

**The Rockefeller University Hospital
Community Service Plan
Comprehensive 3-Year Plan 2019-2021**

Introduction

The Rockefeller University Hospital was the first medical institution in this country devoted solely to clinical research. Its mission, to serve as a clinical site for the conduct of medical research and to provide a place to educate young physicians in the laboratory sciences relevant to clinical investigation, remains essentially unchanged since its founding in 1910. All patients are voluntary research subjects who are not charged for their participation or care. These volunteer subjects are recruited both nationally and locally with a commitment to ensuring representation of women, children and ethnic and racial minorities. The service area covered by this 3 Year Plan is New York City and the Tri State area. The Rockefeller University Hospital will continue to work in collaboration with The New York City Department of Health and Mental Hygiene and neighboring hospitals and health centers to achieve the goals outlined in this 3-year comprehensive plan.

A. Executive Summary

1. Prevention Agenda priorities and the health disparity priority for The Rockefeller University Hospital
Prevent Chronic Disease Action Plan
Intervention Focus Area 1: Healthy Eating and Food Security
Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices.

Prevent Communicable Diseases
Intervention Focus Area: Antimicrobial Resistance and Healthcare-Associated Infections
Goal 5.2: Reduce infections caused by multi drug resistant organisms
2. Since 2013 The Rockefeller University Hospital included Promote a Healthy and Safe Environment to our prevention agenda priorities based on research conducted in the Hospital, specifically re-infection and transmission of Community-Acquired Methicillin-resistant *Staphylococcus aureus* (CA-MRSA).
3. MRSA, first recognized in the 1960s and identified as a source of drug-resistant infection in hospitals and other health care facilities (hospital-acquired MRSA or HA-MRSA), presents important emerging clinical and public health challenges, with significant morbidity, mortality, and impact on patients, their families and caregivers, and health care institutions. These drug-resistant infections have also moved out of healthcare facilities and into the community where they are referred to as community-acquired MRSA (CA-MRSA), and often present in primary care and in emergency departments as skin and soft tissue infections (SSTIs). CA-MRSA infections emerged in the 1990s in people without recognized risk factors associated with HA-MRSA and are considered to be the leading cause of SSTIs in the USA. Though the majority of CA-MRSA SSTIs can be treated successfully in ambulatory care, patients presenting with these infections are often treated with antibiotics used to treat methicillin-sensitive infections, resulting in initial treatment failure and potential exposure and transmission to household and community members. Untreated or incorrectly treated SSTIs can progress to more severe infection, infection recurrence, and/or bacterial resistance, resulting in adverse clinical outcomes and patient suffering.
4. The Rockefeller University Hospital is collaborating with The Clinical Directors Network (CDN), a Practice Based Research Network (PBRN), on our prevention agenda priorities identified in our Community Service Plan for 2019-2021. CDN is the oldest and largest PBRN providing and improving comprehensive and accessible community-oriented primary and preventative health care services for poor, minority, and underserved populations. In addition, the Rockefeller University Hospital is working with local organizations such community health centers, senior centers, and senior housing centers to

implement the prevention agenda priorities outlined above. Community partners assist with education, screening, identification, and recruitment of research participants.

The Rockefeller University is also collaborating with The Carter Burden Network, a network of centers, programs, and services that work together with government, corporate, individual, private and community partners to provide aging services to older residents in New York City who are poor, in declining health, and isolated.

5. The broad community is being engaged in these efforts through town hall meetings, access to education regarding healthy eating, CA-MRSA (barbershops, community health centers, senior centers, senior living centers), and Webcasts hosted by Carter Burden, CDN and facilitated by Rockefeller University Investigators.
6. To reduce infections caused by multi-drug resistant organisms and increase skills and knowledge to support healthy food and beverage choices staff will provide education to clinicians, community members, and research participants on the prevention agenda priorities identified above.
7. In addition to activities related to community education about multi-drug resistant organisms, our program will include hospital-developed Public Service Announcements (PSA) focused on healthy eating and proper nutrition, including educational seminars conducted by the Bionutrition Department on healthy eating habits and food and cooking demonstrations.
8. Progress and improvement on all prevention agenda priorities will be stored in Research Electronic Data Capture (REDCap), a password-protected software and database program developed at Vanderbilt University and used widely by institutions with Clinical and Translational Science Awards (CTSAs) from NIH and their affiliates. This program is written in Personal Home Page (PHP) configured to run on the web under the encrypted HTTPS protocol and acts as an interface to a customizable MySQL database. This database is further backed up daily into a secure and fully encrypted copy. Data export can be readily accomplished via user-designed reports or file downloads formatted for Excel, R, SAS, and other statistical software packages. No identifiers will be stored in REDCap, so files exported from REDCap for analysis confer no risk of breach of confidentiality. Nonetheless, only the Rockefeller and CDN data managers will be exporting from REDCap. In addition, internal monitoring to assure safe and proper conduct of protocols and all elements of each intervention following the general principles of quality management will be conducted quarterly.

The Rockefeller University Hospital Mission

To promote health and enhance the quality of life by conducting clinical research and providing quality patient care in an environment where science, medical practice and learning blend to advance medical scholarship and alleviate human suffering.

B. Community Health Assessment

The Rockefeller University Hospital is located on the Upper East Side of Manhattan in Community District 8. The Rockefeller University Hospital is a unique institution. As an institution committed to conducting clinical research, our community/service area is defined as the New York Metropolitan Area. The Rockefeller University Hospital has provided an array of clinical research and patient care services since its founding in 1910. Research participants are culled from all over New York City through collaborations with neighboring hospitals, Universities, and clinics. Patients with rare disease that are being studied at Rockefeller come from all over the world. As an institution that provides services to volunteers who have agreed to participate in a research study our participant demographics generally follow those of New York City, which is 44% white, 25% Black or African-American, and 28% Hispanic (www.census.gov 2010). In calendar year 2018 15% of research participants identified as Hispanic, 33%

identified as Black or African-American and 41% identified as white (RUH subject race and ethnicity report 2018).

The Rockefeller University Hospital is owned by the University and is licensed for 40 inpatient beds for clinical research. The Hospital provides researchers with an opportunity to conduct clinical studies and offers both normal volunteers and people with diseases under study the opportunity to stay in the hospital and help to contribute to important advances in science. The Hospital has an inpatient unit as well as an outpatient center where prospective patients are screened, and many outpatient studies are conducted.

Medical services, surgical services, emergency care, specialized care and ambulatory care are provided by New York Presbyterian Hospital. In addition, cancer care, education and research are provided by Memorial Sloan-Kettering Cancer Center. Both institutions are located adjacent to Rockefeller University Hospital. The Rockefeller University Hospital does not generally provide medical care for research participants beyond that needed for participation in the research study. Should a research participant become acutely and severely ill, they are immediately transferred to New York Presbyterian Hospital since they are equipped to respond to the health needs of the community.

The Hospital is staffed 24 hours a day with professional nurses and on-call physicians and has nutritional research services, social work, and a radiology suite, as well as a sophisticated research pharmacy. The staff Research Hospitalist provides additional medical support to the clinical research teams. Social service needs, primary and chronic disease needs, and health issues of uninsured, low-income, and minority group persons are assessed by an on-site social worker. The social worker then refers research participants based on needs to local institutions that can provide resources.

In 2018 The Rockefeller University Hospital had approximately 422 inpatient days (45 admissions) and more than 3,433 outpatient visits. Four research studies were conducted in the hospital's inpatient unit and almost 70 studies were conducted in the outpatient research center.

The Rockefeller University Hospital conducted a virtual community health needs assessment in the spring of 2019 to determine health concerns of research participants and New York City residents. We reviewed and analyzed data provided by the New York State Department of Health and The New York City Department of Health and Mental Hygiene community health profiles for New York City with an in-depth look at health needs of the community in District 8 where Rockefeller University Hospital is located. This allowed us to review key health trends among New York City residents, as well as residents located in close proximity to our research hospital. New York City and Upper East Side residents identified the following health concerns:

The New York Metropolitan area has an array of health needs based on geographic location and socioeconomic status. According to the New York City Department of Health and Mental Hygiene, 22.2% of New York City adults considered themselves to be in fair or poor health (NYC DOHMH Community Health Survey,

Health Needs NYC/Upper East Side Residents	
Heart disease	Social Services
Cancer	Outreach to special populations (elderly, special needs)
Flu/pneumonia	Advocacy
Stroke	Collaborative community programs
Rent burden	Clinic/hospital access programs
Obesity	Support services

2014.<https://a81healthpsi.nyc.gov/epiquery/CHS/CHSXIndex.html>). Chronic diseases such as diabetes, hypertension, and obesity continue to severely affect the community we serve. Nearly 1.8 million adult New Yorkers reported having hypertension, an increase of approximately 11% of the total population since 2004, and more than 24 percent of New York City residents are identified as overweight or obese (Community Health Profiles-2016 Atlas.

<http://www1.nyc.gov/assets/doh/downloads/pdf/tny/community-health-assessment-plan.pdf>). More than 25 percent of research participants are uninsured and do not have a primary care physician to monitor their

chronic diseases. Participants tend to seek care at the emergency room with no follow-up care to track disease progression. Although The Rockefeller University Hospital does not provide direct care to research participants outside of the research protocol, the health of our participants is our highest priority and so, in addition to providing care as per the protocols free of charge, we identify resources and services to insure access to support services and medical facilities outside of our Hospital to meet the health needs of our participant community. To that end, The Rockefeller University Hospital has a social worker on staff to conduct one-on-one consultations with, and assessments of, research participants to determine their needs and identify outside resources that can further assist them in receiving the care they require. As part of this service, The Rockefeller University Hospital maintains strong relationship with organizations in the New York Metropolitan area that can provide these services in order to expedite referrals.

The Rockefeller University Hospital community served/service area is determined based on research being conducted. Principal Investigators identify an area of interest and submit a protocol for review and approval by our institutional review board. If and when the protocol is approved, our recruitment office works with the investigator to develop and submit advertisements in local newspapers and magazines, as well as online. Identification of effective venues in which to advertise is determined by current trends in readership among local newspapers, magazines, and websites such as Craigslist's and Facebook. Demographics of research participants recruited is similar to that of the demographic of New York City, 16% identified as Hispanic, 41% Black/African-American and 31% identified as White (RUH recruitment repository data 2018).

Participants

The Rockefeller University public participation and involvement process is designed to give the public sufficient opportunities for early and continuing participation in hospital projects, plans and decisions and to provide full access to key decisions. The Rockefeller University Hospital is committed to serving The Rockefeller University research needs and recognizes the importance of including the local neighboring community as well as New York Metropolitan Area as a whole in this process. The public is encouraged to participate through the following mechanisms: circulation of newsletters, pamphlets, and brochures; review of hospital website information; the hospital's patient satisfaction survey; and participation in patient support groups, focus groups, public information meetings, hearings, and open houses as they occur. Advisory committees that include community representatives are convened as necessary. The Hospital staff participates in community events such as health fairs and street fairs and attends community and neighborhood board meetings.

Community health needs in New York City are determined by the New York City Department of Health and Mental Hygiene, by local community planning boards, community boards, hospitals, community based organizations, local businesses, faith-based organizations, schools, and individuals. Rockefeller University Hospital reviews all prevention agenda priorities defined by these various institutions to determine which priority areas we can support based on current research conducted. This bidirectional method of engagement allows researchers the opportunity to learn about community priorities, align research with patient needs, and foster collaborations across stakeholders to improve health and accelerate translation of research findings into practices that can be used to improve health.

The Rockefeller University Hospital also receives support and participation on its public health priorities and Community Service Plan from The Rockefeller University Center for Clinical and Translational Science (RUCCTS) Advisory Committee on Community Engagement and Recruitment (ACCER). The ACCER membership includes representatives from local Practice Based Research Networks (PBRNs), academic and hospital leadership. The ACCER coordinates community engagement research initiatives and activities for the RUCCTS as well as for the hospital, and conducts strategic planning initiatives to identify successes, challenges, and barriers focused on community engagement and recruitment. It should be noted that ACCER members are members of local and national public health organizations such as the

American Public Health Association (APHA), Health Care Leaders of New York (HLNY), Greater New York Hospital Association (GNYHA), and the National Association of Health Services Executives (NAHSE).

Outcomes

Hospital Administration staff participate in meetings, conferences, and executive briefings throughout the year focused on the Prevention Agenda Priorities Toward a Healthy State and strategies hospitals can adopt to address public health priorities. In addition, we review community health data from the New York City Department of Health and Mental Hygiene and the New York State Department of Health annually to align community health needs with research conducted in the hospital.

c. Service to the Community

The Hospital provides support to the community it serves as befits its medical expertise and its facilities. For example, the Hospital participates in University committees, provides back up for the activities of the Occupational Health Service, maintains a campus-wide emergency medical response team, and opens its facility for campus health-screening programs conducted by the Occupational Health Service. It also participates in various public education activities and provides public education on obesity and diabetes at local health fairs.

C. Community Health Improvement Plan/Community Service Plan

Criteria of Public Health Priorities/Priority Setting:

The Rockefeller University Hospital prevention agenda priorities were selected based on data from the New York City Department of Health and Mental Hygiene's community health profiles and the New York State prevention agenda priorities. The prevention agenda identifies 5 key areas (priorities) for New Yorkers. A review and assessment of current research being conducted at The Rockefeller University Hospital links to prevention priorities identified by the New York State Department of Health and the New York City Department of Health and Mental Hygiene. After a thorough review of the priority areas, The Rockefeller University Hospital identified 1 priority area and two intervention focus areas as our prevention agenda priorities over the next 3 years.

Prevention Agenda Priorities

Prevent Chronic Disease Action Plan

Intervention Focus Area 1: Healthy Eating and Food Security

Goal 1.4: Increase skills and knowledge to support healthy food and beverage choices.

Prevent Communicable Diseases

Intervention Focus Area: Antimicrobial Resistance and Healthcare-Associated Infections

Goal 5.2: Reduce infections caused by multi drug resistant organisms

a. Prevention Agenda Priority

Prevent Chronic Disease

Intervention Focus Area 1: Healthy Eating and Food Security

Goal 1.4: Increase skills and knowledge to support healthy food and beverage choices.

According to the New York City Department of Health and Mental Hygiene, 24% of children and adults self-reported as overweight or obese (NYC Department of Health and Mental Hygiene Community Health Profiles- 2016 Atlas

<https://www1.nyc.gov/assets/doh/downloads/pdf/tcnyc/community-health-assessment-plan.pdf>).

Investigators at The Rockefeller University Hospital are conducting studies on the natural history of obesity as well as insulin resistance and the metabolic syndrome to determine optimal treatment for patients with obesity. Part of each study includes nutritional assessment and guidance provided by licensed research dietitians. Investigators at The Rockefeller University Hospital in collaboration with local community partners are also conducting studies focused on improving cardiovascular health through the implementation of the DASH-diet to senior service programs serving low income and

minority seniors. Part of the study includes nutritional assessment and guidance provided by a licensed research dietician focused on making menu modifications, preparing nutritious meals, and making healthier food choices. The Rockefeller University Hospital will work with The New York City Department of Health and Mental Hygiene and neighboring hospitals to address the prevention agenda priority above.

b. Prevent Communicable Diseases

Intervention Focus Area: Antimicrobial Resistance and Healthcare-Associated Infections

Goal 5.2: Reduce infections caused by multi-drug resistant organisms

MRSA, first recognized in the 1960s and identified as a source of drug-resistant infection in hospitals and other health care facilities (hospital-acquired MRSA or HA-MRSA), presents important emerging clinical and public health challenges, with significant morbidity, mortality, and impact on patients, their families and caregivers, and health care institutions. These drug-resistant infections have also moved out of healthcare facilities and into the community where they are referred to as community-acquired MRSA (CA-MRSA), and often present in primary care and in emergency departments as skin and soft tissue infections (SSTIs). CA-MRSA infections emerged in the 1990s in people without recognized risk factors associated with HA-MRSA and are considered to be the leading cause of SSTIs in the USA. Though the majority of CA-MRSA SSTIs can be treated successfully in ambulatory care, patients presenting with these infections are often treated with antibiotics used to treat methicillin-sensitive infections, resulting in initial treatment failure and potential exposure and transmission to household and community members. Untreated or incorrectly treated SSTIs can progress to more severe infection, infection recurrence, and/or bacterial resistance, resulting in adverse clinical outcomes and patient suffering.

To promote a healthy and safe environment Rockefeller University Hospital will partner with community health staff to provide education to clinicians, community members, and research participants on CA-MRSA identification, treatment, and follow-up in order to reduce recurrences in patients with CA-MRSA infections. The broad community is being engaged in these efforts through town hall meetings, access to education regarding CA-MRSA (barbershops, community health centers, senior centers, senior living centers), and Webcasts hosted by CDN and facilitated by Rockefeller University Investigators.

c. Status of Priorities

The prevention agenda priorities selected above reflects the priorities set by the New York State Department of Health Prevention Agenda 2019-2021 and the New York City Department of Health and Mental Hygiene 2016-2018 Community Health Assessment and Community Health Improvement Plan: Take Care New York 2020. The Rockefeller University supports the State and the City’s agenda for a Healthy New York and has implemented programs internally to address the priorities identified above. To implement the priorities, Rockefeller University will work with the hospital and campus community to identify ways to expand community programs focused on the prevention agenda priority areas described above.

2. Three-Year Plan of Action/Implementation Plan

Public Health Priority Area	Focus Area	Goal(s)	Objective(s)	Measure of Success	Strategies
Prevent Chronic Disease	Healthy eating and food security	Increase skills and knowledge to support healthy food and beverage choices	By the end of 2021 provide information on Physical Activity and Nutrition in 100% of new patient information packets	# of packets distributed # of posters posted	Support the placement of DOHMH ads promoting healthy eating and active living in the hospital

			<p>By the end of 2021, 80% of information received on Physical Activity and Nutrition will be displayed in the outpatient research center and the inpatient unit of the hospital.</p> <p>By the end of 2021, 75% of special populations will participate in healthy cooking demonstrations</p> <p>Increase access to information about the importance of Physical Activity and healthy nutrition choices among adults and special populations (elderly, youth)</p> <p>Create community environments that promote and support healthy food and beverage choices and physical activity</p>	<p># of healthy cooking demonstrations</p> <p># off healthy eating workshops provided</p>	<p>Post information on the hospital website about the importance of physical fitness and proper nutrition</p> <p>Adopt hospital policies to support use of health, locally grown foods in patient meals</p> <p>Adopt healthy meal and beverage standards for meals served in hospital</p> <p>Conduct research to support evidence-based approaches to reducing obesity</p> <p>Use public service announcements to promote healthy eating and physical activity.</p> <p>Provide education and training to special populations on healthy eating and nutrition</p>
Prevent Communicable Diseases	Antimicrobial resistance and healthcare-associated infections	Reduce infections caused by multi-drug resistant organisms	Decrease re-infection and transmission of CA-MRSA in patients presenting to primary care with skin or soft tissue infections (SSTIs) by 10%	<p># of community participants educated on MRSA</p> <p># of Educational sessions to PCP's</p> <p># of coalitions, webcasts, presentations and town hall meetings conducted focused on MRSA</p> <p># of new community partners</p>	<p>Provide access to MRSA research to community members (recruitment and advertising)</p> <p>Reduce Disparity: Decrease the gap in rates of underrepresented populations and minority groups in research associated with MRSA.</p>

- a. The Rockefeller University Hospital will focus on special populations for the next 3 years to address the prevention agenda priorities identified above. We will accomplish this by building trust with potential partners, providing education and referral resources when requested.

Nutritional counseling will be available as requested and ongoing education on ways to reduce the occurrence of CA-MRSA will be provided.

- b. The Rockefeller University Hospital will commit staffing resources, financial resources, and educational resources to address the health needs identified above.
- c. The New York City Department of Health and Mental Hygiene has coordinated prevention agenda priority meetings to foster collaboration with neighboring institutions to increase collaboration among institutions focusing on the same prevention agenda priorities. The Rockefeller University Hospital will continue to participate in these meetings as well as work with neighboring institutions as requested on events addressing priorities.
- d. The Rockefeller University will continue to engage local partners over the three years of the Community Service plan by attending local community meetings, attending local events sponsored by the state and local health departments, and providing programming focused on the public health priority areas identified above. In addition, we will design evaluation and monitoring methodologies to ensure progress towards meeting the goals and insure effective and efficient programming. In addition, the Rockefeller University Hospital will continue to work with research participants to identify additional strategies and interventions to address the priority areas. We will also work with investigators to explore new research opportunities.

3. Dissemination of the Report to the Public

The Rockefeller University Hospital Community Service Plan is available on our website www.rucares.org. It is also available by mail upon request. Our Community Service Plan is shared with local organizations as requested. Community members and leaders can provide feedback to The Rockefeller University Hospital's community programs by contacting Maija Williams, MPH Administrative Director at 212 327-8501 or by e-mail at mwilliams@rockefeller.edu.

4. Financial Aid Program

The Hospital conducts research funded primarily through a cooperative agreement with the U.S. Department of Health and Human Services (DHHS), National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health. Approximately 30% of the Hospital's operations are funded by this agreement. The balance of the operating costs is funded primarily by a subsidy from The Rockefeller University. All patients are voluntary research subjects who are not charged for their participation in clinical research studies at the Rockefeller University Hospital. In the process of performing patient-oriented research, the need for medically-indicated and thus potentially reimbursable care could arise; however, the hospital does not bill patients or their insurance companies for such service. The Rockefeller University Hospital provides access to social services to help patients access care externally should the need arise. All patients are aware when they agree to participate in a research protocol that there are no fees for services rendered.

Financial Statement –Financial Statement will be made available upon request.

5. Emergency Medical Care

Trained physicians and registered nurses provide emergency medical care to research participants at the Rockefeller University Hospital around the clock. A licensed MD is on call at all times to respond immediately to clinical emergencies. Every MD on call and all clinical research nurses are trained in basic and advanced life support (BLS and ACLS). An emergency cart and defibrillator are located on each of two patient care units to support the rapid delivery of emergency care.

The hospitalist oversees the care of all inpatients and responds to changes in the clinical status of any research participant on the inpatient or outpatient unit. If a research participant has a clinical emergency that exceeds the capability of the hospital to provide appropriate care, the research participant is transferred immediately to the emergency room of NYPH or to the urgent care center of MSKCC. The transferring physician and nurse prepare transfer documents and make direct phone contact with the clinicians at the

receiving hospital before the transfer is made. The research participant is transported by emergency medical service ambulance. These transfers are conducted under the terms of transfer agreements between the Rockefeller University Hospital and the receiving hospital.

6. Changes Impacting Community Health/Provision of Charity Care/Access to Services

The Rockefeller University Hospital, like other healthcare organizations, faces many financial challenges that may impact community initiatives and the services we provide. Rockefeller continues to work within the confines of our institutional commitment, private and government support through grants and gifts, and our commitment to research, to meet our obligations. In particular, The Rockefeller University does not bill for patient-oriented care as part of research conducted at our facility. The Rockefeller University Hospital, however, is affected by the current economic environment and has sustained budget cuts that impact the availability of resources for new initiatives. The hospital has learned how to do more with less and is looking at ways of cost sharing with investigators who receive external funding for their research projects.

In particular, even in the wake of the economic challenges described above, The Rockefeller University Hospital will continue to support our commitment to provide physical activity and nutrition education information and programs for the community served by The Rockefeller University Hospital.

7. Board Approval:

The Community Service Plan was approved by The Rockefeller University Hospital Committee, the governing board for our institution, on November 6, 2019.