

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: March 5, 2013
Time: 5:30 P.M
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, R.N.

ADOPTION OF MINUTES

January 8, 2013

Josephine Bolus, R.N.

CHAIRPERSON'S REPORT

Josephine Bolus, R.N.

INFORMATION ITEMS

Community Needs Assessment Presentation

Dona Green

Central/North Brooklyn Family Health Network

Kings County Hospital

Agnes Abraham

Dr. Susan Smith McKinney
Nursing and Rehabilitation Center

May Thomas

East New York Diagnostic
And Treatment Center

Ludwig Jones

Woodhull Medical and Mental
Health Center

Jessica Arocho

Cumberland Diagnostic and
Treatment Center

Antoinette Brown

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

**COMMUNITY
RELATIONS**

Meeting Date: January 8, 2013

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, RN, Chair

Robert F. Nolan, Board Member

Antonio Martin, Representing Alan Aviles, President, New York City Health & Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gladys Dixon, Chairperson, Coler/Goldwater Specialty Hospital and Nursing Facility (Coler Campus) CAB

Virginia Granato, (Representing Sunderam Srinivasan, Chairperson, Coler/Goldwater Specialty Hospital and Skilled Nursing Facility (Goldwater Campus) CAB

Bobby Lee, Chairperson, Bellevue Hospital Center

Jose Grajalas, Chairperson, Metropolitan Hospital Center

Jeromane Berger-Gaskin (Representing May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center)

Esme Sattaur-Low, Chairperson, North Central Bronx Hospital

Queenie Huling, Chairperson, Coney Island Hospital

Mendy Erez,(Representing, Gerald From, Ph.D., Chairperson, Gouverneur Healthcare Services

Jessica Arocho, Chairperson, Woodhull Medical and Mental Health Center

Ludwig Jones, Chairperson, East New York Diagnostic and Treatment Center

HHC FACILITY CAB MEMBERS

Cynthia Moseley, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility

Gloria Thomas, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Gary Delamothe, Coler Specialty Hospital and Nursing Facility

Alicia Zanelli, Bellevue Hospital Center

Paula Schaeffer, Bellevue Hospital Center

Henie Parish, Bellevue Hospital Center

Carol Barnes, Bellevue Hospital Center

Michelle Winfield, Bellevue Hospital Center

Naitou Sow, Bellevue Hospital Center

Sandra Stevens, Bellevue Hospital Center

Jewel Jones, Metropolitan Hospital Center

Ed Shaw, Metropolitan Hospital Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health
Intergovernmental Relations

Valerie Phillips, Office of Legal Affairs

Deborah Cates, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

Manelle Belizaire, Intergovernmental Relations

Alvin Young, Intergovernmental Relations

John Jurenko, Intergovernmental Relations

Robb Burlage, Intergovernmental Relations

Renee Rowell, Intergovernmental Relations

HHC FACILITY STAFF

Lynda Curtis, Senior Vice President, South Manhattan Network

Meryl Weinberg, Executive Director, Metropolitan Hospital Center

Mendy Hagler, Executive Director, Gouverneur Healthcare Services

Robert Hughes, Executive Director Coler/Goldwater Specialty Hospital and Skilled Nursing

Ruth Hunt, Associate Director, Bellevue Hospital Center

Sonia Dell-Robinson, CAB Liaison, Coney Island Hospital

William Jones, Associate Director Coler/Goldwater Specialty Hospital and Skilled Nursing
Facility

Lisa Marie Izquierdo, CAB Liaison, Bellevue Hospital Center

Debera Tyndall, CAB Liaison, Kings County Hospital Center

Ron Law, Metroplus, Intergovernmental Relations

Elizabeth Atkinson, Kings County Hospital Center

Cassandra Vernon, Kings County Hospital Center

GUESTS

Judy Wessler, Commission on the Public's Health System

Ann Bove, R.N, Commission on the Public's Health System

Karen Smith, Commission on the Public's Health System

Carmen Sanchez, Commission on the Public's Health System

Arthur G. Edwards, Commission on the Public's Health System

Mark Kent, Consumer, Bellevue Hospital Center

Chyann Le Sapp, New York City Votes

Ann Bove, New York Nurses Association

Leon Bell, New York Nurses Association

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m. by the CRC Chairperson, Mrs. Josephine Bolus, RN.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of the September 4, 2012. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus opened the meeting with a warm welcome to members of the Committee and invited guests and wished all a Healthy and Happy New Year.

Before proceeding with the annual reports of the Community Advisory Boards of the South Manhattan Network, Mrs. Bolus highlighted some developments that had occurred across HHC since the September 4, 2012 meeting.

Mrs. Bolus began her report by publicly thanking HHC's staff for their stellar work before, during and after Hurricane Sandy. Mrs. Bolus noted that it was a monumental effort to staff in command centers, working in special medical needs emergency shelters, conducting ongoing operations at the facilities, carrying out the safe evacuations of several hundred patients at two acute care hospitals, safely transferring long term care patients on ventilators from one campus to another; and all the while, in many ways, being personally affected by the ravages of the storm. Mrs. Bolus added that words cannot truly capture how proud she is of the job that was done.

Mrs. Bolus continued and reported that four (4) Annual Public Meetings of the HHC Board of Directors was held during 2012. She noted that at each of those meetings, Mr. Aviles shared HHC-wide achievements and notable facility-specific performance improvements and accomplishments. Mrs. Bolus added that Mr. Aviles also described some of the exemplary actions taken by incredibly committed and creative staffers at each facility during and after Hurricane Sandy.

Ms. Bolus stated that "Mr. Aviles outlined the significant financial challenges that HHC faced before the storm that will continue and, indeed, intensify in the future." Specifically, he noted that not only does the City forecast a \$2.5 billion dollar budget gap in the fiscal year beginning this coming July, which means a \$5 million, cut in City funding to HHC; but there are also significant federal budget actions that will mean hundreds of millions in federal funding cuts to HHC over the next several years." Mrs. Bolus added that Mr. Aviles' message was that this very sobering fiscal reality will require that HHC make some difficult decisions while at the same time endeavoring to maintain its mission.

Mrs. Bolus continued by briefly reviewing some of the key messages that the Board members heard from CAB members, patients, staff and elected officials at HHC's Board of Director's Annual Public Meeting. Mrs. Bolus noted that in the Bronx, Queens and Manhattan there were concerns expressed by union representatives about the outsourcing of dialysis services.

Mrs. Bolus stated that at "the Bronx meeting, nursing staff also recommended that there be better training for new staff assuming the responsibilities of retiring nurses. In addition, at the Bronx meeting, a union leader commented that there was a need to ensure that all union representatives were kept apprised of the restorations of services at Coney Island and Bellevue hospitals."

Mrs. Bolus reported that at the Queens meeting, members of the Board heard testimony from Council Member Leroy Comrie, former Council Member Helen Sears, the Chairpersons of the two CABs and labor representatives. She noted that there were many accolades given to the Network and facility leadership about the services provided by the borough's two public hospitals. Mrs. Bolus stated that "some of the issues that were raised included the increases in emergency room volumes as a result of the closing of voluntary hospitals in the borough; the need for enhanced communication with unions; and the importance of continuing to keep the CABs and community boards apprised of plans for the use of the T Building on the Queens Hospital campus."

Mrs. Bolus reported that at the Staten Island meeting testimony from elected officials or their staff was given regarding the vulnerability of that borough's health care infrastructure. She noted that it was emphasized that this vulnerability had been exacerbated by Hurricane Sandy. They asked that HHC dedicate a greater proportion of its resources to meeting the borough's needs. Mrs. Bolus stated that praise was also offered by community stakeholders for the services provided by HHC's mobile medical office on Staten Island, as well as the services provided at HHC's ambulatory care sites on Staten Island and at Coney Island Hospital.

Mrs. Bolus continued and stated that "at the Manhattan Meeting on December 12th, the Board heard from Council Member Maria Del Carmen Arroyo, who is Chairperson of the City Council Health Committee and a former HHC employee. She praised HHC overall, including the role of HHC's facilities during and after Hurricane Sandy. She offered her continued support and called for a collaborative strategy in addressing HHC's financial challenges." Mrs. Bolus noted that, Council Member Arroyo also expressed strong concerns about the outsourcing of dialysis services.

Mrs. Bolus reported that the Board heard from Ms. Judith Berdy, of the Coler CAB, who spoke and described the work of staff to transfer patients at Coler and the superb

overall performance of staff and support from the community at both Coler and Goldwater.

Mrs. Bolus continued and reported that the Board heard from Daniel Porro, a Commission on the Public's Health System Board member, who spoke about the needs of patients with disabilities. Mr. Porro thanked HHC staff for their help in navigating his services at Jacobi, particularly in the pharmacy. However, he said there is more work to be done to remove obstacles and reduce waiting times for all patients.

Mrs. Bolus reported that Judy Wessler, Executive Director of CPHS, spoke at the Manhattan meeting emphasizing the lessons of Sandy, which underscored how vital the public hospitals' services are, and praised the pioneering work of HHC's Breakthrough program. Ms. Bolus noted that Ms. Wessler registered a serious complaint that the minutes from the July Board meeting which referenced the discussions about HHC's outsourcing of dialysis services were incomplete and misleading because they did not include the very substantive testimonies of the many speakers who were critical of the proposal.

Mrs. Bolus stated that "at the Manhattan meeting, we also heard from Jose Grajales, Chair of the Metropolitan Hospital CAB, who said that the CAB remains opposed to the construction of housing at East 99th Street due to concerns about the environmental risks to tenants from a former gas plant."

Mrs. Bolus concluded her remarks by announcing that Judy Wessler is retiring from her position and on behalf of the Board, she thanked Judy for her tireless and tenacious advocacy over the many years where she has fought to improve the healthcare system in New York.

Mrs. Bolus turned the meeting over to Mr. Antonio Martin to give President Aviles' report.

PRESIDENT REMARKS

Antonio D. Martin

Mr. Martin greeted Committee members and invited guests. He informed them that Mr. Aviles, along with Ms. Brown, Senior Vice President, hosted Senator Charles Schumer at Coney Island Hospital to tour the damage from Hurricane Sandy. He added that he would limit his remarks to some updates of post Hurricane Sandy. Mr. Martin began his remarks by acknowledging Ms. Lynda Curtis, Senior Vice President and Executive Director of Bellevue Hospital Center, Ms. Meryl Weinberg, Executive Director of Metropolitan Hospital Center, Mr. Robert Hughes, Executive Director of Coler/Goldwater Specialty Hospital and Nursing Facility and Mr. Mendel Hagler, Executive Director of Gouverneur Healthcare Services. Mr. Martin stated that the decision to evacuate a hospital was a very difficult one to make. He recalled that Ms. Curtis, who is so

committed to take care of Bellevue's patients, re-agonized making that decision. However, at the end of the day, it was decided that the evacuation was inevitable. Mr. Martin reported that Bellevue Hospital Center, Coney Island Hospital and the Coler Campus of the Coler/Goldwater Specialty Hospital and Nursing Facility experienced major storm surge in basements mechanical fixes and, in the case of Coney Island Hospital, first floor access. Mr. Martin added that this resulted in catastrophic failure of electric, heat, domestic cold and hot water, ventilation, IT and communication systems; in addition, electric distribution systems, electrical switches, network IT switches, oxygen and other mechanical gas distribution systems; medical vacuum systems, fuel pumps, steam pipes, injector pumps, domestic water pumps, circulatory heating pumps, air handling units, medical and surgical supplies, equipment, motors, life safety systems, vehicles and emergency generators. Mr. Martin highlighted that it takes a lot to run a hospital. He added that, unfortunately, when hospitals were being built in the past, not only it was thought that it was very wise to put mechanicals in the basement, but also that it was the most effective and efficient way of handling them. Mr. Martin admitted that lessons learned in these two consecutive years from Hurricanes Irene and Sandy will result in rethinking the placement of mechanicals in hospitals in the future.

Mr. Martin reported that Bellevue inpatient services and full emergency department operations remain close leaving all of Manhattan South of 68th Street without a Level I Trauma services. In addition, Coney Island Hospital currently operates in limited capacity with temporary electricity shared from the north end of the hospital. He added that, Ida Israel, an off-site clinic that supports Coney Island Hospital, was totally demolished. Also, Coler, to this day, continues to function on emergency generators. He reiterated that full power has not been restored at Coler. Mr. Martin pointed out that the Senior Vice-Presidents and Executive Directors of the affected facilities have not had restful nights the past couple of months because of the significant responsibility they have for the patients. Mr. Martin reiterated that he is very proud of their work and dedication. Mr. Martin noted that their efforts are bearing fruits. He reported that a number of services have been restored at Coney Island Hospital including: ambulatory care services, inpatient services and behavioral health services. He added that Coney Island Hospital is expected to be fully operational by the end of this month, early February. Bellevue Hospital is also expected to be fully operational early February and efforts are being made to bring the Trauma Unit operational as quickly as possible.

Mr. Martin stated that Hurricane Sandy was not a minor occurrence and that the following HHC hospitals were also impacted by the Hurricane: Metropolitan Hospital Center, Queens Hospital Center, Gouverneur Healthcare Services, Jacobi Medical Center, Kings County Hospital Center and Harlem Hospital.

Mr. Martin reported that HHC is aware of its responsibility to its communities and is working feverishly to restore all services. He added that, while the collection of FEMA dollars is really tied towards permanent fixes at the affected facilities for a number of

different situations, HHC is making a determination to bring the hospitals back up quicker and forego some FEMA dollars because of its responsibility to the communities it serves.

Mr. Martin ended his remarks stating that he was proud of Mr. Aviles, HHC President, Senior Staff, including himself and other staff members. He added that a number of senior staff reported to other facilities during this crisis. Mr. Martin underscored that he is overwhelmed at the dedication and the commitment of the staff and feels very proud to be a member of HHC.

At Ms. Brown's request, Mr. Martin shared with Committee members and guests that Meryl Weinberg had provided ambulatory care by driving a mental health patient from Bellevue Hospital Center to Metropolitan Hospital.

Mr. Martin added that, as Bellevue Hospital was being decanted, a significant number of patients went directly to Metropolitan Hospital. He noted that Metropolitan Hospital became the call center. He added that Ms. Weinberg was must have been happy to see Metropolitan Hospital Center's census jumped to the roof. He acknowledged that Metropolitan Hospital Center had played a major role in supporting Bellevue Hospital's patients.

Mrs. Bolus added that, in addition to evacuating the patients, Bellevue's staff kept track of everyone and all of its equipment. It is hopeful that all patients and equipment will be back to Bellevue Hospital Center as soon as possible.

South Manhattan Network

Bellevue Hospital Center (Bellevue) Community Advisory Board

Mrs. Bolus introduced Mr. Bobby Lee, Chairperson of the Bellevue Hospital Center CAB and invited him to present the CAB's annual report.

Mr. Lee began his presentation by greeting members of the Committee and invited guests and acknowledging the leadership of Ms. Lynda Curtis, Senior Vice President, South Manhattan Network, Ruth Hunt, Director of Community, Lisa Marie Izquierdo, CAB Liaison and members of the Bellevue CAB who were in attendance.

Mr. Lee reported that Bellevue Hospital Center staff continues to engage in the Breakthrough process and identified a number of activities in key service areas to reduce inefficient processes and maximize financial outcomes.

Mr. Lee continued and reported that the Bellevue CAB continues to pass various

resolutions. He noted that recently the CAB passed a resolution opposing the use of styrene products in HHC's facilities and opposing MTA's height requirement for Bellevue's pediatric patients with Medicaid to pay full fare.

Mr. Lee informed members of the Committee and invited guests that the Bellevue CAB is informed of and provided input into the facility's plans for new programs and modernization projects prior to their implementation. Mr. Lee noted that the Bellevue CAB is notified through monthly reports given by the administration. Mr. Lee added that the Bellevue CAB is also given reports on the status of contracts made with vendors such as River Renal Dialysis Unit, Visiting Nurse Service, Optometry Service and food service such as Au Bon Pain and Tower's Café.

Mr. Lee reported that members of the Bellevue CAB have participated in the hospital's outreach activities to promote preventive healthcare in the community.

Mr. Lee concluded his report by stating the Bellevue CAB will continue to advocate for the community to improve patient services.

Coler Specialty Hospital and Skilled Nursing Facility (Coler) Community Advisory Board

Mrs. Bolus introduced Ms. Gladys Dixon, Chairperson of Coler Specialty Hospital and Skilled Nursing Facility and invited her to present the CAB's annual report.

Ms. Dixon began her presentation by acknowledging Ms. Bolus, members of the Community Relations Committee and guests. Ms. Dixon thanked the members of the Committee for the opportunity of sharing the Coler CAB's 2012 Annual Report.

Ms. Dixon informed the Committee, CAB Chairpersons and invited guests that the Coler CAB members are proud of the staff for their dedication and commitment to the residents during Hurricane Sandy. Ms. Dixon noted that several CAB members also assisted when needed during the storm.

Ms. Dixon reported that during the past year the CAB's membership has declined due to resident's discharges and the passing of several CAB members.

Ms. Dixon continued and stated that "quarterly meetings are held with the Goldwater Campus and CAB members from both board regularly attends the monthly Council of CAB meetings and participated in the Annual CAB Council Conference."

Ms. Dixon reported that at the CAB's monthly meetings Mr. Robert Hughes, Executive Director and the Administrative Staff provided information pertaining to operational

initiatives and new healthcare topics. Ms. Dixon noted that CAB members appreciate being involved, kept informed of issues, and the actions taken as it involves the well-being of the residents and the Community at large.

Ms. Dixon reported that in opposition of the Governor's proposed budgetary cuts to healthcare the Coler CAB contacted local legislators by letters and telephone calls. In addition, the CAB held its Annual Legislative Forum.

Ms. Dixon concluded her report by acknowledging the assistance provided by Mr. William Jones, Sr. Associate Director/CAB Liaison.

Goldwater Specialty Hospital and Skilled Nursing Facility (Goldwater) Community Advisory Board

Mrs. Bolus introduced Ms. Virginia Granato and invited her to present the Goldwater Specialty Hospital and Skilled Nursing Facility CAB report.

Ms. Granato began her presentation by acknowledging the passing of Sunderam Srinivan, CAB's Chairperson.

Ms. Granato informed members of the Committee and CAB Chairpersons that since the last CAB report, the Goldwater Specialty Hospital and Skilled Nursing Facility had a successful Article 28 survey.

Ms. Granto reported that the facility's modernization plan to relocate Goldwater to Harlem by 2013 is making progress. She noted that the new facility will be known as Henry J. Carter Specialty Hospital and Nursing Facility and that it will have 201 Hospital Sector beds and 164 Nursing Facility beds. Ms. Granto added that Mr. Carter through his Wheelchair Charities organization has made contributions that add to the quality of life of patients and residents of Coler-Goldwater.

Ms. Granto continued and reported that the Executive Director and the members of administration attend the CAB's monthly meeting and update the members on progress of the facility.

Ms. Granto reported that members of the Goldwater CAB attended the annual legislative brunch and the theme focused on Healthcare Reform Act and its effect on long term care facilities. Ms. Granto noted that the CAB also participated in the HHC Annual Council of CABs Conference.

Ms. Granto paused for a moment to thank Lynda Curtis, Senior Vice President/South Manhattan Network, Robert Hughes, Executive Director and William Jones, CAB Liaison for their support to the CAB and working in partnership.

Ms. Grant concluded her report by stating that "there are changes and challenges in the Healthcare of today so is the future of the Goldwater Community which will open a new chapter where we will miss the calmness and the serenity of the island which served in the healing process of consumer rehabilitation and as we move forward we hope the new environment will not only continue the healing process, but will help us to meet the challenges of the future long-term health care."

Metropolitan Hospital Center (Metropolitan) Community Advisory Board

Mrs. Bolus introduced Mr. Jose Grajales, Chairperson of the Metropolitan Hospital Center and invited him to present the Metropolitan Hospital Center CAB report.

Mr. Grajales began the Metropolitan CAB report by thanking members of the CAB for their unwavering support. Mr. Grajales noted that the Metropolitan CAB is ethnically diversified to reflect the community the hospital serves.

Mr. Grajales continued and acknowledged Meryl Weinberg, Executive Director, for her willingness to work with the CAB on mutual goals of strengthening the hospital and ensuring its viability in the community.

Mr. Grajales reported that the CAB's Environmental Taskforce committee is active and continues to focus on advocating against construction on E. 99th Street. Mr. Grajales explained that's because of the planned re-location of a vulnerable population next to a sanitation garage and because of the extensive and documented chemical contamination on the construction site. Mr. Grajales added it's the CAB's hope that the appropriate remediation efforts will be done at that site.

Mr. Grajales referred members of the Committee and invited guests attention to page six (6) of the CAB's annual report and noted a correction. Mr. Grajales stated that "the Metropolitan CAB will not participate in the City Council Participatory Budget process this year."

Mr. Grajales acknowledged the passing of CAB Member Maria Del Rosa, Environmental Tasks Force, Co-Chair. Mr. Grajales stated that Ms. Rosa will be missed.

Mr. Grajales concluded his report by stating that the Metropolitan CAB remains confident that the hospital is delivering quality patient care. Mr. Grajales noted that the CAB is aware of this because the CAB does its own research by comparing Metropolitan Hospital services to outside data.

Gouverneur Healthcare Services (Gouverneur) Community Advisory Board

Mrs. Bolus introduced Mr. Mendy Erez, CAB Representative of the Gouverneur Healthcare Services CAB and invited him to present the CAB's annual report on behalf of Gerald From, Chairperson.

Mr. Erez reported that this has been a busy and eventful year at Gouverneur, the major Modernization Project continues to overshadow all else. He noted that the project progresses despite many technical challenges and the CAB members are very anxious to see the project reach its conclusion. Mr. Erez added that the CAB appreciates that HHC and New York City supports the project despite a very difficult fiscal climate and hope that this level of support continues until the project is completed as originally planned.

Mr. Erez informed members of the Committee and invited guests that the new facility provides an excellent opportunity and the CAB is committed to working with administration to making Gouverneur a premier healthcare center and facility-of-choice for the community. Mr. Erez added that this requires an unwavering focus upon delivering high quality healthcare services and having a true patient orientation.

Mr. Erez reported that the Gouverneur CAB appreciates the efforts being made by HHC to support Gouverneur, including attaining Federal Qualified Health Center (FQHC) look-alike status for its diagnostic and treatment centers and investments in state-of-the-art scheduling and electronic medical record systems.

Mr. Erez continued and stated that "Gouverneur was fortunate to be for the most part unaffected by Hurricane Sandy." He noted that Gouverneur was one of the few buildings below 14th Street that remained lit after the storm and this affirmed Gouverneur's role as an important part of the community that goes beyond its role as healthcare provider. Mr. Erez added that at the same time, the CAB would like to take this opportunity to pledge their support to Gouverneur's sister facilities in the Network who faced much tougher challenges due to the storm and responded in an exemplary fashion.

Mr. Erez concluded his report by stating that "HHC's Board of Directors has been very supportive of Gouverneur Healthcare Services through these new initiatives, and especially as exemplified by the major renovation and expansion of the Nursing Facility." He added that the Gouverneur CAB is very proud that Gouverneur is becoming a facility that stand out in a positive way in the community.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:35 p.m.



IRS COMMUNITY HEALTH NEED ASSESSMENT REQUIREMENT

IRS Code §501(c)(3)(r)(3) July 25, 2011

LEGISLATION/BACKGROUND

- H.R. 3590 – Patient Protection and Affordable Care Act
 - Section 9007: Additional requirements for charitable hospitals
 - Item (a): Requirements to qualify as a Section 501(c)(3) Charitable Hospital Organization – amendment to the tax code
 - Genesis: During the period leading up to the enactment of the ACA, numerous parties, among them Senator Charles Grassley of Michigan, determined that some 501(c)(3) hospitals had engaged in practices that seemed to belie their “charitable” status. These included failing to publicize their charity care policies, etc. As a result, Congress sought to have 501(c)(3) hospital organizations demonstrate that they were, in fact, providing “charitable care.”



FAILURE TO MEET REQUIREMENTS OF SECTION 501(R)(3)

- \$50,000 for every hospital failing to meet the requirement for any taxable year
 - “If a hospital organization to which section 501(r) applies fails to meet the requirement of section 501(r)(3) for any taxable year, there is imposed on the organization a tax equal to \$50,000.” (*Section 4959*)
 - **HHC exposure: $\$50,000 \times 12$ (11 acute + Coler-Goldwater chronic acute) = **\$600,000****



COMPONENTS OF A CHNA

- I. Description of the community served by the hospital facility
- II. Description of the process and methods used to conduct the assessment
- III. Description of how the hospital organization took into account input from persons who represent the broad interests of the community served
- IV. Prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs
- V. Description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA



OTHER PERTINENT REQUIREMENTS

- The first CHNA must be “conducted” on or before June 30, 2013 – a separate CHNA must be conducted for each hospital
- A CHNA is considered “conducted” when the written report of its findings is made widely available to the public
- “Widely available” is defined as:
 - Providing a link on the hospital website with clear instructions on how to access the report on that website
- A hospital organization must create & adopt a written implementation strategy/plan to meet the community health needs identified in a CHNA

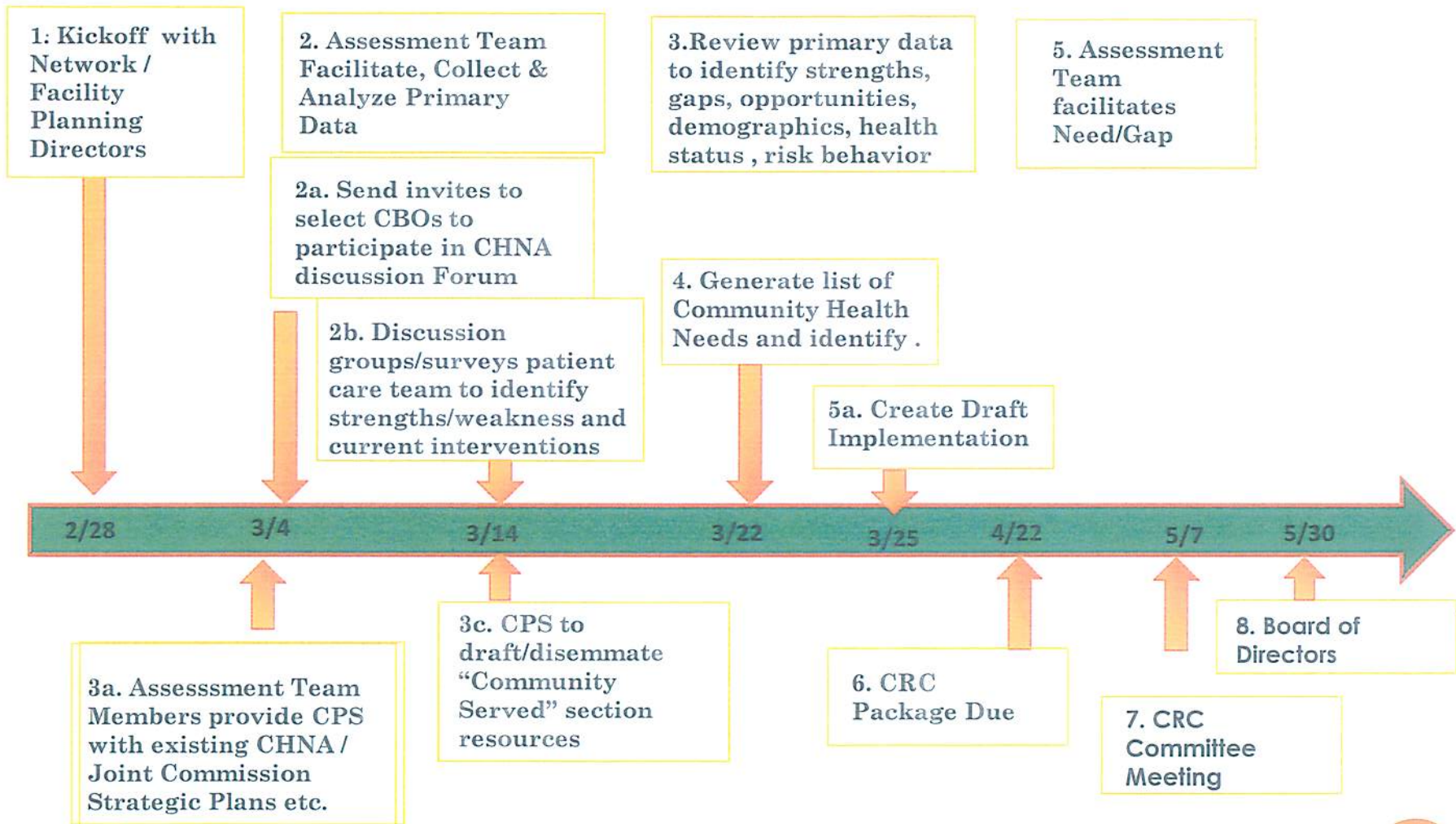


IMPLEMENTATION STRATEGY

- Written plan (separate from the CHNA)
- Describes how the hospital facility plans to meet the health need; or
- Identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need
- Tailors the description to the particular hospital facility, taking into account specific programs, resources and priorities
- Must be adopted. Considered adopted on date approved by an authorized governing body of the hospital organization.



WORKPLAN TIMELINE



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

**KINGS COUNTY HOSPITAL CENTER
COMMUNITY ADVISORY BOARD**

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- Long wait time in the clinics
- Gun violence against young men
- Long wait and overcrowding in the Emergency Room
- Our community is affected by health disparities in the areas of hypertension, diabetes and childhood obesity

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

- Patient/Guest Relations
- Complaints from patients
- Direct observation

3. Is your facility leadership addressing these needs/concerns?

yes no

a. If yes, please give examples of what the facility leadership is doing.

- Expanded clinic hours
- Program implementation of KAVI Cure Violence and Intervention
- The hospital established a Hospitality Center to provide positive patient experience for patients who are discharged
- The hospital has selected the following clinical indicators: Hypertension, Diabetes and Childhood Obesity, and will focus management of care of our patients through the establishment of the Patient Centered Medical Home

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Patient Safety
- Maintain and improve quality of patient care and services
- Respect for patients, staff and visitors
- Patient Satisfaction

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

- Meeting with the Executive Director and Senior Management

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

Yes

No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

- Long wait time in the pharmacy
- Long wait time in the Emergency Room
- Staff attitude

3. What are the most frequent compliments provided by patients/residents?

- Improved quality of care
- Improvements how patients are treated by the health care team in a professional way

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership?
29

2. What are current numbers of members? **15** What are current numbers of vacancies? **9**

3. What were the membership recruitment activities conducted by CAB this year?

- Presentations to Community Boards, Churches, Parent Teacher Associations, Precinct Councils, Community-based organizations, and various community forums.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

- **Behavioral Health Committee** – responsibilities are to monitor all patient services, special programs and projects within the Behavioral Health/Chemical Dependency programs; review and make recommendations on any and all proposed projects and research programs or programs within the Behavioral Health/Chemical Dependency services of the hospital; to investigate, monitor and evaluate the quality of patient care in the department of Psychiatry.
- **Patient Care Committee** – to provide a mechanism for continuous monitoring of patient care and services by interviewing patients and the hospital staff, to assist patients with grievances, to provide a mechanism by which the Board can better evaluate the hospital's services to the people in the community it serves; and to provide valuable information to the Board, and to the Patient Care Services Committee, in the areas of priorities and financial needs within the hospital.
- **Planning and Development Committee** – to participate in the establishment of priorities within the hospital, based upon the needs of the community; to participate in area-wide planning with appropriate agencies; to be familiar with the fundamental guidelines governing accreditation and to participate in all hospital preparations for an accreditation survey conducted by JACHO; to review and evaluate federal, state and local allocations which have an effect on the hospital and the Corporation; to consider and assist in the planning stages of all Capital Projects as they pertain to Kings County Hospital Center; to review and evaluate Capital Projects during implementation; to make recommendations to the Board concerning the aforementioned budgets and allocations.*

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes

No

a. If yes, please describe actions taken.

The hospital's capital request is included in the Community Board capital request to the City

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes no

- The Annual Public Meeting is scheduled for April 20, 2013

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes no

- Postponed due to Hurricane Sandy

- a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities?

- Participated in Voter's Registration Drive and Mini Health Fair

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

yes no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough Just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Additional Beds
2. Staffing
3. Health and Wellness

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

Amr Abraham
2-19-2013

Executive

Director:

Date:

ESB [Signature]

2/27/13

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *Fiscal Viability*
 - *Patient Safety and Patient Satisfaction*
 - *Continued Improvement in the Provision of Quality Care*
 - *Increase Community Awareness of Facility and the Services Offered*

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - *The Executive Director discusses strategic initiatives with CAB members at their monthly meetings. Members share their input about the development of those plans.*
 - *Facility's strategic plan is shared with all CAB members.*
 - *CAB conducts an annual resident satisfaction survey*
 - *Post discharge survey is being developed with HHC*

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes No

2. What are the most frequent complaints raised by patients/residents?
 - Food choices, preparation and Food Presentation*
 - More Fine Dining Sessions*

Revision of Menu Cycle
Adding culturally sensitive flavoring

3. What are the most frequent compliments provided by patients/residents?
- *Enhancement and Cleanliness of the Facility*
 - *Special Event at Facility particularly at Holidays*
 - *Commitment and dedication of Staff*
 - *Homelike environment/ Culture Change*
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?
- Yes N/A No
5. From the CAB's perspective, rate the facility in the following areas:
- | | Poor | Satisfactory | Very good |
|-------------|--------------------------|--------------------------|-------------------------------------|
| Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
6. Is signage about HHC's Options Program posted in areas that have high traffic?
- Yes N/A No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? **15**

2. What are current numbers of members? 10
3. What are current numbers of vacancies? 5
4. What were the membership recruitment activities conducted by CAB this year?

Word of Mouth / Community Outreach

5. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

6. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Membership Committee

- Assist with recruitment of new members

Health Outreach Committee

- Circulates information to the community

- Conducts annually Resident Satisfaction Survey.

By-Laws Committee

- reviews By-laws for any changes

7. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

- a. If yes, please describe actions taken.

Members report to their respective Community Board Organizations about information they receive at their monthly meetings.

8. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

9. Did the CAB convene an Annual Public/“Community Health meeting” with the general public this year?

yes no

10. Did the CAB host or participate with the facility’s leadership in a legislative forum this year?

yes no

11. Did a representative of the CAB provide testimony at HHC’s Board of Directors’ Annual Public Meeting?

yes no

a. If so, were the issues subsequently addressed?

N/A

12. Describe the CAB’s involvement in its facility’s outreach activities?

- *CAB members participated in mini community Health Fair*
- *They were a part of the HHC Voters Registration Program*
- *Attends educational community events that are coordinated by In-house Outreach Committee and attends facility’s special events.*

13. Does your CAB’s Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes no

14. Did your CAB participate in last year’s Council of CABs Annual Conference?

yes no

15. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right **AND MUCH MORE**

If not enough, what assistance would you need?

I. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. *Providing appropriate post hospital Skilled Nursing Care*
2. *Hosting an Annual Client / Family Day*
3. *Re-instituting the Community Leadership Dinner Outreach*
4. *Strategizing a continuum of a Culturally Sensitive Diet.*

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration

Signatures:

CAB

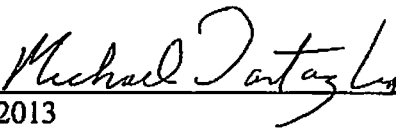
Chairperson:



Date:

February 15, 2013

Executive Director:



Date: February 15, 2013

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

EAST NEW YORK DIAGNOSTIC &
TREATMENT CENTER

2012

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

The most significant health care service needs/concerns are Obesity, Diabetes, Hypertension, High Cholesterol, Heart Disease, Depression and Asthma.

2. How were these needs/concerns identified? (Please check all that apply).

Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?

Yes No

- a. If yes, please give examples of what the facility leadership is doing.

HHC Chronic Disease Collaborative—five providers, a nurse care manager, nutritionist, social worker and other nursing staff have utilizing the Chronic Care Model during planned visits to improve the quality of care provided to diabetics, hypertensive's and patients with high cholesterol. MetroPlus and Health First have also provided Care

Managers, to work in collaboration with the provider and other clinic staff. In addition, a RN in the Medical Clinic has been designated the BP follow-up nurse. She works with patients referred to her by the Medical Clinic providers to ensue that they are following their hypertension treatment plan successfully. The clinic is also developing an exercise program for patients with overweight/obesity, diabetes and high blood pressure.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Improve patient satisfaction
- Improve quality and safety of patient care
- Reduce costs and increase revenues
- Improve community health through marketing strategies

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The CAB regularly meets with the Facility Administrator, where information on these topics and issues are shared with the members and suggestions and support are encouraged. Also, the CAB Chair meets regularly with the Facility On-Site Administrator and Medical Director and is afforded opportunities for constructive input.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

4.

Yes

No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

Most frequent complaints by patients are:

- Long waiting periods for specialty clinic appointments at KCHC.
- Follow-up appointments to Women's Health Clinic are not always available.
- Clinic staff shortage.
- The inconvenience of having to make follow-up appointments for ENYDTC through KCHC.

3. What are the most frequent compliments provided by patients/residents?

The clinical director addresses all issues of staff curiousness to the patients. ENY has started using a new method called Breakthrough to develop changes in the way they provide services. And they include members of the CAB in the process. One of our CAB members participated in a Rapid Improvement Event that was successful in changing the way patients with appointments flow through the clinic. This has resulted in a tremendous reduction in the amount of time patients spend in the clinic. In addition, a Greeter was placed in the facility lobby to ensure that patients were properly acknowledged, their questions answered, and correctly directed, to improve patient flow. With this patients are more satisfied with their care and and the way they are treated in the facility.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15
2. What are current numbers of members? 9
3. What are current numbers of vacancies? 6
4. What were the membership recruitment activities conducted by CAB this year?

CAB recruited during the Annual Public Meeting, the ENYDTC Annual Health Fair and other Health Fairs around the community.

5. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

6. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Membership – recruit and review qualifications of candidates for Board membership.

Medical Health Committee – monitor patient services and special programs.

Planning and Development – participate in the establishment of priorities within the Center based upon needs of the community.

7. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

If yes, please describe actions taken.

The Community Board has allowed the facility to remain #4 on the Capital Budget Priority List.

8. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

9. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes No

10. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes No

11. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes No

a. If so, were the issues subsequently addressed?

12. Describe the CAB's involvement in its facility's outreach activities?

CAB participates in the Annual Health Fair, HATS Thanksgiving Dinner, Children's Halloween and Christmas Party. CAB helps serve the community; provide food dishes, candy and toys to help make each event a success. CAB members also visit the clinic, while in session, to talk to the patients to assess if their needs are being met and encourage them to participate in the CAB.

13. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes No

14. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes no

15. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Patient/Staff Satisfaction

Comments:

1. The second and third floors of the ENYDTC clinic were beautifully renovated and fully occupied in 2011.
2. The Behavioral Health Clinic beautiful renovation with the installation of the exam rooms for providing Medical Clinic care in the BH environment, was completed in 2011.
3. The Geriatric Clinic was installed on the first floor in room 106 in 2011.
4. The WIC Department opened the Brownsville WIC site in 2011, at that FHS clinic.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB


Chairperson:

Date:


Executive

Director:

Date:



2-15-13



2/15/13

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

Woodhull Community Advisory Board

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- a. Emergency Department
- b. Geriatric Practice
- c. Dental Practice
- d. Women's Health

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?

- yes no

a. If yes, please give examples of what the facility leadership is doing.

Mr. George M. Proctor, Network Senior Vice President continues to take an aggressive position in addressing the waiting time and space availability in the Emergency room. The registration desk with a nurse greeter continue to works well along with the white board that

track the patient from time of arrival to the Emergency Room through admission or discharge from the ER.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The Strategic Priorities are to redesign and renovate primary care practices and specialty practices to accommodate growth, enhance quality and increase patient satisfaction and patient safety for our outpatient services.

It was reported by the Network Senior Vice President, Mr. George Proctor, that the Corporation was awarded \$8.8 million in HEAL Funds from the State to expand Ambulatory Care Services in Dentistry, Geriatrics, Psychiatry and Ophthalmology. Woodhull was allocated \$2.1 to create a pediatric dental practice and expand the adult dental and ophthalmology practices. Also the hospital will upgrade the Nurse Call Center to bring in state of the art software.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The CAB focuses on the facility's strategic priorities by conducting walk-through throughout the facility. The CAB meets and engages with them to gain first-hand experience on how patient care is being provided. The CAB also prepared a monthly presentation calendar so that Department Heads/Chief of Services can present to the Board. In addition, The Network Senior Vice President, Medical Director, Chief, Nurse Executive, Senior Cabinet Members and Vice President of NYU School of Medicine attends the Community Advisory Board monthly meeting and provided the CAB with updated reports. The Network Senior Vice President, Mr. George Proctor meets with the CAB Chairperson on a regular basis.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

Long waiting time in the Emergency Room and long wait time for Ambulatory Care Practices clinic appointments.

3. What are the most frequent compliments provided by patients/residents?

Extended Ambulatory Care Practices Clinic hours.
Cancer Care Center

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24

2. What are current numbers of members? 23 What are current numbers of vacancies? 1 (Community Planning Board #2)

3. What were the membership recruitment activities conducted by CAB this year?

The Woodhull Community Advisory Board, Membership Committee takes a positive position in communicating to the Community and provides them with a copy of the Woodhull Community Advisory Profile (What is a CAB?) and application for those who may be interested in joining.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

1. Membership Committee
2. Ambulatory Care Committee
3. Mental Health Committee
4. Planning/Development & Financial Committee
5. By-Laws Committee
6. Volunteer Committee

Membership Committee

The Membership committee has the responsibility of recruitment and oversight of the Membership Roster. (i.e. name, category of appointee and vacancies.) It also reviews attendance of CAB Members and submit recommendations for removal as appropriate.

Ambulatory Care Committee

The Ambulatory Care Committee has the responsibility of acting as a patient advocate for the community and its patients. The Committee monitors and conducts site visits to the various practices and makes recommendations to the Network Senior Vice President, Mr. Proctor as it relates to the delivery of patient care.

Mental Health Committee

The Mental Health Committee reviews and monitors projects and programs and makes recommendations to the Network Senior Vice President, Mr. Proctor.

Planning/Development & Financial Committee – Finance Committee

The Finance Committee makes recommendation to the Network Senior Vice President regarding new areas of focus based upon needs in the community and reviews the Hospital's Budget as appropriate.

By-Laws

The By-Laws Committee has the responsibility for ensuring that the By-Laws are followed and are in compliance with corporate operating procedures and guidelines. The By-Laws Committee also has the responsibility for reviewing and updating the By-laws and submitting for appropriate approvals.

Volunteer Committee

The Volunteer Committee's mission is to recruit and increase the number of Volunteers in the hospital.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken.

The appointed Representatives from the Community Planning Board (CPB # 1, 3 and 4) are provided with newsletters, brochures, flyers, public notices/announcement and reports from the regular monthly Board meetings and they report back to their local CPB meetings.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

yes no

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

yes no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

yes no

a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities?

Network News Letters
Quality and Safety Matters News Letters
Voter's Registration Drive
Flu Vaccination Campaign
Medicare 101 Workshop
Take Care NY Campaign
American Lung Asthma Walk
American Cancer Society Making Strides Against Breast Cancer
AIS Walk
Bike Ride Program
Senior Health Fair
We Coach Program
Chemical Dependency Achievement Events
Emergency Preparedness Events/Workshops
National Prevention Week
Patient Safety Events
Public Hearings
Mammograms for women's Health
Black History Month Rosh Hashonah Celebration
Multicultural Diversity Month
National Nurse's Week
Donate Life Program
Emergency Medical Services Week
Men's Health Forum
Group Stress Management & support Sessions those affected by Hurricane Sandy
Lobby Day in Albany
Joint Commission Readiness
Kwanza
Succah, Celebration of Jewish New Year
Three Kings Celebration
Annual Pediatric Toy Drive

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes not on a regular basis.

13. Did your CAB participate in last year's Council of CABs Annual Conference?

yes no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

- 1.
- 2.
- 3.
- 4.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

2/13/13

Executive

Director:

Date:

2/14/13



nyc.gov/hhc

2/2013

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

(Cumberland Diagnostic and Treatment Center)

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?
Pediatrics, HIV, Diabetes, Dental, Women's Health and Men's Health.

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?

- Yes No

a. If yes, please give examples of what the facility leadership is doing.

Increased community outreach, health fairs, various health campaigns, and breakthrough improvements. In addition, we invested HEAL 6 funding to expand capacity in both dental and adult medicine practices.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
Patient safety, expanding services, customer service and patient centered care and the Federal Qualified Health Centers.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
Various committees meet and report their findings to the administration. The CAB also seeks input from the consumers of the facility and relays the feedback to the administration. The CAB reports on information from the Council of CAB meeting to the administration and the community.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
 Yes No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
 Yes No
2. What are the most frequent complaints raised by patients/residents?
Wait time – This varies based on service, timing, and appointment scheduling.
3. What are the most frequent compliments provided by patients/residents?
Improved clinical services.
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and

cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 21.
2. What are current numbers of members? 10. What are current numbers of vacancies? 11.
3. What were the membership recruitment activities conducted by CAB this year?

Public meetings, community sessions at CAB meetings, Health Fairs, NYCHA presentations.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

Six additional board members were appointed to the board.

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
Finance Committee, Patient Care Committee, Community Relations Committee and By Law Committee, Membership Committee.

Finance Committee

This Committee advises the Executive Director on the establishment of priorities within the appropriate budgets. It reviews, advises and makes recommendations for the facility expense budgets, and proposals relating to Finance and Capital Projects of the facility and the Corporation

Patient Care Committee

This committee has the responsibility of acting as a patient advocate for the community and as an advocate of quality patient care. This committee monitors the delivery of health care at facility and back up hospital, makes recommendations to the Executive Director as it relates to the delivery of care, develops a working relationship with the facility Quality Assurance Committee, and it investigates health-related matters that are brought to the attention of the Committee. This committee is responsible for reviewing, advising and assisting with the planning of the Mental Health and Outreach Programs of the Mental Health Program and has the responsibility to review and advise the Executive Director and the Corporation on the appropriation of all funds for Mental Health Services and the Mental Health Program. It makes recommendations to the CAB in the area of the Mental Health Programs and the full range of Mental Health Services.

Community Relations Committee

The mission of the Community Relations Committee is to help establish priorities within the facility's programs. They recommend programs aimed at developing and maintaining good relationships with all the communities served by the facility. The committee also participates with other groups and agencies in the development of community plans in health care; and considers and advises the

Corporation and the facility upon matters concerning the development of plans and programs of the Corporation.

By- Laws Committee

This committee is responsible for reviewing and updating the By-Laws.

Membership Committee

This committee is responsible for assisting in board recruitment and membership.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes

No

- a. If yes, please describe actions taken.

Attendance -at Community Board meetings

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes

No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes

No

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes

No

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes

No

a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities ?

Take Care NY

Go Red for Women

Mammograms for Women's Health

American Lung Association Asthma Walk

American Cancer Society Making Strides against Breast Cancer

Flu Shot Campaign

Voter Registration Drive

Chemical Dependency Achievement Events

Patient Safety Events

Cumberland Diagnostic and Treatment Center's Auxiliary Health Fair

Annual Legislative Forum

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes

No

13. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes

No

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

Not enough

Just right

15. If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Budget Cuts

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

Suzanne L. Brown
2/19/13

Executive

Director:

Date:

George M. Proctor
2/20/13