New York State Department of Health

Health Equity Impact Assessment Template

SECTION A. SUMMARY

1. Title of project	Pediatric Congenital Heart Center move to 577 First Avenue
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083 Team Members Conducting the HEIA: • Deborah Zahn, MPH • Lynnette Mawhinney, PhD, MEd • Andrea Mantsios, PhD, MHS • Jenné Massie, DrPH, MS • Melissa Corrado, MBA • Sydne Ashford
4. Description of the Independent Entity's qualifications	The Independent Entity and team members conducting the HEIA have decades of experience in health equity, stakeholder and community engagement, public health, and healthcare. **Deborah Zahn,** the lead contact, has nearly 30 years of healthcare program and policy experience and stakeholder and community engagement. She has led and facilitated local, regional, and statewide stakeholder and community engagement strategies for healthcare providers and new health initiatives; developed and facilitated community and clinical advisory panels; conducted healthcare assessments; and developed and directed initiatives focused on improving access and health outcomes for medically underserved populations. **Lynnette Mawhinney** is a health equity and qualitative research expert with 20 years of experience in education. She completed a multi-year participatory evaluation of an equity audit tool that spanned three states. She is a professor and Chair of the Department of Urban Education at Rutgers University-Newark. **Andrea Mantsios** is a public health expert with 20 years of experience in public health and healthcare. She specializes in qualitative methods to promote health equity in research, policy, and programming. She completed a health equity needs assessment for a large-scale health insurance provider to inform development of an organizational health

	equity. **Jenné Massie** is the Deputy Director of the Intersectionality Research Institute and a Faculty Senior Research Associate and Project Director for the MOCHA Lab at 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 Consulting Associate in CohnReznick's Healthcare Industry 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. Date the Health Equity Impact Assessment (HEIA) started	04/17/2024
6. Date the HEIA concluded	06/18/2024

7. Executive summary of project (250 words max)
The proposed project involves relocating all existing services of the Pediatric Congenital Heart Center to 577 First Ave, New York, NY, which is directly across the street of its current location. The current location is on the 7th floor of the main hospital. The new location will have the same services and be on the ground floor.
8. Executive summary of HEIA findings (500 words max)

All patients and caregivers were in support of the move. They said moving the Center from a 7th floor location to a ground-level space will reduce physical barriers and ease access to services. One of the groups most impacted by the proposed relocation are congenital heart patients and caregivers experiencing limited mobility, including those using wheelchairs, walkers, and strollers. Also impacted will be immunocompromised patients and/or patients awaiting surgeries. They will no longer be put at risk of possible infection or delays in surgeries if exposed to pathogens in hospital elevators by other patients needing to reach other floors.

One stakeholder was concerned about how transfers to emergency services will be managed and related staffing. Other stakeholders wanted to ensure that appointment reminders communicate the new location to patients and caregivers and the availability of access to resources or supplies patients need during the visit. All these concerns are addressed in the monitoring and mitigation plan.

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.

See Scoping Table Sheets 1 and 2 in the "Pediatric Congenital Heart Center HEIA - Scoping Sheets" document.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
   - ❑ **Low-income people**
   - ❑ **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

- ❑ Not listed (specify):

3. 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?

We leveraged the Applicant's internal data and the Pediatric Congenital Heart Center's direct knowledge of the patient population to identify the medically underserved groups that would be impacted by the project. While robust internal data is collected, it did not reflect immigration or disability status. For this information, we consulted publicly available data related to these groups in the broader service area.

- Low-income people – internal electronic medical record data, American Community Survey, 2022
- Racial and ethnic minorities – internal electronic medical record data, American Community Survey, 2022
- Immigrants – American Community Survey, 2022
- Women – internal electronic medical record data, American Community Survey, 2022
- People with disabilities – American Community Survey, 2022
- People who are eligible for or receive public health benefits – American Community Survey, 2022

Overall, a combination of internal and external data sources was used to identify the medically underserved groups impacted by the proposed project.

4. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

The proposed project involves relocating the Pediatric Congenital Heart Center to a building directly across the street, where it will occupy a space on the ground level at 577 First Ave, New York, NY. This move will enhance the patient experience for patients and their caregivers in several ways.

Moving the Center to a ground-level space will reduce physical barriers and simplify the journey to care, which is often a stressful experience for patients and their caregivers. Based on stakeholder input, the groups most affected by the proposed move of the Pediatric Congenital Heart Center to the first-floor location across the street are Congenital Heart Center patients and their caregivers who experience limited mobility as well as immunocompromised patients.

Patients using wheelchairs, stretchers, medical equipment, etc. will have easier access to services since they will not have to navigate elevators and other barriers as they now must to access the current 7th floor location.

Immunocompromised patients and/or patients awaiting surgeries will no longer be put at risk of possible infection if exposed to pathogens in hospital elevators by patients needing to reach other floors. This is critical leading up to a child's surgery because children need to be free of infection. If they are exposed to pathogens, their procedures dates may be pushed back.

When the Independent Entity assessed the impact on patients, we also noted who comprises the patient population. As indicated in the response to question 5, almost half of patients are on Medicaid as their primary source of payment, and as Medicaid serves as a proxy for low incomes, low-income people and people who are receive public health benefits will also be impacted by this move. Additionally, since over a third of patients identified as racial and/or ethnic minorities and 50% as women, racial and ethnic minorities and women will also be impacted by the greater ease of access and reduced pathogen threat. The stakeholder engagement did not reveal any specific impacts for these medically underserved groups.

Although we were unable to obtain input from them during the stakeholder engagement, the relocation may also have a positive impact on immigrants, especially those who might find large hospital buildings challenging to navigate due to language barriers or unfamiliarity with complex healthcare settings.

5. 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?

Of the patients seen by NYULH's Pediatric Congenital Heart Center within the service area in Fiscal Year 2023, 48% relied on Medicaid as their primary source of payment (with Medicaid as primary source of payment serving as a proxy for low-income population), 38% identified as racial or ethnic minorities, and 50% identified as women. Although the Applicant expects that improvements to patient satisfaction and a more accessible facility will attract new patients to NYULH, the Applicant anticipates that the service utilization proportion among all medically underserved groups will remain constant following the relocation of Center.

As noted above, internal data limitations include a lack of robust data related to immigrants and disabled populations. Therefore, the Independent Entity is unable to quantify current or expected utilization specific to these groups.

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

Within the service area, congenital heart centers/clinics (both pediatric and adult) are located (Source: respective hospitals' websites):

Hospital	**Location**

The NewYork-Presbyterian Congenital Heart Center at NewYork-Presbyterian Morgan Stanley Children's Hospital and NewYork-Presbyterian Komansky Children's Hospital's	Manhattan, Brooklyn, Queens
Mount Sinai Children's Heart Center	Manhattan, Brooklyn, Queens, Bronx
Mount Sinai Adult Congenital Heart Disease Center	Manhattan, Long Island
Cohen Children's Northwell Health	Queens
Northwell Health Adult Congenital Heart Program	Manhattan, Long Island
The Children's Hospital at Montefiore Adult Congenital Heart Disease (includes Pediatrics)	Bronx
Cornell Center for Adult Congenital Heart Disease	Manhattan

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

According to volume data from SPARCS, in 2022, the Applicant's Manhattan location held a 16% market share in the service area, up from 14% in 2021. For the purposes of this project, market share is defined as the pool of pediatric patients with cardiovascular surgery/cardiovascular disease within the project service area, which is defined as Kings, New York, and Queens counties.

As Tables 1 and 2 demonstrate, between 2021 and 2022, pediatric cardiovascular disease patient volume increased by 0.33% in New York State and decreased by 2.37% in the service area. Facilities serving patients in the service area observed varied trends in patient volumes from CY21 to CY22, with some experiencing increases while others saw declines. NYU Langone Health increased patient volume by 8.96% in the service area during this period.

It is difficult to project future market share because there are no publicly available data for clinic visits for which the Applicant can use as a baseline for market share assumptions. Additionally, market share assumptions are difficult to ascertain because a hospital's market position in any given service line also will depend largely on the activities of other hospitals (e.g., strategic service line expansions/closures), which generally cannot be predicted.

Table 1: Volume and Percent Change in Pediatric Cardiovascular Disease Patients by NY State Area and Facility (2022 – 2023)

Hospital System	Facility Name	2021 Volume	2022 Volume	% Difference
BronxCare	Bronx-Lebanon Hospital Center -- Concourse Div	10	8	-20.00%
CHS	Good Samaritan Hospital Medical Center	9	11	22.22%
	St. Charles Hospital & Rehab Center	1	1	0.00%
	St. Francis Hospital-The Heart Center	3	4	33.33%
HHC	Bellevue Hospital Center	8	11	37.50%
	Elmhurst Hospital Center	10	7	-30.00%
	Harlem Hospital Center	5	5	0.00%
	Jacobi Medical Center	9	7	-22.22%
	Kings County Hospital Center	9	8	-11.11%
	Lincoln Medical and Mental Health Center	6	5	-16.67%
	Metropolitan Hospital Center		3	
	Woodhull Medical and Mental Health Center	1		
Maimonides	Maimonides Medical Center	33	32	-3.03%
Medisys Health	Brookdale University Hospital and Medical Center		3	
	Flushing Hospital Medical Center	2	2	0.00%
	Jamaica Hospital Medical Center	5		
Montefiore	Montefiore Hutchinson Campus	2	1	-50.00%
	Montefiore Medical Center -- Moses Division	135	90	-33.33%
	White Plains Hospital Center	3	1	-66.67%
Mount Sinai	Mount Sinai Hospital	105	116	10.48%
	Mount Sinai Morningside		2	
	Mount Sinai West		1	
	Richmond University Medical Center	8	11	37.50%
	South Nassau Communities Hospital	2	4	100.00%
MSKCC	David H. Koch Center For Cancer Care		1	
	Memorial Sloan-Kettering Cancer Center	16	3	-81.25%
Northwell	Cohen Children's Medical Center	176	163	-7.39%
	Forest Hills Hospital	12	19	58.33%
	Lenox Hill Hospital	5	4	-20.00%
	Long Island Jewish Medical Center	1	2	100.00%
	Manhattan Eye, Ear, & Throat Hospital	2	1	-50.00%
	Nassau University Medical Center	2	6	200.00%
	North Shore University Hospital	8	3	-62.50%
	Northern Westchester Hospital	1		
	Northwell Health Center for Advanced Medicine	1		
	Plainview Hospital	2	4	100.00%
	South Shore Amb Surg Center	1		
	Staten Island University Hospital	14	12	-14.29%
NYP	NYP- Brooklyn Methodist Hospital	12	16	33.33%
	NYP- Columbia	223	244	9.42%
	NYP- Cornell	88	82	-6.82%
	NYP- Lawrence Hospital		1	
	NYP- Lower Manhattan Hospital		3	
	NYP- Queens	3	19	533.33%
NYU	Long Island Community Hospital	3		
	NYU Brooklyn	6	5	-16.67%
	NYU Langone Medical Center	108	124	14.81%
	NYU Long Island	14	27	92.86%
	NYU Long Island ASC		1	
Other	Ambulatory Surgery Center of Westchester		1	
	Blythedale Childrens Hospital		2	
	East Hills Surgery Center, LLC	1		
	Long Island Surgicenter Inc.	1		
	New York Center For Ambulatory Surgery	1		
	The Brooklyn Hospital Center	2	3	50.00%
	Wyckoff Heights Medical Center	3	1	-66.67%
Stony Brook	Stony Brook University Hospital	16	33	106.25%
SUNY	SUNY Downstate Medical Center	9	9	0.00%
WMC Health	Westchester Medical Center	104	83	-20.19%
Grand Total		**1,201**	**1,205**	**0.33%**

Table 2: Volume and Percent Change in Pediatric Cardiovascular Disease Patients in the Service Area by Facility (2022 – 2023)

Hospital System	Facility Name	2021 Volume	2022 Volume	% Difference
HHC	Bellevue Hospital Center	6.0	9.0	50.00%
	Elmhurst Hospital Center	9.0	7.0	-22.22%
	Harlem Hospital Center	4.0	2.0	-50.00%
	Kings County Hospital Center	9.0	8.0	-11.11%
	Metropolitan Hospital Center		1.0	
	Woodhull Medical and Mental Health Center	1.0		
Maimonides	Maimonides Medical Center	31.0	29.0	-6.45%
Medisys Health	Brookdale University Hospital and Medical Center		3.0	
	Flushing Hospital Medical Center	2.0	2.0	0.00%
	Jamaica Hospital Medical Center	5.0		
Montefiore	Montefiore Medical Center -- Moses Division	10.0	6.0	-40.00%
Mount Sinai	Mount Sinai Hospital	56.0	55.0	-1.79%
	Mount Sinai Morningside		1.0	
	Richmond University Medical Center	1.0		
MSKCC	Memorial Sloan-Kettering Cancer Center	6.0	2.0	-66.67%
Northwell	Cohen Children's Medical Center	66.0	69.0	4.55%
	Forest Hills Hospital	12.0	17.0	41.67%
	Lenox Hill Hospital	4.0	2.0	-50.00%
	Manhattan Eye, Ear, & Throat Hospital	2.0		
	Nassau University Medical Center	1.0		
	North Shore University Hospital	3.0		
	Plainview Hospital		2.0	
	Staten Island University Hospital	2.0		
NYP	NYP- Brooklyn Methodist Hospital	12.0	15.0	25.00%
	NYP- Columbia	71.0	58.0	-18.31%
	NYP- Cornell	65.0	56.0	-13.85%
	NYP- Lower Manhattan Hospital		3.0	
	NYP- Queens	2.0	18.0	800.00%
NYU	NYU Brooklyn	5.0	5.0	0.00%
	NYU Langone Medical Center	67.0	73.0	8.96%
Other	New York Center For Ambulatory Surgery	1.0		
	The Brooklyn Hospital Center	2.0	3.0	50.00%
	Wyckoff Heights Medical Center	3.0	1.0	-66.67%
SUNY	SUNY Downstate Medical Center	6.0	6.0	0.00%
WMC Health	Westchester Medical Center	1.0	1.0	0.00%
Grand Total		**465.0**	**454.0**	**-2.37%**

8. 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 obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations apply to NYULH, and the organization is currently meeting its obligations to the best of the Independent Entity's knowledge. As a non-profit

healthcare system, the Applicant's stated mission above all is to provide the highest quality healthcare that patients deserve. The Applicant provides care regardless of a patient's ability to pay and has a financial assistance policy available to patients who are in need. In addition, the Applicant offers charity care, which covered approximately $93 million in care in FY23. (In the same time period, there was another $1.3 billion gap between the cost of care for patients who are covered by government insurance programs and the reimbursement the Applicant received for that care in FY23.) The Applicant's Charity Care and Financial Assistance policy can be found online (https://nyulangone.org/files/charity-care-financial-assistance.pdf).

The Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations will not be affected by the implementation of this project.

Description of the number of Medicaid or uninsured discharges/people served/residents in this facility compared to the total number of Medicaid or uninsured discharges/people served/residents in the region.

The Applicant is projecting that 47% of visits at the Pediatric Congenital Heart Center will be for Medicaid patients in year one. (Total payor mix includes 2% Medicare, 50% Commercial, 47% Medicaid, and 1% other.) According to US Census data, at the New York state level, the payer mix in 2022 was 42.9% public health insurance coverage (19.1% Medicare alone or in combination and 28.5% Medicaid alone or in combination), 65.4% private health insurance coverage, and 4.9% uninsured.

Description of how this compares to the total number of licensed medical-surgical beds/people served/residents for this facility compared to the total number of licensed medical-surgical beds/people served/residents in the region.

N/A. The project does not involve inpatient beds.

9. 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.

Since there will be no changes to the services offered as a result of the project, the Applicant expects no negative impacts. That said, the Applicant will need to increase staff as patient volume increases. (They currently expect a 5% increase in patient volume year over year.) The Applicant indicates that they will have a comprehensive recruitment plan in place well before the opening of the relocated Center. Their planning process includes evaluating patient volume trends and a care model that supports both inpatient and outpatient services. They regularly assess staffing needs based on patient volume and service demands to ensure they have the right number and type of staff. Additionally, they indicated that they engage in recruitment and retention initiatives, such as offering competitive salaries, professional development opportunities, and a supportive work environment, to attract and retain talent. This approach is in keeping with best practices in the healthcare field.

As noted in the Meaningful Engagement sections, some stakeholders did say they were concerned about whether there would be adequate staffing and, for one staff stakeholder, if the move would require providers and staff to go back and forth between the new location and services across the street. The Applicant indicated they regularly assess staffing needs based on patient volume, service demands, and staff experience to ensure they have the right number and type of staff. Also, while there may be some necessary travel between locations to ensure continuity of staff for patients, that will be through planned and coordinated visits that focus on organized transitions of care, rather than urgent, unplanned movements. This approach is similar to that of other hospitals operating through multiple locations in an urban environment.

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

Following is a summary of civil rights access complaints against the Applicant, including a summary of the complaint and the current status of the complaint. Note that these are not specific to Pediatric Congenital Heart Center.

- 6 total complaints filed with the NYC Commission on Human Rights
    - 1 race discrimination complaint was investigated and dismissed
    - 1 race discrimination complaint was closed for administrative cause
    - 1 gender discrimination complaint is in settlement discussions
    - 3 are pending open investigation:
        - 1 related to disability access
        - 2 related to gender discrimination
- 11 total complaints filed with the New York State Division of Human Rights
    - 9 have been dismissed
        - 5 related to disability discrimination
        - 1 related to national origin discrimination
        - 2 related to discrimination of national origin, race, color
        - 1 related to discrimination of national origin, race, color, and marital status
    - 1 national origin discrimination complaint is pending an open investigation
    - 1 related to discrimination on the basis of disability, military status, national origin, domestic violence victim status, relationship or association, and opposed discrimination/retaliation is pending an open investigation

11. 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.

The applicant has submitted CON 191204-HCH-7-Congenital Heart Program. This was submitted as a Limited Review CON application for relocating the Congenital Cardiac Ambulatory Care Program from the Fink Ambulatory Center located at 150 East 32nd

Street to the 7th floor of the Kimmel Pavilion. The applicant received DOH approval for this project on 10/11/2019. In addition, the Applicant received Regional Office approval to occupy as of 10/22/21. Prior to the current location of the Center, the service was located at a site 3 blocks away. As a result of this project, the Applicant was able to expand access to congenital heart services to meet growing patient need. The project enabled the Applicant to see ambulatory patients for physician visits, diagnostic testing, pre- and post-surgical procedure visits, and education in a single location. The project facilitated patients' access to necessary services, reduced the need to navigate multiple clinical areas, improved scheduling multiple appointments and coordinating continuity of care.

Based on the project description, we assume it positively improved patient experience for all medically underserved groups, most likely people with disabilities who could more easily access services in a single location; immigrants who no longer had to navigate multiple locations and arrange for transportation and interpreter services; and low-income people who no longer had to miss work and accrue additional expenses due to having to come to multiple visits.

The Applicant is moving Congenial Heart services again to accommodate a Pediatric Intensive Care Unit (PICU) expansion.

STEP 2 – POTENTIAL IMPACTS

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

The relocation of the Pediatric Congenital Heart Center to a ground-level space at 577 First Ave, New York, NY will increase access to healthcare services for all patients, including medically underserved groups. The move increase access to services by eliminating the need for patients and their caregivers to navigate through multiple levels, offering immediate access from street level. This will be beneficial for people with mobility issues who will no longer have to travel to the 7th floor and/or immunocompromised patients who will not have to risk exposure to pathogens riding in in elevators with other people. It will also be easier for people who find it difficult to navigate complex hospital layouts, such as immigrants and people with limited English proficiency.

By removing physical and logistical barriers, the project will help ensure that all patients have equal opportunities to access care, supporting a more equitable healthcare environment.

As the services and resources provided will remain the same, the Applicant expects no changes in health disparities. However, as the project is implemented, the Applicant will

monitor outcomes, including assessing any health disparities that may arise and must be addressed.

2. 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.

Unintended Positive Impacts

The relocation of the Pediatric Congenital Heart Center to a ground-level facility across the street will enhance physical accessibility, which is a positive impact for health equity. Immediate street-level access will aid:

- People with disabilities, who will benefit from not having to navigate multiple floors, thereby reducing physical strain and simplifying their access to care.
- Patients who are immunocompromised and/or awaiting surgeries who will no longer be put at risk of possible infection if exposed to pathogens in hospital elevators by other patients needing to reach other floors.
- Immigrants, who might otherwise find large hospital buildings daunting due to language barriers or unfamiliarity with complex healthcare settings, can now access the Center more directly.

Unintended Negative Impact

One stakeholder was concerned that being outside of the main hospital would delay or limit access to emergency services for patients who are identified as needing life-saving support when at the Center. The Independent Entity verified that the Applicant has a standard process that they have regularly used to transfer patients between locations for emergencies to the hospital. It includes an algorithm for making transfer decisions and staff training on the process. In the past 12 months at the Center, there have been zero cardiac arrests or code resuscitations. Because some transfers are billed services, the Applicant offers support and financing options for patients who are unable to pay. (https://nyulangone.org/files/charity-care-financial-assistance.pdf)

Other stakeholders expressed concerns about obtaining supplies needed to support families with infants (e.g., breast pump, formula, diapers) during lengthy visits at the Center, which are currently accessible from other departments within the hospital; however, the Independent Entity verified that these resources and supplies, as with all currently available resources and supplies, will be available at the new location.

3. 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.

Upon evaluation of the Applicant's projected budget and operational forecasts, it is anticipated that the amount of indigent care currently provided by the Applicant will increase proportionally with the growth factor of volume of 5%. The Center's relocation and subsequent operational adjustments are designed to maintain existing service levels. Therefore, we do not foresee any change in the provision of indigent care due to this project.

The Applicant covered approximately $93 million in charity care in FY23.

4. 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.

The access by public and private transportation is expected to remain unchanged by the proposed project. As the project will move Center locations to across the street (less than ~600 feet away), it is anticipated that patients will use the same public transportation options to get to their appointments.

Some patients may take public transportation such as subway, bus, and ferry, and some use Access-A-Ride Paratransit Services, provided by the MTA. For those taking the subway, the closest MTA Subway station will remain the 6 train at 33rd Street. The M34 and M34A Select Bus Service stops at 34th Street and 1st Avenue, in close proximity to both the current Center sites and the hospital campus. The buses also make a stop at the East 34th Street Pier, which can accommodate travelers from the New York City ferry.

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

There are no architectural barriers in the current facility, as Kimmel Pavilion, inclusive of the 7th floor, was built under the 2008 NYC Building Code including Chapter 11 – Accessibility, and as such is compliant with the ICC A117.1 (Accessible and Usable Buildings and Facilities.) ANSI A117.1 is consistent with both ADA regulations and U.S. 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.

The relocation is not related to mitigating any existing barriers. The new space at 577 1st Ave will also be built per all current ADA regulations.

6. 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?

N/A. The project has no impact on the facility's delivery of maternal 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 a change in location of services with the Congenital Heart Center being relocated
- 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 that they will agree to be interviewed.

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

See Meaningful Engagement table in 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 the project or offered relevant input?

Based on stakeholder input, the groups most affected by the proposed move of the Pediatric Congenital Heart Center to the first-floor location across the street are

congenital heart patients experiencing limited mobility, immunocompromised patients, or patients awaiting surgeries. Patients using wheelchairs, stretchers, medical equipment, etc. will have easier access to services since they don't have to navigate elevators and other barriers to getting to the current 7th floor location. Immunocompromised patients or patients awaiting surgeries who will no longer be put at risk of possible infection if exposed to pathogens in hospital elevators by patients needing to reach other floors.

Stakeholders expressed four main concerns about the move. The first was that the new location being outside of the main hospital would delay access to emergency services for patients who are identified as needing life-saving support when at the Center. The next concern was ensuring supplies needed to support families with infants (e.g., breast pump, formula, diapers) during lengthy visits at the Center are still available, which are currently accessible from other departments within the hospital. Both staff and patients were also eager to know if there would be sufficient medical and support staff (both their clinical care team and social workers/child life specialists) to accommodate the new location. Additionally, one patient had a security concern about the move to a first-floor location and if that would make visitors to the Center vulnerable to individuals not associated with the hospital walking in more easily off the street. These concerns are described in greater detail with supporting quotes in Question 11.

11. 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?

As part of our meaningful engagement of stakeholders, we:

- Conducted stakeholder interviews
- Conducted a survey
- Reached out to local community-based organizations

We contacted 13 patients and caregivers for interviews. Of those, four agreed to be interviewed and completed the interviews. Of the four patients and caregivers we interviewed, three are members of racial and/or ethnic minorities.

We also interviewed one social worker who works with patients and caregivers served by the Center.

Given the difficulties securing interviews, we also developed and released an online survey, available in English and Spanish. We posted flyers in English and Spanish with a QR code directing patients to the survey in the waiting area of the Center. The survey was live for 17 days. Three patients completed it.

We also reached out to two local community-based organizations to elicit their thoughts on the move; however, we did not get a response from either group after multiple attempts to reach them.

From those stakeholders we engaged, we heard that the proposed move of the Center to have both positive and negative impacts on patients and their caregivers.

When asked about the move, survey respondents (N=3) reported that they “liked it a lot” or “liked it a bit.” None of the survey respondents reported concerns about the move.

Our stakeholder interviews revealed specific ways the move could benefit or introduce burden to the patient experience and care received.

All patients were in support of the move.

Caregivers recognized the benefit of a first-floor location with the proposed move in terms of ease and convenience and also for eliminating exposure to pathogens in elevators. Caregivers described that it can be stressful leading up to a child’s surgery when they need to be free of infection to have to take elevators where they may be exposed to pathogens that would risk having the procedure date pushed back.

> “I love the first floor because it’s like you could get easy in and out. You don’t have to go through security or all of the nicks and crannies...I mean especially for younger moms who have strollers or other things. And during this COVID or post COVID era where people are coughing in elevators and different people around, and you’re trying to make sure they’re [the patient] not getting sick before your next surgery. And, you’re like, have to protect you because you don’t want them to get sick. Then they postpone it [the surgery] another couple of months.” (Caregiver of patient)

The concept of ease of access was reinforced by survey participants. Two of the 3 respondents reported that a benefit of the proposed move is that “It would be faster to get to the Center when I arrive to NYU Langone.” The remaining respondent reported that “It would be easier for me to find the Center when I arrive to NYU Langone” as a benefit to the move.

With regards to accessibility, caregivers noted that moving to a first-floor location would improve access for patients and/or caregivers in wheelchairs, stretchers, walkers as well as parents with small children using strollers.

The importance of accessibility was also reinforced by two caregivers:

> “I think most would appreciate it [being on the first floor]. I think for transportation, we’re talking about transportation of patients coming into the facility so many different ways: wheelchairs, stretchers. So I think being on the first floor, that’s probably another piece of it that’s actually more beneficial.” (Caregiver of two patients).
>
> “You have to take into consideration parents coming with strollers or some patients in wheelchairs. So I think the accessibility of it [Center] being on the first floor, it’s going to be much, much better.” (Patient).

One patient did mention a concern around security. Since the new location will be on the first floor, she questioned if this could pose a security risk for the patients.

> "With it being directly on the first floor, I'm not sure if there will be security present. But just anyone being able to just walk in... I know for the Congenital Heart Center, a lot of times for patients, they do need to undress and get gowned up because of EKGs that may need to be performed. So just ensuring that there's security or someone around to protect the patients and the staff that are there so that no one in that area can just walk in because it is located directly across the street from the hospital. Unfortunately, a lot of homeless people hang around, like the emergency room departments, and they just kind of wander around. So just preventing possibly something like that happening." (Caregiver)

The social worker we interviewed raised the importance of ensuring the new space is accessible for all the transport and equipment needs of their most medically complex patients, which can often require a good deal of space and wide doors to accommodate.

> "One concern I have is ensuring everything is accessible – we have many patients on stretchers who need to be moved within clinic. For very complex, we try to bring everything to them but most we have to move around so make sure doors are wide enough for stretchers and wheelchairs etc." (Congenital Heart Center Social worker)

The Applicant indicated that the space will meet all ADA regulations.

The social worker was concerned about no longer being located within the main hospital building given that it is not uncommon for a patient to need emergency services during a visit to the Center. While the current location within the main hospital allows them to send patients directly to the emergency department, pediatric intensive care unit (PICU), or inpatient admissions, the proposed new location will require medical staff to call an ambulance to move the patient across the street, which has implications for both delays in the delivery of life-saving care to patients and for cost to commercially insured families who will receive a bill for the ambulance needed to transport their child across the street. The social worker explained:

> "I do worry just about the logistics of being across the street and no longer located within the hospital and what that will mean and how quickly we'll be able to mobilize patients, too. Because I feel like our congenital patients, when they decompensate, they usually decompensate pretty quickly…if we're waiting for an ambulance, you don't know what that timing looks like. And right now, we can call a code on this unit and people will come running from everywhere." (Congenital Heart Center social worker)

Highlighting the concern around cost that families may incur due to needing an ambulance in these types of circumstances, the social worker described:

> "We are located in the hospital currently because we were admitting directly to the hospital from the clinic so to streamline it, they nested us in here. In moving

> across the street, for admitting to the hospital, we'll now have to call an ambulance to transport them across the street and the family will be billed for that. The Medicaid population, OK but for commercial insurance, it could be a $500 bill they will receive. With financial stressors the families already face, this is another expense." (Congenital Heart Center social worker)

In response to this concern, the Independent Entity reviewed the transfer process with the Applicant. As stated, there is a standard process that has been used regularly to manage emergency transfers from multiple locations within the NYULH delivery system. It includes an algorithm for making transfer decisions and staff training on the process. In the past 12 months at the Center, there have been zero cardiac arrests or code resuscitations. Because some transfers are billed services, the Applicant offers support and financing options for patients who are unable to pay. (https://nyulangone.org/files/charity-care-financial-assistance.pdf)

Another concern raised by stakeholders was around access to resources or supplies during the visit. Multiple participants discussed that the average length of visit to the Center is two or more hours due to the various testing that occurs during the visit (e.g., EKGs, Echocardiograms, etc.). Moving across the street could limit access to resources like diapers or breast pumps that families with infants and young children often need, as discussed by the social worker:

> "We're still technically an outpatient clinic. And even though we're located within the hospital, we do have access to some resources if we need things like diapers and formula and breast pumps and things like that. But it's going be more of a challenge, I think, when we do move, though, because we're not going to have those things so readily available…Sometimes we're able to get a can of formula from the hospital or a breast pump for a mom to be able to pump if she didn't bring her stuff with her. So all of those things usually require us leaving this clinic and running up to one of the units to grab them with permission for supervision." (Congenital Heart Center social worker)

In response to this concern, the Independent Entity verified that all current supplies and resources will be available at the new location.

Lastly, the social worker mentioned a concern with staffing needs keeping up with the expansion.

> "It's really also from, you know, the resource allocation. A lot of services are expanding and the staffing is not following suit…So eventually I anticipate I'll be running back and forth across the street to cover clinic and see patients in the ICU. And there will be many other providers doing the same thing. And so just figuring out what that looks like also, for the wait times, if they have to wait to see us because we're either traveling back and forth or in the hospital seeing other patients, and then coming back over to the clinic." (Congenital Heart Center social worker)

The question of sufficient staffing with the move included concern around availability of language interpreters for the new location across the street. It was noted that there are already few in-person interpreters, and the question was raised if their availability would be compromised with the Center's move to the new location.

In response to this concern, the Independent Entity verified that as the Center grows, the Applicant with analyze staffing needs and add staff in response to patient volume and needs.

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

The medically underserved groups we were unable to reach include Medicaid-insured individuals and immigrants. As noted above (see question 11), program staff outreached to 13 individuals intending to engage members of medically underserved groups; however, only 4 individuals were available for interviews.

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:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

a. People of Limited English-Speaking Ability:

The Applicant will ensure that all community members are fully informed about the changes in service and care availability resulting from the project. To effectively communicate with individuals of limited English-speaking ability, the Applicant plans to implement a comprehensive language access strategy. This includes translating all relevant informational materials such as marketing flyers, press releases, and in-facility signage into multiple languages prevalent within the community. Furthermore, signage at the current locations will be displayed in both English and Spanish, clearly announcing the Center's relocation. Letters detailing the move will be sent out in both languages to current patients. Additionally, the Center staff will actively communicate the details of this move during patient appointments and through telephone calls as patients contact the Center for appointments.

b. People with Speech, Hearing, or Visual Impairments:

For individuals with speech, hearing, or visual impairments, the Applicant has adopted a digital accessibility plan that adheres to the Web Content Accessibility Guidelines

(WCAG) version 2.2. This ensures that the Applicant's digital communications, including their website and social media platforms, are accessible to users with disabilities. This approach includes providing alternative text for images, captions for videos, and ensuring that all digital content is navigable via keyboard for those who cannot use a mouse.

c. If the Applicant Does Not Have Plans to Foster Effective Communication:

The Applicant has an effective communication plan. That said, a caregiver and the social worker identified an important issue with the previous move, that is the need to ensure that appointment reminders are updated to include the new location. This will be addressed in this communication plan.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

Stakeholders had the following specific suggestions for how the project can better meet their needs as they considered the impact of the move:

- **Ensure a comprehensive staff recruitment and retention plan is developed and communicated as the Center opens and as it grows.** Since this was a significant concern, it will be critical for the Applicant not only to develop and implement an ongoing recruitment and retention plan but to communicate it routinely so that patients, caregivers, and staff see that the Applicant has a believable path for ensuring appropriate staff.

- **Ensure there is a social worker on site at the new location.** There was a heavy focus across interviews on the role of child life specialists and social workers serving the pediatric patients and their families. Patients/caregivers both emphasized their importance as they spoke about their experiences and articulated actual requests to ensure social workers are present at the new location. The staff will stay the same at the new location; however, as patient volume grows, social workers will be critical to include in the among new staff.

- **Ensure the new location is communicated clearly.** Even with the most comprehensive communication plans, which the Applicant has laid out, there may still be confusion about what services they still have to get at the previous location, such as imaging. The Independent Entity encourages the Applicant to review their plan with caregivers and staff to get feedback on any possible issues that may arise.

  Additionally, a caregiver and the social worker who had gone through the previous move of the Congenital Heart Center described confusion with the last move because the new location was not updated in appointment reminders sent to patients. Both stressed the importance of ensuring this previously missing piece is remedied for this move.

- **Consider improvements to the new space.** Caregivers noted that the toilets at the current location are too high for small children as well as the desire to have a play area for patients, comparable to the one now at the Congenital Heart Center. This will help children and their families make it through what are generally long appointments spanning several hours at the Center. These types of changes will improve patient and caregiver experience.

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

The individuals who participated in the interviews as part of the meaningful engagement portion of this assessment would be an excellent group to return to for future inputs in addition to a more diverse group of caregivers. We propose they be contacted 3-6 months after the relocation to speak to the impact of the project and be consulted on any potential improvements. We propose interviews, so the Applicant can get nuanced information about the impact and potential improvements. We also would propose a patient survey across the Center's patients at the same time interval to capture perspectives about the relocation.

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

Several issues around systemic barriers to equitable access to services and care were identified by stakeholders during our meaningful engagement work for this assessment.

From an access perspective, the proposed move to a first-floor location would improve the experience of receiving services at the Center for patients with mobility issues. Additionally, the new location would help eliminate risk of exposure to pathogens in elevators improving patients experience receiving care for those who are immunocompromised or who have an upcoming surgery.

However, the move would impact access to emergency response for patients experiencing serious or life-threatening medical conditions while at the Center. The new location across the street from the main hospital was seen as a barrier that would prohibit care teams from being able to easily admit patients needing elevated care or emergency services in the moment of a medical emergency. A financial burden to families was also identified in this scenario since calling an ambulance to transport the patient from the Center to the hospital across the street would result in patients with commercial insurance receiving a bill for ambulatory transport. It was noted that these families are already facing financial stressors as they navigate their child's illness and related medical bills, so incurring the additional cost of an ambulance to move their child across the street for emergency care or hospital admission would be yet another financial burden. Mitigation of these barriers is critical for families. To address these barriers, the Applicant ensured there is a standard process that has been used regularly to manage emergency transfers from multiple locations within the NYULH delivery system, which includes an algorithm for making transfer decisions and staff training on the process. The Applicant offers support and financing options for patients who are

unable to pay for billed transfers. (https://nyulangone.org/files/charity-care-financial-assistance.pdf)

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?

At the enterprise level, NYU's Institute for Excellence in Health Equity develops, 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, including congenital heart, 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.

NYULH also tracks a variety of measures to ensure health equity is maintained among patients, which will continue to be used after the implementation of this project. Data, such as those submitted to Society of Thoracic Surgeons (STS), can be stratified by traditional medically underserved groups (e.g., racial and/or ethnic minorities). Some examples of data submitted to STS include:

- Risk-adjusted operative mortality
- Overall Aggregate Postoperative Mean LOS

NYULH also regularly reports on data related to transplant one-year survival rate and will also continue to maintain, track, and submit this data in the context of its congenital heart patients (for those who receive a heart transplant).

Additionally, children's services and outcomes are monitored through an existing dashboard, which provides a holistic view of health and healthcare services for children across the NYULH delivery system. Pediatric congenital heart services are part of that dashboard. At least monthly, a children's safety and quality committee reviews the dashboard and has a standard process for responding to needed improvements.

2. 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?

New mechanisms the Applicant indicated they would consider implementing include requiring health equity training for staff and adding questions related to health equity to consumer satisfaction surveys. Using the definitions provided by the state, the Applicant may re-work their internal dashboards to report changes in metrics for the specific

medically underserved groups identified to better align with the way other organizations and the State are measuring and monitoring outcomes.

The Applicant should also consider caregiver and staff interviews and surveys after the project is implemented to obtain qualitative input about how changes have been received and what improvements could be made.

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)

This project is important to understand as it relates to another forthcoming project, that is the expansion of PICU services. While this project requires mitigation strategies to address some of the unintended impacts, it does allow for an increase in vital services to meet the increased need for them in the service area.

---------- 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.

I. Acknowledgement

I, Joseph J. Lhota, attest that I have reviewed the Health Equity Impact Assessment for the Pediatric Congenital Heart Center move to 577 First Avenue that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

JOSEPH J. LHOTA
Name

EXECUTIVE VICE PRESIDENT AND VICE DEAN, CHIEF FINANCIAL OFFICER and CHIEF OF STAFF
Title

Joseph Lhota
Signature

JUNE 24, 2024
Date

II. 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.

Through the implementation of this project, NYULH aims to enhance the patient experience and ensure patients are receiving the superior care that they deserve in locations that are easy to locate and navigate. NYULH has extensive experience with projects similar in scope (i.e., relocations). While the HEIA highlights some potential issues with this move, we are in the early stages of the planning process and are giving all concerns strong consideration.

Regarding concerns about emergency transport services, should a patient require a higher level of care we will adhere to the same stringent escalation policies we currently have in place for all off site care. In the past 12 months in the Congenital Heart Center's location in Kimmel, there have been no cardiac arrests or code resuscitations or other medical emergencies requiring transfer.

However, in the event an emergency medical condition is identified, NYULH will stabilize the patient and expeditiously transfer them to the Emergency Department (ED) to provide the necessary care. It is crucial to emphasize that the Center's entrance is located approximately 50 yards from the ED entrance doors. Under Emergency Medical Treatment and Labor Act (EMTALA) requirements, the new location falls well within the 250-yard rule, supporting our ability to utilize stretchers or wheelchairs to safely transport stabilized patients directly to the ED within our hospital.

While there may be situations in which it is determined that an ambulance is the most appropriate means of transfer, the general process would not necessarily require ambulance-assisted transport. As such, we are unaware of any valid concerns with the provision of an ambulance to support transfer from the new location to the ED. In the rare circumstance that an ambulance may be needed, there are ample financial resources available for patients should they need financial assistance. (The Independent Entity reviewed NYULH's Financial Assistance and Charity Care Policy extensively and referenced this in the Health Equity Impact Assessment.)

Maintaining appropriate staffing levels is a key part of our site implementation planning. We will determine the most effective staffing based on volume trends and patient care needs. NYULH is committed to using actual data to plan staffing 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 clinic's opening to ensure smooth operations. We assess our staffing needs regularly based on patient volume and service demands. We also offer competitive salaries, professional development opportunities, and a supportive work environment to attract and retain top talent.

Regarding concerns obtaining supplies needed to support families with infants during visits at the Center, NYULH will have all equipment, supplies, and supports needed to care for patients from infants to young adults. As previously mentioned, there will be a detailed implementation planning process to ensure that everything included within the clinic today, as well as any additional items needed, are available prior to the start of patient visits in this new location.

Staff travel between buildings is a common aspect of our urban hospital campus environment and is managed through planned and coordinated visits. Our staff are accustomed to moving between different locations as part of their daily routines. The new clinic location, being just across the street from the current location within Kimmel Pavilion, does not pose an undue burden on staff as the nature of travel between locations will be planned and scheduled as well as focused on organized transitions of care rather than urgent, unplanned movements.

Supports and services are in place to ensure that urgent situations are managed effectively without requiring staff to rush between locations. This structured approach ensures continuity of care for our patients, with the same familiar staff attending to them both in the clinic and the hospital settings. This approach ensures that our professional staff can deliver high-quality care in both settings, maintaining the continuity of care that is crucial for our patient's well-being.