

## AGENDA

**COMMUNITY  
RELATIONS  
COMMITTEE  
BOARD OF  
DIRECTORS**

Meeting Date: November 10, 2015  
Time: 5:30 P.M  
Location: 125 Worth Street, Room 532

### **Joint Meeting with Council of Community Advisory Boards**

<b>CALL TO ORDER</b>	Josephine Bolus, NP, BC
<b>ADOPTION OF MINUTES</b> September 16, 2015	Josephine Bolus, NP, BC
<b>CHAIRPERSON'S REPORT</b>	Josephine Bolus, NP, BC
<b>PRESIDENT'S REPORT</b>	Ramanathan Raju, MD
<b>HHC's New Branding</b>	Ana Marengo
<b>INFORMATION ITEMS</b>	
<b>Queens Health Network</b>	
Elmhurst Hospital Center	Eartha Washington
Queens Hospital Center	Jacqueline Boyce
<b>OLD BUSINESS</b>	
<b>NEW BUSINESS</b>	
<b>ADJOURNMENT</b>	

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## **NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

### **COMMUNITY RELATIONS**

Meeting Date: September 16, 2015

### **COMMITTEE**

### **BOARD OF DIRECTORS**

### **ATTENDEES**

#### **COMMITTEE MEMBERS**

**Josephine Bolus**, NP-BC, Chair

**Robert F. Nolan**, Board Member

**Ram Raju**, President, New York City Health and Hospitals Corporation

#### **COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

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

**Virginia Granato**, Chairperson, Henry J. Carter, Specialty Hospital and Nursing Facility

**J. Edward Shaw**, Chairperson, Metropolitan Hospital Center

**Rosanne DeGennaro**, Chairperson, Coney Island Hospital

**Bette White**, Chairperson, Harlem Hospital Center

**Eartha Washington**, Chairperson, Elmhurst Hospital Center

**Dalia Soto** (Representing Donald Young, Acting Chairperson, Gouverneur Healthcare Services)

**Esme Sattaur-Low**, Chairperson, North Central Bronx Hospital

**Silvio Mazzella**, Chairperson, Jacobi Medical Center

**Carol Dunn**, Chairperson, Sea View Hospital Rehabilitation Center and Home

**Jacqueline Narine** Chairperson, Cumberland Diagnostic and Treatment Center

**Talib Nichiren**, Chairperson, Woodhull Medical and Mental Health Center

**Gloria Thomas**, (Representing Kenneth Campbell, Chairperson, Kings County Hospital Center)

**Jeromane Berger-Gaskin**, RN (Representing Antoine Jean-Pierre, Chairperson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center)

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

**Lois Rakoff**, Chairperson, Bellevue Hospital Center

#### **HHC FACILITY CAB MEMBERS**

**Cindy Cain**, Harlem Hospital Center

**Melvin Christin**, Harlem Hospital Center

**Benita Foy-Stembridge**, Harlem Hospital Center

**Marty Bromberger**, Coney Island Hospital

**Oneida Lewis**, Cumberland Diagnostic & Treatment Center

**Hiawatha Campbell**, Cumberland Diagnostic & Treatment Center

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

**Claudette Browne**, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

**James Mapp**, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

**Priscilla Douglas**, Cumberland Diagnostic & Treatment Center

**Veronica Obie**, Cumberland Diagnostic & Treatment Center

**Zena Twyman**, Jacobi Medical Center

**Cheryl Alleyne**, North Central Bronx Hospital

**Kent Mark**, Bellevue Hospital Center

**Gary Delamothe**, Coler Rehabilitation and Nursing Care Center

Judy Wessler, Gouverneur Health

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**HHC CENTRAL OFFICE STAFF**

Antonio Martin, Executive Vice President  
LaRay Brown, Senior Vice President, Intergovernmental Relations  
Valerie Phillips, Office of Legal Affairs  
Deborah Cates, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Robb Burlage, Ph.D., Intergovernmental Relations  
Renee Rowell, Intergovernmental Relations  
Alvin Young, Intergovernmental Relations  
Agnes Abraham, Intergovernmental Relations  
Mary C. Cooper, Intergovernmental Relations

**HHC FACILITY STAFF**

Chris Fugazy, Chief Operating Officer, Jacobi Medical Center  
Hannah Nelson, Associate Executive Director, Jacobi Medical Center & North Central Bronx Hospital  
Gregory Calliste, Associate Executive Director, North Central Bronx Hospital  
Vito Buccellati, Associate Executive Director, Coney Island Hospital  
Nicole Francois, Associate Director, Coney Island Hospital  
Noel Alicea, Associate Director, Metropolitan Hospital Center  
LisaMarie Izquierdo, CAB Liaison, Public Affairs, Bellevue Hospital Center  
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Nursing and Rehabilitation Center  
Sonel Weekes, Public Affairs Harlem Hospital Center  
Gia Ramsey, Injury Prevention Coordinator, Harlem Hospital Center  
Lula Blake, Kings County Hospital Center  
Nancy Ramos, Public Relations Woodhull Medical and Mental Health Center  
Sandra Springer, CAB Liaison, Queens Hospital Center  
William Jones, Associate Director, Coler/Henry J. Carter Specialty and Nursing Facility  
Ronald Law, Director of Community Affairs, MetroPlus

**GUESTS**

Anne Bove, RN, Commission on the Public's Health System  
Jill Furillo, RN, Executive Director, New York State Nursing Association  
Karen Jarrett, New York State Nursing Association

## **CALLED TO ORDER:**

The meeting of the Community Relations Committee (CRC) was called to order by the Chairperson, Mrs. Josephine Bolus, NP-BC at 5:40 PM.

## **CHAIRPERSON'S REPORT**

Mrs. Bolus welcomed and highlighted milestones and HHC events that occurred since the May 5, 2015 meeting. She noted that:

- On July 30, 1965, 50 years ago, President Lyndon B. Johnson signed into law legislation that established Medicaid and Medicare. According to the Centers for Medicare and Medicaid Services (CMS), nationwide nearly half of all seniors and scores of people with disabilities were uninsured and many poor Americans were unable to afford the medical care they needed to stay healthy and productive prior to the existence of these two programs. 50 years later, Medicare and Medicaid provide health coverage for nearly 1 out of every 3 Americans, more than 100 million people.
- Mrs. Bolus brought to the Committee's attention a new City initiative: The IDNYC program, which began earlier this year, offers an identification card for all New York City residents. In August, Dr. Raju was joined by several elected officials from the Bronx and New York City's Commissioner for Immigrant Affairs to promote the card at a press conference held at Lincoln Medical and Mental Health Center. Mrs. Bolus noted that more than 30,000 people have applied for the card at Lincoln and more than 200,000 have applied at various locations throughout the City.

Mrs. Bolus pointed out that, with an IDNYC card, every New York City resident, including those who may have difficulty obtaining other government-issued ID, can access services and programs offered by the City as well as by private businesses. The card is also accepted as a form of official identification when applying for numerous City programs and services. IDNYC also provides cardholders a free one-year membership at many of the City's museums, zoos, concert halls and botanical gardens. It can also serve as a library card.

Mrs. Bolus shared with the Committee that HHC is exploring ways in which the IDNYC card can be used as patients' clinic or hospital cards.

Applicants for IDNYC cards can make an appointment online and choose from one of the 29 enrollment sites across the City to apply in person. The cards are valid for 5 years and are free if one applies before December 31<sup>st</sup>. For more information, one should go to the City's website, [www.nyc.gov](http://www.nyc.gov) and look for IDNYC.

- Mrs. Bolus reported that in August, she had participated in the re-dedication of a ribbon-cutting for the new Ida G. Israel Community Health Center in Coney Island. The Center's former site was destroyed by Superstorm Sandy. The new facility, which opened on September 15th, will provide adult primary care, pediatrics, dentistry, social services, family planning, behavioral health, chemical dependency and rehabilitation services. In addition, the facility will also house a Women, Infant and Children (WIC) program. Mrs. Bolus informed the Committee that the 13,000-square foot facility was built with \$7.5 million in resiliency funds from FEMA. The Center will serve the west end of Coney Island.
- Mrs. Bolus announced that HHC would be hosting health insurance "101" information workshops in conjunction with staff from the Centers for Medicaid and Medicare Services (CMS). These events will be held on October 7<sup>th</sup> at Harlem Hospital Center; October 16<sup>th</sup> at Lincoln; October 20<sup>th</sup> at Kings County, October 22<sup>nd</sup> at Gouverneur; October 29<sup>th</sup> at Woodhull; and November 10<sup>th</sup> at Queens Hospital Center. Mrs. Bolus urged meeting attendees to contact the Public Affairs staff at their facilities for more information.

Before ending her remarks, Mrs. Bolus congratulated three (3) people for recent appointments and recognition: Board Member, Mr. Robert Nolan, for receiving a Distinguished Trustee Award from the United Hospital Fund for his leadership and extraordinary service to hospitals in New York City. Mr. Bill Walsh, the Senior Vice President for HHC's North Bronx Network, on his new position at SUNY Downstate University Hospital. Mr. Walsh served HHC for thirty-one years, including ten years as the Senior Vice President of the North Bronx Healthcare Network. Prior to that, he had served nine years as the Senior Vice President for the Southern Brooklyn/Staten Island Network. While he has already started his new position and was not present at the meeting, Mrs. Bolus thanked Mr. Walsh for his extraordinary leadership and the many contributions he had made to HHC; and Ms. Lilliam Barrios-Paoli on her appointment as the Chairperson of the HHC Board of Directors. Ms. Barrios-Paoli had been serving on the Board as New York City's Deputy Mayor for Health and Human Services.

Mrs. Bolus turned the meeting over to Dr. Raju for his remarks.

#### **PRESIDENT'S REMARKS**

**RAM RAJU, M.D.**

Dr. Raju thanked Mrs. Bolus, the Committee members and invited guests.

Dr. Raju reported that, several months ago, he had charged the senior staff to conduct research on how high performing organizations across the nation are responding to the demands of changing healthcare industry. Dr. Raju noted that from that research, the leadership team recognized the need to transform HHC's organizational structure. Dr. Raju emphasized that the current structure of "Networks" had been in place for more than twenty-five (25) years. He stated that "in order to be more efficient and more responsive to patients and staff needs, HHC must be better integrated and more patient friendly.

The reconfiguration of HHC's organizational structure will entail phasing out the "Network" structure and added three (3) distinct system-wide Divisions of: Inpatient Care, Ambulatory Care and Long Term/Post-Acute Care.

Dr. Raju concluded his remarks saying that these changes will affect the organization only at the most senior levels. The rest of the workforce will continue to provide quality care just as they do today. Dr. Raju added that planning with the senior leadership about the restructuring will continue in October with the aim of implementation of the new structure beginning in January 2016. Dr. Raju noted that HHC's goal is to be the leader of healthcare in the 21<sup>st</sup> Century.

#### **ADOPTION OF THE MINUTES:**

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of May 5, 2015. A motion was made and seconded. The minutes were adopted.

#### **NORTH BRONX HEALTHCARE NETWORK**

##### **Jacobi Medical Center (Jacobi) Community Advisory Board**

Mrs. Bolus introduced Mr. Silvio Mazzella, Chairperson of Jacobi Medical Center and invited him to present the CAB's annual report.

Mr. Mazzella stated that 2014 had been another productive year for the CAB.

Mr. Mazzella highlighted several CAB-sponsored events:

- The 9/11 memorial held at the 9/11 Jacobi Memorial Garden. Mr. Mazzella explained that the Garden had been established and designed to pay homage to the Bronx victims of 9/11. He noted that the event was open to the Bronx community.

- The CAB Legislative Forum focused not only on legislative and fiscal issues that impact healthcare, but also on the role public hospitals play in responding to such crises as Ebola.
- Annual Mental Health Conference which focused on "Veterans' issues." Six guest speakers, specialists in the field, provided information concerning mental illness among Veterans to an audience of CAB members, community members, staff and professionals from other organizations.

Mr. Mazzella reported that the community's most significant health issues include obesity, diabetes and hypertension. Mr. Mazzella reported that the CAB works with Jacobi staff who conduct health fairs at which health education materials are distributed and free screenings are offered; and supports the hospital in its sponsorship of a Farmer's Market to provide access to nutritious fresh fruits and vegetables. Mr. Mazzella added that care for geriatric patients with psychiatric disorders is another concern of the community. The hospital responded to this need by implementing a Geri-Psych Unit at Jacobi.

Mr. Mazzella reported that the Jacobi CAB members are apprised of the hospital's efforts to meet community health needs at their monthly CAB meetings. Mr. Mazzella noted that the Executive Director, administrators, physicians and nursing leaders provide the CAB with a comprehensive information about new programs and initiatives.

Mr. Mazzella noted that Jacobi is a hospital that community members trust.

Mrs. Bolus acknowledged the following senior staff from the North Bronx Network: Chris Fugazy, Acting Executive Director of Jacobi, Hannah Nelson, Associate Executive Director and Gregory Calliste, Acting Executive Director of North Central Bronx Hospital, Mrs. Bolus continued and acknowledged the presence of other senior staff from the Southern Brooklyn/Staten Island Network such as: Vito Buccellato, Chief Operating Officer, Coney Island Hospital; Nicole Francois, Associate Executive Director, Coney Island Hospital and Angelo Mascia, Executive Director of Sea View Hospital and Rehabilitation Center and Home.

### **North Central Bronx Hospital (NCB) Community Advisory Board**

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

Ms. Sattaur-Low reported that prior to the reopening of the Labor & Delivery (L&D) Services at North Central Bronx Hospital in October 2014, CAB members had participated in regular community meetings at which plans for the services' re-opening

were discussed. Ms. Sattaur-Low said "that the NCB CAB was fully engaged in the process of getting the word out to the community regarding the reopening and promoting the hospital's services in general." Ms. Sattaur-Low announced that since the reopening (approximately one year ago), the L&D Services has delivered its 1,000<sup>th</sup> baby. Ms. Sattaur-Low added that the NCB CAB is proud that the services are thriving and providing quality care to the community.

Ms. Sattaur-Low that the CAB members have become regular participants on the hospital's Patient Experience Committee. Ms. Sattaur-Low explained that the Committee, comprised of executive leadership, administrative staff and chief nursing officers, listens intently to individuals speaking about their patient experience or speaking on behalf of a family member who had been a patient at the facility. Ms. Sattaur-Low noted that the Committee hears about both good and bad experiences and makes recommendations for improvement. Ms. Sattaur-Low stated "it's truly a Committee that impacts patient safety, quality improvement and enhanced patient satisfaction."

Ms. Sattaur-Low reported that the community's most significant health issues are obesity, diabetes, and hypertension. Ms. Sattaur-Low noted that the NCB CAB members learn about the incidence of these serious illnesses and the hospital's scope of services and unique programs to address these and other health issues during the CAB's monthly meetings.

Ms. Sattaur-Low concluded the NCB CAB report with a personal message to Dr. Raju, President, New York City Health and Hospitals Corporation. Ms. Sattaur Low stated: "I am very impressed with your message. We have much work to do together. Of course, it won't be easy; overcoming real challenges, easy, and making real change, never is. However, as your message clearly demonstrates, HHC is already making health care in our city better; together, we can make it great. HHC will continue its commitment by ensuring that every patient gets the quality of care they need and deserve. Dr. Raju, I wish you true success that will always involves your staff with positive impact using wisdom with great confidence; that we will all work together with our abilities to achieve our goals. God Bless."

### **SOUTHERN BROOKLYN/STATEN ISLAND NETWORK**

#### **Coney Island Hospital (Coney Island) Community Advisory Board**

Mrs. Bolus introduced Ms. Rosanne DeGennaro, Chairperson of the Coney Island Hospital CAB and invited her to present the CAB's annual report.



Ms. DeGennaro began her presentation by thanking the administration at Coney Island Hospital and their staff for working as a team with the CAB. Ms. DeGennaro thanked Arthur Wagner, Senior Vice President/Executive Director, Vito Buccellato, Chief Operating Officer, Dr. John Maese, Medical Officer, Lakeisha Weston, CAB Liaison and the newest member of the Coney Island staff, Nicole Francois, Associate Executive Director of Community Outreach. Ms. DeGennaro informed the Committee that one of Ms. Francois' first projects had been managing the ribbon cutting ceremony for the new Ida G. Israel Community Clinic. Since then, Ms. DeGennaro added that Ms. Francois had been busy setting up Health Seminars for the community and the CAB's second Annual Health Fair.

Ms. DeGennaro reported on a change in the approach taken at Coney Island CAB's Annual Legislative Breakfast program. The CAB invited a guest speaker, who is a consumer of the hospital, as well as her daughter and her 2 year old grandson. Ms. DeGennaro added that the guest speaker praised the doctors and nurses for the excellent care that she and her family received. Ms. DeGennaro noted that the CAB will continue to incorporate community/patients presentations at their Annual Legislative Breakfast.

Ms. DeGennaro concluded the Coney Island CAB's report by announcing that on Sunday, September 21<sup>st</sup> the Coney Island CAB will host their second Annual Health Fair to be held on West 19<sup>th</sup> Street, the location of the new Ida G. Israel Clinic. Ms. DeGennaro noted this would be a great way to inform the community of the clinic's reopening.

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

Mrs. Bolus introduced Ms. Carol Dunn, Chairperson of Sea View Hospital Rehabilitation Center and Home, and invited her to present the CAB's annual report.

Ms. Dunn began her presentation by thanking members of the Community Relations Committee for the opportunity to present the Sea View CAB's annual report.

Ms. Dunn stated she greatly appreciates her roles in representing the residents and their relatives who are served by Sea View." Ms. Dunn explained that compared to the rest of New York City Staten Island is a small borough with three (3) elected officials and three (3) Community Planning Boards. She spoke about the presence of many community programs, such as "meals on wheels", on Sea View's campus.

Ms. Dunn reported that the CAB and residents provide feedback to the facility leadership concerning patient's experience and care.

Referring to page five (5) question 10 of the Sea View CAB's report. Mrs. Bolus recommended that the Sea View CAB invite the community to attend HHC's Board of Director's Annual Public Meetings.

Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations added that it was important that all CABs host legislative forums and that they seek broader community engagement.

## **OLD BUSINESS**

## **NEW BUSINESS**

Ms. Jill Furillo, Executive Director representing the New York State Nurses Association, asked Dr. Raju the following questions:

1. Is there discussion and/or planning being undertaken by HHC and the City to alter or eliminate the current decentralized network structure? At this point there are reasons to believe that such a process is underway, but neither HHC nor the City have made any public statements regarding such a move.
2. If this is the case, what kind of process is being considered to allow for input into the planning/restructuring by health care workers, local community groups and patients who will be affected by these changes?
3. What is the rationale for now moving to centralize HHC's structure?  
Can you tell us why this is being undertaken now, what policy or performance factors are behind this change in direction, and at what goals or results are being aimed by HHC?
4. Any restructuring to recentralize control and planning will require the presence of highly experienced personnel who are both effective and committed to promoting the role of HHC as an essential health care provider in NY City.

Dr. Raju answered by reiterating what he had stated earlier and explained that HHC's 20/20 Vision of transforming its organizational structure is in its beginning phase.

Ms. Furillo asked Dr. Raju to name those HHC senior staff who have been involved in the planning for the changes and their precise roles in this process. Dr. Raju responded that HHC's Corporate Officers (Senior Vice Presidents) Executive Directors and other senior staff have been involved in the process. Dr. Raju repeated that these staff members were charged to look at how high performing organizations across the nation are structured and responding to the new demands of changing the healthcare industry. In closing, Dr. Raju reiterated that the changes will affect the organization only at its most senior levels.

Ms. Lois Rakoff, CAB Chair, Bellevue Hospital Center asked Dr. Raju about the timeline for rolling out HHC's new branding concept. Dr. Raju replied that he hopes to present the new branding to HHC's Board of Directors later this Fall.

Ms. Bette White, CAB Chairperson, Harlem Hospital Center, thanked Dr. Raju for funding Harlem Hospital Center's Music Therapy program.

#### **ADJOURNMENT**

The meeting was adjourned at 6:35 PM.

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

**ELMHURST HOSPITAL CENTER**

**I. COMMUNITY NEEDS**

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

- 1) Emergency Department Expansion
- 2) Healthy Living – Education / Prevention / Self-Management
- 3) Care Management / Chronic Illness
- 4) Language Access / Interpreting Service / Cultural Diversity
- 5) Community Outreach / Involvement / Collaborations
- 6) Access to Services (ACA, HHC Options)

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)
  - Health Fairs Workshops, Forums

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

- yes                       no

The CAB and senior leaders in the hospital have an open exchange of information at the monthly meetings. Members are also encouraged to share information with other Board members at smaller committee meetings which has a senior administrator serving as a liaison. Several members participated in a Focus Group on Community Needs Assessments. Two members joined the Hospital's Community Needs Assessment Committee. The CAB members

strongly advocated on behalf of the hospital our elected officials to assist in moving ahead with our ED expansion. It was a collaboration of the hospital, CAB members and elected representatives to secure funds from HHC and the city for a critical need of an expanded Emergency Department.

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

Leaderships coordinated the following guest speakers to present on important topics that are important to the community:

- Irene Kaufman, Associate ED: (since left EHC) Provided a thorough introduction to DSRIP and community involvement
- Joseph Farraye, MD, Neurology: Spoke about our award winning Stroke Team and the service provided
- Marlaina Norris, MD, Regional Director, Care Management: Provided an overview of her program to provide better health care and improve the patient experience – received funds from HealthCare Innovation, one of 30 recipients.
- Victor Snyder, AED, Social Services and Dean Mihaltses, Associate ED: Provided an update and a refresher on HCAHPS and our Journey to Excellence initiatives.
- Donna Corrado, PhD, Commissioner, Department of Ageing: Provided an overview of service for seniors and addressed the collaboration with DSRIP activities
- Frank Caria, Regional – Corporate Compliance: Reviewed our Compliance Program and the members' role in the Program.
- Claire Patterson, Associate ED, DSRIP: Updated the program and activities related to DSRIP development and implementation.
- Dean Mihaltses, Associate ED: Provided a thorough discussion of E-Prescribing and the impact on Patient Safety.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
  - 1) Expansion of the Emergency Department
  - 2) Continued Progress on DSRIP and Implementation
  - 3) Spring Implementation of EPIC: New Electronic Medical Record
  - 4) Journey to Excellence / HHC Guiding Principles
  - 5) Care Management Initiatives

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

Most of these priorities are standard agenda items for each meeting. They are discussed at the Executive Board meetings and are often the focus of the Board's Committee Meeting. The Committees report to the monthly Board meetings. The members participated in a special Legislative Meeting on DSRIP. The CAB Chair, Mr. Cortes, met with Dr. Raju, on behalf of the Board to discuss the ED Expansion and the importance of the Icahn School of Medicine, Mt. Sinai affiliation with EHC and the continuous provision of health care services for our community – always a top priority. The entire Board provides valuable insight in the changing needs of the community and the impact on the strategic 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?
- 1) Long wait times in the ED due to space constraints and increased workload.
  - 2) Faster access to non-critical appointments in the specialty clinics
  - 3) Communications – Clear / open

3. What are the most frequent compliments provided by patients/residents?
- 1) Excellent medical care and professionalism
  - 2) Improvement in the interactions between staff, patients, and family members
  - 3) Comprehensive language access services

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

Yes                       No

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

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

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

Yes                       No

#### IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24-28
2. What are current numbers of members? 25 What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by CAB this year?

The focus was on getting referrals from our current members. This has proven to be very effective. An effort was made to identify consumers to become members. The Board also wanted to be sure the membership represents the diversity of our community.

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

Yes

No

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

We have the following active committees:

- Patient Care – Monitors patient services and works to address any issues concerning patients and medical services – this year's focus was Journey to Excellence and hospital signage.
- Women's Health – working with the hospital's Labor/Management Women's Issues Committee sponsored a successful Women's Health Forum
- Finance – Works with Chief Financial Officer if major budget issues arise. They also discussed electronic payments
- Legislative/Community Relations – Plans Annual Legislative Meeting and other community and legislative outreach. The Committee coordinated the Voter Registration campaigns
- Membership – Recruits, interviews and mentors new members to the Board



- Child/Adolescent Health – Addresses health issues for this age group: teen pregnancy, HIV prevention, suicide prevention and healthy eating/lifestyles.
- Nominating (Ad hoc) – Recruits and nominates officers for the Board.

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

Yes                       No

a. If yes, please describe actions taken.

The Community Board representatives on the CAB are the critical link to a successful collaboration. The members encourage the CB leadership to attend our Annual Legislative Forums. The hospital often sends guest speakers to the CB meetings as requested by the hospital Board's members.

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?

Two of Board's major concerns: - Icahn School of Medicine, Mt. Sinai affiliation and funds committed to the ED expansion were addressed. There is a five year affiliation agreement with Icahn School of Medicine, Mt. Sinai. Funds were released to begin formal architectural plans for the ED.

11. Describe the CAB's involvement in its facility's outreach activities?  
Our CAB has been very involved in our annual community outreach event:

- 1) Pediatric Health Fair
- 2) Women's Health Forum
- 3) New Year's Day Basket Distribution (First Baby of the year)
- 4) Voter Registration Drive
- 5) Prostate Cancer Screening Event
- 6) EHC's Green Market

There were several new initiatives:

- 1) Celebrate Doris Fogle's 100 Birthday
- 2) Healthy Eating/Healthy Living – Nutrition Workshops IS 145's PTA and IS161
- 3) Volunteer Recognition Ceremony
- 4) Legislative Breakfast – DSRIP overview
- 5) Health Insurance Workshop
- 6) Career Day at Newtown High School
- 7) DSRIP Focus Group – Community Health needs
- 8) Community Needs Assessment Committee

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

We had a large number of participants at this event to support Mr. Cortes, our Chair and the Chair of the Council

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. HHC Guiding Principles / HHC's 2020 Vision
2. New Branding of HHC – Community connection
3. DSRIP Activities / Progress Reports
- 4.
- 5.

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

Community Advisory Board Report  
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Signatures:

CAB

Chairperson: Latha Washington

Date:

10/9/15

Executive

Director:

Quin Plante

Date:

Oct. 9, 2015



nyc.gov/hhc

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

### THE QUEENS HOSPITAL CENTER COMMUNITY ADVISORY BOARD

#### I. COMMUNITY NEEDS

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

The most significant health care service needs found in the communities served by the Queens Hospital Center continue to be the management of diabetes, heart and pulmonary disease, mental illness, substance abuse and Sickle Cell Disease. These conditions continue to pose enormous health care challenges. Many of the patients served by the hospital also suffer from multiple chronic illnesses; conditions that are often worsened as a result of unstable or unsafe housing conditions. Many of these patients have had admissions and readmissions to the hospital, as well as repeated visits to our Emergency Department. Furthermore, statistics continue to indicate an increasing number of residents who are not proficient in English, resulting in higher utilization of interpretation services. Lastly, individuals and families that are part of new population groups often face numerous hurdles that make it difficult to access health insurance and our system of care. This typically leads to increased health care spending since many of these patients only gain access to the system during more advanced stages of illness which draw on greater financial resources.

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 leadership is actively addressing these needs and concerns through a variety of clinical and support programs, focused not only on patient-centered, exemplar clinical care, but also on the patient as a whole, addressing social, cultural and financial need.

Specifically, in the area of improved communications, staff on all levels participate in a Patient-Centered and Culturally Competent Communication Training (PC3C) program. Thirty-two master trainers instruct staff in best practices for patient communication and engagement so that the overall patient experience is enhanced. Hospital leadership is working to ensure one-hundred percent staff participation in PC3C training over the next two years.

Furthermore, the hospital continues to support community-based health promotion activities by participating in health fairs and similar events that are sponsored by local religious organizations, community-based organizations, elected officials, etc. These events provide the hospital with an opportunity to reach a significant number of local residents for the purpose of providing them with important health and disease prevention information.

Queens Hospital Center is also working with HHC on the T Building Redevelopment Plan. This proposal involves the redeployment of staff from the building so that it can be renovated into a residential site that will include mixed-income and permanent supportive housing units. The supportive housing units would be for several categories of residents, including patients with special needs, including individuals with multiple medical and/or chronic psychiatric conditions that are currently homeless, or at risk for homelessness, or who live in substandard housing.

Beginning April 1, 2016, Queens Health Network will be the first at HHC to go-live with a new electronic medical record (EMR) - EPIC. Both clinical and certain non-clinical staff will need to have been trained in the new system. Training is scheduled to take place at Metropolitan Hospital from January through March 2016. To date, Queens Health Network staff have had the opportunity to see firsthand the new EMR at several HHC GO EMR Showcase Days. At these events, staff were able to observe EMR workflow demonstrations, explore specific areas of the EMR, ask questions and share comments, and sign up for e-learning modules. It should also be noted that technology has radically transformed our daily lives, and medicine is no exception. The new EMR will enable the flow and sharing of health information that is expected by our patients and providers in today's digital world and will allow HHC to better anticipate and manage the care and needs of its patients.

With regards to mental health, the Department of Psychiatry has several programs which address community needs and concerns.

Active workgroups focus on corporate initiatives such as access to care in the outpatient clinics, optimizing access and patient flow, thus increasing provider capacity and creating on demand appointments; creating a Bridge/Peer Program to increase outpatient engagement and reduce avoidable readmissions; and looking at more proactive, efficient ways to engage patients who over-utilize high cost services.

With an emphasis on reducing inpatient length of stay, the department has piloted the "Project Glue" initiative on one of our inpatient units. This program focuses on identifying patients that would be appropriate for the Partial Hospital Program as an appropriate step-down, identifying and managing barriers to successful transition and engagement to the next level of care and having a "transition coach" to work with them during their Partial Hospital stay.

The Department of Psychiatry has also been working to improve the environment in the onsite clinics, the development of a patient and staff score card, daily team rounding, and training staff in LEAP (Listen, Empathize, Agree and Partner), a communication strategy providing staff with the skills to address patient resistance and enhance engagement.

Lastly, involving patients in their care, keeping them safe in the community and avoiding unnecessary inpatient admissions are consistent with HHC's Guiding Principles, which are the pillars of the 30-day Behavioral Health Readmission Reduction Project and our patient-centered care philosophy.

## II. FACILITY'S PRIORITIES

### 1. What are the facility's strategic priorities?

QHC's strategic vision consists of three parts: Continuous improvement in quality care; Continuous improvement in patient engagement; and continuous improvement in financial performance. This strategic vision is based on the following:

- Patient-focused care that provides each patient with the appropriate care at the appropriate time;
- Implementation of changes pursuant to the NYSDOH Delivery System Redesign Incentive Program (DSRIP) to reduce preventable hospital admissions, readmissions and ED visits by ensuring that patients receive timely access and a smooth transition from in-patient care to community-based services;



- The launching of a new program for employees that is designed to focus on the needs of patients by training staff in best practices for communication and patient engagement.

QHC's strategic priorities also include efforts to conduct outreach and collaborate with community-based organizations and schools to encourage the importance of healthy living and disease prevention. The hospital continues its partnership with the Queens Gateway to Health Sciences Secondary School which is located on the QHC campus. This school, which serves approximately 1,000 students in grades 6-12, many of whom are interested in careers in the Health Sciences, works closely with Queens Hospital. Students at the school attend hospital events, volunteer at the hospital and attend lectures at the school provided by hospital administrators and staff. In March, more than thirty hospital staff participated in the school's annual career day to discuss various hospital and health related careers.

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

At every monthly meeting members of the CAB are provided with updates by the directors of key departments and units. Members of the CAB; many of whom are patients who utilize hospital services, offer their insights and share their experiences. Presentations are also made to provide CAB members with information about new programs and services being offered at the hospital. At the conclusion of these presentations members have an opportunity to ask questions, make comments and offer suggestions.

The CAB also worked with hospital leadership to host the hospital's legislative breakfast; an annual event that serves as an important opportunity for the hospital's stakeholders to discuss how HHC's mission and strategic priorities are being supported by decision makers at all levels of government.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
- yes                       no

### III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes                       No

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

The most frequent complaints include the long waiting times in the clinics and in securing appointments. With the introduction of EPIC, there have been some occasional delays due to training initiatives drawing on staff resources and resulting in patient complaints. However, this is temporary and should be improved with the implementation of the new system.

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

The most frequent compliments focus upon our staff members and patient caregivers. Comments include improved communication, encouragement, empathy and general positive attitude. Many patients also compliment the facility on its cleanliness, and its bright, clean and welcoming atmosphere.

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

Yes                       No

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

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

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

Yes                       No

#### IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 35
2. What are current numbers of members? 28 What are current numbers of vacancies? 7
3. What were the membership recruitment activities conducted by CAB this year?

Members of the Membership Committee regularly approach patients in the hospital, at hospital events and other community meetings. Members also recruit friends or colleagues from the community they feel would make excellent CAB members. Volunteers at the hospital center are also encouraged to apply for membership. (We are currently waiting for the Borough President's appointees to be seated at which time, we should have a full complement of members.)

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

Yes                       No

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

Yes, the CAB has an active working committee structure.

**By-Laws Committee** periodically reviews the by-laws and proposed amendments when required;

**Community Relations Committee** identifies and connects with community groups and new businesses entities to introduce the hospital center and its services. They also help identify community health education events such as summer walk events or summer festivals so the hospital center can have a presence;

**Membership Committee** members seek out and identify members of the community and consumers to introduce to the CAB;

**Patient Care Committee** regularly receives reports from Ambulatory Care and Nursing and discusses patient care issues which arise as well as complaints. Members direct these concerns to the appropriate staff member for handling. They also routinely follow up to make sure the issues have been addressed.

**Finance Committee** maintains an account set up to secure monies that are collected on behalf of the membership so that spontaneous situations, i.e. awards, bereavement, retirement, congratulatory, etc. can be addressed.

**Executive Committee** meets regularly before every CAB meeting to discuss new business and any sensitive issues. They also discuss agenda items for the general CAB meeting.

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

Yes

No

a. If yes, please describe actions taken.

CAB members who sit on the local planning boards periodically request that representatives of the hospital make presentations at the community board meetings to introduce new services or service changes. Planning board leaders are invited to and often attend hospital events and this year, having received a detailed description of the pharmacy project, supported the hospital's request for capital funding for its expansion and upgrading. This resulted in a \$1,000,000 capital funding from the Borough President's office and City Council delegation.

Additionally, CAB members raise issues concerning the abutting streets and sidewalks and their conditions, etc. Community Board members bring these concerns back to their respective Community Boards for action and resolution.

- In 2015, two of our CAB members were named to two leadership positions: one was named President of the Queens Civic Congress and one was named Chair of a local Community Board.

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

Yes

No

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

yes

no

The CAB participated in the hospital's Annual Public/Community Health meeting in the spring of 2015.

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?

The CAB members regularly participate in hospital outreach activities, i.e., Voter Registration Day, Take Care New York, Cancer Survivors Celebration Event, community health fairs, Black History Month, the Farmer's Market, ribbon cutting ceremonies and educational presentations, etc. Members identify other opportunities for the hospital center's outreach programs.

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. EPIC system and its continuing benefits for patients.
2. The new HHC Correctional Health Services Program and how it effects the emergency department and other patient care areas.
3. What the CAB can do to assist HHC with the current fiscal challenges it is facing.

**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:

*Jacqueline Boyce*  
\_\_\_\_\_  
10/27/15  
\_\_\_\_\_

Executive

Director:

Date:

*Tom Green*  
\_\_\_\_\_  
10/26/15  
\_\_\_\_\_