



**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

September 13, 2016
5:30 P.M.
Board Room
125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

AGENDA

- | | |
|--|-------------------------|
| I. Call to Order | Josephine Bolus, NP, BC |
| II. Adoption of May 3, 2016
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. President's Report | Ram Raju, MD |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Coney Island | Rosanne DeGennaro |
| b. NYC Health + Hospitals/Sea View | Joseph Tornello |
| c. NYC Health + Hospitals/Jacobi | Silvio Mazzella |
| d. NYC Health + Hospitals/North Central Bronx | Esme Sattaur-Low |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

May 3, 2016

5:30 P.M.

NYC Health + Hospitals Board Room
125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Committee Chair
Robert F. Nolan, Board Member
Helen Arteaga-Landaverde, MPH
Ram Raju, M.D., President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gloria Thomas (representing Kenneth Campbell, Chairperson) NYC Health + Hospitals/Kings
Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island
Jeromane Berger-Gaskin, (representing Antoine Jean-Pierre Chairperson, NYC Health + Hospitals/McKinney)
Ludwig Jones, Chairperson, East New York/A Gotham Health Center
Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Donald Young, Chairperson, NYC Health + Hospitals/Gouverneur/A Gotham Health Center
Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler
John Roane, (representing Lois Rakoff, Chairperson) NYC Health + Hospitals/Bellevue
Eartha Washington, NYC Health + Hospitals/Elmhurst
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan
Bette White, Chairperson, NYC Health + Hospitals/Harlem
Jackie Rowe-Adams, Chairperson NYC Health + Hospitals/ Renaissance/A Gotham Health Center
Carmen Benitez, (representing George Rodriguez, Chairperson) NYC Health +Hospitals/Lincoln
George Robinson, Chairperson, NYC Health + Hospitals/Morrisania/A Gotham Health Center
Jacqueline Boyce, Chairperson, NYC Health +Hospitals/Queens
Lygia Kensenthuis, (representing, Virginia Granato Chairperson, NYC Health + Hospitals/Carter)

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Hiawatha Campbell, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Gary Delamothe, NYC Health + Hospitals/Coler
Priscilla Douglas, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Wilbur Johnson, NYC Health + Hospitals/McKinney
Oneida Lewis, NYC Health + Hospitals/Cumberland/A Gotham Health Center
James Boneparte, NYC Health + Hospitals/Queens
Diane Dixon, NYC Health + Hospitals/ Queens
Clifford Duffus, NYC Health + Hospitals/Queens
Mary Maynard, NYC Health + Hospitals/Queens
Flize Bryant, M.D., NYC Health + Hospitals/ McKinney
Claudette Browne, NYC Health + Hospitals/McKinney
Bobby Lee, NYC Health + Hospitals/Bellevue
Kent Mark, NYC Health + Hospitals/Bellevue
Janet B. Larghi, NYC Health + Hospitals/McKinney

Margaret Burke, NYC Health + Hospitals/ Kings
Bernice Diaz, NYC Health + Hospitals/ McKinney
Fred Monderson, Ph.D., NYC Health + Hospitals/McKinney
Queenie Huling, NYC Health + Hospitals/Coney Island
Yvonne Davion, NYC Health + Hospitals/Queens
Zorona Hamn, NYC Health + Hospitals/Harlem
Benita Stenbridge, NYC Health + Hospitals/Harlem
Patricia Bettis-Ealey, NYC Health + Hospitals/Harlem
Sefton Rodney, NYC Health + Hospitals/Harlem
Glennes Bryant, NYC Health + Hospitals/Harlem
Ruth Jones, NYC Health + Hospitals/Harlem
Diane Collier, NYC Health + Hospitals/Harlem
Barbara Vanterpool, NYC Health + Hospitals/Harlem
Theresa Pratt, NYC Health + Hospitals/Harlem
Cindy Cain, NYC Health + Hospitals/Harlem
Celeste Ramirez, NYC Health + Hospitals/Harlem
Ruth Clark, NYC Health + Hospitals/Renaissance/A Gotham Health Center
Sergio Donovan NYC Health + Hospitals/Renaissance/A Gotham Health Center
Donna Veronica Gill, NYC Health + Hospitals/Renaissance/ A Gotham Health Center
Lydia Kensenhuis/ NYC Health + Hospitals/ Carter
Judy Wessler, NYC Health + Hospitals/Gouverneur/A Gotham Health Center
Dolores McCray, Board Member NYC Health + Hospitals/ A Gotham Health Center

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

John Jurenko, Intergovernmental Relations
Kathleen Whyte, Community Relations
Colicia Hercules, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Valerie Phillips, Office of Legal Affairs
Renee Rowell, Office of Community Affairs
Alvin Young, Office of Community Affairs
Manelle Belizaire, Office of Community Affairs
Robb Burlage, Office of Community Affairs

NYC HEALTH + HOSPITALS FACILITY STAFF

Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals/Harlem
Milton Nunez, Chief Executive Officer, NYC Health + Hospitals/ Lincoln
Phillip Cooke, Associate Executive Director/ NYC Health + Hospitals/Harlem
Charlotte Ozuna, CAB Liaison, NYC Health + Hospitals/Harlem
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings
Angela Cooper, CAB Liaison, NYC Health + Hospitals/McKinney
Sandra Springer, Associate Director, NYC Health + Hospitals/Queens
Melissa Henry, Associate Director, NYC Health + Hospitals/Bellevue
William Jones, Associate Director, NYC Health + Hospitals/Henry J. Carter
Ronald Law, Director of Community Affairs, MetroPlus Health Plan

GUESTS

Ann Bove, New York State Nursing Association

Anthony Feliciano, Commission on the Public's Health System

Nancy Velasquez, New York State Nursing Association

Jill Furillo, New York State Nursing Association

CALL TO ORDER

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:30 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of February 9th, and March 15, 2016 CRC meetings. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed Committee Members and highlighted key NYC Health + Hospitals' events that occurred since the March 15, 2016 meeting. She reported the following:

- Three Board Annual Public Meetings were held and included the Staten Island Annual Public Meeting on April 4th; the Manhattan Annual Public Meeting on April 11th; and The Bronx Annual Public Meeting on April 19th. Ms. Bolus announced that the Queens Annual Public Meeting would be held on May 11th and the Brooklyn Annual Public Meeting would take place on May 18th. She informed the Committee that, at the public meetings that were held thus far, Dr. Raju, in his report, has highlighted the specific health challenges of the borough; key accomplishments and improvement initiatives of the NYC Health + Hospitals' facilities within the borough; and progress made on his 2020 Vision Plan.
- The Annual Marjorie Matthews Community Advocate Recognition Event will be held on the NYC Health + Hospitals' Coler Campus on Wednesday, July 20, 2016, from 4:30pm to 7:30 p.m. Mrs. Bolus noted that this year, all CAB and Auxiliary volunteers would be recognized and provided with a small token of our appreciation for the vital service that they provide to our facilities and the patients we serve. She added that special recognition would be given to CAB Chairs and Auxiliary Presidents for their leadership and their commitment. Mrs. Bolus emphasized that this year and going forward, the Board will recognize all of our volunteers at this annual event!
- The film, "Healing with Harmony: A Music and Memory Story" was premiered at Coler in mid-April. She explained that this film describes a special program that is being planned for all NYC Health + Hospitals' facilities, which will help to revive the consciousness and verbal capacity of dementia patients through personalized, historical music tapes. Mrs. Bolus added that this film has also been shown at the Grammys and was also presented to the American Medical Directors Association.
- Through The Fund for HHC's longstanding partnership with the American Cancer Society (ACS), Toms of Maine and New England made a sizable donation of natural personal care products to NYC Health + Hospitals' sites that treat women who are either survivors of breast cancer or who are getting screenings for breast cancer. NYC Health + Hospitals/Bellevue, Coney Island, Queens, Kings, and Lincoln were chosen because of their commitment to cancer care, which is demonstrated by their designation as certified Cancer Care programs. These facilities will be able to distribute the items to more than 3,100 patients.
- The Board has given special, in-person recognition to a "Team of the Month." The team is comprised of four leadership staff of the two Queens hospitals. Mrs. Bolus added that the

honorees included: Pamela Saechow, Project Manager; Ginu John, Interim Director for EPIC Implementation and Training; Agnes Ho-Periola, RN in Psychiatry at Elmhurst, who helped to create our EMR for behavioral health; and Jennifer Coard, Breakthrough Deployment Officer. Mrs. Bolus explained that these individuals labored continuously to get the new Electronic Health Record on line, by the deadline, without any serious glitches. Mrs. Bolus added that their work reflects the first phase of NYC Health + Hospitals' adoption of EPIC.

- Under the leadership of the Office of Diversity and Inclusion, the NYC Health + Hospitals has launched its first celebration of Immigrant Heritage, which began in mid-April and concludes on May 20th. Mrs. Bolus highlighted that the celebration included a photo exhibit at 21 NYC Health + Hospitals' locations; information about different immigrant cultures featured on our website; Cultural Food Expos featuring international food dishes prepared by staff; and eight Interreligious Diversity Workshops to explore how religious beliefs and practices intersect with care for patients and families.
- NYC Health + Hospitals launched a "WE ARE AN ALLY" LGBTQ Awareness Campaign that targets our workforce, patients at our facilities and community-based partners throughout the City. Mrs. Bolus explained that this campaign is being promoted with marketing items such as pins, posters, and postcards, which are available at all NYC Health + Hospitals patient care locations. Mrs. Bolus added that special events were held at each facility in the months of March through April as part of this campaign.

Mrs. Bolus concluded her remarks by informing the Committee, CAB Chairs and invited guests that 27 representatives of NYC Health + Hospitals' Auxiliary organizations and volunteers were recognized at a United Hospital Fund luncheon that was held at the Waldorf-Astoria on March 18th. Mrs. Bolus congratulated Dr. Raju, who received the "Booker T. Washington Award" from the National Minority Quality Forum (NMQF) for his efforts to advance diversity in health care, reduce health disparities and provide health equity to all patients.

Before turning the meeting over to Dr. Raju for his remarks, Mrs. Bolus introduced Ms. Helen Artega Landaverde, MPH, NYC Health + Hospitals Board member and Ms. Maureen McClusky, Senior Vice President of Post-Acute/Long Term Care.

PRESIDENT'S REMARKS

RAM RAJU, M.D.

Dr. Raju greeted everyone. Dr. Raju thanked all the CAB Chairs who had participated on the Tuesday, April 26th conference call with Herminia Palacio, Deputy Mayor, for Health and Human Services. He informed the Committee that, on Tuesday, April 26th, Mayor Bill de Blasio announced, as part of his executive budget, a proposed restructuring and an infusion of \$2 billion in subsidies for NYC Health + Hospitals. Dr. Raju explained that the Mayor's One New York Plan will ensure no lay-offs and no hospital closures. Dr. Raju noted that the plan includes a welcome investment by the City of almost \$2 billion for this fiscal year and will focus on four primary goals to help the health care system succeed: (1) by stabilizing funding (2) expanding community-based health care (3) improving efficiency and (4) remodeling an outdated system. Dr. Raju added that the NYC Health + Hospitals would create an office of "Transformation" to drive planning and implementation.

Dr. Raju concluded his remarks by informing all that the Mayor would appoint a “Blue Ribbon Commission on Health Care for our Neighborhoods” comprised of national policy experts and community leaders to inform implementation of a plan that will achieve excellence in quality and financial stability for NYC Health + Hospitals. Dr. Raju added that the Mayor’s administration will coordinate substantive input from labor partners, Community Advisory Boards and community stakeholders across the five boroughs.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Harlem (Harlem) CAB

Mrs. Bolus introduced Ms. Bette White, Chairperson of NYC Health + Hospitals/Harlem and invited her to present the CAB’s annual report.

Ms. White began the Harlem CAB’s report by greeting members of the Committee, CAB Chairperson and invited guests and informing the Committee that in lieu of giving the Harlem’s CAB report, she would like to take the opportunity to extend her appreciation to the current administration, fellow CAB members and support staff. Ms. White explained that tonight’s CRC meeting is her last meeting before rotating off the Harlem CAB due to term limits.

Ms. White continued and acknowledged with gratitude, Josephine Bolus, CRC Committee Chairperson, Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals/Harlem, Maurice Wright, M.D., Medical Director, Philip Cooke, Associate Executive Director, Public Affairs, Charlotte Ozuna, CAB Liaison, and CAB colleagues.

NYC Health + Hospitals/Renaissance/A Gotham Health Center CAB

Mrs. Bolus introduced Ms. Jackie Rowe-Adams, Chairperson of NYC Health + Hospitals/Renaissance and invited her to present the CAB’s annual report.

Ms. Rowe-Adams began her presentation by greeting members of the Committee and thanking them for the opportunity to present. Ms. Rowe-Adams gave the following report:

- Renaissance CAB is focused on the patient’s experience. Ms. Rowe-Adams noted that the CAB had been active in the facility’s outreach screening and health fairs.
- Worked in collaboration with the Harlem CAB to host a joint legislative brunch. Ms. Rowe-Adams noted that this year’s theme: Shaping the Future, Becoming Agents of Change was well attended by the community and elected officials.
- Reported that recruitment efforts are on-going for the CAB. Ms. Rowe-Adams noted that the CAB had recruited three new members. Ms. Rowe-Adams asked for all members of the RHCN CAB to stand and be recognized.

Ms. Adams concluded her presentation by acknowledging Gregory Atwater, Deputy Executive Director and the staff of RHCN for their dedication and commitment to the community.

NYC Health + Hospitals/Lincoln CAB

In the excused absence of Lincoln CAB Chairperson, Mr. George Rodriguez, Mrs. Bolus introduced Ms. Carmen Benitez, and invited her to present the CAB's annual report.

Ms. Benitez began the Lincoln CAB report by thanking members of the Committee for the opportunity to present the CAB's annual report and she presented the following report summary:

- The most significant health care concerns is that the NYC Health + Hospitals is facing huge deficit and the community is concerned and want to know what will happen to the delivery of health care in the Downtown Bronx community.
- Ms. Benitez continued and noted that the Lincoln CAB is in the process of planning this year's Annual Public Meeting. Ms. Benitez added that the Lincoln CAB is also working to identify a member of the CAB to attend NYC Health + Hospitals Council of CAB's meeting.

Ms. Benitez concluded the Lincoln CAB report by informing members of the Committee and invited guests that under the leadership of Milton Nunez, Executive Director, waiting times in the clinics and emergency department have improved. Ms. Benitez thanked Mr. Nunez for his dedication and commitment to the community.

NYC Health + Hospitals/Morrisania/A Gotham Health Center CAB

Mrs. Bolus introduced George Robinson, Chairperson of Morrisania CAB and invited him to present the CAB's annual report.

Mr. Robinson began the Morrisania CAB report by thanking members of the Committee for the opportunity to present. The following overview was presented:

- Major improvements were made to Morrisania and currently there are no complaints from the CAB or the community. Mr. Robinson noted that patients are treated with respect.
- Announced Morrisania expanded its Dental clinic and introduced a dental plan affordable to the community

Mr. Robinson concluded his presentation by reiterating Morrisania is doing a great job.

OLD BUSINESS**NEW BUSINESS**

- Dr. McCray, former Chair Gotham Board commended all CAB Chairs for their hard work.
- Bobby Lee thanked Dr. Raju for balancing NYC Health + Hospitals' budget.
- Queenie Huley thanked Ebone Carrington for speaking at the National Action Network.

ADJOURNMENT

The meeting was adjourned at 6:15 PM.



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC HEALTH + HOSPITALS/CONEY ISLAND
COMMUNITY ADVISORY BOARD**

I. COMMUNITY NEEDS

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

A. Become a Level One Trauma Center.

B. Continue to improve the level of community/patient satisfaction.

C. Expand access to specialty geriatric medical care services for Southern Brooklyn.

D. Ensuring the continued success of NYC Health + Hospitals' 2020 Vision.

E. Continue to ensure that the community's medical needs are addressed under the NYC Health + Hospitals Restructuring Plan, especially those needs which involve heart disease, diabetes, obesity, cancer, smoking and high blood pressure.

F. Through community outreach, we want to expand the NYC Health + Hospitals Guns Down Life Up (GDLU) initiative with local community based organizations, schools, etc.

G. Provide disease management health education classes to the community.

H. Preventive drug program to educate the community on the dangers of addiction to prescription drugs.

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

Community Board(s) meetings

Needs Assessments

Other Public Meetings

Surveys: HCAHPS

Community Advisory Board Report

Page 2

- Community Health Profile Data Reports from Community Organizations
- Other Activities: Community Advisory Board

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

yes no

- If yes, please give examples of what the facility leadership is doing.
 - A. *The Emergency Department continues to make improvements to operations, processes and physical plant to enhance the patient experience:*
 - a. *Put in place new Emergency Department leadership of Chairman and Nursing Director*
 - b. *Newly renovated resuscitation room*
 - c. *Increased Emergency Department patient treatment areas to improve patient flow*
 - d. *Enhanced process for patient waiting to improve throughput*
 - e. *Emergency Medicine Residency program was implemented June 2015*
 - f. *Ongoing training for screening, isolation and treatment of patients suspected with infectious disease.*
 - g. *A discharge room was created in the Emergency Department to enhance continuum of care*
 - B. *Hospital leadership continues to improve the level of community/patient satisfaction by partnering with community based organizations and elected officials to provide the community with health education seminars, screenings, and insurance plan options. The hospital continues to work on enhancing the patients' experience by developing an environment where every patient feels welcomed and cared for during their visit.*
 - a. *Comfort specialist volunteers that provide talking, reading or listening to the patients*
 - b. *'Carey Bear' visits to outpatient and in-patient areas and the emergency department*
 - c. *Enhanced dining service with birthday card and a rolling dessert tray*
 - d. *Room to room music therapy for in-patients*
 - e. *Newspaper delivery to in-patient units*
 - f. *Planning for rehab, art therapy and yoga activities with the Volunteer department*

Community Advisory Board Report

Page 3

- C. *The hospital has a geriatric specialist who practices in the primary care clinic. Primary care is available seven days a week with extended hours Monday through Thursday.*
 - D. *New leadership began implementing the goals of the 2020 vision to improve the patients' experience, staff engagement, and increase HCAHPS scores.*
 - E. *Senior leadership continues to host offsite meeting with community based organizations and local elected officials to address the needs of the community. As a result, the hospital participates in local events providing health screenings, healthy eating tips, flu vaccinations and health education seminars to the community.*
 - a. *National Night Out hosted by the 60th Precinct*
 - b. *Health Fair collaboration with the Shrine Our Lady of Grace*
 - c. *Kingsborough College*
 - d. *Chinese American Social Service Center*
 - e. *Assemblyman Cymbrowitz*
 - f. *Councilman Mark Treyger*
 - g. *Councilman Chaim Deutsch*
 - h. *Senator Golden*
 - i. *Marlboro Senior Center*
 - j. *NAN South Brooklyn*
 - k. *YMCA*
 - l. *Elementary and Middle Schools*
 - m. *NY Aquarium*
 - n. *Men's Health Symposium hosted by Borough President Eric Adams*
- Services provided at the hospital:*
- a. *Primary Care provides support groups for diabetic patients*
 - b. *Palliative Support groups for family members*
 - c. *Breast Health provides food and nutrition education to oncology patients*
 - o. *Partnerships with the GILDA's Club and American Cancer Society to provide wig programs and soft aerobics*
- F. *Implementation of the LEAN Effect, Guns Down, Life Up program in April 2016*
 - a. *Partnered with two local High Schools to work with students ranging from ages 14 to 18*
 - b. *Hospital staff mentor teenagers to help provide positive influence*
- G. *The hospital continues to participate in community health fairs by providing health screenings, education material on disease managing and prevention. Health education seminars continue throughout the community.*

H. The hospital is in the planning stages of implementing a presentation around prescription drug addiction and disease management.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - A. Improving the patient experience*
 - B. Improving HCHAPS*
 - C. Enhancing facilities environment to help improve patient throughput*
 - D. Reducing avoidable readmissions*
 - E. Continue to work on developing plans for a new clinical services structure*

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - A. The CAB has a representative on the hospital's Patient Safety Committee.*
 - B. The CAB provides input and suggestions in strategic and other plans presented at monthly CAB meetings.*
 - C. The CAB participated in the Community Health Needs Assessment (CHNA) and provided a ranking of community health needs.*

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 raised by patients/residents are care and communication.

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

The most frequent compliments provided by patients/residents are the cleanliness of the hospital and extended clinic hours.

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? 27

2. What are current numbers of members? 21 What are current numbers of vacancies? 6

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

The CAB membership canvassed community based meetings and events. Community outreach was made to individuals who represent the demographics of the greater Coney Island community. Sheepshead Bay, Brighton Beach, Gravesend and Manhattan Beach communities were included.

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.

The CAB has the following active committees:

- Executive Committee - that acts on behalf of the CAB between meetings, and keeps the CAB abreast of any proceedings.
- Legislative Committee - discusses Hospital legislative priorities and develops strategies to support those priorities.
- Membership Committee - reviews new membership applications and makes recommendations to the BOARD. Also, reviews status of all members to ensure they are in good standing.
- Community Relations Committee - advise Board on issues that pertains to the community outreach activities. In addition, the Committee maintains a positive relationship between the hospital and the community.
- Patient Care/Relation Committee has been established to monitor patient services.
- Nominating Committee - nominates voting members of the Board for each office.
- Election Committee (for Non-Managerial Employee Representative) - responsible for implementation of the employee election.

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.

All needs and/or concerns are shared with the local elected officials and community leaders and are relayed to appropriate and responsible parties within local community based organizations.

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

- If so, were the issues subsequently addressed?

N/A

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

Through their contacts at community based organizations, CAB members helped to identify screening event locations and helped coordinate outreach activities.

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:

Rosanne D. Gears

6/24/2016

Executive
Officer:

Date:

Anthony L. Linares

6/27/16.



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

SEA VIEW COMMUNITY ADVISORY BOARD

PRESENTED SEPTEMBER 13, 2016

I. COMMUNITY NEEDS

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

Memory Care Services and Wellness Programs

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)

Admission process at Sea View, Public Meeting, Intra City Collaborations and planning.

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

yes no

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

Leadership is maintaining an "open door" policy for all residents, families, and members of the community. Leadership remains available at all times to address community and facility concerns.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Maintain CMS 5-Star rating

Provide the highest possible level of quality care to our residents.

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

We share information with our CAB on an "as needed" basis, as well as during our monthly meetings. Robust discussion with our CAB is consistently maintained.

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?

Patients do not always agree when they are being discharged from Rehab or to home. The team goes to great efforts to fully explain clinical rationale in an effort to be as reassuring as possible.

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

A caring and professional staff continues to be our top positive feedback element. In addition, facility cleanliness and sensitivity to families is very frequently commented upon.

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"/>	<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 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? 14
2. What are current numbers of members? 14 What are current numbers of vacancies? 0

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

Keeping community groups informed of our involvement with Sea View, briefing elected officials on CAB activities, and eliciting feedback from residents and families.

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.

No

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.

CB members serve on CAB. They provide information to all CAB 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?

N/A

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

CAB members are devoted volunteers. If called upon, they respond willingly.

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. NONE
- 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:

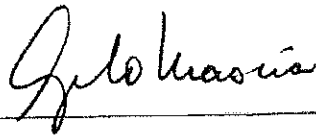


Date:

8/3/16

Executive

Director:



Date:

8/8/16



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

JACOBI COMMUNITY ADVISORY BOARD

I. COMMUNITY NEEDS

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

Obesity, diabetes, asthma and mental health/behavioral issues continue to be the most significant health concern affecting our community.

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 Awareness Events
- CAB sponsored Annual Mental Health Conference, this year with expert guest speakers addressing approximately 100 people (staff, patients and community members) on the topic, "Preventing Teen Suicide."

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

yes no

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

Facility leadership addresses these concerns by establishing special practice sessions, sponsoring health fairs where health education materials are distributed and free screenings are offered, and by the establishment and promotion of a Farmer's Market at the hospital.

Also, this is the sixth year that Jacobi has sponsored a Community Garden on the Jacobi campus with over 130 individuals growing their own vegetables, fruits and herbs. Those involved in the Community Garden include community members, patients and staff. Garden beds have been allocated to patient/staff partnerships, providing an opportunity for quality recreation and patient education. Participating patient areas include: Breast Cancer Survivors Support Group, Behavioral Health Services, Family Weight Management and Comprehensive Alcohol Treatment Center. The Family Weight Management Group meets at the Community Garden weekly to discuss nutrition and engage patients in exercise.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include: the Network's Service Excellence initiative, that aims for patient satisfaction and quality care; high standards for patient safety; developing a diversified payor mix essential for fiscal responsibility; and the continued use of LEAN initiative to improve the quality, safety and efficiency of our services.

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

The CAB is provided presentations directly from Leadership, including updates from the Executive Director, presentations from the Safety Officer, Chief Financial Officer, LEAN Transformation Officer, Nursing Leadership, Physicians and Administrative Service Line Directors. These sessions keep CAB members informed and provide opportunities for them to raise questions and have issues to be addressed.

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

X yes

no

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?

Most frequent complaints raised include wait time in the ER for relatively minor complaints and patient access to care.

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

Patients frequently compliment the medical staff on the medical attention they receive, the comprehensiveness of the care, and the kindness of staff. Patients also compliment the facility on its unique services. Patients and visitors frequently comment on how attractive the facility is, from the renovated buildings to the exterior grounds that has new lighting, security systems, pathways, plantings, and benches.

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

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

X Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 20 What are current numbers of vacancies? 0
3. What were the membership recruitment activities conducted by CAB this year?

In general, CAB members promote the CAB in the community and interested individuals are invited to attend meetings as guests. Posters, flatscreen shown throughout hospital lobbies and ads in local newspapers promote the CAB and CAB sponsored events. These events, open to the public, bring attention to the role of the CAB – for example, the annual September 11th Memorial Procession, the Legislative Forum, and the annual Mental Health Conference, which this year focused on “Preventing Teen Suicide.”

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

X Yes No

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

The CAB has regular scheduled meeting throughout the year, including invitations to attend hospital conferences and their own CAB sponsored Annual Mental Health Conference. In addition, a CAB Emergency Department Sub-Committee meets quarterly or as needed. The ED CAB Sub-committee members are kept informed of new developments in the service and share this information at regular CAB meetings. Also several CAB members participate regularly in the hospital's monthly Patient Experience Committee – hearing directly patient experiences and providing a consumer perspective, advice and guidance.

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

Yes No

- a. If yes, please describe actions taken.

Community (planning) Board representatives are provided information on NYC Health + Hospitals initiatives (e.g., 20/20 Vision), hospital services, news and events, and healthcare information which they can distribute to the Community Boards either through printed materials or emails. CAB members in general distribute information regarding the facility within the community.

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

Yes No

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

yes X no

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

X yes no

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

yes X no

CAB members did not provide testimony but were present.

a. If so, were the issues subsequently addressed?

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

CAB members attend and support facility events, including Ribbon Cuttings, health fairs, health campaigns and hospital conferences, such as the Annual Social Work Disaster Response Conference. They also are involved in outreach activities by sharing information and distributing information about the hospital (new programs, services, events, etc.) in the community.

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

yes X no

The CAB continues to discuss how to establish a regular presence at the Council of CABs.

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: Silvio Mazzella / EB
Date: 9/2/16

Executive
Director: John Morley, MD
Date: 8/29/16



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX
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 concern affecting our community continues to be the high rate of obesity, diabetes, asthma and mental health/behavioral issues.

- 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 Awareness Events
 - CAB Sponsored Mental Health Conference

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

- yes no

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

Facility leadership addresses these concerns in a variety of ways, including: participating in corporate collaboratives, establishing special practice session, sponsoring health fairs where health education materials are distributed and free screenings are offered,

and the establishments and promotion of a Farmer's Market at the hospital.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include the Service Excellence initiative that aims to encourage our staff to embrace new standards for service and civility. Also, a strategic priority continues to be patient safety. NCB also aims to develop a diversified payor mix essential for fiscal responsibility, and employ the LEAN initiative to continue to improve the safety, efficiency and quality of its services and systems.

The reopening of Labor and Delivery at NCB in September 2014 was a priority for the hospital. Senior staff, the Community Advisory Board, a CAB committee and outside community groups engaged in detailed conversations regarding the planning and promotion of the services. Several CAB members had regularly attended community meetings providing input to the outreach strategy for reopening. Following the reopening, CAB members continue to receive updates on the Women's Health Service and Labor and Delivery and continue to participate in promotion of the services.

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

At each CAB meeting, the CAB membership is provided presentations by the Executive Director and/or members of the leadership team including but not limited to either the Safety Officer, Chief Financial Officer, LEAN Transformation Officer, Physicians, Nursing Leaders, and Administrative Service Line Leaders. These sessions provide information on relevant healthcare issues, services and events and also provides time and opportunity for the CAB members to raise questions and issues to be addressed.

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

X yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

X Yes

No

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

Most frequent complaints raised are the access to patient care, and the wait time in the ER for relatively minor complaints.

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

Patients frequently compliment the expertise of our medical staff and staff attention and the quality of care they receive. NCB is a community hospital, serving generations of families, and patients remark that they feel comfortable and well-cared for in a familiar, compassionate setting.

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

X Yes

No

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

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

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

X Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 11 What are current numbers of vacancies? 9
3. What were the membership recruitment activities conducted by CAB this year?

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters were created to promote the CAB and were prominently displayed within the hospital. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, the annual 9/11 Memorial Procession and the CAB sponsored Legislative Forum were publicized in local newspapers.

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.

The CAB has a yearly calendar of regular meeting and/or special events, including healthcare conferences. Several CAB members participate regularly on the hospital's monthly Patient Experience Committee enabling them to providing a unique consumer perspective. In addition, the establishment of a NCB Emergency Department CAB Sub-Committee has been raised for discussion.

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

Yes

No

- a. If yes, please describe actions taken.

Community Planning Board representatives on the CAB receive information and informational handouts on the hospital (e.g., services, initiatives, events, news, etc.) and also on NYC Health + Hospitals initiatives (e.g., 20/20 Vision) that they can distribute at CB 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

The CAB always sponsors a comprehensive Legislative Forum that is strongly promoted within the community for attendance. CAB members, elected officials, community board leaders, community members and staff attended.

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

yes no

CAB members do not provide testimony but they are present at Annual Public Meetings.

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

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

CAB members support the facility's outreach activities by attending Ribbon-Cuttings, health fairs, flu shots campaigns, and relevant hospital conferences. In addition, the CAB supports outreach activities by distributing communication and health materials in the community.

In addition, the CAB attended various hospital conferences, including The Social Work Emergency Response and their own sponsored Annual Mental Health Conference which is promoted within the community. This year's Mental Health Conference focused on "Preventing Teen Suicide" and included key guest speakers who are experts in the field.

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

yes no

The CAB plans to discuss the need for ongoing participation at the Council of CABs meeting and to identify members who can serve as designees at their upcoming September meeting.

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.

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

Signatures:

CAB

Chairperson:

Ernie Sattawson

Date:

9-7-16

Chief Executive Officer:

[Signature]

Date:

9/6/16