

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: March 4, 2014
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

February 4, 2014

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

INFORMATION ITEMS

Central/North Brooklyn Family Health Network

Kings County Hospital Center

Agnes Abraham

Dr. Susan Smith McKinney Nursing
And Rehabilitation Center

May Thomas

Woodhull Medical and Mental
Health Center

Talib Nichiren

East New York Diagnostic and
Treatment Center

Ludwig Jones

Cumberland Diagnostic and
Treatment Center

Jacqueline Narine

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: February 4, 2014

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP, BC, Chair

Robert F. Nolan, Board Member

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

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

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

Bobby Lee, Chairperson, Bellevue Hospital Center)

Jewel Jones, Chairperson, Metropolitan Hospital Center

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

Bette White, Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Agnes Abraham, Chairperson, Kings County Hospital Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network

Gerald From, Ph.D., Chairperson, Gouverneur Health Care Services

HHC FACILITY CAB MEMBERS

Kent Mark, Bellevue Hospital Center

Michelle Winfield, Bellevue Hospital Center

Sandra Stevens, Bellevue Hospital Center

Naitou Sow, Bellevue Hospital Center

Edward Shaw, Metropolitan Hospital Center

Carmen Vasquez, Metropolitan Hospital Center

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

Stanley Parham, Cumberland Diagnostic and Treatment Center

Hiawatha Campbell, Cumberland Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

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

Salvatore Russo, Chief Counsel, Office of Legal Affairs

Patricia Lockhart, Office of Board Affairs

John Jurenko, Intergovernmental Relations

Manelle Belizaire, Intergovernmental Relations

Robb Burlage, Intergovernmental Relations

Alvin Young, Intergovernmental Relations

HHC FACILITY STAFF

Robert Huges, Executive Director, Coler Specialty Hospital and Nursing Facility/Henry J. Carter Specialty Hospital and Nursing Facility

Martha Sullivan, Ph.D., Executive Director Gouverneur Health Care Services

Evelyn Hernandez, Associate Executive Director, Public Relation/Community Affairs Bellevue Hospital Center

Sanford Operowsky, Associate Executive Director, Public Affairs, Gouverneur Health Care Services

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

LisaMarie Izquierdo, CAB Liaison Bellevue Hospital Center

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

Debera Tyndall, CAB Liaison, Kings County Hospital Center

GUESTS

Karen Jarrett, New York State Nurses Association

Anthony Feliciano, Executive Director, Commission on the Public's Health

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, NP-BC.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of November 19, 2013. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

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

Before proceeding with the annual activity reports for the Year 2013 from the Community Advisory Boards in the South Manhattan Network; Mrs. Bolus highlighted some notable developments that had occurred since the November meeting.

Mrs. Bolus reported that the final three Annual Public Meetings of the Board of Directors for Fiscal Year 2014 had been held in Queens on November 25th at Elmhurst Medical Center; in Brooklyn on November 26th at Woodhull Medical and Mental Health Center; and in Manhattan on December 9th at Bellevue Hospital Center.

Mrs. Bolus informed the Committee that the Board Members had been reviewing all of the testimonies given and that there would be written responses.

Mrs. Bolus stated that the Board Members had been particularly heartened by the testimonies of Community Advisory Board's chairpersons and members. She noted that the Council of Advisory Boards Chair and Kings' County CAB Chairperson Agnes Abraham had appeared at both the Brooklyn and Manhattan meetings. Reflecting the general tenor of the meetings, Ms. Abraham said, "We need to view HHC's employees who contribute to the organization's remarkable achievements, and who will help it overcome its challenges".

Mrs. Bolus reported that, at the Brooklyn meeting, Ms. Abraham had raised concerns about the extensive waits for appointments at the dental clinic and long lines in the pharmacy at Kings County Hospital.

Mrs. Bolus stated that there had been testimony given at most of the borough meetings by representatives, most of them local facility staff, of the labor organizations representing HHC nurses, resident physicians, Local 420/AFSCME, and others.

Mrs Bolus reported that, at the Queens meeting, four members of the Elmhurst CAB, Peter Amato, Salua Baida, Eartha Washington and Nancy Wang, had expressed a range of concerns including:

- The need for the expansion of services associated with the new Elmhurst Women's Healthcare Services Pavilion, which is scheduled to open in 2014;
- The need for greater primary care services; and
- The importance of language access services.

Mrs. Bolus reported that, at the Brooklyn meeting, Ms. May Thomas, Dr. Susan Smith McKinney Nursing and Rehabilitation Center (DSSM) CAB Chair, had described the CAB's work on the voter registration campaign. In her remarks, Ms. Thomas had also thanked HHC for its efforts thus far in its collaboration with housing providers to create affordable housing on the Kings County campus. In addition, Ms. Thomas had emphasized the great need for more affordable housing, particularly for DSSM and Kings County Hospital patients. Mrs. Bolus reported that Ms. Jacqueline Narine, Cumberland D&TC CAB Chair, had identified the need for equipment and improvement in customer service. Mr. Talib Nicheren, Woodhull CAB Chair, among others, had identified concerns about challenges to access to care in North Brooklyn and the potentially adverse impact on HHC facilities if area voluntary hospitals were to close.

Mrs. Bolus stated that she personally appreciated Ms. Debra Greif's, Chairperson of the Brooklyn Family Services Advisory Council recognition of HHC's work to better serve patients with developmental disabilities.

Mrs. Bolus reported that, at the Manhattan meeting, Ms. Gladys Dixon, Coler CAB Chair, had strongly urged that HHC's Board give a greater focus on the long term care facilities and expressed concern about the future of Coler Specialty Hospital and Nursing Facility. Mrs. Bolus had quoted: "We have so many rich people coming to live on Roosevelt Island, and we are the poor." Mrs. Bolus reported that Coler CAB member, Ms. Judith Berdy, had expressed concerns about the future staffing at Coler because of its status now as a nursing and rehabilitation facility and is no longer a long term care acute hospital. Ms. Berdy had noted that Coler had more than 800 very challenging patients, and that it was imperative that there be a level of staffing that ensures that all patients' needs be met.

Mrs. Bolus reported that Ms. Bette White, Chair of the Harlem Hospital Center CAB, had hailed the opening of the hospital's new Emergency Department in January. Ms. Jewel Jones, Metropolitan Hospital CAB Chair, had praised the facility's work to improve access through enhanced capacity of its primary care teams and the implementation of Project RED which was resulting in reduced readmissions for heart failure patients. Mr. Ed Shaw, Vice Chair of the Metropolitan CAB, had said that with limited funds, Metropolitan Hospital was doing an excellent job. However, in his remarks, Mr. Shaw

had noted that the Neurology Department could better serve its patients if there were more primary care physicians or nurse practitioners; to reduce the wait time. Mr. Bobby Lee, Bellevue CAB Chair, had recognized home care and outreach programs conducted by the hospital, however he had suggested that improvement was needed in the area of "customer service" throughout the facility. Mrs. Bolus noted that Mr. Lee had specifically suggested that a highly visible directory of all services and programs be posted. Ms. Sandra Stevens had noted that Bellevue has a unique capability to serve special needs children.

Mrs. Bolus reported that former Bellevue CAB member, Ms. Sandy Hecker, had called for training and new operating procedures for the main switchboard staff, so that all patients attempting to schedule appointments with their doctors would be given accurate information. In addition, Ms. Hecker had stated that hospital leadership should review processes in place to ensure that more responsive interventions occurred with patients who are in distress in and around the Emergency Room.

Mrs. Bolus reported that, at the Bellevue meeting, there had been more than a dozen individual staff members who have provided testimonies. She stated that social worker members of Local 768 of DC 37 had read a joint statement urging pay increases for better staff retention. Mrs. Bolus noted that their statement also had sought leadership's focus on addressing problems identified by psychiatric social work and nursing staff. Mrs. Bolus reported that housekeeping and environmental services workers had raised concerns about the outsourcing of those services. In particular, they had raised issues about the lack of supplies, inadequate staff coverage for the size and needs of a facility like Bellevue and possible retaliation by the contract agency management because they had been speaking out at the Board's public meeting.

Mrs. Bolus reported that Mr. Anthony Feliciano, Executive Director of the Commission on the Public's Health System (CPHS), had spoken about spending reductions, layoffs, services consolidations and a movement toward the privatization of important direct and non-direct patient services. Mrs. Bolus quoted: "communities and labor must be part of the decision-making process at HHC for any changes". In addition, Mrs. Bolus stated that Mr. Feliciano had suggested a "communication and public education plan to inform patients and community members of any changes".

Mrs. Bolus reported that Ms. Judy Wessler, founder and former Executive Director of CPHS, identifying herself as a consumer, had stated that she wanted more to come out of the Annual Public Meetings. Also, Ms. Wessler had expressed concern about the HHC transition with the change in City administration, which, she had noted, has been the focus of a memorandum she had written with Board Vice-Chairperson Reverend Diane Lacey. Moreover, Ms. Wessler had added that, as an HHC patient, she had been personally experiencing long waits for specialty care appointments.

Mrs. Bolus reported that, at each of the public meetings, Ms. Ann Bove, Bellevue RN, President of the HHC Executive Council and Secretary of the New York State Nurses Association had spoken about the need for adequate staffing and articulated concerns about outsourcing. Ms. Bove had urged that impact on direct patient care be foremost in the Board's review of any cost-containment initiatives. In addition, Ms. Grace Otto, who had identified herself as an RN at Bellevue for 29 years, had stated that the HHC Press Ganey staff survey results had illustrated, that "too often, management fails to listen to what we have to say." In her remarks, Ms. Otto had also stated that joint labor management meeting decisions and plans were often not executed.

Mrs. Bolus reported that, at the Manhattan meeting, nursing staff speaking as leaders and members of the State Nurses Association had cited concerns about workload, crowding, access to care, and bed availability. They had spoken about potential risks of outsourcing or "privatization" and of the widespread hiring of agency nurses. In addition, they had talked about the need for better communication and sharing of responsibilities at all levels and for more support for staff initiative and input.

Mrs. Bolus reported that the Committee of Interns and Residents had spoken of their efforts to gain recognition as a union with the Queens and Elmhurst hospital's academic affiliate, Mount Sinai Medical Center; and they had sought HHC's support in this endeavor. Mrs. Bolus noted that clearly, the HHC Board has much to consider as we move forward in 2014.

Mrs. Bolus reported on another matter, the influence that a CAB can have on changing public policy has been demonstrated recently. She stated that some Bellevue CAB members, for a long time, have urged the banning of styrene disposal products' use at HHC facilities. Ms. Michelle Winfield, a leader in this effort, in a written statement for the Board's Manhattan Annual Meeting, had reiterated the CAB's call for such a ban. On February 27, 2013, the CAB had adopted a resolution which not only had called for the ban of such products at Bellevue and other HHC facilities, but also had called for passage by the City Council of legislation banning or restricting polystyrene food packaging across the City. Mrs. Bolus stated that the CAB's resolution had been on a Council Committee agenda since May 2013. She noted that, at its last legislative session last year, on December 19, 2013, the City Council had unanimously passed legislation prohibiting restaurants, food carts and stores from selling or providing food in items made from polystyrene.

Moreover, one of the final bills that Mayor Bloomberg had signed into law before leaving office would require the Department of Sanitation to study whether polystyrene products can be effectively recycled. This study will be conducted over the next 12 months. If it is determined that polystyrene products cannot be effectively recycled, then food service establishments will be banned from using them beginning July 1, 2015. Not-for-profit institutions that use these products can apply for a hardship waiver if they can

show that no comparable product exists that is the same price or cheaper than polystyrene. Mrs. Bolus noted that Bellevue has, for some time, with the exception of hot beverage cups, discontinued use of polystyrene products.

Before concluding her remarks, Mrs. Bolus shared other notable occurrences since the last Community Relations meeting:

- On Sunday November the 24th and Monday the 25th, more than 200 patients have been relocated without a hitch from Goldwater to the new Henry J. Carter Specialty Hospital and Nursing Facility in Harlem. We are looking forward to the formation of the new Henry J. Carter Community Advisory Board.
- From December 8th through the 13th, the Joint Commission had conducted its triennial survey at Harlem Hospital Center. At the conclusion of the survey, the surveyors had commented that "Harlem is a premier HHC facility with clinical and frontline staff that is competent, compassionate, caring, enthusiastic, involved and engaged." CAB Chair, Ms. Bette White, had participated in the survey leadership session.
- In December, Kings County Hospital Center's Opioid Treatment Program had received a national "Science and Service Award" from the Federal Substance Abuse and Mental Health Services Administration for its 95% retention rate for patients in the 30-day treatment program. Remaining in the program dramatically increases patients' chances of recovery from addiction.

Mrs. Bolus sadly announced that Dr. John W. V. Cordice had passed away on December 29th at the age of 95. She stated that Dr. Cordice was co-leader, on September 20, 1958, with Dr. Aubre C. Maynard, of the Harlem Hospital Center team of surgeons who had saved Dr. Martin Luther King after a life-threatening stab wound. Mrs. Bolus added that Dr. Cordice had continued to live in Harlem and practiced medicine for more than 40 years. She added that the HHC family had extended its sympathies to Dr. Cordice's family and friends, and thanked him, one last time, for his noble service.

Moving to more uplifting news, Mrs. Bolus extended congratulations to Ms. Lynda Curtis, Senior Vice President of the South Manhattan Network, who will be retiring on March 2nd. Mrs. Bolus informed the Committee that Ms. Curtis had provided 40 years of unparalleled service to HHC and its patients. She added: "Well done – Lynda! You will be missed by the CABs, the Board and your colleagues."

In introducing Mr. Aviles for his remarks this evening, Mrs. Bolus took the opportunity to express her personal appreciation of his extraordinary leadership. Mrs. Bolus added

that Mr. Aviles has now been HHC's President for almost eight years, longer than any President in HHC's 43 year history.

Mrs. Bolus called on Mr. Aviles for his remarks.

PRESIDENT'S REMARKS

Mr. Aviles greeted everyone and thanked Mrs. Bolus for her comprehensive report. Mr. Aviles informed the Committee that he would keep his remarks short as there are four CAB reports on the agenda. Mr. Aviles began his remarks by stating that a lot of issues have transpired since the last CRC meeting. He informed those in attendance that he will be on board until the end of March 2013 and that tonight's meeting was his last Community Relations Committee meeting. As such, Mr. Aviles took the opportunity to thank Committee members. He added that Community Advisory Boards have played an important role in the Corporation for decades. Mr. Aviles commented that during his tenure of nine years as HHC President, the relationship between the facilities and the CABs has been a strong one. While there has not been complete and total agreement on all issues, Mr. Aviles praised that one value of the CAB is that it roots HHC to its communities, reflects back to HHC community interests and gives very valuable feedback and input on what and how HHC is doing which often stimulates HHC to think harder about those issues. On the advocacy front, Mr. Aviles expressed his appreciation of what a difference the CABs makes as they spent a lot of time and efforts to advocate on behalf of HHC's interests. Mr. Aviles acknowledged LaRay Brown, Senior Vice President, and her team for their work. In addition, Mr. Aviles complimented the CAB members for their resilience in going to Albany, talking to local, state and federal elected officials and pressing upon the real importance of the services provided by HHC and thereby the importance of continuing to supply the funding HHC rely upon to remain true to its mission during difficult and challenging times. Mr. Aviles added that these challenging times would have been even more difficult if HHC did not have the CABs on its side to advocate on its behalf.

Mr. Aviles continued his remarks and stated that he had worked in the public sector for more than 35 years and at HHC for 17 years. However, Mr. Aviles added that the last nine years of his career as HHC President, had been the thrill of a lifetime. Mr. Aviles noted that HHC is an amazing organization with incredibly dedicated and talented people at every level. Mr. Aviles emphasized that these talented individuals make the Corporation very strong and that it should be noted that over the course of the last 10 or 15 years HHC has been made stronger than ever.

Mr. Aviles stated "that HHC has a national reputation as a public hospital system that provides quality medical care just as voluntary hospitals. Mr. Aviles noted that it is an enormous achievement and a step forward towards equity in health care."

Mr. Aviles concluded his remarks and announced Mayor Bill de Blasio's nomination of Ramanathan Raju, M.D. to succeed him as President of HHC. Mr. Aviles noted that the Mayor's selection of Dr. Raju reflects his strong support to HHC and its mission. Mr. Aviles recalled that Dr. Raju is well known to the HHC Community. He has a very distinguished career as a surgeon and a physician executive. Dr. Raju had worked for many years in the voluntary hospitals sector and in the private practice as a surgeon and, the later years, as a trauma surgeon in Emergency Medicine. In addition Dr. Raju had worked for a number of years at Coney Island Hospital as the first Medical Director and Chief Operating Officer and most recently at Central Office as Corporate Medical Officer elevated to Executive Vice President and Corporate Chief Operating Officer. Mr. Aviles noted that for five years Dr. Raju had been part of the senior team that sets the strategic course for HHC over the years. Since October 2011, for 2 ½ years, Dr. Raju had served as CEO of Cook County Health and Hospitals System, the public healthcare system of Chicago, which has the very same mission as HHC.

Mr. Aviles continued and stated that "Dr. Raju will start his new post on March 31, 2014." Mr. Aviles reiterated that Dr. Raju's credibility, particularly with physicians and nurses, is based upon his own distinguished career as a clinician; and he certainly is someone who absolutely understands the importance of HHC's connection to the communities it serves and the important role of the CABs." Mr. Aviles added that he is hopeful that the CABs would find him an interesting person to work with. Mr. Aviles ended his remarks by thanking the CAB members for being supportive of HHC's agenda and of him over the years.

A standing ovation ensued and Dr. Fred Monderson, Vice Chair, Dr. Susan Smith McKinney Nursing and Rehabilitation Center suggested that Mr. Aviles be one of the recipients for this year's Marjorie Matthews Awards.

Mrs. Bolus acknowledged Dr. Monderson's suggestion and informed him that because the Marjorie Matthews Awards is an appreciation award given to volunteers and not employees the matter would have to go before the Council of CABs to amend the criteria and for a vote.

SOUTH MANHATTAN NETWORK CABS' REPORTS

Gouverneur Healthcare Services (Gouverneur) Community Advisory Board

Mrs. Bolus introduced Gerald From, Ph.D., Chairperson of the Gouverneur Healthcare Services Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Dr. From began the Gouverneur CAB's report by reminiscing on forty (40) years

of community advocacy. Dr. From recalled that the CABs were very different in 1974, he added that CAB members were often hostile, argumentative and aggressive. Dr. From stated that "Gouverneur has since evolved from a forty (40) bed facility to an state-of-the-art Ambulatory Care/Skilled Nursing Facility with 300 beds and over 350,000 ambulatory patients visits a year.

Dr. From continued and informed members of the Committee, CAB Chairpersons and invited guests, that during the course of 2013 a new Executive Director was appointed to Gouverneur Healthcare Services. Dr. From noted that the change in administration did not go over well with the CAB. He stated that "because of the change, Gouverneur had lost support from the community, supporters for annual dinner and staff's morale was down."

Dr. From concluded the Gouverneur CAB's report by highlighting various changes that had occurred over the past year. He noted that Gouverneur Healthcare Services had established a partnership with Rusk Institute, New York University School of Dentistry. Dr. From added that Gouverneur have a new google website that features a virtual tour. He noted that the site had received a 400% increase in viewers. Dr. From ended and stated "that in 2013, and for the first time, Gouverneur staff participated in the China Town parade."

Metropolitan Hospital Center (Metropolitan) Community Advisory Board

Mrs. Bolus introduced Jewel Jones, Chairperson of the Metropolitan Hospital Center's Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. Jones began the Metropolitan CAB's report by thanking members of the Committee for the opportunity to present and acknowledging fellow CAB members who were in attendance to support her.

Ms. Jones presented the members of the Committee, CAB Chairpersons and invited guests with a power point presentation of Metropolitan CAB's annual report.

Ms. Jones reported that the most significant health care concerns and needs for the East Harlem (EH) community is access to medical care. Ms. Jones explained that residents of East Harlem are more likely to lack medical insurance and a primary care physician. Ms. Jones noted that diabetes, obesity, asthma, high blood pressure and hypertension are the most significant health issues in the community.

Ms. Jones continued and added that the most common social concerns facing East Harlem community residents are, crime/violence, drug activity, unemployment, access to healthcare, housing, poverty and education.

Ms. Jones reported that Metropolitan Hospital's facility leadership methods of addressing the community needs is to ensure that MHC provides East Harlem residents and neighboring areas with the most comprehensive medical and behavioral health services available at little or no cost. Ms. Jones noted that the hospital's administration had implemented care teams in Adult Primary Care and embraced the Patient Centered Medical Home model. In addition, the Outreach Department provides free screenings, patient education and links patients to primary care services such as Woman Infant and Children (WIC) program, Managed Care, and the Volunteer Services Department that helped community residents with applications for Medicaid, Medicare and food and nutritional supplement programs.

Ms. Jones informed members of the Committee, CAB Chairpersons and invited guests that Metropolitan's Hospital Center priorities are led by the hospital's determination to become the recognized provider of choice for comprehensive healthcare and supportive services for East Harlem and the surrounding communities. In addition to becoming a leader in offering state-of-the-art primary care services, maintaining status as a high-quality educational site for community-based, culturally-sensitive healthcare and achieving financial viability and long-term stability.

Ms. Jones continued and reported that Metropolitan Hospital Center received 2179 compliments beginning January 1, thru September 30, 2013. The areas identified were: compassionate, respectful, helpful, caring, empathic and being responsive Ms. Jones noted that during that same period there were 148 complaints. The complaints identified included: patient's family member's perception of care, attitude, staff behavior and long waiting times.

Ms. Jones highlighted several of the Met CAB's Standing Committees. Ms. Jones noted that the Program and Planning /Legislative Committee plans, organizes and coordinates all CAB related advocacy activities, including the Legislative Forum and Annual Public Meeting. Ms. Jones added that the Environmental Taskforce was formed to address environmental issues affecting the hospital, the facility's physical plant, and the surrounding areas of the hospital for example the Sanitation Garage and the 2nd Avenue Subway construction.

Ms. Jones reported that Met CAB continues to support the leadership of the hospital in many ways to ensure that the needs of the community are met. Ms. Jones added that the Hospital's Farmers Market was initiated by the CAB several years ago and the Market continues to provide the community, staff and patients with quality fruits, vegetables and healthy eating choices. Ms. Jones also noted that a calendar of events

was created and distributed to CAB members for the purpose of keeping them abreast of the hospital's activities and advance meeting notices.

Ms. Jones concluded the Met's CAB report and informed members of the Committee and invited guests that through the CAB's efforts plans are underway for the relocation of the Department of Sanitation Garage located directly across the street from the hospital at 99th St. Ms. Jones explained that the 99th St. project is a new state-of-the art building with a combination of 1 bedroom and studio apartments. Ms. Jones added that HHC will be given priority for individuals discharged from Coler-Goldwater and; the expectation that residents will be linked to supportive services at MHC. In closing Ms. Jones stated "she is confident that the CAB will play an integral role in this project and the Draper Hall Redevelopment project as it progresses.

Mrs. Bolus and Ms. Agnes Abraham commended Ms. Jones on a thoroughly comprehensive and concise report.

Bellevue Hospital Center (Bellevue) Community Advisory Board

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

Mr. Lee began the Bellevue CAB's report by thanking members of the Committee for the opportunity to present and recognizing Bellevue CAB members in attendance.

Mr. Lee acknowledged Bellevue Hospital Center staff for all their hard work during and after Super Storm Sandy. Mr. Lee added that the staff had to evacuate the entire hospital, and that took a tremendous amount of dedication and commitment. He noted that Bellevue Hospital lost power, water, heat and experienced major flood damage in its basements and mechanical spaces. Mr. Lee added that to help minimize flood damage from future storms, the hospital has installed flood barriers at ramps and additional emergency generators are being installed.

Mr. Lee continued and thanked Ms. Lynda Curtis, Senior Vice President, South Manhattan Network, for her leadership over the years. Mr. Lee added that Bellevue is experienced a transition in leadership and the CAB supports the administration.

Mr. Lee informed members of the Committee, CAB Chairpersons and invited guests that William Hicks, Chief Operating Office continues to be extremely supportive of the CAB and had taken the lead to spearheaded changes in the pharmacy. Mr. Lee noted that CAB members participated in Breakthrough which focused on the Pharmacy and the Ambulatory Care Clinics.

Mr. Lee reported that the Bellevue CAB is in opposition of a Sanitation Garage being proposed in close proximity of Bellevue Hospital Center.

Mr. Lee continued and highlighted areas of Bellevue Hospital Center that need improvements: CAB access to patient's survey results; signage in the emergency room; update of all services available at Bellevue and Improved staff interaction with patients.

Mr. Lee concluded the CAB report by stating that the "Bellevue CAB was instrumental with getting local elected officials to prohibit food carts vendors from the entrance of Bellevue Hospital Center." Mr. Lee added that unfortunately the food cart merchants sold affordable meals whereas, Au Bon Pon, the food vendor for Bellevue, prices are not reflected of the patients served by Bellevue.

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

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

Ms. Dixon began her presentation by acknowledging Ms. Bolus, members of the Community Relations Committee and guests. Ms. Dixon thanked the members of the Committee for the opportunity to share the Coler's CAB 2013 annual report.

Ms. Dixon reported that since the Coler's CAB last report, several residents had been discharged in to the Community. Ms. Dixon added that the discharge of resident had seriously decreased the Board's membership. Ms. Dixon continued and reported that in addition the Facility has undergone changes, challenges and achievements. Ms. Dixon noted that much had been from Hurricane Sandy, installation of windows, sprinkler system, staff adjustments and the relocation of many residents to the Hank J. Carter Rehabilitation Facility.

Ms. Dixon informed members of the Committee, CAB Chairpersons and invited guest that Robert Hughes, Executive Director and the administrative staff provided information pertaining to the Facility's operational initiatives and new healthcare issues at the Coler CAB's monthly meetings. Ms. Dixon added that during 2013, quarterly meetings were held with Mr. Hughes, Administrative Staff and the Goldwater Community Advisory Board.

Ms. Dixon continued and reported that during 2013, members of the CAB's Patient Care Committee expressed their concerns for the residents being discharged from the facility into the Community. She noted that the administration and various departments' heads attended those meetings to address the Committee's concerns.

Ms. Dixon stated that many of the Coler CAB members were disappointed with the cancellation of the Council of Community Advisory Board's Annual Conference. Ms. Dixon added that the annual conference provided CAB members with the opportunity to interact and share ideas with other facilities CABs in addition; important information is provided to expedite the CAB's mission.

Ms. Dixon concluded the Coler CAB's annual report and thanked Robert Hughes, William Jones, Sr. Associate Director/CAB Liaison and Robb Burlage, Ph.D., HHC Intergovernmental Relations staff for their support, dedication and commitment.

OLD BUSINESS

None.

NEW BUSINESS

None.

ADJOURNMENT

The meeting was adjourned at 6:58 p.m.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS
KINGS COUNTY HOSPITAL CENTER**

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities? The following health needs were identified in the Community Health Needs assessment in 2013:

- Chronic Diseases (obesity, diabetes, hypertension)
- Violence (gun violence, domestic violence, child abuse)
- Mental Illness/Substance Abuse
- Cancer
- HIV/AIDS

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)

Focus Groups

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

- yes no

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

- **Relocation of Diabetes Clinic to better coordinate care for patients**
- **Implementation of KAVI Program to address interpersonal violence in the community**

- **Reorganization of mental health and substance abuse treatment programs to better meet the needs of the community**
- **Support for the addition of a second linear accelerator to improve treatment outcomes for cancer patients**

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Improving access to ambulatory care services

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

Ongoing meetings with Ambulatory Care administration to discuss steps that are being taken to improve access to care.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

- **Long wait times in the clinics and emergency department**
- **Staff attitude**

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

Compliments on improved services/quality of care

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 checked="" type="checkbox"/>	<input 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? **29**
2. What are current numbers of members? **22** What are current numbers of vacancies? **7**
3. What were the membership recruitment activities conducted by CAB this year?

Canvas at Community meetings and Community Outreach Events

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, Behavioral Health, Membership and Planning & Development Committees

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

Yes No

a. If yes, please describe actions taken.

The local community boards have included the hospital's equipment and other needs in the annual capital budget request.

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? **Issues are being discussed with the hospital administration**

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

CAB members participate in outreach activities at the hospital and in the 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 there was no annual meeting**

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

5.

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

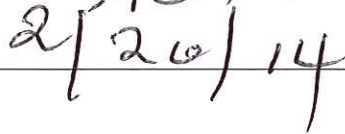
Signatures:

CAB

Chairperson:

Date:



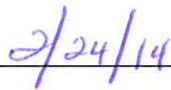


Executive

Director:



Date:



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

(Dr. Susan Smith McKinney Nursing & Rehabilitation Center)

I. COMMUNITY NEEDS

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

- *Diabetes and their related illnesses*
- *Obesity*
- *Immunization Practices (Flu Pneumonia)*
- *Availability of appropriate housing after discharge from facility*
- *Focus continues on Medicaid Manage Care*
- *Focus on Primary care remain priority*

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.

- *Ongoing education of residents, families and staff*
- *Interfacing with other representatives of C& NBFHN and other facilities within HHC*
- *Partnering w/ Community Based Organizations, keeping them informed*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *Fiscal Viability*
 - *Residents and their families are kept engaged as partners in their care*
 - *Patient Safety and Patient Satisfaction*
 - *Working closely w/ community to promote and enable healthy living*
 - *Continued Improvement in the Provision of Quality Care*
 - *Increase Community Awareness of Facility and the Services Offered*

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

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

yes no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes No

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

Food choices, preparation and Food Presentation
Increased Fine Dining Sessions
Adding culturally sensitive flavoring

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

- *Enhancement and Cleanliness of the Facility*
- *Special Event at Facility particularly at Holidays*
- *Commitment and dedication of Staff*
- *Homelike environment/ Culture Change*

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

Yes **N/A** No

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

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

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

Yes **N/A** No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

2. What are current numbers of members? **10**
3. What are current numbers of vacancies? **5**
4. What were the membership recruitment activities conducted by CAB this year?
Word of Mouth / Community Outreach
5. Do the CAB's recruitment efforts include outreach to new population groups in the community?
 Yes No
6. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
Membership Committee
- Assist with recruitment of new members
Health Outreach Committee
- Circulates information to the community
- Conducts annually Resident Satisfaction Survey.
By-Laws Committee
- reviews By-laws for any changes
7. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?
 Yes No
a. If yes, please describe actions taken.
Members report to their respective Community Board Organizations about information they receive at their monthly meetings.
8. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?
 Yes No

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

yes no

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

Yes

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

- *CAB members assist in community Health Fair to give information and recruit new members.*
- *They were a part of the HHC Voters Registration Program*
- *Attends educational community events that are coordinated by In-reach Committee*
- *Attends facility’s special events.*

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

yes no

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

yes no

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

not enough just right **AND SO MUCH MORE**

If not enough, what assistance would you need?

I. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

- *The need for housing for our discharged residents is at a critical stage.*
- *Providing appropriate post hospital Skilled Nursing Care*
- *Hosting an Annual Client / Family Day*
- *Re-instituting the Community Leadership Dinner Outreach*
- *Managing a continuum of a Culturally Sensitive Diet.*

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

Signatures:

CAB

Chairperson:



Date:

February 18, 2014

Executive Director:



Date:

February 18, 2014

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

Woodhull Medical Center COMMUNITY ADVISORY BOARD

I. COMMUNITY NEEDS

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

- a. Emergency Department
- b. EZ Care
- c. Mental Health Services
- d. Pediatric Dental Practice
- e. Women's Health Services
- f. Geriatric Practice

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)
 Breakthrough Philosophy

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 Network Senior Vice President, Mr. George Proctor and his leadership, continue to address the increase in Emergency Room visits and space availability. The registration desk, Triage Nurse Station with a nurse greeter continue to work very well in directing patients to either the Emergency Area or to the EZ Care. As reported a new white board has been installed in the Emergency Department to track patients from time of arrival to the Emergency Department through to either admission or discharge.

Renovation of the in-patient psychiatry units was done with positive results.

Woodhull received HEAL 21 Funding from the state and the funding allowed for construction of the Pediatric Dental Practice, which filled a great need. Also, the hours of operation for the Dental Practice were extended to weekends.

The Ob/Gyn practice put a process in place to better treat women with disabilities. This effort is in the process of being expanded.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The strategic priorities are to redesign and continue to renovate primary care practices and specialty practices to accommodate growth, enhance quality of care and increase patient satisfaction and patient safety for our patients and for the North Brooklyn Community.

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

The CAB focuses on the facility's priorities by conducting walk-throughs of the facility and practice areas. The CAB meets and engages with Department Heads and Managers to gain first-hand experience on how patient care is being provided. In addition, at the monthly CAB meetings, the Network Senior Vice President, Medical Director, Chief Nurse Executive, Woodhull Senior Cabinet members

and NYU affiliate staff provide ongoing updates on the facility's projects and priorities.

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?

Waiting time for clinic appointments.

Quick access to primary care.

Some of these issues are being addressed with the new implementation of the Sorian Ambulatory Care Patient Scheduling System.

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

- Extended Practice Hours (Dental, Medicine, Pediatrics and Ob/Gyn)
- The newly designed Emergency Department White Board.
- Cleanliness

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24
2. What are current numbers of members? 17 What are current numbers of vacancies? 7.

The current vacancies are due to members completing their last terms of service.

The Membership Committee is in the process of reviewing and submitting several applications for recommendations to fill the current vacancies.

The Membership Committee continues to monitor and report.

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

The Woodhull CAB Membership Committee takes a proactive role in recruiting new members from the community and provides applications for new candidates to the CAB on a regular basis.

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

Yes

No

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

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

Membership Committee:

The Membership Committee has the responsibility of recruitment and oversight of the Membership Roster (name, category of appointee and vacancies.) It also reviews attendance of the CAB Members and submits recommendations as necessary.

Ambulatory Care Committee

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

Mental Health Committee

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

Planning/Development & Financial Committee Finance Committee

The Finance Committee makes recommendations to the Network Senior Vice President and the Chief Financial Officer regarding new areas of focus based upon needs in the community, and reviews the Hospital's budget as appropriate.

By-Laws

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

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

Yes

No

- a. If yes, please describe actions taken.

The appointed Representatives from the Community Planning Board (CPB #1, 3 and 4) are provided with newsletters brochures, flyers, public notices, announcements and reports from the regular monthly Board meetings and they report back to their local CPB Meetings. Woodhull also attends the monthly CPB meetings and presents as necessary or requested.

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?

Yes, Woodhull's concerns were noted in the public record and we continue to work in partnership with HHC to find solutions.

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

The CAB attends and participates in all facility outreach.

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

- 1.
- 2.
- 3.
- 4.
- 5.


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

Signatures:

CAB

Chairperson:

Date:



1/31/2014

Executive
Director:



Date:

2/6/14

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

**EAST NEW YORK DIAGNOSTIC AND TREATMENT CENTER
 2014**

I. COMMUNITY NEEDS

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

High concentration of marginally to uncontrolled Hypertension diabetes, obesity and HIV.

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)
Review of patient medical records by primary care physicians.

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

yes no

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

We have on going exercise classes, nutritional classes, one-on – one counsellings with follow up, via telephone

II. FACILITY’S PRIORITIES

1. What are the facility’s strategic priorities?

Care management, reminder calls, Access Program, Resident from KCHC in the Geriatric clinic, extended hour in Medical and Pediatrics clinic to accommodate the working families.

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

The CAB receives presentations from administrative staff and gives feedback of support and /or alternative ideas and recommendations.

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?

Unable to get timely follow up appointments.

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

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"/>

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

2. What are current numbers of members? 6 What are current numbers of vacancies? 9

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

Applications given to community business, residents and Consumers.

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.

Currently functions as a "Committee of the Whole"

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 representative not assigned to CAB.

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 N/A

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 members visit the facility and interact with patients and staff.

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 Excellent

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. **Beautification of frontal exterior of the facility.**
2. **Poor Lighting and visibility at night.**
- 3.
- 4.
- 5.

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

Signatures:

CAB

Chairperson:

Date:

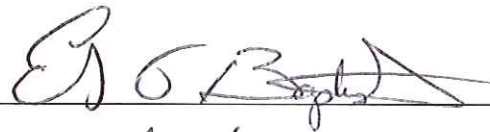


2/24/14

Executive

Director:

Date:



2/26/14

1/2014

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

(Cumberland Diagnostic and Treatment Center)

I. COMMUNITY NEEDS

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

Pediatrics, HIV, Diabetes, Dental, Women's Health and Men's Health.

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

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

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

- Yes No

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

Increased the number of community outreach, health fairs, health campaigns, and breakthrough improvement activities. In addition we are in the process of obtaining Federal Quality Health Center Look Alike designation in order to provide the community with comprehensive health care services.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
Patient safety, expanding services, customer satisfaction and collaboration of clinical care, improving the patient experience – access, cycle time, availability of appointments and the Federal Qualified Health Center Look Alike designation.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
Various committees meet and report their findings to the administration. The CAB also seeks input from the consumers of the facility and relays the feedback to the administration. The CAB reports on information from the Council of CAB meeting to the administration and the community.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
 Yes No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
 Yes No
2. What are the most frequent complaints raised by patients/residents?
Wait time – This varies based on service, timing, and appointment scheduling.
3. What are the most frequent compliments provided by patients/residents?

Patients view the facility as a community center, obtaining health care, social services, and the concern and compassion of staff. This year 25 food baskets were distributed to patients in need as part of a holiday outreach. In addition, the facility is a center for community education. Learning events have included information distribution about changes in Medicaid and Medicare, as well as obesity, heart failure, diabetes, and cancer.

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 21.
2. What are current numbers of members? 17. What are current numbers of vacancies? 4.

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

Public meetings, Community sessions at CAB meetings, Health Fairs, NYCHA presentations and 88th Precinct Council Meetings.

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

Yes

No

Five additional board members were appointed to the board.

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

Finance Committee, Patient Care Committee, Community Relations Committee and By Law Committee.

Finance Committee

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

Patient Care Committee

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

Community Relations Committee

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

By- Laws Committee

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

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)? **Community Board 2**

Yes

No

- a. If yes, please describe actions taken.

Attendance at Community Board meetings

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

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

Take Care NY

Go Red for Women

Mammograms for Women's Health

American Cancer Society Making Strides against Breast Cancer

Flu Shot Campaign

Voter Registration Drive

Chemical Dependency Achievement Events

Patient Safety Events

Medicaid 101 Workshop

Night Out Against Crime

NYCHA Tenants Association Meetings

Annual 88th Precinct Night Out Against Crime

Annual Legislative Forum

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

Yes

No

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

N/A- Annual CAB conference was not held

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

Relations?

Not enough Just right

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

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

1. Budget Cuts

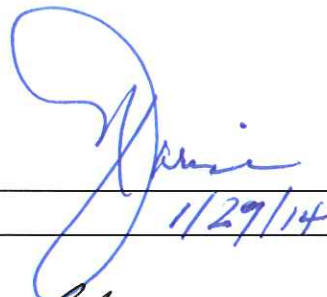
NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson: _____

Date: _____

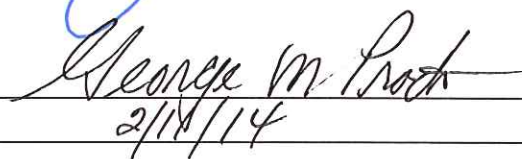


1/29/14

Executive

Director: _____

Date: _____



2/18/14