



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

January 10, 2017
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 September 13, 2016
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. Interim President's Report | Stanley Brezenoff |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Elmhurst | Eartha Washington |
| b. NYC Health + Hospitals/Queens | Jacqueline Boyce |
| c. NYC Health + Hospitals/Coler | Gladys Dixon |
| d. NYC Health + Hospitals/Henry J. Carter | Virginia Granato |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

COMMUNITY RELATIONS COMMITTEE OF THE BOARD OF DIRECTORS

September 13, 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, Board Member

Ram Raju, M.D., President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Talib Nichiren, Chairperson, Council of CABs, NYC Health + Hospitals/Woodhull

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island

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

Louise Dankberg, Chairperson, NYC Health + Hospitals/Bellevue

Eartha Washington, NYC Health + Hospitals/Elmhurst

J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan

Benita Stembridge, Chairperson, NYC Health + Hospitals/Harlem

Ruth Clark, Chairperson, NYC Health + Hospitals/ Renaissance/A Gotham Health Center

Carmen Benitez, (representing George Rodriguez, Chairperson) NYC Health +Hospitals/Lincoln

Emily Sanchez, (representing Silvio Mazzella, Chairperson, NYC Health + Hospitals/Jacobi

Esme Sattaur-Low, Chairperson, NYC Health + Hospitals/North Central Bronx

Joseph Tornello, Chairperson, NYC Health +Hospitals/Sea View

Virginia Granato, Chairperson, NYC Health + Hospitals/Carter

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Pauline Watson, NYC Health + Hospitals/Renaissance/A Gotham Health Center

Everett Person, NYC Health + Hospitals/Renaissance/A Gotham Health Center

Glennis Bryant, NYC Health + Hospitals/Harlem

Christina Contreras, NYC Health + Hospitals/North Central Bronx

Cheryl Alleyne, NYC Health + Hospitals/North Central Bronx

Marty Bromberger, NYC Health + Hospitals/Coney Island

Sefton Rodney, NYC Health + Hospitals/Harlem

Joe Corace, NYC Health + Hospitals/ Coney Island

Bobby Lee, NYC Health + Hospitals/Bellevue

Cindy Cain, NYC Health + Hospitals/Harlem

Ruth Jones, NYC Health + Hospitals/ Harlem

Claudette Browne, NYC Health + Hospitals/McKinney

Bobby Lee, NYC Health + Hospitals/Bellevue

Lydia Kensenhuis/ NYC Health + Hospitals/ Carter
Jennifer Lewis, NYC Health + Hospitals/Kings County

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

John Jurenko, Intergovernmental Relations
Randall Mark, Chief of Staff, President's Office
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

Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals/Coney Island
Maureen A. Pode, Chief Executive Officer, NYC Health + Hospitals/ North Central Bronx
John Morley, M.D., Medical Director, NYC Health + Hospitals/Jacobi
Christopher Mastromano, Deputy Executive Director, NYC Health + Hospitals/ Jacobi
Charlotte Ozuna, CAB Liaison, NYC Health + Hospitals/Harlem
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings
Lisa Marie Izquierdo, CAB Liaison, NYC Health + Hospitals/Bellevue
Jeanne Policastro, CAB Liaison, NYC Health + Hospitals/Sea View
LaKeshia Weston, CAB Liaison, NYC Health + Hospitals/Coney Island

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 the May 3, 2016 CRC meeting. 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 May 3rd CRC meeting. She reported the following:

- The 12th Annual Marjorie Matthews Community Advocate Recognition Event, was held on Wednesday, July 20th on the lawn of NYC Health + Hospitals/Coler Campus. Mrs. Bolus stated that “this certainly has become a major tradition, not only for these awards but as a NYC Health + Hospitals’ system-wide family gathering and barbecue.” Mrs. Bolus noted that this year’s event was the largest participation in history with more than 300 CAB and Auxiliary members from all facilities, facility liaisons and facility leadership. She added that this year, all CAB and Auxiliary Presidents were given direct, personal recognition and were provided with portfolios as tokens of appreciation for their leadership, advocacy and volunteer service that they provide to our facilities and the patients we serve.
- The final two annual public meetings of the Board of Directors were held on May 11th for the Borough of Queens at NYC Health + Hospitals/Queens, and on May 18th for the Borough of Brooklyn at NYC Health + Hospitals/Woodhull. Mrs. Bolus stated that at these two meetings, Dr. Raju highlighted the specific health challenges of the boroughs of Queens and Brooklyn. He also reported key accomplishments and improvement initiatives, which included the launch of the state-of-the-art electronic medical records system called EPIC at our Queens facilities, and specific progress made on his 2020 Vision Plan.
- NYC Health + Hospitals in collaboration with the Centers for Medicare and Medicaid Services (CMS) will be hosting health insurance workshops focusing on the Medicare program and the New York State of Health, just in time for open enrollment. These workshops are being promoted with the help of the CABS. Mrs. Bolus explained that the workshop would be held at five facilities across the system beginning with NYC Health + Hospitals/Coney Island on October 6th; NYC Health + Hospitals/Elmhurst on October 13th; NYC Health + Hospitals/Gouverneur on October 20th; NYC Health + Hospitals/Bellevue on October 28th; and finally at NYC Health+ Hospitals/Jacobi on November 16th.
- This year’s Council of CABS Educational Conference will be held on Friday, November 4th at Baruch College. She added that a special feature of this year’s conference will be the presentation of the Agnes Magdalen Abraham Award for “Services to Humanity.”
- NYC Health + Hospitals/Harlem is among four New York City medical centers that was selected to take part in a federally funded National Institutes of Health (NIH) program called the PMI Cohort Program in support of President Obama’s Precision Medicine Initiative (PMI).

- Eleven NYC Health + Hospitals' practitioners earned spots on New York *Magazine's* Best Doctors list for 2016. These "top docs" represent three of our system's hospitals, and they practice a wide variety of specialties.
- NYC Health + Hospitals' Accountable Care Organization (ACO) is among the 31% of "high-performing ACOs" in the country, meeting both cost and quality performance targets. Mrs. Bolus highlighted that over the last three years of participation in the program, the NYC Health + Hospitals' ACO had reduced costs for the Medicare program by \$27.6 million and returned more than \$12 million to NYC Health + Hospitals in shared savings (including \$6 million for 2015).
- Dr. Martha Sullivan, Executive Director of NYC Health + Hospitals/Gouverneur received a prestigious award from the National Association of Social Workers and was named a "Social Work Pioneer".

Mrs. Bolus concluded her remarks by asking members of the Committee, CAB Chairs and invited guests to join her as she congratulated Dr. Raju who had been named by *Modern Healthcare* for the third consecutive year as one of the "100 Most Influential People in Healthcare."

Mrs. Bolus invited Ed Shaw, NYC Health + Hospitals/Metropolitan CAB Chair, to present Mr. Anthony Rajkumar, CEO of NYC Health + Hospitals/Coney Island with an award of appreciation for his outstanding leadership during his tenure at NYC Health + Hospitals/Metropolitan.

PRESIDENT'S REMARKS

RAM RAJU, M.D.

Dr. Raju greeted and welcomed everyone to the first CRC meeting since May and extended congratulations to all NYC Health + Hospitals' newly elected CAB Chairpersons. He reported the following:

- Sunday, September 11, 2016 marked the 15th Anniversary of the September 11th attack on the World Trade Center. NYC Health and Hospitals continues to provide health care services to community members and workers, who suffer health ailments resulting from the attack and cleanup efforts, at NYC Health + Hospitals' specialized WTC Environmental Health Center clinics at Bellevue, Gouverneur and Elmhurst. Dr. Raju stated that NYC Health + Hospitals was successful in its efforts to get the Zadroga Act extended for 75 years! He added that this was critical to ensure that the WTC health programs would continue well into the future.
- Earlier this year, the state legislature passed a bill that would create a new enhanced safety-net hospital definition that would require the State to provide increased reimbursements to safety net, rural and critical access hospitals. Dr. Raju explained that NYC Health + Hospitals is working with State Senate and State Assembly staff in coordination with the Mayor's Office to advocate for Governor Andrew Cuomo to sign this vital bill. Dr. Raju added that it appeared that the bill would not be delivered to the Governor until later this fall, which gives NYC Health + Hospitals time to coordinate advocacy efforts with union leadership, our health advocacy partners, and our CABs.
- NYC Health + Hospitals' MetroPlus Health Plan has reached and exceeded its 500,000 membership target. Dr. Raju added that MetroPlus is focusing on member retention, outreach, expanding its market share on Staten Island, and promoting the MetroPlus Gold product for city employees.

Dr. Raju concluded his remarks by reporting that NYC Health + Hospital/ Harlem had received full Joint Commission Accreditation for the next three years. Dr. Raju noted that Harlem's CEO, Ebone Carrington, took the unprecedented step of requesting an early survey in August, which resulted in the Joint Commission surveying Harlem Hospital three months ahead of their triennial December survey date. Dr. Raju added that the survey was thorough, with reviews conducted on the national patient safety goals, plan of care, patient rights, infection control, medication management, credentialing and privileging, facilities management, and ambulatory care, among others. He reported that there were recommendations for improvement but overall the organization did quite well. Dr. Raju extended his congratulations to Ebone Carrington, Maurice Wright, CMO, Yanick Joseph, CNO, Pamela Bradley, Sr. AED, Quality Affairs and the staff of Harlem Hospital Center for an excellent survey outcome.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Coney Island

Mrs. Bolus introduced Ms. Rosanne DeGennaro, Chairperson of NYC Health + Hospitals/Coney Island CAB and invited her to present the CAB's annual report.

Ms. DeGennaro began her presentation by thanking Dr. Raju for the appointment of Mr. Antony Rajkumar to the position of Chief Executive Officer and Mei Kong to the position of Chief Operating Officer of NYC Health + Hospitals/Coney Island. Ms. DeGennaro presented key highlights of the CAB's annual report:

- NYC Health + Hospitals/Coney Island has a new residency program agreement with Downstate.
- A new Critical Care Suite opened in the Emergency Department (ED) and many of the local elected officials attended the ribbon cutting ceremony. She added that the new addition provides more space and houses state of the art equipment to treat patients with life threatening injuries.
- NYC Health + Hospitals/Coney Island has successfully integrated Northwell Management into the workflow of the lab to help to improve patient safety and experience. She reported that new chemistry lab equipment were added to help improve the efficiency of testing.
- NYC Health +Hospitals/Coney Island would be next to go live with the new electronic medical records system, EPIC, in early 2017.
- NYC Health + Hopsitals/ Coney Island CAB took part in various community outreach events during the month of August. She noted that the community outreach events offered health education and information about the services that hospital provides to the community.

Ms. DeGennaro concluded her report by thanking Lakeisha Weston, CAB Liaison and Alvin Young, Director of Community Affairs for their unwavering dedication and the support that they provide to the Coney Island CAB.

NYC Health + Hospitals/Sea View

Mrs. Bolus introduced Mr. Joseph Tornello, Chairperson of NYC Health + Hospitals/Sea View and invited him to present the CAB's annual report.

Mr. Tornello began his presentation by thanking members of the Community Relations Committee for the opportunity to present the Sea View CAB's annual report. Before highlighting key issues Mr. Tornello shared with Committee members, CAB Chairs and invited guests his family's history and their relationship with NYC Health +Hospitals/Sea View and the Staten Island community. He reported the following:

- Senior administration provides the CAB with a very comprehensive report about the plans and programs for the facility during the CAB's regular monthly meetings.
- Meals on Wheels and a Health and Wellness campus is coming soon to the residents of Staten Island.

Mr. Tornello concluded his presentation by informing members of the Committee and invited guests that Sea View provides high quality health care to its residents.

NYC Health + Hospitals/Jacobi

In the excused absence of NYC Health + Hospitals/Jacobi CAB Chairperson, Mr. Silvio, Mrs. Bolus introduced Ms. Emily Sanchez and invited her to present the CAB's annual report. Ms. Sanchez began the Jacobi CAB report by thanking members of the Committee for the opportunity to present the CAB's annual report. She presented the following report summary:

- 2015-16 was another productive year for the NYC Health + Hospitals/Jacobi CAB. Special CAB sponsored events, supported by the facility, included the annual 9/11 Memorial event which is attended by CAB members, community members, elected officials, district leaders and staff. She noted that the event is held at the 9/11 Jacobi Memorial Garden, which is accessible to the community and was established to honor the Bronx victims of 911.
- The Jacobi CAB's legislative forum focused not only on legislative and fiscal issues that impact healthcare, but also on the critical role public hospitals play in responding to emergencies and crisis.
- The CAB's annual Mental Health conference focused on "Preventing Teen Suicide." Ms. Sanchez noted that this year's guest speakers were renowned specialists. They presented to an audience that included CAB members, community members, staff and professionals from other organizations, including those who work in public and private school systems.
- NYC Health +Hospitals/Jacobi continues to be led by its determination to become one of the safest hospitals in the nation. Ms. Sanchez noted that Jacobi's executive leadership sets a high standard for ongoing improvement hospital-wide, service excellence and patient satisfaction. The recognition of staff for service excellence has increased throughout the facility, which helps to enhance patient care experiences.
- The most significant health issues facing the Jacobi community includes obesity, diabetes, and hypertension. Ms. Sanchez noted that the Jacobi CAB learned about these serious illnesses and the hospital's unique programs to address these and other health issues at the CAB's monthly meetings.

Ms. Sanchez concluded her presentation by stating that "the CAB is proud of Jacobi's long history of medical accomplishments and innovations, unique services and programs, and staff who are dedicated, knowledgeable and compassionate."

NYC Health + Hospitals/North Central Bronx

Mrs. Bolus introduced Esme Sattaur-Low, Chairperson of North Central Bronx (NCB) CAB and invited her to present the CAB's annual report. Ms. Sattaur-Low began her presentation by thanking members of Committee for the opportunity to present NYC Health + Hospitals/NCB CAB report. Ms. Sattaur-Low presented the following report:

- The NCB CAB receives periodic updates throughout the year on the Women's Health Service and Labor and Delivery, and the CAB continues to participate in promotion of these services. Since the reopening approximately one year ago, NCB's Labor & Delivery Service has delivered its 1,000th baby! Ms. Sattaur-Low added the NCB CAB members are proud that the services are thriving and providing quality care to our community.
- NCB CAB has expanded its advocacy role by having a representative participate on the Patient Experience Committee. Ms. Sattaur added that the Committee is comprised of executive leadership, administrative staff and chief nursing officer who listens intently to individuals speaking about their patient experience or speaking on behalf of a family member who had been a patient. She explained that the committee hears both good and bad experiences, and makes recommendations for improvement. Ms. Sattaur-Low stated that "it is truly a committee that impacts patient safety, quality improvement and enhanced patient satisfaction."
- The community's most significant health issues include obesity, diabetes and hypertension. She added that these health issues are addressed by the facility by hosting health fairs where health education materials are distributed and free screenings are offered, and by sponsoring a farmer's market to provide the community with access to fresh fruits and vegetables.
- At the NCB monthly meetings, the CAB receives presentations from the executive director, administrators, physicians and nursing leaders; updates on patient safety; and what the hospital is doing to prevent hospital acquired infections.

Ms. Sattaur-Low concluded her report by stating that "the NCB CAB is proud of our hospital and our community and will continue to work to make both stronger."

Mr. Robert Nolan, Board member thanked Emily Sanchez and Esme Sattuar-Low for their dedication and commitment to the North Bronx community and he extended congratulations to Maureen Pode on her recent appointment as Chief Executive Officer.

OLD BUSINESS

NEW BUSINESS

Mr. Bobby Lee, NYC Health + Hospitals/Bellevue CAB member expressed his dissatisfaction that Mr. Kent Mark was not reappointed to serve on the Bellevue CAB.

ADJOURNMENT

The meeting was adjourned at 6:25 PM.



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

NYC HEALTH + HOSPITALS/ELMHURST

I. COMMUNITY NEEDS

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

- 1) Emergency Department Expansion
- 2) DSRIP- Ongoing Activities/Community Involvement/Collaboration
- 3) Heart Disease/Cardiac Services
- 4) Stroke Care – Response Team
- 5) Language Access/Interpreting Services/Cultural Diversity
- 6) Healthy Living – Managing Chronic Disease (Diabetes) /Prevention/Education
- 7) Accident/Trauma Prevention/Treatment

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

- Community Board(s) meetings
- Needs Assessments
- Surveys
- Reports from Community Organizations
- Other Public Meetings
- Community Health Profile Data
- Other Activities (please list) – Health Fair, Workshops, Special Forum.

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 CAB and Senior Leaders have an open exchange of information at the monthly meetings. The Committees have access to speakers from the clinical staff and administration as requested. Members are engaged in several DSRIP activities and committees. One member recently joined a new committee dealing with patient/ caregiver’s involvement. Staff from Corporate Planning attended one of the monthly meeting to discuss the Community Needs

Assessment and invited the members to complete the survey. At the September meeting, Mr. Rocha, the new CEO, asked the members to participate in a SWOT analysis – a very successful activity.

Special guest speakers included:

- Carol White, AED, Administration: Discussed the Leadership Development Program highlighting staff development – Several participants presented their final project.
- Suzanne Bentley, MD: Toured and demonstrated our Satellite Simulation Center, an interdisciplinary training center.
- Claire Patterson, AED, Administration: Presented a progress report on DSRIP and the work with our community partners.
- Alina Moran, CFO (at the time): Discussed the H + H Advocacy Issues in preparation for the Legislative Luncheon.
- Sharon Abbot, Assistant Director, Corporate Planning and Bruce Bernstein, Business Development: Discussed the Community Needs Assessment process and invited the members to complete the survey.
- Joseph Masci, MD, Medicine: Provided members with an overview of the ZIKA virus and hospital response.
- Zachary Hickman, MD, Neurosurgery: Provided overview of neurosurgery trauma service.
- Adam Gordon, AED, Breakthrough: Lead the CAB members in a SWOT Analysis.

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) 2020 Vision
- 4) Promoting H+H Guiding Principles
- 5) Promote more community involvement and collaboration

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

The entire Board provides valuable insight into the changing needs of the community and the impact on strategic priorities. The Board has focused on the ED expansion working closely with the hospital leadership to continue the advocacy for the funds for the project. The joint efforts to work with the

community and our elected representatives is ongoing and involves all aspects of the CAB members and the hospital leaders.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

- Long waiting times in the ED due to space constraints and increase workloads
- Faster access to follow-up appointments.

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

- Excellent Medical Care and professionalism
- Comprehensive language services and cultural sensitivity
- Overall services greatly improved.

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"/> |
| Appearance | <input type="checkbox"/> | <input type="checkbox"/> | ✓ |
6. Is signage about HHC's Options Program posted in areas that have high traffic?
✓ Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24-28
2. What are current numbers of members? 21 What are current numbers of vacancies? 3-7
3. What were the membership recruitment activities conducted by CAB this year?
We continue to rely on current members to make referrals when there are openings. The Board's goal is to have members who can represent our cultural diversity. Leaders from Community Boards 1 to 6 were invited to our September meeting where we encouraged them to be sure they had representation.
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?
✓ Yes No
5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
 - Patient Care – Monitors patient services and works to address any issues concerning patients and medical services – this year's focus was EPIC implementation and community health needs assessment.
 - Women's Health – working with the hospital's Labor/Management Women's Issues Committee and local community advocacy group, Sharing and Caring, sponsored a successful Women's Health Forum
 - Finance – Works with Chief Financial Officer if major budget issues arise.
 - 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: HIV prevention, and healthy eating/lifestyles. Coordinating several hospital speakers for classes and PTA meetings.
- 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.

Recently the Board invited the leadership of each Community Board in our catchment area to attend a regular CAB meeting. Three of the six Boards were represented. The leadership team is also invited to our annual Legislative Lunch.

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?

The CAB main objective is to keep the pressure on H+H to provide funds for the ED expansion – it is critically important to alleviate overcrowding in out ED.

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

- 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) Healthy Eating/Healthy Living – Nutrition Workshops IS 145's PTA and IS161
- 2) Volunteer Recognition Ceremony
- 3) DSRIP Committees
- 4) Health Insurance Workshop
- 5) Community Needs Assessment Committee
- 6) Several LGBTQ Activities (Parade & Open House)
- 7) Fall Prevention Workshop
- 8) Trauma Workshop
- 9) Cultural Food Expo – Celebrating Cultural Diversity

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. H+H Guiding Principles / H+H 2020 Vision Progress
2. DSRIP Activities – Progress Report
3. Update on Advocacy Issues/Indigent Care Funding
4. Increased interaction / exchange between CAB and CB

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

Signatures:

CAB

Chairperson:

Eartha Washington

Date:

October 14, 2016

Executive

Director:

Paul Ruz

Date:

10/14/16



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

NYC Health + Hospitals/Queens
Community Advisory Board

I. COMMUNITY NEEDS

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

As in prior years, the community of Southeast Queens has consistently experienced high rates of diabetes, cancer, heart disease and various pulmonary diseases. In addition, the community has a high rate of psychiatric illness and substance abuse. We also have a large number of patients with Sickle Cell Disease. Approximately 50 percent of the people who live in Queens County are foreign born and this presents challenges in terms of lack of access to health insurance and a significant need for language interpretation services. The hospital has also experienced re-admission rates that are higher than average throughout New York State.

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

Hospital leadership has specifically addressed these identified needs in various ways. NYC Health + Hospitals/Queens continues to enhance its Centers of Excellence in Diabetes and Cancer Care and by expanding the services offered to patients suffering from heart disease. The Diabetes Center continues to provide and manage clinical trials, which make the most advanced medications available to our patients. The Center has also continued to provide one-on-one and group education for patients and remains a Certified Diabetes Education program with two fulltime Diabetes Educators. The Cancer Center continues to offer a full array of medical and surgical services to patients with cancer and has also participated in a large number of clinical trials of the latest cancer drugs. Our dedicated inpatient Heart Failure Unit has been operating for more than a year providing coordinated care for all heart failure patients by an interdisciplinary care team of physicians, nurses, social workers and pharmacists with expertise in heart failure. The Metabolic Clinic provides timely post-hospital care for all patients discharged from the Heart Failure Unit, as well as a Cardiac Rehab Clinic.

This past year the Cancer Center received funding from our State Senator to close the gap in funding for an enhancement of the Center's Linear Accelerator, which will enable Queens to provide Stereotactic Radiosurgery for tumors of the brain and spine.

Despite many technology disruptors this year including the go-live of EPIC, our new electronic medical record, the Departments of Psychiatry and Chemical Dependency achieved overall Press Ganey patient engagement scores better than the H + H system scores. Additionally, the services have expanded program access through a partnership with the Mayor's Office via the Thrive NYC program, where early career clinicians are placed in our facilities to assist with the provision of behavioral health services. The Departments will also manage providers in another joint facility/NYC Mayor's office initiative to serve victims of intimate partner violence in the Queens Borough Hall Justice Center clinic. Prior services did not include mental health services for these individuals.

The Sickle Cell program continues to perform well with re-admissions within 30 days continuing to decline from 65 percent for sickle cell patients in 2013 to the low-to-mid-30 percent in 2016. The processes put in place to care manage these patients was recently featured in the system's Leadership Fellowship graduation. The Fellowship is a NYC Health + Hospitals/Advisory Board venture to imbue rising leaders with knowledge of the best practices in leadership.

Besides the hospital's existing language communication vehicles, Queens promulgated a new, rebranded patient admissions packet. The new admissions packet will be available in four languages – English, Spanish, Haitian Creole and Bengali – reflective of the majority languages of the patients we serve. In addition, the new packets will include all LGBT required language in the Visitors Welcome section and Patient's Bill of Rights. Besides being more responsive to our patient communities, production of the packets has resulted in a significant cost savings due to the use of system resources for production and translation services as well as better processes to manage the inventory.

All patients have the right to have all medical communication provided in their preferred language and there are three options: proximal (face-to-face), over-the-phone interpretations and video remote interpreting (VRI). Proximal interpreters are available, but may require advance notification. Most proximal interpretations are done by contracted vendors, but there are several employees of the hospital who are qualified to interpret as well. Over-the-phone interpretations are available 24/7. There are dual handset phones available throughout the hospital to facilitate this. VRI is also available, but only during specified hours and only for a limited number of languages. There are currently two computers that have the capability of accessing this resource. Posters are located throughout the hospital advising patients that free interpretation skills are available and these signs are printed in the top languages that are spoken.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The strategic priorities of the hospital include the following: **(a) continuous improvement in the quality of care**, meaning the right care at the right time to achieve the best clinical outcomes for individual patients and the best health status for our community (i.e. safe, timely, efficient, effective, patient-centered and equitable); **(b) increase staff engagement** by improving communication with staff and including all staff in collaborative improvement projects and activities; **(c) continuous improvement in patient experience and engagement** by improving communication with patients and families and actively engaging patients in planning and managing their care; and **(d) continuous reduction in the cost of care** by reducing waste, including unnecessary admissions, re-admissions and diagnostic tests, as well as increasing revenue by collecting full payment for all services provided.

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

The strategic priorities of the hospital are shared with the members of the CAB at the monthly meeting of the full Board, at the Executive Committee as well as at regularly scheduled sub-committee meetings such as Patient Care and Community Relations. At the monthly meeting of the full Board, directors of each of the hospital's major services, e.g. Internal Medicine, Ambulatory Care, Psychiatry, Emergency Services, and Women's Health make presentations on the strategic issues facing their departments and their plans to address these issues. Members of the CAB provide their input during these discussions. Every major service is reviewed on an annual basis. The hospital has also provided several presentations this past year on the New York State Delivery System Reform Incentive Program, including discussing the specific projects that will be the focus of this effort. Members of the CAB participated in a focus group as part of the formal Internal Revenue Service tri-annual Community Health Needs Assessment.

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

There is discussion at the full CAB meetings of new programs and projects. This past year there has been a great deal of discussion regarding the proposal by NYC Health + Hospitals/Queens to lease the T Building to a community-based organization that will renovate the building to provide a complement of affordable and supportive housing and regarding the implementation and expected disruption of the new electronic medical record.

The supportive housing units in the proposed T Building development will be available to patients with chronic medical and/or managed psychiatric conditions and who live in inadequate housing. The members of the CAB have met with the sponsoring organization, visited other sites operated by the organization, and actively participated in defining the size and scope of this project. Members of the CAB have also joined the hospital administration at Community Planning Board and other community meetings to discuss the project.

A Public Hearing was held in September offering community residents the ability to voice their concerns regarding the proposed development; several CAB members spoke in support of the project and the proposal has since been presented to NYC H + H for approval to move forward with necessary activities.

Queens implemented the EPIC electronic medical record on April 2 without a hitch. The anticipated slowing of processing patient records – as providers became more facile with the system – was anticipated by hospital administration; patient panels were reduced temporarily and refreshments were provided to patients to alleviate their discomfort from their wait times. Breakthrough/process improvement problem-solving was introduced to document work flow gaps and resolve such bottlenecks in a timely fashion. Finally, senior leadership engaged in constant patient/family rounding during the go-

live period to address issues in real time and offer support and encouragement.

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 are long waiting times in the clinics and the Emergency Department to see a doctor and difficulty in obtaining appointments in some clinics, such as the Dental Clinic.

3. What are the most frequent compliments provided by patients/residents?
The most frequent compliments provided are that staff members at Queens are very accommodating and helpful to members of the public, as well as of the cleanliness and welcoming atmosphere of the facility.

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 times 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 NYC H + H'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? 30 What are current numbers of vacancies? 5

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

The Queens CAB has recruited new members by approaching patients in the hospital and also at various events hosted at the hospital such as the Legislative Brunch, at events in the community, and at the local universities.

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 **Bylaws Committee** consistently reviews the bylaws to ensure that they adequately govern the CAB; the **Community Relations Committee** identifies the various means by which the CAB can build bridges with the community and sponsors community health education events; the **Membership Committee** is charged with looking at ways to attract active members of the community, as well as consumers, to the CAB; the **Patient Care Committee** receives regular reports from Ambulatory Care and Nursing and addresses patient care issues and complaints; the **Finance Committee** regularly monitors and maintains an account set up

to secure monies that are collected on behalf of the membership to provide for spontaneous situations in which the CAB agrees to show support to an individual or CAB member during a time of illness and/or grief, or to support an initiative of the hospital; the **Executive Committee** meets regularly before every CAB meeting to discuss new business and at times sensitive issues and whether they should be addressed at 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 are Community Planning Board representatives have invited hospital representatives to give presentations on various issues at the Community Planning Board meetings. For example, this past year hospital administration attended several Community Planning Board meetings to discuss new leadership and vision at Health + Hospitals/Queens. The Community Planning Boards' leaders and members also attended the hospital's annual Legislative Brunch, at which time they supported the hospital's request for funding a replacement Interventional Radiology Suite which will provide for less invasive diagnostic and other procedures for those Queens patients who tend to have multiple chronic conditions which compromise their ability to tolerate more invasive procedures. Nearly 75 percent of this project was funded by the Queens Borough President and City Council Delegation of Queens.

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 the NYC Health + Hospitals 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? CAB members regularly participate in NYC Health + Hospitals/Queens outreach activities, which have included several Voter Registration Drives, a Senior Health Forum and Breakfast in May, and a Black History Month event in March. Members of the CAB also regularly recommend the hospital's involvement in specific health fairs and other community outreach activities. Hospital staff and CAB members collaborated by participating in several Community Health Fairs and provided health information to the community regarding asthma, diabetes, smoking cessation, and blood pressure screening during the summer of 2016.

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

X Yes No

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

X 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.

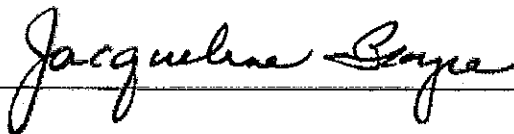
1. HHC DSRIP strategy, including proposed community partnerships
2. Impact of the Affordable Care Act on HHC financial condition
- 3.
- 4.
- 5.

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

Signatures:

CAB

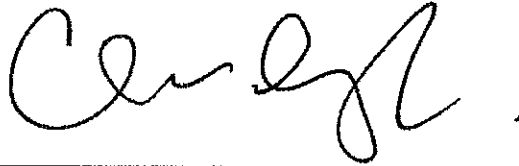
Chairperson:



Date:

10/21/16

Executive
Director:



Date:

10.20.16



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

(COLER COMMUNITY ADVISORY BOARD)

Tuesday, January 10, 2017

I. COMMUNITY NEEDS

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

1. Nursing Staff
2. Discharge Planning
3. Environment
4. Food Services

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input type="checkbox"/> Other Public Meetings |
| <input type="checkbox"/> Needs Assessments | <input type="checkbox"/> Community Health Profile Data |
| <input type="checkbox"/> Reports from Community Organizations | <input checked="" type="checkbox"/> Other Activities (please list) |

Patient Care Committee and the Resident Council Meetings

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

- Yes No

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

1. Nursing:

The Deputy Executive Director gives relevant monthly reports at CAB's meetings and the Director of Nursing provides information pertaining to nursing care concerns at the Patient Care Committee meetings.

2. Discharge Planning and Housing: Hospital

Social Work Department coordinates with various Departments, agencies and Healthcare Advocates relating to dependable plans for the Resident's discharge.

3. Environmental:

Administration makes available reports on the modernization and upgrading plans and actions of the Facility at the Community Advisory Board meetings.

The CAB is often asked to participate in a variety of planning committee meetings.

Menu Committee meeting

4. Food Services:

The Food and Nutrition Department Managerial staff gives information pertaining to food preparations and services at the monthly meetings.

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

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

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

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

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

X Yes

No

The Executive Director provides information of the facility plans at the monthly Board meetings. The CAB Chairperson participates in planning meetings. The Executive Director meets monthly with CAB Chairperson.

III. RESIDENTS' EXPERIENCES

1. Residents' safety and satisfaction is a priority of the facility.

Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes No

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

Nursing Care
Environment
Residents Discharges
Food Service

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

-Therapeutic Recreation activities are outstanding
-Nursing care is high quality
-Staff are friendly and caring

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

Yes No

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

	Poor	Satisfactory	Very good
Cleanliness			x
Appearance			x
Condition			x

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? 16 What are current numbers of vacancies?
19

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

- Solicitations and recommendations from Resident's Council; Patient Relation Department; Nursing Department; Facility's Auxiliary members Planning Boards; Mayoral Office and the surrounding Communities.

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

X Yes No

- Community residents are invited to attend our Board meetings.

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

- Executive Committee consists of Committee Chairpersons and is responsible for implementing all undertakings of the Community Advisory Board.

- Legislative Committee researches legislation as it relates to health services. The committee carries out the Board's mandates.

- Nomination and Monitoring Committee reports vacancies to the Board.

- The Patient Care Committee carries out the Board mandates in researching and evaluating the Facility's quality and quantity of patient/resident care services as affected by facilities; equipment, personal, programs and activities rendered at the Facility. Findings are conveyed to the Board members at the monthly meetings.

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

X Yes x No

a. If yes, please describe actions taken

Community Advisory Board Report

Page 5

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

Yes No

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

Yes No

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

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?

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

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

- The Board members assist in the Roosevelt Island yearly Influenza Campaign Program.
- The members are involved in the outreach programs offered by the Facility.

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. CAB members find the conferences interesting and helpful.

Yes

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

Not enough Just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

Signatures:

CAB
Chairperson: Melissa Muijar

Date: 12/31/16

Executive
Director Geoffrey Dyles

Date: 12/21/16



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

**Henry J. Carter Specialty Hospital and Nursing Facility
Community Advisory Report**

January 20, 2017

I. COMMUNITY NEEDS

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

- ***Affordable housing for underserved population***
- ***Adequate community medical services***
- ***Employment opportunities and summer students***

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

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

- ***CAB's Patient Care Committee***
- ***Press Ganey Survey Report***
- ***Members from Planning Board #11***
- ***Facility Patients and Residents Experience Program***

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

- Yes** **No**

If yes, please give examples of what the facility leadership

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

- ***Provide quality care for the patients/residents in a home like setting atmosphere***
- ***Supportive discharges into the community***
- ***Improving patients/residents experiences***

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

Chairperson and the Patient Care Committee Chairperson meets monthly with the department heads to discuss the listed strategic priorities. A report is presented to the Board during the monthly meeting.

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

Yes

No

The Executive Administration provides information on the facility plans at the monthly Board meetings.

III. RESIDENTS' EXPERIENCES

1. ***Residents' safety and satisfaction is a priority of the facility.***

Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

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

Residents complained frequently about the food. However Food and Nutrition Department holds monthly meetings with residents to discuss the menu and sample testing of new selections of food.

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

Activities and trips provided by the Therapeutic Recreation Department

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings? **Not Applicable**

Yes

No

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

	Poor	Satisfactory	Very good
Cleanliness			x
Condition			x
Appearance			x

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

Yes No

CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

According to the CAB's By-laws, what is the CAB's total allowable membership? 25

3. What are current numbers of members? 14 What are current numbers of vacancies? 11

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

- **Recommendations from Resident Council**
- **Planning Board #10**
- **Planning Board #11**
- **Recommendations from local and state elected officials**

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

Yes No

- **Family members of the residents and the Family Council are invited to the meetings.**

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

- **Executive Committee meets monthly to discuss the agenda and important issues as related to the Board.**

- **The Patient Care Committee meets monthly to discuss and evaluate the quality and quantity of the patient/resident care.**

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.

Members of Planning Board #11 attends and the meeting and present a report on the issues affecting the surround 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 No

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

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

Yes No

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

Yes No

a. If so, were the issues subsequently addressed?

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

- ***The Board members participated in the zoning, housing development, workshops on employment opportunities and block association meetings.***

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

Yes No

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

Yes No

CAB members find the conferences interesting and helpful?

Yes 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

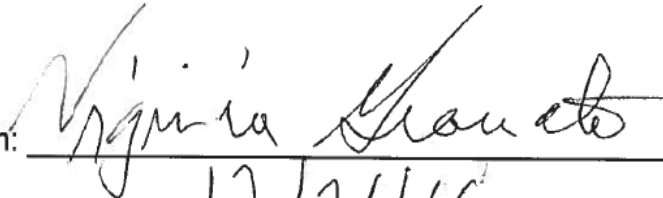
If not enough, what assistance would you need?

III. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

Signatures:


CAB
Chairperson:



Date:

12/2/16

Executive
Director



Date:

