

**NYC HEALTH + HOSPITALS BOARD OF DIRECTORS
COMMUNITY RELATIONS COMMITTEE**

November 10, 2020

5:00 P.M.

Via WebEx

125 Worth Street, Room 532

AGENDA

- | | | |
|-------|---|---------------------------------|
| I. | Call to Order | Robert Nolan |
| II. | Adoption of June 9, 2020
Community Relations Committee Meetings Minutes | Robert Nolan |
| III. | Chairperson's Report | Robert Nolan |
| IV. | CEO President's Report | Mitchell Katz, M.D. |
| V. | Reports from the Community Advisory Boards | CAB Chairs and/or Facility CEOs |
| | <ul style="list-style-type: none">• H + H/Harlem• H+H/Jacobi• H+H/NCB• H+H/McKinney• H+H/Coler• H+H/Sydenham | |
| VI. | Old Business | |
| VII. | New Business | |
| VIII. | Adjournment | |

**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

June 9, 2020
5:30 P.M.
Via WebEx
125 Worth Street, Room 532

ATTENDANCE

FACILITY CAB CHAIRS

1. NYC Health + Hospitals/Bellevue—John Roane (Excused)
2. NYC Health + Hospitals/Gotham/Belvis—Gabriel DeJesus (Excused)
3. NYC Health + Hospitals/Carter—LaShawn Henry
4. NYC Health + Hospitals/Coler—Gary Delamothe
5. NYC Health + Hospitals/Coney Island—Theresa Scavo
6. NYC Health + Hospitals/Gotham/Cumberland—Jacqueline Narine
7. NYC Health + Hospitals/Gotham/East New York—Vere Gibbs (Excused)
8. NYC Health + Hospitals/Elmhurst—Carlos Cortez
9. NYC Health + Hospitals/Gotham/Gouverneur—Enrique Cruz (Excused)
10. NYC Health + Hospitals/Harlem—William Hamer
11. NYC Health + Hospitals/Jacobi—Sylvia Lask (Excused)
12. NYC Health + Hospitals/Kings County—Warren Berke
13. NYC Health + Hospitals/Lincoln—Roland Lopez (Excused)
14. NYC Health + Hospitals/McKinney—Antoine Jean-Pierre
15. NYC Health + Hospitals/Metropolitan—John Breceovich
16. NYC Health + Hospitals/Gotham/Morrisania— Louisa Watkins (Excused)
17. NYC Health + Hospitals/North Central Bronx—Cheryl Alleyne, Representative
18. NYC Health + Hospitals/North Central Bronx – Esme Sattaur- Lowe
19. NYC Health + Hospitals/Queens—Anthony Andrews, Jr. E.D.
20. NYC Health + Hospitals/Gotham/Sydenham—Everett Person (Excused)
21. NYC Health + Hospitals/Sea View—George Marino (Excused)
22. NYC Health + Hospitals/Woodhull—Julissa Y.S Herrera

FACILITY CAB MEMBERS

Talib Nichiren, NYC Health + Hospitals/Gotham/Gouverneur

NYC HEALTH + HOSPITALS' CENTRAL OFFICE STAFF

Deborah Brown, Senior Vice President, External and Regulatory Affairs
Bridgette Ingraham-Roberts, Assistant Vice President, Government and Community Relations
Renee Rowell, Sr. Director, Community Affairs
Xiomara Wallace, Director, Auxiliary & Community Affairs
Manelle Jacques Belizaire, Government & Community Relations

FACILITY STAFF

Lakeisha Weston, NYC Health + Hospitals/Coney Island CAB's Liaison

GUESTS

Anthony Feliciano, Director CPHS
Judy Wessler

**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

June 9, 2020
5:30 P.M.
Via WebEx
125 Worth Street, Room 532

MINUTES

CALL TO ORDER

Mr. Nolan noted that a quorum had been established and called the meeting to order at 4:08 p.m. He requested a motion for the adoption of the minutes of March 3, 2020. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Nolan moved the agenda with Dr. Katz presenting his report.

PRESIDENT'S REMARKS:

Mitchell Katz, M.D.

Dr. Katz reported the following:

- NYC Health + Hospitals (NYC H+H) today conducted an eight minute and 46 second remembrance of the killing of [George Floyd] in Minneapolis. We organized all of our hospitals to allow people to take the time off at 1: 20 today. NYC H+H had a number of events to support Black Lives Matter including white coats for Black lives.
- Overall, after the peak of COVID in New York City, we've discharged 6,791 COVID patients. We are looking at all of our facilities and figuring out how to make them safer, how to separate people in waiting rooms to make sure that people do not transmit disease while waiting to be seen, how to do more virtual phone calls, more virtual visits how to monitor patients in their rooms using video cameras, placing plexi-glass in appropriate areas.
- NYC Health + Hospitals is part of the State's pilot visitation policies – which includes Jacobi, North Central Bronx, and Coney Island. We are hoping in the State's next phase of the pilots, they involve more hospitals.
- NYC Health + Hospitals are opening our outpatient areas with a particular focus on the efforts to bring children in who need immunizations.

- We continue to support lesbian, gay, bisexual, transgender, and queer healthcare, through oral visits over the phone and video.
- PPE supplies are okay right now and we have what we need. We also have over 1,000 tracers and several hundred people working at a call center tracking down every positive test result, making sure people have the resources they need to safely isolate in their homes and figuring out their contacts so we can get those people tested, and making sure they are isolated if they are positive.

Dr. Katz concluded his remarks by stating “I’m very proud that Health and Hospitals really in just a two week period was able to hire over 1,000 people predominantly from the zip codes of New York City most affected by COVID, and they are out there making the calls and will be knocking on people’s doors and doing everything possible they can to diminish the effect of the virus in New York City.”

CHAIRPERSON REMARKS:

Mr. Nolan began his report with a warm welcome and noted that on today’s agenda we have scheduled four hospitals (Metropolitan, Lincoln, Morrisania and Gouverneur) to present a verbal report.

Mr. Nolan expressed appreciation of NYC Health and Hospitals to all the front-line workers, who have dedicated their talent and their experience to protect and heal our communities. He added that he was amazed and constantly inspired by their dedication and perseverance to achieve our mission to care for all New Yorkers, despite the ominous challenges that we face today.

He reported, that across the health system several events were held to mark, National Nurses’ Week and to recognize our more than 9,600 nurses giving their all in the fight against the COVID-19 virus.

Mr. Nolan concluded his remarks and noted this year has also been designated the Year of the Nurse and Midwife by the World Health Organization. He added that NYC Health + Hospitals/ Metropolitan made a wall of gratitude in appreciation of frontline workers who use their talents and expertise to serve and help heal the community. He also congratulated Metropolitan for what they have done to recognize our hard working and inspirational nurses.

Mr. Nolan moved the agenda and asked that John Breceovich give his report.

NYC Health + Hospitals/Metropolitan

Mr. Breceovich began his report with greetings to fellow council members. Mr. Breceovich gave the following report:

- Reported that the state of Metropolitan Hospital is very good. He noted that his report is based on the community advisory board's meetings, which are extremely energetic and vibrant. He added that the public session express the community needs and various community based organizations, which are represented, in many cases, by our own board members. He reported that the community needs of Metropolitan Hospital are similar to each and every other part of our greater Metropolitan area. These

include obesity, diabetes, asthma, and heart disease, which top the list; and hypertension, high cholesterol, and addiction close behind.

- He reported that Metropolitan's top leadership has continued to provide our residents with access to comprehensive medical and behavioral services at little or no cost. The community outreach program provides free screenings, patient education, primary care services, on-site WIC programs, and access to manage care. The Volunteer Services department continues to provide help to community residents with all their Medicare, Medicaid, Social Security, and food stamp needs. With respect to priorities, the leadership has continually sought to improve patient experience, and the modernizations necessary for such. Express care facilities currently being developed in stages and provide local relief our emergency rooms, which are so often overwhelmed by patient volume. A physical addition to house our new MRI equipment is under development.
- He reported the CAB continually works with hospital leadership to emphasize community needs and concerns. The leadership is always open to the Board's ideas, which are based on community concerns. The leadership is always happy to keep the board abreast of all planned changes and improvements. Patient complaints continue to be mostly about care, nursing and physician attitude and behavior, and communication. The compliments are the exact opposite. Exceptional service, care, and compassionate service.
- With our allowable number of [CAB] members, we currently have 9 vacancies. The current committees in work are the executive program planning legislation, patient care, and mental health. We also have a newly formed ad hoc environmental committee, taking on some very important issues within the community.

Mr. Breceovich concluded his report by stating "Metropolitan Hospital has been blessed with great leadership over the years, Alina Moran, former CEO, was a great energetic model for hospital improvement in management, patient care, and facility improvement. Chris Roker appears to be following her path in a very dutiful manner. The community is blessed with this hospital, and we look forward to its continued improvement."

NYC Health + Hospitals/Lincoln

Mr. Lopez gave the following report:

- Reported Lincoln's good relationship with the community since the pandemic. He noted that Lincoln's command center, which opened in March until the beginning of May and was in constant operation in a matter of days. He added that Lincoln hospital had increased intensive care unit capacity to meet the demand for patient care.
- Before the crisis, Lincoln had three adult ICUs, and during the crises, the number of adult ICUs increased to over 250%.
- Lincoln hospital has additional testing sites on Jerome Avenue area and on Forrest Avenue. Lincoln hospitals hired an extra 200 staff members to test for COVID-19.
- As of June 1st, Lincoln had 20 cases of COVID-19. He added that is a relatively small percentage.
- Community Board 1 had a meeting with Council Member Ralph Salamanca who praised Lincoln because they treated his father there who had COVID-19 and who has since passed on.

- On June 1st, the CAB had an executive committee meeting and discussed issues at Lincoln. Mr. Lopez added that on June 4th, the CAB held a peaceful rally for George Floyd that included Councilmember Vanessa Gibson.

Mr. Lopez concluded his report by stating, “the community has been very supportive and Lincoln has done the utmost to give the proper care to the community.”

Morrisania report was deferred to next meeting due to no participants at the Committee meeting.

NYC Health + Hospitals/Gouverneur:

Mr. Cruz gave the following report:

- The Gouverneur Community Advisory Board was able to recruit eight (8) new board members.
- With the help of the administration was able to conduct outreach into the community to advise the community residents and businesses that Gouverneur was conducting a COVID-19 testing to the public free of charge. Mr. Cruz continued and noted that the CAB had made sure that even through these social distancing rules and not being able to actually meet in person that the CAB conducted monthly meetings through teleconference and we have been able to do so every month.
- There are many great services that Gouverneur provides however, he noted that the word is not getting out into the community. He added that it would be extremely helpful to get more outreach resources to reach the community.
- Gouverneur CAB is pleased that Gouverneur took positive steps in creating an LGBTQ department that provides much-needed healthcare to members of this population. He noted that the CAB looked forward to a continued effort to provide healthcare to the LGBT community.

Mr. Cruz concluded his report by thanking all the first responders, providers, nurses and administrative staff of NYC Health and Hospitals for everything they have done during this COVID-19 pandemic.

NEW BUSINESS:

There being none.

OLD BUSINESS:

There being none.

ADJOURNMENT:

Meeting adjourned at 4:35 p.m.



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

NYC Health + Hospitals/Harlem - Community Advisory Board

Executive Summary:

1. COVID-19

Due to COVID-19, we worked to improve and emphasize in service/staff education, updated signage, guidelines on COVID-19, PPE training and COVID PPE carts.

The Infection Prevention and Control Department maintained 24/7 interdisciplinary collaborations which allowed us to implement and streamline the updated guidelines with frontline and support staff to ensure a safe environment for staff and patients.

We had no episodes of cross contamination as a result of patient cohorting and viral mapping.

Temperature screening occurs at entrances with minimum impact on waiting times. Clinics currently have great patient engagement (20% face-to-face visit and 80% tele-visit).

Ambulatory Surgery Unit is open as volume of emergent surgeries ramp up.

Currently Harlem is participating in several COVID-19 clinical trials. We have hosted virtual COVID -19 update dialogues with Community based organizations and senior centers.

2. Infrastructure/Equipment

1. *Type 1 EES Project- Replaced ceiling tiles and converted old light fixtures to new LED within 80% of the hospital.*
2. *Fully renovated the 12th floor with headwalls, ceiling tiles, lights, nurses' station, nurse call system and medical gases.*
3. *Replaced the new RO system (Water Filtration System) for the new Hemodialysis unit located in MP 4 floor.*
4. *Constructed and outfitted the Retail Pharmacy and Waiting Area.*
5. *Constructed and outfitted the Data Center with ISR routers, security cameras, access controls, and panic devices.*
6. *Constructed and outfitted the 25,000 square feet Outpatient Behavioral Health Clinic.*
7. *Constructed and outfitted MLK Lobby with new entrance doors, ceiling tiles, LED lights, reception desk, security desk and new donor wall.*

The NYC Department of Health's Public Health Lab began construction on campus. We have emergency projects, relocation of various departments from the Women's Pavilion.

3. Patient Safety/Satisfaction

Improved patient safety event reporting thereby increasing numbers of safety events reported.

We presented lessons learned through real case presentation to various disciplines and departments including residents, nursing, attending physicians, physician assistants, and clerical staff.

Brought more awareness to national patient safety goals around patient identification by creating project to reduce error and improve patient identification.

Patient experience remains a priority. We began a new visitor framework and experience in which patients, families and care team communicated via Ipads and videophones.

Patient Experience score remains steady. Completed 2021 strategic plan. Our three strategic priorities are staff engagement, culture and leadership, patient and family engagement.

4. Frequent complaints raised by patients/residents

Care

Some patients and their families complained about a perceived lack of attentiveness and responsiveness from nursing/medical staff.

Communication

Some patients perceived poor communication between patients/family and staff. There were concerns on following-up with patients on their plan of care, appointments and procedural details. For example, Informing patients why their appointments are were canceled.

Attitude

There are also many grievances concerning poor attitudes from staff. There are also complaints that accuse staff of being verbally abusive and/or aggressive staff; lack of pleasant bedside manner; rude and disrespectful behavior.

We acknowledge and thoroughly investigate every complaint and provide real time service recovery when possible.

Corrective action plan:

1. Tracking & Trending Complaints and bringing information to the frontline
2. Starting daily Nurse Leader Rounds and brief with front line staff

Community Advisory Board Report
Page 3

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:  _____

Date: 10/29/2020

Executive

Director:  _____

Date: 10/29/20

**Jacobi Community Advisory Board Report (2020) to the
Community Relations Committee of the NYC Health + Hospitals Board of Directors**

1. COVID-19

The COVID-19 crisis had a major impact in New York and on the Bronx community during the peak months from March – May and continues to present challenges. As a major public hospital in the Bronx, Jacobi’s response to the pandemic included the following:

- ICU units and Medical Units expanded to treat COVID-19 patients
- 13 Patient Rooms were built in the Same Day Surgery Area to keep sick COVID Patients who needed isolation
- Changes made to the building maintenance system to allow for more outside air in the building and increased number of air exchanges per hour
- Converted an Ambulatory Care area from Pediatrics (located on the 1st floor) into a place where anyone with symptoms is evaluated upon entry--evaluation area still in existence
- Tents set-up outside the ER to provide COVID-19 assessments
- Army personnel arrived to support the facility’s efforts
- Guidelines established for protective equipment, masks and social distancing
- N95 mask distribution for inpatient unit Nursing staff at a central area
- Enhanced cleaning protocols implemented
- Drive-thru COVID-19 testing; COVID-19 testing and antibody testing in the facility
- Jacobi’s Helping Healers Heal Initiative (a team of staff who provided emotional support to other staff)
- New visitation hours and rules (e.g., COVID-19 screening, limited visiting on designated units where patients had tested negative for COVID-19)
- Ambulatory Care Reopening that focused on the safe welcoming of returning patients, including: adjusting schedules for social distancing, wait rooms with signage reminders, protective plexiglass barriers at registration areas, and enhanced sanitization of exam and wait areas in between visits
- Communicated relevant information through a variety of venues, including: Intranet, Flatscreen systems throughout the facility, e-blast messages from CEO and Medical Director, virtual Town Halls and signage
- Point of Entry Self Screening

2. Infrastructure/Equipment

Recent improvements at the facility include: plastic barrier work, new exam room in the Atrium for rapid assessment of patients, and new CRRT machines.

Additional infrastructure/equipment needs include:

- Renovation of the Mother Baby Unit into single rooms (most are double rooms without private bathrooms) (\$18M)
- Creation of additional Ambulatory Care space for the service to meet patient needs
- Expansion of a centralized patient monitoring system to additional floors (12 beds on 3B to become an ICU, 23 beds on 3A)
- Additional Sonogram machines (Women’s Health, Cardiology and Medicine)
- Replace Nurse Call System (for patients to contact the nurse from the bedside)

All projects are on the Capital Request listing and we are working with Central Office on identifying funding.

3. Patient Safety/Satisfaction

Jacobi’s direct care providers and hospital staff received well-deserved acknowledgement and gratitude from patients, families and the community for their hard work and dedication throughout the COVID-19 crisis. They appropriately were known as “Jacobi Healthcare Heroes” as they continued to provide high quality medical care and compassion during extraordinary challenges.

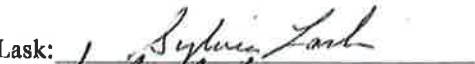
4. Frequent complaints raised by patients

Most frequent complaints raised include wait time in the ER for relatively minor complaints and patient access to care.

ER wait times have been greatly improved--from improved staffing and changes to the patient flow. Currently the average wait time from arrival to seeing a physician is 30 minutes.

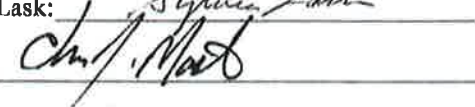
Signatures

CAB Chairperson Sylvia Lask:



Date: 10/29/20

CEO Chris Mastromano:



Date: 10/29/20

**Executive Summary
Community Relations Committee
November 10, 2020**

COVID-19 Response

During the period of March 1, 2020 to June 13, 2020 North Central Bronx received 209 transfers of COVID-19 + patients from various facilities. There was a total of 513 COVID+ admissions (including the 209 transfers), and 529 Discharges. NCB was able to accommodate this influx of patients by activating our surge plan which initially created 102 additional beds. Construction on the 10th, 15th, 16th, and 1st floors commenced in March (FEMA project), which provided an additional 120 ICU beds, plus ED surge areas as of June 3, 2020.

Although visitation was suspended during the COVID-19 crisis, facetime interactions were made available and patients who were in labor were allowed a support person to remain with them. Patients and their families expressed satisfaction and gratitude for the facetime option.

North Central Bronx was one of twenty hospitals across New York State that participated in the Hospital Visitation Pilot Program. The pilot commenced on May 26, 2020 with visitation hours from 1:00 p.m. to 5:00 p.m., limited to one visitor (18 years or older) per day. To protect our visitors, patients and staff, visits are only allowed on units where there are no Covid-19+ patients.

Patient complaints/grievances

There was a decrease noted in the numbers of complaint and grievances (18) in the 2nd Q 2020 when compared to the previous quarter (25). The overall decrease was attributed to the Outpatient services (from 15 in 1st Q. to 4 in 2nd Q). The majority of overall complaints were related to staff communication (8) and quality of care (6). No specific trends were noted.

Targeted interventions such as The Art of Waiting (to change the patient's perception by our interactions during the first part of the patient's visit), the PFAC project for the staff, and ICARE training have been implemented.

“The Art of Waiting” project was designed to set proper expectations and create positive perceptions for every patient that arrives in the Outpatient Clinic, by improving the communication of wait times starting at point of entry and various intervals during the patients visit. The key was communication.

The PFAC consists of patients and family members who have received care at NCB and administrators, clinicians, and staff. The purpose is to promote a culture of patient- and family-centered care within our organization. One of the main roles of the PFAC is to participate in various improvement projects.

The goal is to have every staff member adopt the ICARE, this is a model of customer service standards for healthcare professionals. NYC H+H has adopted ICARE to help us in our commitment to providing our patients with the best possible experience.

To date, 700 NCB employees (69%) have received ICARE training.

Patient Experience

HCAHPS scores for the 2nd Q 2020 revealed an increase in key inpatient indicators:

- Rate the Hospital 0-10: 69% (increase of 21% compared to 1st Q 2020)
- Recommend the Hospital: 70% (increase of 11% compared to 1st Q 2020)

The Emergency department overall score (89%) increased by 5%, the Medical Practice “Recommend this provider office score (86.6%) increased by 2%), and the Behavioral health services’ overall score (73.8%) increased by 7%.

Improvement strategies include:

- Focus on Patient rounding: Using the iRound tool for patients rounds. On the inpatient floors we utilize purposeful hourly rounding and welcome rounds, to ensure every patient is receiving Safe, High Quality, Experience of Care while they are at NCB
- Focus on Staff rounding: Using the Joy in Work Executive Rounding model for Staff engagement.
- Hardwire ICARE values into the way we do business at NCB.

Overall, there continues to be a hospital wide focus on Patient Experience and Employee Engagement initiatives, with the objective of increasing patient satisfaction, and ultimately increasing our HCAHPS performance scores.

Staff Engagement

- Wellness Rounds with Compassion Items (Giveaways and Snacks and Beverages)
- Surge Administrators (AOD assigned to each COVID-19 Surge unit)
- Staffed Tranquility Room Hours – Guided Meditation, Relaxation music and scenery on TV Monitors
- Music Emotional Support Team- Daily Rounds on all departments by the “Chill Pill” Music and Dancing
- Free Meals, Compassion Snacks & Beverages
- Compassion Carts
- Coffee on the Go

Signatures:

CAB Chairperson:



Date: 10.30.2020

Executive Director:



Date: 10.30.2020

Community Advisory Board

Chair: Antoine Jean Pierre

Annual CAB Report 2020

COVID-19

Under the clinical leadership of Dr. Robert Holland (Chief Medical Officer) and Ann Whyte-Akinyooye, RN (Chief Nurse Officer) clinical plans were put into place to help diagnose and successfully treat many residents with COVID-19. Staff became extended family members to our residents, to care and comfort them, to hold their hands, relieve their anxiety, and provide companionship.

Infrastructure/Equipment/Programs

In planning for new and innovative ways to provide safe quality care to its residents, McKinney has embarked on a number of initiatives. Renovation of three elevators is nearly complete. *Completion date : Spring 2021.* A new nurse call bell-system, fire-alarm system, and an elopement detection system are in the planning phase. Telemetry services, which will allow McKinney to better monitor its residents, is being installed on its short-stay rehabilitation unit. Space formerly occupied by the Adult Day Health Care program will become an in-house dialysis center for its residents.

Resident Safety/Satisfaction

Throughout the COVID-19 pandemic, all infection guidelines were implemented so as to ensure the safety of McKinney's residents and staff. Two Recovery Suites, totaling 23 beds, were set-up and staffed so as to safely treat residents with COVID-19. Although visitors were not permitted on-site until late October, resident-family contact was maintained through telephone calls, social media, and "window" visits. A number of community-based organizations sent cards to the resident to help alleviate their loneliness. The Auxiliary donated all of the items in the McKinney Gift Shop to the residents (which were distributed by snack carts that traveled on the units).


Resident Concerns


Residents shared little to none complaints at the Resident Council Meetings (which were conducted on a one-to-one basis at the resident's bedside due to social distancing requirements). Questions were asked as to when on-site family visits will once again be permitted.

Other

Although social distancing and visitor requirements reduces the ability to meet in person with the McKinney leadership team, I am kept up-to-date of the facility's operations by the Chief Executive Officer David Weinstein. I am not aware of any significant complaints or concerns. The care and compassion delivered by the McKinney staff leaves the Community Advisory Board very satisfied with the quality of care given to the residents.

Sincerely,


Antoine Jean Pierre
Chair


David Weinstein
Chief Executive Officer



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS**

(COLER COMMUNITY ADVISORY BOARD)

Monday, October 26, 2020

I. COVID-19

Throughout the COVID-19 pandemic, Coler Administration worked closely with the Post Acute Care and system leadership, as well as following all CDC, CMS and NYS DOH guidelines to ensure the alignment of infection control and other clinical practices. The CAB received routine updates from Administration throughout the height of the pandemic, enabling us to continue to perform our role during this time.

In line with the regulatory guidelines, restrictions were placed on visitations and are now permitted and available 7 days per week, if the facility has gone 14 days without a new COVID-19 positive test for a resident or staff member. All personnel entering the facility are required to have their temperature checked and screened for COVID-19 symptoms. Staff are also required to wear masks in the facility at all times. In addition, all residents and staff are tested weekly for COVID-19. The facility also has dedicated units for COVID-19 positive residents and those with an unknown status to ensure the safety of all residents and staff.

II. INFRASTRUCTURE /EQUIPMENT

- Coler successfully completed a partnership with NYC Emergency Management for placement of HESCO barrier fortifications around the Coler campus. These barriers will protect the campus perimeter against coastal storm surges similar to those experienced by Super Storm Sandy. These flood barriers are in place.
- Coler is currently installing new bedside TVs on two (2) resident units as part of an eventual complete TV upgrade program, which is being undertaken as financial resources permit. With completion of the current two (2) resident units, Coler will have upgraded TVs in six of its resident units. Funding for the TVs was provided through the generosity of the Coler Auxiliary.
- For the comfort and safety of its residents and their guests, Coler will be erecting a temporary, heated tent that will allow safe, socially distant visitation. This will enable Coler to continue to comply with NYS DOH COVID-19 guidelines to limit visitations to the outside in most cases.
- Coler has successfully constructed a new four (4) chair dialysis unit during the COVID emergency declaration, and is operating it at near capacity. This on-site dialysis means that residents no longer need to travel outside of the facility 3 days/week for this service.

- Coler will replace its existing temporary emergency generators and outdated annunciator systems under a new permanent emergency generator project currently in design. The target completion date is November 2021.

III. PATIENT SAFETY/SATISFACTION

Coler has made great efforts in providing a safe environment and addressing the physical, emotional and psychological needs of our residents and enhancing their quality of life. In addition, providing accurate and up to date communication to the residents and their family members has been a top priority to ensure continuity of care and promoting care partnership.

Coler is one of a select group of NYC Health + Hospitals facilities to participate in partnering with PlaneTree, an organization guiding healthcare facilities in building patient-centered care and enhancing patient experience. PlaneTree works with healthcare organizations on an international level and is a recognized leader in the field of patient-centered care. CAB members, residents and staff have participated in focused groups, generating valuable information and ideas that will help guide this initiative.

IV. FREQUENT COMPLAINTS RAISED BY PATIENTS/RESIDENTS

Resident complaints raised during this time included concerns about the inability to go out of the facility or leave their unit due to COVID restrictions. The facility addressed this by expanding the hours the courtyard is available to the for residents for outdoor time, during the day and evenings, each day of the week. Therapeutic Recreation also continued to provide additional unit based programming to meet the needs of the residents during this time.

Other complaints concerned the enhanced cleanings that needed to occur at resident bedsides. The issues raised focused on the handling of resident's property by staff during these cleanings as well as timely notification of the resident. These cleanings are prescheduled 48 hours in advance and resident notification is made. Also, supervision is provided for these cleanings which are conducted with the resident's participation.

V. OTHER

Through the NYC H+H Arts and Medicine program, Coler is having a Community Mural painted and installed. This project is a creative opportunity to engage our staff, residents and community stakeholders to create a mural that represents Coler. Members of the CAB, residents and staff participated in the design and painting process. We are very pleased with the final mural design and are eager for its installation which is scheduled for November 12th

Community Advisory Board Report

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

J. DeLomb

Date:

10-30-2020

**Executive
Director**

Judith Hayes

Date:

10/30/20

**Sydenham Community Advisory Board
Report to The Community Relations Committee
Of the Health + Hospitals Board of Directors**

Tuesday, November 10, 2020

COVID-19

NYC Health + Hospitals/Gotham Health, Sydenham continues to support widespread COVID-19 testing at four COVID-19 testing tent locations through expanded testing dates/times; seven days a week. They continue a strategy to secure proper staffing, equipment and PPE needs, in the event of a potential surge. Additional efforts will depend on the level of surge. Efforts have been targeted to ensure patients are able to obtain their results in a timely fashion, through a robust multifactorial approach; the creation of manned MyChart activation help stations (to support patient access to their Electronic medical record), the transition to a new lab to process COVID-19 tests (which enhanced turnaround time), and the continued direct patient outreach efforts (to provide results to patients and highlight institutional support programs for patients who test positive). Their focus in these areas will depend on the pandemic environment. Navigator support is essential for MyChart activation. Being able to secure this role is vital. Immediate identification of factors that are resulting in delayed test results and quick action to address those factors is key. Direct patient contacts to provide continued education about available institutional programs is also vital. It is imperative that the institution continue to focus efforts in these priority areas. To date, Sydenham's four testing locations have tested 43,633 patients and our current positivity rate between all four sites last week was 1.6%. Equally important is the focus on patient education as it pertains to flu vaccination in this COVID-19 pandemic era. The goal is to maximize patient flu vaccination rates in an effort to prevent co-infection with COVID-19 and Flu, as this combination could have devastating effects on a large portion of patients within our communities.

Infrastructure/Equipment

In an effort to modernize Sydenham's facilities the institution is supporting various upgrades at all Sydenham facilities. At Sydenham Health Center they are undergoing a facelift. The patient & staff areas, waiting areas, exam rooms and office spaces have been freshly painted. In addition,

the proper's finance area was restructured to offer more privacy to patients and staff during financial interviews. They have also received approval and are prepared to renovate our staff lounge and pediatric waiting areas. Dyckman Clinica De Las Americas clinic will also be undergoing renovations. Renovations are scheduled to begin just after the holidays. With time, additional renovations and upgrades will be considered to further modernize Sydenham sites. With regards to equipment, Sydenham received hepa filters and placed them in the Dental department as part of an approach to ensure proper infection control practices are being followed. We also received and are utilizing iPADS for patient COVID-19 registration. iPADS will also be used to conduct iRounds, an initiative whose principle focus is to seek patient feedback about their visit in real time. Navigation staff are key for this activity. iRounds will provide us with immediate patient feedback. This information will be utilized to modify and enhance practices to increase patient satisfaction with services in real time and for the future. We have also secured Workstation on Wheels (WOWs) to support our COVID-19 testing tents. WOWs are also utilized by nursing staff on the floors to enhance mobility and provide additional patient care documentation opportunities. In addition, all exam rooms have been outfitted with video monitors. This was done to support the scheduling of VideoTelevisits. A VideoTelevisit is a face-to-face video patient-provider visit that was recently added as a type of visit that patients can receive remotely.

Patient Safety/Satisfaction

Patient safety and satisfaction is a continued priority for Sydenham CAB, Leadership and staff. In order to focus our efforts and maximize our strategies we are supporting three vital committees; 1) Risk Management, 2) Infection Control & 3) Patient Experience. Each of these committees consist of a multidisciplinary team which allows for a broad perspective of approach. Two are newly formed committees; the Risk Management Committee and the Patient Experience Committee. The focus of the Risk Management committee is to continuously identify potential areas of risk within our practices that may negatively impact patient care and safety, then develop practices to eliminate those risks. The infection control committee meets to address infection control protocols. In this COVID-19 environment it's imperative that they monitor and revise practices to ensure patient and staff safety. The Patient Experience committee was created to develop a systematic approach to monitoring and addressing patient experiences at our facilities. Through patient feedback this committee develops strategies to modify practices and enhance patient care and satisfaction. This committee is collecting and promptly addressing patient concerns or complaints in a platform

that is visible and immediate. Patients are directly notified that their concern is being addressed, and informed about what corrective action plan the facility is putting in place to avoid similar occurrences in the future. Strategies are being discussed on how to increase patient feedback. This committee will also review results from ICARE iRounds, when rounds are implemented in clinic again.

Frequent Complaints Raised by Patients/Residents

The course of two months Sydenham Leadership noticed that the Press Ganey patient feedback was identifying increased patient complaints as it related to attempting to reach the clinics. Patients provided feedback that they would call the main Sydenham line and no one would answer the call. As this was identified as a major point of dissatisfaction for the CAB and patients. Sydenham leadership addressed this by identifying and training a staff member to answer this line and provide patients with immediate support. Just prior to the COVID pandemic, Sydenham was in the process of upgrading its telecommunications system using voice over IP that would support the redirection of calls to the 'Call Center' in order to provide enhanced round the clock availability to patients and support their needs. Unfortunately, the project was severely delayed as a result of the pandemic and has been recently reengaged and hope to be completed within the next 6 months. Another source of complaint for patients was increased wait times for results from COVID-19 testing. This was due to overwhelmed laboratories when testing demands increased. As of result of delayed test results, the institution contracted with a new laboratory. This has improved turnaround time for results. Results are now increasingly available within 24-72 hours. Patients are able to access results in MyChart. They also receive calls from outreach staff members who notify them of their results, as well as inform them about support programs that are available for those patients or family members who test positive. The expectation is that this will lead to increased patient satisfaction.

Signatures:

CAB Chairperson: Everett L Person

Date: 11/10/2020

Associate Executive Director: San T

Date: 11/5/2020