



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

November 9, 2021

5:00 P.M.
50 Water Street, Via WebEx

AGENDA

- | | |
|---|-----------------------------|
| I. Call to Order | Robert Nolan |
| II. Adoption of September 14, 2021
Community Relations Committee Meeting Minutes | Robert Nolan |
| III. Chairperson's Report | Robert Nolan |
| IV. CEO President's Report | Mitchell Katz, M. D. |
| V. Follow-up Report from Briefing Meeting | Okenfe, Lebarty, MA |
| VI. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Jacobi | Mr. Joseph Menta |
| b. NYC Health + Hospitals/NCB | Esme Sattaur-Low |
| c. NYC Health +Hospitals/Sydenham | Ms. Everett L. Person |
| d. NYC Health+ Hospitals/Harlem | Ms. Karen Dixon |
| e. NYC Health+ Hospitals/Metropolitan | Mr. William Smith |
| VII. Old Business | |
| VIII. New Business | |
| IX. Adjournment | |

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

November 9, 2021

5:00 P.M.

Via WebEx

NYC Health + Hospitals Board Room
Virtual Meeting

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Robert Nolan, Chairperson

José Pagán, Ph.D., Chair, NYC Health + Hospitals Board of Directors

Dr. Katz, President, NYC Health + Hospitals

& Sally Hernandez-Piñero

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

NYC Health + Hospitals/Bellevue—Ms. Louise Dankberg

NYC Health + Hospitals/Gotham/Belvis—Gabriel DeJesus

NYC Health + Hospitals/Carter—LaShawn Henry

NYC Health + Hospitals/Coler—Gary Delamothe

NYC Health + Hospitals/Coney Island—Theresa Scavo

NYC Health + Hospitals/Gotham/Cumberland—Jacqueline Narine

NYC Health + Hospitals/Gotham/East New York—Vere Gibbs

NYC Health + Hospitals/Elmhurst—Carlos Cortes

NYC Health + Hospitals/Gotham/Gouverneur— Isabel Ching

NYC Health + Hospitals/Harlem—Karen Dixon

NYC Health + Hospitals/Jacobi—Sylvia Lask

NYC Health + Hospitals/Kings County—Warren Berke

NYC Health + Hospitals/Lincoln—Roland Lopez

NYC Health + Hospitals/McKinney—Antoine Jean-Pierre

NYC Health + Hospitals/Metropolitan—John Giovanni Breceovich

NYC Health + Hospitals/Gotham/Morrisania—TBD

NYC Health + Hospitals/North Central Bronx – Esme Sattaur- Lowe

NYC Health + Hospitals/Queens—Anthony Andrews, Jr. E.D.

NYC Health + Hospitals/Gotham/Sydenham—Everett Person

NYC Health + Hospitals/Sea View—George Marino

NYC Health + Hospitals/Woodhull—Julissa Y.S Herrera

NYC HEALTH + HOSPITALS' CENTRAL OFFICE STAFF

Deborah Brown, Senior Vice President, External and Regulatory Affairs

Colicia Hercules, Chief of Staff to and Corporate Sec. Board Affairs

Okenfe Lebarty, Senior Director, Community Relations

Amir Abbady, Director, Community Affairs

Xiomara Wallace, Director, Auxiliary & Community Affairs

Manelle Jacques Belizaire, Government & Community Relations

CALL TO ORDER:

Mr. Nolan called the meeting of the Community Relations Committee to order at 5:10pm.

Quorum was established- the minutes of the Community Relations Committee meeting held on September 14, 2021 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and began discussing NYC Health + Hospitals/Gotham Health, Vanderbilt announcing that it will open a new Diabetes Center. According to the City's Health Department's Community Health Survey, the northern sections of Staten Island have some of the highest diabetes prevalence in the City. Services on-site will include, eye and foot care, virtual nutrition counseling, and the use of innovative technology, like the text-message based MITI (Mobile Insulin Titration Intervention) program to monitor blood sugar.

At-home testing for COVID-19 is now available to all immunocompromised New Yorkers and those ages 65 and older, the NYC Test & Trace Corps announced today. At-home appointments, which have been available for close contacts getting tested for COVID since March 2021, offer no cost testing to New Yorkers in the convenience and comfort of their homes.

NYC Health + Hospitals/Bellevue today announced it has opened its Same-Day Surgery Unit with state-of-the-art technology that will enable doctors, nurses, social workers, and other staff to provide advanced support services for patients, promoting a speedy recovery and allowing patients to go home the same day. The Same-Day Surgery Unit includes 14 medical bays that can be transformed into Intensive Care Units (ICUs), and two new procedure rooms for eye surgeries, allowing providers to treat more than 50 patients a day. In addition to new surgery accommodations, friends and family of same-day surgery patients can easily track their status via new waiting room kiosks and mobile tablets with special access through the patient's patient portal account, MyChart.

Mr. Nolan congratulated Warren Berke as the new Chairperson of the Council of Community Boards. They have spoken and he looks forward to working with the new Chair. Mr. Nolan also thanked Dr. Anthony Andrews, the former Chairperson of the Council of Community Advisory Board, for his services to NYC Health +Hospitals.

PRESIDENT's REMARKS:

Dr. Katz began his remark by thanking Mr. Robert Nolan and the members of the Community Advisory Board. He proceeded his report by stating that we have seen a peaking of COVID due to Delta variant in the hospitals. Cases have been going down for the last three weeks, which gives us much more peace of mind and happiness to not see so many people as sick. This is attributed to a direct result of the very successful vaccination campaigns throughout New York. And even among our workers, we're now past 80% of Health and Hospital workers being vaccinated. Four weeks ago, we were at 65% and the system has made a lot of progress in the last 4 weeks.

On September, 27 the system will go into effect the requirement from the State of New York, that all healthcare personnel must be vaccinated. That's not just Health and Hospitals. That's all of our facilities and all of our partners of the other private hospitals and government hospitals that are in New York State. We are very hopeful that the remaining people who have not yet gotten vaccinated, will want to get vaccinated. We've been very clear with our staff that they will not be able to enter our facilities after that day. Even if there are accommodations because of religious or medical reasons, they still will not be able to enter the buildings. So, we are very hopeful that people will want to get vaccinated.

Finally, just a note about the rain. It was a period of rain last week, where the rain fell so fast, that several of our hospitals flooded in the basements or had leaky roofs. This is a problem that many of the Community Advisory Boards have dealt with before, the buildings are often a little bit crumbling. We haven't put the same resources and investment into the buildings, that we have to our programs. So leaky roofs at Harlem, a flooding at Jacobi, flooding at Elmhurst and the need to take equipment offline because of the flooding. These are surmountable problems, but would require a substantial investment. And we're currently working for the first time on having a master facility plan that shows all of the things that need to be fixed in all of our facilities. So that we can have a more thoughtful capital process.

Mr. Nolan then transitioned the conversation to the two reports from our Community Advisory Boards – Coler & McKinney, respectively.

NYC Health + Hospitals/Coler

Ms. Judy Berdy, Member of Coler CAB, started hers report an update on the aggressive COVID-19 vaccination campaign Coler has underway with 94% of the residents vaccinated. Staff vaccination rates have reached 75% priori to the state mandate for all workers. Residents have some concerns about the unvaccinated

staff but Coler leadership has been active in encouraging vaccination uptake. No reported COVID-19 cases among staff or residents in some time.

Coler has also installed new bedside TVs on two (2) resident units and completed TV upgrades in 8 units. These upgrades were provided by the work of the Coler Auxiliaries. Heated tents installed during the height of the pandemic were recently removed. Four chair dialysis units were constructed at the facility, as well as an emergency generator project scheduled to complete in early 2022. The facility has also expanded connectivity in areas experiencing poor Wifi service.

Coler has been selected to partner with PlaneTree, an organization guiding healthcare facilities in building patient-centered care and enhancing patient experience. PlaneTree is working with CAB and Auxiliary members, residents, families and staff in focused groups, generating valuable information and ideas that will help guide process improvement projects.

Ms. Berdy ended her report by expressing frequent concerns that the facility is already working to address such as laundry services needing improvement and wifi connectivity that is seeing new investments. Ms. Berdy closed her report by mentioning that Coler was listed in Newsweek's Top 10 Ranking of Best Nursing Homes for 2021.

NYC Health + Hospitals/McKinney

Antoine Jean-Pierre, Chair of the McKinney CAB, presented his report starting with the human impact COVID-19 has had for the patients and staff at McKinney. He proceeded to discuss infrastructure/equipment with projects that were already earmarked were being executed and continues to today. Some infrastructure had to be place on hold such as the in-house dialysis because that space is designated as the COVID Suite, which takes precedent. However, new elevators were put in, a new morgue was constructed, a new learning center and all residents now has free telephone service. A clinic Onex system is now in place for keeping all families informed of any adverse activity in a timely manner.

He moved on to discussing patient safety/satisfaction mentioning the new wander guard system was put in place along with a new camera system. Residents were happy with the modified projects and programs put in place by Therapeutic Recreation. Contact with families were done daily through facetime and phones. For Safety, one designated COVID Suite is still operational. Cards from the community were again distributed to residents for Mothers' Day and Fathers' Day. Front-line staff must be commended for their tireless efforts in ensuring that care was never compromised.

He ended his report with frequent complaints raised by patients/residents such as non-contact with their families, but as time elapsed, face-time and window visits were put in place to help alleviate anxiety. Visitation continued for qualified Compassionate care. Residents were kept occupied by the staff of the Therapeutic Recreation departments.

ADJOURNMENT:

NEW BUSINESS:

There being none

OLD BUSINESS:

There being none.

ADJOURNMENT:

Meeting adjourned at 5:38 p.m.

Jacobi Community Advisory Board Report (2021) to the Community Relations Committee of the NYC Health + Hospitals Board of Directors

Jacobi and North Central Bronx officially merged in February 2021 and are now a single hospital with two campuses. The merger has been very successful and formalized the longstanding partnership these two fine facilities have had. The merger has greatly reduced duplication of efforts for physicians who are joining our organization. Over the past 12 months, as Jacobi has seen patient volume return to pre-covid levels, the merger has facilitated a seamless transfer of patients to NCB when the Jacobi Emergency Room is overcrowded. More than 1,000 patients have been transferred to North Central over the past eight months.

Jacobi has also become a Joint Commission approved Primary Stroke Center and in July, began their STEMI (ability to treat heart attack patients) on a 24x7 basis in the new Cardiac Catherization Laboratory.

1. COVID-19

The COVID-19 crisis had a major impact in New York and on the Bronx. As a major public hospital in the Bronx, Jacobi's ongoing response to the pandemic includes the following:

- Treated and discharged over 1,000 COVID-19 patients
- Expanded testing clinic hours; administered over 68,000 COVID-19 tests to date
- NYC COVID-9 Vaccine site; delivered over 50,000 vaccine doses to date
- Guidelines established for protective equipment, masks and social distancing
- Personal Protective Equipment (PPE) distribution for clinical staff at a central area
- Enhanced cleaning protocols implemented and ongoing throughout the campus
- Jacobi's Helping Healers Heal Initiative (a team of staff who provided emotional support to other staff)
- Communicating 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 throughout the campus

2. Equipment/Infrastructure

Over the past 12 months, Jacobi has acquired several new pieces of equipment including:

- New Operating Room tables for orthopedic cases, new ultra sound machines and two new Cardiac Cath machines

We are waiting to start construction on a new MRI suite. This will add a needed second MRI to better serve the community and reduce wait times. Other infrastructure items that are a priority are:

- Renovation of the Mother Baby Unit into single rooms (most are double rooms without private bathrooms)
- Need construction to replace the nuclear medicine camera
- Replace one of the interventional radiology units to provide advanced stroke care (Thrombectomy capable)

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.

5. Issues impacting the communities served by the facility.

Access to COVID-vaccine education in multiple languages has been an issue in many of the immigrant communities served by the hospital. In response, Jacobi partnered with community-based organizations and local elected officials to provide vaccine education workshops in multiple languages, including English, Spanish and Albanian.

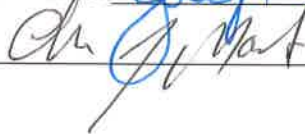
Signatures

CAB Vice Chairperson Joseph Menta



Date 10/8/21

CEO Chris Mastromano



Date 10/8/21

North Central Bronx Community Advisory Board Report (2021) to the Community Relations Committee of the NYC Health + Hospitals Board of Directors

Jacobi and North Central Bronx officially merged in February 2021 and are now a single hospital with two campuses. The merger has been very successful and formalized the longstanding partnership these two fine facilities have had. As a result of the merger, there has been significant reduction in duplication of efforts since patients now have a single medical record number and can easily be moved between facilities for their care. NCB's volume has begun to return to pre-covid levels. Because of this and the Jacobi transfers, NCB's revenue remains strong.

Over the past few months, with the promotion of Ms. Cristina Contreras to the CEO of Metropolitan Hospital, NCB has welcomed three new Executive Leaders:

- Dr. Neena Philip, RN, DHA has joined as the new Chief Nursing Officer
- Alfredo Jones has returned back to NCB as Deputy Executive Director
- Lionell Jackson as the new Director of Finance

1. COVID-19

The COVID-19 crisis had a major impact in New York and on the Bronx. As a major public hospital in the Bronx, North Central Bronx's ongoing response to the pandemic includes the following:

- Expanded testing clinic hours; administered over 29,000 COVID-19 tests to date
- NYC COVID-9 Vaccine site; delivered over 38,000 vaccine doses to date
- Guidelines established for protective equipment, masks and social distancing
- Enhanced cleaning protocols implemented and ongoing throughout the campus
- Communicating 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 throughout the campus

2. Equipment/Infrastructure

NCB has acquired several critically needed new equipment over the past twelve months including:

- New Echo-cardiology sonogram machine
- New digital x-ray rooms in the ED
- New Digital portable x-ray machines

Ongoing Infrastructure projects:

- NCB has been awarded a \$38M energy grant to replace 7 elevators and 6 Air Handlers which control temperature and humidity
- A \$3.8 million grant was awarded to refurbish three of the operating rooms
- We are waiting on construction funding to replace the CT-scanner

3. Patient Safety/Satisfaction

HCAHPS scores for the 2nd Q 2021 revealed an increase in key inpatient indicators:

- Rate the Hospital 0-10: 70% (increase of 9% compared to 1st Q 2021)
- Recommend the Hospital: 67% (increase of 3% compared to 1st Q 2021)

The Emergency department overall score (86.7%) remained the same, the Outpatient Practice

“Recommend this provider office score (93%) increased by 2%, and the Inpatient Adult Behavioral Health overall score (74.7%) increased by 2%.

Improvement strategies include:

- Focus on Patient rounding: Using the iRound tool for patients rounds. The inpatient units utilize purposeful hourly rounding and welcome rounds to ensure that every patient is receiving Safe, High Quality, Care Experience while admitted.
- 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 Care Experience and Employee Engagement initiatives, with the objectives of increasing patient satisfaction, and ultimately increasing our HCAHPS performance scores.

4. Frequent complaints raised by patients

- There was a slight decrease noted in the numbers of complaint and grievances (11) in the 2nd Q 2021 when compared to the previous quarter (17).
- The overall decrease was attributed to the Outpatient services (from 13 in 1st Q. to 6 in 2nd Q). The majority of overall complaints were related to staff communication (9). 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), this is PFAC project for the staff, and ICARE training have been implemented.
- To date, 700 NCB employees (69%) have received ICARE training.

5. Issues impacting the communities served by the facility.

Access to COVID-vaccine education has been an issue in many of the communities served by the hospital. In response, North Central Bronx partnered with local elected officials to provide vaccine education workshops and community town hall meetings hosted by NCB Physicians for community members.

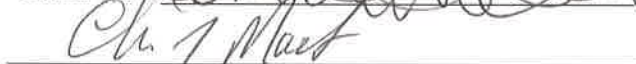
Signatures

CAB Chairperson Esme Sattaur-Low



Date 10/8/21

CEO Chris Mastromano



Date 10/8/21

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

**NYC HEALTH + HOSPITALS/GOTHAM HEALTH, SYDENHAM
COMMUNITY ADVISORY BOARD
Tuesday, November 9, 2021**

**Everett L. Person, MPA
Chair**

**NYC Health + Hospitals/Gotham Health, Sydenham
Community Advisory Board**

1. COVID-19: NYC H+H/ Gotham Health Sydenham directly supported COVID testing and vaccination efforts throughout the worse of the pandemic. Sydenham oversaw four COVID testing tents and one vaccination tent throughout through that period. In total Sydenham provided COVID tests to 156, 836 community members and staff. We also administered a total of 13,398 COVID vaccinations. We are grateful for having had the opportunity to provide that level of service. Currently, the COVID testing/vaccination support to the Sydenham communities continues through the efforts of NYC H+H's Test and Trace. As we transition towards a state of normalcy, Sydenham continues to work on securing proper staffing, equipment and PPE needs. Sydenham maintains its readiness in the event of any future potential surge. However, we now look towards the future and our responsibility of providing low-cost high-quality care to the patients of our communities. As we enter flu season it is important we also prioritize our focus on patient and community education as it pertains to the importance of flu vaccination. COVID is here to stay and we must prepare on all fronts to combat infection and disease. In addition to continuing to offer COVID vaccination, our goal must also be to maximize community flu vaccination rates, in an effort to prevent co-infection with COVID and Flu. This combination could have devastating effects on a large portion of patients within our communities.
2. Infrastructure/Equipment: In an effort to modernize Sydenham's facilities the institution has supporting various upgrades at Sydenham and its facilities. Our staff lounge and pediatric waiting

areas underwent renovations and cosmetic changes, respectively. The Dyckman clinic is also pending for future renovations. Our sites were aesthetically enhanced by the addition of community, patient and staff painted murals. Computer stations have been placed at the front of our facilities to streamline staff entry COVID screening practices. IPADS have also been secured and incorporated into workflows to enhance our patient experience feedback process. Designated staff utilize these IPADS as part of our ICARE mission (Integrity/Compassion/Accountability/Respect/Excellence) to obtain patient feedback about their clinical experience in real time. Patient self-registration stations are installed and Gotham is in the process of identifying staff who will support and train patients in the use of this registration hubs. This will streamline the registration process when patients arrive for appointments, leading to decrease wait times for registration and appointments. We are also in the process of securing funding to install a Retinal screening camera. This will be vital in the role of evaluating patients for Retinal changes of the eye, as a result of specific chronic diseases. The ability to do this will allow for easier access to evaluation for patients and ultimately earlier intervention to prevent progression of damage and loss of vision.

3. Patient Safety/Satisfaction: Patient safety and satisfaction is a continued priority for Sydenham Leadership and staff. We continue to focus our efforts and maximize our strategies towards two vital committees: 1) Risk Management & 2) Patient Experience Committee. Each of these committees consist of a multidisciplinary team which allows for a broad perspective of approach. The Risk Management committee continuously identifies potential areas of risk within our practices that may negatively impact patient care and safety, and develops practices to eliminate those risks. The Patient Experience committee reviews and interprets Press Ganey and site patient feedback in order to develop strategies to systematically enhance patient experiences at our facilities through proactive processes and corrective action plans. This committee also reviews results from ICARE iRounds and digests that information as part of the strategic process. The next steps for Sydenham are to create a Patient Advisory Committee (PAC) so that community and CAB members may participate in discussions for enhancing the patient experience.
4. Frequent complaints raised by patients/residents: Over the past year Sydenham's Leadership noticed that our Press Ganey patient feedback continuously identified increased patient complaints as it related to the ability to reach the clinic. 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 patients, Sydenham leadership addressed this by identifying and training a staff

was another significant complaint of patients. Feedback from our most recent Press Ganey indicated significant improvement in patient satisfaction with being able to reach the clinic in general, but with greatest improvement in success with reaching someone after hours.

5. Issues impacting the communities served by the facility: Several years patients do not understand why there are not more subspecialties at Sydenham Health Centers. As well as, the reduction in services, and patients are referred to NYC Health + Hospitals/ Harlem, Lincoln and Metropolitan with an appointment wait time of four to six months. Technology: Sydenham's MyChart average for September, 2021 is 79% how can we also list health programs on MyChart or questions about what health programs they would like to have at Sydenham.

Signatures:

CAB Chairperson: Everett L Person

Date: 10/19/2021

Associate Director: David Caldwell David Caldwell

Date: 10/19/2021

**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

Immediately after the demobilization of the Incident Command Center (ICC) for the COVID-19 response, Harlem Hospital Center deescalated its response efforts into a virtual command structure, to maintain data, reporting, situational awareness, and planning efforts for COVID-19 and a potential second wave later in the year. Starting in June, the Incident Management Team (IMT) convened a planning team which looked at lessons learned from the 1st wave and developed hospital-wide and departmental plans which could aid the hospital in further response efforts. Some of these plans include surge & flex plans, departmental plans, inventories, surge units, surge unit checklists, and fatality management plans. Additional efforts were made to help with staffing and staff shortages in the event that there was a second surge. NYC Health + Hospitals also created a level-loading system, which would proactively assess patient levels across the system and transfer patients to hospitals which have additional capacity to avoid one facility being overrun by COVID patients.

Over the next several months, the hospital developed its plans and created a COVID-19 response plan binder for a second wave. Additionally, the HIMT focused on recruiting and training secondary/tertiary team members and department heads for continuity of operations.

In December 2020, increasing COVID-19 cases in the hospital and city wide prompted an escalation of response, and the ICC was opened on December 15th. The hospital managed an increase of COVID patients, and two surge areas were mobilized (MLK 15 for Med/Surg, MP 4 for ICU) in the event that the surge was larger than the capacity in the current units. Though the spaces were operationalized using the checklists, no significant surge occurred. The ICC also managed new staff on-boarding to help with increased workload, and facilitated transfers internally and externally to other hospitals in the NYC H+H system. A total of 37 patients were transferred out, and 9 were received from other hospitals.

Towards the end of December, the COVID-19 Pfizer vaccine became available for hospital staff, and eventually the general public, in a phased rollout. The hospital activated its Vaccine POD plan and established a POD for COVID vaccines. The POD increased its capability and was moved twice to larger spaces to accommodate a higher volume of patients. Additionally, a drill was conducted as it moved to its permanent home on the MLK 3rd floor to ensure the seamless transition and allow for the maximum number of individuals to receive the vaccine. The ICC also coordinated numerous efforts to increase awareness, answer questions, and push the vaccine to both the community and staff.

During the duration of the event, situational awareness was maintained and communicated to hospital leadership. The hospital completed a daily HERDS survey to NYSDOH and other entities as required. This allowed for the use of data and information to guide response efforts.

On March 15th, with decreasing COVID cases and minimal impact to the hospital, the response was deescalated back to a virtual activation and a hotwash occurred. Similar efforts would continue to prepare for another potential wave of COVID and surge in patients.

2. Infrastructure/Equipment

1. Secured funding for multiple pieces of equipment.
2. Type 1 EES Project- Replaced ceiling tiles and converted old light fixtures to new LED lights throughout 80% of the hospital. The overall project to be completed May/June 2022
3. Fully renovated the 14th floor with headwalls, ceiling tiles, lights, nurses' station, nurse call system and medical gases.
4. Decanted the Women's Pavilion for demolition and moved multiple departments including: IT, HR, H.I.M., CCS Program, all trade shops, OHS, and the Gym Area. Most of these projects included Construction Buildouts.

3. Patient Safety/Satisfaction

Focus on the frontline staff engagement and accountability. Implemented a Daily Management System and standardized nursing leadership rounds to focus on core safety principles.

Strategic Plan focused Employee Engagement, Patient Engagement and Organizational Culture /Leadership.

4. Frequent complaints raised by patients/residents

Complaints and grievances are trended; the most frequent complaints are around communication and care coordination.

Corrective action plan:

We will proactively address any issues patients may have during nurse leader rounds. This enables us to implement action plans prior to discharge.

5. Issues impacting the communities served by the facility

Hypertension/High Blood Pressure
Smoking
Diabetes
Lung Disease (Asthma, Tuberculosis)
Alcohol and Drug Use
Obesity
HIV, STDs
Cardiovascular Disease, Stroke
Mental Illness and psychiatric disorders
Cancer
Fear of Legionnaire's Disease

Community Advisory Board Report
Page 3

Signatures:

CAB

Chairperson:

Karen Quinn

Date:

10/22/21

Executive
Director:



Date:

10/22/21

**DRAFT REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE NYC HEALTH + HOSPITALS BOARD OF DIRECTORS
NYC Health + Hospitals/Metropolitan Community Advisory Board**

Executive summary reflecting the priorities that impact patient care:

COVID-19

- Metropolitan was happy to report that on the date of our last CAB meeting on October 7, 2021, there were no COVID-19 positive admitted patients. While that number may increase, we are incredibly proud of the efforts made by hospital administration and staff in patient care, testing, and vaccine delivery. The hospital has shown its ability to respond quickly in times of crisis to meet the ongoing needs of the pandemic.
- We remain vigilant against additional outbreaks, and are encouraged to know that Metropolitan has enough vaccine and PPE supply to continue their efforts in case of any additional outbreaks. We are further encouraged by the hospital's efforts to administer vaccine boosters per current CDC guidelines.

Infrastructure/Equipment

- Metropolitan needs a new emergency room in order to meet the needs of the growing needs East Harlem community. The hospital needs the capacity to efficiently diagnose and treat patients at the emergency room, and an un-modernized and inadequate facility reduces that care and endangers both patients and staff.
- Capital projects underway include a refurbished Infusion Center, a new Pride Center, and the FEMA flood wall.

Patient Safety/Satisfaction

- Metropolitan continues to be recognized for excellence in care in areas including stroke, heart failure, breast cancer, women's health, LGBTQ health, and patient safety. The hospitals Nursing staff have also been recognized, especially the ICU team.
- Hospital staff are responsive to patient concerns, and continue to expand performance improvement to benefit care.
- Around the hospital in the immediate surrounding community, we continue to see an increase in loitering on the First and Second Avenue sides of the hospital. The CAB and hospital neighbors have brought these issues to the attention of local NYPD precinct as well as Hospital Police.
- The hospital works with community partners to address the mental health and substance issues of homeless people in the community, but more can be done to ensure that all patients feel safe accessing services at the hospital.

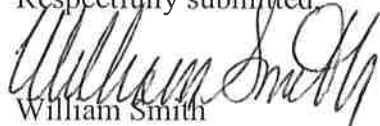
Frequent complaints raised by patients/residents

- The hospital works with patients and their families to address complaints in real time and find resolution as quickly as possible. Hospital leadership are very involved in reviewing concerns and work with staff to create long-term improvement in customer service.
- Parking continues to be a struggle for patients who drive into the hospital. Street parking is very limited so patients are forced to park in a public lot, which charges market rates.

Issues impacting the communities served by the facility

- The CAB shares the concerns of the larger community regarding the oversaturation of opioid treatment centers, many of which serve a disproportionate number of clients from outside of East Harlem.
- The community is also experiencing an increase in street homelessness from East 96th to East 110th Streets, as well as across East Harlem stemming from the current conditions in shelters in East Harlem and Wards Island.
- Our community is also in great need of adequate mental health services for all ages, and for both residents and the unhoused.

Respectfully submitted,



William Smith

Chair

Community Advisory Board

NYC Health + Hospitals/Metropolitan



Cristina Contreras

Chief Executive Officer

NYC Health + Hospitals/Metropolitan