I. MISSION STATEMENT

A. Mission Statement for Ellis Hospital
The mission of Ellis Hospital is to meet the health care needs of our community with excellence. Please see attachment #1 for a description of Ellis and a summary of the facilities/programs it operates. Also note that in this report, “Ellis Hospital”, “Ellis” and “the hospital” are used interchangeably to describe the same entity – the entire Ellis Hospital organization.

B. Changes to the Mission Statement
As set forth in Ellis Hospital Administrative Policy #1249, Ellis Hospital shall establish “a Mission Statement for the organization which encompasses a Vision to direct the organization in all of its actions and achievements. The organization also shall establish Values, which guide its decision making as it achieves its mission. These Values, along with the Mission Statement shall be embodied in the hospital’s everyday work life at Ellis. The Mission, Vision and Values will be evaluated periodically and modified as required.”

In the summer of 2008, the Ellis Hospital’s administrative team revised the hospital’s Mission, Vision and Values Statements, with input and guidance from the Ellis Board of Trustees, the hospital’s medical leadership and employees. The changes reflect efforts to ensure that these statements appropriately reflect the state-mandated unification of the community’s three major hospital traditions and cultures (Ellis, the former St. Clare’s Hospital, and the former Bellevue Woman’s Hospital) which now comprise Schenectady’s newly unified hospital system. The Ellis Board of Trustees approved the new Mission, Vision and Values Statements in September 2008.

The new vision is to be an exceptional health care system by providing patient-centered care and collaborating with our physicians. Ellis’ core values are: safety, compassion, excellence, and stewardship.

II. SERVICE AREA

Ellis Hospital’s community is defined as the hospital’s primary and secondary service areas, including all or portions of Schenectady, Saratoga, Albany, Fulton and Montgomery counties (see service area map with corresponding zip codes in attachment #2). It is this service area, and the residents who reside within, that is the focus of Ellis’ community service plan. The resulting programs/efforts address identified health needs.

III. PUBLIC PARTICIPATION

A. Participants
Ellis participated in a regional Community Health Assessment led by Healthy Capital District Initiative (HCDI). HCDI members are: the Albany County Department of Health, Albany Medical Center, Catholic Charities of the Catholic Diocese of Albany, Capital District Physicians’ Health Plan, Ellis Hospital, Fidelis Care New York, Northeast Health/Samaritan Hospital/Albany Memorial Hospital, Rensselaer County Department of Health, Schenectady County Public Health Services, Senior Whole Health, Seton Health/St. Mary’s Hospital, St. Peter’s Health Care Services, and Whitney M. Young, Jr. Health Services. HCDI collaborates with the School of Public Health University of Albany with support from the New York State Department of Health and the Kellogg, W.T. Grant & Robert Wood Johnson Foundations.
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The 2009 Community Health Profile produced by HCDI reflects a collaborative effort through which multiple data sources were analyzed to identify and rank the top health concerns in Albany, Schenectady and Rensselaer Counties. As part of this process, a public health forum, "How Healthy Is the Capital District?", was held in Spring 2009 at a local television station, allowing audience and call-in participation during the hour-long broadcast. Additionally, a public survey of community members was also administered. Of the more than 1,100 community members surveyed, 41.6% of respondents resided in Schenectady County. The main issues covered by the survey included access to care, health insurance coverage, barriers to health care, emergency department utilization and chronic disease experiences, among other topics.

In addition to this Capital Region-wide effort, Ellis Hospital has held more than 70 meetings in the community (November 2007 to present) and engaged the Siena Research Institute (March 2008 and May 2009) to conduct public surveys regarding local health concerns and priorities. The results of these surveys and the public input clearly demonstrated that what matters most to the community that Ellis serves is having access to quality emergency services, and ease of access to efficient, timely and high quality patient care services (see summary information in the “Outcomes” section B that follows). Please note that Ellis holds regular community meetings to provide updates on our state-mandated restructuring efforts and to gather feedback from the general public about hospital services/health needs/health concerns. The next round of meetings will be held in the Fall 2009. Ellis also holds regular meetings with employees and physicians, and administers annual satisfaction surveys to its employees and physicians.

B. Outcomes

The health priorities identified through the HCDI process are summarized in this excerpt from page three of the 2009 Community Health Profile (see attachment #3):

"Access to Care: The barriers to insurance coverage were primarily cost (28%), losing a job or changing employers (22%), and working part-time (11%) without benefits. Losing Medicaid due to eligibility was the reason for 4% of respondents and due to problems with Medicaid recertification for another 4%.

The plurality of respondents (48%) have not had problems accessing health care, but almost the same number of respondents (43%) didn’t seek care because either their work and medical office availability conflicted (22%), the wait to get an appointment (12%) or the wait at the time of an appointment was too long (9%). Not having health insurance or the cost of health services not covered by their insurance prevented 23%, 46% of non-whites, of respondents from seeking care when they needed it.

Service Needs: Individuals with chronic care conditions also frequently (43%) experienced barriers to accessing care. Two thirds of the respondents had a person in their household with a chronic disease. When respondents listed all the chronic conditions present, high blood pressure was the most prevalent (57.1%), followed by arthritis or other bone/joint diseases (34%), mental health (31%), asthma (29%), diabetes (25%), heart disease (17%) and cancer (10%). Asthma (43%) and diabetes (37%) were more prevalent in the non-white respondents.

The barriers for those with chronic conditions were similar to the general population such as cost issues for those with or without insurance, the availability of doctors when desired, particularly the availability of specialists. When asked which needed health services were not available in their community, 17% of respondents said specialists – particularly reproductive health and dermatology, 10% indicated services for the uninsured, followed closely by oral health (9%), mental health (9%) and primary care (8%).
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**Health Priorities:** A majority of respondents (81%) recognized their personal role in improving their health, whether it were exercise (26%), losing weight (22%), quitting smoking (8%), better nutrition (9%), or better personal choices (7%). But there were also systemic needs identified such as better access to health care (10%) and affordable health insurance (7%).

A majority of residents (87.7%) agreed that the top priorities for the Capital District are access to care and services for addressing chronic diseases. Other important health service needs included obesity/nutrition/physical exercise (25%), addressing insurance/cost/access (20%), mental health (16%), prevention and screening (14%), and oral health services (6%).

As mentioned, Ellis also conducted its own local public surveys aimed at identifying community needs/perceptions of existing health care services. Ellis’ April 2008 Siena Research Institute survey had 781 respondents of which 63% were from Ellis’ Primary Service Area and 37% from Ellis’ Secondary Service Area. A summary of the survey, which focused on health care in Schenectady in the wake of Berger-mandated consolidation, is as follows:

- when asked what their single greatest concern was regarding health care, the top two responses were quality of care (42%) and the cost of care (33%);
- asked about various health care concerns, respondents said they were “concerned” or “very concerned” about the following: cost (84%); quality (74%); technology (71%); doctors (67%); access (53%); and distance (43%);
- when asked who they listen to when making health care decisions, the top three answers were: your doctor (74%); your family (10%); and publicly available data (7%);
- and when asked about their willingness to travel for routine health care, the top responses were: between 10 and 20 minutes (42%); between 20 and 30 minutes (35%); between 30 minutes and one hour (12%); and 10 minutes or less (10%).

Some highlights of Ellis’ May 2009 Siena Research Institute survey (626 respondents), which focused on health care in Southern Saratoga County, are as follows:

- 79% of respondents are satisfied (completely or satisfied) with the health care system and services in Saratoga County;
- 42% of respondents grade Saratoga County as Fair or Poor for availability of emergency care and 28% grade Saratoga County Fair or Poor for availability of specialists;
- concern about the wait time for emergency services topped the list of emergency care concerns at 44% and 32% of respondents were concerned about distance they have to travel to obtain those services;
- wait time for urgent care services also topped the list of urgent care concerns with 36% of respondents mentioning it with the quality of urgent care placing second at 28%.
- 100% of respondents rated “Quality of Care” as very or somewhat important when choosing a PRIMARY hospital. 65% rated “Quality of Care” as the MOST important reason;
- 99% of respondents rated “Availability of Quality Physicians” as very or somewhat important and 95% rated “Hours of Operation for Urgent Care” as very or somewhat important when choosing a PRIMARY hospital;
- and decline of the quality of care was the top reason for switching the PRIMARY hospital (88%) with a new facility closer to home (73%), more services at another facility (73%) and primary care physician changing affiliation to a new facility (72%) following.

Notification for all of the aforementioned public outreach sessions was accomplished by utilizing websites, e-mail, newspaper advertisements, posters at Ellis’ campuses and in
community locations, telephone and word-of-mouth notification. This process was assisted by Ellis employees and members of our various community partners.

IV. ASSESSMENT OF PUBLIC HEALTH PRIORITIES

A. Criteria of Public Health Priorities AND

B. Selected Prevention Agenda Priorities

Ellis, in conjunction with Schenectady County Public Health Services (SCPHS) and Sunnyview Rehabilitation Hospital, reviewed the statistical data compiled in HCDI’s 2009 Community Health Profile, analyzed the results from the community input process, and evaluated local health concerns, resources and existing programs. The following health priorities were then identified as being the focus of the 2010-2012 CSP:

1. Improving Access to Care, with foci on primary, emergency and prenatal care
2. Preventing Chronic Diseases, with a focus on diabetes (and improving Physical Activity/Nutrition to prevent overweight/obesity)
3. Reducing Teen Violence/Preventing Teen Suicide

C. Status of Priorities

Please note that the status of priorities, whether they represent new community initiatives or existing programs that will be supplemented by input and support from community partners, is discussed or explicit in the following Action Plan section.

D. Priorities Considered in Assessment Process

Ellis considered a range of hospital public health programs through its assessment process. In addition to the priorities selected, other programs considered were: healthy babies (specifically lowering the risk of pre-mature births); chronic diseases such coronary heart disease, congestive heart failure, stroke and cancer; prevention of work-related injuries and illnesses; infectious disease prevention; mental health awareness and treatment; emergency preparedness; and education of nurses and physicians in the midst of health care worker shortages and proposed shortages.

V. THREE YEAR PLAN OF ACTION 2010-2012

Ellis, SCPHS and Sunnyview Rehabilitation Hospital catalogued the current programs that address the aforementioned priority issues and created the following plan of action for utilizing existing programs and resources, and for creating new initiatives to address them. A set of measurable outcomes for each priority area has been developed and will be tracked through regular meetings among Ellis, SCPHS, Sunnyview and other community partners, as applicable.

HEALTH PRIORITY #1: Improving Access to Care

Currently, approximately 90% of Schenectady County residents have a primary care physician, or other provider/clinic location where they receive health care or health-related services, according to New York State’s expanded Behavioral Risk Factor Surveillance System (BRFSS) 2008 interim report. While this figure is above the state average of 80%, it still falls below the New York State Prevention Agenda 2013 objective to increase the percentage of adult New Yorkers who have a regular health care provider to 96%.

The “Improving Access to Care” priority is an existing priority that is receiving increased attention/enhanced collaborative effort in the wake of the state’s Berger mandates for restructuring health care. Ellis Hospital is investing a substantial amount of human and capital resources to reconfigure the health care system in Ellis’ service area in order to ensure access to a full range of high quality services in the most efficient and cost-effective manner possible. As the
sole remaining institutional provider of acute care in Schenectady County, Ellis is now the community’s only “safety net” provider.

As part of its efforts to improve access to care, Ellis is developing a Medical Home on its McClellan Campus (formerly St. Clare’s Hospital). The Medical Home, which Ellis formed in collaboration with a number of community partners, promotes patient-centered, physician-guided, better coordinated and cost-effective care, as opposed to episodic, illness-driven care. The community partners Ellis has engaged in this project to date include: community physicians, Bethesda House, Catholic Charities of Schenectady County, City Mission, Hometown Health, Salvation Army, Schenectady Community Action Program, Inc., Schenectady County Public Health Services, Schenectady Inner City Ministry, Visiting Nurse Service of Schenectady and Saratoga Counties, Schenectady City School District, YMCA of Schenectady, and YWCA of Schenectady.

The overall Medical Home objective is to improve quality of care and access to primary care and preventive/wellness medicine by:

- centralizing a variety of services and providers in one convenient location (Ellis McClellan Campus);
- providing transportation to the “Medical Home” via Ellis’ community shuttle;
- improving coordination/continuity of care by utilizing electronic health records and health services navigators;
- and offering ongoing community outreach and education.

During a visit to Ellis’ McClellan Campus in February 2009, NYS Health Commissioner Richard F. Daines, M.D. called the Medical Home project “quite remarkable,” adding that it can be “a real model” for other communities and organizations.

As mentioned, the Medical Home concept is the result of an ongoing collaboration among Ellis and its community partners including SCPHS, Schenectady Free Clinic, physicians, CapitalCare Medical Group, Planned Parenthood, Hometown Health, Schenectady County Medical Society, Visiting Nurse Service, Schenectady County, Union Graduate College, Fidelis Care, Schenectady Foundation, Northeast Parent and Child Society, Bethesda House, YMCA, YWCA, City Mission, Salvation Army, Schenectady Community Action Program, and Hospice.

A web-based information exchange has been established to enable partners to share information, discuss areas of concern, strategies/solutions, and otherwise maintain an ongoing dialogue among partners.

The following chart depicts the many facets of the Medical Home project:
Centralizing Key Services and Providers

One of the key components of Ellis Hospital’s Medical Home project is to centralize clinical and support services at Ellis’ Center for Community Health. This provides patients with convenient access to many related services in one location. The Medical Home encompasses the following:

Clinical Services (note: same day appointments and after hours coverage are utilized to maximize access to care to underserved populations)
- Family Health Center/Family Medicine Residency
- Dental Health Center/Dental Residency
- Pediatric Health Center
- Outpatient Adolescent Mental Health
- Imaging
- Laboratory
- Diabetes Education
- Emergency Department

Additional Services
- Central Registration
- Health Services Navigators
- Primary Care Partner services (clothing, shelter, food, education, etc.)
- Facilitated Enrollment
- EHR (electronic health record)
- Transportation

A key component of the Medical Home is ensuring continuity among services – from comprehensive care for acute and chronic conditions, and prevention screening and services, to ancillary support services. The initial collaborative relationships that have been established to ensure continuity are among: hospital care, mental health, primary care, specialty care, rehabilitation services, pharmacy, school systems/colleges, BOCES, Department of Social Services, Schenectady County Public Health Services, and the Office of Mental Retardation/Developmental Disabilities.

Community Shuttle

Ellis began providing a Community Shuttle service in early 2009 to help improve access to primary care and outpatient services offered at the Medical Home. The shuttle makes stops at seven Schenectady locations (YMCA, YWCA, Bethesda House, Salvation Army, Schenectady Community Action Program, Collage – Ellis’ outpatient mental health social club, Hometown Health) before ending at Ellis Hospital’s McClellan Campus. The hospital provides riders with bus tokens so that they are able to get home after their appointments at the Medical Home. The shuttle schedule will be modified, as necessary, in the future to ensure adequate coverage. The hospital has implemented and is publicizing a toll free number for the community to call with questions about the Medical Home and its various services.

Health Services Navigators

Improved coordination of care is another central component of the Medical Home. In the third quarter 2009, Ellis Hospital hired two health services navigators (registered nurses with social work experience) who coordinate care for Medical Home patients. Other responsibilities of the health services navigators include patient education and engagement, as well as disease management.

For example, if a patient comes to the Emergency Department at Ellis’ Center for Community Health and does not have health insurance or a primary care physician, once the patient has been treated, he/she can be connected with a health services navigator. The navigator can assist the patient in assessing whether he/she is eligible for government programs that provide health insurance such as Medicaid or Family Health Plus. The navigator can also link the patient
with a doctor at the Family Health Center, and can assess if there are other services the patient might need that are available at the Medical Home.

Additionally, if the patient has children who don’t have health insurance, the navigator can help enroll them in Child Health Plus. The navigator will follow-up with the patient, serve as an ongoing resource, and even help coordinate care and other services outside of the Medical Home if necessary.

**Electronic Health Record**
Implementing an electronic health record (EHR) computer system to support better coordination of care is one of the most important components of the Medical Home, and of effective health care reform in general.

Ellis Hospital is in the process of establishing an electronic health record at the Medical Home that will connect physicians at the Family Health Center, Dental Health Center, as well as hospital employed physicians and other physicians in the community to a shared computer system. This means that doctors will be able to securely share a patient’s medical file, laboratory and radiology results, and digital diagnostic images (i.e., MRIs and CT scans) from a computer in their offices (or at home). This system will also enable physicians to electronically send a patient's prescriptions to local pharmacies to be filled.

The benefits of the EHR are many, including improved care, enhanced communication among providers throughout the community, enhanced ability to share information/patient data, better billing and collection practices, among others. Electronic health records and the secure sharing of health information are major initiatives of the state and federal governments to improve health care delivery and reduce costs.

This Electronic Health Record project is part of the hospital’s ongoing commitment to utilize state-of-the-art information technology to improve patient care and safety, while simultaneously creating a more efficient, modern and cost-effective health care system. Also note that Ellis is an active member in HIXNY (Healthcare Information Exchange New York), which aims to extend the collaborative use of health information technology to a regional area in a shared effort to improve health care delivery.

**Education & Communication**
Education targeting underserved populations regarding the importance of health care, wellness and preventive medicine, as well as education about available services is ongoing and will be enhanced over the next few years. Ellis’ Center for Diabetes and its outpatient educational programs for children and adults is a centerpiece of the education offered at the Medical Home.

The education of staff and partners regarding the medical home concept, best practices, quality/safety issues and barriers to care will be ongoing as applicable. For example, medical home staff recently participated in an educational series entitled “Culture of Poverty,” presented in conjunction with the City Mission. As previously mentioned, Ellis Hospital has established a web-based portal for Medical Home partners to utilize as a vehicle for effectively communicating information regarding objectives, policies, procedures and other related Medical Home matters.

**Quality & Safety**
Quality of care and patient safety are always the cornerstones of the care provided by Ellis. These areas will be maximized through evidenced-based best practices, medication management, patient satisfaction feedback, clinical outcomes analysis, quality improvement, risk management, regulatory compliance and security services.
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Medical Home Measures of Success
Ellis Hospital will be tracking the following during the CSP timeframe (2010-2012):

- number of Physicians/Providers participating in Ellis’ electronic health record. To date, 40 community physicians have signed a letter of intent to participate in Ellis’ Electronic Health Record. Our goal is to get 100 physicians participating over the 2010-2012 CSP timeframe. Outreach to non-physician providers/other partners will include: pharmacies, schools, Schenectady County Jail Health Unit, Schenectady County Department of Social Services and Schenectady County Public Health Services. There will also be integration with practices that already have an EHR;
- number of patient contacts by the health services navigators. Methodology will be developed to track patient contacts. Currently a log of patient contacts identified through the Shuttle is maintained and ED Self Pay and ED patients lacking primary medical care contacts are being tracked;
- National Committee for Quality Assurance (NCQA) medical home accreditation will be pursued during the 2010-2012 CSP timeframe;
- utilization of inpatient services of the Ellis Medical Home participants (baseline and each year after implementation);
- and utilization of Emergency Department services by Ellis Medical Home patients (baseline and each year after implementation), with expectation that there will be a reduction in self-pay in the ED (currently 20%).

Emergency Services - Access to Care
Access to quality emergency services has been an issue of concern and a high priority for Ellis in terms of community need and resulting strategic planning. Ellis plans to expand the size of its Nott Street Emergency Department in order to consolidate Schenectady’s hospital system down to one ED that is large enough to handle 80,000 patient visits each year. Currently, Ellis operates two 24/7 EDs –on Nott and McClellan streets in Schenectady. These EDs see more than 76,000 visits each year and neither is large enough on its own to accommodate this total annual volume. Additionally, the operation of two full service EDs within a few miles of each other is an inefficient use of health care resources. Therefore, Ellis has filed a Certificate of Need (CON) application to expand the Nott Street ED from 39 to 62 treatment stations, which will serve to improve patient flow, patient safety and privacy. Ellis also plans to file a CON in the future to convert the McClellan Campus ED into an Urgent Care facility to provide a more appropriate setting for the large volume of non-emergent cases that are seen at this facility. These steps will enable patients to be seen in the most appropriate, cost-effective setting.

Additionally, Ellis has filed a Certificate of Need to develop a 12-bed Satellite Emergency Department in Southern Saratoga County to help meet the identified need for improved emergency services in one of the fastest growing communities in the region. This project will directly improve access to 24/7 health care services if approved by the state Department of Health.

Further, Ellis is in the process of relocating its 82-bed nursing home from the Nott Street Campus to the McClellan Campus, which will then enable Ellis to bring more inpatient beds online at the Nott Street Campus. These inpatient beds are within the hospital’s 455 bed operating license and will be phased in as needed to ensure the hospital can adequately handle peak periods of patient volume (i.e., a pandemic, flu season, public emergency).

Finally, Ellis is participating in an HCDI-led initiative, funded by a state Department of Health HEAL-NY Phase 9 grant, to reduce the overuse of emergency departments for non-emergent conditions. This collaboration seeks to develop systematic solutions that promote the use of medical homes for primary and wellness care, and encourage patients to choose the appropriate level of care for their health care needs.
Access to Emergency Services - Measures of Success
Regulatory and financing approvals for the aforementioned capital projects related to Emergency Care will be the first milestones measured. If regulatory approval is received, Ellis expects a local developer to break ground on the Satellite ED project in the second quarter 2010. If regulatory approval is received and funding secured, Ellis expects to break ground on the Nott Street ED expansion project by mid 2011.

Maternal Health – Access to Care
As the sole inpatient provider of Obstetrics/Gynecology services in Schenectady County, Ellis Hospital plans to expand and enhance its women’s health services on its Bellevue Campus. Ellis has submitted a Certificate of Need regarding new construction and renovations to existing facilities that will serve to enlarge and update the women’s care center in order to ensure adequate space for projected increases in volume, to better serve patients and their families, as well as to help recruit and retain Ob/Gyn physicians, which are much needed in the community. According to Ellis Hospital’s 2006 Physician Development Plan, 54.5% of the OB/GYN doctors on active staff at Ellis are of retirement age, creating a significant need to recruit physicians in this specialty. Furthermore, an independent study by Health Strategies & Solutions found that Ellis will have a projected shortage of 11 Ob/Gyn physicians and seven general pediatricians when projected 2011 needs are taken into consideration.

In terms of other maternal health-related collaborations focused on increasing access to care, Ellis and SCPHS are working to increase the number of patients who reside in Schenectady County who are referred to SCPHS for prenatal and postpartum public health nursing services. Currently, SCPHS receives approximately 250 postpartum and newborn referrals each year from Ellis (including the Bellevue campus) and approximately 80 ante-partum referrals from Ellis’ Family Health Center. Please note that only women who reside in Schenectady County are being referred to these SCPHS services. Over the course of this CSP (2010-2012), we aim to increase public health referrals of post-partum and newborns by 25%. Additionally, we will strive to increase the number of ante-partum public health nursing referrals from Ellis’ Family Health Center by 90-100%, effectively trying to double the number of referrals closer to 160 each year. In this way, clients will be assessed by public health nurses for additional preventive health education needs, and will be introduced to other supportive community services for which they qualify.

Achieving the increase in public health referrals will require ongoing and improved collaboration among Ellis, SCPHS and referring OB/GYN and primary care physicians within Schenectady County. Progress will be monitored by SCPHS and strategies modified, as necessary, through meetings between Ellis and SCPHS.

Ellis will also continue to provide targeted outreach to women at-risk of developing problems during pregnancy (such as preterm labor, gestational diabetes, etc.) due to previous adverse pregnancy outcomes, chronic conditions or other risk factors. Utilizing routine patient counseling at Ellis’ Family Health Center and Ellis’ other primary care offices, and through the continuation of Ellis’ Before Your Baby Basics 10-week prenatal education program, the objective to provide access to proper prenatal care will be advanced. The percentage of women in Schenectady County receiving prenatal care in the first trimester is currently 76.9%. This is slightly above the state average of 74.9%, but well below the 2013 NYS Prevention Agenda goal to increase the percentage of women in New York who have received prenatal care in the first trimester to at least 90%.
Access to Maternal Health - Measures of Success

The measurable outcomes for Ellis’ capital project at Bellevue Woman’s Center will be regulatory approval of Ellis’ CON application and success in securing funding for the project. If these two steps are met, Ellis expects to break ground by the end of 2010. Additionally, Ellis will continue to monitor the need for Ob/Gyn physicians, and expects to have to actively recruit new physicians in this specialty to the Schenectady area in the coming years. These efforts will be tracked and reported in subsequent Community Service Plans.

Outcomes and goals for improving access to prenatal (and postpartum) care are included in the previous section describing Ellis’ programs and collaborative efforts with SCPHS. In addition to those efforts, Ellis will track patients participating in Bellevue’s existing Before Your Baby Basics program with the following objectives:

- Goal of ensuring that 80% of identified high-risk prenatal patients maintain ongoing interaction with an Ellis counselor during prenatal stages of pregnancy;
- Demonstrating that at least 30% of participants referred to the Before Your Baby Basics program attend at least 75% of these specialized classes;
- Reducing the current preterm birth rates, striving to meet the Prevention Agenda goal of no more than 5%;
- Facilitate, through education, early recognition of preterm labor with 50% of the participants experiencing labor<36weeks seeking medical evaluation within 24 hours of the onset of pre-term labor.
- Providing follow-up counseling and education to all (100%) of preconception screening patients who desire these services;

Measurable outcomes and process objectives will be evaluated through research-based methods. The hospital will create a database to track the birth results of high-risk expectant women who participate in the Counseling program in order to determine gestational age at delivery and birth weight. The database will also track the number of individual or group Counseling sessions attended, the number of prenatal care visits, whether or not a patient quit smoking, takes folic acid, receives genetic services and/or attends Before Your Baby Basics classes when recommended. Identified high-risk prenatal patients are followed throughout their pregnancy and assessed again at delivery by the hospital’s Social Services staff. This often reveals compliance levels with the treatment regiment. Furthermore, the number of preconception women who receive screenings and the number of these patients desiring counseling will also be documented.

HEALTH PRIORITY #2: Chronic Diseases – focus on Diabetes & Obesity (need for physical activity and better nutrition)

Schenectady County Public Health Services (SCPHS) has become one of the Centers for Disease Control and Prevention’s Strategic Alliance for Health (SAH) communities. These communities seek to improve community health through sustainable, innovative, and evidence-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes.

This initiative will serve to:
- Promote physical activity and nutrition;
- Reduce tobacco use and exposure;
- Build capacity for communities to be able to institute systems, environmental, organizational and policy changes related to these health risk factors;
- Foster improved and increased access to quality care;
- Help eliminate racial and ethnic health disparities; and
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- Reduce complications from and incidence of cardiovascular disease, diabetes, and obesity

In partnership with Ellis Hospital and other community stakeholders, a Schenectady County Strategic Health Consortium has been developed to assess and allocate resources to best change policies, systems and the environment to lessen the burden of chronic disease in Schenectady County. The Ellis Hospital Center for Diabetes will provide the Alliance with technical assistance regarding diabetes education and its risk factors and provide a linkage with the major health care provider within Schenectady County to further the goals of the consortium.

This partnership will work to make community wide changes that address the risk factors for all chronic diseases including diabetes.

**Ellis and SCPHS are focusing on diabetes and obesity in particular as these are serious and costly conditions impacting our community.** The prevalence of diabetes among adults in Albany and Schenectady counties (6.1%) is slightly below the statewide rate, yet it is still higher than the Prevention Agenda goal of no more than 5.7%. From 1996 to 2000, Schenectady County had a total of 13,939 hospitalizations due to short-term complications from diabetes (e.g., hypoglycemia, diabetic hyperosmolar syndrome and diabetic ketoacidosis). For the period 2001-2005, that rate of diabetes short-term complication hospitalizations increased to 17,662. Schenectady County’s hospitalization rate for diabetes short-term complications is 3.6 per 10,000 for ages 6-17, which is higher than the NYS rate of 3.0 and the 2013 Prevention Agenda goal of 2.3 per 10,000, according to NYS DOH Prevention Quality Indicators SPARCS data 2005-2006. Schenectady County’s hospitalization rate for diabetes short-term complications for adults ages 18 and older is 5.2 per 10,000, which is slightly below the NYS average rate, but well above the 2013 Prevention Agenda objective rate of 3.9 per 10,000. Schenectady County’s hospitalization age and sex-adjusted rate for long-term complications associated with diabetes is 10.2 per 10,000. Long-term complications of diabetes include heart disease, stroke, high blood pressure, blindness, amputations, dental disease, among others.

Given the important role that self-management education plays in diabetes care, Ellis Hospital will not only work as part of Schenectady’s Strategic Alliance for Health, but will also continue to utilize the services of its Center for Diabetes to provide education and raise awareness about diabetes. The Center for Diabetes at Ellis Hospital, which is staffed by Certified Diabetes Educators, helps individuals with diabetes improve their quality of life by providing education to patients and their families. The Center for Diabetes offers the following existing programs:

- **Diabetes Day By Day**: a comprehensive outpatient education program with individual and group education sessions. Since 2003, this program has met the American Diabetes Association as meeting the National Standards for Diabetes Self Management Education;
- **Sugar Free Gang**: a monthly support group that provides education, support and activities for children with diabetes and their families. This year the Sugar Free Gang program received the “Outstanding Achievement Award” from the Juvenile Diabetes Research Foundation in recognition of 20 years of service;
- **Sugar Free Gang Kids Kamp**: an annual summer camp for children with diabetes that has been serving a growing number of children since it began ten years ago;
- **Gestational diabetes education program**: a comprehensive program includes diabetes self management and nutrition;
- **Adult learning and support group**: monthly support group for adults with diabetes;
- **Community and professional education programs** on diabetes management and prevention (Over 100 programs annually reaching thousands of participants each year);

Ellis’ Center for Diabetes also offers the **“It’s All About ME” (Move more, Eat less)** program: a 10 week diabetes prevention program for employees at risk for diabetes. This program is based on the Diabetes Prevention Program (DPP) study that found that lifestyle changes can reduce the onset of type 2 diabetes by 58% in high risk adults, as presented by
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researchers in the February 7, 2002 issue of the *New England Journal of Medicine*. Ellis was invited by DOH to present its “It’s All About ME” program at the state level as a success story for effectively educating participants to make lifestyle changes. Ellis hopes to utilize this program more in the community and as part of Schenectady County’s Strategic Alliance for Health in the years ahead.

**Diabetes Care at Ellis’ Primary Care Centers:**
Ellis Hospital’s primary care centers define individualized plans of care for all patients with noted diabetes and proteinuria in accordance with American Diabetes Association guidelines. Ellis' primary care practices (see list of locations below) have established disease management protocol for persons with Diabetes that reflect nationally accepted standards of practice. Glenville HealthCare Center's Dean Limeri, M.D. has been twice been recognized with an award from MVP Health for providing outstanding care to diabetic patients.

Ellis’ **primary care locations:**  
**Glenville HealthCare Center** (460 Saratoga Road, Glenville);  
**Ellis Family Practice Associates** (1201 Nott Street, Medical Arts Building, Suite 307, Schenectady);  
**Ellis Primary Care & Pelvic Health Associates** (930 Albany-Shaker Road, Latham);  
**Family Health Center** (624 McClellan Street, Schenectady); and the **Pediatric Health Center** (624 McClellan Street, Schenectady).

**Addressing Obesity**
The percentage of adults in Schenectady County who are obese is 22.9%, which is equal to the NYS average, but much higher than the 2013 Prevention Agenda Objective of no more than 15%, according to the Expanded BRFSS Interim Report. The obesity among Schenectady County children, ages 2 to 4 years, who are enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is 14%. This is below the state average of 15.2%, but still exceeds the 2013 Prevention Agenda goal of 11.6%, according to Pediatric Nutrition Surveillance System, 2003-2005.

Ellis Hospital offers a comprehensive weight loss surgery program to help qualified patients succeed in safely and effectively losing weight and keeping it off. Ellis is a designated Center of Excellence by the American Society of Metabolic and Bariatric Surgery. Among the surgeries offered are: gastric bypass surgery (open & laparoscopic); laparoscopic adjustable gastric banding; and advanced laparoscopic and endoscopy procedures. Additionally, Ellis holds bariatric support groups on a regular basis to provide patients and potential patients with an intimate forum in which to discuss personal and medical issues.

Ellis also offers a healthy nutrition class on a regular basis, which is taught by a registered dietician. Participants learn the principles of a heart healthy diet, including such topics as heart healthy eating practices, sources of fat and cholesterol, "good" and "bad" fats and how to read food labels.

**Existing Diabetes or Obesity-Related Collaborations**

**DOH Diabetes Control Program:**  
Ellis’ Center for Diabetes is part of a grant-funded coalition:  
**Greater Capital Region Community Coalition for Diabetes, which provides community education program on diabetes prevention and self management. Partners are: Ellis, Albany Med, Northeast Health, Albany County Public Health, Columbia Greene and Columbia Public Health.** Funding for the Coalition expires in Sept. 2009. However, the group hopes to apply for another grant if and when DOH makes this funding available so that their work, which has been ongoing for some 15 years, can continue to bring positive health improvements to those served.
Smoking-Cessation – Since smoking can increase the risk of developing diabetes (and other chronic diseases), Ellis hosts Seton Health’s “The Butt Stops Here” smoking cessation program on a regular basis and will continue to do so.

Scotia-Glenville School District’s Carol M. White PEP Grant Program to promote physical fitness and wellness education among students in Kindergarten through 12th grade. Ellis is a partner in this collaboration and expects to utilize clinicians from Ellis’ Heart Center and Diabetes Center to help educate students and faculty about the importance of good nutrition and physical activity in maintaining good health and preventing the onset of serious health conditions.

Collaboration to Reduce Hospital Readmissions
Ellis Hospital is working with IPRO, one of the nation’s largest independent, not-for-profit health care consulting organizations, on the Care Transitions project. It is a three-year project funded by CMS to evaluate the transition of patients from each level of care and make process improvements (to improve coordination across the continuum of care). There are 14 states participating nationwide. Locally, the participating counties are Schenectady, Rensselaer Saratoga, Warren and Washington. The established goal of the program, which is a community effort, is to lower CMS baseline hospital readmission rates by 2%. Nearly all of the nursing homes have signed on to participate, along with Ellis Hospital. Ellis has selected a defined patient population and nursing unit to focus on. The group will meet regularly to discuss progress, challenges and next steps. Some of the tactics to be utilized are:

- Ensuring a patient has an appointment with a Primary Care Physician within five to seven days of discharge from the hospital;
- Making follow-up phone call(s) to the patient after discharge;
- Streamlining paperwork, improving communications among partners and between the hospital and the patient;
- Using medication reconciliation to prevent errors such as omissions, duplications, dosing errors, or drug interactions.

Ellis Hospital’s readmission rates as compared to CMS and project goals are as follows:

“All cause” readmission rate
Ellis’ rate is 17.6% for 2008
CMS baseline is 17.5%
Care Transitions project goal is 15.5%

Pneumonia readmission rate
Ellis’ rate is 22.3%
CMS Baseline Rate is 17.68%
Care Transitions project goal is 15.68%

Acute myocardial infarction readmission rate
Ellis’ rate is 16.2%
CMS Baseline rate is 20.38%
Care Transitions project goal is 18.38%

Heart Failure rate
Ellis’ rate is 23.7%
CMS Baseline rate is 24.26%
Care Transitions project goal is 22.26%
COPD readmission rate
Ellis’ rate is 19.2%
No CMS baseline submitted
Care Transitions project goal is 17.2%

Chronic Diseases - Measures of Success
Schenectady’s Strategic Alliance for Health (SAH) is in its early stages of development. As such, specific SAH objectives and measures have yet to be defined. This information and data, as well as a progress report will be presented in subsequent Community Service Plan reports.

Ellis’ Center for Diabetes will continue to track the following information for its adult outpatient education program Diabetes Day by Day:

Clinical outcome measures -
• Annual Eye Exam - Goal of at least 80% of the participants reporting that they have had an annual dilated eye exam. ADA goal is 50%.
• Daily Foot Inspection – goal of at least 75% of participants reporting that they perform a daily foot inspection. ADA goal is 50%.

Behavior outcome measures –
• Targeted goal of 50% of participants meeting established measures in each of the following categories: exercise, medications, nutrition, monitoring, prevention of complications, psychosocial, and risk reduction.

Ellis’ Center for Diabetes also tracks the number of outpatient visits to its diabetes self management program (target is 750 visits), and to its medical nutrition therapy program (target is 150 outpatient visits). Finally, the Center will track the number of new patient referrals, with a targeted goal of 70 new patients per year.

In terms of hospital readmission rates, the targeted goals were outlined in the previous section regarding Ellis’ efforts in the IPRO Care Transitions project.

HEALTH PRIORITY #3: Reducing Teen Violence/Preventing Teen Suicides
Violence is an issue in Schenectady, as unfortunately, it is in many other communities in the State. Violence, particularly as related to gang activity, presented itself as a common element in five teen suicides that took place in Schenectady in late 2008 and in 2009. As a result of this alarming series of suicides, several community organizations along with the Schenectady City School System and the State Office of Mental Health, undertook several activities to address the issue with parents, relatives and teens. A nationally recognized expert on teenage suicides was engaged and presented several community forums and provided guidance to local care givers and other involved or interested persons.

In addition, a committee comprised of the County Office of Community Services, Dept. of Social Services, Juvenile Justice, Probation, the Ellis Hospital Department of Psychiatry, Northeast Parent and Child together identified children in the community at-risk for suicide. The Schenectady County Public Health Services assisted with organizing data and the epidemiology of the situation.

Ellis Hospital is the only inpatient provider of mental health services in Schenectady County and extends its reach to serve adolescents in a 16 county radius. Ellis’ mental health services include: inpatient care for adults and an adolescent inpatient treatment center; outpatient child, adolescent and adult mental health services; crisis intervention, including a 24-hour Crisis Information and Referral Hotline (518.243.4000); a peer advocacy program; a social club for people recovering from mental illness; and a support and education group for families and friends of those who suffer from schizophrenia and major depressive disorders.

As part of its efforts to increase access to care, Ellis recently relocated its outpatient mental health treatment program for children and adolescents from Ellis Hospital (Nott Street) to Suite 202 of the Cushing Center Building on Ellis’ McClellan Campus (624 McClellan Street). This
Ellis Hospital Community Service Plan  
Years 2010-2012

new location places the outpatient adolescent program in dedicated space adjacent to the Pediatric Health Center, making referrals to the program more convenient and more accessible to patients. The program is now part of Ellis’ Medical Home.

The larger office space will enable the program to see more than 4,600 patients each year, compared to the 1,100 annual visits the program handled at the Nott Street location. The new setting features three private offices which enhance confidentiality, as well as a spacious waiting room positioned in the direct line of sight of the program coordinator, which increases safety. This outpatient mental health program serves patients ages 4-18 with the goal of providing patients and their families with comprehensive, effective mental health services in a nurturing, safe and supportive environment. Among the services provided:

- Initial psychiatric assessments with diagnosis
- Medication management
- Psychotherapy/Counseling services
- Crisis services (for existing patients)
- Consultation/collateral services for schools and other professional agencies
- Treatment Planning
- Community education

This program will be utilized as part of our community-wide efforts to prevent teenagers from committing suicide. Furthermore, consistent with the community’s overall commitment to collaboration in the area of suicide prevention, administration within the department of psychiatry is in frequent contact with administrators from other relevant systems to facilitate evaluations and admissions smoothly when high-risk cases are identified.

Teen Violence/Teen Suicide- Measures of Success
As of July 2009 there have been approximately 125 children identified as high risk for committing suicide. There are 71 cases open for services in the mental health system and the various service agencies share pertinent information at meetings to ensure that each individual is being followed and not falling through any cracks. There have been no additional suicides to date, and our goal is to prevent all future suicides.

Schenectady County Public Health Services (SCPHS) will continue to monitor data as it relates to teen violence in Schenectady, and will continue to work with its community partners, including Ellis and the Schenectady City School District, to identify and assist teenagers at risk for committing suicide. Specific programs designed to curtail teen violence will be implemented as needed and reported in future Community Service Plans.

Note Regarding Emergency Preparedness Efforts
In addition to the work Ellis, SCPHS and its health and community partners are doing in the aforementioned health priority areas, these stakeholders also participate in ongoing emergency preparedness planning. For example, Schenectady County Public Health Services has been leading efforts among Schenectady County health care partners, including Ellis and Sunnyview Hospitals, to prepare for and respond to the H1N1 virus (swine flu).

Additionally, Ellis, Sunnyview and SCPHS regularly work with city, county, state and federal agencies and conduct practice drills on an ongoing basis in order to ensure readiness in the event of any widespread emergencies.

- Ellis Hospital has a long history of responding to the needs of our community in emergency situations involving a number of casualties, whether it’s a severe storm or a chemical spill at an area factory.
- Ellis Hospital has an Infection Control Policy and an Emergency Preparedness Policy in place so that it will be ready at a moment’s notice to treat and save lives should a disaster occur.
Each year, the hospital prepares a community hazard vulnerability assessment that examines the various types of emergencies that are likely to occur and sets action plans to deal with each situation. Terrorism and bioterrorism have been added to the list of potential emergencies we face.

Ellis Hospital sponsors a Critical Incident Stress Management Team, a volunteer organization of specially trained first responders that is able to respond to critical incidents in the community and/or hospital. Ellis Hospital funds the cost of the first responder training for select Ellis employees and community members, including police, EMT and fire department personnel.

Ongoing Community Input / Engaging Community Partners
Ellis fully understands that to be successful in achieving the objectives outlined in this Community Service Plan (CSP), we must actively engage our community partners. As such, Ellis will rely on the assistance/support of and input from its partners as we work to implement the strategies in each of the aforementioned health priority areas. Ellis will monitor progress and identify when it is necessary to seek support from additional sources through its ongoing CSP meetings with Schenectady County Public Health Services and Sunnyview Rehabilitation Hospital, as well as through the Medical Home partners online information exchange and regularly held employee, physician and community meetings.

VI. FINANCIAL AID PROGRAM
Ellis understands that there are times when our patients will be unable to pay for the care they receive. Ellis’ Financial Assistance program helps qualified patients, based on income and needs, pay for their hospital bills. Ellis also helps qualified patients apply for free or low-cost health coverage and provides translation services for those who do not speak English.

In an effort to better communicate and improve its Financial Assistance policies, Ellis has formed a multidisciplinary committee to monitor these efforts. As part of the committee’s work, new posters on Financial Assistance have been posted in key areas of the hospital, a new Financial Assistance brochure was created and is available in major hospital waiting areas, Financial Assistance information is available on the hospital’s website and the hospital increased the number of trained Financial Counselors on staff to ensure they are readily available for those who need assistance with charity care or billing questions, completing insurance applications or navigating the Financial Assistance system in general.

Ellis expects to implement a change to its Financial Assistance policies in September 2009 so that any self-pay patient will get an automatic 50% reduction of his/her hospital bill. This is an effort to level the playing field for those who do not have insurance coverage to assist them in paying for their care.

In terms of challenges facing Ellis in implementing the provision of financial aid in accordance with Public Health Law 2807(k) (9-a), the biggest challenge is the human resources and time required to complete the mandated cost reports as part of the reimbursement process. In general, the fact that Medicaid and Medicare reimbursement methodologies change frequently (almost annually), Ellis spends a lot of time educating its staff about the changes and how to complete the applicable cost reports. For example, Medicare used to reimburse for bad debt and is now transitioning to only charity care. Given this change, Ellis has altered its organizational policy regarding this method in order to effectively separate the charity care from bad debt, and thereby track these figures across the numerous departmental budgets of Ellis’ growing organization. Ellis has assumed responsibility for the services of the former Bellevue Woman’s Hospital (Nov. 2007) and the former St. Clare’s Hospital (June 2008), and in the process has assumed a larger amount of bad debt (including charity care), making this process more challenging and time-consuming for the hospital.
VII.  CHANGES THAT IMPACT COMMUNITY HEALTH PLANNING / CHARITY CARE / ACCESS TO CARE

The comprehensive restructuring of Schenectady’s hospital system in the wake of the state’s Berger Commission mandates has had a direct and substantial impact on Ellis Hospital’s community health planning. As the sole provider of acute care in Schenectady County, Ellis carries the “safety net” responsibility to serve everyone who walks through its doors regardless of their ability to pay. Since assuming responsibility for the services of the former St. Clare’s Hospital, Ellis has seen a significant increase in the number of uninsured and underinsured patients being treated at Ellis (a growing number in today’s tough economy). For example, the percentage share of Ellis patients who are self-pay/uninsured has increased by 48 percent in the past year and stands at 4%. The number of patients who are covered by Medicaid and Medicaid HMO, which have payment rates that are often far less than what it costs to provide care, has risen to 12.2%. Ellis Hospital has increased its level of uncompensated care (charity care + bad debt), which amounted to $11.9 million (2005), $18.7 million (2006), $20.1 million (2007), and $33.3 million (2008). In 2009, the hospital had initially budgeted $23 million for charity care and bad debt; however, Ellis projects, as of July 2009, that it will incur approximately $40 million in bad debt (including charity care) by the end of the year.

The restructuring of Schenectady’s health care system has made access to services a leading health priority for the community. As described in the “Three Year Plan of Action” Section V. of this report, Ellis is addressing the access to care priority through its strategic capital and programmatic projects, as well as through enhanced collaboration with its community partners.

VIII.  DISSEMINATION OF THE REPORT TO THE PUBLIC

Ellis Hospital’s Community Service Plan is available online at www.ellishospital.org (by October 2009 Ellis’ new website will be www.ellismedicine.org). Printed copies and additional information are available by calling 518.243.3466, or writing to Ellis Hospital, ATTN: Jennifer Susko, 1101 Nott Street, Schenectady, NY 12308. An annual summary report/publication is also printed and available in hospital waiting rooms, mailed to local and state officials and hospital donors, and is distributed within the community at health fairs, and other venues. Ellis holds regular community meetings in which it updates the public about its restructuring efforts, services and plans for the future, providing the opportunity for the public to identify needs, offer feedback and suggestions, and receive answers to their questions about the hospital and its programs. The next series of community meetings will be held in the Fall 2009.

Community classes being offered at the hospital are posted on the hospital’s website and announced on a regular basis through press releases to the local media.

IX.   FINANCIAL STATEMENT – FINANCIAL SUMMARY & NOTES

In recent years, Ellis Hospital has made tremendous strides forward in terms of improving its financial health. In 2001, Ellis Hospital’s Board of Trustees brought in new management, including the first hospital-employed CEO in more than 20 years, to reverse five previous years of losses totaling $25 million. The new administration developed and implemented a business plan that successfully stemmed the losses and helped the hospital regain its financial footing.

Ellis Hospital achieved this financial turnaround and was removed from the HUD watch list due to efforts to eliminate duplication and/or unnecessary services and to align the hospital’s limited resources to best meet the community’s needs, while simultaneously making significant strategic investments in Information Technology through a multi-year, multi-million dollar project focused on both clinical and operational IT improvements. In 2005, Ellis enacted cost-cutting initiatives that further strengthened the hospital’s financial health. Specifically, Ellis took the following difficult, but necessary steps to contain costs – the hospital significantly reduced supply costs, reduced its workforce and made changes to employee and retiree health and pension benefits to curtail ballooning costs associated with these programs.
Ellis Hospital has posted positive gains each year from 2002 through 2006. In 2006, in particular, the hospital had a positive $3.4 million operating margin, Ellis’ net assets increased approximately 37% or $17,900,000, and Ellis’ revenue grew 5% in 2006 compared to 2005. Furthermore Ellis Hospital’s financial acuity is strong as evidenced by the addition of a $20 million Intensive Care Unit, which opened in June 2006.

In 2007, the financial impact of the Berger law mandates began to be felt by Ellis Hospital. The hospital had a slightly negative operating margin (-$169,000 when Berger related expenses and Bellevue Women’s Hospital transition costs are factored in) – without these reconfiguration expenses, the hospital would have posted a positive $1 million operating margin.

In 2008, after extensive and rapid state-mandated restructuring, through which Ellis assumed the services of the former Bellevue Woman’s Hospital and the former St. Clare’s Hospital, the new, unified Ellis posted a positive $8.6 million operating margin.

Additional evidence to speak to Ellis’ improved and currently stable financial condition is as follows:

- Capital spending returned to healthier levels over the last several years from a low of $3.76 million in 2001 during the height of Ellis’ financial struggles. Specifically, capital spending levels were $7.8 million (2002), $7.6 million (2003), $10.66 million (2004), $18.48 million (2005), $17 million (2006), $10.3 million (2007), and $9.8 million (2008).
- Accounts payable went from 100 days in 2001 down to 69 days as of June 30, 2009.

In spite of Berger-related expenses and the numerous challenges facing not-for-profit-hospitals today (e.g., rising costs of pharmaceuticals, medical devises and technology, aging facilities, growing numbers of uninsured and underinsured patients, and a growing gap between what it costs to provide care and what the hospital is reimbursed from third party payers), Ellis Hospital continues to remain financially stable.

So while Ellis Hospital’s fiscal health is much improved from where it was in the late 1990s and early 2000s, and has become stable compared to where Schenectady’s collective hospital system was prior to the Berger mandates, Ellis Hospital’s fiscal future depends on the successful long term reconfiguration of the hospital system. Capital projects described in the CSP will serve to both effectively restructure care and address identified community needs.

Ellis Hospital 2008 Financial Summary
Total Patient Revenue: $305,861,124
Total Expenses: $274,182,269
Net Income: $8,661,044
Charity Care: $1,073,000
Community Services: $3,060,847
Bad Debt* Expenses: $32,224,873

*Bad debt – charges for hospital services for which the hospital has received no payment