About Us

Banner

The Brooklyn Hospital Center is in the business of keeping people healthy. When you arrive in need of care, we move quickly to help you start healing so that you can return home. As Brooklyn?s first hospital [1], we offer a full spectrum of health care services with an outstanding team of dedicated doctors, nurses and staff, all working hard to get you back to your family as soon as possible.

And if experience matters?we?ve been doing this longer than any other hospital in Brooklyn!
ShareThis [2]

History

1839 The year was 1839 when a gentleman from Buffalo broke a leg on Fulton Street, near Brooklyn City Hall. It soon became clear that there was no place to take the stranger, except the infamous almshouse four miles away. Mayor Cyrus P. Smith, who witnessed the accident, had the man taken to a private house nearby and cared for at his own expense.

1845 Six years later, Mayor Smith convened a public meeting to discuss the establishment of a hospital in Brooklyn. The meeting was held in February, 1845, and in May of that year, Brooklyn City Hospital (later renamed The Brooklyn Hospital) was incorporated by the state legislature. Smith would later become the president of the first board of trustees.

Raising funds for the hospital was not encouraged. Newspaper accounts of the time described how hardly anyone attended those early fundraising meetings. One account tells of a meeting at the Brooklyn Institute where only $95 was collected.

1846 The need for a hospital in the growing city became so acute that the board of trustees moved to secure a temporary facility. Aided by generous contributions from Augustus Graham and other trustees, a two-story frame house was purchased for $2,600 from Thomas Litus on what is now Hudson Avenue.

1847 On December 10, 1847, the Brooklyn City Dispensary admitted its first patient. Inadequate as it was, this frame house would serve as a hospital for the sick and the poor until 1852, when the first building on the present site opened.

1848 By 1848, there was enough money collected through private contributions to begin in earnest the search for land for a hospital. In December of that year, the Committee of Lands reported with much fanfare and happiness the purchase from Kings County of a plot of 74 lots at $200 per lot. This land was located in an area bounded by Raymond Street, DeKalb Avenue and Canton Street . During Revolutionary times, the land was known as Cowenhaven's Woods and, because of its strategic location on a hill, it served as a fort for the forces of General Putnam. Later, in the War of 1812, the land was again fortified and renamed Fort Greene.

The first medical staff consisted of Doctors T. L. Mason, J. S. Thorne and D. Ayres., who were the attending surgeons.

Doctors H.I. Cullen, Purcell Cook, C. R. McClellan and C. L. Mitchell assumed the care of medical cases.

Still in its infancy, the hospital acquired from various sources a medical library ? one of the first public medical libraries in New York. A medical student had access to the library for the nominal fee of $2.50 a year with the understanding that "profane swearing would be sufficient to deprive him of its privileges."

Ninety patients were treated in the hospital during its first year of operation (1848-1849). Sixty of those patients received medical attention, and the rest required surgery. The early difficulties faced in the small frame house that served as Brooklyn's only hospital were described by Dr. Ayres in his first report: "During the year several capital operations have been performed, and at times the surgeons have found themselves much embarrassed to provide the necessary accommodations for all their patients; thus when all the rooms are occupied, it has become necessary to perform bloody operations in a ward before several sick patients."

1851 On June 11, 1851, more than six years after Mayor Smith had convened the public hearing for the purpose of establishing a hospital, the first cornerstone was laid by Mrs. Augustus Graham, whose husband, by then deceased, had contributed a total of $38,000. The first building opened a year later and was hailed immediately as "the last word" in hospital construction. It initially housed 160 patients.

1858 Pathological Hall was built in 1858 and quickly recognized by the medical profession as a place where theorizing and conjecture were superseded by the study of facts. The building, entirely separated from the main hospital building, was designed as a place for the study of pathological anatomy. The first floor was devoted to the study of pathology, and on the second floor, there were a lecture room, a museum and a library. In this building, autopsies were conducted, coroners' inquests held, and lectures delivered. The Brooklyn Hospital was the second hospital in the country to have a separate building to be used exclusively for the study of pathology.

When the Civil War broke out, The Brooklyn Hospital took on the role of caring for the sick and wounded soldiers of the Union Army ? a role it would assume again during the Spanish-American War, World War I and World War II. In World War I, a floor of the West Pavilion with its 60 beds was set aside for the care of sick and disabled sailors.

"I remember that during World War I the hospital was very active," recalled Dr. Edwin P. Maynard, Jr., whose association with the hospital dates back to 1921, and whose father was treasurer and chairman of the executive committee at The Brooklyn Hospital. "I remember the Navy paid us $7 a week for each wounded man, and there were many of them."

Over one hundred years after they were written, in fine Spencerian script, bound volumes of Case Records ? the earliest dated 1867-1869 ? were found in the Hospital's library. Research disclosed that they were among the first in the country to be maintained by means of a system that utilized a standardized nomenclature of disease to describe the afflictions of patients, and cross-referenced to make them easy to locate. This presumably was for the purpose of being able to extract information and statistics for study and research to be conducted at a later date.

1869 After the Civil War, in 1869, the Orthopedic Infirmary was opened in the building that had originally housed Pathological Hall. Poor patients from all over Long Island were treated there. Many patients were referred to the hospital's wards, but minor operations were performed in the Infirmary.

1880 A training school for nurses was established in 1880, thanks to the civic-minded women of the Fruit and Flower Mission. It was the first nursing school in Brooklyn and the second one in the State. The school's management was in the hands of these ladies, with Mrs. Seth Low as their first president. The hospital paid the school for the services of its students. In 1882, the first class of four students graduated. The school was to last until 1968, when Long Island University took over the responsibility of training nurses, and the hospital provided the clinical experience for the trainees.

1883 To change the impression that Brooklyn City Hospital was a municipal hospital, in 1883 our legal name became simply The Brooklyn Hospital. A report at the time said, "This was deemed advisable because, while the hospital was a charitable institution, the name conveyed the erroneous idea that it was a municipal corporation and supported by the city proper."

1890 An ambulance service was established in 1890 to cover a district that included downtown Brooklyn, Fort Greene, the Navy Yard and Bedford-Stuyvesant. During its first year of service, the ambulance responded to 971 calls.

1893 By 1893, another building was erected to house one of the first separate maternity departments to be found in a general hospital.

1896 In 1896, an annex was constructed to the nurses' residence, and in 1912, a separate building was completed on Ashland Place and opened as an enlarged dispensary. The latter building became the first constructed during an ambitious expansion program carried out during the presidency of Harold I. Pratt. Additional work in the course of his term included a new hospital plant centering around the maternity building and demolition of the original 1852 structure. The institution by then had 306 beds.

1923 In 1923, St. Christopher's Hospital for Babies was transferred to the hospital, where it occupied the West Pavilion. That same year, a dental clinic, the City Dental Clinic and Dispensary, also moved to The Brooklyn Hospital.

1925 A great step forward in the direction of more efficient management of patient care took place in 1925, when Doctors William H. Field and Edwin P. Maynard, Jr. introduced a unit history system for keeping permanent, easy-to-retrieve patients' records. At the time, both young men were residents at the Hospital. Dr. Maynard explained the system during an interview: "At the time I arrived at the hospital, each department kept records separately. Field and I made an effort to adopt a unit system for each patient; each patient would get a number and that way we were able to file their records properly... it made a tremendous difference. It simplified everything and made patient care that much better."

1926 In 1926, an Electrocardiograph was installed ? the second in Brooklyn ? and a Department of Electrocardiography was established.

1945 Extensive modernization of equipment and facilities took place in the years following World War II. Improvements and additions included a new cardio-pulmonary laboratory for the study of diseases of the blood and circulatory system. A specially designed post-anesthesia room was built. In it, patients would spend the important hours immediately following surgery under the constant supervision of a trained team of nurses and doctors, who checked their reactions until they awoke and could be returned to their rooms. A centrally-piped oxygen system was also installed.

1957 The Brooklyn Hospital was further strengthened as a result of a merger with the Brooklyn Thoracic Hospital. Trustees and staff members of the combined institutions brought their abilities to bear for the good of the community. Their far-sightedness led to the development of a master plan which, from the period between 1969 and 1980, led to the renovation and reconstruction of more than half the hospital. During the same period, new services and equipment were added, keeping in time with the rapidly accelerating progress being made in methods of patient care.

1968 Another merger took place in 1968, and a prominently-placed plaque commemorates "The Evangelical Deaconess Hospital ? inspired in its inception by the Reverend August Daniel Post ? it served the Bushwick community for almost fifty years."

1976 A 20-story Staff Residence was completed and named in honor of Dr. Edwin P. Maynard, Jr., a man whose name has appeared several times in the course of this narrative. Dr. Maynard was associated with The Brooklyn Hospital for over sixty years. A cardiologist of note, he also served as keeper of the hospital's archives, a task he performed as a labor of

love. Other programs and services that became available included a new pharmacy and a clinical association with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences at Long Island University, a new clinical laboratory, a hemodialysis service, a Neonatal Intensive Care Unit, a whole body C.A.T. scanner, a Speech and Hearing Center, a Diabetes and Endocrine Center, residency programs in Neurology, Rehabilitation Medicine, and Ophthalmology, a vascular surgery service, and a training program for Physicians' Assistants supported by the U.S. Department of Health, Education and Welfare. Nuclear Medicine, Cardiology and Oral Surgery also grew rapidly as advances occurred in their respective fields.

1980 In September of 1980, The Brooklyn Hospital celebrated the anniversary of its founding in 1845, and at that time its president, Mrs. George M. Billings, announced that the hospital had been given final approval of its application to the U.S. Department of Health and Human Services for a $72 million mortgage loan guarantee. This meant that Brooklyn's first voluntary hospital would be around for a great many years to come, building upon the tradition it established in its earliest days to provide modern, efficient medical and hospital care for the people of the community.

1982 One of the most dynamic periods in the history of the Brooklyn Hospital and Caledonian Hospital Merger, disaffiliation from Cumberland Hospital. The merger and disaffiliation created The Brooklyn Hospital-Caledonian Hospital. The intent of the merger with Caledonian Hospital was to create a Board and Management structure and a staff capable of providing a broader range of high-quality, cost effective health services to the Corporation's collective communities.

1986 The project to rebuild Caledonian Hospital became fully operational, after the successful MCFFA Bond sale in late 1985, and subsequent mortgage closing in January 1986.

1987 On December 28, the first patients were moved into a beautiful, new, modern Caledonian Hospital wing. One half of the physical plant at that site was now new, and the Emergency Room was five times its former size.

1990 The official name of the Hospital is changed to The Brooklyn Hospital Center.

1991 New York State implements a new requirement on annual community benefit standards, leading to the development of the first formal Community Service Report for The Brooklyn Hospital Center.

1992 Mrs. George M. Billings retires as Chairman of the Board, after serving in that position for 22 years.

1993 An Academic and Clinical Affiliation Agreement with New York University Medical Center and New York University is signed, commencing on January 1, 1994.

1995 The development of The Brooklyn Hospital Network, developed with an estimated capital requirement of approximately $50 million. The Network included five new owned/operated Article 28 extension centers, new affiliations with existing community based providers, and health services development with community-based organizations, affiliated physician practices, and School-based health centers, as well as the opening of the Rockwell Dialysis Unit in January 1996. Many of these remain in existence today, providing necessary healthcare services to varied communities served by the Hospital.

1998 On February 12, the Board of Trustees voted unanimously that The Brooklyn Hospital Center should become a Corporate Member of The New York and Presbyterian Healthcare System. On February 18, all documents were executed. This effectively terminated the affiliation with New York University Medical Center and New York University.

1997 *Modernization 2000* is launched, a $57,000,000 FHA Program. Phase I concluded in 1999.

2001 The defining moment was, of course, the September 11 attack on the World Trade Center. As we now reflect from not so great a distance, we are exceedingly proud of The Brooklyn Hospital Center and its people for their selfless response and of their abiding commitment to a Mission that was more than a century and a half old. At that time of national tragedy, when our own local community needed us more than ever, The Brooklyn Hospital Center was there. The Hospital Center, on a much brighter note, celebrated the completion of *Modernization 2000*, a construction, renovation and technology development program that placed the The Brooklyn Hospital Center among the most modern and best equipped hospitals in New York.

ShareThis [1]

Leadership

Administration

Richard B. Becker, MD
President & Chief Executive Officer

Trent Crable
Executive Vice President & Chief Operating Officer

Joseph Guarracino
Senior Vice President & Chief Financial Officer

Gary Almedo Stephens, MD
Senior Vice President & Chief Medical Officer

Patricia Winston, RN, MS, NEA-BC, FACHE
Senior Vice President & Chief Nursing Officer

Guy Mennonna
Senior Vice President, Human Resources

Stacy A. Friedman
Senior Vice President & General Counsel

Joan Clark
Senior Vice President, Strategic Planning

Bill Moran
Senior Vice President, Chief Information Officer & HIPPA Security Officer

Vasantha Kondamudi, MD
Vice President and Chief Quality Officer

Benson Yeh, MD
Vice President of Academic Affairs, DIO, & Dir. Informatics

Lora Myers
Vice President, Internal Audit & Corporate Compliance

Leroy R. Charles
Vice President, External Affairs

Debbie Niederhoffer
Vice President, Chief Development Officer

Mary Ann Healy-Rodriguez, RN
Vice President, Nursing Operations

Paul Y. Wong
Vice President, Facilities Management

Davina Vaswani, MHA
Vice President, Ambulatory Care Services

Donald P. Minarcik, CPA,FHFMA
Vice President, Revenue Enhancement

Patrick S. Semenza, CPA, CHFP
Vice President, Financial Operations

Clinical Chairs

Harry Dym, DDS, HT
General Dentistry, Oral and Maxillofacial Surgery

Michael Hochberg, MD
Emergency Medicine

Vasantha Kondamudi, MD
Family Medicine

Jean G. Ford, MD
Internal Medicine

Michael Cabbad, MD
Obstetrics and Gynecology

Philip Xiao, MD
Pathology

Kenneth Bromberg, MD
Pediatrics

Shalom Buchbinder, MD
Radiology

Peter J. Pappas, MD, FACS
Surgery

Dhanan Etwaru, MD

Urology

Harold Kim, MD
Anesthesia

Board of Trustees

Carlos P. Naudon
Chairman

Anne Elizabeth Fontaine
Vice Chair

***Calvin J. Simons,* MD**
Vice Chair

Richard B. Becker, MD
President & CEO

Earl D. Weiner
Secretary

Willard N. Archie
J. Barclay Collins, II
Emme Deland
Bernard Drayton
Fredrick S. Harris
George I. Harris
Gale Stevens Haynes
Hon. Milton Mollen
John E. Osnato
Wayne M. Osten
Maria Fiorini Ramirez
Susan E. Skerritt
Dino J. Veronese
Gary Zuar

Seth S. Faison
Chairman Emeritus

Jonathan M. Weld
Immediate Past Chairman

Herbert Pardes, MD
Honorary Trustee

ShareThis [3]

Mission, Vision & Values

Our Mission

The Brooklyn Hospital Center is dedicated to providing outstanding health services, education, and research to keep the people of Brooklyn and greater New York healthy.

Our Vision

We will be a destination provider of top-quality and compassionate health care to the people of Brooklyn and greater New York.

Our Values

Our core values CREATE our work culture.

Community Service: We are dedicated to improving the health and wellbeing of the people of Brooklyn and greater New York.

Respect: We honor the dignity and diversity of our patients, staff and community.

Efficiency: We judiciously manage the human and financial resources entrusted to us.

Accountability: We are all individually responsible for the success of The Brooklyn Hospital Center.

Teamwork: As individuals and departments, we work together to help The Brooklyn Hospital Center realize its greatest potential.

Excellence: We perform work of the highest quality to deliver outstanding care.

ShareThis [4]

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice went into effect on April 14, 2003. It was updated on June 6, 2013.

If you have any questions about this Notice of Privacy Practices, please contact Patient Relations at 718.250.8292 or refer to the contact information on the last page of this Notice.

WHO WILL FOLLOW THIS NOTICE

We may use your medical information for treatment, payment, hospital operations, or research purposes as described in this Notice. All of the employees, staff (including physicians on our medical staff), and other personnel of The Brooklyn

Hospital Center follow these privacy practices. In this Notice, we will refer to The Brooklyn Hospital Center as the ?Hospital.?

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

? make sure that medical information that identifies you is kept private;
? give you this notice of our legal duties and privacy practices with respect to your medical information; and
? follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

For Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that he can arrange for appropriate meals. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care.

For Payment - We may use and disclose medical information about you, so that we may bill for treatment and services you receive at the Hospital and can collect payment from you, an insurance company, or another party. For example, we may need to give information about surgery you received at the Hospital to your health plan so that the plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law. You may restrict disclosures of medical information to your health plan regarding services you paid for yourself in full.

For Health Care Operations - We may use and disclose medical information about you for operations of the Hospital. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our staff caring for you. We may also combine medical information about many patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital personnel for educational purposes. We may also combine medical information we have with medical information from other hospitals to compare our performance and to make improvements in the care and services we offer. We may also disclose information about you to other healthcare facilities as permitted by law.

Appointment Reminders - We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care.

Treatment Alternatives - We may use and disclose medical information to tell you about possible

treatment options that may be of interest to you.

Health-Related Benefits and Services - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities - We may contact you in an effort to raise money for the Hospital. Unless you give us permission to use additional information, we would limit use of your information to contact information such as your name, address and telephone number; the dates you received treatment or services at the Hospital; your treating physician and department; and your general outcome. If you do not want to be contacted for fundraising, you may opt out of such efforts by following the procedures described in fundraising letters you receive, or by notifying the Brooklyn Hospital Foundation.

Inpatient Directory - We may include certain limited information about you in the Hospital?s directory while you are a patient at the Hospital so your family, friends, and clergy can visit you and generally know how you are doing. This information may include your name, location in the Hospital, your general condition (fair, stable, etc.) and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. This information, including your religious affiliation, may be given to a member of the clergy even if they don?t ask for you by name. You may specifically request that we not include you in the directory when you register.

Individuals Involved in Your Care or Payment for Your Care - We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research - Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information to balance research needs with patients? need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this process. However, we may disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical conditions, so long as the medical information they review does not leave the Hospital. When required by law, we will ask for your written authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Hospital.

As Required By Law - We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

New York State Law - Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with a separate notice explaining how the information will be protected.

Organ and Tissue Donation - If you are an organ or tissue donor, we may release medical information to organizations that handle organ procurement or to an organ donation bank.

Military and Veterans - If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities.

Worker?s Compensation - We may release medical information about you for worker?s compensation or similar programs.

Public Health Risks - We may disclose to authorized public health or government officials medical information about you for public health activities such as the following:
? for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
? to prevent or control disease, injury or disability;
? to report births and deaths;
? to report child abuse or neglect;
? to report reactions to medications or problems with food or other products;
? to notify people of recalls or replacements of products they may be using;
? to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
? to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release medical information if asked to do so by a law enforcement official:
? in response to a court order, subpoena, warrant, summons, or similar process;
? to identify or locate a suspect, fugitive, material witness, or missing person;
? about the victim of a crime, if under certain circumstances we are unable to obtain the person?s agreement;
? about a death we believe may be the result of criminal conduct;
? in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime;
? to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations;
? to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Coroners, Medical Examiners and Funeral Directors - We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors so they can carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy - You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy

notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Hospital?s Health Information Management (?Medical Records?) Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances, but you may request that the denial be reviewed. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend - If you think that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Hospital. Your request must be made in writing and submitted to the Hospital?s Health Information Management department. You must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
? was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
? is not part of the medical information kept by the Hospital;
? is not part of the information that you would be permitted to inspect and copy; or
? is accurate and complete.
We will provide you with written notice of action we take in response to your request for amendment.

Right to an Accounting of Disclosures - You have the right to request an ?accounting of disclosures.? This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to Health Information Management. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation, and mailing costs for the second and subsequent requests. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to be Notified of Breach of Your Information ? You have the right to be notified by the Hospital following any breach of your medical information.

Right to Request Restrictions -You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request, except that you may request us to withhold medical information from your health plan if the information relates to services you paid for yourself in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Health Information Management. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at your first treatment encounter at

the Hospital. You may get an additional copy of this Notice at any time by contacting Patient Relations. You may also obtain a copy of this notice at our website, http://www.tbh.org [5].

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for medical information about you we already have as well as any information we receive in the future. We will post a copy of the current Notice in the Hospital. The Notice will contain on the first page the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Office of Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with us here, please call or write to Patient Relations or to the Privacy Officer listed on the last page of this Notice. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization, on a Hospital authorization form. Specifically, uses and disclosures of your medical information for marketing purposes or involving a sale of your information will be made only with your written authorization. Likewise most uses of psychotherapy notes require authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

For more information and answers to questions, please contact:

Privacy Officer
The Brooklyn Hospital
121 DeKalb Avenue
Brooklyn, N.Y. 11201

Patient Relations 718.250.8292
Health Information Management (Medical Records) 718.250.8288
Privacy Officer 718.250.8458

OFFICE OF CIVIL RIGHTS
U.S. Dept. of Health & Human Services
Region II
Jacob Javitz Federal Building
26 Federal Plaza ? Suite 3312
New York, NY 10278
800.368.1019

ShareThis

[6]

Bioethics

The Bioethics Committee at The Brooklyn Hospital Center is readily accessible to patients, family members and hospital staff for assistance and advice when ethical issues relating to patient care arise. Members of the committee include physicians, nurses, administrators, social workers, trustees, chaplains, community representatives and an ethicist.

Services

Consultation is available to provide assistance in discussing the ethical implications surrounding the patient's care and to offer guidance and support to the individuals involved. Dispute mediation can also be obtained to help in resolving intra-family or staff-family disagreements concerning the plan of care for the patient.

For more information, please ask a nurse, physician, social worker, chaplain or a representative from Patient Relations.

Contact Information

Committee members are available for consultation 24 hours a day, 7 days a week. To request a case consultation, call 718.250.8292. After hours or on weekends, a staff member will help you reach an on-call member of the committee.

ShareThis [7]

A Strategic Plan for The Brooklyn Hospital Center

[8]For nearly 170 years, The Brooklyn Hospital Center has evolved into a leading provider of the highest quality health services, education and research, keeping Brooklyn healthy with a special commitment to service excellence and compassion.

Now we are poised to build upon our long tradition of outstanding service to our community, with a comprehensive strategic plan designed to ensure our growth and continued success over the coming years.

Guided by our mission, our vision and our core values, the goals and strategies outlined in this systematic plan will help The Brooklyn Hospital Center deliver the highest quality patient care and customer service, attract and retain the best staff, achieve and maintain fiscal well-being, bolster our research and educational programs, and make our services even more accessible ? positioning us as the premier destination health care center for the people of Brooklyn and beyond.

Where we're going.

The goals of The Brooklyn Hospital Center?s ambitious strategic plan for the next three years are to:

- Create a patient-focused culture that values customer service. [9]
- Develop destination clinical programs and medical staff. [10]
- Achieve financial strength. [11]
- Become an employer of choice for a committed and caring staff. [12]
- Provide superior access to patient care of outstanding quality and safety. [13]

- Strengthen research, medical education and community engagement. [14]

Process

Using a proven three-phase approach, we created a strategic vision aimed at advancing our three fundamental areas: clinical care, education and research.

We conducted extensive strategic planning interviews to pinpoint our strengths, weaknesses and opportunities. We surveyed people throughout the hospital, gathering their input on core values and priorities identified in our interviews. We performed a comprehensive assessment of our operations and infrastructure. Finally, we set measurable goals and objectives, and defined strategies and tactics to reach them. Going forward, we will implement the tools to actualize our plan while effectively communicating with stakeholders.

Together, we will bring our plan to life in a challenging, dynamic health care environment.

ShareThis [15]

How we'll get there.

STRATEGY

We will strengthen our staff development programs to promote a patient-centered customer service culture among our employees, while focusing on patient and customer service in recruiting and orienting new employees. The Brooklyn Hospital Center will also create comprehensive internal communications and recruitment orientation programs, and will develop performance management techniques to ensure the highest level of service.

MEASURES OF SUCCESS

We will track our progress toward this goal by assessing improved patient, staff and physician satisfaction, shorter hospital stays, increased patient flow, higher patient volume, and fewer admissions through our Emergency Department.

ShareThis [9]

How we'll get there.

STRATEGY

The Brooklyn Hospital Center will target its growth and investment toward select destination clinical programs that meet identified community needs, and will provide primary care and preventative programs to patients seeking outstanding health services.

By fostering strong relations with and between employed and voluntary physicians on our staff, physicians in the community, and community-based health care organizations, we will achieve this goal. We also will aggressively market and promote our physicians who are involved with destination programs, and seek to partner with community-based health care providers to be market responsive to residents? needs..

MEASURES OF SUCCESS

The Brooklyn Hospital Center will measure the level of success of this initiative through community-based partnerships, greater volume in destination programs, targeted services to meet community needs, improved payer mix, higher clinical margins and expansion of our service area reach.

We will monitor our progress toward this goal by measuring improved physician satisfaction, growth in elective cases, more new patient visits, external recognition of our physicians, and higher patient referrals.

ShareThis [10]

How we'll get there.

STRATEGY

We will implement revenue enhancement opportunities, significantly increase philanthropic support, and enact cost containment measures to sustain our long-term viability.

MEASURES OF SUCCESS

We will ascertain the effectiveness of our fiscal programs by achieving sufficient operating margin, as well as increased patient, employee and physician satisfaction.

ShareThis [11]

How we'll get there.

STRATEGY

We will attain this goal by providing a supportive work environment that strengthens employee satisfaction.

Measures of Success

Improved retention rates; recruitment success; higher employee, patient and physician satisfaction scores; increased employee referrals and better performance reviews all will be indicators of our success in this area.

ShareThis [12]

How we'll get there.

STRATEGY

The Brooklyn Hospital Center will develop standardized processes to enhance our quality and efficiency, built on a thorough grasp of the barriers impeding patient access to care. We also will update our facilities and technology to ensure our staff has the tools they need to deliver high quality, safe care, while creating a workforce committed to safety and excellence.

MEASURES OF SUCCESS

The Brooklyn Hospital Center will gauge the success of this initiative with evidence of proven progress in attaining quality goals, including awards, growth in elective case volume, improved patient satisfaction and patient flow, a lower number of sentinel events and a decline in patient no-shows.

ShareThis [13]

How we'll get there.

Strategy

We will ensure that all our residency programs are consistently excellent and provide high quality training. The Brooklyn Hospital Center also will build its clinical and population-based research programs, and will assume a leading role in providing health education to our community.

We will build market awareness and bring the The Brooklyn Hospital Center brand to life. By engaging in community outreach we will serve the vast array of neighborhoods, agencies, organizations, schools and individuals in our community.

Measures of success

The Brooklyn Hospital Center will judge the effectiveness of this initiative by a higher number and dollar amount of grants and contracts, increased peer-reviewed publications, more science abstracts and presentations, and greater involvement in

local and national professional societies. Other measures will include improved National Residency Match Program results, improved board passage rates and scores, and a higher number of advanced degree registered nurses.

ShareThis [14]

Audit & Compliance

The Audit and Compliance Department monitors the hospital?s continuing compliance with government regulations in such areas as billing, business relationships, patient access to services, governance, and patient privacy.

It is the hospital?s intention to conduct itself at the highest ethical standards. We recognize that our reputation is our greatest asset. Our success depends in large measure on the trust patients and the public place in us. A strong compliance program will help ensure that we continue to deserve that trust.

Moreover, compliance with state and federal laws and regulations is essential because of the potential civil or even criminal liability we face if we violate them. As in medical care, prevention is certainly the wisest course, and that is what our compliance program is designed to accomplish.

Even the most carefully constructed compliance program, however, cannot cover every situation. We invite all members of the hospital community and the public to contact us with questions or concerns about any aspect of the hospital?s health care services, billing issues, or business matters.

Personnel

Lora Myers, Vice President, Audit and Compliance? [16]
Melanie Fredericks, Director Audit and Compliance

Related Information

Notice of Privacy Practices [6]

Contact

tel: 718.250.8458
fax: 718.250.6951

24-hour Compliance Help Line
1.866.420.3438
(calls may be anonymous)

To report electronically, please visit www.tbhc.ethicspoint.com

Public Notice - Fraud, Waste & Abuse [17]
Policy on Vendor Relationships [18]
Research Financial Conflicts Of Interest [19]
ShareThis [20]

Success Stories

pdbike1.sml_.jpg [21]

Success Stories: The Amer Family

Only a tiny percentage of couples are genetically prone to giving birth to more than one set of twins. But Gezime and Adel Amer defied the odds by having their third set of natural twins, Mohammed and Sayed, at The Brooklyn Hospital Center this June. The children are named after Mr. Amer?s late father, Mohammed Sayed. READ MORE > [22]

Success Stories: Pierre Dejean

Pierre Dejean arrived at The Brooklyn Hospital Center early one August morning without the mixture of hope and anxiety that often accompany a trip to a medical facility. A financial services consultant, he came only to discuss a routine business matter with the Hospital Center?s senior staff.

But it wasn?t far into the meeting when Pierre started feeling sweaty and queasy. ?I wasn?t in pain so I initially ignored the symptoms,? Pierre explained. ?But Dr. Becker [Richard B. Becker, MD, TBHC?s president and CEO] could see something was seriously wrong. He asked me to loosen my tie and open my shirt and then called for a wheelchair, which actually came before I finished unbuttoning my shirt.?

An exercise buff who just a week earlier had been riding along the wooded bike trails of Cape Cod, Pierre never thought he would transition from consultant to patient right there in the TBHC boardroom. His blood pressure and cholesterol levels had always been normal and he had no significant family history of heart disease.

Dr. Becker accompanied Pierre to the TBHC Emergency Department where an EKG and other tests were performed. The results showed a blood clot in a critical artery leading to Pierre?s heart; a condition that could not have been prevented by good diet and exercise.

?I?m so thankful for the care I received at The Brooklyn Hospital Center,? said Pierre, offering the test results from a follow-up exam as evidence of the speed and professionalism with which he was treated. ?An ECG two months later couldn?t detect any permanent damage to my heart. From a medical standpoint it was as if nothing had ever happened,? Pierre said, adding that he often wonders what would have happened had his heart attack occurred while he was still biking on the trails of Cape Cod.

?I?m lucky to have been in the right place at the right time, and I think it?s great the residents of downtown Brooklyn have the ?right place? if and when their moment of urgent need comes along.?

ShareThis [23]

© Copyright 2008 ? 2011 ? The Brooklyn Hospital Center ? 121 DeKalb Avenue Brooklyn, New York 11201 ?

718.250.8000

Source URL: http://www.tbh.org/about-us/about-us

Links:
[1] http://www.tbh.org/about-us/history
[2] http://www.tbh.org/about-us/about-us
[3] http://www.tbh.org/about-us/leadership
[4] http://www.tbh.org/about-us/mission-vision-values
[5] http://www.tbh.org/
[6] http://www.tbh.org/about-us/notice-privacy-practice
[7] http://www.tbh.org/about-us/ethics
[8] http://www.tbh.org/sites/default/files/Strategic%20Plan_FINAL.pdf
[9] http://www.tbh.org/about-us/how-well-get-there
[10] http://www.tbh.org/about-us/how-well-get-there-0
[11] http://www.tbh.org/about-us/how-well-get-there-1
[12] http://www.tbh.org/about-us/how-well-get-there-2
[13] http://www.tbh.org/about-us/how-well-get-there-3
[14] http://www.tbh.org/about-us/how-well-get-there-4
[15] http://www.tbh.org/about-us/strategic-plan-brooklyn-hospital-center
[16] mailto:lmyers@nyp.org%E2%80%A8
[17] http://www.tbh.org/sites/default/files/docs/public%20notice%20fraud%20waste%20and%20abuse.pdf
[18] http://www.tbh.org/sites/default/files/docs/C-186-Vendor-Relationships1.pdf
[19]
http://www.tbh.org/sites/default/files/docs/C195%20IRB%20COI%20policy%20w%20Fed%20changes%20Feb%202012.pdf
[20] http://www.tbh.org/about-us/audit-compliance
[21] http://www.tbh.org/sites/default/files/pdbike1.sml_.jpg
[22] http://www.tbh.org/success-stories/success-stories-amer-family
[23] http://www.tbh.org/about-us/success-stories-pierre-dejean