2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

NC BH NORTH CENTRAL BRONX HOSPITAL

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HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Introducing

North Central Bronx Hospital

Opening in 1976, North Central Bronx Hospital (NCBH) replaced Morrisania and Fordham Hospitals located in the surrounding area. The hospital was one of the first to introduce primary care teams and since its inception it has pursued its mission as a primary care community hospital.

Today NCBH is a major provider of comprehensive primary care services for the surrounding communities in the North Central Bronx region, one of New York City's most ethnically diverse areas. It operates separate adult, pediatric and psychiatric Emergency Rooms and provides medical/surgical, obstetrical/gynecological, and mental health services. It has 213 beds in operation and maintains an average daily census of 141.3 patients with an average length of stay of 5.63 days. The overwhelming majority of deliveries at the hospital are provided by midwives and there is a strong mother/infant bonding program. In October 2005, the hospital opened a unique 24-bed inpatient geriatric psychiatric unit, the only such service in the borough. Services provided by NCBH include:

Adult Medicine/Surgical Services
Special Care (HIV)
Intensive Care Unit
Telemetry
Outpatient Rehabilitation
Ambulatory Surgery
Emergency Services
- 911 Receiving Hospital
- Level II Trauma Center
- Regional Sexual Assault Response Team

Hospitalist Model In-Patient Service

Children's Services
Level II Neonatal Intensive Care Unit
Newborn Nursery
Emergency Services
General and Specialty Outpatient Services

Women's Health Services
Inpatient and Outpatient Services
Labor and Delivery
Family Planning
Midwifery Program

Behavioral Health Care Services
Inpatient and Outpatient Services
Geriatric Psychiatry
Partial Day Hospital
Emergency Services

Hospital Workload

In Fiscal Year 2012, (July 2011-June 2012) NCBH provided the following:

- 8,983 inpatient discharges
- 188,650 outpatient visits (divided over 15 major clinical practice categories) including Medicine (has its own 37 unique clinical categories), AIDS/HIV, Rehabilitation Medicine, Tremont (Off-site Family Practice Clinic), Surgery, Gynecology, Obstetrics, Pediatrics, Alcohol, Psychiatry, Dental, Ancillary and Pre-Admission. These outpatient visits occur predominately onsite and at one community based health practice.
- 61,506 Emergency Department visits

Mission Statement

The patient is at the center of all our efforts. The primary mission of NCBH is to serve the Bronx community by providing high-quality, cost-effective healthcare, in a respectful way to all, *regardless of ability to pay.*

Part of the New York City Health and Hospitals Corporation (HHC)

NCBH is part of HHC, a public benefit corporation whose mission has always been to provide comprehensive and high quality healthcare to all, regardless of their ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a $6.7 billion integrated healthcare delivery system that provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics. HHC Health and Home Care also provide in-home services in the local communities it serves.

HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC's commitment to caring for patients regardless of their ability to pay, ultimately gives it the highest "market share" of low-income, uninsured patients across this City.

Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single health care provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient discharges, 43% of uninsured ED visits and 67% of uninsured clinic visits among all New York City hospitals. This volume of uninsured care translates into approximately $698 million in uncompensated care annually at HHC.

Each HHC hospital and health center evaluates a patient's eligibility for public health insurance, and assists patients in completing applications for public health insurance. Uninsured patients who do not qualify for coverage are assessed for financial assistance using an established sliding fee scale based on Federal Poverty Guidelines to ensure that access to care is not withheld based on the ability to pay. Fees are reduced to an affordable amount, based on family size and income, and are available without regard to immigration status.

SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	North Central Bronx
Discharges			
Uninsured	3%	4%	6%
Medicaid	33%	38%	68%
Total Safety Net	**36%**	**42%**	**74%**
ED Visits			
Uninsured	16%	20%	29%
Medicaid	39%	41%	57%
Total Safety Net	**55%**	**61%**	**86%**
Clinic Visits			
Uninsured	11%	19%	21%
Medicaid	55%	52%	62%
Total Safety Net	**66%**	**71%**	**83%**

* Excludes HHC hospitals.

Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.

Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.

Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.

Clinic visits include comprehensive care and primary care visits only.

HHC's uncompensated care costs are $698 million.

Description of the community served by North Central Bronx Hospital

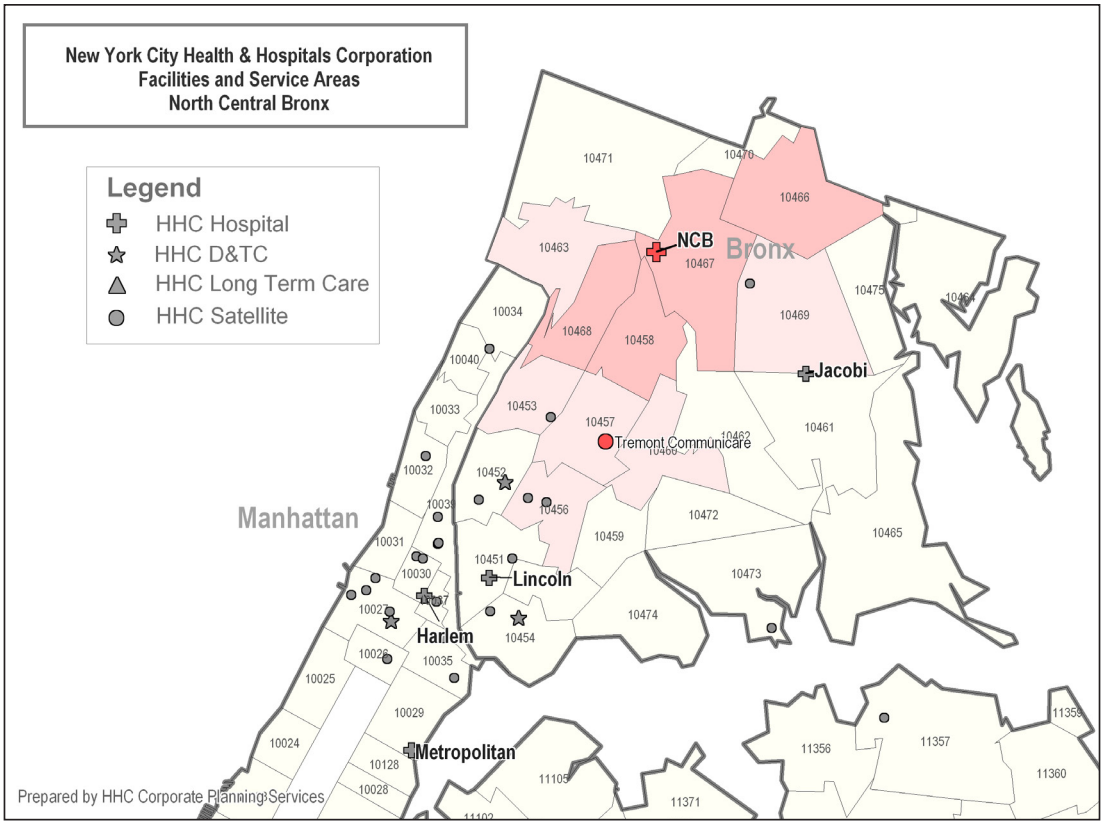
NCBH serves the Bronx, the northernmost borough of New York City, with a 2012 population estimate of 1.41 million residents.

The hospital's primary services area are those zip codes that provide cumulatively 50% of our patients. Those zip codes are 10467, 10468, 10458, 10466, and 10457. The secondary service area is typically defined as those zip codes in which, cumulatively, an additional 25% of patients reside. This secondary area comprises these five areas: zip codes 10469, 10453, 10456, 10463, and 10460.

Race/Ethnicity of NCBH Patients, 2012

Race/Ethnicity	Borough of the Bronx	NCBH's patients
Asians	4.2%	3.8%
Black/African American	43.3%	31.2%
Hispanic/Latino*	53.8%	38.5%
White, non-Hispanic	11.2%	4.6%
American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander persons	3.3%	1.8%
South Asian/Middle Eastern	N/A	0.3%
Other	N/A	17.0%
Unknown	N/A	3%

*The Hispanic/Latino category includes persons who identify themselves as such, without regard to race. Source: Patient Data



Based on the translation rates, noted below, we believe a substantial portion of the "other" population are Bengali/South Asians who did not identify themselves as Asian when they were admitted into NCBH.

Non-English-speaking patients

In the Bronx, of persons age 5 or older, 56.3% speak a language other than English at home. For the city overall, the percentage is 29.5%. NCBH in 2012 provided 29,297 interpreter sessions in 72 languages. Spanish interpretation services comprised 74.6% of the total, but we also provided services to persons who speak Bengali, 14.3%; Arabic, 2.3%, Albanian, 2.2%, Urdu 1.2%, and French, 1.0%, We also provided interpretation services for persons who speak Mandarin, Russian, Hindi, Korean, Cantonese, Haitian Creole, Punjabi, and Polish. The cost for these services in 2012 was more than $238,800.

Income

In contrast to New York City overall, with median household income of $56,591, the median household income in the Bronx is $34,744. In the Bronx, 28.5% of persons are below poverty level (2007-2011), compared to 14.5% for the city as a whole.

The population served by NCBH is even poorer. Out of the 59,231 unique patients seeking inpatient and/or outpatient services, 31,565 (53%) met New York State Medicaid eligibility guidelines. Medicaid eligibility thresholds for low income individuals, couples and families—from $8,994 for a family of 1 to $25,800 for a family of 10—is significantly less than the Borough's median income and clearly responds to situations of poverty. Moreover 12,903 patients (22%) securing inpatient and/or outpatient services at NCBH are not insured.

Gender and Age

Although the borough has somewhat more women than men (see table below), NCBH's patient population is 59% female. This is in part due to the hospital's specialty services in Breast Cancer Screening, Obstetrics and Labor and Delivery, services virtually exclusive to women.

NCBH serves a patient group that is younger, compared to that group's proportion in the Bronx. 51.3% of the NCBH patient population is under 30, compared to 45.9% of the Bronx population, using 2010 U.S. Census data. Senior citizens are underrepresented in our patient census (9.7%), compared to their proportion in the Bronx population (15%) in 2010. ◆

Gender	Bronx	%	NCBH	%
Male	663,390	47	24,506	41
Female	745,083	53	34,725	59
Total	1,408,473	100	59,231	100

*The Hispanic/Latino category includes persons who identify themselves as such, without regard to race.

II. Processes and Methods

The information contained in this Community Health Needs Assessment (CHNA) derives from two converging types of information. These are:

Primary Source: Focus Groups conducted by this facility in 2013

NCBH conducted three focus groups in March 2013, each with a different group of participants as follows:

On March 8, 2013, six senior physician and clinical administrators participated in the first group and were asked the following questions. The clinical areas that were represented included Emergency Services, Pharmacy, Social Work, Behavioral Health, Women's Health and Nursing.

1. What do you think are the greatest strengths of healthcare in your community served by NCBH?
2. What are the greatest weaknesses of healthcare in the community served by NCBH?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does NCBH respond to each health need listed?
5. How can the facility better respond to each specific health need?

On March 13, 2013 five community partners representing Community Boards 5, and 7 (within NCBH's primary service area) met and were asked:

1. What do you think are the greatest strengths of healthcare in your community served by NCBH?
2. What are the greatest weaknesses of healthcare in the community served by NCBH?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does NCBH respond to each health need listed?
5. How can the facility better respond to each specific health need?

The hospital was able to tap into an established structure, namely Community Boards, for securing community input. These Community Boards are required by the Charter of the City of New York as a vehicle to empower and give a voice to stakeholders in city governance in their respective neighborhoods. These boards are comprised of volunteers appointed by the Borough President and City Council members. It should be noted that these individual participants include the past and present Health and Social Service Chairs of their respective Community Boards. Two of these individuals were also patients or had family member who received care from NCBH.

The hospital was also able to tap into the existence of Community Advisory Boards, another volunteer group mandated by the enabling legislation that formed our hospital system. On March 20, 2013 a third focus group took place with 12 individuals. These included eight individuals from the NCBH Community Advisory Board, two from Bronx Community Board #5, one from Community Board #8, one person from the 52nd Precinct Community Council, and other stakeholders. This included at least five patients, individuals who, with their family members, have been active users of the hospital's both ambulatory and acute care services for many years. They were asked the following questions:

1. What do you think are the greatest strengths of healthcare in your community served by NCBH?
2. What are the greatest weaknesses of healthcare in the community served by NCBH?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does NCBH respond to each health need listed?
5. How can the facility better respond to each specific health need?

The focus groups selected comprised our partners in the Norwood, Fordham, Kingsbridge, Grand Concourse and Riverdale communities which are in our primary service area. In the aggregate participants brought significant years of clinical experience as well as civic accomplishments to the table. Responses for all three focus groups were recorded.

Secondary sources

In an attempt to validate the concerns raised by the focus groups we reviewed in detail a variety of primary and secondary sources applicable to the Bronx, reviewed detailed hospital data, including laboratory reports and solicited expert opinions from clinical faculty. Our data included.

- For population data, Claritas 2013, (U.S. Census data from Nielsen SiteReports, see http://www.claritas.com/sitereports/Default.jsp) as it applies to our Bronx facility;
- New York City Health and Hospitals Corporation analyses of hospital and community health center cost reports 2010;

- New York City Department of Health and Mental Hygiene Community Health Surveys, (http://www.nyc.gov/html/doh/html/data/survey.shtml), several city boroughs' *Statements of Community District Needs, Fiscal Year 2013*, prepared by New York City's community district boards and available at http://www.nyc.gov/html/dcp/html/pub/cdnd13.shtmland, and data available from the New York State Department of Health website (http://www.health.ny.gov/statistics/).
- Census website
- Inpatient, outpatient, and ancillary hospital data. ◆

III. Health Needs Identified

Focus groups' responses

The participants were impressed that the hospital provided access to care without regard to ability to pay and without inquiry as to the immigration status of patients. NCBH was perceived to be responsive to the needs of the community. It is particularly praised for generational care—although the hospital is not yet four decades old, it is not unusual for three generations of family members to receive primary care here.

The Emergency Room is highly regarded and the community takes pride in the New York State Department of Health Center for Excellence designation for the Hospital's Sexual Assault Forensic Examination Program. This program works in cooperation with the New York Police Department and the District Attorney's Office. The utilization of midwives in the hospital's Obstetric program continues to be valued. The HIV/AIDS program is looked at with pride for the compassion and competence of the staff as well as the strength of its clinical programs. The chronic disease programs in support of diabetes, asthma, and hypertension were identified as strong programs.

The hospital serves as a major training site for resident physicians in the Bronx VA Hospital/Mount Sinai residency training program in medicine and this affiliation is highly valued.

The greatest strength is that the hospital provides charitable medical care to those in need. The diversity of the community is welcome and the patients have access to care to culturally sensitive providers.

Though investments have been made in palliative care, there remains a need to identify and secure a physical location for a family to gather privately following the demise of a patient.

Overall there are many opportunities for growth in virtually all areas of patient education, with specific attention to obesity prevention and treatment. A repeated refrain is the hospital's need to better communicate the scope of its services available to the community at large. Moreover, the hospital is encouraged to develop strategies to educate the public on the importance of complying with doctors' orders whether for diet, exercise or medication. It is deemed beneficial to create a new strategy for promoting exercise and nutrition.

It is also desirable to build upon and grow surgical subspecialty programs, said the focus group members. They advised the hospital to improve connections for those with developmental disabilities, improve care coordination for mental healthcare, develop child psychiatric beds within the borough, and develop new strategies to curb misuse of the psychiatric ER.

There is a recognized need for a service model that co-locates behavioral and medical services and is better linked to community providers. It was suggested that patients with managed care truly be locked into securing services with one provider who can address their needs.

Wellness and educational programs need to be strengthened for patients with asthma. The focus group members also suggested improved health education specifically around sexually transmitted diseases for young men and women.

Though there were differences, all three focus groups agreed that diabetes, obesity, cardiovascular disease (including hypertension and congestive heart failure), mental illness (including substance abuse, mood disorders and depression), and asthma constitute the most common community needs and hospital leadership added infectious diseases, reflecting the hospital's workload associated with HIV/AIDS, pneumonia, influenza, and hepatitis.

This chart illustrates the focus group responses and the priority list developed by hospital administration:

NORTH CENTRAL BRONX HOSPITAL COMMUNITY NEEDS ASSESSMENT				
GROUP	Focus Group 1: Internal Clinic Experts	Focus Group 2: Community Boards and Parners	Focus Group 3: Community Advisory Board Members and Patients	FINAL PRIORITY LIST WITH LEADERSHIP APPROVAL
DATE HELD	3/12/2013	3/13/2013	3/20/2013	4/1/2013
# OF PARTICIPANTS	7	3	11, including 6 patients	
PRIORITY NEEDS	Diabetes	Diabetes	Diabetes	Diabetes
	Hypertension	Hypertension	Asthma	Obesity
	Asthma	Obesity	Hypertension/ Heart Disease/ Hyperlipidemia/ Chronic Obstructive	Cardiovascular/ Congestive Heart Failure/ Hypertension
	Mental Health/ Substance Abuse	Mental Health/ Substance Abuse	Cancer	Mental Illness/ Substance Abuse/ Major Depression
	Family Planning/ Prevention of Sexually Transmitted Diseases	Asthma	Obesity	Asthma
	Viral and Bacterial Infections	Domestic Violence	Mental Health/ Substance Abuse	Infection Diseases (HIV/AIDS, Influenza/ Pneumonia/ Sexually Transmitted Diseases)
		HIV/AIDs	Arthritis	
		Nutrition (Economics)	Domestic Violence	

IV. Community Assets Identified

The health needs of the community served by NCBH are also addressed by five other hospitals including Montefiore Medical Center, Montefiore Wakefield Campus, Bronx Lebanon Hospital Center, St. Barnabas Hospital, Bronx-Lebanon Hospital Center - Fulton Division, as well as 10 Diagnostic and Treatment Centers and approximately 48 health centers, many federally qualified, and some operated by the above referenced hospitals while others are free standing. ◆

V. Summary

The Community Health Needs Assessment (CHNA) for North Central Bronx Hospital (NCBH) was conducted in early 2013 in collaboration with the hospital's clinical and administrative leadership, representative staff from patient programs and clinical services, and community stakeholders. The purpose of this assessment is to identify existing and emerging health care needs of the local community so that NCBH can develop and support meaningful and effective clinical and support services for its patients.

The existing resources and gaps in services identified through this CHNA process have been reviewed by the CHNA team, and an Implementation Plan was created to list and prioritize needs from the assessment, and to articulate strategies and resources to address them.

After reviewing the results of the community-based focus groups Hospital Leadership finalized six priority areas for attention based on an analysis of public health findings, hospital demographics, hospital workload analysis of most frequent conditions warranting admission, ambulatory care sensitive diseases and as well as ambulatory care practice trends. The final priority listing is:

- Diabetes
- Obesity
- Cardiovascular Disease (including hypertension and congestive heart failure)
- Behavioral Health (including substance abuse and mental illness)
- Infectious diseases, and
- Asthma

NCBH's CHNA is aligned with several of the New York State Department of Health's Prevention Agenda Priorities for 2013-2015. ◆

VI. Implementation Strategy

Priority: Diabetes

Diabetes Registry -The Registry monitors all diabetic patients by tracking individual HbA1c (a measure of blood glucose) and cholesterol levels, blood pressure, depression screening results, eye exams, foot exams, screenings for neuropathy and patient Self-Management Plans. Providers proactively schedule patients for regularly monitoring visits and identify non-adherent patients who could benefit from health education interventions. The Registry also supports proposed strategies to improve "kept appointment rates" and to implement a weight-based insulin protocol that is under development.

To improve diabetes management, diabetes clinic sessions are held 3 times each week. The clinic is staffed with an internist, endocrinologist, certified diabetes educators, pharmacist, and nutritionist. Group education is done during each clinic session with American Association of Diabetes Educator self-care behaviors discussed each month. These behaviors include healthy eating, being active, glucose monitoring, taking medication, problem solving, healthy coping and reducing risks. Within the Diabetes Clinic is an insulin titration clinic which is run by clinical pharmacists. This clinic helps patients to adjust their insulin dose quickly so they can achieve glucose goals. In addition, to the clinic session, outreach is continually done to patients in the registry who have not had a recent appointment.

There is also an active inpatient glycemic committee that improves inpatient management of diabetes. Through this committee there has been ongoing education of nursing and physician staff about achieving glycemic control in the inpatient setting. Initiatives such as the "2 over 200 campaign" encourage more aggressive medication adjustments when patients had two glucose readings over 200 within a 24-hour period. Both diabetes and hypertension are discussed at chronic disease management meetings that occur every two months. At these meetings, current levels of control are reviewed and plans for continual improvement are developed.

Priority: Obesity (Pediatric and Adult)

Clinical Weight Management Program - Patients are seen for clinical visits where weight and healthy lifestyle are the primary focus of the visit. The weight management program has two sessions each week; one individual session and one group session. Evidenced-based approaches to weight management are used, including specific dietary interventions, meal replacement plans, medications, and behavioral modification including goal setting, and self-monitoring. Group classes teach ways of modifying current behaviors in a more healthful way while providing support and motivation. Group sizes range from 15-20 patients weekly. Group sessions create a positive atmosphere where patients discuss their successes in changing dietary habits as well as their challenges. Additionally, group sessions offer an opportunity for physician supervised on-site exercise.

Priority: Cardiovascular disease

Hypertension Clinic - Patients with uncontrolled hypertension are seen during designated sessions when a registered nurse provides education on nutritional and lifestyle factors affecting blood pressure, and issues Blood Pressure kits so that patients can monitor their readings at home. The RN also provides medication adherence counseling and makes medication adjustments in consultation with the Primary Care Provider.

Project RED (Re-Engineered Discharge) - The Project RED care management intervention is a patient-centered, standardized approach to discharge planning and discharge education. Project RED is designed to reduce fragmented care delivery during transitions from one level of care to another, thereby improving quality, reducing readmissions and costs and improving patient health and satisfaction. Main components of Project Red include medication reconciliation, patient engagement and education, linkages to physicians and timely follow-up appointments, referrals for post-acute (home care) services, and telephone reinforcement calls after discharge. This program currently focuses on patients with Congestive Heart Failure and patients recovering from acute myocardial infarctions (heart attacks). Plans involve customizing and replicating the program for patients with asthma and chronic obstructive pulmonary disease.

Priority: Behavioral health (Substance Abuse and Mental Illness)

Psychiatric Emergency Services (PES) - The PES treats patients from early childhood to geriatric age who present with major mood or psychotic disorders, substance abuse associated disorders and/or organic mental syndromes with acute behavioral complications. The PES is a 24 hours a day, seven days per week service.

Partial Hospitalization Program (PHP) - The PHP provides short term, acute intensive day treatment service in lieu of psychiatric hospitalization for adults over the age of 18. Patients attend on a daily basis with an average length of stay of 4-6 weeks.

Therapeutic Activities Services – This program provides a variety of group activities/therapies programming

and develop daily therapeutic activities open to all patients on the inpatient units. Groups include recreation, stress/anger management, health/fitness, substance abuse/recovery, psycho-education, and creative arts therapies. Unit programming also incorporates groups/activities by nursing, psychology, nutrition, peer counselors, and chaplains.

The **Inpatient Service** provides acute hospitalization for patients with psychosis and major mood disorders, substance abuse associated disorders, and organic mental syndromes with acute behavioral complications. Patients range in age from 18 years old to 55 years old.

The Geriatric Inpatient Unit is dedicated exclusively to providing patients 55 years or older in need of treatment for all major psychiatric disorders.

Psychiatric Assessments - This consultation service provides individual, group and family therapy, psychological testing, training psychology interns and externs, research and program development as well as evaluation when indicated.

Nursing Services - Nursing is responsible for the total care of the patient, to include participation in the formulation, implementation and evaluation of the Comprehensive Treatment Plan. There are various levels of nursing staff each that play an integral role in the treatment plan of the patient.

Social Work Services - Social workers provide inpatient and outpatient assessments; individual, family and substance abuse treatment; discharge and disposition planning and referrals; insurance and entitlements planning, oversight and referrals; and collaboration with treatment team.

Outpatient Services treat patients who carry a mental disorder (as specified in the *Diagnostic and Statistical Manual of Mental Disorders-V),* with individual, group, family and psychopharmacologic therapies. The adult mental health clinic treats patients who are over the age of 16. Care in the adult clinic ranges from ongoing medication management and supportive services to patients with chronic mental illness to crisis intervention/stabilization patients with acute exacerbation of their illness.

Priority: Asthma

Pediatric Asthma Program - The pediatric asthma provider coordinates care across the clinical continuum to accommodate children and their life styles. This includes developing the Asthma Action Plan which is followed across all primary and specialty services as well as at home and in school. The individualized plan that is kept with the patient has contributed to a decrease in admissions and school absenteeism. The team is supported by pulmonologists and allergy specialists to help our sickest patients. Daily walk-in appointments are available, and a 24-hour on-call system provides 24/7 access and support.

Adult Asthma Program - Adult asthmatics who are admitted to the hospital are discharged with an individualized care plan to manage symptoms, reduce triggers and deal with impending asthma attacks effectively. Patients are followed in the Outpatient Department to monitor environmental triggers, medication adherence and symptom management.

Priority: Infectious disease (HIV/AIDS, STDs, Hepatitis)

Designated AIDS Center Services - NCBH received this designation from the New York State Department of Health in recognition of the high quality, culturally competent, comprehensive HIV services provided to patients. NCBH uses a unique form of HIV counseling and testing, is recognized as an international, national and local leader on the full spectrum of the HIV care continuum, having developed the innovative, multimedia Behavioral Intervention-Rapid HIV Testing Education & Follow Up (B.R.I.E.F) method. The B.R.I.E.F. model of HIV counseling and testing (C&T) redesigns traditional C&T by redefining the role of the counselor/recruiter as an active Public Health Advocate (PHA) and using integrated multimedia to deliver health information and education and interface with patients in order to increase testing rates and to impart the skills and motivation needed to adopt safer sex practices. This approach also uses rapid oral HIV testing to give patients results in under an hour, and allows PHAs to begin the process of linking HIV-positive patients with care as soon as they are identified. This model has proven successful in emergency department settings.

Ryan White Harm Reduction - This grant-funded program specializes in reducing substance abuse and the transmission of HIV/ AIDS and other sexually transmitted diseases among people who are HIV infected or at high risk of infection. ◆

VII. Approval

The Implementation Strategy has been approved by the Board of Directors of New York City Health and Hospitals Corporation on May 30, 2013. ◆