NYC HEALTH + HOSPITALS BOARD OF DIRECTORS
COMMUNITY RELATIONS COMMITTEE

January 12, 2021

5:00 P.M.
Via WebEx
125 Worth Street, Room 532

Agenda

I. Call to Order
Robert Nolan

II. Adoption of November 10, 2020
Community Relations Committee Meeting 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

1. East New York
2. Carter
3. Queens
4. Woodhull
5. Kings
6. Bellevue

VI. Old Business

VII. New Business

VIII. Adjournment
November 10, 2020
5:00 P.M.
Via WebEx
125 Worth Street, Room 532

ATTENDANCE

FACILITY CAB CHAIRS

1. NYC Health + Hospitals/Bellevue— John Roane
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
8. NYC Health + Hospitals/Elmhurst—Carlos Cortes
9. NYC Health + Hospitals/Gotham/Gouverneur— Enrique Cruz
10. NYC Health + Hospitals/Harlem—William Hamer
11. NYC Health + Hospitals/Jacobi—Sylvia Lask
12. NYC Health + Hospitals/Kings County—Warren Berke
13. NYC Health + Hospitals/Lincoln—Roland Lopez
14. NYC Health + Hospitals/McKinney—Antoine Jean-Pierre (Excused)
15. NYC Health + Hospitals/Metropolitan—John Brecevich
16. NYC Health + Hospitals/Gotham/Morrisania— Louisa Watkins
17. NYC Health + Hospitals/North Central Bronx – Esme Sattaur- Lowe (Excused)
18. NYC Health + Hospitals/Queens—Anthony Andrews, Jr. E.D.
19. NYC Health + Hospitals/Gotham/Sydenham—Everett Person
20. NYC Health + Hospitals/Sea View—George Marino (Excused)
21. NYC Health + Hospitals/Woodhull—Julissa Y.S Herrera

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
Xiomara Wallace, Director, Auxiliary & Community Affairs
Manelle Jacques Belizaire, Government & Community Relations

FACILITY STAFF
Ebene Carrington
Cristina Contreras
Robert Hughes
Saheed Farnum
Mr. Nolan noted that quorum has not been established, therefore the approval of the minutes would be deferred until quorum has been established and called the meeting to order at 5:15 p.m.

CHAIRPERSON REMARKS:
Mr. Nolan welcomed everyone and noted on today’s agenda we will hear reports from Harlem, Jacobi, North Central Bronx, McKinney, Coler, and Sydenham.

He acknowledged some of the incredible initiatives happening across NYC Health + Hospitals in response to COVID-19, and building a future for the communities we serve. Mr. Nolan expressed a deep appreciation for the front-line workers, for their dedication and commitment to protect and heal our communities. 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 of these times.

Mr. Nolan also thanked some of the unsung heroes -- our Facilities and Engineering champions. He noted Health + Hospitals recently marked Facilities and Engineering Week, and it could not have been more timely this year. He stated that Health + Hospitals had engineer the Emergency Departments and clinics across the system to provide safe care after the COVID-19 surge. The 11 emergency departments had undergone physical changes to maximize distance between patients in waiting rooms and care areas; and new spaces for isolation and negative pressure rooms were created to help protect from infections like COVID-19. This was all on top of the herculean work they did during the height of the COVID surge in the spring. Mr. Nolan expressed gratitude for their technical skill and their tireless work.

He noted that in September, Health + Hospitals launched virtual expresscare services, to further ensure New Yorkers have convenient, one-click access to the most appropriate care where they are safest. New Yorkers in need of non-emergency urgent care can connect to a provider in 200+ languages for an evaluation by going to expresscare.nyc on any device with a camera. He noted the system’s virtual ExpressCare launch builds on the public health system’s recent expansion of telemedicine offerings. He stated that he believed this would be an important support for our patients and our communities.
Mr. Nolan also acknowledged and thanked CAB members who participated in the annual public hearings held in September and October. He informed them that the 2021 hearings are tentatively scheduled for the spring.

Mr. Nolan encouraged the CAB Chairs to begin weighing in with their State legislators for funding given that the State Legislature will reconvene in Albany in January. He also encouraged the CABs to weigh in with their City Council representatives for expense and capital funding in January and February.

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

NYC Health + Hospitals/Harlem
William Hamer reported this would be his last official act in capacity as Chair of Harlem Hospital’s Community Advisory Board. He will continue on the Community Advisory Board for another year and support Ms. Karen Dixon, who is the new Chair of the Harlem Community Advisory Board. The full report is included in the records.

Mr. Hamer reported that Ms. Carrington has done an excellent and outstanding job during the pandemic. She has been transparent, kept the CAB informed of hospital conditions, and responsive to complaints or concerns that they have channeled back to her from the community through the CABs, which serve in the role of ambassadors in the Harlem community. He also provided an updated on Harlem Hospital COVID-19 response and preparedness, a list of infrastructure and equipment upgrades and patient safety and satisfaction.

Mr. Hamer also informed the Committee that there were some concerns and complaints raised by patients regarding care, communication between patients/family and staff, and the attitude of staff.

Ms. Carrington indicated that there are corrective action plans in place to address the concerns such as tracking and trending of complaints and bringing the information to the frontline staff and starting daily nurse leader rounds and briefs with front line staff.

Ms. Carrington also thanked Mr. Hamer for his work and all that he’s done for Harlem Hospital Center.

NYC Health + Hospitals/Jacobi
Ms. Sylvia Lask reported that the COVID-19 crisis had a major impact in NY and in the Bronx community during the peak months from March to 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. There were changes made to the building maintenance system to allow for more outside air in the building and increased number of air exchanges per hour. The full report is included in the records.

She noted that the most frequent complaints raised included wait time in the ER for relatively minor complaints and patient access to care. Ms. Lask noted that 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.

Ms. Lask thanked Mr. Mastromano for being open with the Community Advisory Board, and keeping them aware of everything happening at Jacobi.

**NYC Health + Hospitals/North Central Bronx**

Ms. Esme Sattaur-Lowe reported on North Central Bronx COVID-19 response during the period of March 1, 2020 to June 13, 2020, patient experience and staff engagement. The full report is included in the records.

Ms. Lowe reported that while there was a decrease in the numbers of complaints and grievances in the 2nd quarter of 2020 as compared to the previous quarter, there were a number of initiative implemented - such as the “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.

Mr. Nolan asked Ms. Contreras about the FaceTime interactions made available for patients, and he was pleased with the initiative. He was also pleased to read about hospital’s visitation pilot program, which has expanded by now. Ms. Contreras reported that she was pleased that NCB was able to grant the opportunity for family members to visit as long as they met the safety guidelines.

Mr. Nolan requested clarification on *Art of Waiting* and how it is working at NCB. Ms. Contreras responded that it was working effectively because it is designed to set proper expectations. It creates a positive perception of every patient that arrives in the outpatient clinic. Let’s the patient know what to realistically expect regarding wait times.

**NYC Health + Hospitals/McKinney** Mr. Jean-Pierre reported that 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. He also updated the Committee on infrastructure and
equipment upgrades, and resident safety and satisfaction. The full report is included in the meeting materials.

There were two concerns raised at the Annual Public meeting: protection from staff layoffs and on-site meal preparation. Mr. Weinstein responded and informed Mr. Jean Pierre that there was no intent to lay off staff, and McKinney has been planning for enhanced dining experience for residents. A major objective is to provide meals without the traditional tray – serve each course one at a time (similar to restaurant). This was the plan in early 2020, until COVID-19 restricted social gathering of residents in communal dining. Ms. Benjamin from the Auxiliary asked about virtual gratitude and empowerment classes. She was informed about the Helping Healers Heal (H3) program, and that staff participated. It was also reported that David Weinstein conducts town hall meetings to keep staff informed.

Mr. Nolan asked about the clarification of the 1:1 meetings. Mr. Weinstein responded – in terms of social distancing, McKinney is very mindful of setting up protocols around the building for staff and residents. He reported that family visits have been brought inside. They are socially distant – there is a monitor in the room to ensure that there is no hugging or kissing of families. Family and resident are situated 6-feet apart and wear masks. Families present negative COVID test within 7 days of visiting McKinney. Residents are testing weekly. We are in safe zone, but are maintaining social distancing when it comes to families.

NYC Health + Hospitals/Coler

Ms. Judy Berdy reported that throughout the COVID-19 pandemic, Coler’s 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. Ms. Berdy also updated the Committee on the successful partnership with NYC Emergency Management for placement of HESCO barriers, the constructed of a new four (4) chair dialysis unit during the COVID emergency declaration, and is operating at near capacity, and the selection of Coler as one 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.

She highlighted that 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 for the 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 and the handling of resident’s property.

To address these concerns it was decided that cleanings are prescheduled 48 hours in advance and resident notification is made. In addition, supervision is provided for these cleanings, which
are conducted with the resident's participation. Dr. Katz thanked Ms. Berdy for all her efforts, and is pleased to announce WIFI coming to Coler with much higher frequency – thanks to Kim Mendez and Jeffrey Lutz in the IT department. Mr. Nolan asked about plans to accommodate residents who want to meet with loved ones, as weather gets colder. Mr. Hughes reported that there are still limits on family visits; however, at Coler they are able to have family visits because they have not had a COVID19 positive test in a while. Coler has just finished constructing a tent in the front of Coler and heat is being installed, and as such, they will be able to continue having outdoor visits for families and residents.

Mr. Hughes thanked Ms. Berdy and CAB members for being available for routine conference calls, where he was able to provide update.

NYC Health + Hospitals/Sydenham
Mr. Everett Person thanked Sydenham and Gotham’s senior leadership for supporting the CAB and making the environment more beautiful and provided and update on the facility COVID-19 response, infrastructure and equipment upgrade and patient safety and satisfaction. The full report is included in the meeting materials. Frequent complaints raised by patients was the call-in system. It was a major dissatisfaction for the CABs and patients. Sometimes patients have to wait a long time to receive a callback. It is being corrected and staff is being trained to answer the phone and provide patients with support. He also reported the facility needed six blood pressure machines which, will be purchased by Sydenham Auxiliary – as mentioned at the Annual Public meeting in Manhattan, and that the ultrasound unit for the Women’s Health program could be purchased by combination of H+H funds, fundraising from the Auxiliary, and capital funds from elected officials. Mr. Everett reported that regarding outreach, Sydenham is touching base with NYCHA tenant association at St. Nicholas and Dyckman Houses to let them know the clinics are available for tenants. And that outreach in the community includes working with small businesses and local radio stations.

Mr. Nolan thanked everyone for their reports and as quorum has been established – upon motion made and duly seconded the minutes of the June 9, 2020 Community Relations Committee was approved.
PRESIDENT’S REMARKS: Mitchell Katz, M.D.

Dr. Katz reported the following:

Thanked the CAB for all they do for Health + Hospitals facilities, and that our patients and residents need advocates now, especially during COVID-19 pandemic. Given that that the COVID-19 infection rate is increasing, there are parts of the City that will need to be shut down. He reassured everyone that while it is a difficult period now, it is always darkest before the dawn, and the major message is hope. The President Elect, Joe Biden has already put together a COVID-19 Taskforce, and we have positive news about a vaccine, which is 90% effective in early clinical trials. Additionally, the FDA granted emergency authorization for the use of an antibody treatment, which is very similar to the treatment that both President Trump and former Governor Chris Christie received. Both men both fall into high-risk group because of their weight, being male, and are older. While antibody treatment is not used in those who are the sickest, they are used to prevent people from getting sicker. Across the country, while there are many hospitalizations, fortunately the mortality is markedly lower because of better treatment, wearing masks, and remaining socially distant. Dr. Katz ended his remarks by assuring the CABs – that while its will be a couple of difficult months, he urged everyone to take care of themselves, find ways to celebrate the holidays without bringing large numbers of people in the same room and to wear masks indoors with family and friends.

NEW BUSINESS:

There being none.

OLD BUSINESS:

There being none.

ADJOURNMENT:

Meeting adjourned at 6: 25 p.m.
COVID-19: Gotham Health | East New York (ENY) has tested over 26,000 patients since the beginning of the pandemic. This number reflects both the testing location and the mobile testing van. Clinical Team provided patients with most updated information about the pandemic and educated them on the importance of getting tested.

Physical Plant/Equipment: We continue to upgrade equipment as necessary to ensure that staff is equipped to perform their jobs effectively/efficiently.
  - Modernization of both elevators continues.
  - Installed flat panel LED lights on the 2nd + 3rd floors and part of the 1st floor
  - Partnered with Graffiti-Free NYC (NYCEDC) to remove graffiti from the building
  - Installed departments’ signs (E-well, HP, etc.) throughout the building so departments can be clearly identified from the common hallways
  - Installed temporary sneeze guards throughout the building to protect both staff and patients

Complaints: Most frequent reason was for patient not getting through to the call center.

Compliments: During COVID-19 patients expressed their satisfaction with the care provided by ENY/Gotham.

Community issues: High rate of Diabetes in East New York Community.

Community Outreach: Community Affairs has distributed over 7000 flyers to residents, NYCHA, small businesses, and community partners on the importance of getting COVID-19 testing done.
  - Community Advisory Board partnered with Community Board 5 and Gotham Health East New York for clean-up of Grace Playground.
Special thank you:

- We thank Dr. David John, CMO of Gotham Health, for his effective and continued leadership at ENY/Gotham.
- We thank Ms. Michelle Lewis, CEO of Gotham Health, for her continued support of ENY/Gotham.
- We thank the entire staff, especially Community Affairs and ENY/Gotham Leadership for their input in making 2020 a successful year despite COVID-19.

Vere Gibbs
Signed – 12/18/20

Michelle Lewis, CEO Gotham Health
Greetings to Chairperson Mr. Nolan, President Katz, the H+H Board of Directors and my fellow CAB members. My name is LaShawn Henry, Chairperson of the Carter Community Advisory Board. The CAB meets monthly with the executive staff of Henry J. Carter to ensure the needs of our constituents/patients/residents are served. As the Chairperson, I have monthly one-on-one meetings with Floyd Long, Carter’s CEO, Floyd Long meet monthly to discuss strategies that educate, engage, and inform the community on Henry J. Carter and its programs. During the pandemic, we have adhered to distancing guidelines by holding virtual WebEx meetings.

The onset of the COVID-19 Pandemic has brought drastic changes and hardship to the daily lives of all. The main issues that have impacted patients and residents are the modifications in therapeutic programming and limited access to in-person visitation from family and friends.

To reduce the impact of these issues, Carter has implemented a number of initiatives to adhere to COVID protocols. I-Pads donated by Wheelchair Charities are used to provide virtual calls between patients and residents with their families. The virtual calls helped mitigate the feeling of loneliness. To date, the Carter team has completed over 2,800 calls!

Carter has maintained ongoing communication with families, keeping them updated on the latest information via written communication, the facility website and the telephone hotline. In addition, Carter has worked with H + H leadership to ensure adequate PPE supplies, distribution of donated items and the twice weekly testing of all patients, residents and staff.

In closing, Carter’s administration continues to do an excellent job reporting on the Health + Hospital initiatives, facility’s strategic priorities, patient experience status and other issues affecting our stakeholders. Patient care service expansions to highlight include the opening of the nursing facility dialysis program and the NYS DOH approval to begin the LTACH acute dialysis program. The Carter CAB is grateful for the assistance and relationship with Nyron McLeish, CAB Liaison, Jeannette Rosario, Sr. Administrator for Patient Experience and Floyd Long, Carter CEO.

Respectfully Submitted,

LaShawn Henry, CAB Chair

Floyd R. Long, CEO
Community Advisory Board Executive Summary

Officers
Anthony Andrews, Chairperson; Carolyn Brown, Vice-Chairperson; James Boneparte, 2nd Vice Chairperson; Brandi Stanbury, 3rd Vice Chairperson; Robin Hogans, Secretary.

Members

COVID-19
As we face the second wave of the COVID-19 pandemic, our hospital is once again stepping up to meet the challenge in all of our service areas. We learned from our experiences in the spring of 2020 and are better equipped to treat our patients and keep our staff safe. We’ve implemented new treatment protocols and are now more effectively managing all severity of COVID-19 illness. Our ambulatory clinics are also helping patients in the recovery phase of their illness. We look forward to fully participating in the COVID-19 vaccine distribution efforts to help end the pandemic. In preparation for the anticipated second surge, we have worked to enhance our nurse education program to train all our medical/surgical inpatient nurses to secure their competencies in critical care medicine, and enhanced training for physicians to ensure that our inpatient and outpatient medicine teams are taking full advantage of new treatments and clinical strategies that have proven to be successful in helping reduce the risk of death from COVID-19.

INFRASTRUCTURE AND EQUIPMENT
Since the onset of the COVID-19 pandemic we have put in place new plexi-glass barriers, reconstituted our lobbies and patient seating areas to ensure social distancing, and created a robust patient education campaign. We’ve also revised and enhanced our environmental services program to incorporate the latest technologies and protocols to safeguard against Covid-19 when cleaning and transitioning areas between patients. In preparation for an expected surge of patients, steps have been taken to ensure the availability of adequate and appropriate bed capacity, particularly in the ICU and Med/Surg. and second, adequate and available supply chain equipment and supplies (vents, O2 unit, dialysis, telemetry and PPE). These shortfall items were addressed by central office through their various oversight programs and systems (dashboards, product reserves, level loading, and others). Included here were increased bed capacity based on the flex and surge plan implemented, equipment and supplies to match needs, the creation of new negative pressures spaces (rooms and suites), and the procurement of advanced imaging devices, including a new CAT Scan VCT System.

PATIENT SAFETY/SATISFACTION
In the areas of Patient Safety and Satisfaction, the reported challenges include hand hygiene compliance, safe distancing by staff, patients and visitors, and adherence to PPE utilization guidelines. Messaging has been created and disseminated throughout the hospital, including patient care areas, waiting areas, staff lounges and locker rooms to reinforce the importance of adhering to best practices to prevent the spread of infection, as well as the ongoing importance of infection control policies and practices. To improve the monitoring of chronic diseases and enhance connection to wrap-around services and we are proud that our hospital led the system in the number of completed televiats from providers to patients. We’re very fortunate to be able to safely work with patients remotely to continue to manage their chronic diseases, which is critical during the pandemic. Over the summer, members of our care team worked with one patient who has uncontrolled hypertension and also has a limited English proficiency. Our team trained him to use the BP monitor and log-in his BP readings onto MyChart in Spanish. With that information, in addition to our frequent telephonic visits, we were able to successfully get his
blood pressure down to a healthy level and he graduated from our Treat-2-Target program. The hospital will continue to prioritize the use of remote services during the COVID-19 pandemic.

FREQUENT COMPLAINTS FROM PATIENTS AND COMMUNITY MEMBERS

Frequent complaints raised by patients and residents focused on staff attitude and staff communication. Although these represent the main category of complaints, there has been a significant reduction in such complaints since the roll out of our PC3C Communication Training program and the ICARE values model and training over the past few years.

ISSUES IMPACTING THE COMMUNITY

Queens Hospital faced issues which impacted our community service model adversely including, a lack of access to certain types of care and treatments which were curtailed due to resources being diverted to the management of COVID-19 patients (limiting access), staff challenges due to changes in normal operations (i.e. school closures, apprehension due to COVID, elder-care and others), loss of preventive care activities and challenging access to test and trace due to a significant volumes of patients. In an attempt to address concerns about access, Queens is presently pioneering new combination visits that are televisits with in person diagnostic testing and/or imaging. During these challenging times, the entire staff at Queens Hospital was able to deliver care to our patients and the community with compassion and respect. We will remain loyal and continue to provide the best healthcare possible to all who need it.

Submitted by:

Anthony Andrews Ed.D.
CAB Chairperson

Dean Mihaltses, RPh, MPA
Interim CEO / COO
Woodhull Hospital Executive CAB Report (January 12th, 2021)

Julissa Herrera, Chair of the Woodhull CAB

COVID19: Woodhull has been preparing for the second surge of COVID19.

- **Space:**
  - Inpatient: Several inpatient medical/surgical units that were activated for the first surge are still available for subsequent surges and 70 beds are being added based on the Governor’s orders to increase bed capacity by 25%
  - Emergency: Because of the major renovation being undertaken in the Emergency Room (ER), some of the surge spaces used in the first surge are not available. But the ER operations have been extended to the Express Care area and everything is working well
  - Ambulatory Clinics are running at regular operations and about 90% of the visits are in-person and 10% are tele-visits. As the surge increases, the clinics will be closed and staff will be redeployed to the inpatient and emergency areas
  - Surgery: Elective surgeries have been cancelled and urgent and emergent surgeries only are being done. Operating room space and staff will be redeployed to inpatient and ER as needed
  - Behavioral health: volume and activities are less than the pre-COVID19 levels but relatively stable

- **Staffing:** Staffing is adequate at this time because our census and workload are about 60% of pre-COVID19 levels. Nursing staff has been cross-trained to be able to function in different areas of the hospital in order to handle the expected surge if sufficient new/external nurses are not available to supplement our staff

- **Supplies:** are adequate and PPEs are stocked/available to ensure safety

- **COVID19 patients:** Consistent with the surge the number of COVID19-positive patients is increasing but not overwhelming at this time. We are coordinating with H+H to transfer patients in and out of Woodhull to ensure the volume is manageable

**Physical Plant/Equipment:** We continue to upgrade equipment as necessary to ensure that staff is equipped to perform their jobs effectively/efficiently.

- **Renovations:** Several major renovation projects are in progress- Emergency Room renovation/expansion is on-budget and on-time with completion scheduled for February, 2021; upgrade of elevators 7, 8 and 9 is on schedule to be completed by June, 2021; kitchen upgrade of food warming system/facilities to Dinex is on schedule to be completed by January, 2021; outside façade repair
project is funded, bided, and contractor being selected; oxygen storage tank upgrade is complete.

- **Complaints**: Most frequent reasons for patient complaints include waiting time, staff attitude and property loss

- **Community issues**: Some specialty services are not available at Woodhull so patients are referred to Bellevue and other hospitals causing inconveniences. Recruitment is ongoing.

Julissa Herrera  
Chairperson of the Woodhull Advisory Board

Gregory Calliste  
Chief Executive Officer of Woodhull Hospital
COMMUNITY ADVISORY BOARD
Officers
Warren Berke, Chairperson; Gloria Thomas, Vice-Chairperson; Francisca Leopold, 2nd Vice Chairperson Alejandra Caraballo, Secretary
Members
Alejandra Caraballo, Allan P. Wallace, Carmen Martinez, Cassandra Vernon, Cynthia Padmore, Dian Duke, Dorothy Sylvester, Jewel James-Nesbitt, Lorna Chin, Marie Harley, Michelle Griffith, Tonya Ores

EXECUTIVE SUMMARY
COVID-19
Since the first wave of COVID-19 started in the Spring of 2020, NYC Health + Hospitals/Kings County has developed and implemented a comprehensive hospital preparedness plan, working in collaboration with key stakeholders, to ensure that we remain ready to respond to the pandemic and a resurgence in our city. We developed contingency capacity strategies to mitigate staffing shortages to ensure we can respond effectively to the evolving COVID-19 outbreak while providing a safe environment for patients, employees, and guests. Our CAB continues to build through its stakeholder network of Elected Officials, Community Boards, and many stakeholder groups, disseminating information, PPE, and food in conjunction with NYC Health + Hospitals/Kings County employees. Below are patient care related changes that have been made at NYC Health + Hospitals/Kings County as they pertain to COVID-19 and Infrastructure/Equipment.

- Creation of COVID-19 only units:
  o To limit the number of clinical and non-clinical staff that entered/exited from the unit
  o Minimize additional exposure risk to all patients and staff
  o Conserve limited protective personal equipment (PPE)

- Strict Hospital Wide Visitation Policies:
  o Restricting in-person visitation, as needed
  o Providing virtual visitation/communication opportunities

- We are implementing a Point of Entry screening process for employees, patients, visitors, etc.
- Providing Telehealth Visit options for Outpatient Services
- COVID-19 Testing Site open seven days a week
- Canvassing the entire hospital campus to install appropriate equipment such as:
  o HEPA Filters
  o Ultra Violet lights
  o Plexiglass
  o Social distance markers
  o Signage addressing mask adherence, hand hygiene, and social distancing rules

INFRASTRUCTURE AND EQUIPMENT
- Based on feedback from the community, technology upgrades have made a significant improvement in delivering comprehensive and quality healthcare to our community members. Specifically, initiating Telehealth Visits and MyChart/Epic programs. Additionally, utilizing social media platforms such as Facebook and Twitter as strategic communication tools to disseminate information and resources for our community members.

PATIENT SAFETY/SATISFACTION
As a direct result, we have seen significant gains in our patient satisfaction scores, even amid the COVID-19 pandemic. We recently achieved the 56th percentile for HCAHPS Recommend the hospital and the 37th percentile for HCAHPS Rate the Hospital metrics. To continue our journey to facilitate person-centered care. We have partnered with Planetree Institute, expanded our patient family partnership council, and deepened our capacity to involve our patients' voices in improvements to include focus
groups department-specific surveys. Opportunities for improvement lie in the areas of patients’ expectations for compassionate communication and coordinated care, as reflected in trends in patient complaints and grievances. Community-based concerns that impact our patients include reducing the risk of COVID-19 infection, housing, and food security, and timely access to care.

FREQUENT COMPLAINTS RAISED BY PATIENTS AND COMMUNITY MEMBERS
- We’ve identified that many of our patients do not have cell phone data packages to access Telehealth and MyChart services. Health + Hospitals Corporation must explore this issue to support community members.
- Community members face barriers to receiving services in areas of professional and administrative customer service, waiting times, and staff cutbacks.
- Customer satisfaction in utilizing pharmacy services has improved significantly.

ISSUES IMPACTING COMMUNITY
- Food insecurity
- Financial insecurity
- Gun violence
- Schools/education
- Youth activities
- Lack of cell phone data packages

Submitted by:
Warren Berke, CAB Chairperson
Date: 12/29/2020

Sheldon P. McLeod, Chief Executive Officer
Date: 12/27/2020
Dear CAB Chairs, H and H Administrators, Bellevue Staff,

I have been a member of Bellevue Hospital CAB for many years and was fortunate to have been reelected as its Chairperson again on September 22, 2020 after my one year hiatus. 2020 was not a good year for me as I contracted severe Covid 19 in March 2020 and am still recuperating from its long term effects. I was treated at Bellevue Hospital and must say that they saved my life. Because of Covid, there are gaps in my CAB involvement. I was also not receiving the CAB literature during my absence but was too sick to request it. Now that I am better, I felt the need to repay Bellevue by being very active again.

The CAB sponsored a wonderful Legislative Breakfast in February 2020 with guest speaker Dr. Oxiris Barbot, Commissioner of NYC Health and Mental Hygiene. As usual, the Rose Room was overflowing with Elected Officials, H and H staff, Bellevue CAB members, Bellevue Staff, and other CABs.

Our CEO, William Hicks, kept the CAB informed of how Bellevue was combating the Covid virus on an ongoing basis. All necessary precautions were and still are taken to protect everyone who sets foot in Bellevue. The CAB was very fortunate that only two of us developed Covid and we both survived.

The office of Quality and Safety and Behavioral Health has started at Battle Buddy Support program to provide a peer to peer emotional and psychologic support. The CAB is always encouraged to be involved with all programs offered at Bellevue.

We participate with Breast cancer Awareness programs, advocacy day which was held in District Offices of our Elected Officials this year, flu vaccination programs, Epic program, Census and Voter Registration programs to name a few.

We congratulate our CEO William Hicks, who was named #41 in the City and State Power 50 list. We are so proud of Mr. Hicks’ leadership and are so pleased to be part of his team.

I am encouraging each CAB member to recruit new members when they are at clinic visits or anywhere in the hospital or other organizations they are involved in. Each member has CAB brochures with them at all times. We review the bylaws on an ongoing basis and the Parliamentarian, Ronnie White, has become very familiar with them.

I regret that Linda Lombardi is retiring at the end of this month but know that she will remain active with the CAB and continue to be an important resource to us. Other key staff attend our meetings and always are available to answer questions.

I, also, encourage Elected Officials to attend our meetings and speak on Public Health both in their districts and citywide. Our meetings are open to the public and many speak up at meetings even though they cannot vote. They can also become members of our committees to complement our member’s voices. I encourage each of you to attend our meetings. If you are interested, please let me know so that you can be added to our email distribution list.
COMMUNITY ADVISORY BOARD

Officers
Louise Dankberg, Chairperson, Myrna LePree, 2nd Vice Chairperson

Members
Erma Campbell, Aishyalah Campbell, Frances Curtis, Louise Dankberg, Nydia Goty, Sameh Jacob, Myrna LePree, Angelica Perkins, Ricardo Reed, Helen Rios, Carol Schachter, Carole Stewart, Louise Velez, Ronnie White, Alicia Zanelli

EXECUTIVE SUMMARY

COVID-19
- Preparedness
  o Facilities renovated 3 units opening up an additional 38 beds, which have added ICU capacity and negative pressure rooms in anticipation of a second wave and state requests
  o Nursing is managing coverage of additional beds
  o Bellevue performed more than 55,000 COVID-19 tests and turn-around time for our test results is 24 to 48 hours
  o We successfully treated and discharged over 1,765 COVID-19 patients and continue to prepare and improve our strategies in the event of a COVID-19 second wave
  o To date, Bellevue has vaccinated Emergency Room, ICU staff and all direct patient care departments. As of January 4, 2021 all employees and volunteers are eligible to receive the vaccine

INFRASTRUCTURE AND EQUIPMENT
- Plans are underway for a full renovation of our Adult Comprehensive Psychiatric Emergency Program unit located on the ground floor of the Main Hospital Building. To make room for this, construction was completed on 18East to serve as a new interim home

PATIENT SAFETY/SATISFACTION
- Below is a commendation letter received regarding testing:
I am not sure if this is the right address to send my email to, please forward this email if necessary.

This Sunday (12/13) I went for the first time to the Bellevue Hospital to take a COVID test. I am getting tested on a regular basis and I wanted to say THANK YOU for this extraordinary experience!

I was prepared to wait 4 hours in the cold, getting a stick put up into my nose and wait for over a week for my results. But it was nothing like this!

The line was moving fast, EVERY employee was really friendly and helpful and it was just all in all organized fantastically. I was out of the hospital again after not even 1:45h and was told I will receive my test results in just a few days.

I was really impressed and I wanted to share my gratitude with you! Thank you for your great service and the amazing work you all are doing. You are true heroes! :)

I wish you happy and healthy holidays!

Kind regards, (Name Removed)

• We have seen significant gains in our patient satisfaction scores, despite the pandemic. We recently achieved the 48th percentile for HCAHPS Rate the Hospital and 52nd percentile for HCAHPS Recommend the Hospital metrics.

ISSUES IMPACTING COMMUNITY
• Food insecurity
• Financial insecurity

Submitted by:

Louise Dankberg, CAB Chair

William Hicks, Chief Executive Officer

Date

Date