**New York State Department of Health**

**Health Equity Impact Assessment Template**

## SECTION A. SUMMARY

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| 1. Title of project | PICU Expansion |
| 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<br>Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083<br>Team Members Conducting the HEIA:<br>• Deborah Zahn, MPH<br>• Lynnette Mawhinney, PhD, MEd<br>• Andrea Mantsios, PhD, MHS<br>• Jenné Massie, DrPH, MS<br>• Melissa Corrado, MBA<br>• 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 more than 25 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 |

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| | John Hopkins Bloomberg School of Public Health. She also serves as a Commissioner of the DC Department of Health Regional Planning Commission on Health and HIV and the Chair of the Community Engagement and Education Committee. **Melissa Corrado** has more than 20 years of experience helping healthcare and community-based entities develop and conduct assessments and implement plans. She has designed and conducted stakeholder interviews to guide planning of community initiatives and for community-based healthcare and social service providers. **Sydne Ashford** is a 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 | 07/19/2024 |

| 7. Executive summary of project (250 words max) |
|---|
| The proposed project is an expansion of the Pediatric Intensive Care Unit (PICU) service to the 7th floor in addition to its current location on the 9th floor of the Hassenfeld Children's Hospital, 430 E 34th St, New York, NY 10016. This expansion increases the capacity of the PICU by adding 12 additional beds. In the first year of operation, the Applicant expects to treat an additional 481 patients, and in the third year of operation, the applicant expects to treat 508 additional patients compared to what would be expected with today's number of beds. The expansion will enable the Applicant to accommodate increased need for PICU beds generally and the increased volume of pediatric heart and liver transplant patients. It also will enable the Applicant to have more beds available for transfers from external hospitals with pediatric patients needing a higher level of care. |
| 8. Executive summary of HEIA findings (500 words max) |
| Overall, stakeholders expressed that adding beds to the PICU through the proposed expansion project would help meet the needs of the current and incoming patients through increased availability of services. Stakeholders expressed concerns about adequate staffing, especially social workers and interpreters, to cover the needs related to the increase in beds and patients that will result from this expansion. |

## 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 “PICU” 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 PICU’s direct knowledge of the patient population to identify the medically underserved groups that would be impacted by the project. While the Applicant collects internal data, it does not identify 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 each medically underserved group (identified above)?

The proposed project is an expansion of the Pediatric Intensive Care Unit (PICU) service to the 7th floor in addition to its current location on the 9th floor of the Hassenfeld Children's Hospital, 430 E 34th St, New York, NY 10016. This expansion increases the capacity of the PICU by adding 12 additional beds. In the first year of operation, the Applicant expects to treat an additional 481 patients, and in the third year of operation the applicant expects to treat 508 additional patients compared to what would be expected with today's number of beds.

This expansion will increase the Applicant's capacity to respond to the increased demand for high-acuity pediatric critical care services. The expansion also will enable the Applicant to accommodate the consistently increasing volume related to the Applicant's pediatric heart and liver transplant program.

The Applicant also accepts transfers from external hospitals for pediatric patients needing a higher level of care and works with other area hospitals to provide transport services to ensure their pediatric patients have expedient access to PICU services. Additionally, as a regional resource, children needing extracorporeal membrane oxygenation (ECMO), chemotherapy, transplant services, and other high-acuity treatments are transferred directly to the Applicant's PICU. This expansion will allow the Applicant to accept more transfers.

The expansion will have a positive impact on the capacity of care the Applicant can provide to all pediatric patients in need of intensive care, including medically underserved groups. The Applicant expects the following impacts for these medically underserved groups:

**Low-income people and people who are eligible for or receive public health benefits** will benefit through having more access to services. Of the patients seen by the Applicant's PICU within the service area in Fiscal Year 2023, 63% relied on Medicaid—which is also a proxy for low-income patients and those eligible to receive public health benefits—as their primary source of payment. Assuming that a significant

number of the PICU patients' caregivers are also on Medicaid, this increases the impact.

**Racial and ethnic minorities** will benefit through having more access to services. Of the patients seen by the Applicant's PICU within the service area in Fiscal Year 2023, 58% identified as racial or ethnic minorities.

**Women** will benefit through having more access to services. Of the patients seen by the Applicant's PICU within the service area in Fiscal Year 2023, 42% identified as women. While the Applicant does not have data regarding how PICU patients' caregivers identify, the Lead Entity assumes that a significant proportion of caregivers are also women, which increases the impact.

**Immigrants**, especially those with limited English proficiency, will benefit from not having to arrange new interpretation services at a new location. They also will not have to navigate to a new location, which can be difficult if they are unfamiliar with New York City and complex healthcare settings. That said, as stakeholder feedback noted, the Applicant will have to ensure the availability of interpreter services throughout the care process.

**People with disabilities**, including caregivers, will not have to move to a new room if their level of acuity decreases, which can be difficult if a patient or their caregiver has mobility limitations.

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 the Applicant's PICU within the service area in Fiscal Year 2023, 63% relied on Medicaid as their primary source of payment (with Medicaid as the primary source of payment serving as a proxy for low-income populations and those eligible to receive public health benefits), 58% identified as racial or ethnic minorities, and 42% identified as women. Although the Applicant expects that the expansion will attract new patients, it is anticipated that service utilization proportions by all medically underserved groups will remain constant following the expansion of PICU.

As noted above, internal data limitations include a lack of robust data related to people with disabilities and immigrants, both for patients and caregivers. 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, Pediatric ICU Beds are located at the following facilities:

| Facility | County | Zip code |
|---|---|---|
| Brookdale Hospital Medical Center | Kings | 11212 |
| Brooklyn Hospital Center - Downtown Campus | Kings | 11201 |
| Kings County Hospital Center | Kings | 11203 |
| Maimonides Medical Center | Kings | 11219 |
| New York-Presbyterian Brooklyn Methodist Hospital | Kings | 11215 |
| University Hospital of Brooklyn | Kings | 11203 |
| Bellevue Hospital Center | New York | 10016 |
| Harlem Hospital Center | New York | 10037 |
| Memorial Hospital for Cancer and Allied Diseases | New York | 10065 |
| Mount Sinai Hospital | New York | 10029 |
| New York-Presbyterian Hospital - Columbia Presbyterian Center | New York | 10032 |
| New York-Presbyterian Hospital - New York Weill Cornell Center | New York | 10021 |
| NYU Langone Hospitals | New York | 10016 |
| Long Island Jewish Medical Center | Queens | 11040 |

Source: DOH NYS Health Profiles website:
https://profiles.health.ny.gov/hospital/bed_type/Pediatric+ICU+Beds

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, from the list of the above facilities, the Applicant's Manhattan location held a 12% market share in the service area, down from 13% in 2021. For the purposes of this analysis, market share is defined as pediatric inpatient discharges of facilities having PICU beds within the project service area (Kings, New York, and Queens counties). It is not feasible to identify patients who were cared for in PICU beds for facilities in the service area due to data availability limitations related to patient privacy.

### Table 1: Volume and Market Share of PICU Patients in Service Area, 2021-2022

| Hospital System | Hospital Name Edit | 2021 Volume | 2021 Market Share | 2022 Volume | 2022 Market Share |
|---|---|---|---|---|---|
| HHC | Bellevue Hospital Center | 3,853 | 6% | 3,932 | 6% |
| | Harlem Hospital Center | 1,464 | 2% | 1,707 | 2% |
| | Kings County Hospital Center | 3,198 | 5% | 3,180 | 5% |
| Maimonides Medical Center | Maimonides Medical Center | 8,935 | 14% | 8,943 | 13% |
| Memorial Sloan-Kettering Cancer Center | Memorial Sloan-Kettering Cancer Center | 807 | 1% | 816 | 1% |
| Mount Sinai Health System | Mount Sinai Hospital | 9,096 | 14% | 8,831 | 13% |
| Northwell | Long Island Jewish Medical Center | 1,640 | 2% | 1,636 | 2% |
| NY Presbyterian | NYP- Brooklyn Methodist Hospital | 5,483 | 8% | 6,088 | 9% |
| | NYP- Columbia | 8,999 | 14% | 9,767 | 14% |
| | NYP- Cornell | 9,335 | 14% | 10,324 | 15% |
| NYU Langone Health | NYU Langone Medical Center | 8,477 | 13% | 8,543 | 12% |
| Other | Brookdale University Hospital and Medical Center | 983 | 1% | 1,344 | 2% |
| | The Brooklyn Hospital Center | 2,341 | 4% | 2,111 | 3% |
| SUNY Downstate Medical Center | SUNY Downstate Medical Center | 1,540 | 2% | 1,501 | 2% |
| **Grand Total** | | **66,151** | **100%** | **68,723** | **100%** |

Between 2021 and 2022, pediatric inpatient discharge volume increased by 3.89% 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.

8. 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. 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 the Applicant, 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 the Applicant 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 63% of visits at the PICU will be for Medicaid patients in year one. (Total payor mix includes 37% Commercial and 63% Medicaid.) 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.**

A hospital on the east side of Manhattan that is similar to the Applicant's facility serves as an example of the need for the Applicant's growth. Despite discharging a similar number of pediatric patients under the age of 21, they operate with double the number of pediatric and PICU beds. This comparison underscores that the Applicant's proposed increase in PICU bed capacity is justified to better manage patient volume and enhance care quality.

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.

Due to the project's nature as service expansion, the Applicant will need to recruit additional staff for this expanded service. The Applicant has a standard recruitment process and uses established standards to determine staffing plans. For example, under current volume projections, the Applicant plans to recruit at least 39 additional Registered Nurse FTEs to staff this new unit. The Applicant also will be adding a rounding team to ensure access to care teams and rounds.

The Applicant also has standard processes related to staffing, including analyzing volume trends and regularly assessing staffing needs based on patient volume, care models, and service demands. The Applicant also deploys recruitment and retention strategies such as those related to salaries and professional development to attract and retain staff.

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 these are not specific to PICU.

- 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 not undertaken similar projects 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:
    a. Improve access to services and health care
    b. Improve health equity
    c. Reduce health disparities

The expansion of the PICU to include the 7th floor will enhance access to healthcare services for medically underserved groups. This expansion increases the capacity by 12 additional beds, which will accommodate more patients. The increased capacity of services will reduce waiting time associated with healthcare and will facilitate reduced moves within the hospital during inpatient visits, thereby improving access and experience.

The expansion also will increase access to PICU beds for the Applicant's pediatric heart and liver transplant patients, which can improve health outcomes for these complex patients.

This expansion will also increase access for pediatric patients from other hospitals. The Applicant accepts transfers from external hospitals for pediatric patients needing a higher level of care and works with other area hospitals to provide transport services to ensure their pediatric patients have expedient access to PICU services. Additionally, as a regional resource, children needing extracorporeal membrane oxygenation (ECMO), chemotherapy, transplant services, and other high-acuity treatments are transferred directly to the Applicant's PICU. This expansion will allow the Applicant to accept more transfers.

While the services provided remain consistent, the expansion of the PICU can substantially enhance health equity by increasing the Applicant's capacity to serve more patients, including the medically underserved.

Expanding the capacity of the PICU may reduce health disparities, particularly for the medically underserved populations who will have more access to care and more continuity of care as their acuity levels change. That said, the services provided will remain the same and therefore will not necessarily impact specific health disparities.

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.

The expansion of the Pediatric Intensive Care Unit (PICU) will positively impact health equity by creating more access to PICU services for all medically underserved groups identified.

In addition to patients, caregivers will also benefit from increased access to PICU services. This assumes that a significant number of caregivers mirror the medically underserved groups of the patients they care for. This includes caregivers who are:

- People who are low-income and people who are eligible for or receive public health benefits given that 63% of patients in Fiscal Year 2023 were on Medicaid and were low income.
- Racial and ethnic minorities given that 58% of patients identified as racial or ethnic minorities.
- Women given that 42% of patients identified as women. While the Applicant does not have data regarding how PICU patients' caregivers identify, the Lead Entity assumes that a significant proportion of caregivers are also women, and they also will be impacted.

- Immigrants, especially those with limited English proficiency, who may be unfamiliar with New York City and complex hospital facilities.
- People with disabilities who do not have to change locations if the patient they care for is moved when their acuity level changes.

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 reviewing 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 3%.

The PICU's expansion and subsequent operational adjustments are designed to maintain service levels while enhancing accessibility. 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.

Access by public and private transportation is expected to remain unchanged. As the project will expand the PICU in the same building, patients are expected to 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 PICU 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.

The Applicant also has a process for patients who need to get to and from their appointments but are unable to cover the cost. In these cases, the hospital organizes and supports the cost of transportation to ensure they can access their care in a safe and timely manner. This is available to patients who express a need, regardless of their income status.

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

N/A. Kimmel Pavilion 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.

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.

<u>Meaningful Engagement</u>

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

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

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

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

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

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

9. 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 the HEIA Data Table attached.

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

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

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

In response, the Applicant indicated that after the expansion, they will continue to follow existing practice, which is to schedule family discussions around caregivers' schedules. The Applicant also will be adding a full rounding team for the unit to ensure access to care teams and rounds. The Applicant also will continue to offer both in-person interpreter services and a language interpretation app called VOYCE™, which is embedded in the electronic health record.

Detailed feedback with accompanying data is in Question 11 below.

11. 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 with patients or caregivers, a program social worker, and representatives from community organizations. We also developed 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 PICU. The survey was open for 17 days, but there were no respondents to the survey.

A total of 14 patients/caregivers were contacted for the interviews. Of the 5 stakeholders we interviewed about the project, 1 was a former PICU patient, 1 was a caregiver of a patients, 2 were community liaisons or represented community-based organizations, and 1 was the program social worker. Of these stakeholders, 2 were members of racial and/or ethnic minority groups and 1 was a member of the LGBTQIA+ community.

Stakeholders expressed that the expansion of the PICU will have positive impacts on patients and their caregivers. There also were some areas of concern.

It is also important to note that patients coming to the PICU are typically not repeat patients, so the feedback is not related to ongoing services for most patients and their caregivers.

**Impact on all patients**

Stakeholders said that adding beds to the PICU through the proposed expansion project would help meet the needs of the current and incoming patients. The PICU social worker described:

> "I feel like there is definitely a need for expansion, especially seeing again, the amount of people that are in there are being admitted is definitely a need to increase the beds. I think the location is ideal." (PICU social worker)

Although all stakeholders spoke positively of the expansion project, there was some concern around if it would be met with sufficient staffing. Stakeholders stressed that staffing of the PICU would need to be increased to meet the needs of the additional patients filling those additional beds. This would ensure that patients' needs continue to be met and that medical staff, social workers, and interpreters are not stretched too thin. The social worker explained that she already has a large caseload, so expanding beds has to be accompanied with expanding staffing:

> "I feel that it will be great if there is an expansion, but based on how it is now, we are stretched thin, if that makes sense. So if we do expand, I believe we need additional support, and people from like unicorn team or other social workers to help alleviate that pressure and stress, because again, I am the pediatric. And right now I have 26 patients…So I choose, like which patients I have to see, depending on the need that they have. I don't ever want to not be with a patient, but we would have to choose which one has a higher need for that moment." (PICU social worker).

One of the community liaisons also stated that the expansion is positive as long as the staffing needs are met:

> "I don't see a negative [to the expansion]. I only see a negative if the staffing is not there."

A caregiver of two patients in the PICU stressed the caution for the need for staffing to match the current ratio of staff to beds:

> "I think when your kid is sick, and if they think that your kid needs to be in an intensive care unit, the idea that there's not room for them is a harrowing thought. Because the care that you get in, whether it's the PICU or the NICU or the cardiac care unit, the ICU is very different than the care that you get on the floor. So for me, the idea, the more beds they have, the better as long as they keep the same ratio of nurses to patients because you're in there because you need a different level of care." (Caregiver).

A community liaison expressed:

> “They're [doctors doing rounds] seeing a lot of people. They're going down the row, you know. And so if your person, your translator, your person, is not right there… I mean, you can't add beds without adding teams of people. You can’t ask, that’s asking people to just do more. I personally think that when you add beds, you add another social worker.” (Community Liaison).

A caregiver also discussed the added benefit of expansion can allure more medical talent to the PICU:

> “And the truth is, if they have a bigger unit, they can hire more doctors and attract better talent because a hospital that's able to accomplish and do more things. And we need that in a big city.”

As mentioned above, there was a concern around making sure the expansion meets the staffing demands. This was mentioned in particular with regards to ensuring interpreter services for people with limited-English proficiency are available. The social worker emphasized how language barriers can play out with pediatric patient care, which requires the presence of interpreters throughout the care process.

One caregiver mentioned that there is only one family bathroom and that if the number of patient beds would increase, there would be a need to add another family bathroom for the families of those patients to use. A caregiver explained:

> “Are they gonna add another 12 families? Is there going to be another family bathroom. You know that type of thing when you're there for weeks at a time. You're not showering that frequently, and when you do, it's in this family bathroom. And there's one of them…so to add another 12 families potentially another 24 adults. I think that would be my only concern I could think of outside of the staffing.” (Caregiver).

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 individuals identifying as Medicaid-insured and immigrants. As noted above (see question 11), program staff outreached to 14 individuals intending to engage members of medically underserved group; however, only 5 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?

Given that PICU services are hospital-based services, that is, services where patients are admitted rather than self-referring, the emphasis of the communication plan is and should be on ensuring that their caregivers and families know where their child's room is. The Applicant will continue an existing process where patients' families are greeted at the front door, checked into the hospital, and given clear instructions for which floor and room they are visiting their child in.

Given the concern about caregivers' being able to speak with the medical team, the Applicant indicates they will provide caregivers information on when rounds are happening. If caregivers can attend, they can speak directly to the medical team. If not, a medical team member will reach out and talk to them via phone at their convenience.

For interpreter services, The Applicant also will continue to offer both in-person interpreter services and a language interpretation app called VOYCE™, which is embedded in the electronic health record. This app allows access to real-time medical interpretation in 240+ languages and dialects, including American Sign Language.

Regarding individuals who have speech, hearing, or visual impairments, the Applicant uses digital best practices for accessibility that are informed by the Web Content Accessibility Guidelines (WCAG) version 2.2, the industry standard to ensure users with disabilities (such as vision, cognitive/learning, and/or motor disabilities) can access content equitably. 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.

The Applicant's plans will foster effective communication.

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

Stakeholders' primary concern was ensuring there would be adequate staffing after the expansion (e.g. social workers, interpreters, medical staff). The Applicant plans to recruit new staff, such as at least 39 additional Registered Nurse FTEs, to staff this new unit and a rounding team to ensure access to care teams and rounds. Additionally, the Applicant will continue to offer both in-person interpreter services and a language interpretation app called VOYCE™, which is embedded in the electronic health record.

It will also be critical to monitor staffing needs as patient volume increases. The Applicant indicates that they have standard processes related to staffing, including analyzing volume trends and regularly assessing staffing needs based on patient volume, care models, and service demands. The Applicant also said that they deploy recruitment and retention strategies such as those related to salaries and professional development to attract and retain staff. All of these strategies will be critical for this project.

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

The Applicant indicated that they have a long-standing Family Advisory Council and will include this group in the planning of this expansion project as expansion gets closer. Additionally, the PICU Nurse Manager and Medical Director do daily rounds to talk with caregivers to get feedback on their experience and address any unmet needs real-time. The Applicant also uses their parent satisfaction survey that is sent to all families post discharge. This will enable the Applicant to get important feedback about patient and caregiver needs before and after the expansion.

The Independent Entity also recommends that the Applicant augment their standard survey with interviews, which would enable them to capture nuanced information about the impact and potential improvement. Ideally patients, caregivers, and staff would be contacted approximately 6-9 months after the expansion takes place. This would allow patients, caregivers, and staff to have experienced the impacts of the expansion and provide input on any potential improvements.

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?

The project addresses several systemic barriers to equitable access to services and care that were identified by stakeholders during our meaningful engagement work for this assessment. The most positive aspect of the project is being able to offer more pediatric patients a bed within the PICU and thus broadening the scope of patients and families who can be served. Given that the Applicant serves many medically underserved populations at their main hospital, expanding the PICU's ability to serve children and adolescents from these communities will improve access to services for these groups.

## 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 and captures data on all patients, including indicators such as race, ethnicity, gender/gender identity, age, preferred language, financial class grouping, insurance grouping, median household income, and others. The Applicant will leverage this dashboard and data to reveal and address inequities and disparities as it implements the project.

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

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. 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?

In addition to their Family Advisory Council, daily rounds, and parent satisfaction survey—as well as the proposed interviews, the Applicant might consider implementing health equity training for staff and adding specific questions related to health equity to satisfaction surveys.

Using the definitions provided by the state, the Applicant can 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 New York State are measuring and monitoring outcomes. The Applicant may also consider continuously engaging with patients and caregivers in this process as well as community groups to obtain qualitative input about how changes have been received and what improvements could be made. This will help ensure the success of this project and inform future projects of a similar nature.

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

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

## 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 PICU Expansion that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Joseph J. Lhota

Name

Executive Vice President and Vice Dean, Chief of Staff, Chief Financial Officer

Title

Joseph Lhota

Signature

Jul 25, 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.*

PICU Mitigation Plan

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

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

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

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