

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: November 19, 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, NP, BC

ADOPTION OF MINUTES September 3, 2013

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

INFORMATION ITEMS

Queens Health Network

Elmhurst Hospital Center

Carlos Cortes

Queens Hospital Center

Anthony Andrews

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: September 3, 2013

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP, BC, Chair

Robert F. Nolan, Board Member

Alan Aviles, President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

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

**Virginia Granato, Chairperson Coler/Goldwater Specialty Hospital and Nursing Facility (Goldwater
Campus)**

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Kent Mark (Representing Bobby Lee, Chairperson, Bellevue Hospital Center)

Jewel Jones, Acting Chairperson, Metropolitan Hospital Center

May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Bette White, Acting Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Agnes Abraham, Chairperson, Kings County Hospital Center

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

Joseph Tornello, Chairperson, Sea View Hospital Rehabilitation Center and Home

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

Silvio Mazzella, Chairperson, Jacobi Medical Center

Cheryl Alleyne, (Representing, Esme Sattaur-Low, Chairperson, North Central Bronx Hospital

**Jeromane Berger-Gaskin, Representing, May Thomas, Chairperson, Dr. Susan Smith McKinney
Nursing and Rehabilitation Center**

HHC FACILITY CAB MEMBERS

Gertrude Chamlee, North Central Bronx Hospital

Priscilla Douglas, Cumberland Diagnostic and Treatment Center

Stanley Parham, Cumberland Diagnostic and Treatment Center

Sheridan Dean, Cumberland Diagnostic and Treatment Center

Phyllis Anderson, Cumberland Diagnostic and Treatment Center

Elizabeth Thompson, Jacobi Medical Center

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

HHC CENTRAL OFFICE STAFF

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

Valerie Phillips, Office of Legal Affairs

Deborah Cates, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

Manelle Belizaire, Intergovernmental Relations

Robb Burlage, Intergovernmental Relations

Renee Rowell, Intergovernmental Relations

HHC FACILITY STAFF

William Walsh, Senior Vice President, North Central Bronx Network

Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network

Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center and Home

Robert Cooper Associate Executive Director, Coney Island Hospital

Hanna Nelson, Senior Executive Director, North Central Bronx Network

Evelyn Hernandez, Associate Executive Director, Public Affairs, Bellevue Hospital Center

Ruth Hunt, Associate Director, Public Affairs, Bellevue Hospital Center

LisaMarie Izquierdo, CAB Liaison, Bellevue Hospital Center

Angela Cooper, CAB Liaison/Public Affairs, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

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

Sonia Dell-Robinson, CAB Liaison, Coney Island Hospital

Debera Tyndall, CAB Liaison, Kings County Hospital Center

Ron Law, Metroplus, Intergovernmental Relations

Elizabeth Atkinson, Kings County Hospital Center

GUESTS

Anthony Feliciano, Commission on the Public's Health System

Ann Bove, RN, Commission on the Public's Health System

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, NP-BC.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of May 7, 2013. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed members of the Committee and invited guests.

Before proceeding with the Annual Activities Reports from the Community Advisory Boards from the North Bronx and Southern Brooklyn/Staten Island Networks, Mrs. Bolus highlighted some notable developments that have occurred since the last meeting in May.

Mrs. Bolus began her report by once again expressing her appreciation for the annual Marjorie Matthews Advocacy Awards for CAB and Auxiliary members. She stated that the July 17th event at Dr. Susan Smith McKinney Nursing and Rehabilitation Center was truly memorable, despite the heat wave. She added that she was thankful for the shade and how beautifully decorated the garden was. In addition, the interaction among the awardees, their families, colleagues and staff felt more than ever like an extended HHC "family" reunion.

Mrs. Bolus reported that, the primary election for local Council and Citywide races is one week from today. She stated that, as it was done last year, HHC is partnering with the Office of Voter Assistance for a major voter registration campaign. Also, all CABs and facilities are sponsoring educational and outreach events. Mrs. Bolus reported that the voter registration deadline for the general election is Friday, October 11th. If a runoff primary is necessary before the general election, that will occur on October 1st.

Mrs. Bolus informed the Committee that October 1st is significant in another way. That is the day when the State will begin enrollment for its "New York State of Health" program under New York's health exchange program. Mrs. Bolus stated that there will be more information on that issue over the coming weeks as advertisements and marketing efforts begin in earnest. She reminded the Committee that each state has been given the option under the Affordable Care Act (Obamacare) to set up their own health exchanges that would allow persons and businesses to shop for health insurance. Mrs. Bolus added that, while enrollment will start on October 1st, coverage will actually begin on January 1st. Mrs. Bolus explained that, if a person earns less than \$45,960 as an individual or \$94,200 for a family of 4, they may be eligible for financial assistance that will make coverage more affordable. She noted that, it is

estimated that approximately 1.1 million people could obtain coverage through the New York State of Health program and Medicaid enrollment could increase by 510,000. Mrs. Bolus stated that many of these newly insured patients will hopefully visit HHC facilities. Mrs. Bolus added that, one important factor that will help is that MetroPlus is among the healthcare plans offering coverage through the exchange and will be offering an affordable package.

Moving on from discussion of insurance coverage to that of preventive care, Ms. Bolus stated that she has received many reports about how CABs and Auxiliaries have been active this summer with preventive health outreach programs. This includes participation at numerous health fairs and also now at several farmers markets.

Mrs. Bolus reported that, at both Lincoln and Harlem Hospitals, a unique program has been developed in partnership with the New York City Health and Mental Hygiene Department, Wholesome Wave, and the Fulfillment Fund to promote healthy eating for patients who are at risk of obesity. She added that the Fruit and Vegetable Prescription Program (FVRx) includes nutritional counseling and a "prescription" to eat more healthy produce. It also provides patients with "Health Bucks" that can be redeemed at local farmers markets for free fruit and vegetables for them and their families.

In national news, Mrs. Bolus reported that Healthgrades, an organization that helps healthcare consumers evaluate and compare hospital performance, named 2 HHC hospitals as "Top Performers" in July. Coney Island Hospital was awarded for the provision of maternity care and women's health and Woodhull Medical and Mental Health Center was named for GYN Surgery. Mrs. Bolus acknowledged the staff at those hospitals.

Mrs. Bolus brought to everyone's attention that HHC is now posting new features on its website (www.nyc.gov/hhc) on a regular basis. She noted that these focus on strategies and practices that are improving and strengthening care. In addition, there are features on the website now focusing on initiatives to better care for hypertension and the use of therapy dogs. Mrs. Bolus encouraged all to visit the website to learn more about these and other programs.

Mrs. Bolus concluded her report by reminding everyone that the next Community Relations Committee meeting is November 19th.

Mrs. Bolus turned to Mr. Aviles for his remarks.

PRESIDENT REMARKS

Mr. Aviles greeted everyone wishing that they all had a great summer. He reminded them to get ready to advocate with the new/future Mayor on behalf of HHC. He stated

that his remarks include two important issues that are relevant to the two Networks that will give a report of their facilities' Community Advisory Board activities.

Mr. Aviles started with the North Bronx Network, and reported that inpatient labor and delivery services and the neonatal intensive care unit services were suspended at North Central Bronx Hospital (NCBH) as of August 12, 2013. Mr. Aviles stated that this decision was made as a result of issues over a protracted period of time. These issues relating to both a transition of management for that service across both of the network's hospitals with regard to HHC's ability to maintain adequate staffing as the facility has recently lost a number of senior OB attending physicians. Mr. Aviles explained that, while they were successful in recruiting replacements for most of those vacancies, they tended to be junior obstetricians. He added that, for patient safety reasons, it is customary to pair a senior obstetrician with a junior obstetrician for every shift, 24 hour a day, 7 days a week. Because there were some adverse events in the OB Department that raised some concerns in the North Bronx Network, OB services were suspended at NCB so that they could be consolidated along with the staff at Jacobi. Mr. Aviles informed the Committee that in the last years, NCB delivers an average of 1,400 babies and Jacobi, 1900. Mr. Aviles noted that fortunately, Jacobi's space was originally configured for approximately 3,500 deliveries; therefore, there was still adequate space to accommodate those deliveries and the consolidation of the staff necessary for adequate staffing for every shift 7 days a week.

Mr. Aviles reported that 95 of the 103 affected NCB employees were transferred to Jacobi and the other eight were assigned to NCB physicians at their requests. Mr. Aviles added that the facility did an excellent job in reaching out to all the mothers that were receiving pre-natal care and were expected to deliver in the next few months at NCB. He added that, for those mothers that were unreachable by phone, home visits were made to ensure that they were aware of NCB's change in providing labor and delivery services. Mr. Aviles reported that all the affected expectant mothers were contacted and informed about their new options. Mr. Aviles also reported that HHC has contracted with a private ambulance to transport OB patients from NCB to Jacobi 24/7 at not cost. He noted that, in general, most of the expected mothers have agreed to deliver at Jacobi. He added that since the consolidation of labor and delivery service from the two hospitals, staffs feel more confident as they have more support and staffing is much more adequate. Mr. Aviles informed the Committee that recruitment for vacant positions is ongoing. He announced that a new Director of Obstetrical and Gynecological services has been hired and will start on November 1, 2013. He added that the new Director will assess and oversee the service delivery at both hospitals going forward.

Turning to the South Brooklyn/Staten Island Network, Mr. Aviles reported that earlier this summer, there was a very unfortunate incident involving the blood bank at Coney Island Hospital. A very frail elderly and very ill patient died after receiving a mismatched blood transfusion. Mr. Aviles noted that although there have not had this type of

incident at Coney Island Hospital in a decade, the fatal error did trigger lots of internal and external reviews and regulatory surveys. Mr. Aviles stated that the State Health Department (SDOH) got involved and was very concerned because they were not persuaded that procedures were being followed as they should be. In addition, Coney Island's staff was nervous about the survey team as some of the staff did not speak English as their primary language. Also, the SDOH were not persuaded that all of the staff in the blood bank was as knowledgeable as they should have been. Consequently, the SDOH had ordered to suspend the blood bank services at Coney Island Hospital. In addition, the SDOH had asked the Corporation to voluntarily submit a recertification of the blood bank, which is a lengthy process to start the blood bank all over again. Mr. Aviles reported that in the interim, KCHC has stepped up as a sister facility and is providing most of what is needed in connection with blood typing, screening, antibody identification and compatibility testing. Mr. Aviles informed the Committee that HHC does maintain Type-O blood, universal donor, for absolute emergencies. Mr. Aviles reported that, thus far, that system has been working reasonably well and Coney Island Hospital has been able to keep its OR open and to continue to keep its maternity services running in the event that blood is needed for deliveries. Mr. Aviles added that it may take a while to get to the point for CIH to be recertified in full for the blood bank. Mr. Aviles informed the Committee that the Corporation will engage some consultants in the process to make sure that we get it right.

Mr. Aviles continued his remarks and stated that, needless to say that CIH has gone through a lot over the course of last year. He noted that CIH is still recovering from the damage done by Hurricane Sandy. As a matter of fact, Mr. Aviles stated that another Med Surg unit has just recently been re-opened. Two other Med Surg units of about 37 beds are still closed, as well as the Emergency Department. Mr. Aviles informed the Committee that the Corporation took advantage of the downtime to expand the Psychiatric ED and that the expanded ER is near completion. It is projected that the NYSDOH will be back by the end of this month to survey the ED and the Psychiatric ED and at the same time to reopen the Med Surg units as well. Mr. Aviles added that CIH is expected to be fully operational at full capacity by the end of this month. Mr. Aviles ended his remarks by commending CIH's leadership as well as the CAB members for their support.

Ms. Elizabeth Thompson from the Jacobi Hospital Community Advisory Board said that, as an O negative Blood Type donor, she has to go to 68th street to donate blood. She asked why there is not a Blood Bank station in the Bronx. Mr. Aviles answered that generally, HHC uses the New York Blood Bank which is responsible to set up their donor stations. Mr. Aviles added that on occasions, mobile drives are conducted. He noted that maintain of blood is a community resource for the entire city. He added that the most efficient way for HHC to meet its need is to rely on the New York Blood Bank. Mr. Aviles encouraged employees as well as patients to donate to the Blood Bank.

Ms. Brown clarified that the New York Blood Bank is an independent organization, not affiliated with HHC. Ms. Brown added that she will be happy to work with Ms. Thompson to communicate to the Blood Bank about the issues of access for individuals who live in the Bronx. Ms. Brown promised Ms. Thompson to leave her business card with her at the end of the meeting for follow-up. Ms. Brown stated that both Ms. Thompson and Ms. Hannah Nelson of Jacobi's leadership can communicate to the Blood Bank about that issue. Ms. Brown added that, while they do not have a full time location, they may well consider how people who live in the Bronx can access their services. Ms. Brown noted that, there is a shortage of O negative Blood Type.

Mrs. Bolus thanked all the members who contribute to the Blood Bank.

Mrs. Bolus acknowledged Mr. William Walsh, Senior Vice President, North Bronx Network, Ms. Hannah Nelson, Public Affairs Director, Jacobi Medical Center, Mr. Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network, Mr. Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center & Home and all the CAB members of the North Bronx and Southern Brooklyn/Staten Island networks.

North Bronx Network

Jacobi Medical Center (Jacobi) Community Advisory Board

Mrs. Bolus introduced Mr. Silvio Mazella, Chairperson of the Jacobi Community Advisory Board and invited him to present the CAB's annual report.

Mr. Mazella began the Jacobi CAB's report by thanking the members of the Committee for the opportunity to present. Mr. Mazella informed members of the Committee and all invited guests that he is the newly elected CAB Chairperson for Jacobi. Mr. Mazella added that he has been a member of the Jacobi CAB for the past thirteen years, and Chair the CAB Emergency Department Sub-Committee.

Mr. Mazella reported that this was another active and exciting year for the Jacobi Medical Center's Community Advisory Board. He noted that once again the Jacobi CAB sponsored 911 Memorial Event, the event was held at the Memorial Garden on the Jacobi campus. Mr. Mazella added that the Memorial Garden was created after 9/11 to pay tribute to victims of 9/11 and to offer the patients and community members a place of tranquility. Mr. Mazella continued and stated that "each year the Memorial Event is well attended and the program is memorable and sensitive to the nature of the event." Mr. Mazella extended an invitation to members of the Committee, CAB Chairpersons and guests. Mr. Mazella noted that this year's event will be held on Wednesday, September 11th, starting at 8:30 a.m. at Jacobi Medical Center.

Mr. Mazella continued and reported that the Jacobi CAB sponsored a Legislative Forum, and shared relevant information on keeping Jacobi Medical Center strong. He noted that the forum was well attended by CAB members, hospital employees, elected officials and community members.

Mr. Mazella informed members of the Committee and invited guests that the Jacobi CAB sponsored its 3rd Annual Mental Health Conference that took place during the month of May to recognize National Mental Health Month. Mr. Mazella added that Ms. Sylvia Lask, former CAB Chairperson and current Vice Chairperson was instrumental in organizing the Conference. Mr. Mazella added that the Conference topic was "Housing - Another Challenge for The Mentally Ill." Mr. Mazella added that the Jacobi CAB had the good fortune of having guest speakers who are experts in the field present, including HHC's LaRay Brown who spoke on Strategic Collaborations: Creating Access to Housing. Mr. Mazella noted that the Mental Health Conference was well attended by over one hundred people, comprised of hospital staff and professionals from community base organizations. Mr. Mazella stated that "based on the success of this year's conference, the Jacobi CAB already have plans to sponsor another Conference in May 2014."

Mr. Mazella reported that Jacobi's Medical Center priorities are led by the hospital's determination to become one of the safest hospitals in the nation. Mr. Mazella added that the hospital's LEAN initiative, which is an ongoing improvement program hospital-wide, has been very successful in helping to make Jacobi's services more efficient, effective and safe. He added that in addition, the North Bronx Network is in the process of a hospital-wide Service Excellence initiative that aims to embrace new standards for service and customer satisfaction.

Mr. Mazella continued and reported that the most significant health issues in the community include obesity, diabetes, asthma, hypertension and mental health issues at a significantly high rate. Mr. Mazella noted that the Bronx is also at the center of the HIV/AIDS epidemic.

Mr. Mazella informed the Committee and invited guests that the Jacobi CAB learn about the incidence of these serious illnesses and the hospital's scope of services and unique programs during the CAB's monthly meetings. Mr. Mazella added that Mr. Walsh, Senior Vice President of the North Bronx Healthcare Network provides the CAB a comprehensive review of hospital and fiscal issues as well as information about new programs and initiatives.

Mr. Mazella reported that the CAB is proud of Jacob Medical Center's new, modern Ambulatory Care Pavilion, Inpatient Facility, Psychiatry Emergency Department and newly renovated areas throughout its original hospital. Mr. Mazella added that in addition to the revitalization and transformation of the hospital's interior, Jacobi has recently undergone a major transformation of its exterior. He noted safety improvements to the grounds include roadway markings, such as pedestrian crosswalks, handicapped accessible sidewalk curbs, new sidewalks where none existed, sidewalk night lighting fixtures, roadway night lighting fixtures, illuminated signage, and emergency call boxes in parking lots. In addition, the grounds are beautified with new plantings and additional amenities include bicycle storage racks, benches and trash receptacles.

Mr. Mazella concluded the Jacobi CAB report by stating "Jacobi Medical Center has a history of medical accomplishments and innovations. The hospital offers unique services and programs. The staff is knowledgeable and compassionate. The CAB is proud of the hospital and proud to say that "Jacobi Is What Great Looks Like."

North Central Bronx Hospital (NCB) Community Advisory Board

Mrs. Bolus introduced Ms. Cheryl Alleyne, CAB Vice Chairperson of NCB Community Advisory Board and invited her to present the CAB's annual report on behalf of Ms. Esme Sattaur-Low, the Chairperson.

Ms. Alleyne began the CAB's report with greetings to members of the Committee, CAB Chairpersons and invited guests. Ms. Alleyne noted that she has been on the NCBH CAB for the past twelve years.

Ms. Alleyne reported that North Central Bronx Hospital has provided quality care to the Norwood Community for over thirty-five years, serving generations of families. She noted that NCBH is a hospital that community members are comfortable and familiar with, and it is a hospital that community members trust, having received compassionate care from experienced providers.

Ms. Alleyne informed members of the Committee and invited guests that Esme Sattaur-Low CAB Chairperson, and the CAB sponsored a special event focusing on the ongoing crisis of gun violence. Ms. Alleyne noted that at this special event there were two guest speakers that shared a wealth of information: Dr. Sheldon Teperman, Associate Professor of Surgery and Director of Trauma and Critical Care Services at Jacobi who has long been a committed advocate of gun control.

Ms. Alleyne added that Dr. Sheldon presented, "Gun Violence: A Trauma Surgeon's Perspective" and also included a compelling video. She noted that in addition, Erik Cliette, Director of Injury Prevention at Harlem Hospital Center presented, "Gun Down, Life Up" and also included a moving video that documented the initiative to provide youths an alternative to gangs and gang violence.

Ms. Alleyne reported that the NCBH CAB participated in the Annual Bill Lane Social Work Disaster Response Conference. Ms. Alleyne explained that this year's presentation focused on Hurricane Sandy's impact on HHC as well as the emergency preparations at NCBH. She added that in addition to a keynote presentation on professional resilience in a shared trauma environment, Cathy Sacks, Associate Executive Director for the Emergency Department at Coney Island Hospital provided a powerful look at how Coney Island Hospital coped with Hurricane Sandy, providing lessons for all of us.

Ms. Alleyne continued and reported that the community's most significant health issues include obesity, diabetes, hypertension and mental health issues. Ms. Alleyne added that special care for geriatric patients with psychiatric disorders is a pressing concern. Ms. Alleyne noted that the Executive and Clinical leadership keeps the CAB informed of these serious and complex illnesses as well as the hospital's response to the health issues of the community during the CAB's monthly meetings. Ms. Alleyne also added that the CAB receives presentations from the Network's Safety Officer and the Network's Chief Financial Officer during which time the CAB have the opportunity to ask questions and learn more about the hospitals economic challenges.

Ms. Alleyne concluded the NCBH CAB report by commending Mr. William Walsh, Senior Vice-President, North Bronx Healthcare Network, for always providing a comprehensive review of issues and concerns, and about new hospital programs and initiatives. Ms. Alleyne explained that the hospital-wide Service Excellence program aims to encourage staff at all levels to provide patients with a safe, clinically effective and positive experience. Ms. Alleyne added that the NCBH CAB is proud of the hospital and will support it. She noted that the CAB celebrate all the good work NCBH has done when they say, "North Central Bronx Hospital is what great looks like."

Southern Brooklyn/Staten Island Network

Coney Island Hospital (Coney Island) Community Advisory Board

Mrs. Bolus introduced Ms. Queenie Huling, Chairperson of the Coney Island Community Advisory Board and invited her to present the CAB's annual report.

Ms. Huling began her presentation by introducing herself and thanking the Committee for giving her the opportunity to share the Coney Island Hospital CAB report. She also acknowledged Arthur Wagner, Sr. Vice President, Southern Brooklyn/Staten Island Network and Executive Director of Coney Island Hospital, Robert Cooper, Associate Executive Director of Public Affairs and fellow CIH CAB members who were in attendance.

Ms. Huling reported that 2012 thru 2013 were challenging years for most of CIH CAB members. She noted that many of the CAB members were severely affected by super storm Sandy. Ms. Huling stated that "the Coney Island community lost homes, schools, medical facilities, businesses, churches, libraries, and post offices. However, through faith and perseverance we survived and today we are stronger, better than before and more unified."

Ms. Huling continued and reported that the Coney Island CAB continues to support the leadership of the hospital in many ways to ensure that the needs of the community are met. Ms. Huling noted the following events in which the Coney Island CAB participated:

- On January 25, 2013 CAB hosted its Annual Legislative Breakfast at Tom's Restaurant in Coney Island. The event went well and was attended by local elected officials, and the community.
- On January 23, 2013 attended Coney Island Townhall Meeting hosted by Congressman Hakeem Jeffries held at Coney Island Gospel Assembly. The meeting addressed the community needs and concerns subsequent to Super Storm Sandy on the West end of the Island.
- On February 17, 2013 attended Community Board 13 monthly meeting.
- On March 9th Rosanne Degennaro, Herb Roberts, Marty Bromberger and she manned a CAB table at the Coney Island Health & Wellness day event held at Public School 188. In addition, the hospital's Outreach Department conducted free blood pressure screening and dietary consultations at the event.
- On March 21, several CAB members participated in CIH consumer and community focus groups.
- On April 8th gave testimony at HHC's Board of Directors Brooklyn based Annual Public Meeting opposing the permanent relocation of Ida G. Israel Community Health Center.
- On May 21, attended 60th Precinct Community Affairs meeting, invited all in attendance to CAB 2013 Annual Public Meeting. Flyers were also distributed at the meeting.

- On June 6, 2013 Coney Island CAB hosted a successful Annual Public Meeting. It was informative and well attended.
- On June 23, 2013 Rosanne Degennaro and she attended the grand opening of Senator Diane Savino's office & block party. We also manned a CAB's table.
- On July 17, Peter Hermida received the Marjorie Mathews recognition award.
- On August 6, 2013 Coney Island CAB manned a table at National Night Out. In addition, the hospital's Outreach Department conducted blood pressure screening.
- On August 30th the CAB hosted a voter registration drive at CIH farmer's market.

Ms Huling reported that in the Coney Island Hospital community, the most significant health care service needs /concerns are:

- To replace the Ida G. Israel Community Health Center, that was destroyed by Super Storm Sandy, to the west end of Coney Island.
- The financial support and provision for a level one trauma center, and the continued modernization of CIH in plans for the redevelopment of Coney Island by NYC EDC/Coney Island Development Corp.
- Improving the level of community/patient satisfaction.
- Expanding access to Specialty Geriatric Medical Care Services in light of the fact that Southern Brooklyn has the largest Geriatric population in NYC and CIH is surrounded by no less than six (6) Naturally Occurring Retirement Communities.
- Ensuring the future continued success of HHC's mission in the midst of national health care reform and governmental budget crisis.
- Ensuring that the community's medical needs are addressed under the HHC restructuring plan, especially those needs which involve hypertension, diabetes, obesity, and cancer.

Ms. Huling explained that some of the needs and concerns were identified through local community board(s) meetings, reports from community organizations, community health profile data and needs assessments. Ms. Huling noted that the leadership of Coney Island is helping to address these needs/ concerns.

Ms. Huling continued and stated "for example: in 2013 Senior staff held meetings with local Elected Officials to discuss the hospital's equipment needs. The Brooklyn Delegation of the NY City Council allocated \$1.8M to Coney Island Hospital for various equipment and services. In addition, the leadership plans to replace the Ida G. Israel Community Health Center which includes the construction of a modular building on property owned by the New York City Housing Preservation and Development Corporation (HPD) located on Surf Avenue between 17th and w18th Streets.

Ms. Huling reported that the Hospital's leadership is also taking steps to maintain working relationships with the six retirement community organization (NORCs) in CIH's primary service area. Ms. Huling noted that various departments, including patient relations, social work, strategic planning, medical affairs, and public affairs continue to meet with staff to monitor the continuity of care of its older patient population and is collaborating with the retirement community organizations, skill nursing facilities and adult homes to ensure that patients avail themselves of the supportive social and clinical services offered in the Community.

Ms. Huling informed all that Coney Island Hospital strategic priorities is to: replace Ida G. Israel Community Health Center to the West end of Coney Island, Clinical Excellence, Patient Safety, Patient & Customer Satisfaction, Information Technology, Facilities & infrastructure financial stewardship and high quality workforce. Ms. Huling added that the CAB has a representative on the hospital's patient safety and patient satisfaction committee. She noted that both representatives were term limited effective August 31, 2013. She stated that "the CAB will select two new representatives to fill those vacancies." Ms. Huling noted that the CAB also provides input and suggestions in strategic and other plans presented at CAB meetings.

Ms. Huling reported that the most frequent complaints raised by patients are the waiting time and traveling to Sea View Hospital in Staten Island for mammograms. She noted that the most frequent compliments received from patients are about the high quality of care provided to them by the doctors, nurses, and other support staff. Ms. Huling added that the community also complimented the Farmer's Green Market, the community art exhibitions and the overall cleanliness of the hospital. Ms. Huling added that from the CAB's perspective cleanliness of the hospital is very good, the condition of the hospital is satisfactory and the appearance is satisfactory. She noted that signage regarding HHC's options program is posted in high traffic areas.

Ms. Huling continued and highlighted the Coney Island CAB's 2012 participation in the following outreach activities:

- In July Rosanne Degennaro received the Marjorie Matthews Recognition Award.
- On September 17th , several of CAB members attended a Voter Registration training at HHC
- On September 25, CAB hosted its first Voter Registration drive in honor of national Voter Registration Day at CIH.
- On October 10th , CAB hosted it 2nd registration drive at Ida G. Israel Community Health Center.
- On October 24th , several CAB members attended the Council of CAB's Annual Conference Held at Jacob Medical Center.
- Mr. Herb Roberts and she attended HHC & the Center for Medicare & Medicaid Services - Medicare 101 Workshop hosted by CIH.
- Members attended Hurricane Sandy's Planning & Restoration Committee meeting hosted by Marty Markowitz, Brooklyn Borough President regarding the hurricane effect on C.I.
- On Nov. 18th toured the affected areas of Coney Island with Rev. Al Sharpton, President of National Action Network, Charles Hynes, Brooklyn District Attorney Congressman Hakeem Jeffries, Senator John Sampson, Assemblyman Alex Brook-Kransy, Councilman Dominick Recchia and Councilman Jumanee Williams.
- On Nov. 29th attended Deputy Mayor Gibbs Planning Committee Meeting regarding the needs of the community as a result of sandy & prior to Sandy.
- On December 10th, attended Gerristen Beach Association Town Hall Meeting hosted by Senator Golden and on
- On Dec.17th, attended Southern Brooklyn Democratic Club Executive Meeting. Kings County Democratic Chairman, Frank Seddio was the guest speaker.

Mr. Huling reported that through the CAB's contact with community organizations, CAB members helped to identify and coordinate outreach activities.

Ms. Huling concluded the Coney Island CAB report by again thanking Mr. Wagner for his dedication and leadership and HHC's Board of Directors Community Relations Committee for the opportunity to share last year's activities.

Sea View Hospital Rehabilitation Center and Home (Sea View) Community Advisory Board

Mrs. Bolus introduced Mr. Joseph Tornello, Chairperson of the Sea View Community Advisory Board and invited him to present the CAB's annual report.

Mr. Tornello began his presentation by thanking members of the Community Relations Committee for the opportunity to present the Sea View CAB's annual report. Mr. Tornello introduced himself as being a member of the Sea View CAB for more than ten (10) years and he noted that this is his second year as Chair of the board.

Mr. Tornello stated that he "greatly appreciates his role as the CAB's Chairperson, representing the community, the residents and relatives of residents of Sea View."

Mr. Tornello reported that the senior staff of Sea View provides the CAB with a very comprehensive report about the plans and programs for the facility during the CAB's monthly meetings. Mr. Tornello noted how helpful the staff is with answering the many questions and concerns raised by CAB members.

Mr. Tornello concluded his report by informing members of the Committee and invited guests that Sea View Hospital and Rehabilitation Center provides high quality health care to its residents. Mr. Tornello stated that his "comment about the services is not just from his point of view but, rather comments made by the Sea View community."

Mr. Tornello was reminded about the importance of attending the Council of CAB's monthly meeting by Ms. Agnes Abraham, Chairperson, Council of CABs.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:50 p.m.

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

ELMHURST HOSPITAL CENTER

I. COMMUNITY NEEDS

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

- 1) Emergency Department Expansion/Increased Workload
- 2) Cardiac Services
- 3) Ambulatory Care Services/Health Promotion
- 4) Continued equal access – Low Income, Under Insured/Uninsured
- 5) Pedestrian Safety
- 6) Language Access/Cultural Diversity
- 7) Mental Health Services

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

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input type="checkbox"/> Other Public Meetings | |
| <input type="checkbox"/> Needs Assessments | <input checked="" type="checkbox"/> Surveys | <input checked="" type="checkbox"/> Community Health Profile Data |
| <input checked="" type="checkbox"/> Reports from Community Organizations | <input checked="" type="checkbox"/> Other Activities (please list)
Health Fairs, Workshops, Forums,
Interactions with Neighbors and
Community businesses. | |

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

- yes no

- a. If yes, please give examples of what the facility leadership is doing.
The CAB members and the senior leadership team work closely on these important concerns and community needs. A member represents the CAB at

the Medical Board meetings which encourages collaboration in addressing the needs of the community, the hospital and the Mt. Sinai affiliate. Senior administrators and CAB members work closely with our elected officials during the year to address our much needed Emergency Department expansion, equal access for our diverse community, and reimbursement opportunities for our provision of interpretation/translation service.

The following meeting presentations from our staff focused on these concerns as well as other important topics:

- Al Marino, Chief Information Officer of (Regional Health Information Organization): Facilitates the electronic exchange of health information between providers and other medical providers in the community.
- Dr. Randi Wasserman, Director of Pediatrics: Improved Pediatric Services, particularly with community pediatricians. Expansion of palliative care services to our pediatric patients.
- Brian Stacey – Network Chief Financial Officer: Discussed Triple AIM: Better Health, Better Care and Lower Cost, a strategic plan to improve services.
- Dominic Marino, Breakthrough Deployment Officer: Two RIE teams presented information on reducing alarm noise on patient units and patient flow in Ambulatory Care Services.
- Dr. Tita Castor, Director of Palliative Care: Enlist community support for a palliative care initiative for a Living Strong Foundation grant (It worked! We received the grant)
- Dr. Peter Spiro, Director of Pulmonary Medicine: Spoke about our work in the World Trade Center Clinic.
- Jey Hwang, Director of Food and Nutrition: Provided a patient meal to CAB members and presented information on services and healthy eating.
- Dr. Jamie Ullman, Director of Neurosurgery: Research/Action to address high incidence of Pedestrian injuries (November Forum on Pedestrian Safety at EHC).

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- 1) Completion of Women's Health Pavilion
- 2) Expansion of Emergency Department

- 3) Journey to Excellence – Patient and Employee Satisfaction
- 4) Patient Safety
- 5) Continue to improve patient readmission

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

Our CAB has active committees that meet with senior staff to study these plans and offer recommendations. Administration listens to these committee reports and members' comments. This feedback is beneficial in formulating priorities and implementing action plans.

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?

- 1) Longer waits in the Emergency Department as a result of increased workload
- 2) Increased outpatient workload – delay in non-critical appointments.
- 3) More doctors needed in response to more patients and care management initiative.

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

- 1) Medical care greatly improved
- 2) Improved language service
- 3) Caring and helpful staff

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 checked="" type="checkbox"/>	<input 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? 24-28
2. What are current numbers of members? 25 What are current numbers of vacancies? 3

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

The Membership Committee recommends keeping the current membership at 25 members. There was no major recruitment effort this year. Word of mouth and members' referrals have proven to be the most effective recruitment tool.

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.

We have the following active committees:

- Patient Care – Monitors patient services and works to address any issues concerning patients and medical services – This year's focus was healthy nutrition and patient meals.
- Women's Health – Working with the hospital's Labor/Management Women's Issues Committee sponsored a successful Women's Health Forum.
- Finance – Works with Chief Financial officer if major budget issues arise.
- Legislative/Community Relations – Plans annual Legislative Meeting and other community and legislative outreach.
- Membership – Recruits, interviews and mentors new members to the Board.
- Child/Adolescent Health – Addresses Health Issues for this age group: teen pregnancy, HIV prevention, suicide prevention and healthy eating/lifestyles.
- Nominating (Ad hoc) – Recruits and nominates officers for the Board.

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.

Representatives from the Community Boards who are CAB members become the critical link to a successful collaboration. Packets are given to all members that can be shared with the Community Board. The Legislative/Community Relations Committee created an informational card for distribution to the community.

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?

HHC has been supportive of our efforts to complete the Women's Health Pavilion and our efforts to expand our Emergency Department.

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

Our CAB has been very involved in our annual community outreach events:

- Legislative Luncheon
- Women's Health Forum
- New Year's Day Basket Distribution

There were several new initiatives:

- 1) Pediatric Health Fair
- 2) HIV Prevention (reached over 500 high school students)
- 3) Pedestrian Safety Research and Forum
- 4) Voter Registration Drives
- 5) Elmhurst Hospital Green Market
- 6) Healthy Eating/Healthy Living – Nutrition Workshops for Senior Care and Child/Adolescent Forum at EHC
- 7) Palliative Care – Livestrong Foundation Grant – Vote on Line campaign
- 8) Community Assessment Focus Group - HHC
- 9) Prostate Cancer Screening Event
- 10) Volunteer Recognition Ceremony

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.

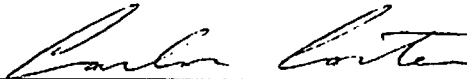
1. Support for the expansion of our Emergency Department – Critical need due to increased workload
2. Support in meeting the new standards for our ED Trauma Certification – higher standards of the American College of Surgeons
3. Preparation for the impact of the Affordable Care Act.

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:

October 17, 2013

Executive
Director:

Date:

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: _____

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

Queens Hospital Center
Community Advisory Board

I. COMMUNITY NEEDS

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

Our most significant concern is to ensure that QHC can efficiently continue to serve the influx of patients it has seen since the closure of as many as five area hospitals in recent years, which has caused the ER to be over capacity on many occasions. Added concerns include the fact that QHC's pediatric beds were forfeited and will not be reestablished, as well as the ongoing prevention and treatment of cancer in underserved populations in the community. At the same time, QHC is grappling with a consistent climate of fiscal constraint.

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

QHC has specifically addressed challenges in its Emergency Department by way of two expansion projects that were completed within the past year. In early December 2012, the hospital celebrated the opening of an expanded Comprehensive Psychiatric Emergency Program, or CPEP. The Queens Hospital Center CPEP is the

psychiatric emergency room of our hospital. This new space is nearly double the size of the previous CPEP, provides approximately 3,400 patient visits per year and includes an Extended Observation Unit and Pediatric Holding Unit that allow adult and adolescent patients a dignified place to stay while they are awaiting placement. And in late August of this year, a ribbon-cutting ceremony was held to mark the official opening of a new Pediatric Emergency Behavioral Observation Unit. This unit is specially designed and equipped for the care of patients ages 5 through 17 coming to the Emergency Department for behavioral or psychiatric issues.

In taking on these projects, Queens Hospital Center recognizes that the borough's population continues to grow and diversify, that there will be a greater need for superior mental health services within the borough, and that it is incumbent upon us to reinforce our position as a major community hospital serving neighborhoods across the borough and the specific healthcare concerns they bring.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

QHC Executive Director Julius Wool continues to be extremely supportive in all CAB endeavors to increase our knowledge of the HHC network and the healthcare industry. The Strategic Vision for QHC that he first introduced in late 2010 has since been revised and is steadfastly emphasized as intrinsic to our hospital's culture. It incorporates the following: (a) **continuous improvement in the quality of care**, meaning the right care at the right time to achieve the best clinical outcomes for individual patients and the best health status for our community (i.e. safe, timely, efficient, effective, patient-centered and equitable); (b) **increase staff engagement** by improving communication with staff and including all staff in collaborative improvement projects and activities; (c) **continuous improvement in patient experience and engagement** by improving communication with patients and families and actively engaging patients in planning and managing their care; and (d) **continuous reduction in the cost of care** by reducing unnecessary admissions, readmissions and average-length-of-stay (ALOS).

QHC also maintains a sharp focus on **improving quality and safety at our facility**. In order to improve **patient safety** we have identified two hospital-wide activities, **hand hygiene** and **patient identification**, where we need to improve. These two priorities have been identified as National Patient Safety Goals by The Joint Commission and as issues representing areas of potential harm to patients at QHC. We have established **red rules that require 100 percent practice of safe hand hygiene and patient identification**.

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

The Executive Director and staff from various departments within the hospital present to the CAB at general board meetings, provide periodic updates and receive input and feedback from the CAB. The CAB members provide feedback to hospital administration both at general board meetings as well as at regularly scheduled and ad-hoc executive board meetings. The CAB also has regularly scheduled sub-committee meetings such as Patient Care and Community Relations which allows additional feedback to the administration and staff.

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?
The most frequent complaints are waiting times in the clinics to see a doctor.
3. What are the most frequent compliments provided by patients/residents?

The most frequent compliments provided are that staff members at QHC are very accommodating and helpful to members of the public, as well as of the cleanliness and welcoming atmosphere of 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? 35
2. What are current numbers of members? 32 What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by the CAB this year?

The QHC CAB has recruited new members by approaching patients in the hospital and also at various events hosted at the hospital such as the Legislative Brunch, at events in the community and at the local universities.

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.

- Yes: The **Bylaws Committee** consistently reviews the bylaws to ensure that they adequately govern the CAB; the **Community Relations Committee** identifies the various means by which the CAB can build bridges with the community; the **Membership Committee** is charged with looking at ways to attract active members of the community, as well as consumers, to the CAB; the **Patient Care Committee** receives regular reports from Ambulatory Care and Nursing and addresses patient care issues and complaints; the **Finance Committee** regularly monitors and maintains an account set up to secure monies that are collected on behalf of the membership to provide for spontaneous situations in which the CAB agrees to show support to an individual or CAB members during a time of illness and/or grief, or to support an initiative of the hospital; the **Executive Committee** meets regularly before every CAB meeting to discuss new business and at times sensitive issues and whether they should be addressed at the general CAB meeting.

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.

CAB members that are community board representatives have invited hospital representatives to give presentations on various issues at the 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? Not applicable.

11. Describe the CAB's involvement in its facility's outreach activities? CAB members are regularly invited and attend some of QHC's outreach activities, which have recently included a TCNY event offering free screenings combined with a musical performance earlier this month, a voter registration drive, and a Black History Month event in February.

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.
- 2.
- 3.
- 4.
- 5.

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:

10/21/13

Executive

Director:

Date:

10/21/13