**New York State Department of Health**

**Health Equity Impact Assessment Template**

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

**SECTION A. SUMMARY**

|  |  |
| --- | --- |
| 1. Title of project
 | Rosary Hill Home  |
| 1. Name of Applicant
 | Rosary Hill Home  |
| 1. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA
 | **Research and Marketing Strategies, Inc. (****RMS)** * *Mark Dengler, MPA – President*
* *Susan Maxsween, MSHA - Vice President, Healthcare Operations and Consulting*
* *Patrick Fiorenza, MPA - Director of Research Analytics*
* *Katya Dashkevich - Research Associate*
 |
| 1. Description of the Independent Entity’s qualifications
 | Research & Marketing Strategies, Inc. (RMS), the *Independent Entity,* is a professional market research firm located in Central New York and has been in business since 2002. RMS has a dedicated Healthcare Division with proven experience in guiding hospitals, healthcare systems, nursing homes, diagnostic and treatment centers – including ambulatory surgery centers with strategic planning. The firm has assisted health departments in conducting Community Health Assessments (CHA) as well as partnered with hospitals in conducting Community Health Needs Assessments (CHNA) and preparing Community Health Improvement Plans (CHIPs) to achieve established goals based upon identified priorities. The RMS team is experienced with profiling population demographics and looking at healthcare access and service delivery issues, including monitoring and addressing health equity issues among communities.  |
| 1. Date the Health Equity Impact Assessment (HEIA) started
 | February 5, 2024  |
| 1. Date the HEIA concluded
 | June 14, 2024 |

|  |
| --- |
| 1. Executive summary of project (250 words max)

Rosary Hill Home operated by the Dominican Sisters of Hawthorne, is a 54-bed licensed, voluntary Residential Health Care Facility providing palliative care to indigent, terminally ill cancer patients. The facility, located at 600 Linda Avenue, Hawthorne, New York (Westchester County), is submitting a Certificate of Need (CON #241262) to decertify 12 of its 54 skilled nursing beds. Admission requirements are determined based upon low-income threshold criteria [exhausted all income]. The intention is to remove a bed from each of its 9 Wards and close the 10th, Ward. Under this CON, there will be no changes to the services offered or staffing. The removal of beds would allow the introduction of a chair recliner in each room to better accommodate visitors while supporting the care team in providing palliative care to patients. The proposed room changes will also improve the living and working space for staff, patients, and visitors. Further, the closed Ward would be transformed into a clinical classroom to begin a Nurse Aide Training Program. The daily census has not exceeded 24 patients in over 5 years, and it is not anticipated to increase soon. Therefore, the reduction from 54 to 42 beds will have no impact on Rosary Hill Home’s ability to care for patients. It is this persistent low utilization experience that motivates our request for the decertification of 12 beds. It is hoped that the new, onsite training program could increase the number of staff available to provide care for terminally ill patients and increase capacity. |
| 1. Executive summary of HEIA findings (500 words max)
 |
| Rosary Hill Home enlisted Research & Marketing Strategies, Inc. (RMS) to serve as an Independent Entity to conduct the Health Equity Impact Assessment (HEIA) – a key, required component of Rosary Hill Home’s CON project, *Rosary Hill Home*. Since its opening in 1901, Rosary Hill Home’s Administration, Sisters and staff have been committed to protecting human dignity, freedom from human flourishing at the end of life and strive to meet physical, emotional, spiritual, and recreational needs of patients suffering from incurable cancer. Rosary Hill Home, located in Hawthorne, NY, has a population of approximately 4,693.[[1]](#footnote-2) Rosary Hill Home’s primary service area is unique in that it does not have an easily defined service area, providing services to patients covering 55 Zip-Codes from calendar year 2016 to January 2024. Admissions have come from as far as Nevada and Florida, and the local tri-state area (NY, NJ, and CT). For purposes of the Health Equity Impact Assessment, RMS analyzed demographic data across a 38 Zip-Code region based upon admission data[[2]](#footnote-3). Analysis was conducted surrounding key factors including age, gender, race, health insurance coverage, disability status, poverty levels, number of households with SNAP benefits, household income, employment status, educational attainment, and vehicle status. Based upon the fact that Rosary Hill Home does not have an easily defined service area, RMS was not able to ascertain the specific impact on the demographic characteristics detailed above.  RMS also conducted four (4) In-Depth Interviews (IDIs) to gather qualitative data about low-income, racial, and ethnic minorities, and medically underserved populations in the project’s service area. The IDIs were conducted with leaders who spoke on behalf of the impacted community residents and the medically underserved populations and who have referred patients to the facility in recent years. Qualitative findings from the IDIs provided insights to identify positive and negative impacts of the proposed CON project, with particular attention to the medically underserved populations. The interviews reinforced that the services provided by Rosary Hill Home are essential for the underserved population and simultaneously revealed the need to increase awareness of the impending project and the services provided to referral sources within the tri-state service area. The qualitative analysis also anecdotally identified the ongoing challenge in the healthcare industry of a high turnover rate among healthcare employees. The high turnover rate presents challenges for newly hired staff to be fully aware of resources, thus impacting understanding and awareness of Rosary Hill Home and its services. As part of the HEIA work, RMS requested that Rosary Hill Home detail its mitigation plan to foster effective communication about the resulting impact(s) to services or care availability to people of limited English-speaking ability and people with speech, hearing, or visual impairments. RMS also recommended that Rosary Hill Home host facility tours and prepare a video for posting on the website showcasing the facility with specific attention to the amenities in the Ward for both patients and their extended care and support network. |

**SECTION B: ASSESSMENT**

**For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.**

**STEP 1 – SCOPING**

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

*Please reference the completed “HEIA Data Tables Rosary Hill Home\_061424.”*

1. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

X Low-income people

X Racial and ethnic minorities

X Immigrants

X Women

X Lesbian, gay, bisexual, transgender, or other-than-cisgender people

X People with disabilities

X Older adults

X Persons living with a prevalent infectious disease or condition

X Persons living in rural areas

X People who are eligible for or receive public health benefits

X People who do not have third-party health coverage or have inadequate third-party health coverage

X Other people who are unable to obtain health care

NA Not listed (specify):

1. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

*One of the challenges of this HEIA project was clearly defining the Service Area for Rosary Hill Home. RMS worked with Rosary Hill Home to identify a list of Zip Codes that included 80% of patient admissions. However, the list was exceptionally long and crossed into various states. This assessment revealed that Rosary Hill Home is unique in that it does not have (a) an easily defined service area or (b) a specific underserved community that the organization serves. Part of the mission of Rosary Hill Home is to care for all in need that have exhausted all insurance and/or financial resources, which means that anyone who does not have means to pay for services and meet the admission requirements will be offered services. There is no discrimination based on race, creed, color, national origin, sex, HIV status or handicap.*

*Therefore, it was difficult to ascertain the specific impact on certain groups. Since the reduction in beds is far below the facility’s average monthly census for the past three years, the impact would be negligible on each group identified above. In fact, this study revealed an opportunity for Rosary Hill Home to expand its outreach efforts and partnerships to increase referrals and share that it has the capacity to serve more individuals. The implementation of the Nurse Aide Training program could increase the availability of caregiver staff.*

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

*For each group, the reduction in beds will facilitate a higher level of care by providing more space for clinical staff to provide quality patient care as well as new investments in furniture to help improve the comfort of family members and friends while visiting patients during the final stages of their lives. Further it will make space to implement a Nurse Aide Training Program to enhance staff resources.*

| Medically Underserved Group | Impact |
| --- | --- |
| * Low-income people
 | Rosary Hill serves all individuals regardless of their ability to pay and if they have insurance coverage.  |
| * Racial and ethnic minorities
 | More space provides increased comfort for family members, which can provide a source of comfort for and adherence to cultural traditions as patients enter the final stages of their lives.  |
| * Immigrants
 |
| * Women
 | More space provides a private setting for friends and family to gather, offering comfort to the patient during the final stages of their lives.  |
| * Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 | The investments in furniture and space allow for partners to be present as sources of comfort and advocates during end-of-life care. Cultural sensitivity training is provided every two years for staff using the Relias Learning training platform. *Note: Additional information regarding the Cultural Diversity training program can be provided upon request.* |
| * People with disabilities
 | More space can help accommodate the unique needs of those with disabilities.  |
| * Older adults
 | More space provides a private setting for friends and family to gather, offering comfort to the patient during the final stages of their lives. |
| * Persons living with a prevalent infectious disease or condition
 | The investment will offer a better clinical setting for staff and increase the quality of care of patients during the final stages of life.  |
| * Persons living in rural areas
 | More space provides a private setting for friends and family to gather, offering comfort to the patient during the final stages of their lives. |
| * People who are eligible for or receive public health benefits
 | An individual's eligibility status for public health benefits has no impact on whether Rosary Hill will provide services; all are accepted and qualify for services.  |
| * People who do not have third-party health coverage or have inadequate third-party health coverage
 | Rosary Hill has no requirements for an individual to have health insurance to receive coverage.  |
| * Other people who are unable to obtain health care
 | Rosary Hill accepts any patient in need.  |

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

*No significant growth is expected.* *Currently, the daily census has not increased to more than 21 patients a day in the last three years and is not expected to grow in the near future.*

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

*The table below shows other facilities in Hawthorne, NY, and their descriptions of services provided. In addition, Rosary Hill Home is one of thirteen non-profit Residential Health Care Facilities (SNFs) in Westchester County. Although there are similar organizations, few have the specific mission and focus of Rosary Hill Home in Westchester County, and the organization may benefit from enhancing partnerships to increase referrals.*

|  |  |
| --- | --- |
| Facility Name | Service Description |
| Crestview Manor  | Assisted Living Facility  |
| Golden Care Licensed Home Care Services Agency | Licensed Home Care Services Agency |
| Pridecare, Inc. | Licensed Home Care Services Agency |
| New Vision Home Care Services, Llc. | Licensed Home Care Services Agency |
| Morningside Nursing and Rehabilitation Center | Adult Day Health Care Program - Offsite |
| Rosary Hill Home | Residential Health Care Facility - SNF |
| DCI-Skyline Drive | Diagnostic and Treatment Center |

1. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

*The project is not expected to impact market share as the reduction in bed capacity from 54 to 42 beds reflects Rosary Hill Home’s census data. The average monthly census between 2021 and April 2024 has ranged from 17 to 24 beds, which is below the adjustment to 42 beds.*

*About 36% of patients are from the primary service area, and 64% are from outside the area. Some individuals’ place of residence was as far as Nevada, coming to Rosary Hill Home for care. The data suggests that the service area is difficult to define, but mostly constitutes Westchester County, New York.*

1. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

*The implementation of this project will not affect the Applicant in meeting its obligations under Public Health Laws. Rosary Hill Home, operated by the Dominican Sisters of Hawthorne, is a 54-bed licensed, voluntary Residential Health Care Facility (RHCF) dedicated to providing palliative care to indigent, terminally ill cancer patients. The Home does not participate in either the Medicare or Medicaid program. The Home services are free to all that meet the admission requirements. There is no discrimination based on race, creed, color, national origin, sex, or handicap. In fidelity to their rule of life, the* *Sisters depend solely upon the “providence of God and the hourly mercy of the charitable public;” no payment is accepted from patients, their families, private insurance, or from the government. The general requirements for admission include a diagnosis of incurable cancer; the need for palliative care after all aggressive cancer treatments have been completed.*

1. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

*Rosary Hill Home does not anticipate any physical or professional staffing issues related to this project.* *The reduction in bed capacity from 54 to 42 beds is based upon monthly census data which as stated previously between 2021 to April 2024 ranged from a low of 17 to a high of 24.*

*With the changes proposed with this project, Rosary Hill Home seeks to increase staffing to provide direct patient care. With the closing of the 10th Ward, which will be allocated to a clinical classroom to launch the Nurse Aide Training program, the onsite training facility will provide a direct source for increasing staff to provide patient care.*

*It is important to note that patient care provided is done so by Dominican Sisters of Hawthorne that have clinical training or are certified nurse aides.*

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

*There are no civil rights access complaints against Rosary Hill Home.*

1. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

*Rosary Hill Home has not undertaken similar projects or work in the last five years.*

**STEP 2 – POTENTIAL IMPACTS**

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

*A better-designed patient room will improve access to services for all groups and offer more comfort to both the patient and their support network during end-of-life care. Regarding health equity and disparities, no changes will sufficiently change the organization's mission. This study revealed that the proposed mitigation strategies also serve as an opportunity to increase awareness of Rosary Hill Home services.*

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

*The research team does not anticipate any unintended negative consequences from this initiative. Positive impacts to health equity will focus on improved quality of end-of-life care for patients, due to investments in furniture and products to use within the patient room, and more comfortable settings for family members and visitors. In addition, there are no planned cuts to staffing or reduction of any services provided. The goal is to position Rosary Hill Home to add staff through the development of the facility-sponsored Nurse Aide Training Program, which is a secondary goal of this HEIA project. In addition, Rosary Hill Home conducts cultural diversity training at least every two years, using the Relias Learning Training Platform. The last training was completed by staff in 2023.*

| Medically Underserved Group | Positive Impact | Negative |
| --- | --- | --- |
| * Low-income people
 | * *Improved quality of end-of-life care*
* *More comfortable setting for family and visitors*
* *No reduction of staff or services*
* *All in need qualify for services, regardless of insurance status, income, public health program eligibility, race, gender, sexual orientation, place of birth, disability status*
 | * Primary and secondary research and analysis did not reveal any negative unintended consequences to health equity as a result of this project.
 |
| * Racial and ethnic minorities
 |
| * Immigrants
 |
| * Women
 |
| * Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 |
| * People with disabilities
 |
| * Older adults
 |
| * Persons living with a prevalent infectious disease or condition
 |
| * Persons living in rural areas
 |
| * People who are eligible for or receive public health benefits
 |
| * People who do not have third-party health coverage or have inadequate third-party health coverage
 |
| * Other people who are unable to obtain health care
 |

1. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

*There will not be any impact on provisions for indigent care. Rosary Hill Home remains dedicated to providing palliative care to indigent, terminally ill cancer patients. As previously mentioned, there is no discrimination based on race, creed, color, national origin, sex, or handicap. In fidelity to their rule of life, the* *Sisters depend solely upon the “providence of God and the hourly mercy of the charitable public;” no payment is accepted from patients, their families, private insurance, or from the government. The general requirements for admission include a diagnosis of incurable cancer; the need for palliative care after all aggressive cancer treatments have been completed, and that the patient has exhausted all insurance and/or financial resources.*

1. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

*Family members and friends of patients residing at Rosary Hill Home will not experience any issues of transportation equity. Transportation services include:*

* [*Metro-North Railroad*](https://new.mta.info/agency/metro-north-railroad)  *– The train station is approximately 5 minutes by car and about 20 minutes on foot. There is a car service available at the station to transport to the facility.*
* [*Bee-Line Westchester County Bus Service*](https://transportation.westchestergov.com/bee-line/timetables-and-maps)*– provides public transportation. An accessible fleet of buses is available for seniors and people with disabilities.*
* *Ride share services including Uber and Lyft as well as Car Services are available.*
1. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

*More spacious rooms with reclining chairs will enhance the experience for both patients and their families while supporting the care team in providing palliative care. Following are features of patient rooms:*

* [*Hillrom Centrella Smart+ Bed*](https://www.hillrom.com/en/products/centrella-smart-bed/) *with smart device connectivity*
* *TV’s w/cable mounted on walls in room*
* *Patients have Wi-Fi connection and headphones for ease in listening to audio devices or when watching TV*
* *Whiteboards and tablets are available for staff and patient communication if there is evidence of hearing, vision and/or speech being compromised.*
* *Visitors have access to recliner chairs in the room for ease in staying with patients overnight.*
* *Visitors also have Wi-Fi connection for their comfort when visiting.*
1. Describe how implementation of the project will impact the facility’s delivery of 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?

*Rosary Hill Home provides palliative care for terminally ill cancer patients; therefore, this question and response is not applicable.*

Meaningful Engagement

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

*Westchester County Department of Health*

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

*Westchester County Department of Health did not partner with Rosary Hill Home or Research and Marketing Strategies, Inc (as the Independent Entity) for this project.*

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

*Please reference excel document – Rosary Hill Home – Completed HEIA Data Table – Meaningful Engagement Tab.*

1. 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 key stakeholders will be directly impacted by this project. Overall, there were no concerns regarding the decrease in bed count. The areas of concern focused on awareness and communication regarding services provided, all of which are discussed under the Mitigation plan.*

1. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

*RMS, as the Independent Entity, spoke with various key stakeholders within the community about the initiative. Rosary Hill Home also supported the initiative by initially informing the identified key stakeholders by sending detailed information about the project and introducing RMS as their partner to facilitate positive engagement.*

1. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment?

*Due to unforeseen circumstances, Phelps Hospital (Norwell Health) and Kings County Hospital were unable to participate in the key stakeholder interviews. Both RMS, as the Independent Entity, and Rosary Hill Home, as the Applicant, made multiple attempts with each facility using multiple communication modes to contact the identified key stakeholders to no avail.*

*However, RMS was able to secure an In-Depth Interview with Calvary Hospital, located in the Bronx, NY. Calvery Hospital provides Hospice and Palliative care including Inpatient and Home Hospice. The hospital partners with Rosary Hill Home as a referral source for patients that have exhausted insurance and financial resources and/or do not have adequate insurance coverage.*

**STEP 3 – MITIGATION**

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
	1. People of limited English-speaking ability
* *Rosary Hill Home currently has staff that speak fluent Spanish, French, and Italian. Additionally, they have several nursing and housekeeping staff that speak other languages. If interpretive needs cannot be addressed with staff, Rosary Hill Home will employ the use of technology to address the needs of non-English speaking residents and community members.*
* *Staff employ the use of “Google Translate” on tablets and iPads. This platform allows one to talk to “Google Translate,” and it transcribes what is spoken or typed and what is stated or written is translated into the specific language requested.*
* *Patients can also talk to the platform in their primary spoken language, and “Google Translate” will translate toe primary spoken language to English.*
	1. People with speech, hearing or visual impairments
* *Staff are trained to utilize services available to ensure effective communication with patients. Rosary Hill Home utilizes communication boards or posters with images to be responsive to patients with speech, hearing or visual impairments.*
* *Staff will also use the internet to show pictures of specific items explained to patients/family members.*
* *Dry-erase boards are also used for patients that have slurred speech and/or are hard to understand.*
	1. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?
* *Rosary Hill Home has established procedures in place to foster effective communication and regularly revisits opportunities to strengthen communication. In addition to providing translation services at the time of admission, Rosary Hill Home also provides information on their website using pictures for those with speech and hearing impairment to better understand the scope of services provided. The facility is also working to develop a video to be placed on the website to accommodate prospective family members, visitors and referral sources seeking to learn more about services provided at Rosary Hill Home.*
* *Rosary Hill Home staff will continue to use online resources and will continue to enhance staff training when added resources and platforms are identified.*
1. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

*As the Independent Entity, RMS suggests that Rosary Hill Home enhance language on the facility website that details its mission and services provided for patients. Also, RMS suggests that Rosary Hill Home offer an Open Houses to allow referral sources to visit and tour the facility to learn more about the organization’s mission and services provided for this vulnerable population. As an alternative approach to the Open House, RMS recommended that Rosary Hill Home create a recorded tour of the facility that could be posted on the website for referral sources and family members seeking to place patients at the facility.*

*At the time of this application being submitted, Rosary Hill Home has applied recommendations provided from RMS and has begun updating its website, providing more robust information about its services as well as adding pictures of the Wards, grounds, and areas inside the facility to better acquaint website visitors of the features of the facility. The website also now provides more information about the intended impact of the HEIA application and the introduction of information about the launch of the impending Nurse Aide Training Program.*

*The overall goal of the HEIA is to ensure Rosary Hill Home can maintain its mission which is quoted as “We cannot cure our patients, but we can assure the dignity and value of their final days and keep them comfortable and free of pain.”*

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

*Each of the five key stakeholders interviewed for this assessment were supportive of this project and Rosary Hill Home’s initiative.* *However, key stakeholders were not aware of the mission of Rosary Hill Home and the intentions of this initiative. All the leaders interviewed by RMS agreed to continue to provide input/feedback. They can be reached by email or phone for further information. Several, in fact, spoke highly of Rosary Hill Home as a community partner and that they often refer patients when needed, citing no other options.*

1. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

*In general, project execution will not have any impact on systemic barriers to equitable access to services or care. Rosary Hill Home provides palliative care to those suffering from incurable cancer. Since its opening in 1901, Rosary Hill Home’s Administration, Sisters and staff have been committed to protecting human dignity, freedom, and human flourishing at the end of life and strive to meet the physical, emotional, spiritual, and recreational needs of patients suffering from incurable cancer. The Home is free to all who meet the admission requirements; there is no discrimination based on race, creed, color, national origin, sex, HIV status or handicap. In fidelity to their rule of life, the* *Sisters depend solely upon the “providence of God and the hourly mercy of the charitable public;” no payment is accepted from patients, their families, private insurance, or from the government.*

*One implemented, the Nurse Aide Training program could increase staff availability and allow Rosary Hill Home to increase its ability to grow its census volume closer to the approved number of beds approved.*

**STEP 4 – MONITORING**

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

*Rosary Hill Home has existing mechanisms in place to measure and monitor the impacts of the project including (1) Daily Census, (2) Diagnosis data, (3) Length of Stay, (4) Demographic data of patient mix, (5) Admission Sources (6) Staff Training, and (7) Enrollment in the Nurse Aide Training Program (NATP).*

*Rosary Hill Home regularly monitors patient diagnosis and demographic data to assess and evaluate daily and monthly census, admission diagnosis and sources to identify and respond to trends. Demographic data for the primary service area is used to better understand the unique demographic mix of the population served.*

*Rosary Hill Home will also monitor enrollment in the facility-based Nurse Aide Training Program. The training will be tailored to the policies and procedures of the facility. Additionally, with the implementation of the Relias Learning Platform, staff will learn essential principles to help staff build knowledge and retain skills that are essential to be current with State and Federal mandates, all of which are essential for a successful in-house training program.*

*Rosary Hill Home maintains active communication with patients, family members*

*and referring organizations to gain insights and feedback.*

1. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

*Rosary Hill Home staff have taken lessons learned from the COVID-19 pandemic enhancing infection prevention and control. They have been able to identify improvement opportunities that would improve the day-to-day activities of their patients as well as the working environment and skill development for their staff.*

*With this CON and HEIA application, the facility will be able to increase the distance between patients sharing a room. During the pandemic, social distancing became the primary tool for preventing the spread of infection. The decertification of 12 beds will allow for the removal of one bed in each of the current rooms which will allow for additional space in the patient rooms, and this will directly align with the goal to increase the distance between patients and the ability to provide a more comfortable visiting area for patients and their relatives and to provide a more comfortable and safe area for the staff to provide direct patient care.*

**STEP 5 – DISSEMINATION**

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

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

Rosary Hill Home, a Catholic Health Care Facility, is dedicated to providing palliative care to people with incurable cancer that is operated by the Dominican Sisters of Hawthorne. Rosary Hill Home was founded on June 1, 1901, by [Mother Mary Alphonsa Lathrop](https://rosaryhillhome.org/wordpress/home/about/) whose ministry to cancer victims began in 1896 where she welcomed patients into her own apartment on the Lower East Side of New York City. This founding work continues to this day. The Dominican Sisters believe that life is a sacred gift from God, cherishing that life here and in eternity. [The Dominican Sisters](https://rosaryhillhome.org/wordpress/home/about/our-mission/) believe that they must make patients as comfortable and happy as if their own people kept them and put them into the very best bedroom.

Private philanthropy is the cornerstone and foundation of Rosary Hill Home’s mission. The project will be funded through private philanthropy dedicated to the Rosary Hill Home.

In speaking with key stakeholders, they acknowledged that the services provided by Rosary Hill Home are invaluable and essential for those that have either exhausted insurance resources or have no financial resources. Key stakeholders also shared how they value the partnership with Rosary Hill Home as an option for indigent palliative care. The rigor and attention to the needs of the medically underserved population to ensure equity in palliative care for incurable cancer deserves significant merit in the development and execution of Rosary Hill Home’s plan for enhancing care delivery and the implementation of the onsite Nurse Aide Training Program.

***------------ SECTION BELOW TO BE COMPLETED BY THE APPLICANT ------------***

**SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN**

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

1. **Acknowledgement**

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Mitigation Plan**

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

*Please note: this narrative must be made available to the public and posted conspicuously on the Applicant’s website until a decision on the application has been made.*

*Rosary Hill Home does not anticipate any negative impacts* *as a result of the implementation of this project because:*

1. *We are looking to partially reduce the number of beds that are not and have not been utilized in over 5 years.*
2. *We serve a very specific group of people, namely those afflicted with incurable cancer that cannot afford care elsewhere.*
3. *We do not serve a specific physical area. Our patients come from all different parts of the State and, at times, from out of State.*
4. *We process applications and accept patients based on the order that the applications have been received and completed.*

*Keeping the above in mind, we acknowledge, during the Health Equity Impact Assessment (HEIA), areas for improvement were identified and should be addressed.*

1. *Health organizations, such as Hospitals and Nursing Facilities, are not fully aware of our services and admission process.*

*Rosary Hill Home was established in 1901 and has maintained the basic structure of admission since its beginning. We* *are dedicated to providing palliative care for patients with incurable cancer. We are a free home,* ***no*** *Medicare, Medicaid, health insurance or private pay from the patients is accepted. We operate by trust in God’s Divine Providence through the kindness of the* *general public. Therefore, the donations received* *are dedicated to providing care and services to our patients and not for publicity or promotion. We also recognize that the technology now available provides an easier and less expensive way of sharing who we are. Thus, we have and are taking steps to improve the community’s knowledge of our presence and the services we provide.*

* 1. *We recently published a new website that provides additional information and pictures about our Facility.* *We will continue to improve our website to include more detailed information about our services, admission requirements, and frequently asked questions as well as pictures of the facility.*
	2. *We will update our brochure and share it with health facilities in the area. The brochure will also be available online for families and the public.*
	3. *We will explore other options such as expanding facility tours or having open houses geared toward social workers or those responsible for discharging patients.*
	4. *We will consider the development of a virtual tour that will offer audio as well as captions to assist people with visual as well as hearing impairment. We may consider also making it available in other languages such as Spanish.*
1. *Building strong relationships with other Healthcare Facilities.*

*Because of the uniqueness of what we do and the way we operate, we do not form part of the day-to-day exchange (discharge/admissions) between facilities as other health providers do. Because of this, there may be a lack of understanding of our services and our admission process and requirements. To assist with this, we will:*

1. *Build stronger relationships by looking for new ways to improve communication with regards to the status of applications and missing documents.*
2. *Add a section of Frequently Asked Questions to our website.*
3. *Build a contact database, so that we can share news, information, and update with our health care partners.*
1. Source: [Hawthorne, NY - Profile data - Census Reporter](https://censusreporter.org/profiles/16000US3632842-hawthorne-ny/) [↑](#footnote-ref-2)
2. Source: HEIA\_Data\_Tables\_Rosary Hill Home\_06.14.2024 – Tab “*Sheet 1”* [↑](#footnote-ref-3)