

New York State Department of Health
Health Equity Impact Assessment Template

SECTION A. SUMMARY

1. Title of project	PICU Expansion
2. Name of the project	

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John Hopkins Bloomberg School of Public Health. She also serves as a Commissioner of the DC Department of Health Regional Planning Commission on Health and HIV and the Chair of the Community Engagement and Education Committee. **Melissa Corrado** has more than 20 years of experience helping healthcare and community-based entities develop and conduct assessments and implement plans. She has designed and conducted stakeholder interviews to guide planning of community initiatives and for community-based healthcare and social service providers. **Sydne Ashford** is a

Practice. She serves ambulatory care facilities, such as Federally Qualified Health Centers, hospitals, and mental health focused organizations, and specializes in Medicaid rate setting and cost reporting, financial and regulatory reporting, financial feasibility studies, and financial and operational performance. She also supports program development and strategic business planning efforts.

5.

SECTION B: ASSESSMENT

For all questions in Section B

Medicaid, this increases the
impact.

Racial and ethnic minorities will benefit through having more access to services. Of

58% identified as racial or ethnic minorities.

Women will benefit through having more access to services. Of the patients seen by the

Facility	County	Zip code
Brookdale Hospital Medical Center	Kings	11212
Brooklyn Hospital Center - Downtown Campus	Kings	11201
Kings County Hospital Center	Kings	11203
Maimonides Medical Center	Kings	11219
New York-Presbyterian Brooklyn Methodist Hospital	Kings	11215
University Hospital of Brooklyn	Kings	11203
Bellevue Hospital Center	New York	10016
Harlem Hospital Center	New York	10037
Memorial Hospital for Cancer and Allied Diseases	New York	10065
Mount Sinai Hospital	New York	10029
New York-Presbyterian Hospital - Columbia Presbyterian Center	New York	10032

The expansion also will increase access to PICU beds for and liver transplant patients, which can improve health outcomes for these complex patients.

This expansion will also increase access for pediatric patients from other hospitals. The Applicant accepts transfers from external hospitals for pediatric patients needing a higher level of care and works with other area hospitals to provide transport services to ensure their pediatric patients have expedient access to PICU services. Addit

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Department of Housing and Urban Development (HUD) Fair Housing Accessibility Guidelines, and, as a publication by the International Code Council (ICC), it is compatible with the International Building Code.

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

N/A. The project has al health care services and comprehensive reproductive health care services.

Meaningful Engagement

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

New York City Department of Health and Mental Hygiene (NYC DOHMH)

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

We reached out to our contacts at NYC DOHMH who spoke with us for the previous HEIA we conducted and were informed of their new protocol for requesting an interview for an HEIA. We submitted their online intake form for the current HEIA providing them with the following information:

- CON applicant name, operating certificate number, applicant type, and type of project indicating this is an expansion of the PICU
- Zip codes served by the facility; no change to zip codes served as a result of this project
- List of medically underserved groups that will be impacted
- Description of the project

However, they no longer will consider being interviewed without also receiving the bulk of the completed HEIA. We declined to provide the additional materials since they are not the entity to whom we are required to submit the HEIA, and there is no guarantee of turn-around time for their decision or that they will agree to be interviewed.

9.

Instructions for more guidance.

See Meaningful Engagement table in the HEIA Data Table attached.

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

All patients and caregivers, including those from medically underserved groups, will be positively affected by the increase in the number of beds. Stakeholders expressed that adding beds to the PICU through the proposed expansion project would help meet the needs of the current and incoming patients through increasing the availability of services.

Stakeholders wanted to ensure that there would be adequate staffing to cover the needs of the increase in beds and patients due to this expansion. Specifically, there was a concern regarding having enough staff for the rounds that the medical team makes on the unit. Stakeholders raised that caregivers with low incomes and/or inflexible job schedules are not always able to take work off without missed pay to meet with the
Additionally, families with limited English proficiency could encounter language barriers unless interpreters are also available at

In response, the Applicant indicated that after the expansion, they will continue to follow existing practice, which is to schedule

The Applicant also will be adding a full rounding team for the unit to ensure access to care teams and rounds. The Applicant also will continue to offer both in-person interpreter services and a language interpretation app called VOYCE™, which is embedded in the electronic health record.

Detailed feedback with accompanying data is in Question 11 below.

11.

implements, and disseminates evidence-based solutions to advance health equity in clinical care, medical education, and research. The Applicant has developed a health equity impact dashboard and has increased efforts to collect self-reported data related to patient demographics in the electronic medical record to facilitate efforts to track the impact of different projects on medically underserved groups. The dashboard specifically includes the pediatric patients of all services and captures data on all patients, including indicators such as race, ethnicity, gender/gender identity, age, preferred language, financial class grouping, insurance grouping, median household income, and others. The Applicant will leverage this dashboard and data to reveal and address inequities and disparities as it implements the project.

The Applicant uses dashboards to monitor and evaluate multiple outcome measures for the PICU. These outcome metrics include PICU hospital mortality rate, mortality events, 30-day readmission rates, and observed-to-expected length of stay. For these metrics, the Applicant is able to analyze the data by various demographic factors such as age, gender, payor, and primary language. This allows the Applicant to identify and address health disparities.

also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

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

This project is dependent on the approval of the Congenital Health Center relocation CON. The Congenital Health Center move across the street creates the space that enables the expansion of PICU beds and therefore capacity to serve more patients and increase access to these intensive care services.

SECTION BELOW TO BE COMPLETED BY THE APPLICANT

ACKNOWLEDGEMENT AND MITIGATION PLAN

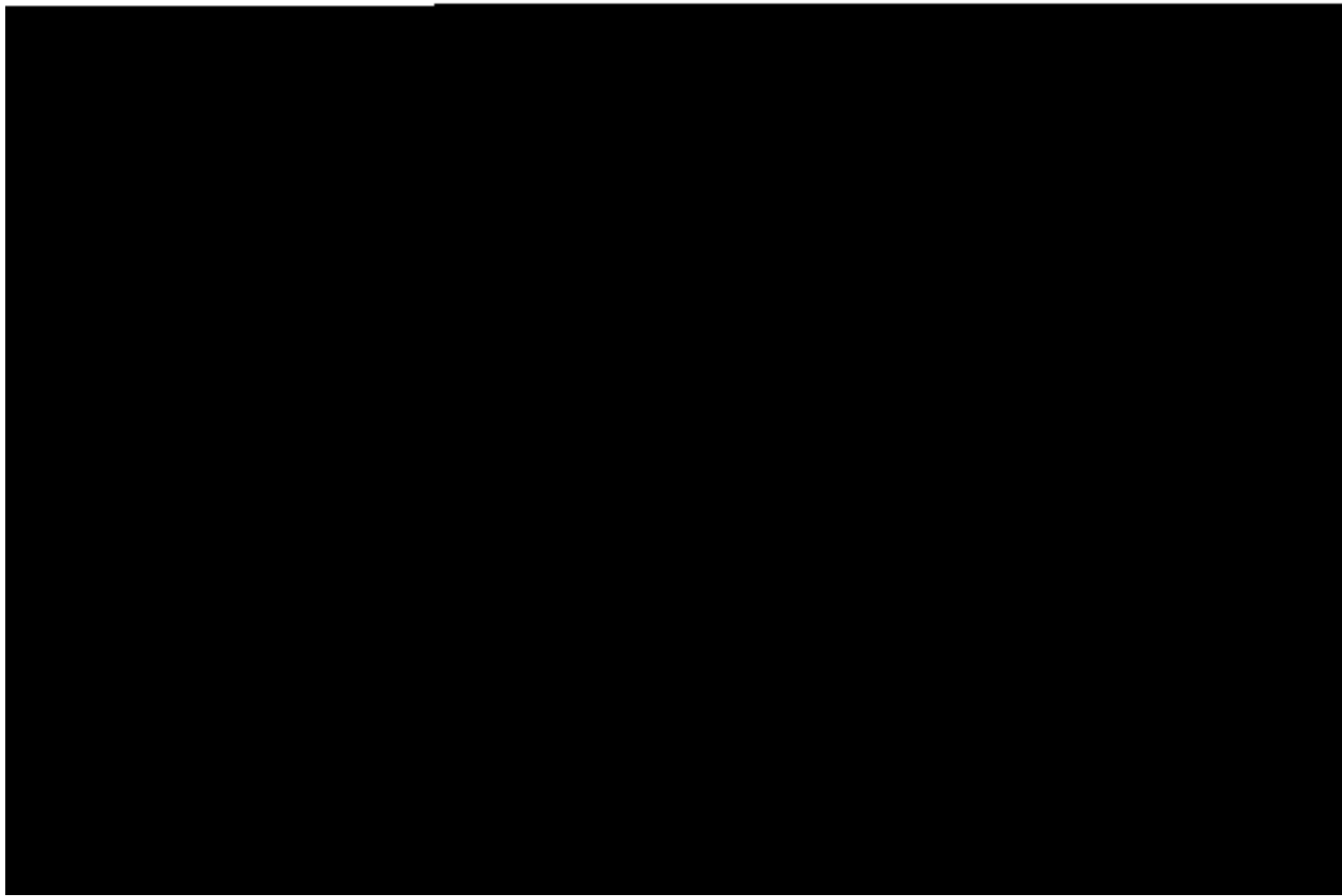
SECTION C - A

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant and is independent of the

I, Joseph J. Lhota, attest that I have reviewed the Health Equity Impact Assessment. I am a representative of Zahn Consulting, LLC.

Joseph J. Lhota

Name



PICU Mitigation Plan

Through the implementation of this project, NYULH aims to enhance the patient experience and ensure patients are receiving the superior care that they deserve. While the HEIA highlighted some potential concerns from stakeholders, NYULH would like to reiterate it is very early in the planning process and is able to give all concerns strong consideration.

Maintaining appropriate staffing levels is a key component of our implementation planning, and NYULH will determine the most effective staffing based on volume trends and patient care needs. Regarding recruitment, we are proactive in our efforts, continuously filling positions despite industry-wide challenges. Our comprehensive recruitment plan will be in place well before the new PICU is open to ensure smooth operations. We assess staffing needs regularly based on patient volume and service demands, and we offer competitive salaries, professional development opportunities, and a supportive work environment to attract and retain top talent.

The project will duplicate current PICU operations on the new floor. Therefore, we will be maintaining our current processes and procedures, along with providing additional staff to work within the newly expanded unit. Families and caregivers will have the same access to the medical team and involvement in rounds as they do currently. Information on rounding schedules will be provided to families and other caregivers ahead of time, and if they can make it, they will speak directly to the medical team while they are conducting rounds. If the time does not work for whatever reason, the medical team will reach out (via whatever means of communication is preferable for that family). To reiterate, there will be no change in the process of communicating with families, and no families will be left out of discussions about a

existing interpreter services (which include in-person interpreters and the VOYCE language interpretation app integrated into our EPIC EHR system) will remain in place in the new unit. We will continue to provide real-time medical interpretation in over 240 languages and dialects, ensuring caregivers have access to necessary language support. Again, the project will simply expand and duplicate the current services into the new unit.