



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

September 13, 2022

5:00 P.M.

50 Water Street, New York, NY 10004  
Boardroom, Room 1701

**AGENDA**

- |  |                             |
|--|-----------------------------|
| <b>I. Call to Order</b>  | <b>Robert Nolan</b>         |
| <b>II. Adoption of May 3, 2022<br/>Community Relations Committee Meeting Minutes</b> | <b>Robert Nolan</b>         |
| <b>III. Chairperson's Report</b>   | <b>Robert Nolan</b>         |
| <b>IV. CEO President's Report</b>  | <b>Mitchell Katz, M. D.</b> |
| <b>V. Information Items (Annual CAB Reports):</b>                                    |                             |
| a. NYC Health + Hospitals/Coler  | Mrs. Gladys Dixon           |
| b. NYC Health + Hospitals/McKinney   | Mrs. Debera Tyndall         |
| c. NYC Health +Hospitals/Jacobi  | Mrs. Emily Sanchez          |
| d. NYC Health+ Hospitals/NCB   | Mrs. Esme Sattau Low        |
| <b>VI. Old Business</b>  |                             |
| <b>VII. New Business</b>   |                             |
| <b>VIII. Adjournment</b>   |                             |

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

**May 3 , 2022**

**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

Dr. Patricia Marthone & Anita Kawatra

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

NYC Health + Hospitals/Bellevue— Ronnie White

NYC Health + Hospitals/Gotham/Belvis— Iliana Almanzar

NYC Health + Hospitals/Carter—LaShawn Henry

NYC Health + Hospitals/Coler—Gary Delamothe

NYC Health + Hospitals/Coney Island—Theresa Scavo

NYC Health + Hospitals/Gotham/Cumberland—Corey Evans

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— Joseph Menta

NYC Health + Hospitals/Kings County—Warren Berke

NYC Health + Hospitals/Lincoln— Ngande Ambroise

NYC Health + Hospitals/McKinney—Antoine Jean-Pierre

NYC Health + Hospitals/Metropolitan—William Smith

NYC Health + Hospitals/Gotham/Morrisania— Beverly Johnson

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

NYC Health + Hospitals/Queens— Carolyn Brown

NYC Health + Hospitals/Gotham/Sydenham—Everett Person

NYC Health + Hospitals/Sea View—George Marino

NYC Health + Hospitals/Woodhull— Jose Rolando Guzman

**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

Manelle Jacques Belizaire, Government & Community Relations

## **CALL TO ORDER:**

Dr. Pagán called the meeting of the Community Relations Committee meeting to order at 5:03 p.m.

Quorum was established – the minutes of the Community Relations Committee meeting held on March 1, 2022 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

## **CHAIRPERSON REMARKS:**

Dr. Pagán started by acknowledging the successful reappointment of Dr. Mitchell Katz by Mayor Eric Adams to continue his tenure as CEP of NYC Health + Hospitals. His reappointment was unanimously approved by the Board of Directors.

Please mark your calendars for the Board of Director's Annual Public Meetings for Fiscal Year 2022. The Committee encourages our CAB members to attend and provide testimony. These meetings will begin at 6pm on the following dates and locations:

For Queens: Tuesday May 10,2022 at Queens Hospital

For the Bronx: Tuesday, May 17, 2022 at Lincoln Hospital

For Brooklyn: Tuesday, June 14, 2022 at Kings County Hospital

Speakers are asked to register in advance by writing or calling:

Ms. Colicia Hercules, Secretary to the Corporation, at 212-788-3360

## **PRESIDENT'S REMARKS:**

Dr. Katz discussed how the pandemic is in the midst of a transition period with hospitalizations low due to high vaccination rates. New Yorkers have a unique ability to call 212-COVID19, and be immediately connected with an emergency medicine doctor, nurse practitioner, or physician assistant, who will assess the person's health and be able to start them on either an oral drug called Paxlovid, which will be delivered to their home or an intravenous monoclonal antibody, which we will make an appointment and provide transportation. These new treatments reduce the health impacts of those who contract the virus.

## **PRESENTERS:**

Today we will hear from the (4) facilities presenting their verbal annual reports. Each presenter is allotted 5 minutes, note we appreciate the members of the CABs for their commitment and dedication to Health + Hospitals.

Cumberland – Mr. Corey Evans

Elmhurst – Mr. Carlos Cortes

Gouverneur – Ms. Laryssa Shainberg

Lincoln – Mr. Ngande Ambroise

Dr. Pagán moved the agenda and asked the CAB Chair of Cumberland, Corey Evans to present his report.

NYC Health + Hospitals/ Cumberland

Mr. Corey Evans, Chair of Cumberland’s CAB, started his report discussing the completion of the façade project at Cumberland which improves the overall aesthetics of Cumberland’s external façade. He discussed the limited expansion of COVID operations due to COVID Variant to 7 days a week. Cumberland also implemented 4 VRI interpreter units in the clinic for improved language interpretation services to our patients.

OASAS surveyed the facility’s chemical dependency program and issued a license approval. All Gotham’s sites received donations including Cumberland from the Frontline Impact Project and the Lubetzky Foundation for healthcare staff and frontline workers, donations included snack bars, waters, sanitizers, and more. Cumberland recently unveiled a Pediatrics painting developed by a local artist and also raised over 5K for breast cancer awareness.

NYC Health + Hospitals/ Elmhurst

Carlos Cortes, Chair of Elmhurst’s CAB, started his report by stating that over 99% of adults over the age of 18 are fully vaccinated in Elmhurst and Jackson Heights and over 92% in Corona. Since the pandemic started, Elmhurst has participated in over 100 town halls, webinars, and information sessions discussing the pandemic and the vaccine.

Elmhurst has been working with local elected officials to secure \$5 million to renovate the Infectious Diseases Clinic, \$50 million to expand the Women’s Pavilion, and \$6 million to create greener entranceways to the hospital. Elmhurst received \$3 million from the Federal government for renovations to the Labor and Delivery Unit. Elmhurst has worked to increase language access by commissioning

25 additional video iPads for clinical inpatient units to access multiple languages in seconds. Mr. Cortes ended his report with a personal story that expressed concerns about wait times around specialty services at the hospital, and encouraged the hospital to continue to focus on recruitment to address staffing shortages that contribute to long wait times.

#### NYC Health + Hospitals/ Gouverneur

Laryssa Shainberg, Vice Chair of the Gouverneur CAB, discussed the ongoing vaccination efforts available to the public at Gouverneur. She explained that the CAB is in ongoing conversations with the facility to develop plans to activate underutilized space on the first floor -ideas in consideration include an urgent care, the relocation of the World Trade Center program, and the development of a diabetes center. The nursing home portion received approval to provide dialysis services on-site reducing the transportation burden on residents. Patient satisfaction scores have steadily improved with the site at or above average for H+H facilities.

#### NYC Health + Hospital/ Lincoln

Ngande Ambroise, Chair of Lincoln's CAB, discussed new infrastructure projects at the hospital such as a new radiology system, a new birthing simulation room, a recharge room, and a wellness resource lounge for staff. New whiteboards created by PFAC were installed to improve patient safety. The lobby concierge is a place to navigate and answer patient's visitor questions. A mural was recently unveiled in OB/GYN for Women International Day.

The top three patient complaints are ineffective communication, lost property, and attitude/inappropriate behavior. At Lincoln the Patient Experience Team met with the head of the 11 department, line staff through various improvement committees' meetings, unit huddles, executive Town Hall and trainings to improve effective communication. To decrease loss property complaints, we began a Steering Committee to identify gaps and implement a strategy best practice action to our process, and create a new policy and procedure to reduce this area of complaint. As for behavioral complaints, Lincoln continues to reinforce in-service staff on the process of complying. Identified staff are subject to iCARE and other hospital re-trainings. When applicable, disciplinary action may be issued.

Lincoln hosted a food drive for families of the community for Thanksgiving. Hosted a tree lighting ceremony with the community and a toy drive for the children of the community. Lastly, Lincoln performed first gender affirming surgery within the pride health center and hosted the Black History Month celebration with Mayor Eric Adams.

Mr. Chris Roker, CEO of Lincoln informed the Committee that he was in the planning/implementation stage of building a new campus. The architect firm has been engaged and the schematic is completed, the building will cost \$550,000,000 – \$600,000,000, 10-12 stories high and 300,000 plus square feet. This will allow for the consolidation of all ambulatory services including ambulatory surgery to better meet the needs of the community.

Dr. Pagán notified the Committee that Mr. Nolan is not here today because he is otherwise engaged in great work that impacts our community.

ADJOURNMENT:

Meeting adjourned at 5:52 P.M

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

COLER COMMUNITY ADVISORY BOARD  
September 13, 2022

**I. COVID-19 Updates**

- a. Throughout the COVID-19 pandemic, Coler Executive Administration, in close partnership with NYC Health + Hospitals System and Post-Acute Care leadership, has ensured compliance with infection prevention and control requirements and best practices as established by the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH)
- b. All Coler staff have received the COVID-19 vaccination
- c. Staff who are eligible for the COVID-19 boosters but have elected not to receive them are currently tested twice per week
- d. COVID-19 vaccination and booster clinics are held once a week for residents and staff
- e. On-site visitation is permitted, with all visitors required to present a current negative COVID-19 test result before entering the facility
- f. Residents who are medically cleared to do so are permitted to travel off-campus for day or overnight trips
- g. The Community Advisory Board (CAB) continues to receive regular COVID-19 updates from Coler Senior Leadership

**II. Infrastructure/Equipment**

- a. Preliminary work has begun on replacing Coler's existing emergency generators and outdated annunciator system
- b. Coler recently received notice that the FEMA-funded berm project will move forward; when completed, the berm will provide 500-year flood protection around Coler's perimeter
- c. Coler continues with the installation of new bedside televisions



- d. Coler continues to enhance broadband Wi-Fi service connectivity and reliability as additional access points are placed into service
- e. To comply with NYSDOH COVID-19 requirements making it necessary to limit beauty and barber services to one resident per session, Coler relocated its existing multi-chair Beauty Parlor to two new single delivery salons
- f. A new resident gym is being established for the benefit of residents providing a location for daily exercise activities
- g. The Resident Library is undergoing a cosmetic and functional upgrade

### **III. Resident Safety/Satisfaction**

- a. Coler is one of a select group of New York City Health + Hospitals facilities partnering with Planetree, an international non-profit organization that guides healthcare entities in implementing programs that strengthen a person-centered care culture and yield improvements in operational, clinical and resident experience outcomes
  - i. As such, our “Communicating with Empathy and Reconnecting to Purpose” training has resumed
  - ii. This training, coupled with on-going Leadership Rounds, employee recognition programs, staff support services, Care Partner Program, regular staff and family newsletters, and steering committee are helping us prepare for our Planetree Person-Centered Care certification application (to be submitted in late 2022)
- b. The results of the most recent Press Ganey resident satisfaction survey revealed that the Likelihood of Recommending the Coler Facility to family and friends increased
  - i. Follow-up interviews with our residents found that prolonged periods of pandemic quarantines and isolation from family and friends negatively impacted their survey responses
  - ii. The priority area identified for improvement was communication
  - iii. A number of initiatives to enhance staff-to-resident and staff-to-family communication are being implemented

### **IV. Frequent Complaints Raised by Residents**

- a. Residents have reported inconsistency with the quality of the laundered linens and towels
  - i. Coler undertook a quality review of the laundry process to identify opportunities for improvement, including a tour of the laundry plant and increasing the number of random samplings/inspections of the cleaned linens

- ii. A process has been established on each of the units for discarding torn or stained linens and towels so that they are not placed back in circulation
- b. Residents have expressed concerns regarding Nurse staffing patterns
  - i. All vacant nurse positions have been approved to be backfilled; these openings have been posted; recruitment initiatives and interviews are on-going
  - ii. All Nurse vacancies are covered by overtime and agency personnel
  - iii. Coler consistently exceeds the minimum Nurse staffing hours as mandated by the NYSODH

**V. Other**

- a. Coler maintains its four out of five star overall CMS rating as well as its five stars in Nursing Home Staffing and Quality Measures
- b. Coler maintains its first quintile/top performance in the NYSDOH Nursing Home Quality Initiative
- c. Representatives from the Departments of Medicine, Nursing, Social Work, and Therapeutic Recreation presented two panel discussions at the March 2022 AMDA/Society for Post-Acute and Long-Term Care Medicine annual national conference
  - i. The first panel focused on a COVID-19 bundle utilized at Coler that reduced the infection fatality rate amongst our highly vulnerable residents
  - ii. The second panel discussed how the facility dealt with ethical care and treatment dilemmas posed by the COVID-19 pandemic

**Signatures:**

**CAB Chairperson:**   
Gary Delamonthe

**Date:** August 19, 2022

**Chief Executive Officer:**   
Stephen Catullo, LNHA

**Date:** August 19, 2022

Community Advisory Board Report

Chair: Debera Tyndall

September 2022

## COVID-19

Because of the amazing team at McKinney, all residents were well cared for which enabled them a speedy recovery. We followed all NYS Protocols where staff were sent home once they became positive and positive residents were accommodated in a special recovery suite.

## Infrastructure/Equipment

COVID is still ongoing and some major projects are still on hold e.g. the in-house dialysis suite. That space is designated as the COVID Suite, which takes precedent.

The new morgue is completed, the nursing department has a newly renovated Conference Center.

## Patient Safety/Satisfaction

In alignment with our safety standards we are in process of remodeling residents' rooms.

Call bells will be place very soon, new beds were bought along with night tables. New state of the art equipment for the Rehabilitation suite.

We have always followed all NYS and DOH policies to ensure the safety of both residents and staff.

Residents were happy with the modified projects and programs put in place by Therapeutic Recreation.

Contact with families remain a priority.

Carnations from the Auxiliary were given to residents for Mothers' Day.

Front-line staff remains another priority and they are commended for their tireless efforts in ensuring that care was never compromised.

## Frequent complaints raised by patients/residents

The only complaints residents aired was that about food.

## Other

The McKinney spirit is always present. It is amazing too witness the staff as they adopted each resident with love and compassion during that difficult period. The care and compassion from staff leave us a Community Advisory Board satisfied about the quality of care given to our residents.

Sincerely,



Debera Tyndall

Chair



David Weinstein

Chief Executive Officer

**Jacobi Community Advisory Report (2022) to the Community Relations Committee of the NYC Health + Hospitals Board of Directors**

Jacobi and North Central Bronx hospitals continue to operate successfully as a unit. We are proud to report in July, 2022 the two facilities completed their first combined Joint Commission survey since merging to become "two facilities, one hospital." The Joint Commission surveyors were impressed with the hospitals' best practices to ensure equity for our patients and our staff members.

Recently, Jacobi was awarded \$10M in Fiscal Year 2023 capital funding through Council Member Marjorie Velázquez and New York City Council Speaker Adrienne Adams to replace the hospital's Hyperbaric Chamber and expand Hyperbaric Medicine services. In addition to the \$10M in capital funding, Council Member Marjorie Velázquez also awarded Jacobi \$286K to purchase new ultrasound machines and \$500K to acquire echocardiography ultrasound machines.

Jacobi's nursing team is on the Pathway to Excellence Journey with the American Nurses Credentialing Center. The program recognizes health care organizations that demonstrate a commitment to establishing the foundation of a healthy workplace for staff.

As we continue battling the COVID-19 pandemic and the onset of an emerging monkeypox virus, our facilities work cohesively to implement hospital preparedness strategies to continue providing a safe environment for patients, employees, and guests. Our CAB continues to build through its stakeholder network of Elected Officials, Community Boards, and other stakeholder groups. Below are patient care related changes that have been made at Jacobi as they pertain to COVID-19 and Infrastructure/Equipment.

**1. COVID-19**

We have continued to stand up and support our patients, staff and the wider community with our COVID-19 vaccination, testing and treatment options. The COVID-19 vaccine first became available in December 2020 and since then we have given out a total of 94, 043 vaccines at Jacobi. Our testing clinic opened in March of 2020 and to date we have provided testing to 139,549 individuals. The monoclonal antibody outpatient infusion suite has treated 1798 patients that are high risk to progression for severe COVID-19. On 8/31/22 we still stand up to provide evusheld, a monoclonal antibody given as prophylaxis for COVID-19 for those patients that have a contraindication to the vaccine or are deemed to be at high risk given their comorbidities and or immunosuppressed state.

**2. Equipment/Infrastructure**

- Install EVOLV metal detector in our Adult ED Triage Area
- Implemented Wanding for patients entering ED & CPEP area
- Installed Bullet Resistant Glass for our front desk registration & triage areas in both ED & CPEP
- Installed Bullet Resistant Glass for our HP Podiums
- Implemented SOS "pink" Panic buttons on every phone in ED which goes straight to Telecomm to trigger an emergency
- Installed on all hospital computer systems the SOS App which triggers a direct call to Hospital Police

**3. Patient Safety/Satisfaction**

Despite the many challenges posed by COVID-19/Omicron surges our staff has remained committed to our patients. In fact, on our most recent Staff Safety and Engagement Survey, "I care for all patients/clients equally even when it is difficult" was the highest scoring item at 93% favorable. Staff also identified patient safety as a priority for this organization, ranking it in the top 10<sup>th</sup> percentile. Our HCAHPS scores have shown small, incremental changes in all domains, though often inconsistent. We continue to work closely with the Central Care Experience Office as well as Planetree International. Planetree International, is an organization that works closely with healthcare organizations across the globe to provide a construct for person-centered excellence which is proven process that leads to better care, better outcomes, better talent and an organizational culture focused on putting patients and their loved ones first. Our local Planetree Steering Committee has developed a prioritization matrix detailing all initiatives, processes, and programs to be implemented over the next 12 months to promote person centered care as well as achieve the requirements for designation as a Planetree certified facility. We plan to submit our application in the first quarter of 2023 in preparation for an on-site assessment in the 2<sup>nd</sup> quarter of 2023.

- Subscribing to the notion that the healthier the staff is, the more engaged they will be, the more engaged our employees are the higher the quality and safety as well as compassionate care the patients will receive, a sub-committee, comprised of front-line staff is focusing on the staff experience and developed a full-scale appreciation program which launched in April 2022. Called APEX, it Applauds Person-Centered Excellence. APEX celebrates staff who make a difference in the lives of our patients and each other through actions and behaviors that demonstrate our ICARE values: (Integrity, Compassion, Accountability, Respect, Excellence).

**The program offers three levels of recognition:**

- Bronze: "On-the-spot" recognition by leaders
- Silver: Formal nominations submitted to the APEX Committee by a colleague, superior, patient, or family member
- Gold: Reserved for extraordinary acts of selflessness or heroism.

**The program has received rave-reviews from our staff and since its launch has recognized more staff members that during the entirety of 2021.**

- "Communicating Empathy & Connecting to Purpose" train-the trainer sessions were conducted and the program will be rolled out to the entire facility in Fall 2022. Unit 5D participated in the system-wide care improvement contest (focusing on nurse communication) and implemented a series of PDSA cycles, including iRounding, post-discharge phone-calls, training

sessions for the nurses on “teach-back” and communicating with empathy. The Unit was recognized as the 4<sup>th</sup> quarter winners for the system with an overall Improvement in nurse communication of 65% and their best practices are being implemented on the other med-surg units. Unit 5A has been selected for participation in the next round of the competition.

- Our Patient and Family Partnership Council (PFPC) members were reengaged post-COVID-19. The Council, in collaboration with our staff, are changing the purpose/look of our inpatient white boards; specifically formatting them so that they are “communication boards” where our patients/family members can ask questions, understand their goals for the day, and tell us what is most important to them. Our Patient Partners have also been involved in hospital renovations as well as interviewing perspective employees at the leadership level.

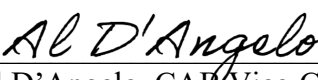
#### 4. Frequent Complaints raised by patients

Year over year showed an overall 15% increase in our complaints and grievances with the ED showing the greatest increase. NCB has been accommodating many more of our patients which is improving flow and throughput. To that end, we have seen an almost 50% reduction in complaints/grievances for the second quarter of 2022. Analyses shows the top categories of complaints and grievances are attitude/communication and quality of care.

**Attitude/Communication:** Communication remains our greatest challenge and is not isolated to any specific area, rather a global issue. We are working closely with our Planetree Consultants whose curriculum for our staff includes: Communicating Empathy, Language of Caring: Guide for Physicians, and Leadership Training. We will be providing the Communicating Empathy Curriculum to our entire workforce over the next several months in an experiential learning format and will be including a component on “connecting to purpose.” Person Centered Leadership Training is scheduled for September 26<sup>th</sup> and 27<sup>th</sup> and the Advanced Communication for Physicians Course will be available in early October.

**Quality of Care:** Any complaints or grievances that are indicative of quality of care/allegation of abuse issues are immediately referred to the Departmental Chair, Chief Nursing Officer (and Director of Nursing for the area involved) as well as the area Administrator for evaluation and plan of correction as applicable. In addition, all quality of care cases is analyzed by the Grievance Committee (which meets monthly) looking specifically for any trends or processes that may be contributory, as well as any structural inequities or racial/gender biases. Plans of correction when required, are submitted to and reviewed by the Grievance Committee. Quality of Care issues are discussed in all appropriate venues: staff meetings, local Performance and or Quality Improvement meetings as well as the Hospital-wide Performance Improvement Committee (HPIC), departmental meetings, and when deemed necessary the Medical Executive Committee.

#### Signatures:

  
Al D'Angelo, CAE Vice-Chair 8/30/22  
Date

  
Christopher Mastromano, Chief Executive Officer 8/30/22  
Date

**North Central Bronx Community Advisory Report (2022) to the Community Relations Committee of the NYC Health + Hospitals Board of Directors**

North Central Bronx and Jacobi hospitals continue to operate successfully as a unit. We are proud to report in July, 2022 the two facilities completed their first combined Joint Commission survey since merging to become "two facilities, one hospital." The Joint Commission surveyors were impressed with the hospitals' best practices to ensure equity for our patients and our staff members.

We are thrilled to announce North Central Bronx has been designated as a Baby-Friendly hospital for the second time, meaning staff have worked diligently to uphold and implement the Ten Steps to Successful Breastfeeding. NCB has been a Baby-Friendly hospital since April 2016. Also, the facility recently received The Joint Commission Certification for Perinatal Care. Certification proves the hospital has not only met, but exceeded, strict standards of care for maternal, fetal, and newborn health. Additionally, the North Central Bronx nursing team is on the Pathway to Excellence Journey with the American Nurses Credentialing Center. The program recognizes health care organizations that demonstrate a commitment to establishing the foundation of a healthy workplace for staff.

As we continue battling the COVID-19 pandemic and the onset of an emerging monkeypox virus, our facilities work cohesively to implement hospital preparedness strategies to continue providing a safe environment for patients, employees, and guests. Our CAB continues to build through its stakeholder network of Elected Officials, Community Boards, and other stakeholder groups. Below are patient care related changes that have been made at Jacobi as they pertain to COVID-19 and Infrastructure/Equipment.

**1. COVID-19**

We have continued to stand up and support our patients, staff and the wider community with our COVID-19 vaccination, testing and treatment options. The COVID-19 vaccine first became available in December 2020, and since then we have been providing comprehensive testing and vaccines for the Bronx communities we serve to mitigate the spread of the contagious virus. Our monkeypox clinic is now open. North Central Bronx continues to serve as a safe haven and pinnacle COVID-19 health and resource facility in the Bronx.

**2. Equipment/Infrastructure**

- ❖ North Central Bronx has acquired many critically needed new equipment over the past twelve months including:
- ❖ Two New GE LOGIQ Ultrasound machines in Radiology
- ❖ Three new registration kiosks within WHS departments
- ❖ Newer (refurbished) CT scanner
- ❖ Rheumatology Ultrasound
- ❖ Hill Rom call bell system installed on inpatient units

**Planned**

- ❖ AMSCO 400 Sterilizer in Central Sterile
- ❖ Mammography machine

**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 four of the operating rooms
- ❖ OTHU project is providing infrastructure revitalization of NCB with over \$100M of investments
- ❖ including the first stage of energy efficiency projects, fire alarm and sprinkler replacements, and
- ❖ multiple improvements to clinical areas throughout the facility
- ❖ Freight elevator repairs in progress

**3. Patient Safety/Satisfaction**

- ❖ North Central Bronx average HCAHPS scores of 70% have been maintained between the third quarter in 2021 to the second quarter in 2022.
- ❖ The Adult and Pediatric Emergency Departments maintained an average overall score of 83.22% between the third quarter in 2021 to the second quarter in 2022.
- ❖ The inpatient Adult Behavioral Health Department has maintained an overall score of 73.92% between the third quarter in 2021 to the second quarter in 2022. Increasing each quarter, most notable in the second quarter of 2022, with an overall score of 79.48%
- ❖ The Medical Practice has maintained an overall score of 86.23. Recommend this provider score of 88.53%, and Rate provide 0-10 score of 83.90% in the third quarter of 2021 to the second quarter of 2022.
- ❖ Improvement Strategies include:
  - ICARE Refresher and tailored trainings and orientations
  - Focus on Employee engagement and wellness
  - Sharing quantitative and qualitative data to highlight the voice and experience of our patients
  - Overall, there continues to be a system and hospital wide focus on Care Experience and Employee Engagement and Wellness.

**4. Frequent Complaints raised by patients**

- ❖ Communication remains our greatest challenge and is not isolated to any specific area, rather a global issue.
- ❖ All complaints or grievances that are indicative of quality of care/allegation of abuse issues are immediately referred to the Departmental Chair, Chief Nursing Officer (and Director of Nursing for the area involved) as well as the area Administrator for evaluation and plan of correction as applicable. In addition, all quality of care cases is analyzed by the Grievance Committee (which meets monthly) looking specifically for any trends or processes that may be contributory, as well as any structural inequities or racial/gender biases. Plans of correction when required, are submitted to and reviewed by the Grievance Committee. Quality of Care issues are discussed in all appropriate venues: staff meetings, local Performance and or Quality Improvement meetings as well as the Hospital-wide Performance Improvement Committee (HPIC), departmental meetings, and when deemed necessary the Medical Executive Committee.

**Signatures:**

Esme Sattau Low 8/30/22  
Esme Sattau Low, CAB Chair Date

Christopher Mastromano 8/30/22  
Christopher Mastromano, Chief Executive Officer Date