

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	<i>Replace Aging Intensive Care Unit</i>
2. Name of Applicant	Rome Memorial Hospital, Inc., d/b/a Rome Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Research and Marketing Strategies, Inc. (RMS) <ul style="list-style-type: none">- <i>Mark Dengler, MPA – President</i>- <i>Susan Maxsween, MSHA - Vice President, Healthcare Operations and Consulting</i>- <i>Patrick Fiorenza, MPA - Director of Research Analytics</i>- <i>Molly Burke, MPH - Research Analyst</i>
4. Description of the Independent Entity's qualifications	Research & Marketing Strategies, Inc. (RMS), the <i>Independent Entity</i> , is a professional market research firm located in Central New York, having been in business since 2002. RMS has a dedicated Healthcare Division with proven experience in guiding hospitals, healthcare systems, nursing homes, diagnostic and treatment centers – including ambulatory surgery centers with strategic planning. The firm has assisted health departments in conducting Community Health Assessments (CHA) as well as partnered with hospitals in conducting Community Health Needs Assessments (CHNA). The RMS team is experienced with profiling population demographics and looking at healthcare access and service delivery issues, including monitoring and addressing health equity issues among communities.
5. Date the Health Equity Impact Assessment (HEIA) started	September 7, 2023
6. Date the HEIA concluded	October 6, 2023
7. Executive summary of project (250 words max)	Rome Memorial Hospital, Inc. d/b/a Rome Health, a 130-bed not-for-profit hospital at 1500 North James Street, Rome, New York (Oneida County), requests approval to replace its 55-year-old Intensive Care Unit (ICU) by constructing a new ICU in the shell space above the new Surgical Services addition (CON # 231254).

The hospital plans to reduce the number of licensed ICU beds from 11 to 9 based upon historical utilization data. Under this CON it is anticipated that there will be no changes to ICU services offered or staffing.

This project will provide a modern facility that is prepared to respond to the special needs of the growing aging population with a patient-centered approach to care delivery.

The hospital has been redefining community-based healthcare to provide accessible, high-quality care locally for the convenience of its patients. Replacing the aging ICU is the next capital investment needed to provide the community with state-of-the-art facilities that reflect Rome Health's dedicated staff and demonstrated experience in delivering the highest quality standards of patient care.

The new ICU will be designed to enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care. The ICU will be constructed with an advanced ventilation system to protect fragile patients from airborne contaminants. It will feature private rooms large enough to accommodate the critical care team and modern technology needed to care for patients, as well as space for seating and sleeping for families. Each room will include a private handicapped-accessible restroom.

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

Rome Health enlisted Research & Marketing Strategies, Inc. (RMS) to serve as an Independent Entity to conduct the Health Equity Impact Assessment (HEIA) – a key, required component of Rome Health's CON project, *Replacing its Aging Intensive Care Unit*. Rome Health is centrally located in Oneida County, NY with a population of approximately 232,000. Rome Health's primary service area encompasses the City of Rome and surrounding rural towns in northern Oneida County. Eighty percent (80%) of Rome Health's ICU discharges come from the following eight ZIP Codes¹: 13440, 13316, 13363, 13471, 13309, 13308, 13501, and 13421. Therefore, RMS focused on detailing the impact on the medically underserved population in these primary areas.

RMS analyzed demographic data across 8-ZIP Codes region based upon Rome Health's discharge ICU utilization. Analysis was conducted surrounding key factors including age, gender, race, health insurance coverage, disability status, poverty level, number of households with SNAP benefits, household income, employment status, educational attainment, and vehicle status. Demographic data analysis shows that the population continues to change with many aged 65 years and older living with a disability. Some analyzed ZIP Codes show above-average levels of poverty in the elderly population; other data suggest poverty rates are increasing for the senior population. Furthermore, the City of Rome has a higher Hispanic population than other projected impacted ZIP Codes (except for the City of Utica).

¹ ZIP Code breakdown: 13340 (Rome, NY); 13316 (Camden, NY); 13363 (Lee Center, NY), 13471 (Taberg, NY); 13309 (Boonville, NY); 13308 (Blossvale, NY); 13501 (Utica, NY); 13421 (Oneida, NY)

RMS also conducted seven (7) In-Depth Interviews (IDIs) to gather qualitative data about low-income, racial and ethnic minorities, and medically underserved populations in the project's service area. The IDIs were conducted with leaders who spoke on behalf of the impacted community residents and the medically underserved populations.

Qualitative findings from the IDIs provided insights to identify positive and negative impacts of the proposed CON project, with particular attention to the medically underserved populations. The interviews reinforced the demographic data analysis, which revealed a growing aging population and thus a need for an updated, higher-quality ICU department as most adults over the age of 65 are living with one or more chronic conditions and/or disabilities putting them more at-risk to need ICU services. The qualitative data also revealed the need for higher quality, upgraded medical services to more proximate critical care services for much of the project's impacted ZIP Code areas comprised of a rural population.

As part of the HEIA work, RMS requested that Rome Health detail its mitigation plan to foster effective communication about the resulting impact(s) to service or care availability to people of limited English-speaking ability and people with speech, hearing, or visual impairments. RMS also recommended that Rome Health expand staff training to provide targeted sensitivity training in providing care to the medically underserved populations. The RMS team met with Rome Health's Patient Family Advisory Council to provide an overview of the proposed CON project with the goal of gathering input related to opportunities and barriers critical to the overall project.

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

1. 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.

Please reference excel document – Rome Health – Completed HEIA Data Table.

2. 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

- X Older adults
- X Persons living with a prevalent infectious disease or condition
- X Persons living in rural areas
- X People who are eligible for or receive public health benefits
- X People who do not have third-party health coverage or have inadequate third-party health coverage
- X Other people who are unable to obtain health care
- X Not listed (specify): those with no or limited transportation; refugees

For each medically underserved group (identified above), what source of information was used to determine the group would be impacted?

IDIs were conducted with 7 key community leaders representing organizations that serve and speak on behalf of the impacted community residents and the medically underserved populations regarding the project. The organization leaders interviewed were from (1) the Oneida County Health Department, (2) The Center in Utica, (3) the NAACP Rome Branch, (4) the City of Rome, (5) Copper City Community Connection, (6) Mohawk Valley Latino Association, and (7) the NYS Office for People with Developmental Disabilities. These key leaders were asked if their organizations serve medically underserved groups, and if yes, which of the above aforementioned groups do they serve, which when consolidated (in aggregate) impacts all medically underserved groups mentioned above.

What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

Data regarding the impact on the refugee population was difficult to obtain, particularly the census data. However, In terms of the IDI qualitative data, the interviewees provided robust insights pertaining to the benefits for the medically underserved population of the intended project - Replace Aging Intensive Care Unit.

Please reference the excel document – Rome Health – Completed HEIA Data Table - Meaningful Engagement Tab.

3. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

The new ICU will enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care for all medically underserved groups. Individual rooms will be large enough to accommodate the critical care team and all the modern technology, while also providing space for families to remain present during the patient's stay. A private handicapped

accessible restroom will be in each patient room. The proposed ICU patient rooms will better address the unique needs of patients of size and critically ill patients with behavioral health disorders, enhancing patient and staff safety. Increased natural light in each room will create a comfortable, healing environment that helps decrease the length of stay. Key stakeholders also discussed the benefit of the new ICU as it pertains to positioning Rome Health to provide higher quality of care in the local region. Higher quality, patient-centered care provided locally will benefit the medically underserved population especially low-income households, those without transportation, and the frail elderly.

4. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project?

All identified medically underserved populations will benefit from the newly designed ICU unit.

To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

Rome Health's ICU is currently and will continue to be available to the overall community, including the most vulnerable medically underserved populations. Services will continue to be made available to the broader community, including the medically underserved populations and their families.

Rome Health will maintain its preparedness to respond to the critical health needs of the local community to which they provide care. Rome Health will maintain its fully operational eleven-bed ICU throughout the building phase of the new facility that will house the new nine-bed ICU. With this planned approach, there will be no disruption of services and/or care during or after the project. According to hospital utilization data, the average daily ICU census from January 2018 to July 2023 only exceeded the proposed 9-bed capacity one day in 2020 and 2021, which was attributed to the COVID-19 pandemic. Therefore, this planned decrease in ICU beds will not impact care delivery for critical care patients. Rome Health also maintains a step-down unit (SDU) which provides an intermediate level of care for patients who are stable enough to be moved out of the ICU but still need specialized monitoring and care.

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

The RMS team conducted an in-depth review of additional resources using the Health Facilities Information System (HFIS). Data showed that there are two additional not-for-profit hospitals that provide care within the region (Oneida County). St. Elizabeth Medical Center and St. Lukes Healthcare, both of which provide ICU services for critically ill patients, are located in Utica, New York, approximately 14 miles southeast from Rome, New York. St. Elizabeth Medical Center maintains 20 ICU beds and St. Lukes maintains 22 ICU beds. Additionally, on October 29th, 2023, a newly built state-of-the-art hospital, Wynn Hospital, is due to open that will replace St. Lukes Healthcare and St. Elizabeth Medical Center. The new hospital is part of the Mohawk Valley Health System. This facility will have a total of 373 beds including 8 pediatric beds and a dedicated ICU which will have 42 available beds.

In addition to looking at the availability of similar services or care provided by nearby facilities, an assessment of the medically underserved area and population needs was considered. Health Professional Shortage Areas (HPSAs) data revealed evidence of healthcare workforce shortage potential within each of the 8 ZIP Codes, which has an ancillary impact on other areas of care outside of the ICU environment. This could have a causal relationship to healthcare access and subsequent to the overall health status of individuals. It is clear that the healthcare delivery system within the area is delicate and fragile. Updating and modernizing the Rome Health ICU could serve to attract new and retain healthcare workers.

Health Professional Shortage Areas (HPSAs)	Blossavale, NY (13308)	Boonville, NY (13309)	Camden, NY (13316)	Lee Center, NY (13363)	Oneida, NY (13421)	Rome, NY (13440)	Taberg, NY (13471)	Utica, NY (13501)	Average	Overall Rating (out of 100%)
Dental Health (score is out of 26 points)	17	17	17	17	16	17	17	17	16.875	64.9%
Mental Health (score is out of 25 points)	18	18	18	18	17	18	18	18	17.875	71.5%
Primary Care (score is out of 25 points)	17	17	17	17	15	17	17	17	16.75	67.0%
Medically Underserved Area/Population?	NO	NO	NO	NO	NO	NO	NO	NO		
Last updated	2022	2022	2022	2022	2022	2022	2022	2022		

None of the eight ZIP Codes included in this project area comprise a medically underserved area/population as defined by the U.S. Health Resources and Service Administration (HRSA). The medically underserved population may include people experiencing homelessness, people who are low income, people who are eligible for Medicaid, Native Americans and Migrant farm workers.²

² Source: <https://bh.w.hrsa.gov/workforce-shortage-areas/shortage-designation#mups>

6. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area? *Market share information is not available by hospital bed type.*

The project is not expected to impact market share as the reduction in bed capacity from 11 beds to 9 beds reflects Rome Health's utilization data. Between 2018 and July 2023, the average daily census has ranged from a low of 3.98 beds to a high of 6.14 beds during the COVID pandemic. The Rome ZIP Code, 13440, represents more than 60% of Rome Health's ICU discharges. The rest of the patient volume is comprised of multiple ZIP Codes, with no one ZIP Code representing greater than 3% of the hospital's ICU discharges.

7. 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.

Implementation of the project will not affect stakeholder segments from receiving financial assistance. Financial assistance is available to individuals who have received or are going to receive emergency or medically necessary care at Rome Health. No one will be denied access to services due to inability to pay. There is a discounted/sliding fee schedule available based on family size and income. The hospital discounts patient accounts up to 100% depending upon family income in comparison to the federal poverty level. Discounts are based upon the Blue Cross rate, the region's highest volume payer. The hospital offers discounts to the uninsured and underinsured whose income is up to 300% of the federal poverty level.

In 2022, the hospital's bad debt and charity care totaled \$4.1 million. The reduction in the number of ICU beds from 11 to 9 will not impact the provision of uncompensated care.

8. 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.

Rome Health does not anticipate any physician or professional staffing issues directly related to the project. The reduction in bed capacity from 11 beds to 9 beds is based upon Rome Health's actual utilization data; Rome Health does not plan to reduce its staffing numbers alongside the reduction in beds. The hospital

staffs the ICU based on the number of patients and their acuity. Between 2018 and July 2023, the average daily census has ranged from a low of 3.98 beds to a high of 6.14 beds during the COVID pandemic. The hospital flexes its staff based upon patient needs, redeploying nurses and ancillary staff across multiple settings, including the Emergency Department and Medical/Surgical Units. The budgeted FTEs for the ICU are 21.6, including:

Allied Health	0.7
Management	1.2
Nursing Support	2.6
Registered Nurses	14.6
Contract Staffing (Agency)	2.5
TOTAL	21.6

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

There are no civil rights access complaints against Rome Health.

10. 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 hospital has not changed its licensed bed count in the last five years.

The hospital has been updating its physical plant to provide local access to essential healthcare services in modern, convenient facilities that support a fiscally sustainable healthcare system.

In 2022, the hospital constructed a Medical Center on its main campus to improve access to primary care. The new Medical Center brought together primary care, surgical specialists, diagnostic testing, and a retail pharmacy under one roof for convenient, accessible, coordinated patient care. The proximity of adjacent services at the hospital, including medical imaging, cardiopulmonary services, and cardiology services further enhances accessibility for patients who may need multiple services.

In 2022-2023, the hospital updated its medical/surgical unit to create a calming environment for patients and establish four bariatric-friendly rooms as its Comprehensive Bariatric Center program continues to grow.

In 2023, the hospital constructed a dedicated women's surgical suite adjacent to the Maternity Department for enhanced patient safety and to optimize the hospital's existing operating suites on the first floor.

The hospital expects to break ground in November on a new addition to replace its aging operating rooms and replace them with a new surgical center.

All of these facilities ensure local access to care for vulnerable populations to minimize their need to travel outside of the area for care.

STEP 2 – POTENTIAL IMPACTS

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

Low-income people

- *For low-income patients, there will be improved access to services since the new ICU will be a significant upgrade from the current unit. During interviews, community stakeholders shared that low-income individuals, who typically cannot travel outside of their community for care will now have access to an improved facility locally.*
- *For low-income patients, there is improved health equity, as patients within this group are often restricted by their ability to travel.*
- *This project will continue to reduce health disparities for low-income people regardless of ability to pay for healthcare services as Rome Health provides care regardless of ability to pay with no change to Rome Health financial assistance programs.*

Racial and ethnic minorities

- *The new facility will provide improved services and upgrade an aging facility. Racial and ethnic minorities living in and around the City of Rome will benefit from improved access to services and health care.*
- *With the addition of the ICU, Rome Health is actively looking to implement mitigation strategies to improve communication between patients and doctors, through translation services and interpreters. In addition, the new ICU layout makes it more accessible for family members to be present, which will also help the patient have a trusted individual (family member) with them during their stay.*
- *By upgrading the facility, racial and ethnic minorities will have access to improved facilities and will not require travel to obtain care. In addition, there will be no changes to staffing when the new facility opens.*

Immigrants & Refugees

- *The new facility will provide improved services and upgrade an aging facility. Racial and ethnic minorities living in and around the City of Rome will benefit from improved access to services and health care.*
- *With the enhancement of the ICU, Rome Health is actively looking to implement mitigation strategies to improve communication between patients and doctors, through translation services and interpreters. In addition, the new ICU layout makes it more accessible for family members to be present, which will also help the patient to have a trusted individual near them during their stay. Cultural sensitivity training will also continue to occur for all staff of Rome Health.*
- *By upgrading the facility, immigrant and refugee populations will have access to improved facilities and will not require further travel to obtain care. In addition, there will be no changes to staffing when the new facility opens, and Rome Health will continue to utilize its translation services for this population if needed. The increased room size and layout also provides an area for a patient's family and support system to be with the patient during care – an important cultural component to health care for this constituent population.*

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

- *It is not anticipated that there will be a negative impact on women, lesbian, gay, bisexual, transgender, or other-than-cisgender people. For these individuals, they will benefit from improved access to healthcare through the upgraded facilities.*
- *The new facility will provide improved health care through the use of current technologies and updated equipment in the Rome community for all genders.*
- *Rome Health will continue to implement regular staff education on cultural and sensitivity training. Additionally, all staff are required to complete education on harassment (and LGBTQ+) awareness/sensitivity annually. Rome Health is committed to ensuring a safe and healthy work environment.*

People with disabilities

- *Of all the stakeholder groups, people with disabilities will be one of the beneficiaries of this initiative. The upgraded facility has specific equipment, design elements, and features that improve access and equity for those living with a disability and reduce health disparities by providing a higher level of care within the greater Rome New York community. Unlike the current facility, the new ICU will include a private, ADA-*

compliant restroom and many features improving accessibility for those with disabilities. The rooms will also include a ceiling track for safe patient handling and transfers. The room layout is designed in such a way as to make it easier for individuals with mobility issues to move throughout the room as needed. Furthermore, the presence of a family member will help improve care for those with disabilities.

- *With the updated services and functionality of the rooms for individuals with disabilities, the hospital will provide more equitable care to those with disabilities.*
- *With the upgraded facility, Rome Health is improving the quality of care for individuals with disabilities. In addition, Rome Health will provide training to staff on working with individuals with disabilities and providing better care for those individuals, and reducing health disparities that this population often faces.*

Older adults

- *Like those with disabilities, older adults will also benefit from the new facility, improving access and health equity for this population. The upgraded facility will provide higher level care, through new technology upgrades and a better layout within the ICU.*
- *With the upgraded ICU, many older adults living in the service area will not have to travel to other facilities for care to access the latest equipment – often a burden to this population. This newly improved facility will improve health equity for older adults by providing higher quality care closer to home.*
- *The Rome Health ICU Facility will now be on par with other nearby facilities in terms of advanced medical technology, reducing the need to travel further for advanced care.*

Persons living with a prevalent infectious disease or condition

- *Persons living with a prevalent infectious disease or condition will have improved access to quality health care closer to home should their condition become exacerbated and the need for intensive care arises. The new ICU facility, with individualized patient rooms, is designed to keep patients safe. Further there will be an updated air filtration system used throughout the unit for infection control to protect fragile patients from airborne contaminants.*
- *There will be no change to health equity for this patient segment, as Rome Health already provides equitable healthcare services to this population.*

Persons living in rural areas

- *Those living in rural communities within the service area will have access to an upgraded facility, and will limit their need to travel to other, farther away hospitals for care.*
- *Rural populations will have access to an improved facility with higher quality care closer to home. Also, the larger rooms will allow the family to remain with the patient and ease the burden of travel for a patient's support network.*
- *As noted earlier, Rome Health's key ICU patient ZIP Code utilization statistics have been from primarily rural areas, confirming the facility's importance as part of a rural healthcare delivery network.*
- *Location should have no impact on the quality of care received; the upgraded facilities will allow for better access to care for rural populations.*

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

- *As previously mentioned, Rome Health provides services regardless of ability to pay. For these identified populations, access is improved through the upgraded facilities, bringing in new equipment and modifying the layout of the ICU.*
- *There will be no change to health equity or a change in health disparities as Rome Health already provides equitable healthcare services to this population.*

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

The data collected in this research suggest positive impacts to health equity as a result of the construction of nine, new state-of-the-art ICU rooms. There are no negative impacts anticipated as a result of this project for any of the medically underserved groups identified. However, the project will not fix existing equity issues or challenges this population faces in obtaining healthcare. This project will improve the quality of care provided to all individuals who require care at Rome Health's ICU.

Given the nature of this project, the unintended positive impacts are similar for all medically underserved groups identified. Since the project is an upgrade of a facility, the following benefits may occur:

- *The upgraded facility will provide better access to technology and services for the local community.*
 - *The ICU room layout will improve the ability for family or patient advocates to remain with the patient during their care.*
 - *Rome Health is implementing mitigation strategies regarding language access and caring for those who are disabled.*
 - *There is a potential to improve the facility's care reputation and outcomes for patients, building more trust in the Rome Health brand within the community.*
 - *The new facility will help Rome Health retain and attract key clinical staff.*
 - *The new room design and layout suggest that improved communication may occur between the patient and care team, as the design facilitates close collaboration.*
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 reduction in the number of ICU beds from 11 to 9 will not impact the provision of uncompensated care. Financial assistance is available to individuals who have received or are going to receive emergency or medically necessary care at Rome Health. No one will be denied access to services due to inability to pay. There is a discounted/sliding fee schedule available based on family size and income. The hospital discounts patient accounts up to 100% depending upon family income in comparison to the federal poverty level. Discounts are based upon the Blue Cross rate, our highest volume payer. The hospital offers discounts to the uninsured and underinsured whose income is up to 300% of the federal poverty level.

In 2022, the hospital's bad debt and charity care totaled \$4.1 million.

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.

The demographic data suggests that many within the service area do not own a car or have reliable transportation. However, as many of the individuals who utilize the ICU arrive via ambulance, transportation and the ICU does not present an issue or exacerbate issues of transportation equity.

- *The Central New York Regional Transportation Authority (CENTRO) provides public transportation via bus within the counties of Oneida,*

Cayuga, Onondaga, and Oswego. An accessible fleet of buses is available for persons with disabilities.

- *There are also various non-emergency transportation services available through Medicaid Transportation Management. Source: Medicaid Transportation Management: [MAS | A Driving Force in NEMT \(medanswering.com\)](#)*
- *Ride share services including Uber and Lyft are available for residents of the City of Rome, as well as taxi services.*

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

The new ICU will enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care. The new ICU rooms will be 300 square feet with a private restroom, and offer the following features:

- *Individual rooms will be large enough to accommodate the critical care team and all the modern technology that they need to care for patients, such as ventilators, IV pumps, monitoring equipment, and specialty beds to reduce the risk of pressure wounds.*
- *Individual rooms will include ceiling-mounted patient lifts for safe-patient handling and transfers, which will mitigate complications from immobility, due to many reasons, including medical conditions, age, and/or disability.*
- *Private, handicapped accessible restrooms in each patient room which will be angled toward the bed for ease of access. The current ICU rooms do not have a private restroom for patients.*
- *Specialty rooms to better address the unique needs of patients of size and critically ill patients with behavioral health disorders to enhance patient and staff safety.*

Meaningful Engagement

6. List the local health department(s) located within the service area that will be impacted by the project.

Oneida County Health Department provides services to residents of Oneida County, which is where Rome Health is located.

7. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

Yes, Oneida County Department of Health served as one of the key organizations identified for the IDIs. Daniel W. Gilmore, PhD, MPH, Director of Health was interviewed and provided valuable insights and feedback.

8. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table.” Refer to the Instructions for more guidance.

Please reference excel document – Rome Health – Completed HEIA Data Table – Meaningful Engagement Tab.

9. Based on your findings and expertise, which stakeholders are most affected by the project?

All key stakeholders will be directly impacted by this project.

Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?

No. The opposite is the case. All key stakeholders unanimously support the Rome Health: Replace Aging Intensive Care Unit CON project. Following is evidence of support from key organizations representing community stakeholders:

Oneida County Department of Health – *“A modernized ICU at Rome Health will support higher quality, equitable care to all people served by Rome Health including the underinsured, minority populations, and other marginalized communities.” Daniel Gilmore, PhD, MPH - Director of Health*

City of Rome – *“It is imperative that Rome Health move forward with the renovation/rebuild of its Intensive Care Unit (ICU). The health system has made great strides in modernizing its campus beginning with a total remake of its emergency department, imaging department, complete rebuild of maternity to include new state of the art birthing rooms and an operating room to accommodate C-sections on the same floor and now will embark on a completely new state of the art surgical suite renovation. The missing link is the updating of the ICU to today’s standards of care, not just for the clinicians, but for a better patient and family experience as well as to complement the total overhaul of the acute care facility. We learned many good lessons during the pandemic, one of which was our clinicians were heroes when faced with seemingly unsurmountable challenges when sometimes they were forced to make lifesaving decisions given the resources they had in the facility when there was nowhere else to turn, and beds were not available at a tertiary facility. Given those circumstances, it became clear that Rome Hospital’s ICU is a regional player in this area for healthcare and that is why I recommended jumpstarting this project by committing \$3M dollars of ARPA funding to upgrade the ICU. I strongly*

support Rome Health’s application for a Certificate of Need (CON) to support the ICU renovation.” - Jacqueline Izzo, Mayor

National Association for the Advancement of Colored People (NAACP) of Rome – *“A Community’s Character is judged by the way they treat their most vulnerable citizens. A quality Health Care System is essential to the care given to a community. Rome Health is updating, modernizing and improving their level of care. Modernization is important to give the best quality care to Folks who live in and around the Rome area. We are proud to be partners with Rome Health as we both move forward together to ensure everyone gets the best health care possible.” - Jackie Nelson, President*

10. 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?

Key stakeholders were directly contacted to participate in the assessment by the Independent Entity. Rome Health also supported the initiative of the Independent Entity to further inform the key stakeholders by sending detailed information explaining the project via email, as needed.

11. 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.

Due to unforeseen circumstances, the Resource Center for Refugees in Mohawk Valley was not able to participate in the key stakeholder interviews. However, RMS was able to secure an In-Depth Interview with The Center in Utica, NY. The Center provides resettlement, education, community resources, and other services to refugees, immigrants, and the residents of Utica, which represents another resource for the medically underserved populations. Therefore, critical information was obtained for this medically underserved vulnerable population.

STEP 3 – MITIGATION

1. 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
 - *Rome Health currently uses a Zoom interpretive service (via tablet) so that the patient/interpreter can see one another. Multiple languages are*

on the mobile platform. If the interpreter is not available in the requested language, Rome Health then reaches out to the Refugee Center for assistance.

- *Staff are trained to utilize available services to ensure communication with patients. Translation services and resources are a discussion topic that is part of new employee orientation. Also, the topic of translation services is reviewed as part of the employees' "annual fair" – which is a training segment that is dedicated for further staff education central to key elements of employment. Each department also provides educational programming that is unique to the respective department, including the Emergency Room. Self-learning modules are used at the time of employee onboarding.*

- b. *People with speech, hearing, or visual impairments*
 - *Rome Health Currently uses a Zoom interpretive service (via tablet) so that the patient/interpreter can see one another. Multiple languages are available on the mobile platform. If the interpreter is not available in the requested language, then a direct reach out to the Refugee Center for assistance is made.*
 - *Staff are trained to utilize services available to ensure communication with patients. Translation services and resources are a discussion topic that is part of new employee orientation. Also, the topic of translation services is reviewed as part of the "annual fair" – which is a training segment that is dedicated for further staff education central to key elements of employment. Each department also provides educational programming that is unique to the inpatient department, including the Emergency Room. Self-learning modules are used at the time of onboarding.*

- c. *If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise? NA.*

Rome Health has established procedures in place to foster communication and regularly revisits opportunities to strengthen communication. In addition to providing translation services to patients at the time of admission, discharge materials are currently available in Spanish to meet the needs of the Spanish speaking population. The hospital is also working to develop preventive education and consent forms in other languages.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

As the Independent Entity, RMS suggests that Rome Health add language on the hospital's website that outlines the translation services that are provided for patients/families. RMS also suggests that the hospital staff take prudent measures to ensure consent materials are prepared in other languages, with particular attention to Spanish. Additional staff training is also recommended for the aging population, with specific attention to assisting patients with hearing/vision and memory loss, as well as cultural sensitivity training for the broader medically underserved population.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

Each of the seven community organization leaders interviewed for this assessment were very supportive of this project and Rome Health's initiative to update its facilities in order to provide improved access to high-quality care locally. Should the Applicant need to further engage and consult with these key stakeholders, it is recommended that additional interviews and dialogue be conducted. All of the leaders interviewed by RMS agreed to continue to provide input/feedback. They can be reached via email or phone for further information. Several, in fact, indicated that Rome Health is a key community partner that they often refer their constituents to for healthcare services if/when needed.

4. If it does not, how can the project be modified?

This is not applicable.

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?

Existing mechanisms that are in place include (1) Utilization data, (2) Length of Stay data, (3) Demographic data of the service area, (4) Staff training, (5) Patient Family Advisory Council, and (6) Patient Satisfaction measured through the HCAHPS patient satisfaction survey. The hospital regularly monitors utilization data to assess the average daily census to identify and respond to key trends. The hospital also regularly monitors payor data to determine the payor mix of

patients who are hospitalized in the ICU. For the last three years, 64% of ICU patient days were covered by Medicaid/ Medicare HMO and 17% by Medicaid/Medicaid MCO (Managed Care).

Demographic data for the primary service area is used to better understand the unique demographic mix of the population served in Oneida County in comparison to surrounding counties as well as compared to New York State. The hospital is also monitoring population projections to better understand the key trends of the senior population over the age of 65. In preparing for the healthcare needs of tomorrow, Rome Health, in a presentation given to the City of Rome Common Council, projects that by 2030

- i. All Baby Boomers will be over 65
- ii. 24% - Nearly 1 out of 4 Oneida County residents will be over 65
- iii. 80% of elderly Americans will live with at least one chronic illness
- iv. Nearly 70% will live with two or more
- v. By 2030 – The number of Oneida County residents³
 1. 65+ will increase by 19%
 2. 85+ will increase by 20%
- vi. By 2035 – The number of Oneida County residents
 1. 65+ will increase by 22%
 2. 85+ will increase by 45%

Rome Health continues to monitor the breadth and scope of staff training at the time of onboarding as well as through the employee annual fair. Staff members continue to go through escalation and de-escalation training and managing conflict from different perspectives to swiftly address patient encounters, with keen attention to patients with behavioral health diagnoses.

Rome Health will continue to review their monthly HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey results. HCAHPS is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. The HCAHPS survey is administered to a random sample of adult patients across medical conditions monthly. The hospital's performance is also available to the public online, allowing patients to assess key quality performance indicators.

Rome Health will maintain active communication with the Patient Advisory Council to leverage their insights and feedback on the project as well as to provide insights once the project is completed.

³ Cornell University Program on Applied Demographics (PAD); [Census 2020 \(cornell.edu\)](https://www.cornell.edu/census2020/)

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?

Rome Health has taken lessons learned from the COVID-19 pandemic in enhancing patient care delivery for its most critically ill patients. Rome Health will be placing a large focus on patient assessment to ensure safe discharges, recognizing that homelessness is a rising concern as well as unsafe home environments. Continual review of demographic data, as well as building stronger cohesive partnerships with key community leaders representing patient stakeholders who participated in the IDIs will be instrumental to continue to build upon understanding the identified needs and gaps in care for patients in the community, as this will directly align with understanding the systemic impacts of unsafe discharges and the impact on readmissions and patient safety.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON 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)

Rome Health is a comprehensive health care system whose mission is to deliver quality healthcare with compassion to patients throughout Central New York. Public funding and private philanthropy are the cornerstone and foundation for Rome Health's ICU expansion project. The project will be funded through the city's allocation of \$3 million in American Rescue Plan Act (ARPA) funds towards the cost of the ICU project with a balance being raised through private philanthropy. The Rome Health Foundation anticipates achieving the fund-raising goal by April 2024.

Rome Health garnered unanimous support and approval from the City of Rome Mayor, the Rome Health Board of Trustees, the Rome Health Foundation Board, and the Capital Campaign Executive Committee. Volunteer board members are community and business leaders and members of the medical staff of the hospital. Throughout these public forums, Rome Health received unanimous and unwavering support from community leaders and members alike. This support was further echoed when the project was presented to Rome Health's Patient Family Advisory Council. Comments such as, "Wonderful for the hospital and good for the underserved community," and "Up-to-date means better care," were common themes during the discussion. Community leaders that work in organizations that serve the needs of the community and medically underserved population all expressed support for the project. The rigor and attention to the needs of the medically underserved population to ensure equity in

healthcare delivery deserve significant merit in the development and execution of Rome Health's plan for Replacing its Aging Intensive Care Unit.

----- 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, **AnneMarie Czyz**, attest that I have reviewed the Health Equity Impact Assessment for the project: **Replace Aging Intensive Care Unit** that has been prepared by the Independent Entity, **Research & Marketing Strategies, Inc.**

AnneMarie Czyz

Name

President/CEO

Title

 _____

Signature

10-9-2023

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.

I. Mitigation Plan

Rome Health's plan to construct a new 9-bed Intensive Care Unit to replace its current 11-bed unit that is more than 55 years old will have a positive impact for all patients and their families, including medically underserved populations that utilize the ICU.

A 9-bed unit will provide the needed capacity to meet the needs of the aging population. Between 2018 and July 2023, the ICU had an average daily census that ranged from a low of 4 to a high of 6 during the COVID pandemic. The hospital proactively manages its ICU capacity by transitioning patients to its two medical/surgical units as their condition improves and they no longer need critical care services.

The new ICU will be designed to enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care.

This project will provide a modern facility that reflects the lessons learned from the COVID-19 pandemic and is prepared to respond to the special needs of the growing aging population.

The new rooms will be bigger to accommodate the critical care team and all the modern technology that they need to care for their patients including specialty beds to reduce the risk of pressure wounds.

There will be space in the patient rooms, including seating and a sleeper sofa, so families can participate in the patient's healing journey.

Each patient room will have a private handicapped accessible restroom. The current ICU doesn't have private restrooms.

There will be specialty rooms to better address the unique needs of patients of size and critically ill patients with behavioral health disorders to enhance patient and staff safety.

The unit will be constructed with an advanced ventilation system for infection control to protect fragile patients from airborne contaminants.

Each patient room will have more natural daylight to create a comfortable healing environment that helps decrease the length of stay.

The new ICU design includes ceiling-mounted patient lifts for safe-patient handling, which will mitigate complications from immobility, due to many reasons, including medical condition, age or disability.

Rome Health will continue to leverage the insights of the Patient Family Advisory Council for their feedback on the project. In addition, patient insights will be gathered through the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. Acute care patients receive the survey after discharge to assess their perspectives of hospital care. The hospital will provide updates on the project to our key stakeholders to maintain open channels of two-way communication.

As recommended by the Independent Entity, Rome Health will add language on the hospital's website that outlines the availability of translation services for patients/families. In addition, the hospital is actively reviewing patient materials for translation into Spanish, which is the largest non-English speaking population that the hospital serves. The hospital will continue to provide staff with training to address the special needs of vulnerable populations.