



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD 10

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HENRIETTA LYLE
Chairperson

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Assistant District Manager

Health & Human Services Committee

Monday October 28, 2013 6:30

Present: Chair Hazel Dukes, Melvin Christian, Christina Curry, Donna Gill, Diane Henderson, Jennifer Jones, Cheryl Smith, Stephen Watkins, Ibrahima Diafoune

Excused: Cicely Harris, Deborah Yates

Community Guests:

Katherine Nickson, Community Activist
Melba Taylor, MD Harlem Hospital Attending
Katherine Nickson, Community Advocate
Mariam Scott, Mount Sinai

Rodney Alexander, Greater Harlem Nursing Home
Vanessa Clifford, Doctor's Council
Tim Foristall, Greater Harlem Nursing Homes
Elaine Schechtel, Upper Manhattan Mental Health Center

The October 2013 Health & Human Services Committee meeting opened with an introduction of all committee members and visitors.

Mount Sinai Medical Health System

Representatives from Mount Sinai came before the committee to provide and update on the merger of Mount Sinai with the 4 former continuum hospitals: New York Eye & Ear, Roosevelt, Beth Israel and St Luke's. A notification was previously sent to the CB 10 office but was not received by the HHS committee.

The Mount Sinai trustees and Continuum trustees developed the MOU - Memorandum of Understanding, it received approval of all boards and received multiple regulatory approvals including Dept of Education, Dept of Health. The Health System is now under one Board, has centralized human resources and will create Centers of Excellence. The goal is to reduce medical supply purchase, lower the cost of providing care. It was shared that Medicare payments are projected to be reduced 2%. Its expected that many of the 5500 hospitals throughout the nation will consolidate to health systems. The short and long term goals are to expand access to healthcare, enhance /streamline care and avoid hospitals closures. The representatives were very clear that there are no plans to close any of the merged hospitals.

Health disparities in Community Board 10 are of great concern, some of the proposed changes: St Luke's will open a 13 bed observation diabetes unit that will be separate from the emergency department and will not require full admission. All hospitals will be on the same electronic medical record system. A mental health center will focus on fewer inpatient

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mental health admissions through the initiation of a partial hospitalization program. The goal is to reduce traditional outpatient along with the partial hospitalization increasing patient compliance.

Mount Sinai has a outreach plan and will be meeting with 'Clergy and Citizens with a Purpose' and will be coming before this HHS committee with updates from specific departments and clinical services that are of particular interest/high demand in Community Board 10.

Greater Harlem Nursing Home and Rehabilitation Center

GHNHRC opened in the early '70s and survived 23 nursing home closures and ownership changes of 18 facilities from not-for-profit to profit. In 2009 it applied for a 25 million grant (HEAL, state & federally funded) in response to the Berger commission that found NYS was "over bedded" with skilled nursing beds. Grant's purpose is to decertify beds and build assisted living program. The Director came before the committee to share that the nursing facility may be in need of affiliation in order to offer other services. The possibility of licensed home care agency would allow service to patients in their homes within the community.

GHNHRC learned that in March 2014 the federal government would discontinue their 50% match of the grant. Unfortunately GHNHRC does not yet have site control of the land intended for the expansion despite having a contract. Complications have presented with the Housing and Urban Development /Chauncy Hooper Towers. Renovation of day rooms on each unit will be completed by Jan 15, 2014 and the facility will be 'sprinkler' in addition to the addition of a new fire alarm system. The facility will decrease from 200 to 175 beds, complete renovation of the broilers. If funding allows they will develop a dialysis center and a social daycare.

Upper Manhattan Mental Health Center Inc,

Ms. Schetnel, Director of the Chemical Dependence Services, came before the committee seeking referrals for their adult mental health, pantry program and child & adolescent 20 bed half way house located on 110th & 3rd Avenue. The outpatient chemical dependence program, anger management woman's group and domestic violence are continuing day treatment at the 145th St location.

Council of Doctors (SEICU)

Ms. Clifford, representative for the physicians of HHC, came before the committee to inform us on the many concerns held by the staff, especially within the emergency department. Dr Melba Taylor, attending physician in the ED and clinical professor at Columbia, accompanied Ms. Clifford. A formal letter of concern citing the following issues has been sent to Harlem Hospital and HHC management:

- 1) On-going staffing issues on all levels: physicians, PA, nurses, police officers
- 2) Significant loss of revenue to the facility when patients cannot flow through the ED and go to other hospitals
- 3) Computer systems are out dated, no electronic medical records. Request the expedition of the planned upgrade
- 4) There is a dire need for billing staff, the guest report there are only 2 billers Harlem Hospital while Jacobi has 20
- 5) Emergency department hires new graduates from nursing school that lack the needed experience
- 6) There is a high level of turn over due to burn out
- 7) Slow hiring process (15 month credentialing process for the physician present)
- 8) Patient Care Committee Meeting, PAGNY
- 9) Scheduling of nurses in the emergency department is not sufficient, often requiring the triage and charge nurse pick up the slack, leaving the floor causing an adverse effect of the flow of patients
- 10) Patient Care Associates are under-staffed. Especially dangerous when suicide risk patients are being evaluated and are in need of '1:1' care

A meeting has been scheduled with Carolyn Jacobs, Director of Health Safety at HHC. The patient care committee has also been contacted. California statistics regarding this common issue was shared. The standard 1-4 ratio of nurse:

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patient is usually 1:6 or 1:8 at Harlem Hospital. Frustration with the proposed development of a simulation laboratory was shared, stating that one exists at Jacobi. Harlem Hospital pay scale is considerably less than LICH -- 1/2 to 2/3 of the salary for the emergency physicians. Per diem Physician Assistants are utilized, these higher costs could be better used toward recruiting full-time staff.

Disabled Community Lawsuit v. HHC

Hon Christina Curry informed the committee that concerns have been raised regarding the accessibility of Harlem Hospital and other HHC facilities. A full council meeting is scheduled to evaluate as the new HH building was found deficient in the federal standards. The DOH has issued a letter to HHC. Harlem Independent Living Center, Bronx Independent Living Center and Brooklyn Independent Living Center will be conducting surveys to assess the deficits. The litigation is on-going and the agencies will work in conjunction with the Borough President's office. Examples of deficiencies found to date: 1) full exams are limited if the exam tables cannot be lowered. 2) Amputees have difficulties with mammograms resulting in triple mortality rate for cervical cancer.

Community Advisory Board Updates:

- Harlem Hospital CAB, Deborah Yates will join Melvin Christian on the CAB
 - o Beatrice White is the new Chair of the Harlem Hospital Community Advisory Board
- Renaissance CAB vacancy will be filled by Donna Gill
- Metropolitan Hospital CAB, Stephen Watkins remains CB 10 representative

Meeting Adjourned 8:30pm

***** NEXT MEETING: Monday November 18^h 6:30pm *****