NYU LANGONE HEALTH -COBBLE HILL EMERGENCY DEPARTMENT AT THE JOSEPH S. & DIANE H. STEINBERG AMBULATORY CARE CENTER



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AMY HORROCKS VICE PRESIDENT, HOSPITAL OPERATIONS



Public Health & Health Planning Council

Agenda

- History
- Strategic Vision
- First Location, Cobble Hill Emergency Department 83 Amity Street
- New Location, Cobble Hill Emergency Department 70 Atlantic Avenue
- System Structure & Care Delivery Model
- Highlights
 - Key Statistics
 - Workflows
- Looking to the Future



History

- Long Island College Hospital (LICH)
 - A presence in the community since 1858
 - Started closing services in 2007
- Community groups and hospital employees wanted LICH preserved as a full-service hospital
 - Community groups filed a lawsuit against the State
 - Legal settlement "provides for a freestanding emergency department, with no intensive care unit"
 - Buildings sold to Fortis Development in 2014
 - NYU Langone Health (NYULH) partnered with the developer to maintain medical facilities on-site as an "off-campus" Emergency Department for acute care





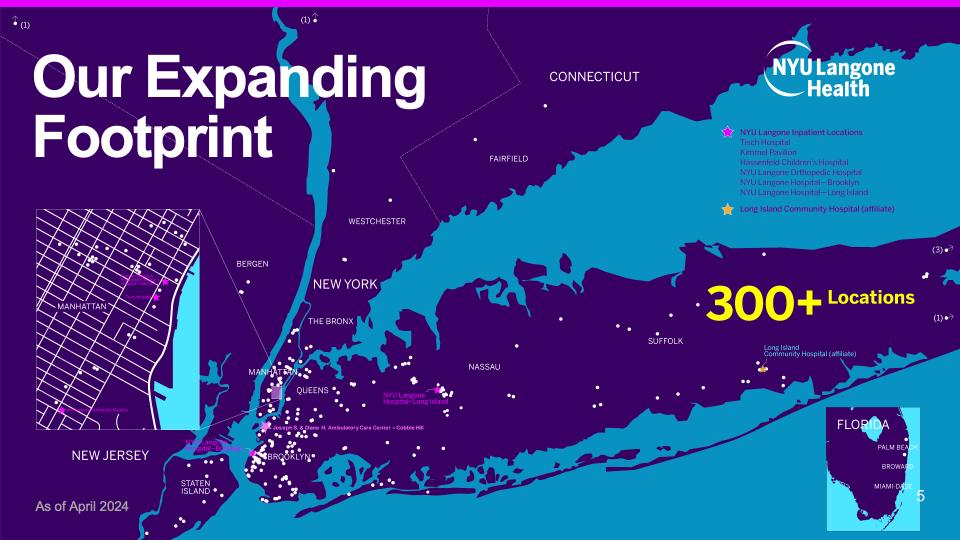
NYU Langone Health

NYU Langone Health - Strategic Vision

- Increase health system presence in Brooklyn
 - Many Brooklyn residents traveled to Manhattan for their care
- Focus on ambulatory services growth
 - Transition from inpatient to outpatient services
- NYULH agreed to run the off-campus Emergency Department (ED) to maintain the continuity of care in the community with plan to expand to provide ambulatory services adjacent to the ED
 - Off-campus ED improves patient access to care







First (Temporary) Location

 Located at 83 Amity Street, Brooklyn, New York, 11201 (2014 – 2023)

15 Treatment Bays	
4 "Vertical" Chairs	
1 Resuscitation Room	
1 Isolation Room	
Pharmacy	
CT/X-Ray, Ultrasound	
Laboratory	
Emergency Blood Transfusion	
Baby Warmer	

Morgue







Moved 0.2 Miles Up the Road...

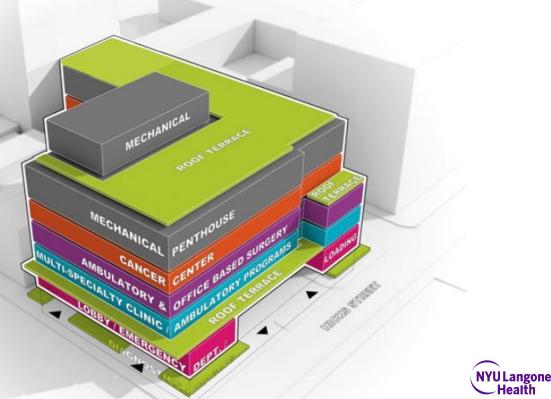


The NYU Langone Health Cobble Hill Emergency Department at the Joseph S. & Diane H. Steinberg Ambulatory Care Center opened its doors on April 1st, 2023



Joseph S. & Diane H. Steinberg Ambulatory Care Center - Cobble Hill

- 165,000 SF; 89 ft tall _
- 5 floors
- Programs: _
- **Emergency Department**
- Radiology ٠
- **FGP** Physician Practice •
- Ambulatory Surgery ٠
- Infusion ٠
- Pharmacy ٠
- Laboratory ٠



Health

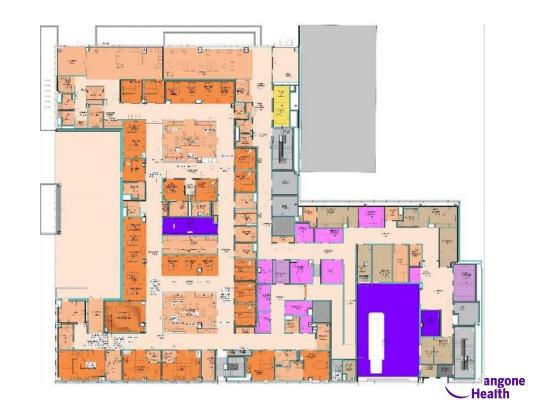
First Floor Plan - Emergency Department

(14) Open Treatment Bays
(11) Treatment Rooms (2 Triage, 6 Core, 2 24-HR Stay, 1 Resuscitation)
(2) Secure/Isolation Rooms
(1) CT
(2) X-ray

Increased overall square footage by **40**%

Doubled bay count

Increased isolation capacity from 1 to 11 total rooms



Steinberg Emergency Department Overview

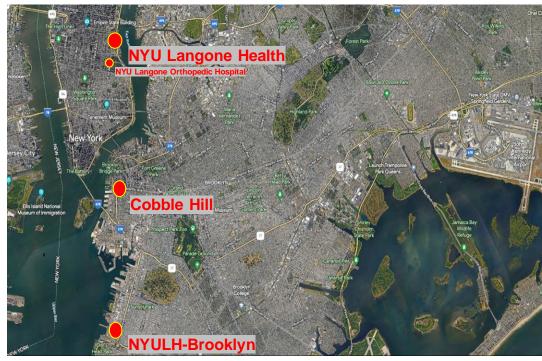
- Article 28 facility
- Open 24/7
- Adult and pediatric emergency services
- Critical care receiving for 911 ambulances
- All Board-Certified Emergency Physicians from the Ronald O. Perelman Department of Emergency Medicine
- Subject to EMTALA law: no patient turned away because of inability to pay





Transfers

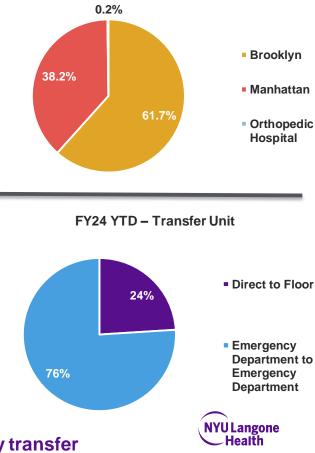
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4.2 miles from Cobble Hill to NYULH Brooklyn and 5.0 miles from Cobble Hill to NYULH Manhattan

13% of total patient visits in FY24 YTD required an interfacility transfer

FY24 YTD – Transfer Location



Transfer Infrastructure & Processes

- Agreement with SeniorCare Emergency Medical Services (EMS)
 - 24/7 on-site ALS staffed ambulance
 - Back-up ALS units respond in <25 minutes, and BLS units respond in <45 minutes
- Partner with the NYULH Pediatric & Neonatal Transport Team for intra-facility and inter-facility pediatric transfers (as needed)
- Utilize the NYULH Comprehensive Transfer Center (CTC) to facilitate critical transfers

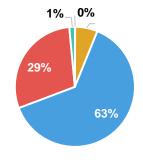




Key Performance Indicators – FY24 YTD

Metric	Outcome
Average Daily Visits	128
Percent Ambulance Arrival	20%
Median Arrival to Provider	9.5 minutes
Treat & Release	87%
Admits	9%
Treat & Release Median LOS (hours)	2.8
Left Without Being Seen After Triage (LWBS)	0.4%

Emergency Severity Index (ESI)



Emergency Care Wait Time 6 Minutes*

Updated every 5 minutes.

*Wait time cannot be guaranteed as it is based on patient needs at the time of your arrival. Critically ill patients will be seen immediately.





Critical care receiving as of 4/1/2023

FY15 data does not include data from September and October 2014 FY24 data annualized for remainder of the year (April – August 2024)

> NYU Langone Health

Key Quality Indicators – FY24 YTD

Metric	Target	Outcome
% ICU Upgrades within 24 Hours (adult)	<1%	0.4%
% Preventable 72 hr. Return Visits with Admission (adult)	<1%	0.1%
Stroke: Median Door to Needle	60 min	59 min (n=2)
STEMI: Median Door to Balloon Time	≤ 120 min	106 min (n=2)
Sepsis: Antibiotics < 60 min from TOR (adult)	>90%	94%



Technology & Innovation

- 1 EMR across sites
- Remote imaging reads
- Telemedicine

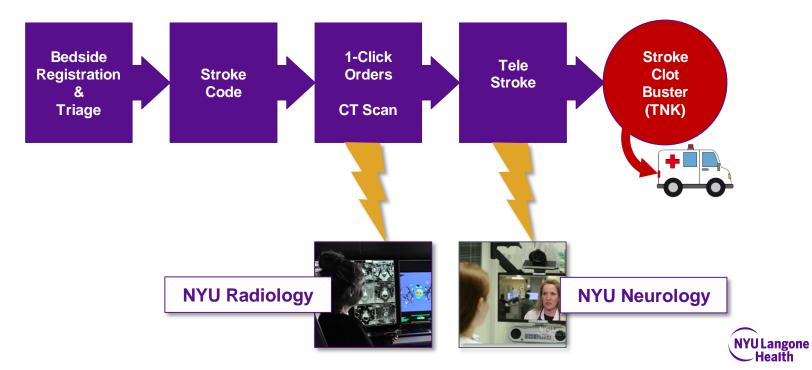






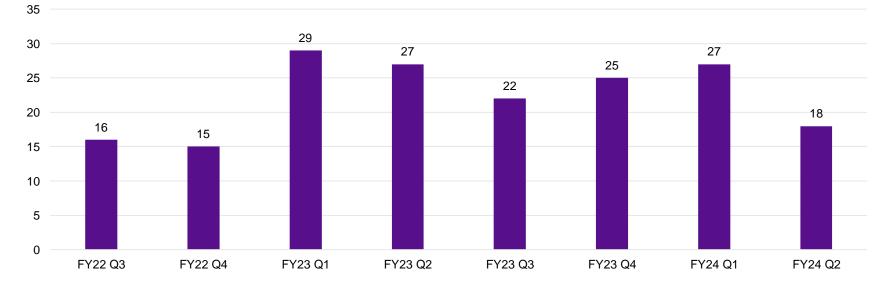
Tele-Stroke Workflow

60 min



Tele-Psychiatry Workflow

Number of Tele-Psychiatry Consults by Fiscal Quarter



74% of patients were discharged home in FY24 YTD post Tele-Psychiatry consult



Patient Reaction & Community Engagement

Press Ganey (PG) Metric	Target (Steinberg)	FY24 YTD Steinberg	FY 24 YTD PG Database (n=2630)	FY24 YTD NYS (n=81)
Overall Assessment	89.3	90.6	85.2	80.5
Doctor's Overall	89.1	89.8	85.9	83.1

- Frontline team members engage with community members during Atlantic Antic and the annual health fairs
- Leadership partners with Government Affairs to attend local Community Board meetings to share service offerings with the community and hear their feedback



Community Outreach

- Annual Community Health Fair
- Atlantic Antic Fair
- Flu Shots with Assembly Member Joann Simon
- Neighborhood Association Talks
- Community Boards
- Cobble Hill Clinical Advisory Panel
- Diabetes Screening
- Bike Helmets Distribution





Looking to the Future...

- Telemedicine expansion
 - Reduce number of transfers and combat lack of on-site consultants
 - Observation patients
- Elevated offerings at annual health fair
 - Partner with other Steinberg services: Faculty Group Practice (FGP), Ambulatory Surgery, Infusion Center, Advanced Imaging
- Surge planning and capacity management
- Mass Causality Incident (MCI) planning
- Health care equity initiatives



THANK YOU

