

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: January 8, 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 September 4, 2012

Josephine Bolus, R.N.

CHAIRPERSON'S REPORT

Josephine Bolus, R.N.

INFORMATION ITEMS

South Manhattan Network

Bellevue Hospital Center

Bobby Lee

Coler Specialty Hospital
And Skilled Nursing Facility

Gladys Dixon

Goldwater Specialty Hospital
And Skilled Nursing Facility

Virginia Granato

Metropolitan Hospital Center

Jose Grajales

Gouverneur Healthcare Services

Gerald From, Ph.D.

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: September 4, 2012

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, RN, Chair

Robert F. Nolan, Board Member

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

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Agnes Abraham, Chairperson, Kings County Hospital Center

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, (Representing Louise Dankberg, Chairperson, Bellevue Hospital Center

Jose Grajalas, Chairperson, Metropolitan Hospital Center

Anthony Andrews, Chairperson, Queens Hospital Center

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

Cheryl Alleyne (Representing, Sylvia Lask, Chairperson, Jacobi Medical Center)

Esme Sattaur-Low, Chairperson, North Central Bronx Hospital

Queenie Huling, Chairperson, Coney Island Hospital

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Annoinette Brown, Chairperson, Cumberland Diagnostic and Treatment Center

HHC FACILITY CAB MEMBERS

Priscilla Douglas, Cumberland Diagnostic and Treatment Center

Hiawatha Campbell, Cumberland Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

Lucy Lloyd, Cumberland Diagnostic and Treatment Center

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

Reverend Jean Montas, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility

Joy V. Lam, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Margaret Burke, Kings County Hospital Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health
Intergovernmental Relations
Ross Wilson, M.D., Medical and Professional Affairs
Valerie Phillips, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Alvin Young, Intergovernmental Relations
John Jurenko, Intergovernmental Relations
Robb Burlage, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations

HHC FACILITY STAFF

William Walsh, Senior Vice President, North Bronx Network
Ann Sullivan, M.D., Senior Vice President Queens Health Network
Chris Constantino, Executive Director, Elmhurst Hospital Center
Chris Fugazy, Chief Operating Officer, Jacobi Medical Center
Jayne L. Maerker, Associate Director, Elmhurst Hospital Center
Melissa Henry, Associate Director, Queens 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
Antonio Montalvo, CAB Liaison, Lincoln Medical and Mental Health Center
Debera Tyndall, CAB Liaison, Kings County Hospital Center
Angela Cooper, CAB Liaison Dr. Susan Smith McKinney Nursing & Rehabilitation Center

GUESTS

Judy Wessler, Commission on the Public's Health System
Onida Mayers, New York City Votes
Sabrina Juaves, New York City Votes
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 5:40 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 May 1, 2012. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus opened the meeting with a warm welcome to everyone in attendance. She stated that she "hoped that everyone had enjoyed the summer and looked forward to working with them this fiscal year during what is likely to be a period of new challenges requiring renewed vigor and dedication." Mrs. Bolus proceeded to review some significant developments that had occurred since the last meeting on May 1st.

Mrs. Bolus stated that many Committee members had participated at the annual Marjorie Matthews Awards ceremony and barbecue on the Coler campus of Coler-Goldwater by the East River. She added that, despite record-setting sweltering weather, the occasion had appeared to be fully enjoyed by all. Mrs. Bolus reported that recognition was given to more than forty CAB and Auxiliary leaders for their exemplary community advocacy; and more than two hundred friends and family members had joined the honorees at this event. She noted that the Marjorie Matthews Awards ceremony and barbeque has certainly become a major HHC-wide community and family gathering.

Mrs. Bolus announced that at its June meeting, the HHC Board had passed a resolution naming the new HHC long term care facility being developed in Harlem to replace the current Goldwater campus on Roosevelt Island the Henry J. Carter Specialty Hospital and Nursing Facility, to recognize Mr. Henry "Hank" Carter's longstanding support of the residents and programs at Coler-Goldwater Specialty Hospital and Nursing Facility. Mrs. Bolus continued and quoted the Board's resolution, "His gifts and donations to Coler-Goldwater over the past 39 years has resulted in a computer lab, personal computers, a rehabilitation gymnasium, assistive and mobility equipment, specially outfitted buses and thousands of state-of-the-art wheelchairs, all of which have provided our residents with greater independence, greater comfort and the opportunity to learn and grow." She added that the value of Hank's generosity to Coler-Goldwater through Wheelchair Charities, the philanthropic organization he created, exceeds \$25 million.

Mrs. Bolus reminded the Committee and invited guests that there was a major national health policy development since the last meeting on May 1st. Mrs. Bolus reported that, on June 28th, the U. S. Supreme Court had issued its long anticipated decision about

the constitutionality of the Affordable Care Act (or the ACA); ruling by a 5 to 4 margin that the ACA was constitutional, including the provision that mandates virtually all Americans to purchase health insurance. However, the Court, by a 7 to 2 margin, had narrowed the reach of an important ACA provision that had required states to expand their Medicaid programs or risk losing all of their Medicaid federal funding. As a result, states can now opt not to insure greater numbers of low income citizens through their Medicaid programs.

Mrs. Bolus reported that New York State will expand its program. She added that an estimated 1.2 million New Yorkers are expected to gain health insurance coverage as a result of the ACA, when the law is fully implemented in 2014.

Mrs. Bolus informed Committee members and invited guests that a new fiscal year, Fiscal Year 2013 began on July 1st. Mrs. Bolus noted that HHC staffs are to be recognized for achieving annual savings of more than \$480 million by the end of Fiscal Year 2012 through implementation of many of the cost containment and restructuring initiatives in the Road Ahead. Mrs. Bolus noted that, given the very real and significant financial challenges that HHC faces, these gap closing initiatives have included changes in the way the facilities assure that patients have access to the services they need. She added that specifically, in July, the Board had approved a contract to outsource the provision of dialysis services.

Mrs. Bolus announced that this year's Annual CABs Council Conference is scheduled for Wednesday, October 24th and the focus would be "Training for Patient Advocacy". She noted that the Conference's key note speaker will be Ms. Patti Skolnik, a nationally recognized patient advocacy organizer and trainer.

Mrs. Bolus continued and announced HHC's Board of Directors Fiscal Year 2013 Annual Public Meetings dates and locations. She highlighted that the first meeting will take place before on Wednesday, November 7th at Coney Island Hospital beginning at 6:00 p.m. She added that the Bronx meeting will be held on Monday, November 19th at Jacobi Medical Center; Queens will be held on Monday, December 3rd at Queens Hospital Center; Staten Island will be held on Wednesday, December 5th at the Sea View Rehabilitation Center and Home and Manhattan will be held on Wednesday, December 12th at Bellevue Hospital Center.

Mrs. Bolus stated that, "an important election is just around the corner." She noted over the next two months, community outreach for voter education and assistance concerning registration and voting is being mobilized by each facility's CAB and Auxiliary, along with the labor partners." She stressed that the last day for voter registration for the General Election is October 12th.

Mrs. Bolus concluded her report by recognizing some recent achievements:

- Lincoln Medical and Mental Health Center received the prestigious American Hospital Association's Quest for Quality Award. She noted that Lincoln was one of four hospitals selected this year from a nation-wide pool of 40 hospitals.
- Both Jacobi Medical Center and Woodhull Medical and Mental Health Center were ranked among the best hospitals in New York by U.S. News and World Report; they were listed in the top 50 among 730 hospitals nationwide as high performers in one or more specialties.

Mrs. Bolus noted that these are well deserved achievements and reflect the hard work and dedication of the employees at three HHC hospitals.

Mrs. Bolus turned the meeting over to President Aviles for his report.

PRESIDENT REMARKS

Alan D. Aviles

Mr. Aviles extended a warm welcome to Committee members and invited guests. Mr. Aviles began his remarks by stating that he "would expand on two items referenced in Mrs. Bolus' report."

Mr. Aviles reported that the Corporation has completed the second of four years of its comprehensive cost containment and restructuring plan. He announced that over the last three years the Corporation has saved more than \$1 billion dollars through its restructuring initiatives. He emphasized that, in order for HHC to achieve the target savings of at least \$300 million annually for the remaining two fiscal years of the plan, the Board of Directors has approved HHC's most challenging initiative to contract with an outside vendor to provide dialysis services.

Mr. Aviles continued and stated "that dialysis services are currently outsourced at Bellevue Hospital Center and more importantly, at Elmhurst Hospital Center for the last six years by the same vendor approved by HHC's Board of Directors."

Mr. Aviles rated the vendor's quality of work as excellent. He stressed that no patient, whether uninsured or undocumented, has ever been turned away and that it is made clear in the Board's Resolution and in the signed contract that there is an absolute iron clad guarantee that these patients will not be denied dialysis services. Mr. Aviles noted that there is no impact on access to services, as the vendor over the course of the next three years must provide capital dollars to expand services in some areas. As such, there will be expanded onsite services at Lincoln Medical and Mental Health Center, and for the first time, a dialysis unit at North Central Bronx Hospital.

In addition, dialysis capacity in some of the other sites would be expanded slightly as well. Mr. Aviles reported that overall, when the plan is fully implemented at the end of the next three years, there will be 35% more capacity for dialysis and HHC will net more than \$150 million in savings. Mr. Aviles stressed that the plan is expected to go forward with no layoffs and that existing dialysis staff are being redeployed throughout the Corporation where there is a need.

Mr. Aviles reported on the New York State's 1115 Waiver. He explained that, just as Governor Cuomo is doing in New York State, other States are also reforming the Medicaid Program to save money and to better serve patients. He added that since Medicaid is a program financed 50/50 by the State and the Federal government in New York, the federal government would be entitled to half of any savings. As such, the States ask the Federal government to reinvest a good portion of the projected savings to help accelerate the reforms that they are trying to implement in the Waiver.

Mr. Aviles stated that the Medicaid Redesign Program in New York would save the Federal government over \$17 billion in a little over five years. He informed Committee members and invited guests that an application is being sent to the Federal government asking for \$10 billion of the estimated \$17 billion to be reinvested into New York State, to expand primary care capacity, provide more support for electronic medical records, improve care coordination in some areas and (for the first time) provide for supported housing. Mr. Aviles noted that approximately \$1 billion in the Waiver is for supported housing over the course of five years. He added that other dollars are targeted for safety net voluntary hospitals to sustain them and to help them reorganize or merge.

Mr. Aviles reported that the amount of money asked for public hospitals is \$1.5 billion; \$1.2 billion of which is targeted to HHC to help expand its primary care capacity, allow for care management and care coordination, particularly for the undocumented. Mr. Aviles added that HHC is expected to receive some other State monies to cover some of the cost of these services for Medicaid insured individuals; however, since HHC's mission is to provide the same level of care to all patients, whether insured or uninsured, these funds would be used for the non-Medicaid patients.

Mr. Aviles noted that while inpatient emergency care is covered, the outpatient emergency admission is not. He added that in an attempt to have targeted dollars to support outpatient care services, the 1115 Waiver is a noble approach, to have the Federal government pay for pre-emergency care services. Mr. Aviles stated that "there is no guarantee that the 1115 Waiver will be approved or, that HHC will get all the funds as allocated by the State." However, if approved, HHC is appreciative of the proposed amount requested for public hospitals.

Mr. Aviles acknowledged LaRay Brown, Senior Vice President, Community Health and Intergovernmental Relations, who has worked tirelessly to ensure that the public hospitals have a fair share.

Mr. Aviles continued and reported that under the Medicare program, HHC had filed earlier this week an application with the Centers for Medicare and Medicaid Services (CMS) to become an Accountable Care Organization (ACO). He stated that, "ACO is a reform included in the federal Affordable Care Act (ACA) and is an effort to begin to transform the way healthcare is delivered." He explained that providers and healthcare systems would no longer be paid based on the volume of Medicare patients, but rather to keep as many patients as possible healthier through a combination of robust primary and preventive care, better care coordination, and more effective care management. Mr. Aviles added that, if providers and healthcare systems keep their Medicare patients healthier than they otherwise would have been; and as a result, their future healthcare costs over the next year or two are lower than what they were over the last couple of years, then, they are entitled to share the difference of those savings. In addition, Mr. Aviles stated that any shared savings HHC would receive from the Medicare Shared Savings program would be evenly split with the physicians who care for these patients after deducting the basic cost for running an ACO. Mr. Aviles stated that, based on ACO models across the country, it takes about two to three years before any savings can be achieved; therefore, it is unlikely that HHC would accumulate any savings by next year.

Mr. Aviles stressed that the Medicare Shared Savings program is a positive development and that in many ways HHC leadership has been focused on trying to reduce unnecessary emergency department visits and avoid readmissions. Mr. Aviles thanked Ms. Jeromane Berger-Gaskin, cross-representative CAB member for Kings County Hospital Center and Dr. Susan Smith McKinney, for agreeing to be HHC's Medicare beneficiary on the Board to share her Medicare patients' prospective to the governing body. He also thanked Ross Wilson, MD for leading a team of senior people in the program.

Finally, Mr. Aviles reiterated the importance of the upcoming election. He joined Mrs. Bolus in emphasizing the need to try and encourage everyone to get out and vote on Election Day. He added that the stakes for healthcare and for public hospitals, and particularly for HHC, are extremely high. He added that with the selection of Paul Ryan as the Republican presidential candidate, voters will have to make an informed decision. He stated that the choice is about the current Medicare program which guarantees benefits to seniors vs. a voucher program that would essentially transfer a lot of those costs to seniors. Mr. Aviles explained that, under the voucher program, as healthcare costs increases, these costs are basically shifted to seniors who will be paying the difference after receiving their premium voucher to try and buy health

insurance policies. Mr. Aviles noted that this program would make a huge difference with enormous implications going forward even if it would not take effect for a while.

Mr. Aviles stated that another big issue is Medicaid, specifically the block granting of Medicaid proposed by the Republicans. He explained that, Medicaid is an entitlement program, granted to a number of people in the state who meet the eligibility requirements. He noted that during the economic downturn, a lot of people have been out of work and the enrollments have swelled during this period of high unemployment. He noted that since Medicaid is a shared program between states and the federal government, as the need for Medicaid grows in the states, the federal government spends more. On the other hand, Mr. Aviles explained that the amount the federal government spends on Medicaid would be capped and does not increase enough to keep up with health care inflation if more people become unemployed and need Medicaid under the block grant proposal. Mr. Aviles noted that federal funding for Medicaid would not grow when more people need health services, particularly during the time of the economic downturn, and the States would have to pick up the difference if they want to run a Medicaid program without cutting benefits and eligibility requirements. Mr. Aviles reiterated that it is another very distinct choice that voters will have to make in the upcoming election and is hopeful that they will make the right choice.

Mr. Aviles ended his remarks by stating that "repealing the Affordable Care Act would be making a huge step in the opposite direction of where healthcare has been heading, which is gradually to get closer to universal coverage."

Mr. Bobby Lee, Bellevue Hospital Center's CAB Chairperson, reiterated the importance for Committee members, CAB members and invited guests to vote and to also encourage their friends, families and neighbors in other states to vote.

Ms. Agnes Abraham, Chairperson of the Council of CABS and Kings County Hospital Center's CAB referred to Mr. Aviles report on the State of New York's application to reinvest \$10 billion into New York State and asked a two-fold question. She would like to know if a date has already been set for the release of the \$1.2 billion targeted to HHC and if there is a plan in place about the distribution of these funds across all the facilities.

Mr. Aviles responded by stating "that the funds would be distributed over a five-year period which may stretch to seven years." He noted that if the full amount of approximately \$200 million yearly is awarded, it would likely start some time during this next federal fiscal year to begin on October 1, 2012. He added that the disbursement date depends on how quickly they act upon approving the application. He stated that "the effort is to get it approved before the election." Mr. Aviles stated that "these funds are designated for initiatives across HHC and could begin to flow about the same time

to all of the facilities as early as the beginning of next year. He informed the Committee that more details will follow about how specifically these funds will be used to expand primary care access in each of the Networks. Mr. Aviles commented that if the funds are awarded, all the facilities would significantly benefit from these funds in the very first year.

Ms. Abraham explained her concerns about the disbursement of the funds to HHC. She reasoned that because so many hospitals are closing, HHC hospitals and Kings County Hospital, in particular, are overcrowded. She stated that HHC needs to be able to continue to provide the kind of care that it is notoriously known for at Kings County Hospital.

Ms. Abraham asked Mr. Aviles about the dialysis employees and wanted to know if all managerial, clinical and cleaning staff will remain HHC employees or transferred over to the Vendor.

Mr. Aviles answered that most of the staff with the exception of clinical leadership would become the vendor's staff. He explained that, in order to have direct control over quality and retain clinical oversight, one of HHC's Nephrologist and Clinical Care Specialist would be the Medical Director of that unit. However, those employees who do not want to be transferred over to the vendor would be redeployed to other clinical positions within the system.

Ms. Abraham asked if the employee who elects to remain employed with HHC but whose skills cannot be easily matched to be redeployed within HHC will be forced to retire or get a pink slip.

Mr. Aviles answered that while these employees may have worked in the dialysis unit, their skills are transferable to other units. In addition, the Corporation would arrange to provide for additional training, if necessary, to help them make the transition to another care setting. Based on the Elmhurst Hospital's experience, Mr. Aviles asserted that the transition would happen very smoothly and that all the employees would be placed.

Ms. Abraham's last question was about ACO's Medicare Savings Plan. She would like to know how savings are calculated and what metrics would be used to measure them.

Mr. Aviles answered that, part of the Shared Savings Program is a set of 33 quality indicators or metrics that are intended to ensure the quality of care based upon outcomes data that can be monitored.

Ms. Gladys Dixon, Coler/Goldwater and Specialty Hospital and Nursing Facility (Coler campus) CAB Chairperson, asked about the vacancies that would be created by the facility's nursing and managerial staff after the move of Goldwater to Harlem.

Mr. Aviles answered that HHC still have a significant attrition target to hit over the course of the next two years. He informed the Committee that the workforce has already been reduced by approximately 2900 employees within the last three years and that number is targeted to increase to 3750 by the end of Fiscal Year 2014. He added that the ideal thing would be not to backfill positions that occur elsewhere and redeploy staff to those vacant positions, thereby avoiding layoffs and effectively reduce the headcount overtime. Mr. Aviles stated that whether or not that works perfectly depends on the type of vacancies and the skills of the individuals to be redeployed. He emphasized that HHC's general approach has always been to bring the headcount down and reduce the workforce without having to compel layoffs. He acknowledged that to the extent, that approach is possible for everyone who works at Coler/Goldwater, leadership will try to do so.

Mr. Aviles added that, customarily in similar situations, there will be a number of staff eligible for retirement who had elected not to retire at this point, but will elect to retire rather than make a change within the system; and that may help as well. However, Mr. Aviles noted that it will be challenging because a significant decrease in the number of beds is at stakes.

North Bronx Healthcare Network

Jacobi Medical Center (Jacobi) Community Advisory Board

Mrs. Bolus introduced Ms. Cheryl Alleyne of the Jacobi Medical Center CAB and invited her to present the CAB's annual report on behalf of the Ms. Sylvia Lask, Chairperson.

Ms. Alleyne reported that this was another exciting year for the Jacobi Medical Center Community Advisory Board. She stated that in addition to annual CAB sponsored 911 Memorial Event and the Legislative Forum, the CAB added a new public Conference on Mental Health which was held in May, in recognition of National Mental Health Month. She noted that this year's topic was "Trauma's Impact on Mental and Physical Health." She added the conference was well attended.

Ms. Alleyne informed members of the Committee and invited guests that based on the success of the conference; the Jacobi CAB plans to sponsor another conference in May 2013, focusing on the topic of individuals with mental health and housing issues.

Ms. Alleyne stated that Jacobi Medical Center's LEAN initiative, is an ongoing improvement program, it has been very successful in helping to make Jacobi's services more efficient, effective and safe. She continued and noted that in addition, the North Bronx Health Network is in the process of a hospital-wide Center of Excellence initiative that aims to embrace new standards for the delivery of services.

Ms. Alleyne continued and reported that the most significant health issues in the community are obesity, diabetes and hypertension. She added that the Bronx is also at the center of the HIV/AIDS epidemic.

Ms. Alleyne informed the Committee members and invited guests that Mr. Walsh, Senior Vice President of the North Bronx Healthcare Network and his staff provide the CAB a review of the hospital's fiscal issues, new programs and initiatives.

Ms. Alleyne reported that the Jacobi CAB supports the development of a weekly Farmers Market that brings healthy and nutritional, fruits and vegetables, to the hospital for patients, staff and the community. She noted that the Farmers' Market operates from June through November.

Ms. Alleyne concluded the Jacobi CAB report by stating that "Jacobi Medical Center offers unique services and programs; the staff is knowledgeable and compassionate, the community is proud of the hospital."

North Central Bronx Hospital (NCB) Community Advisory Board

Mrs. Bolus introduced Ms. Esme Sattaur-Low, Chairperson of North Central Bronx Hospital and invited her to present the CAB's annual report.

Ms. Lowe began the NCB CAB's annual report by announcing that NCB has provided quality care and serving generations of families in the Norwood Community for over thirty-five (35) years.

Ms. Lowe reported that NCB's Executive and Clinical Leadership participate in their monthly CAB meetings and keep CAB members informed of new healthcare and operational initiatives, the scope and development of hospital services and HHC's collaborative programs. She noted that the information received enables the CAB members to stay fully informed and allow them to share important information with the community.

Ms. Lowe stated that NCBH CAB members are always on hand to support the hospital's outreach activities by attending ribbon-cuttings ceremonies, health fairs and helping with the distribution of flyers in the community. She added that the NCB and Jacobi CAB jointly sponsored a Mental Health Conference that focused on trauma, and

a Social Work Conference that focused on the Emergency Response in the Community. She noted that both events were well attended by community residents.

Ms. Lowe continued and reported that the most significant health issues in the community are obesity, diabetes, and hypertension. Ms. Lowe stated that "more recently, special care for geriatric patients with psychiatric disorders has become a pressing concern in the community." Ms. Lowe added in order to address the health issues and concerns of the community; the leadership of NCB has initiated extensive outreach by informing residents and local merchants of the various services and programs NCB offers.

Ms. Lowe concluded the NCB CAB report by acknowledging Mr. Walsh, the Senior Vice President of the North Bronx Healthcare Network who always provides a comprehensive review of issues and concerns as well as information about new programs and initiatives in his monthly reports to the CAB. She added that the CAB also receives presentations from the various department heads at which time the CAB members have an opportunity to ask questions and learn more about the hospital's economic challenges. Ms. Lowe stated the "NCB CAB is proud of the hospital and the community and will continue to work to make both stronger."

Queens Health Network

Elmhurst Hospital Center (Elmhurst) Community Advisory Board

Mrs. Bolus introduced Carlos Cortes, Chairperson of Elmhurst Hospital Center and invited him to present the CAB's annual report.

Mr. Cortes began his presentation by greeting members of the Committee and acknowledging the outstanding leadership team of Elmhurst Hospital Center. Mr. Cortes noted that Ann Sullivan, M.D., Sr. Vice President, Queens Health Network, Chris Constantino, Executive Director, Jasmin Moshirpur, M.D., Medical Director and Joann Gull, R.N., Nursing Director are supportive and has built a relationship with the Elmhurst CAB based on respect and trust.

Mr. Cortes reported that Elmhurst Hospital Center is facing challenging times with increased workloads, decreasing revenues, new health reforms, and changing Medicaid and Medicare reimbursements. Mr. Cortes added that the CAB is concerned that this will put a strain on staff as well as HHC. He noted that the Elmhurst CAB is confident that the hospital's leadership will continue to provide access to quality health care for the community.

Mr. Cortes paused for a moment to extend a special "thank you" to Mr. Aviles who attended the Elmhurst's CAB meeting earlier this year. Mr. Cortes stated " members of the CAB was impressed with Mr. Aviles' commitment to our public mission and his dedicated leadership in keeping HHC at the fore front of health care in these critical times. "

Mr. Cortes continued and reported that the Elmhurst CAB had a busy year. He noted that at each general CAB meeting guest speakers provide the CAB with information about the hospital's programs and special initiatives. Mr. Cortes highlighted some of this year's presentations: Libertas Program that provides services to survivors of torture, the Sexual Assault Response Team; he noted that Elmhurst Hospital is a Center of Excellence with Sexual Assault Forensic Examiners.

Mr. Cortes reported that the Elmhurst CAB's Legislative Committee led a successful Legislative Luncheon in February. He also noted that the CAB's Women's Health Committee with the hospital's Joint Labor/Management Committee held its annual Women's Health Forum in May. He added that both events were well attended by the community.

Mr. Cortes concluded his report by acknowledging the dedication and commitment of staff during last year's Hurricane Irene. Mr. Cortes stated that "the employees volunteered to help staff the medical shelters that were set-up in response to the evacuations of various nursing homes in the area."

Queens Hospital Center (Queens) Community Advisory Board

Mrs. Bolus introduced Anthony Andrews, Queens Hospital Center CAB Chairperson and invited him to present the CAB's annual report.

Mr. Andrews began his presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests.

Mr. Andrews informed members of the Committee and invited guests that at Queens Hospital Center the most pressing concern are to ensure that hospital can effectively continue to serve the influx of patients it has seen since the closure of local hospitals which has caused the Emergency Room to be over capacity on many occasions. Mr. Andrews added that this situation is primarily due to the closures of several local hospitals' catchment area and as a result, the Emergency Department has often been extended beyond its capacity.

Mr. Andrews stated that "in light of the late time he would not go through the entire Queens CAB report, but rather ask that members of the Committee and invited guests read the report in their leisure."

Mr. Andrews concluded his report by commending Julius Wool, Executive Director who has been extremely supportive in all the CAB's endeavors. He noted that Mr. Wool has developed an excellent curriculum for the orientation and training of new CAB members.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:57pm.

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

BELLEVUE HOSPITAL CENTER

I. COMMUNITY NEEDS

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

- Continued premium healthcare during financial crisis;
- Outpatient/inpatient services to excel in all areas, especially asthma, diabetes, HIV/AIDS, obesity, and oncology;
- Patient safety.

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)

- Public Session during Full Board Meetings to hear from hospital staff and patients/consumers;
- Communication with Elected Officials within Bellevue's catchment area;
- Press Releases.

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

- Yes No

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

- Bellevue Hospital initiates preventative healthcare measures by conducting health fairs that provide free cholesterol, glucose, blood pressure, prostate and depression screenings and rapid HIV tests; mammogram campaigns in partnership with the American Cancer Society that provide free to low cost screenings; lectures on tuberculosis, stroke awareness, mental health, heart health, and virology services.

- Bellevue is engaged along with all HHC facilities in a reorganization process to enable the system as a whole to operate more efficiently and effectively within a health reform environment and to be able to continue to meet the needs of the community.
- Bellevue continues to engage in the Breakthrough process and is pursuing a number of activities in key service areas to reduce inefficient processes and better achieve financial, service and strategic goals.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - To offer the best healthcare with efficiency, ease, quality, safety, respect and privacy.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - Full Board, Executive and Committee Meetings promote open discussion with hospital administration and elicits members' suggestions, critiques, comments, and compliments. Guest speakers attend monthly meetings to make presentations on related healthcare issues/initiatives.
 - The Community Advisory Board continues to pass various Resolutions, e.g. Cease Use of Styrene, Opposing MTA's Height requirement for our Medicaid children to pay full fare.
 - The Hospital Administration included the CAB and allowed the members to present their role to the Joint Commission Surveyors.
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

- The Community Advisory Board is notified through monthly reports given by the Executive Director, Chief Financial Officer, Chief Operating Officer and Associate Medical Director. The Community Advisory Board 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 services such as Au Bon Pain and Tower's Café and updates on Facilities' adds, changes, and moves within the Bellevue Hospital campus.

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 times in certain outpatient clinics; and
- Lack of appointment availability in certain outpatient clinics.

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

- Knowledgeable and capable medical 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

Discussed in the Contracts and Affiliations Committee

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yes

No

Excellent

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? 25 What are current numbers of vacancies? 10
3. What were the membership recruitment activities conducted by CAB this year?
 - Recruiting at Bellevue Hospital health fairs, notifications in local newspapers, postings at community centers and libraries, elected officials' recommendations, word-of-mouth, Community Advisory Board tables at community events such as 13th Precinct's Night Out Against Crime, Take Care New York Fair, Men's Health Week Fair, and Go Red for Heart Health.
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.
 - **Budget and Planning Committee** – works with the Associate Executive Director of Finance to discuss budget concerns and their impact on Bellevue Hospital's delivery of healthcare services to the community.
 - **Contracts and Affiliations Committee** – discusses the affiliation contracts between HHC, Bellevue Hospital and New York University Medical Center and all contracts pertaining to patient care and services.
 - **Executive Committee** – consists of the officers, committee chairs and co-chairs of all committees and coordinates the work of the committees.
 - **Events Committee** – develops, organizes and assists with Bellevue Hospital healthcare events and Community Advisory Board related special events.
 - **Legislative Committee** – works with HHC/Bellevue Hospital and Community Boards to disseminate health and budget information to Elected Officials; plans the Annual Legislative Breakfast; organizes Legislative outreach.
 - **Membership Committee** – recruits and recommends potential members to the Community Advisory Board; monitors membership participation to assure adherence to the Bylaws.

- **Patient Care and Advocacy Committee** – works to assure that all patients are treated in accordance to the *Patients Bill of Rights*; monitors patients services and works to address issues concerning patient and medical services.
- **Psychiatry Committee** – is informed of the psychiatry inpatient/outpatient services that Bellevue Hospital offers to assure they meet the needs of the community.
- **Security & Emergency Preparedness Committee** – monitors security procedures within and surrounding Bellevue Hospital, to maintain safety and well-being of patients and staff.

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.

- Community Board representatives report at Committee meetings and advocate on behalf of Bellevue Hospital for key budget requests.

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 was held on May 23rd. Updates were given by Lynda D. Curtis, SVP/Executive Director, on Bellevue and the other South Manhattan Network hospitals. There was a discussion on the future of the Coler and Goldwater campuses, with regards to what will happen to the patients and the new facility.
- The Annual Public Meeting attendees included special representatives from our local elected officials including: Enrique Lopez from NYS Senator Tom Duane's office; Susannah Pasquantonio from NYS Senator Liz Krueger's office; and Elena Cromeyer from NYC Councilmember Rosie Mendez's office.

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

Yes No

- The Annual Legislative Breakfast featured keynote speaker LaRay Brown on behalf of Health and Hospitals Corporation. Other legislatives present in person or by representative included Governor Andrew Cuomo, Congresswoman Carolyn Maloney; Assembly member Brian Kavanagh; Council members Dan Garodnick, Rosie Mendez, and Jessica Lappin.

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?

- The Community Advisory Board participates in the Go Red for Heart Health Fair, American Cancer Society's Making Strides Against Breast Cancer Walk, National Alliance of Mental Illness Walk (NAMI), 13th Precinct's Annual Night Out Against Crime, and the Holiday Toy Drive with HealthFirst.

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. Explore better ways to help us achieve our common goal.
2. The use of Styrene at all HHC Facilities.

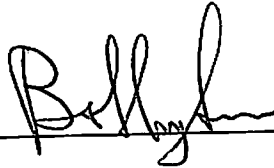
NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

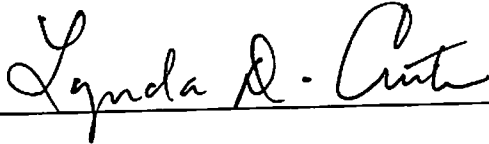
Chairperson:

Date:



Executive

Director:



Date:

11-27-12



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

(COLER COMMUNITY ADVISORY BOARD)

I. COMMUNITY NEEDS

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

1. Discharge Planning
2. Housing
3. Road Ahead
4. Nursing
5. Substance Abuse
6. Environment
7. Food Service

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

- | | |
|---|--|
| <input type="checkbox"/> Community Board(s) meetings | <input type="checkbox"/> Other Public Meetings |
| <input type="checkbox"/> Needs Assessments | <input type="checkbox"/> Community Health Profile Data |
| <input type="checkbox"/> Reports from Community Organizations | <input checked="" type="checkbox"/> Other Activities (please list) |
| - CAB Patient Care Committee, Resident Council and Surveys. | |

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

- Yes No

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

1. Discharge Planning
Social Work Department, Patient Relations Department, Patients/Residents and their family members work together to discuss concerns of the discharge plans.

Community Advisory Board Report

Page 2

2. Housing

Social Work Department, Patients/Residents and their family members discuss plans and procedures.

3. Road Ahead

The Executive Director provides reports of redesigned plans and progress at our monthly Board meetings.

4. Nursing Staffing

Educational Programs and Surveys

5. Substance Abuse

The Departments of Social Work, Patient Relations and Nursing work concurrently thru Focus and Interdisciplinary meeting.

Patient Relations Department distributes Rights and Responsibilities booklets to the Patients and Residents upon their admission to the Facility.

6. Environmental

Administration continuously reports on the Facility modernization plans and surveys.

7. Food Services:

Representatives from Food Service attend the monthly CAB and Resident Council meetings to discuss concerns of food being served. Dietitians monitor the patients/residents likes and dislikes of the foods. Administration evaluates daily the food being served to the patients and residents.

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

Provide quality care to the patients and residents.

Provide a home setting atmosphere for the patients and residents.

Community Advisory Board Report
Page 3

Long Term Culture Change transformation.

Facility renovations.

Successful discharge

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

The Community Advisory Board receives information of priorities from Administration at the monthly meetings and attends various Ad-hoc Committee meetings.

The Chairperson attends and receives reports from the monthly Medical Executive Committee meeting.

2. 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

The Board receives oral and written reports from Administration pertaining to new plans.

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?

Discharges
Housing
Food Service

Community Advisory Board Report
Page 4

Patient/Resident Pass Policy

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

Patient/Resident Care

Dedicated staff and Departments receive letters and compliment cards from the Resident Council.

Community Advisory Board Recognition Awards are given to the employees and departments yearly.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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? 14. What are current numbers of vacancies? 21

Community Advisory Board Report
Page 5

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

Solicitation of the Resident's Council; Requested recommendation from the Nursing department for potential residents; Family Council and Auxiliary members.

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

Yes No

- Community residents are invited to attend our Board meetings.

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

- Executive Committee reports to the full Board on actions that have been taken by the Community Board since the last meeting. The Committee request reports from standing Committees and appoint Ad-hoc Committees when necessary.
- Legislative Committee researches legislation as it relates to health services. The committee carries out the Board's mandates.
- Nomination and Monitoring Committee reports vacancies to the Board for action to be taken.

The Patient Care Committee will carry out mandates of the Board research and evaluate the quality and quantity of patient/resident care as affected by facilities, equipment, personal, programs and activities rendered at the Facility.

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.

Community Advisory Board Report
Page 6

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

- Board members attended the Network Community Advisory Board meetings

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

Yes

No

- The CABs held a Joint Coler/Goldwater Legislative Brunch.

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?

- CAB members provides testimonies at the Annual Public Meeting held by HHC's Board of Directors. However, there has been no correspondence pertaining to the concerns and issues raised at the Public Meetings.

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

- The Board members assist in the Roosevelt Island Health and fitness workshops and the yearly Influenza Campaigning Programs. The CAB will appreciate becoming more involved in the outreach programs offered by the Facility.

Community Advisory Board Report
Page 7

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

CAB members find the conferences interesting and helpful.

Yes

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.

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

Signatures:

CAB

Chairperson:

Madys Ryan

Date:

Dec 20, 2012

Executive
Director

Julius Reyes 12/20/12



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

**Goldwater Community Advisory Board
2012**

I. COMMUNITY NEEDS

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

- *Programs that addresses serious behavior problems*
- *Housing for discharged patients and residents*

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.

Administration reports to CAB during their monthly meetings on the corrective action taken to resolved the various concerns and issues identified by the Facility.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Modernization Plan for the Facility
HHC Road Ahead Program

Community Advisory Board Report
Page 2

2. Describe how the CAB provides input into the development of the facility's strategic priorities? **CAB members were invited to the Town Hall meetings, allowing them to address their concerns of the plan.**
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?
Substance Abuse and proper housing once the facility is closed.
3. What are the most frequent compliments provided by patients/residents?
- The programs and activities provided by Therapeutic Recreation Department.
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"/> |

Community Advisory Board Report
Page 3

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? 14 What are current numbers of vacancies? 10

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

Membership Committee contacted Community Planning Board #2, Borough President Office, Roosevelt Island Community and Resident Council for new members.

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.

Patient Care Committee, By-Laws Committee and Membership Committee

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.

Community Advisory Board Report
Page 4

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?
CAB participated in Assemblyman Michal Kellner and Coler-Goldwater's Annual Flu Campaign for the Roosevelt Island Seniors and Community.
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

Community Advisory Board Report
Page 5

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:

Virginia Grayto

12/18/12

Executive

Director:

Robert D. Lykes

Date:

12/19/12



**NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION**

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

**METROPOLITAN HOSPITAL CENTER
COMMUNITY ADVISORY BOARD**

January 8, 2013

I. COMMUNITY NEEDS

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

Access to primary care medical services is a major health care concern in the communities served by the Metropolitan Hospital Center. Residents in Metropolitan's catchment area are more likely to lack medical insurance and a primary care physician than residents of NYC overall. According to the city's department of health, the most significant health care concerns for the communities served by Metropolitan Hospital Center include, obesity, asthma, mental health, heart disease, hypertension, diabetes, HIV, depression, alcohol & drug abuse, and cancer.

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.

- o The facility's leadership continues to ensure that Metropolitan Hospital Center provides residents of East Harlem and neighboring areas with the most

comprehensive medical services available at little or no cost to patients. Metropolitan Hospital Center is a fully accredited acute care hospital, providing a wide scope of comprehensive inpatient and outpatient health care services.

- o The Community Outreach Department provides free screenings, patient education and links patients to primary care services.
- o Onsite WIC program
- o Onsite Managed Care office
- o Hospital volunteers assist community residents prepare applications for Medicaid, Medicare, food stamps, and Social Security benefits.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- o To become the community hospital of choice for comprehensive healthcare & supportive services for East Harlem and its surrounding communities.
- o To improve access to healthcare by creating a welcoming, culturally sensitive, patient centered environment and increase enrollments in managed care and HHC Options.
- o To become a Center of Excellence in Rehabilitation Medicine, Geriatrics and Psychiatry.
- o To enhance quality and efficiency using Breakthrough methods and leading edge technology.
- o To achieve financial long-term stability maximizing income recovery.
- o To enhance the physical plant.
- o Strengthen strategic alliances and collaborations.

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

The CAB does not provide input into the development of the facility's strategic priorities, since these are long-term strategic goals that have already been developed.

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

The membership receives a monthly report on new programs and modernization projects.

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

The Executive Director provides the CAB with reports on patient safety and patient satisfaction.

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

There were 152 complaints during the period January 1, 2012 through November 30, 2012. The most frequent complaints raised were in the following categories:

- Attitude/ behavior: 54 complaints
- Care: 24 complaints
- Communication: 19 complaints

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

During the period January 1, 2012 through November 30, 2012, 1,359 staff members including nurses, physicians, social workers, clerical and administrative staff received compliments praising the care and services rendered.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Main Campus: The interior of the hospital, including the inpatient areas, is clean. This was validated by a tour conducted by the members of the CAB's patient safety committee. The exterior appearance of the hospital continues to be negatively affected by the Second Avenue subway construction. The areas surrounding the hospital currently look like a major construction site. Access for pedestrians has been negatively affected. Number of ambulance runs has also been affected.

Draper Hall: The CAB was informed at its last full CAB meeting on December 6, 2012 that there is asbestos and mold contamination in Draper Hall as a result of Hurricane Sandy. The CAB is monitoring remediation efforts.

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? 25
2. What are current numbers of members? 17 What are current numbers of vacancies? 8
3. What were the membership recruitment activities conducted by CAB this year?

MHC CAB Annual Report to the CRC of HHC Board of Directors
Page 5

The CAB has identified candidates for the Executive Director and the Manhattan Borough President for appointments. The CAB continues to encourage all appointing authorities to fill vacancies in a timely manner.

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

Yes

No

Metropolitan Hospital Center's CAB membership is a diverse group of individuals that is representative of the hospital's catchment area. The CAB has membership from new and longstanding East Harlem residents. However, the CAB currently lacks representation from the growing Asian community in East Harlem. The CAB recognizes this increasing constituency and will make efforts to recruit members from all communities present within Metropolitan's catchment area.

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

Executive Committee: The Executive Committee has the authority to act on behalf of all CAB members when an opportunity for all members to act on a matter does not exist. The Executive Committee submits written reports to the full CAB on any action that may have been taken by the committee.

Patient Care Committee: To act as an advocate of quality patient care; to monitor the delivery of health care services and make recommendations pertaining to the delivery of such health care and health related matters that are brought to the attention of the committee.

Mental Health Committee: Reviews, advises and assists with the planning of the mental health and outreach programs.

Membership Committee: The Committee oversees all membership activities and the status of all members. The Committee is empowered to submit written recommendations to the Chairperson and full board regarding membership issues as they arise.

Environmental Taskforce: The taskforce was focused on advocating against construction on E. 99th Street 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. Two resolutions have been passed by both the CAB and Community Board 11 against construction on E. 99th Street.

MHC CAB Annual Report to the CRC of HHC Board of Directors
Page 6

By-Laws Committee: The Committee has reviewed and prepared new by-laws for consideration. A vote on the new by-laws is scheduled to take place in the new year.

Participatory Budgeting Committee: The Committee worked diligently to successfully obtain funds to purchase 3D/4D ultrasound equipment through the 2012 Participatory Budgeting Process. The committee is now focused on obtaining funding for new ocular electrophysiology equipment, i.e., "eye scan."

5. 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.

CB11 representatives communicate the facility's needs and concerns as they arise through participation in CB11's health and human services committee and in full CB11 meetings through remarks delivered in public session.

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

Yes No

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

Yes No

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

Yes No

9. 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?

A CAB representative reiterated a request for a presentation on plans to mitigate the extensive chemical contamination on the E. 99th Street construction site.

CAB members attend the facility's outreach events. In addition, CAB members have suggested participation in other outreach events planned by other organizations, which have been appropriately followed-up by the facility's public affairs staff.

11. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?
 Yes
 No

12. Did your CAB participate in last year's Council of CABs Annual Conference?
 Yes
 No

13. 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.
None

MHC CAB Annual Report to the CRC of HHC Board of Directors
Page 8

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

Signatures:

CAB Chairperson: Jose M. D.

Date: 1/4/13

Executive Director: Mengwendy

Date: 1/7/13

FINAL



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

December 2013

Gouverneur Health Community Advisory Board

I. COMMUNITY NEEDS

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

The facility needs to ensure timely access to services despite a significant demand for primary care and specialty services in our community that exceeds current available capacity.

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.

The facility is implementing changes to improve productivity, increase capacity in high-priority services and modify and/or add additional hours of services to better meet demand.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Complete the Modernization; implement new healthcare models, such as the Patient Center Medical Home model; meet the community's need for

sub-acute and rehab services; improve patient satisfaction at all levels of service.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
CAB is kept abreast of facilities priorities through meetings and tours. Individual committees focus on separate areas and meet with 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
The Board has advocated successfully for Patient Surveys to be in Chinese and other languages.
2. What are the most frequent complaints raised by patients/residents?
 - Access Issues
 - Staff Attitude
 - Lack of Communication
3. What are the most frequent compliments provided by patients/residents?
 - Quality of Care
 - New building
 - Care provided by physicians
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 checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Under Modernization construction.

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? 25

2. What are current numbers of members? 22 What are current numbers of vacancies? 3

3. What were the membership recruitment activities conducted by CAB this year?
Contacting Elected Officials; Contacting Clergy; Announcements at CAB meetings

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.

Finance; Ambulatory Care; Nursing Facility; Behavioral Health; Modernization.

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.

Planning Boards are apprised of our programs and progress of modernization project.

Planning Board members are also members of our CAB and they act as liaisons and advocate for us at Planning Board meeting.

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

We participate with Bellevue's Legislative Forum. Numerous Elected Officials have visited and toured our facility.

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?
Members of the CAB participate in the Flu Shot Campaign, Local Precinct events such as National Night Out, Monthly meetings and Holiday events for the neighborhood children; planning the Annual

Dinner; our members represent us at many public meetings;
Community Based Organization events and workshops; and facility
on- site events.

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. Modernization Project
2. FQHC restructuring status
3. Service Expansion (CT Scan, Ambulatory Surgery Center)
4. Developing new service models in D&TC and SNF
5. Breakthrough

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

Signatures:

CAB

Chairperson: Serald Faon / (Gw)

Date: 1/4/13

Community Advisory Board Report
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Executive
Director:

Mendel Hagler / sro

Date:

1/3/2013
