Practice*
k. *Arnot Spiritual Care*
l. *Compeer*

Source(s): information provided by the Applicant

i. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

There are no planned or anticipated staffing issues related to the project. The Applicant currently employs the following staff: full time 169, part time 27, and per diem 47. The facility anticipates all will be retained. IDMH has implemented a strategy to cross-train staff members to work in different departments as appropriate. This plan will continue with the conversion. Furthermore, there is anticipation for funding for Patient Navigator position to address healthcare services, community access and Social Determinants of Health (SDoH). In addition, the organization has 149 credentialed medical staff and allied health practitioners. IDMH plans to retain all current providers on staff. The plan for coverage of observation patients will continue to be provided by hospitalists. The Emergency Department coverage will be provided by allied health practitioners and physicians.

j. Are there any civil rights access complaints against the Applicant? If yes, please describe.

There are no civil rights access complaints against the Applicant to the Office of Civil Rights (OCR), Quality Improvement Organization (QIO), State Agency (SA) or Accrediting Organization (AO).

k. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The Applicant has not undertaken similar projects in the last five years.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
    a. Improve access to outpatient services and health care
    b. Improve health equity
    c. Reduce health disparities

Low-Income People

a. For low-income people, access to local outpatient healthcare will be maintained versus closure of the IDMH. Access to outpatient care will be improved through the Applicant's use of the Fixed Facility Payment to be provided upon conversion to a Rural Emergency Hospital (REH). This additional payment to the facility is approximately $3.2 million dollars annually that will be reinvested in outpatient service lines and contribute to ongoing hospital operations. The organization will evaluate the community health needs assessment as part of the strategic planning for additional outpatient services.

b. For low-income patients, there is improved health equity, as patients within this group are often restricted by their ability to travel and resources. While inpatient and swing bed services will be eliminated, data shows that these services were underutilized over the last 5 years according to internal facility data. Through conversion to an REH, outpatient services such as chronic disease management, emergency department, surgical services, and other outpatient services, will remain local and accessible within the community.

c. This project will continue to reduce health disparities for low-income people regardless of ability to pay for healthcare services as IDMH provides care regardless of ability to pay. Additionally, upon REH conversion, IDMH developed a strategy to reduce the impact of social determinants of health and increase accessibility for low-income populations. These resources include but are not limited to the following strategies:

a. Continued access to outpatient care such as emergency department, surgical services, rehabilitation/therapy, surgical services, observation care;

b. Reinvestment of the monthly facility payment into operations and expansion of outpatient services;

c. Implementation of patient navigator program planned for Q1-2024. The organization has applied for a grant with the state of New York to assist with support of the navigator program;

d. Analysis of internal healthcare disparity data and reporting to

administration, medical staff leadership and Board of Directors;

e. *Referral of patients to Health on Demand program to facilitate placement with a primary care provider;*
f. *Referral of patients to Bath Community Health Center which serves the lower income population/uninsured/underinsured;*
g. *Continuance of Health Equity/Language Assistance Committee to proactively address the organizational Health Equity Plan;*
h. *Ongoing education and training on healthcare disparities for providers and staff;*
i. *Continued charity care policy/procedure to aid with those who need adjustments; and*
j. *Activation of the Ethics Committee to evaluate situations that include discrimination or other cases of healthcare equity concerns; requests may be received from patients, family members, staff members and/or providers.*

Racial and Ethnic Minorities/Immigrants/Language

a. *IDMH remaining operational and providing outpatient services will ensure racial and ethnic minorities living in Steuben County will benefit from access to services and health care. A key access to care includes the emergency department, surgical services, and primary care.*
b. *With the conversion to an REH, the hospital is actively looking to implement mitigation strategies to improve communication between patients and doctors, through translation services and interpreters. Please refer to Step 3-Mitigation, Section 1.a. for details regarding these strategies.*
c. *By keeping IDMH operational, racial, and ethnic minorities will continue to have access to outpatient care that will not require travel to access these services.*

People with Disabilities

a. *IDMH continuing to provide outpatient services ensures people with disabilities living in Steuben County will benefit from access to health care.*
b. *With the conversion to an REH, the hospital is actively looking to implement mitigation strategies to improve communication between hospital staff and patients with speech, hearing, or visual impairments. Please refer to Step 3-Mitigation, Section 1.b. for details regarding these strategies.*
c. *The IDMH facility is ADA compliant, which will not be impacted by implementation of this project. In addition,*
d. *IDMH provides ongoing diversity/healthcare equity education and training to providers and staff; this ongoing education is focused on providing strategies to reduce health disparities for all vulnerable populations.*

Older Adults

a. *Like the other underserved populations impacted by the project, older adults living in Steuben County will also benefit from IDMH remaining open and able to provide health care in the community.*
b. *With IDMH remaining in the community, many older adults living in the service area will not have to travel to other facilities for care to access the outpatient services – often a burden to this population. REH conversion will improve health equity for older adults by preserving outpatient quality care closer to home.*
c. *With the conversion of IDMH to an REH, older adults will continue to have access to outpatient care and services that will not require travel outside the community. Additionally, the addition of patient navigation will help to improve coordination of care management and resources as well as access to healthcare resources locally for this population.*

Persons living in rural areas/issues with transportation

a. *Those living in rural areas within the service area will continue to have access to the services provided by IDMH. In addition, access to outpatient care will be improved through the Applicant's use of the Fixed Facility Payment that will be provided upon conversion to a Rural Emergency Hospital.*
d. *For rural populations, there is improved health equity, as patients within this group are often burdened by lengthy travel distances to access care. While inpatient services will be eliminated, data shows that these services are not heavily utilized at IDMH. Through conversion to an REH, outpatient services, such as chronic disease management, will remain local and accessible within the community. Also, transfer to a higher level of care will be available for those needing inpatient services. Transfers will be coordinated with EMS (Emergency Medical Service), and as indicated with air transport. In addition, commercial ambulance services are also available for transfers and discharges.*
e. *As noted earlier, IDMH patients are from primarily rural areas, confirming the facility's importance as part of a rural healthcare delivery network. Ensuring the outpatient services provided by the facility remain local will prevent increased disparities for rural populations. The Applicant will evaluate additional services lines that will increase access to care and reduction of requirements for travel outside of Steuben County.*

2. **For each medically underserved group identified in Step 1 Question 2, describe any unintended <u>positive and/or negative</u> impacts to health equity that might occur as a result of the project.**

   The data collected in this research suggests positive impacts to health equity from IDMH converting to an REH. This conversion with allow the hospital to continue to provide local outpatient care, treatment, and services in the community. However, due to this newness of the REH designation, unintended positive or negative impacts are yet to be discovered by organizations who have converted. In preparation for the Applicant's conversion, stakeholders were asked to share their perspective in this regard. Most responses related to the public perception of the Applicant upon implementation of this project. Specifically, employees shared their concern of being seen as a "band-aid" station, decreasing morale and rapport within the organization and community.

   From the community perspective, thorough education and transparent communication regarding the project is needed as there is potential for misunderstanding that the organization has limited resources with no inpatient and swing bed services. The current limited availability of EMS services also poses potential exacerbation of disparity among populations with limited access to transportation. The Applicant may need to consider evaluation of additional commercial ambulance services for facility-to-facility transfers. Lastly, the possibility of negative impacts related to financial stability was also mentioned. For example, there is potential for government spending adjustments that may affect reimbursement for the applicant. Conversion to a REH does not implicitly address all the financial difficulties of small rural hospitals; however, it does provide an infusion of funding into the organization.

   Given the nature of this project, the unintended positive impacts are similar for all medically underserved groups identified in this assessment Since the project is a change to the overall provider-type, the following benefits may occur:

   - *Continued access to quality care and emergency medical attention in the community.*
   - *Continuation of job opportunities in the community.*
   - *Improved preventative care to address local health concerns and foster the well-being of residents in the service area.*
   - *Maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care.*
   - *Access to local physicians and healthcare professionals who understand the unique healthcare needs of patients.*

- *Enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

3. **How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

   The discontinuation of inpatient and swing bed services is not expected to increase uncompensated care. RHRC surmises that uncompensated care will, in fact, decline due to inpatient services associated with having the highest cost within a facility and closure of that service line with conversion. Financial assistance will continue to be available to individuals who have received or are going to receive emergency or medically necessary are at IDMH.

   The following is the Applicant's bad debt and charity for the past three years:

2020	2021	2022
$1,483,273	$1,3445,807	$1,105,427

4. **Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

   As previously discussed, of the 211-assistance calls within Steuben County, approximately 88% of transportation request calls were for medical transportation, and another 8% were for public transportation.

   Existing transportation services available in the service area include:
   - *Steuben County Transportation System – a public transportation service dedicated to providing safe, convenient, and affordable transportation within Steuben County.*
   - *Steuben Area Rides (a.k.a., Arc Allegany–Steuben) – a service providing transportation to Arc programs and other human service agencies, and non–emergency medical services.*
   - *Various non-emergent transportation services are also available through Medicaid Transportation Management.*

5. **Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.**

   The IDMH facility currently is ADA compliant; the facility anticipates a minimal remodel to accommodate a new CT scanner. This remodel is not associated with the REH conversion but will adhere to healthcare facility building codes, laws,

and regulations.

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

   IDMH currently does not offer maternity services other than those emergency services provided in the Emergency Department. Emergency services will continue with conversion to a REH maintaining access. Their primary care clinic services will also not be impacted by the conversion. Converting to a REH will not disrupt any of the reproductive services for the service area.

Meaningful Engagement

7. **List the local health department(s) located within the service area that will be impacted by the project.**
   a. *Steuben County Public Health Department*

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**
   a. *The Public Health Director, Darlene Smith partnered with RHRC on October 25. 2023 to provide information and feedback on the impact of IDMH conversion to a REH on the community and healthcare disparities. Ms. Smith stated that the project will allow for the "hospital to remain financially stable" and make the "organization sustainable and reliable." She stated that the community's most vulnerable populations would not be impacted by conversion but rather would continue to have access to outpatient services. She recommended community education on the REH conversion, and the continuation of services provided by IDMH.*
   b. *The Director did not have additional recommendations for data sources. RHRC accessed the most recent available community needs report and included the resource in this HEIA evaluation.*

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table." Refer to the Instructions for more guidance.**
   a. *The "Meaningful Engagement" table in the HEIA Data Table has been completed in alignment with the provided instructions.*

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?**

    a. *Based on the stakeholder engagement activities conducted, and the RHRC's expertise, the stakeholders that are likely to be most affected by the project are all community residents and patients of the hospital. This will come with the termination of inpatient and swing bed services. After assessment of the hospital's average daily inpatient census, swing bed utilization and outmigration reports, both have been trending negatively as previously discussed. The loss of inpatient and swing beds may be of minimal affect to these stakeholders due to trends in outmigration. With the fixed facility payment, the Applicant's goal is to focus on improving population health and community need through the provision of outpatient services and focus on reducing the impact of social determinants of health.*
    Various community members, including those required to be invited, participated in the stakeholder activities conducted by the RHRC and provided relevant input into this assessment. The greatest concern of stakeholders present for the activities was regarding transportation barriers for the elderly and those lacking family support, specifically upon the conclusion or discharge of their visit. While this was a common theme in the town halls and surveys conducted, the consensus of community members was that REH conversion will benefit their community overall by ensuring access to care is maintained. These stakeholders were vocal in recommending ongoing education and transparent communication throughout implementation of this project.

11. **How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

    ~~a.~~ *The RHRC engaged with community members through public town hall forums, survey distributions, and phone interviews. This informed the HEIA, specifically the identification of who will benefit and be burdened most by the project. Through these interactions, it became evident that community members believe this project will be of greatest benefit to both patients and employees by ensuring the hospital remains open, employment opportunities are sustained and access to healthcare is preserved.*

    Stakeholders and community members stated that those most impacted would include those with limited access to transportation and family support, as previously mentioned. This concern comes from limited access to public transportation and potential for longer commutes to inpatient care.

12. **Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.**

    a. *RHRC provided various forums for participation in this HEIA. Input was provided by community members, employees, patients, board members, public health experts, and community leaders. While the feedback gathered was thorough and well-rounded, the RHRC recognizes that some relevant stakeholders may have been unable to participate such as those with limited transportation, low income, or Limited English Proficiency. Given that these forums were primarily taken through in-person or electronic means, stakeholders with limited access to the internet or transportation may have had difficulty accessing the hosted forums. Questionnaires were also not developed in Spanish. However, given the consideration of these populations by those who could participate, the RHRC feels that this HEIA accurately portrays the community's concerns and feelings.*

STEP 3 – MITIGATION

2. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. People of limited English-speaking ability
        i. *The marketing team is responsible for distributing marketing materials to the community on the status of a Rural Emergency Hospital, the discontinuation of inpatient and swing and continuance of outpatient services available locally.*
        ii. *To foster effective communication about the resulting impacts to service and care availability with individuals of limited English-speaking ability, the applicant intends to leverage its existing infrastructure. The organization provides the following resources for persons of Limited English Proficiency: telephone interpretation utilizing contracted service Language Line, in-person interpretation for planned encounters, video interpretation, and translated documents in most common languages. During the registration process throughout the organization, patients or their designees are assessed for their preferred language. This provides the opportunity to offer language services based on need. Language services are also provided to family members in accordance with the Affordable Care Act (ACA) and other regulations.*
        iii. *The applicant has a Healthcare Equity/Language Assistance Committee responsible for evaluating the organizational processes, resources, and utilization of services. In addition, education and training is required for providers and staff on the organizational Language Assistance Program and processes. This is incorporated into the organization's Healthcare Equity Performance Improvement Plan.*
    b. People with speech, hearing, or visual impairments
        i. *In addition to interpretation devices and services, the applicant also provides video and/or in-person American Sign Language (ASL) services. Additional resources are available including visualization cards for language identification and communication of language needs. These services will be utilized throughout the duration of the project to ensure effective communication on the impacts to service and care with people of speech, hearing, or visual impairments.*
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?
        i. *As indicated in the responses above, the applicant will continue to leverage its existing infrastructure to foster effective communication. The organization is committed to implementing*

performance improvement activities to improve language services if identified. In addition to these readily available services, the RHRC recommends for consideration that marketing and public-facing materials regarding the project be adapted to meet 508 compliance standards, whenever feasible. RHRC also recommends developing education and information about the conversion to an REH, and outpatient services offered in Spanish to provide to those community members with Limited English Proficiency (LEP).

3. **What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?**
    a. *To better meet the needs of each medically underserved group(s) identified above, the Applicant intends to develop a patient navigator program. The goal of this program will be to address Social Determinant of Health (SDoH) needs, as well as behavioral health and substance use disorder, and coordination of services; the Applicant anticipates implementation Q1-2024. The patient navigator responsibilities will be a resource for the emergency department. Given the overlap between SDoH, low-income populations, and those faced with transportation barriers, the RHRC believes that the development of this patient navigator program will be a valuable addition to the services delivered by the Applicant. This program can mitigate the project's concerns by bridging the gap between these underserved populations and community resources.*

4. **How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?**
    a. *To engage and consult with impacted stakeholders on forthcoming changes to the project, the Applicant intends to continue monthly meetings with the local EMS stakeholders. These sessions will focus on providing ongoing education to EMS leaders, share applicable data/analysis of ED (Emergency Department) encounters and efficiency, assess the project impact particularly related to transfers, identify alternative options for transfers of patients if needed, and strengthen relationships with EMS as community partners. In addition to engaging with the EMS stakeholders, the Applicant's marketing team will provide community education the REH designation and care, treatment and services offered by IDMH within the local community.*
    b. *The Applicant will also continue to foster open communication and appropriate referrals with the following entities:*
        i. *Bath Community Health for primary care for low income, uninsured, underinsured*
        ii. *Community Mental Health Center for outpatient behavioral health*

referrals.

c. *RHRC Recommendation for Consideration: In addition to these forums, the RHRC recommends engaging in a post-conversion assessment with relevant community stakeholders on any potential impacts with the termination of inpatient and swing services. This will provide an opportunity for open communication and foster meaningful relationships throughout the community.*

5. **How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?**
    a. *The intent of this project, as perceived by the RHRC, is to maintain access to local outpatient healthcare for all residents in the service area. IDMH like many rural hospitals has encountered financial challenges with decline in utilization of inpatient and swing services, shifting of surgical procedures from inpatient to outpatient, Medicare FFS payment structure and staffing challenges. Lack of access to services exacerbates barriers of the underserved populations. Though the conversion to an REH would eliminate inpatient and swing bed services, it also provides additional facility payments, and an increase in Outpatient Prospective Payment Reimbursement assists with stabilization of the hospital. This will allow the organization to reinvest the payments and continue to provide much needed outpatient services within the community. Access to these services may mitigate systematic barriers and promote more equitable access to care.*

STEP 4 – MONITORING

1. **What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?**
    a. *The Applicant has the following existing mechanisms in place to monitor the project's potential impacts. Data elements currently being collected and analyzed for potential delays include but is not limited to:*
        i. *transfers including reason for transfer, location of receiving facility, and issues with timely transfer*
        ii. *left against medical advice (AMA)*
            1. *according to facility specific data for 2022, 117 of 8845 patients (1.3%) left AMA. This data will serve as a baseline for 2023 and 2024 trends.*
        iii. *patient experience in ED and other outpatient departments*
        iv. *complaints/grievances*
        v. *patient efficiency including OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients*
            1. *OP-18 data indicates a median time of arrival to discharge for ED patients to be 131 minutes*
        vi. *REaL data through the EQIC Project as well as internal REaL data.*
    b. *The Applicant will continue to evaluate and analyze these data elements to identify any trends or impact. Identified trends will be reported to administration, medical staff leadership, the Board and shared with staff.*

2. **What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**
    a. *To ensure the Applicant addresses the findings of this HEIA, specifically those related to low-income populations, the elderly, and individuals with limited access to transportation, community transit resources will be provided. The patient navigator or other designated staff will provide those contacts to patients/families in need.*
    b. *The Applicant will monitor the following items quarterly:*
        i. *Referrals to swing beds*
        ii. *Transfers for 3-day inpatient qualifying encounter*
        iii. *Additional SDoH elements for all ED and observation patients*
        iv. *Appropriate utilization of observation patients*
        v. *Time of arrival/encounter until discharge for observation patients.*
    c. *The patient navigator's effectiveness will be reviewed within 6 months of completion and then annually after.*
    d. *All data elements will be reported to administration, medical staff leadership/Patient Care and Evaluation Committee and the Board. Any identified trends will be analyzed and addressed through performance improvement methodology. In addition, data will be shared with*

employees and the medical staff as appropriate.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON (Certificate of Need) application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

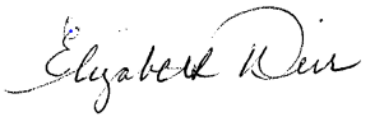
SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, IRA DAVENPORT MEMORIAL HOSPITAL, attest that I have reviewed the Health Equity Impact Assessment for the (URAL EMERGENCY HOSPITAL CONVERSION that has been prepared by the Independent Entity, RURAL HEALTH REDESIGN CENTER.

_Elizabeth Weir_____
Name
__Site Administrator_____
Title



_____
Signature
__February 9, 2024_____
Date

II. **Mitigation Plan**

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Ira Davenport Memorial Hospital Mitigation Plan for Inpatient and Swing-Bed Closure

Ira Davenport Memorial Hospital (IDMH) was opened in 1960, after combining the Bath Hospital and the Ira Davenport Home for Girls. It continues today in Bath, NY as a part of Elmira-based Arnot Health. Mission Statement – Ira Davenport Memorial Hospital is dedicated to enhancing the quality of life within our rural community by providing local high-quality primary care, acute care, and restorative and residential health services. Vision Statement – Ira Davenport Memorial Hospital is a recognized provider of high-quality health and wellness services to our community. Excellence is achieved by ongoing performance improvement, effective management of resources and continued development of strategic alliances. The providers and staff of IDMH are dedicated to providing access to a full range of acute and ambulatory services to the people who depend on the facility for appropriate and timely care when illness or injury occurs. To achieve this mission, Ira Davenport has continually upgraded and expanded its services over its 63-year history. It has also established formal or informal affiliations with other area providers – such as medical specialists, trauma centers, and helicopter and ambulance patient transport organizations – to ensure that its patients have access to specialty services that are available only in larger institutions.

Ira Davenport Memorial Hospital is the only hospital in rural central Steuben County, and as such is the primary provider of acute, outpatient, and long-term care services to a population of 29,210 people in the municipalities of Bath, Hammondsport, Campbell, Prattsburg, Avoca, Savona, Bradford, Cameron Mills, Cameron, Wayne and Pulteney. Overall, Steuben County has a population of approximately 92,600 – 21% of whom are 65 and older. The population has several challenges that IDMH, as the healthcare safety net for the region, works with its community partners to address. This includes 16% of residents living with a disability, and a Socioeconomic Status (SES) score of 1 – the lowest rating on the SES scale – for central and southern Steuben County. Steuben County also has high rates of food insecurity, COPD, depression, and transportation needs as compared to other counties in the Finger Lakes region. Obesity, smoking, hypertension, lack of access to broadband, and a low ratio of primary care and mental health providers make the services provided by IDMH more important than ever. Located near the southern end of Keuka Lake, IDMH also serves a seasonal population of cottage owners or renters along Keuka Lake and provides emergency and trauma care for travelers on busy I-86 or secondary roads in the area who may be injured or

become seriously ill. The 120-bed Fred & Harriet Taylor Health Center, a skilled nursing facility located on the Ira Davenport campus, is owned, and managed by the Hospital. Outpatient rehabilitation services within the IDMH system are provided at the Joseph F. Meade Jr. Outpatient Rehabilitation Center, also on the Ira Davenport campus. The hospital serves an ever-increasing number of low-income or uninsured residents who have no doctor of their own and come to the IDMH Emergency Department seeking primary medical care. These patients include members of the Amish and Mennonite communities, who are farmers or craftspeople who tend to present themselves at IDMH only when illnesses or injuries are particularly acute. Each year, the hospital also cares for many Medicaid patients. Since the beginning of the pandemic, there has also been a substantial increase in behavioral and mental health conditions presenting to the Emergency Department. IDMH is committed to promoting wellness in its service area to address some of the social determinants of health previously discussed. While delivering primary and ambulatory care, physicians and nurses in the Emergency Department are often the first to diagnose a chronic condition such as diabetes or heart disease, as well as mental and behavioral health issues, and connect patients to needed resources and services to address their conditions.

IDMH is seeking a Rural Emergency Hospital (REH) designation from the Centers for Medicare and Medicaid Services (CMS). With that designation comes the requirement to eliminate acute care and swing bed care for patients, measure length of stay for outpatient and observation visits, and maintain critical outpatient services to the community such as radiology and laboratory. These requirements will not materially affect the patient's experience or access to services. Pharmacy, social work, and care management are well established at the IDMH campus and will be maintained.

A Certificate of Need will be submitted to the New York State Department of Health for the closure of inpatient and swing beds, as required to meet the REH status criteria. To mitigate the impact on the community, IDMH has long standing transfer agreements with Arnot Ogden Medical Center and St. Joseph's Hospital in Elmira, NY, both part of the Arnot Health System to which IDMH also belongs. In addition, a formal transfer agreement has been enacted with University of Rochester Medical Center in Rochester, NY, which is a Level One Trauma Center, for higher risk, critically ill or injured patients.

Notification to regional hospitals will be made alerting the discontinuation of swing bed availability upon the establishment of REH status. Any referrals for swing bed patients will be declined.

The closure of inpatient beds at IDMH will result in approximately 100 additional transports on an annual basis. Because Emergency Medical Services transportation challenges have been ongoing for many years, IDMH administrators are continuing their monthly meetings with the commercial ambulance service that have taken place for over two years to help improve and streamline transfer processes. Preliminary talks of creating an ambulance base at the hospital to facilitate additional timely transfer will begin in December 2023. LifeNet and Mercy Flight are currently valued partners for transport of critically ill and injured patients, and these relationships will continue.

The Emergency Department is established with core healthcare team members. The Emergency Department is well connected to community services such as Steuben County Alcohol and Substance Abuse Services, County Mental Health Services, and County Department of Social Services. Long-standing supportive relationships with local primary care providers, and Arnot Medical Services will also continue.
Attaining REH designation by CMS will allow for the continuation of vital emergency and outpatient services to be delivered to the community of Steuben County, with, as previously noted, no material impact on access to care. Protocols are in place for the transfer of patients needing acute inpatient care, and patients needing short-term observation of medical status will continue to be cared for at IDMH. Only swing bed patient requests will be deferred.

References/Works Cited

Agency for Healthcare Research and Quality. Poverty and Access to Internet, by County. Social Determinants of Health. NY State: St. Lawrence County. Accessed Poverty and Access to Internet, by County | Agency for Healthcare Research and Quality (ahrq.gov)

American Hospital Association. American Hospital Directory Hospital Profiles. Accessed https://www.ahd.com/enhancements.html

America Trauma Society. Find Your Local Trauma Center. Accessed Find Your Local Trauma Center - American Trauma Society (amtrauma.org)

Beech BM, Ford C, Thorpe RJ Jr, Bruce MA, Norris KC. Poverty, Racism, and the Public Health Crisis in America. Front Public Health. 2021 Sep 6;9:699049. doi: 10.3389/fpubh.2021.699049. PMID: 34552904; PMCID: PMC8450438

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Oct 27, 2023]. URL: https://dhds.cdc.gov

Centers for Medicare and Medicaid Services. Care Compare: Find Healthcare Providers. Accessed Find Healthcare Providers: Compare Care Near You | Medicare
New York State Community Health Indicator Reports (CHIRS) - County Level: Steuben County.https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=46&ctop=14

New York State Department of Health, Bureau of Chronic Disease Evaluation and Research BRFSS Brief, Number 2022-16: Sexual Orientation and Gender Identity: Demographics and Health Indicators New York State Adults, 2019-2020 Accessed through https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf

New York State Department of Health. NYS Health Profiles: Hospitals. Accessed NYS Health Profiles: Hospitals

University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps. Accessed Explore Health Rankings | County Health Rankings & Roadmaps

U.S. Census and American Community Survey: Steuben County. Accessed https://www.census.gov/quickfacts/fact/table/steubencountynewyork/PST045222