

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: January 6, 2015
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 October 7, 2014

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

South Manhattan Network

Coler Rehabilitation & Nursing Care Center

Gladys Dixon

Gouverneur Healthcare Services

Gerald From, Ph.D.

Bellevue Hospital Center

Lois Rakoff

Metropolitan Hospital Center

Jewel Jones

OLD BUSINESS

NEW BUSINESS

Special Acknowledgement

J. Edward Shaw

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: October 7, 2014

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chair

Robert F. Nolan, Board Member

Ramanathan Raju, M.D., President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gladys Dixon, Chairperson, Coler Rehabilitation & Nursing Care Center CAB

Lois Rakoff, Chairperson, Bellevue Hospital Center

Jewel Jones, Chairperson, Metropolitan Hospital Center

Rosanne DeGennaro, Chairperson, Coney Island Hospital

Bette White, Chairperson, Harlem Hospital Center

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Jacqueline Boyce, Chairperson, Queens Hospital Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

Ruth Clarke, (Representing Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network)

HHC FACILITY CAB MEMBERS

Joann Gull, Elmhurst Hospital Center

Cindy Cain, Harlem Hospital Center

Kent Mark, Bellevue Hospital Center

Abida N. Sattar, Coney Island Hospital

Roz Cohen, Coney Island Hospital

Marty Bromberger, Coney Island Hospital

Queenie Huling, Coney Island Hospital

Jerry Rapaport, Coney Island Hospital

Jeromane Berger-Gaskin, Kings County Hospital Center

Gloria Thomas, Kings County Hospital Center

Margaret Burke, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Wilbur Johnson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Gary Delamothe, , Coler Rehabilitation & Nursing Care Center

Paula Lalande, Queens Hospital Center

Clifford Duffus, Queens Hospital Center

Yvette Titus, Queens Hospital Center

Mard Maynard, Queens Hospital Center

Priscilla Douglas, Cumberland Diagnostic and Treatment Center

Hiawatha Campbell, Cumberland Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

Cheryle Williams, Cumberland Diagnostic and Treatment Center

Stanley Parham, Cumberland Diagnostic and Treatment Center

Beverly Smith, East New York Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

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

Randall Mark, Chief of Staff, President's Office

Valerie Phillips, Office of Legal Affairs

Deborah Cates, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

Manelle Belizaire, Intergovernmental Relations

Renee Rowell, Intergovernmental Relations

Alvin Young, Intergovernmental Relations

HHC FACILITY STAFF

Cleon Edwards, Associate Executive Director, Public Affairs, Queens Hospital Center

Jayne Maerker, Associate Director Public Affairs, Elmhurst Hospital Center

Melissa Henry, Associate Director, Public Affairs, Bellevue Hospital Center

Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Rehabilitation and Nursing Home

Deborah Tyndall, CAB Liaison, Kings County Hospital

Lisa Marie Izquierdo, CAB Liaison, Bellevue Hospital Center

William Jones, Associate Director, Coler Rehabilitation & Nursing Care Center

GUESTS

Elizabeth Atkinson

Anthony Feliciano, Commission on the Public's Health System

Michael J. Schweinsburg, Commission on the Public's Health System

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order by the CRC Chairperson, Mrs. Josephine Bolus, NP-BC at 5:35 PM.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of September 2, 2014. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus greeted everyone. She began her report by thanking all in attendance for adjusting their schedule to attend this meeting one month earlier than scheduled. Mrs. Bolus invited the Community Advisory Boards of the Queens Network to proceed with their Annual Activity Reports, Mrs. Bolus highlighted some notable events and recognitions that had occurred since the last Community Relations Committee meeting.

- Mrs. Bolus reported that on the 13th anniversary of the World Trade Center tragedy, Dr. Raju had commanded the HHC staff who work at the WTC Environmental Health Center at Bellevue, Gouverneur and Elmhurst Hospital, as well as the central office staff. Mrs. Bolus noted that the HHC WTC Environmental Health Center is the only Center of Excellence dedicated to serving community members affected by the tragedy. Mrs. Bolus reminded the Committee that the Environmental Health Center continue to help survivors overcome, not just physical ailments associated with the events of 9/11 and ongoing exposures but also the mental issues that can be similarly debilitating

Mrs. Bolus noted that though 13 years have passed, more and more community residents continue to come forward for treatment. Mrs. Bolus reported that in 2013, almost 1,200 additional patients were enrolled in HHC's program. In total, Mrs. Bolus reported that nearly 60% of the 7,735 patients are currently enrolled, receiving services for which they pay no out-of-pocket expenses for their care.

- Mrs. Bolus commented that paying and accessing health care services is something that concerns all of us. She announced that this fall, HHC, in collaboration with Federal Centers for Medicare and Medicaid Services staff, has been hosting free "Health Insurance 101" workshops at many of its facilities. Mrs. Bolus confirmed that some of the Committee members may have attended these sessions over the last two years. However, for those who have not, Mrs. Bolus invited them to attend one of these sessions so that they can learn more about Medicare and Medicaid eligibility and enrollment. Mrs. Bolus reminded the audience that Medicare and Medicaid eligibility and enrollment are timed to occur

ahead of the next Open Enrollment period for the health insurance exchanges set up by the Affordable Care Act which begins November 15, 2014.

- Mrs. Bolus informed the Committee that, as the Corporation works to enroll more individuals onto health insurance; it is also working to reduce barriers so that patients can more easily access care. As such, Metropolitan Hospital has been a leader in their efforts to eliminate barriers to healthcare for the LGBT community. Mrs. Bolus reported that recently, Metropolitan Hospital had opened the new Comprehensive LGBT Health Center that provides comprehensive primary, preventive and specialty care by a team of professionals who have received training on how to better meet the needs of the LGBT community. In recognition of the hospital's efforts, Mrs. Bolus informed the Committee that the City Council, led by Speaker Melissa Mark-Viverito, had awarded Metropolitan \$2.1 million in capital funding so that they can further expand the center to meet the needs of this community. Mrs. Bolus congratulated the staff at Metropolitan for their efforts to address the needs of an underserved population.

Mrs. Bolus informed the Committee that the work that Metropolitan has done in this area has also attracted interest from the academic medical community. She added that the bioethical significance of Metropolitan Hospital's overall LGBT program has been described in an article co-authored by one of the hospital's administrators, Dr. Stephan Davis. Mrs. Bolus also informed the Committee that Dr. Stephan Davis' work is going to be published in the prestigious Hastings Center Report, which is a major academic medical journal.

- Similarly, Mrs. Bolus informed the Committee that the work of David K. Stein, MD, Director of Adult HIV Research at HHC Jacobi Medical Center and Associate Professor of Clinical Medicine at Albert Einstein College of Medicine, had been published recently. Mrs. Bolus noted that Dr. Stein leads a team of researchers who have helped to develop a method to genetically modify T-cells within the body to make them more resistant to HIV, the human immune-deficiency that causes AIDs. The results were published in the prestigious New England Journal of Medicine. Mrs. Bolus congratulated Dr. Stein and his colleagues.
- Mrs. Bolus also congratulated several HHC staff who had received special recognition recently:
 1. The American Nurses Association of New York has presented Subiena Jamnadas, a nurse at Elmhurst Hospital, with the "Future Nurse Leader Award." Ms. Jamnadas is one of the first recipients of the award, given to only 22 RN graduates from across the state, to encourage

them to further develop leadership skills. As a fellow nurse, I am delighted that she received this award.

2. In observance of National Alcohol and Drug Addiction Recovery Month in September, the State Office of Alcoholism and Substance Abuse Services (OASAS) had recognized Nina Merkin, of Coney Island Hospital's Chemical Dependency Program, as the Statewide 2014 Addiction Licensed Certified Social Worker of the Year. Mrs. Bolus congratulated Ms. Merkin on this recognition.
3. In a related event, Jacobi Medical Center recognized "Recovery Month" with a special art exhibition. The "Celebrate Healing" exhibition featured artwork from patients who take part in Jacobi's Comprehensive Addiction Treatment Center.
4. Mrs. Bolus congratulated Harlem Hospital which has been the first hospital in New York City to receive a five year re-designation from the World Health Organization and UNICEF as a "Baby-Friendly" hospital. With this re-designation at Harlem and with the recent Baby Friendly designation of Queens Hospital Center (QHC), HHC can now highlight that we have two out of just three designated hospitals in New York City.

Mrs. Bolus reported that, to further this work, Queens Hospital Center is partnering with community organizations this fall and launching a "Journey to a Baby-Friendly Queens." She noted that this is an education and awareness campaign featuring community workshops. Mrs. Bolus stated that more information about this initiative would be included in Queens CAB report later tonight.

Mrs. Bolus stated that this fall, several HHC facilities are holding their annual benefit events. She announced that the Lincoln Medical and Mental Health Center is holding a 175th Birthday Event this coming Thursday evening, October 9th. She noted that this event is sponsored by the hospital auxiliary and will honor the nursing division.

Mrs. Bolus announced that later this month, the 41st Annual Gospel Concert for Hank Carter and Wheelchair Charities Inc. will be held at Harlem Hospital on October 25th. She noted that this gospel concert promises to be a memorable evening. Reverend Shirley Caesar, the "Queen of Gospel Music", will be among the notorious performers.

Last, Mrs. Bolus announced that the "Black Tie" Gala hosted by the Woodhull Auxiliary will be held next month on November 20th.

As Election Day is approaching in four weeks, Mrs. Bolus recognized the efforts of many CAB members present tonight who have been coordinating and volunteering at voter registration events at their facilities. She noted that this year HHC had partnered with the Voter Assistance Office of the New York City Campaign Finance Board to enroll eligible voters. Mrs. Bolus informed the Committee that many facilities had hosted events over the last several months and there has been a big push leading up to National Voter Registration Day last month.

Mrs. Bolus reported that there have been more HHC facilities involved this year and more registrations filled out compared to last year. Activities will continue through the deadline which is this Friday, October 10th.

Mrs. Bolus concluded her remarks by asking Committee members and invited guests to mark their calendars for next month's CAB Conference on November 18th. She announced that the conference will be held from 11 a.m. to 5 p.m., at CUNY's Conference Center at Baruch College in Manhattan. The program is being finalized now. It promises to be a "hands-on" and educational event. Mrs. Bolus asked present members to encourage their fellow CAB and Auxiliary members to attend.

With that, I will now call on President Raju for his remarks. Thank you.

PRESIDENT'S REMARKS

Dr. Raju greeted everyone. He began his remarks with an update on the Ebola virus. He informed Committee members and invited guests that the Department of Health (DOH) and New York City Health and Hospitals Corporation are adequately prepared to take care of an Ebola patient, if such a case arises in New York City. Dr. Raju stated that because HHC is the largest Emergency Department (ED) provider as it provides 12-14% of the entire ED volume in NYC, HHC is prepared, more than any other health institutions for such an outbreak. Dr. Raju noted that HHC's preparation for a possible outbreak includes: multiple conference calls, isolation and treatment procedures, storage of resources such as gauze, masks and isolation equipment, as well as multiple simulations to ensure that the staff know how to take care of such patients. Dr. Raju reassured Committee members and invited guests that HHC is ready as an ED provider to take care of an Ebola patient while protecting all New Yorkers, if such a patient comes in the City.

In addition, Dr. Raju announced that Bellevue Hospital Center has been designated the receiving hospital if somebody comes in through JFK or LaGuardia with a fever. Dr. Raju added that HHC is also ready to assist other hospitals who do not have the available resources to take care of Ebola patients and transfer them to Bellevue Hospital.

Finally, Dr. Raju stated that, while we can be concerned about any possibility of an Ebola outbreak, it is comforting to know that both the City Department of Health and Mental Hygiene New York City Health and Hospitals Corporation, the largest public system in the nation, are ready to serve any Ebola patients while protecting all New Yorkers.

Dr. Raju announced that there will be a ribbon cutting ceremony on Thursday, October 9th to celebrate the reopening of the Labor and Delivery Services at North Central Bronx. He informed Committee members and invited guests that he had been at NCB last week and had spoken to all the employees who could use simulation very effectively. Dr. Raju stated that there are a lot of new staff members, most of whom are very experienced and have been working in the Labor and Delivery suite for years. Dr. Raju took the opportunity to thank a lot of community leaders, residents and staff for their hard work in helping to recruit a number of nurses, doctors and midwives and to align personnel to create a strong OB department at NCB. Dr. Raju noted that the renovated suite looks beautiful.

Dr. Raju informed Committee members and invited guests that talks are ongoing with the Federal Emergency Management Agency (FEMA) regarding the four hospitals in the system which we need to mitigate since Super Sandy hit us: Bellevue, Coney Island, Metropolitan and Coler. Dr. Raju noted that because of the sheer tenacity and resilience of the employees, the Corporation was able to take care of the patients. He pointed out that, at Bellevue Hospital and Coney Island, the task of evacuating the patient was a national story because it was done so successfully. Dr. Raju concluded his remarks stating that final talks are being conducted with FEMA as the Corporation is awaiting funds to start hard-proofing these hospitals in danger of a storm.

QUEENS HEALTHCARE NETWORK CABS' REPORTS

Elmhurst Hospital Center (Elmhurst) Community Advisory Board

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

Mr. Cortes began the Elmhurst CAB's report by thanking the members of the Committee for the opportunity to present and commend the Elmhurst Hospital Center's administration. Mr. Cortes added that

Mr. Cortes informed members of the Committee and invited guest that he had been elected to serve as the Chairperson for the HHC's Council of Community Advisory Boards. Mr. Cortes stated "it was an honor to represent both the Elmhurst CAB and

the CAB Council.”

Mr. Cortes continued and congratulated Chris Constantino on his one (1) year anniversary as Senior Vice President of the Queens Health Network. Mr. Cortes also acknowledged Dr. Jasmin Moshirpur, Medical Director for her dedication and leadership. Mr. Cortes noted that over the years the CAB and senior administration had forged a strong relationship that had positively impacted the health of the community.

Continuing Mr. Cortes reported that at the Elmhurst's CAB September meeting, Dr. Joseph Masci, Chief of Medicine/President of the Medical Board, presented the Elmhurst CAB with an update on the Ebola Virus Disease (EVD). Mr. Cortes noted that the presentation was informative and reassuring. Mr. Cortes added that EHC and HHC are prepared to respond if a patient came to the ED presenting EVD symptoms.

Mr. Cortes reported that the community's needs and strategic priority is to ensure that Elmhurst Hospital Center is making progress on its plans to expand the Emergency Department. Mr. Cortes added that the CAB is closely monitoring the developments.

Mr. Cortes informed members of the Committee, CAB Chairpersons and invited guests that members of the Elmhurst CAB recently participated in a focus group, as part of Delivery System Reform Incentive Payment (DSRIP) Community's Needs Assessment. Mr. Cortes added that the Elmhurst CAB requested there be an update on DSRIP at all full board meetings.

Mr. Cortes concluded the Elmhurst CAB report by stating the "CAB will continue to work with the EHC staff; particularly Mr. Constantino, Dr. Moshirpur, Ms. Gull and Ms. Moran in achieving our goal of being the best hospital and providing quality care to our community." Mr. Cortes noted that the CAB looked forward to the coming year.

Queens Hospital Center (Queens) Community Advisory Board

Mrs. Bolus introduced Ms. Jacqueline Boyce, Chairperson of the Queens Hospital Center CAB and invited her to present the CAB's Annual Report

Ms. Boyce began the Queens CAB report by thanking members of the Committee for the opportunity to present.

Ms. Boyce reported the most significant health care service needs in the Southeast Queens community are to address the high rates of diabetes, cancer, heart disease and various pulmonary diseases. Ms. Boyce added that the community also had a high rate of psychiatric illness and substance abuse. Ms. Boyce continued and explained that

the communities' concerns were identified at Community Board meetings, through the Community's Needs Assessments and Surveys. Ms. Boyce noted that the hospital had specifically addressed the needs by of the community by continuous enhancement to its Centers of Excellence in Diabetes and Cancer Care.

Ms. Boyce informed members of the Committee, CAB Chairpersons and invited guests that the strategic priorities of the hospital are shared with the members of the CAB during the CAB's monthly meetings. Ms. Boyce noted that the hospital's senior administration continued to be extremely supportive of the CAB by providing presentations on current issues and challenges facing health care such as Delivery System Reform Incentive Program (DSRIP).

Ms. Boyce reported that the CAB had an active working committee structure. Ms. Boyce highlighted the Queens CAB involvement in its facility's outreach activities.

- Voter's Registration Drive
- Senior Health Forum and Breakfast
- Black History Month

Ms. Boyce concluded the Queens CAB's report by again thanking members of the Committee for the opportunity to present the Queens' CAB Annual Report.

Mrs. Bolus asked Ms. Boyce about the CAB's involvement if any with the T-Building.

Ms. Boyce responded that "all eyes are on this project" there had been a great deal of discussion regarding the proposal by QHC to lease the T-Building to a community-based organization. Ms. Boyce noted that the organization planned to renovate the building to provide supportive housing to patients with chronic medical and psychiatric condition who live in inadequate housing. Ms. Boyce continued and added that the CAB had met with sponsoring organization, visited other sites operated by the organization and actively participated in defining the size and scope of the project.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

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

**Coler Rehabilitation & Nursing Care Center
Community Advisory Report
January 6, 2014**

I. COMMUNITY NEEDS

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

1. Nursing: Not enough staff on the unit.
2. Discharge Planning
3. Environment
4. Food Services

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) |

Patient Care Committee and the Resident Council Surveys.

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

x yes no

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

1. Nursing:

Nursing administration on a continuous basis assesses the resident needs and acuity level and adjusts it staffing levels. The facility is hiring nursing staff to fill vacant positions.

2. Discharge Planning and Housing:

Social Work Department, Discharge Planning, residents and family members work cooperatively in discussing concerns and plans of a dependable discharge into the community.

3. Environmental:

Administration provides reports on the modernization and upgrading plans at the Facility and actions at the Community Advisory Board monthly meetings.

Board members are frequently asked to participate in various planning committee meetings.

4. Food Services:

The Food and Nutrition Department's Managerial Staff attends the Resident Council and the Community Advisory Board's monthly meetings to address the issues and comments regarding food preparations and services provided by the Department.

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

- Provide quality care to the residents in a home setting atmosphere.
- Continuous facility renovations
- Supportive discharges into the community

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

- The Community Advisory Board members work with Administration on various Ad hoc Committees to accomplishing the Facility's mission.
- The Chairperson attends and receives reports from monthly meetings with the Medical Executive Committee.

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 Executive Director provides information of the facility plans at the monthly Board meetings.

III. RESIDENTS' EXPERIENCES

1. Residents' safety and satisfaction is 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 residents?

Nursing Care
Environment
Discharges
Food Service

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

Resident Care

- Dedicated staff and Departments services are acknowledged with complimentary 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 | x |
| | Condition | x |
| | Appearance | x |

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

Yes

No

CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

According to the CAB's By-laws, what is the CAB's total allowable membership? 35

3. What are current numbers of members? 15 What are current numbers of vacancies? 20

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

- Solicitation of the Resident's Council; Recommendation from the Nursing Department, Patient Relation Department and Auxiliary members for potential consumers.
-

5. 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.

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

- Executive Committee consists of Committee Chairpersons and is responsible for implementing all undertakings of the Board.
- 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 consideration
- The Patient Care Committee carries out the mandates of the Board to research and evaluate the quality and quantity of patient/resident care as affected by facilities, equipment, personnel, programs and activities rendered at the Facility.

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

Yes

No

- a. If yes, please describe actions taken.

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

Yes No

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

yes no

- Board members attended the Network Community Advisory Board Annual Public meetings.

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

- CAB members provides testimonies at the Annual Public Meeting held by HHC's Board of Directors. However, they would appreciate correspondence concerning the issues raised at the Public Meetings.

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

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

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

yes no

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

yes no

CAB members find the conferences interesting and helpful.

Yes

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

not enough just right

If not enough, what assistance would you need?

III. 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:

Allyson Dwyer

Date:

12/16/14

Executive
Director

John F. Dwyer

Date:

12/16/14

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

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 CAB is pleased with the new renovated facility. However, progress is slow and the official opening has been delayed. Furthermore there is great concern regarding the "infrastructure". Hiring decisions are delayed and there are numerous open positions. As a result, appointments can take up to 3 months to schedule.

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 adopting new health care models to address these concerns. Breakthrough is being used to identify opportunities for improvement and eliminating waste. Patient satisfaction, as measured by Press Ganey, has improved during the year as a result of management's efforts.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Complete the modernization; Nursing Facility expansion; DSRIP; FQHC; implement new healthcare models, such as Patient Center Medical Home model; patient access; 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 the 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

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

Staff Attitude

Lack of Communication between staff and patients

Sporadic Reminder calls before visits

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

The CAB raises this issue at meetings. Administration has not provided routine access reports , but has responded to CAB requests.

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? 25
2. What are current numbers of members? 14 What are current numbers of vacancies? 11
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.

Committees include Finance; Ambulatory Care; Nursing Facility; Behavioral Health. Committees meet every other month; Gouverneur staff assigned to each group gives updates, answers questions and takes the group on tours of areas discussed.

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

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

Yes

No

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

yes

no

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

yes

no

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

yes

no

a. If so, were the issues subsequently addressed?

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

Members of the CAB participate in the Flu Shot Campaign, local Precinct events such as National Night Out, monthly meetings, Holiday Toy distribution; Health Fairs; 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.
- 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: Dr. Gerald From by Frieda Fucil

Date:

12/30/14

Executive
Director:

[Signature]

Date:

12/30/14

**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?

Diabetes, mental/behavioral health, substance abuse, cancer, obesity, HIV/AIDS, asthma, Ebola protocol, hypertension, pediatrics and adolescent healthcare.

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;*
- *Tours of the facility.*

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, blood pressure and depression screenings and mammogram campaigns in partnership with the American Cancer Society that provide free to low cost screenings.*
 - *Patient and Family Advisory Council (PFAC), LGBT-PFAC, Staff and Family Advisory Council (SFAC);*
 - *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 increase the efficiency of the delivery of patient services.*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Bellevue's strategic priorities include renewed focus on the patient experience that incorporates valuable feedback from our CAB:

- *To improve the patient and family experience we are finding better ways to engage staff and to enhance the value of the care we provide in terms of quality, safety and efficiency.*
- *We are investing in ambulatory services with the goals of increasing capacity and improving timeliness.*
- *As part of the Manhattan Hub of the HHC Performing Provider Systems (PPS) under Delivery System Reform Incentive Payment program (DSRIP), Bellevue will develop new partnerships with a variety of organizations that can assist us with patients who have difficulty maintaining their health outside of the hospital.*
- *We continue to strengthen Bellevue's Behavioral Health services, which remain among the best, most comprehensive in the nation.*
- *The renowned Bellevue Trauma Center now follows the most stringent guidelines of the American College of Surgeons, and*

expects to receive full ACS Level I trauma designation in the coming year.

- *A tertiary referral center for patients across New York City, Bellevue continues to strengthen its surgical expertise, particularly in the areas of cardiothoracic, bariatric, breast and neurosurgery.*

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

- *Full Board, Executive and Committee Meetings promote discussions with hospital administration and elicit members' suggestions, critiques, comments, and compliments.*
- *The passing of various Resolutions:*
 - *Opposition to Bellevue Hospital Center and HHC facilities to use Styrene disposal products to serve foods/drinks*
 - *For FDNY EMS Battalion Station 8 For The Department of Transportation to install two speed bumps and a stop sign at 448 "East 26th Street) (unmapped/de-mapped city street) between Bellevue internal service road and First Avenue*
 - *Support of Bellevue Hospital Center and NYC HHC Facilities to Develop a Prohibited List of Food Ingredients*
 - *Opposition to Child's Height Requirement for Fare Payment to MTA Buses*
 - *The proposed sanitation garage on the site of Hunter's Brookdale Campus School of Nursing at East 26th Street and First Avenue.*

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 Medical Director on various Bellevue-related issues and on the status of contracts made with vendors such as the Moonstruck café, Au Bon Pain, and the NYU Affiliation.*

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 patient 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.*
- **Virology & Oncology** – *seeks to maximize appropriate and compassionate care, support and follow-up of Bellevue's HIV/AIDS and cancer patients and assure that Bellevue is adequately resourced to do so.*

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

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

Yes No

- *Guests included NYS Senator Brad Hoylman, Manhattan Deputy Borough President Joseph Garba; representatives for Governor, Andrew Cuomo, Assemblyman Brian Kavanagh, US Representative, Carolyn Maloney, Councilman Dan Garodnick, and NYS Senator Liz Krueger.*

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 various health fairs held throughout the year and attend the 13th Precinct's Annual Night Out Against Crime to distribute information on Bellevue's services and HHC's Voter Registration initiative.*

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?

More CAB-related issues should be discussed at the Council of CABs meetings and quicker response to pressing inquiries

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. Banning the use of Styrene at all HHC Facilities.*
- 3. In depth orientation for CAB Members to provide clarity on their role as a member and their responsibility.*
- 4. Workshop on DSRIP and how the CAB can participate in helping the facilities with the roll out of this program.*
- 5. Three year terms for all CAB members.*
- 6. Healthier food options at HHC funded meetings and events*

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:

[Handwritten Signature]
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Executive

Director:

[Handwritten Signature]

Date:

12-15-14



**BELLEVUE HOSPITAL CENTER
COMMUNITY ADVISORY BOARD**
462 First Avenue, Room MW2, New York, NY 10016
Phone: (212) 562-6185
CommunityAdvisoryBoard@bellevue.nychhc.org

At its Full Board Meeting on Wednesday, February 27, 2013, the Bellevue Hospital Center Community Advisory Board adopted the following resolution:

Opposition to Bellevue Hospital Center and HHC facilities to use Styrene disposal products to serve foods/drinks

WHEREAS, the Bellevue Hospital Center is located at 462 First Avenue, New York, NY 10016, in Manhattan and seeks to provide quality health care for all; and

WHEREAS, The Bellevue Hospital Center Community Advisory Board adopted resolutions on October 26, 2011 and September 19, 2012 urging a ban on the use of Styrene Products, also referred to as polystyrene foam, in the hospital facility, and

WHEREAS, such opposition to the use of Styrene products was based primarily on the acute health risks of polystyrene products and the federal government's listing of polystyrene as a cancer risk on June 10, 2011, and

WHEREAS, the Bellevue Hospital Center Community Advisory Board urged the Health and Hospital Corporation not to enter into contracts to purchase polystyrene products, and

WHEREAS, The Mayor of New York City, Hon. Michael Bloomberg supports a ban on the use of polystyrene in New York City from the point of view of polystyrene's non-biodegradability and its impact on landfills; and

WHEREAS, The New York City Council, Committee on Sanitation and Solid Waste Management, had the issue of restricting the use of polystyrene foam food packaging on its agenda since May, 2010 through Intro. 0228-2010,

THEREFORE BE IT RESOLVED that Bellevue Hospital Center Community Advisory Board opposes the use of polystyrene products at all Health and Hospital Corporation hospitals/nursing facilities: and

BE IT FURTHER RESOLVED, in light of both the health risks and environmental impact of polystyrene products, that Bellevue Hospital Center Community Advisory Board calls on New York City Council to ban the use of polystyrene products by passing legislation similar to Intro. 0228-2010 and calls on the Mayor to sign such legislation into law, and

BE IT FURTHER RESOLVED, that any legislation provide that no exemptions from its requirements be granted to public hospitals, public nursing home facilities, or any other public health facility.

BE IT FINALLY RESOLVED, that Bellevue Hospital Center Community Advisory Board calls all elected officials, Community Boards 1-6 Manhattan and Health and Hospital Corporation's Council of Community Advisory Board to prohibit the use of polystyrene products in public hospitals.

Please advise us of any decision or action taken in response to this resolution.

Sincerely,

A handwritten signature in cursive script that reads "Bobby Lee".

Bobby Lee
Chairperson, Community Advisory Board
Bellevue Hospital Center



nyc.gov/hhc

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS
Metropolitan Hospital Center Community Advisory Board**

I. COMMUNITY NEEDS

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

- Among the most significant health care concerns in ranking order are (1) Diabetes, (2) Obesity, (3) Asthma, and (4) High Blood Pressure/Hypertension.
- Access to medical care is a major health care concern.
- Residents of East Harlem are more likely to lack medical insurance and a regular doctor than residents of NYC overall.
- The most common social concerns facing community residents are Crime/Violence, Drug Activity, Unemployment, Healthcare access, Housing, Poverty & Education.

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input checked="" type="checkbox"/> Other Public Meetings |
| <input checked="" 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 |

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

- Yes No

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

- The facility's leadership continues to ensure that MHC provides residents of East Harlem and neighboring areas with the most comprehensive medical and behavioral health services available at little or no cost.
- Metropolitan has implemented care teams in Adult Primary Care and embraced the Patient Centered Medical Home model.
- The Community Outreach Department provides free screenings, patient education and connects patients to primary care services.
- Onsite WIC program and onsite Managed Care office.
- The Volunteer Services Department helps community residents prepare applications for Medicaid, Medicare, Social Security and food stamps.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Become the recognized provider of choice for comprehensive healthcare and supportive services for East Harlem and the surrounding communities.
- Be a leader in offering state-of-art primary care services and, in addition, to excel at other services that support that mission, respond to the particular needs of the community, and build upon existing unique capabilities at Metropolitan.
- Achieve financial viability and long-term stability.

Community Advisory Board Report

Page 2

- Maintain status as a high-quality educational site for community-based, culturally-sensitive healthcare.
 - Develop an organization with the infrastructure and culture to realize its picture of the future.
2. **Describe how the CAB provides input into the development of the facility's strategic priorities?**
- CAB members emphasize the importance of preventive medicine in their respective work and community environments.
 - The CAB initiated the Harvest Home Metropolitan Hospital Farmers Market several years ago, which provides the community, staff and patients with healthy eating choices. Screenings, education and nutrition literature are provided at the Market.
 - CAB members participate in facility events and provide recommendations as needed.
 - The Mental Health & Patient Care Committees work collaboratively with hospital staff to remain abreast of the needs of the community and ensure the programs and services provided by the Hospital address those needs.
 - The Program & Planning/Legislative Committee strives to enlist input and assistance from our local elected officials in line with the facilities strategic priorities.
 - CAB members obtain care and services at the facility and provide the Hospital's leadership with their observations and perspectives.
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?**
X Yes No
- The CAB is kept abreast of the Hospital's capital needs and works to assist the facility. Summary reports are provided at monthly meetings of the full CAB.

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?**
X 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?**
During the time period January 1, 2014 through September 30, 2014, Patient Representatives assisted and visited with 7,364 patients in the Guest Relations Department, Emergency Department, Ambulatory Care clinics and in the acute care units. A small percentage of the patient encounters are complaints. 154 of the 7,364 patient encounters were complaints.
- The most frequent complaints are (1) attitude/behavior, (2) nursing and medical care, and (3) wait time. Complaints are reviewed and investigated by the Hospital's leadership staff and a summary grid of complaints is shared with CAB.
3. **What are the most frequent compliments provided by patients/residents?**
During the time period, January 1, 2014 through September 30, 2014, 2,965 staff members including nurses, physicians, social workers, clerical and administrative staff received compliments. The most frequent compliments are about the quality of care, courtesy and compassion received by patients.

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?

X 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"/> | X |
| Condition | <input type="checkbox"/> | <input type="checkbox"/> | X |
| *Appearance | <input type="checkbox"/> | <input type="checkbox"/> | X |

* While CAB members rated the condition of the interior of the hospital as very good, with regard to the exterior appearance of the hospital, it is important to note that the hospital continues to be negatively impacted by the Second Avenue Subway construction project. And, as it has been indicated in previous reports, this report will also reflect that the areas surrounding the hospital continue to look like a major construction site.

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

X Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership?
28 Total Members (25 Voting Members, and 3 Ex-Officio Non-Voting Members)

2. What are current numbers of members? 19
What are current numbers of vacancies? 6

3. What were the membership recruitment activities conducted by CAB this year?
- A CAB brochure was created and is being utilized as a recruitment tool.
 - Membership conducts outreach at health fairs and other community events.
 - Recruitment announcements are made at CAB meetings.
 - Recruitment announcements are made at the Planning/Community Boards.

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

X Yes No

Metropolitan Hospital's CAB is comprised of a diverse representation of the community at large as well as representation from the community south of the East Harlem catchment area. The CAB also has membership from new and longstanding East Harlem residents.

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

Yes, the CAB has the following committees

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

Program and Planning/Legislative: The Committee plans, organizes, and coordinates all CAB related advocacy activities, including, but not limited to, the Legislative Forum and Annual Public Meeting. The committee also strives to communicate with, and collaborate with, our local elected officials, in supporting the Hospital's mission. Members work towards actively engaging the elected officials as part of their advocacy.

Patient Care Committee: Acts as patient advocates for the community and advocate for quality patient care. Monitors delivery of healthcare and make recommendations. Maintains communication with patient advocates and the Hospital's Quality Improvement Committee. Investigates health-related matters that are brought to the attention of the Committee.

Mental Health: Reviews, advises and assists with the planning of the mental health and outreach programs. Educates the community on issues related to mental health and substance abuse.

Membership: Reviews member attendance, make recommendations regarding attendance issues, and reviews applications of prospective members.

Environmental Taskforce: The taskforce was formed to address environmental issues affecting the hospital itself, the facility's physical plant, and the surrounding areas of the hospital.

Participatory Budgeting Taskforce: The taskforce was convened to play a role in NYC Council Speaker Melissa Mark-Viverito's Participatory Budgeting Process for the benefit of MHC. In 2012, as a result of their efforts, the taskforce successfully obtained funds to purchase 3D/4D ultrasound equipment for the hospital. The CAB was informed that the 3D/4D ultrasound machine is currently at the hospital and serving patients.

By-Laws Ad-Hoc Committee: When necessary, the committee will review and make recommendations regarding CAB By-Laws. The CAB recently revised its By-Laws.

Project Development Taskforce: This taskforce was instituted to monitor, assess, make recommendations regarding the ongoing projects being developed in and around the hospital environment, i.e., the 99th Street Project and the Draper Hall Redevelopment Project.

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

Yes No

If yes, please describe actions taken.

CB11 Community Planning Board representatives on the CAB are the Chair and Vice-Chair of the Planning Board's Health, Human Services & Immigration Committee, and regularly communicate the facility's needs and concerns at Committee and Full Board meetings. Presentations are given periodically at CB 11, CB 10 and CB 8.

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

Community Planning Board designees submit reports as part of the CAB's monthly full board meeting agenda.

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

Yes No

The CAB's Annual Public Meeting took place on June 5, 2014, and included members of the community, CAB members, Hospital administration and staff, HHC representation, and guests. As was customary, the Annual Public Meeting included the presentation of awards to the following recipients: Antonio Rivera, CAB Member (Petra Allende Advocacy Award); David Nocenti, Executive Director, Union Settlement Association (J. Modibo Baker Community Service Award); Claudia Duarte, Deletha Darrington-Gorden and Luis Gamero, Metropolitan's Community Health Education & Outreach Department (John B. Corser, MD Excellence in Community Health Service Award); and Jewel Jones, MS Ed, CAB Chairperson (Jose R. Sanchez Community Leadership Award). A special recognition award was presented to outgoing Medical Director, Richard K. Stone, MD. The event was very successful in its preparation and execution.

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

Yes No

The CAB's Legislative Breakfast was held on March 14, 2014. The theme was "A Better Future is a Healthier Community." Legislative representation included members from the Hospital's southern district, as well as legislative representation from the East Harlem and Harlem districts. Elected officials who provided remarks were NYS Assemblyman Robert Rodriguez, NYC Councilmember Ben Kallos, NYC Councilmember Inez Dickens, Manhattan Borough President Gale Brewer, along with representatives from the offices of NYC Council Speaker Melissa Mark-Viverito, US Representative Carolyn Maloney, NYC Comptroller Scott Stringer, and others. The representation from our elected officials was a very positive sign for our community as a whole.

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

Yes No

The CAB Chair and 1st Vice Chair provided testimony at HHC's Board of Directors' Annual Public Meeting.

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

CAB members actively participate in community health fairs and other events including the annual Metropolitan's Family Day Health Fair, Hispanic Heritage Day Celebration, Making Strides Against Breast Cancer Walk, Asthma March, Cancer Survivor's Celebration, the Senior Health Fair and the Harvest Home Metropolitan Farmer's Market.

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

The CAB's Annual Conference took place on November 18, 2014 at Baruch College. The Chairperson was a member of the conference planning committee and also participated in the conference as part of the panel exercise. Other CAB members who attended included CAB 1st Vice Chair Ed Shaw, CAB Treasurer Jackie Ludorf, and Member Maria Zafra.

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?

The CAB is very pleased with the assistance and guidance provided by the Office of Intergovernmental Relations. The Liaison, Renee Rowell, has been available to the CAB, readily responds to concerns, and actively participates in CAB initiatives.

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

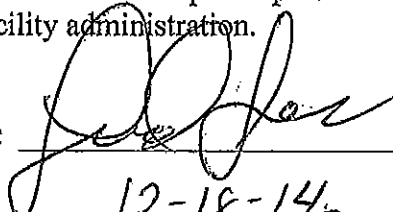
Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. There have been changes at MHC in terms of leadership – Interim ED and Interim MD. While the process is underway for the selection of a permanent ED and MD, the CAB will continue to provide support and assistance to the Hospital and its staff.
2. The CMS Survey: We will do everything in our power to ensure that the Hospital is able to maintain its high standards following the recent CMS survey.
3. The CAB continues its request for funding for capital improvements throughout the hospital comparable to other HHC facilities. We are pleased that a new Training and Conference Center is being established on the 3rd floor of the Mental Health Building West Wing and part of the 2nd fir. West Wing. We also look forward to the re-organization of our Welcome Center to make it more patient-centered and patient friendly.
4. The CAB is extremely proud to report on the success of MHC's Comprehensive LGBT Health Center. And, that MHC was again recognized as a Leader in LGBT Healthcare Equality by the Human Rights Campaign Foundation (HRC).
5. The 99th Street project has been completed. It is a state-of-the-art building, with a mix of one bedroom and studio apartments, providing housing for patients from HHC, with a priority for individuals discharged from Coler-Goldwater. Hospital staff have been working with residents and efforts are underway to link them to services at Metropolitan Hospital.
6. There is much good news to report about the Draper Hall Redevelopment Project. This is a multi-faceted project, with a space for community residents, for housing of seniors, and the possibility of a senior center. We have been advised that the NYC Council's Land Use Committee has approved the project and there will be community benefits as part of the project.

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

Signatures:

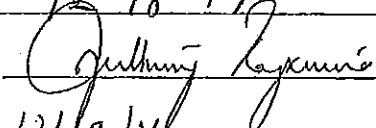
CAB Chairperson:



Date:

12-18-14

Executive Director:



Date:

12/19/14