Lewis County Health System Strategic Plan 2019-2024 – Jerry Cayer, C.E.O.

The Organizational description is that Lewis County Health System must be dynamic and change oriented. Embracing change is crucial if the vision and mission for our local health system are to guide and sustain us. In 2018 the Lewis County Health System put over $114 million into the local economy and will likely match or exceed that amount in 2019. In 2018 there were 142,000 outpatient visits, 11,000 people treated in the emergency room, 1,300 people admitted to the hospital and 200 babies delivered – with more to come. These are all indications of local access to healthcare growing and staying in Lewis County.

The Vision of Lewis County Health System is that the communities of Lewis County are the healthiest in New York State and America. The Mission is that Lewis County Health System is committed to working cooperatively with interested individuals and organizations in helping the people of Lewis County and surrounding communities in achieving their highest level of health and wellness. This requires the Lewis County Health System partner with other entities in the county, NGOs, education, faith-based organizations, public safety and other health care organizations, to achieve the aspirational proposition (5-year goal).

The Hospital opened in 1931 and the East Wing was added in 1963. The Nursing Home was added in 1973. The last large renovation project was in 2006 with the addition of a new imaging suite. The East Wing which houses the medical surgical unit is outdated and in need of a renovation or revitalization. There are only semi private rooms which are now considered obsolete in modern acute health care. The renovation would create private rooms with private baths which immediately would support and sustain our low infection rates, more privacy, better sleep and overall better healing. This renovation would also include an area for family visiting, private consultation areas, lead to better recruitment of new providers with the updated facilities, improve customer satisfaction, and create a standardized layout plan for patient rooms which improves safety and efficiency.

The first step is to relocate the current operating room suite. This will result in creating a three-operating room and one procedure room suite. There will be a direct entrance from maternity or birth unit to the OR suite which will immediately increase privacy for women. Worth noting, over the past 5 years there has been an increase of major surgeries from 465 to 1,244. Surgery and
Diagnostic services are two areas in health care that generate most of the revenue which allows us to invest in primary care access.

Another benefit of this initiative is access from the Number Three Road with designated parking closer to the entrance, we 3 state of the art operating rooms, have a minor procedure room (Endo Suite), increase the number of pre and post-op beds, improve space utilization, enhance separation between sterile and non-sterile areas, and enhance privacy for patients.

The financial impact of this initiative is moderated because of the improved ability to recruit and retain surgeons, sustain high quality services, additional reimbursement in the daily rate, and more surgeries which equates to a greater margin. Over a 30 year span the Hospital should recapture 70-75% of its investment. Carthage Area Hospital which is looking into building a new facility, Samaritan Medical Center which has competed several large renovation projects, and the new hospital to be built in Utica all represent the new standard for modern healthcare facilities. If we want to grow and stay competitive this is the first step in being able to accomplish that.

Legislator Moroughan noticed the Nursing Home wasn’t mentioned in the presentation. Mr. Cayer explained that the Nursing Home is not included in this project but is included in the both the yearly and 10-capital Budget. In response to Legislator Moroughan Mr. Cayer believes the nursing home is staffed better than in the past but there is always room to do better. Legislator Kulzer asked what the next step is and Mr. Cayer explained that the hospital is currently working with BCA to finalize design, engineering and initial CON approval. This will allow us to go to bid and move from estimated costs. The project is currently estimated to be $20 to $25 million, and once there is a finalized plan, which won’t likely happen until Spring of 2020, it will be presented to the appropriate hospital committees and then to the hospital’s board of managers for approval, and then to the board of legislators seeking approval for a bond.

Legislator Lehman made a motion to accept the minutes from the August 20, 2019 committee meeting as recorded, seconded by Legislator LaChausse. Motion carried.

The following dockets were read and approved:

1. Resolution to appropriate funds in the Community Services Accounts for the increase in funds for the Healing Communities Study in the amount of $48,794.
2. Resolution to transfer funds in the Office for the Aging Department accounts for the Registered Dietician in the amount of $20,000.
3. Resolution amending Compensation Plan of the County of Lewis with reference to Public Health Department to ABOLISH an Account Clerk Typist, Permanent Full-Time, Grade 16 ($16.94-$18.30/hr.) and CREATE a Senior Account Clerk, Permanent Full-Time, Grade 19 ($18.15-$19.62/hr.). Ryan gave a brief explanation that there is no longer an Account Clerk Typist title and the job duties fell more in line with a Senior Account Clerk than just an Account Clerk.
4. Resolution authorizing Amendments to the Phase 3 Project Addendum and Appendices Agreement between the County of Lewis, acting by and through the Lewis County Public Health Agency, and Central New York Care Collaborative, Inc., governing the distribution of up to $100,000 in DSRIP funds for Value Based Payment Readiness and Performance Activities to be completed between July 1, 2018 and December 31, 2020, with three (3)
payments of $33,333.33 upon satisfactory completion of each identified milestone in the Plan.

5. Resolution authorizing MOU between Public Health Agency and Community Action Planning Council (Jefferson-Lewis Child Care Project) for the purpose of Lewis County Public Health implementing the Council’s Child Care Project to provide site visits to childcare programs; examine and verify childcare staff’s certificates of training; review, approve, revise and sign childcare program’s Health Care Plan; and notify Jefferson-Lewis Child Care Project if Health Care Plan is revoked. Term is October 1, 2019 through September 30, 2020 at a rate of $40.00 per unit of service.

6. Resolution authorizing Memorandum of Understanding between Public Health Department and Dr. Daniel Root to accept referrals to conduct Hepatitis C Virus and Human Immunodeficiency Virus diagnostic testing for clients with reactive/positive rapid HCV/HIV antibody test from Lewis County Public Health.

7. Resolution approving contract with Hand in Hand Early Childhood Center for the period of September 1, 2019 through August 31, 2020 at the Day Care market rate established by Hand in Hand Early Childhood Center and pursuant to the DSS Fair Market Rates established by the State. The cost for eligible recipients is approximately 1% for the County and 99% federally reimbursed.

8. Resolution approving Agreement between the Department of Social Services and Victim Assistance Center of Jefferson County to provide crisis intervention, shelter admission, emotional support, advocacy, information and referrals for women and their dependent children from Lewis County who are in crisis and in need of emergency safe housing. Term is January 1, 2020 and ending December 31, 2020 at a cost of $112.22 per person per night. The local share is 25% to 100% depending on the eligibility of the client; federal share is 50% and the state share is 25%.

9. Resolution authorizing Lawrence Dolhof, Chairman to the Lewis County Board of Legislators and Lewis County Executive, to enter into an Agreement with the designated Executive of Jefferson County for purposes of administering WIOA, and entering into agreements to organize and implement workforce development in the Jefferson-Lewis areas pursuant to WIOA for the term July 1, 2019 through June 30, 2020.

10. Resolution to reallocate funds in the WIOA accounts in the amount of $4,446.46.

The motion to authorize Commissioner Jennifer Jones to refill an Employment & Training Specialist due to a retirement and any and all related backfills was presented but Legislator Kulzer took exception to the wording. He doesn’t like “any and all related backfills” deeming it too broad. Human Resources Director Caitlyn Smith explained that it was meant to be specific to the inter-department it was speaking of. Jenny Jones reminded the Committee that they have approved wording similar to this for other departments earlier this year, citing the Solid Waste Department as an example.

Legislator Chartrand felt that compared to other surrounding counties our county is backfilling positions quicker than he feels is necessary. Jenny Jones stated that she would not even canvas for the backfill position until the retiree position was hired so it would still be another month or so and she would come back to the committee next month to ask for the backfill if they wanted to change the wording. She suggested in an effort to make the wording less vague they could add in “net zero gain”.
Legislator Kulzer made a motion to authorize Commissioner Jennifer Jones to refill an Employment & Training Specialist due to retirement and the associated backfill position this creates, seconded by Legislator Lehman. Motion carried.

Commissioner Jenny Jones handed out a report on the Summer Youth/Young Adult Programs to all Legislators present as an update.

Legislator Lehman made a motion to adjourn the meeting at 3:57 p.m., seconded by Legislator LaChausse. Motion carried.

Respectfully submitted,
Cassandra Moser, Deputy Clerk to the Board of Legislators
LEWIS COUNTY HEALTH SYSTEM

STRATEGIC PLAN 2019-2024

Authorized by Board of Managers on ____________ of ______, 2019

Board Chair: ________________________________

Chief Executive Officer: ___________________________
Lewis County Health System
Strategic Plan 2019-2024

LEWIS COUNTY HEALTH SYSTEM

EXECUTIVE SUMMARY - LEWIS COUNTY HEALTH SYSTEM

Strategic Framework

Rural healthcare in America is in transition. A collective determination is required to ensure that essential healthcare services are delivered close to home. Locally, the Lewis County Health System is focused on this challenge by building its three to five-year strategic plan to ensure our community’s health needs are addressed in compassionate, kind, collaborative, excellent, efficient and fiscally responsible ways.

Organizational Description

ICHS must be dynamic and change-oriented. Embracing change is crucial if the vision and mission for our local health system are to guide and sustain us.

The vision for our health system began with a small group of change agents who were dedicated community leaders, spending several years planning for a facility in Lewis County. In the summer of 1951, the hospital opened its doors to residents and visitors. From a staff of a few doctors and other health care professionals in the early years, we have grown to a medical staff of over 100 and a total health system workforce of nearly 700.

The economic and community benefits of the local health care system are significant. ICHS is the largest employer with an operating budget of over $80 million, as well as the largest provider of health insurance in Lewis County. The economic activity generated by the hospital through jobs and purchasing of goods and services is valued at $114,000,000.

In 2019, there were 1,420,000 outpatient visits, 11,000 people treated in the emergency room, 1,200 people admitted to the hospital and 500 babies delivered. In all, 231,561 unique medical record numbers in the hospital and nursing home were generated in that same period. These are all indications of local access to healthcare in Lewis County.

These accomplishments are a direct result of teamwork, community collaboration, local and regional partnerships and a commitment to ensuring local residents receive high-quality care. Our strategic planning process and this resulting document are built on these same principles and will serve as our road map for moving the Lewis County Health System further forward.

Road Map To Health & Wellness
MISSION AND VISION

Our Vision
The communities of Lewis County are the healthiest in New York State and America.

Our Mission
Lewis County Health System is committed to working cooperatively with interested individuals and organizations in helping the people of Lewis County and surrounding communities in achieving their highest level of health and wellness.

LEWIS COUNTY HEALTH SYSTEM’S ASPIRATIONAL PROPOSITION*

The Lewis County Health System provides compassionate, kind, collaborative, excellent and efficient care in support of Lewis County being the healthiest county in New York State.

Through our recruitment and retention practices, we have a consistently high-quality staff compliment. We value all members of staff and provide training to emphasize patient-centered customer service at all levels of our organization.

Communication and coordination are key to maintaining our consistently high level of service delivery. Our healthcare teams and patients leverage technology to provide evidence-based and patient-centered care. We work diligently to ensure timely, effective and appropriate communication with and for the best interests of our patients.

Through our community partnerships, we optimize our collaborations to provide health and wellness awareness and education, to emphasize population health as a priority.

We are a fiscally responsible organization that uses data to drive informed decision making. We invest in our facilities to meet modern delivery standards. In recognition of our role as a critical county operation, we make service provision decisions based on the most important community health needs to ensure the highest quality care at the Lewis County Health System.

*Aspirational Propositions become the organization’s desired future state and are written in the present tense to guide the planning and operations into the future.
EAST WING REVITALIZATION

PRESENTATION TO THE BOARD OF LEGISLATORS

SEPTEMBER 17, 2019
Why Revitalize EW?

• Semi private rooms are becoming obsolete
• Our last major renovation was in 1963
• Private rooms:
  □ Current Standard
  □ Private Baths
  □ Lower infection rates
  □ More privacy
  □ Better sleep – better healing
• Area for family visiting
• Private consultation areas
• Recruitment of new providers
• Improve customer satisfaction – linked to reimbursement
• Current lay out inefficient - Standardized room plans
What is the Next Step?

Relocate the current Operating Room Suite
Central Sterile OR 3 OR 2 OR 1 Endo. Suite
Pre Op Interview
Direct Entrance from OB
Direct Entrance from Hospital – 2nd Floor
Reception Waiting Area
PACU (8 STATIONS)
Pre Op Phase II (8 STATIONS)
OR 1 OR 3 OR 2
Central Sterile
SURGICAL ADDITION
- 18,000 SF (UPPER FLOOR)
- (3) OPERATING ROOMS & (1) ENDOSCOPY/PROCEDURE ROOM
- (6) BED PRE-OP/PHASE II; (3) BED PACU
- PATIENT CARE AREAS SIZED FOR FLEXIBILITY
- CENTRAL STERILE AREA ACCESSIBLE TO SURGICAL SUITE & UNRESTRICTED CORRIDOR FOR ACCESS FROM EXISTING BUILDING

LEWIS COUNTY GENERAL HOSPITAL
MED SURG & SURGICAL/PROCEDURE STUDY
BCA ARCHITECTS & ENGINEERS
# The Need for Additional OR’s

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019 (Extrapolated)</th>
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<tr>
<td><strong>OR Minutes</strong></td>
<td>70,969</td>
<td>82,498</td>
<td>81,862</td>
<td>104,071</td>
<td>116,472</td>
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<td><strong># Procedures</strong></td>
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<td>1307</td>
<td>667</td>
<td>577</td>
<td>599</td>
<td>504</td>
</tr>
</tbody>
</table>

**Major Surgeries:**
- Hip Replacements
- Total Knees
- Hernia Repair
- Hysterectomy
- Appendectomy
- Eye Procedures

**Minor Surgeries:**
- Colonoscopies
- D&C
- Carpel Tunnel
- Excisions of Masses
- Fractures
- C-Section
- Cholecystectomy
- Colectomy
Benefits of Building a New Operating Room Suite

• Accessible from the Number 3 Road
• Designated parking area located close to the entrance
• Build three state-of-the-art operating suites
• Add one minor-procedure room (Endo Suite)
• Increase pre operative beds and add Post Anesthesia Care Unit (PACU) beds
• Improve space utilization (eliminate storage in hallways)
• Enhance separation between sterile and non sterile areas
• Direct access from OB-GYN (birthing unit) to the OR
• Enhance privacy – patients will not have to traverse long corridors passing by communal waiting rooms
Financial Impact of Modernization

- Ability to recruit and retain surgeons in a space that is not modern
- Ability to sustain high quality services
- Additional square footage for hospital drives additional reimbursement in the daily rate as more administrative/general costs can be allocated to this area
- More surgeries = More revenue to invest in primary care
- Depreciation can be included in costs so LCGH would get it back in the rate
Summary

- Current Medical/Surgical unit - 1960’s vintage
- Revitalization can not be considered in the current foot print
- Only option would be to move the OR’s to another area

- Current OR suite – rebuilt in the 1980’s
- Current OR pre op and holding areas – 1931 original building
- We have outgrown our capacity in our OR’s.
  - General and Orthopedic Surgery as well as Ophthalmology and OB-GYN all competing for OR rooms
  - Currently scheduling out 8-10 weeks for both General and Orthopedic surgery
Modernization and growth are needed if we are going to stay competitive with Carthage Area Hospital’s new facility (hospital), the very modern Samaritan Medical Center and the new hospital in Utica.

Carthage Area Hospital’s LDRP Suite

Samaritan Medical Center’s Medical Floor
How Do We Want to Look in the Future?
Critical Access Hospitals (CAHs)

Critical Access Hospital (CAH) is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). Congress created the CAH designation through the Balanced Budget Act of 1997 in response to a string of rural hospital closures during the 1980s and early 1990s. Since its creation, Congress has amended the CAH designation and related program requirements several times through additional legislation.

The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities. To accomplish this goal, CAHs receive certain benefits, such as cost-based reimbursement for Medicare services.

Eligible hospitals must meet the following conditions to obtain CAH designation:

- Have 25 or fewer acute care inpatient beds
- Be located more than 35 miles from another hospital (exceptions may apply)
- Maintain an annual average length of stay of 96 hours or less for acute care patients
- Provide 24/7 emergency care services

What are the benefits of CAH status?

CAH status includes the following benefits:

- Cost-based reimbursement from Medicare. As of January 1, 2004, CAHs are eligible for allowable cost plus 1% reimbursement.
- Capital improvement costs included in allowable costs for determining Medicare reimbursement.

What are the location requirements for CAH status?

CAH’s must be located in rural areas and must meet one of the following criteria:

- Be more than a 35-mile drive from another hospital, or
- Be more than a 15-mile drive from another hospital in an area with mountainous terrain or only secondary roads.
How many CAHs are there and where are they located?
As of July 19, 2019, there are 1,350 CAHs located throughout the United States. The following map shows the locations of Critical Access Hospitals across the United States.

Is there a limit on the length of stay for patients at CAHs?
CAH’s must maintain an annual average length of stay of 96 hours or less for their acute care patients. The following are not included when calculating the 96-hour average:

- Time spent in the CAH as an outpatient
- Time spent in a CAH swing bed
THANK YOU !