

## AGENDA

### COMMUNITY RELATIONS COMMITTEE

Meeting Date: May 7, 2013  
Time: 5:30 P.M.  
Location: 125 Worth Street, Room 532

### BOARD OF DIRECTORS

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

#### CALL TO ORDER

Josephine Bolus, NP, BC

#### ADOPTION OF MINUTES

March 5, 2013

Josephine Bolus, NP, BC

#### CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

#### INFORMATION ITEMS

#### Community Needs Assessment Presentation

Dona Green

#### Generations Plus/ Northern Manhattan Network

Lincoln Medical & Mental Health Center

George Rodriguez

Morrisania Diagnostic & Treatment  
Center

George Robinson

Segundo Ruiz Belvis Diagnostic  
And Treatment Center

Gabriel DeJesus

Harlem Hospital Center

Stephanie Howze

Renaissance Health Care Network  
Treatment Center

Jackie Rowe-Adams

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION



**COMMUNITY  
RELATIONS**

Meeting Date: March 5, 2013

**COMMITTEE**

**BOARD OF DIRECTORS**

**ATTENDEES**

**COMMITTEE MEMBERS**

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

**Robert F. Nolan**, Board Member

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

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

**Bobby Lee**, Chairperson, Bellevue Hospital Center

**Jose Grajalas**, Chairperson, Metropolitan Hospital Center

**Fredrick Monderson**, DUinv, (Representing May Thomas, Chairperson, Dr. Susan Smith McKinney  
Nursing & Rehabilitation Center)

**Bette White**, (Representing, Stephane Howze, Chairperson, Harlem Hospital Center)

**Queenie Huling**, Chairperson, Coney Island Hospital

**Antoinette Brown**, Chairperson, Cumberland Diagnostic and Treatment Center

**Dalia Soto**, (Representing, Gerald From, Ph.D., Chairperson, Gouverneur Healthcare Services

**Agnes Abraham**, Chairperson, Kings County Hospital Center

**Jessica Arocho**, Chairperson, Woodhull Medical and Mental Health Center

**HHC FACILITY CAB MEMBERS**

Jacqueline Narine, Cumberland Diagnostic and Treatment Center

Phyllis Anderson, Cumberland Diagnostic and Treatment Center

Sheridan Dean, Cumberland Diagnostic and Treatment Center

Stanley Parham, Cumberland Diagnostic and Treatment Center

Corey Evans, Cumberland Diagnostic and Treatment Center

Barbara Byam-DeallFordi, Cumberland Diagnostic and Treatment Center

Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility

Reverend Jean H. Montas, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Gloria Thomas, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Neisha Bowers, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Eva Wardron, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Jeromane Berger-Gaskin, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Michelle Winfield, Bellevue Hospital Center

Clarona Williams, Woodhull Medical and Mental Health Center

Violeta Rivera, Woodhull Medical and Mental Health Center

Talib Nichiren, Woodhull Medical and Mental Health Center

Margaret Burke, Kings County Hospital Center

Gilian Best-Hamilton, East New York Diagnostic and Treatment Center

Neisha Bowers, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

**HHC CENTRAL OFFICE STAFF**

Valerie Phillips, Office of Legal Affairs  
Deborah Cates, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Dona Green, Corporate Planning  
Manelle Belizaire, Intergovernmental Relations  
Alvin Young, Intergovernmental Relations  
Robb Burlage, Intergovernmental Relations  
Renee Rowell, Intergovernmental Relations

**HHC FACILITY STAFF**

George Proctor, Senior Vice President, Central/North Brooklyn Family Health Network  
Ernest Baptist, Executive Director, Kings County Hospital Center  
Michael Tartaglia, Executive Director, Dr. Susan Smith McKinney Nursing and Rehabilitation Center  
Steven Kaner, M.D., Medical Director, Dr. Susan Smith McKinney Nursing and Rehabilitation Center  
Hope Mason, Associate Executive Director Strategic Planning, Kings County Hospital Center  
Lynn Schulman, Network Senior Associate Executive Director, Business Affairs  
Vincent Mulvihill, Network Senior Associate Executive Director, Ambulatory Care  
Patricia Hinds, Senior Associate Director, East New York Diagnostic and Treatment Center  
Cheryl Jones, Associate Director, Woodhull Medical and Mental Health Center  
Sonia Dell-Robinson, CAB Liaison, Coney Island Hospital  
William Jones, Associate Director Coler/Goldwater Specialty Hospital and Skilled Nursing Facility  
Angela Cooper, CAB Liaison/Associate Director, Public Affairs Dr. Susan Smith McKinney  
Debera Tyndall, CAB Liaison, Kings County Hospital Center  
Ron Law, Metroplus, Intergovernmental Relations  
Elizabeth Atkinson, Kings County Hospital Center

**GUESTS**

Mark Kent, Consumer, Bellevue Hospital Center

## **ADOPTION OF MINUTES**

The meeting of the Community Relations Committee (CRC) was called to order at 5:30 p.m. by the CRC Chairperson, Mrs. Josephine Bolus, NP-BC

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of January 8, 2013. A motion was made and seconded. The minutes were adopted.

## **CHAIRPERSON'S REPORT**

Mrs. Bolus opened the meeting with a warm welcome to members of the Committee and invited guests.

Before proceeding with the annual reports of the Community Advisory Boards (CAB) of the Central/North Brooklyn Family Health Network, Mrs. Bolus announced the Health and Hospitals Corporation (HHC) Board of Directors Annual Public Meeting for the Borough of Brooklyn will be held at Coney Island Hospital on Monday, April 8, 2013 beginning at 5:30 p.m. Mrs. Bolus stated that "this is the last of the series of HHC Borough annual public meetings for FY2013." She noted that the Brooklyn meeting had been postponed due to Super Storm Sandy. Mrs. Bolus also directed members and invited guests attention to a message from HHC President Alan Aviles and Kings County Hospital Center Executive Director Ernest Baptiste in reference to an error that involved an Emergency Department resident's failure to note an abnormal finding on a patient's chest x-ray that later turned out to be lung cancer and was not picked up until late last year. Mrs. Bolus noted that the story recently made headlines in the news. She encouraged members to read the message in its entirety.

Mrs. Bolus continued and highlighted some notable developments that have occurred since the January 8, 2013 meeting.

Mrs. Bolus began her report by thanking all the staff who has worked tirelessly to restore service operations at both Bellevue and Coney Island hospitals.

Mrs. Bolus informed the Committee and invited guests that Bellevue fully re-opened on February 7th, 2013 and has resumed its Level 1 Trauma Center status. She added that Coney Island Hospital began to accept inpatients in the middle of January and has now restored most of its services; however, its Emergency Department capacity remains limited as work continues to rebuild much of its Emergency Department. In addition, Coney Island Hospital has also been operating a fleet of mobile medical vans providing primary care services and immunizations in parts of southern Brooklyn and Staten Island that were affected by Sandy.

Mrs. Bolus stated that a tremendous amount of work has been done at Coler Specialty Hospital and Nursing Facility so that the facility can operate on permanent power through Con Ed by early this spring.

Mrs. Bolus continued and reported that HHC President Alan Aviles had testified before the City Council in January regarding Hurricane Sandy and that a copy of the testimony could be found on the counter near the entrance to this room. In addition, anyone interested to have more information about HHC's efforts during and after the storm, could visit the "Restoration" page on HHC's website.

Mrs. Bolus thanked the CAB members for participating in legislative events at their facilities and or planning in-person meetings with their elected officials in their district offices. She reminded them that now is the time for those meetings as April 1st is only a few weeks from now and that means that adoption of the State budget is right around the corner.

Mrs. Bolus emphasized that the outcome of the deliberations between the Governor and Legislature is especially important for HHC, given the \$500 million in Medicaid cuts that we have already experienced over the last five State budget cycles, as well as the reductions in Medicare and Medicaid funding already enacted in federal law. She noted that these actions have contributed to the mounting budget challenges HHC is facing.

Mrs. Bolus referred to the CAB Council President, Agnes Abraham's constant reminder, "all politics is local." She reminded the CAB members that the Community Advisory Boards have always played a major role in advocacy, telling your facility's story and articulating your community's needs. She noted that the CAB Members' advocacy is needed more than ever.

Mrs. Bolus continued and informed members of the Committee, CAB Chairs and invited guests that HHC has been designated as an Accountable Care Organization (ACO) by the federal government's Centers for Medicare and Medicaid Services (CMS). Mrs. Bolus added that this ACO designation allows HHC to participate in the Medicare Shared Savings Program. She explained that the Medicare Shared Savings Program offers hospitals and doctors financial incentives to improve quality and reduce health spending. Mrs. Bolus congratulated all of those who worked hard to make this happen.

Mrs. Bolus reported that last month, Bellevue Hospital received a \$1.6 million federal grant, as part of broader grant made to different organizations for several initiatives aimed at improving trauma services in the child welfare and juvenile justice systems in the New York City. Mrs. Bolus stated that "violence is a public health issue and in this vein, the Kings County CAB is holding a public meeting which will focus on "Violence as it Affects Your Health." The meeting will take place on Saturday, April 20th from 10:00 A.M. to 1:00 P.M. in the T Building. All are welcome to attend."

Mrs. Bolus announced that Lincoln Medical Center recently unveiled its "TEEN Van", which was funded by the New York Yankees. Mrs. Bolus noted that the van allows hospital staff to boost outreach efforts to Bronx teens at schools and community events. The aim is to help Bronx teens make changes for a safe and healthy lifestyle.

Mrs. Bolus continued by calling the CAB members' attention to a series of videos in which President Aviles outlines some of the challenges that HHC must confront, not only in terms of its budget but also the imperatives to transform how health care is delivered. She added that, while these videos were mostly intended for HHC employees, they can serve as an excellent tool to inform and engage in dialogues with community members and elected officials.

Mrs. Bolus noted that one of these videos was shown at a recent CAB Council meeting and encouraged the CAB members to view the rest of these at a future CAB Council meeting or at their local CAB meeting.

Mrs. Bolus concluded her remarks by asking the Committee members, CAB Chairs and invited guests to join her in a moment of silence on the recent passing of Mrs. Jane Lyons, former executive director of Sea View Hospital Rehabilitation Center and Home, at age 85.

Mrs. Bolus stated that "Mrs. Lyons was named one of the Top 100 Black Achievers in New York City of the 20th Century by the Schomburg Center. In 1961 she was appointed to the Staten Island Borough President's Cabinet, the first African-American and the first female in any borough to so serve.

She held administrative positions with the City and became Personnel Director at the then City Hospital Center in Queens. She began at Sea View in 1978 and served as executive director for 15 years, retiring in 1997. Her lifelong interest in history led only a decade ago to her rescuing Sea View's WPA murals for public view.

Mrs. Lyons led many community activities, from the NAACP to AIDS education. She was a lifelong fundraiser for United Cerebral Palsy.

She is survived by her son, Gregory, who is afflicted with Cerebral Palsy. "

## **Central/North Brooklyn Family Health Network**

### **Kings County Hospital Center (Kings County) Community Advisory Board**

Mrs. Bolus introduced Ms. Agnes Abraham, Chairperson of the Kings County Hospital Center CAB and invited her to present the CAB's annual report.

Ms. Abraham began her presentation by greeting members of the Committee and invited guests and acknowledging George Proctor, Senior Vice President, Central/North Brooklyn Family Health Network and Ernest Baptist, Executive Director, Kings County Hospital Center.

Ms. Abraham informed members of the Committee, CAB Chairs and invited guests that since the CAB last report there has been a change in leadership at Kings County Hospital, Roselyn Weinstein, Acting Executive Director has been succeeded by Ernest Baptist. Ms. Abraham added that the CAB welcomes Mr. Baptist and look forward to a working relationship.

Ms. Abraham reported that the most significant health care service needs or concerns for the Kings County community are long wait times in the clinics, gun violence against young men, long wait and overcrowding in the Emergency room in addition; the community is affect by health disparities in the areas of hypertension, diabetes and childhood obesity. Ms. Abraham added that these concerns are identified by Community Planning Board, Needs Assessment Surveys and Community Health Profile Data.

Ms. Abraham continued and reported that the facility's leadership is addressing the needs and concerns of the community by expanding clinic hours, the implementation of KAVI Cure Violence and Intervention program, the hospital established a Hospitality Center to provide positive patient experience for patients who are discharged and the hospital has selected hypertension, diabetes, and childhood obesity as clinical indicators and will focus management of care for Kings County patients through the establishment of Patient Centered Medical Home.

Ms. Abraham stated that the facility strategic priorities are patient safety, to maintain and improve quality of patient care and services, respect for patients, staff and visitors and patient satisfaction. Ms. Abraham noted that the Kings County CAB provides input into the development of the facility's strategic priority by meeting with the Executive Director and Senior Management.

Ms. Abraham reported that the most frequent complaints raised by patients at



Kings County Hospital Center are long wait time in the pharmacy, long wait time in the Emergency Room and staff attitude. Ms. Abraham noted that the most frequent compliments provided by patients include: improved quality of care and, improvements on how patients are treated by the health care team.

Ms. Abraham concluded her report by informing members of the Committee, CAB Chairs and invited guests that from the Kings County CAB perspective the facility ratings in the areas of cleanliness, condition and appearance is very good.

### **Dr. Susan Smith McKinney Nursing and Rehabilitation Center (DSSM) Community Advisory Board**

Mrs. Bolus introduced Dr. Frederick Monderson, 1st Vice Chairperson of the DSSM Community Advisory Board and invited him to present the CAB's annual report.

Dr. Monderson began his presentation by acknowledging Ms. Bolus, members of the Community Relations Committee and guests. Dr. Monderson also extended greetings to Michael Tartaglia, newly appointed Executive Director. Dr. Monderson explained that Peola Small, former Executive Director Retired in September 2012 and was succeeded by Michael Tartaglia.

Dr. Monderson reported there were so many major issues that were of concern to the CAB such as: The Decision of the Fiscal Cliff, the Budget, the Presidential Election and foremost the devastation of Hurricane Sandy. Dr. Monderson noted that DSSM senior staff maintained a serious vigil to ensure the safety of the residents and patients. Dr. Monderson expressed appreciation to Barry Chapman, Operations Plant Manager, Mr. Anthony Radkumar, Associate Director, Robert Cummings, Associate Director and the Kings County Team for their extremely generous support. Dr. Monderson added that Michael Tartaglia, Executive Director; camped out round the clock, in the command center; thus ensuring the safety of the residents, staff and the entire facility.

Dr. Monderson reported that Dr. Susan Smith McKinney Nursing and Rehabilitation Center had their Annual Department of Health (DOH) Survey and New York State DOH/Center for Medicare and Medicaid Survey with very good results. Dr. Monderson added that DSSM is in the process of preparing for the Joint Commission Survey.

Dr. Monderson informed members of the Committee and invited guests that DSSM Marketing and Public Relations Department, hosted an event that augments patient care and in the interim boost staff morale. He noted that last year DSSM had the first ever Easter Egg hunt. He stated " what a success it was."

Dr. Monderson continued and highlighted DSSM's activities for the past year. Dr. Monderson stated that "DSSM hosted its 1st Recognition Luncheon Event for the male staff; all the units at DSSM have names and DSSM hosted their first Block Party; GO Red Event both staff and residents participated; the DSSM CAB has created a Resident's Satisfaction Survey for the facility; Black Tie Cabaret Dinner continues for Residents. Dr. Monderson noted that residents and family members were treated to a formal sit down dinner; non-alcoholic beverages and live entertainment was provided. Dr. Monderson added that DSSM in house beautician prepared hair and makeup for the residents.

Dr. Monderson reported that the Community Outreach Program is ongoing and DSSM physicians continue to educate to the community by providing information about Diabetes Management, Podiatry in the Elderly, Hypertension and Stroke.

Dr. Monderson informed the Committee and invited guests on the DSSM CAB involvement in the Annual Tree, Menorah and Kwanzaa Lighting Ceremonies. Dr. Monderson noted that there was a trip to Radio City Christmas show for the residents through the sponsorship of DSSM Auxiliary. Dr. Monderson added that the residents are excited about the upcoming summer, where they can enjoy the summer garden, outdoor barbeques and special outings.

Dr. Monderson concluded his report by thanking Mr. George Proctor, Senior Vice President and Michael Tartagila, Executive Director, for always encouraging and supporting the DSSM CAB in their efforts.

### **Woodhull Medical and Mental Health Center (Woodhull) Community Advisory Board**

Mrs Bolus introduced Ms. Jessica Arocho, Chairperson on the Woodhull' Community Advisory Board and invited her to present the CAB's Annual Report.

Ms. Arocho reported that the that the most significant health care service needs and concerns of the Woodhull community are the Emergency Department, Geriatric Practice, Dental Practice and the Women's Health Practice. Ms. Arocho noted that the Woodhull CAB has identified these needs/concerns through numerous Community Board meetings as well as reports from Community Organizations.

Ms. Arocho continued and stated "Woodhull's facility leadership are addressing these needs and concerns, by taking an aggressive position in addressing the waiting time and space availability in the Emergency room." She noted that the registration desk with a nurse greeter continue to work well along with the white board that track patient from the time of arrival to the Emergency Room through admission or discharge from the ER.

Ms. Arocho reported that the leadership at Woodhull Medical and Mental Health Center are planning to redesign and renovate primary care and specialty practices to accommodate the growing community, enhance quality, and increase patient satisfaction and patient safety as part of the hospital's strategic priorities. Ms. Arocho added that the Woodhull CAB provides input into the development of the facility's strategic priorities by conducting walk-throughs in the facility. She added that the CAB meets and engages with staff to gain first-hand experience on how patient care is being provided. In addition, the CAB also prepares a monthly presentation calendar so that Department Heads/ Chiefs of Service can make presentations to the Board and the Network Senior Vice President meets with the CAB Chairperson on a regular basis.

Ms. Arocho informed members of the Committee that the most recent complaints raised by patients and residents of the Woodhull community is the long waiting time in the Emergency Room and long wait time for clinic appointments to the Ambulatory Care Clinics. She noted that the most recent compliments provided by patients and residents of the community are the Extended Ambulatory Care Practices Clinic hours and the services provided at the Cancer Care Center. Ms. Arocho added that there are periodic reports and updates on Woodhull's access indicators such as appointment availability and wait times are always provided by the facility's leadership at Woodhull CAB meetings.

Ms. Arocho concluded her presentation by reporting on the Woodhull CAB recruitment activities. Ms. Arocho reported that the Woodhull CAB, Membership Committee takes a positive position in communicating with the community and provides a copy of the Woodhull CAB Profile and application for those who may be interested in joining. She added that the CAB's recruitment efforts include outreach to new population groups in the community.

### **Cumberland Diagnostic and Treatment Center (Cumberland) Community Advisory Board**

Mrs. Bolus introduced Ms. Antoinette Brown, Chairperson of the Cumberland Diagnostic and Treatment Center Advisory Board and invited her to present the CAB Annual Report.

Ms. Brown began her presentation by reporting that the Cumberland CAB provides input into the development of the facility's strategic priorities through various committee meetings and reports their findings to the administration. Ms. Brown added that the CAB also seek input from the consumer of the facility and relay the feedback to the facility's leadership.

Ms. Brown reported that the most significant health care service needs of the Cumberland D&TC community is pediatrics, HIV, diabetes, dental, Women's and Men's health.

Ms. Brown stated that the leadership is addressing these needs by increased community outreach, health fairs and Breakthrough training for the staff. Ms. Brown added that Cumberland's administration has invested HEAL 6 funding to expand capacity in both the dental and adult medicine clinics.

Ms. Brown concluded her CAB report by announcing the Cumberland CAB successful membership recruitment efforts. Ms. Brown stated that the Cumberland CAB now has sixteen members. Ms. Brown also announced that she is term limited and will have to come off the CAB this year. She expressed gratitude to the staff and CAB members.

### **Community Needs Assessment Presentation**

Mrs. Bolus introduced Ms. Dona Green, Senior Assistant Vice President of Corporate Planning Services and invited her to present the Community Assessment Presentation.

Ms. Green greeted Committee members and invited guests and thanked them for the opportunity to present on the IRS Community Health Needs Assessments Requirement. Ms. Green explained that Section 9007 of the Patient Protection and Affordable Care Act ("ACA", the 2010 federal health care reform law) adds requirements that a non-profit hospital must meet in order to maintain its Sec. 501(c)(3) tax-exempt status under the Internal Revenue Code. She added that the final notice incorporating these rules was printed on July 25, 2011. She stated that a hospital must conduct a community health needs assessment at least once every three years and faces financial penalties for failing to timely conduct the assessment.

Ms. Green began her presentation by giving a legislative background of these rules. Ms. Green reported that during the period leading up to the enactment of the ACA, numerous parties, among them Senator Charles Grassley of Michigan determined that some 501(c) (3) hospitals had engaged in practices that seemed to belie their "charitable" status. These included failing to publicize their charity care policies, etc. As a result, Congress sought to have 501(c) (3) hospital organizations demonstrate that they were, in fact, providing "charitable care."

Considering that HHC as a government entity is already transparent, the National Association of Public Hospitals (NAPH) and other advocacy entities attempted to exclude HHC from complying with this requirement, but were unsuccessful. Ms. Green noted that there is a \$50,000 penalty fee for every hospital failing to meet the requirement for any taxable year as quoted in the rule: "If a hospital organization to which section 501(r) applies fails to meet the requirement of section 501(r)(3) for any

taxable year, there is imposed on the organization a tax equal to \$50,000.” (Section 4959). Ms. Green reminded Committee members and invited guests that because HHC has 11 acute hospitals and one long term hospital (Coler-Goldwater), failure to meet the requirements will cost HHC \$600,000 (\$50,000 x 12).

Ms. Green stated that in order to comply with the requirement, HHC has to conduct a Community Health Needs Assessment which meets IRS’ requirements and adopt an implementation strategy to meet the community needs identified through this assessment. She explained the process for IRS’ purposes as follows: after conducting the community health needs assessment, a committee of the hospital’s board, in our case, the Community Relations Committee (CRC), is to adopt the implementation strategy.

Ms. Green reported that the components of the Community Health Needs Assessment (CHNA) are as follows:

- A description of the community served by the hospital facility.
- A description of the process and methods used to conduct the assessment.
- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served.
- A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Ms. Green highlighted other pertinent requirements as noted below:

- The first CHNA must be “conducted” on or before June 30, 2013 – a separate CHNA must be conducted for each hospital.
- A CHNA is considered “conducted” when the written report of its findings is made widely available to the public.
- “Widely available” is defined as:
  - Providing a link on the hospital website with clear instructions on how to access the report on that website.
- A hospital organization must create & adopt a written implementation strategy/plan to meet the community health needs identified in a CHNA.

Ms. Green reported on the implementation strategy, which is a written plan, separate from the CHNA. As such, the implementation strategy:

- describes how the hospital facility plans to meet the health need; or
- Identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need;

- tailors the description to the particular hospital facility, taking into account specific programs, resources and priorities; and
- must be adopted. Please note that the implementation strategy is considered adopted on the date approved by an authorized governing body of the hospital organization.

Ms. Green shared with the Committee HHC's work plan's timeline to comply with the CHNA requirement:

**February 28, 2013:**

Kickoff with Network / Facility Planning Directors

**March 4, 2013**

- Assessment Team Facilitate, Collect & Analyze Primary Data
- Send invites to select CBOs to participate in CHNA discussion Forum
- Assessment Team Members provide CPS with existing CHNA / Joint Commission Strategic Plans etc

**March 14, 2013**

- Discussion groups/surveys patient care team to identify strengths/weakness and current interventions
- CPS to draft/disseminate "Community Served" section resources

**March 24, 2013**

- Review primary data to identify strengths, gaps, opportunities, demographics, health status, risk behavior
- Generate list of Community Health Needs and identify

**March 25, 2013**

- Assessment Team facilitates Need/Gap
- Create Draft Implementation

**April 22, 2013**

CRC Package Due

**May 7, 2013**

CRC Committee Meeting to adopt the implementation strategy

**May 30, 2013**

Board of Directors to approve the implementation strategy adopted by the CRC Committee

Ms. Gloria Thomas, cross-representing CAB Member of Kings County Hospital Center and Dr. Susan Smith McKinney Rehabilitation Center asked Ms. Green to clarify the composition of the governing body she referred to earlier. Ms. Green answered that in HHC's case the governing body is the Board of Directors; however the implementation

of the CHNA can be adopted by the governing body itself or a committee of the governing body, such as the Community Relations Committee.

Ms. Thomas asked if each hospital will have its own board. Ms. Green answered that the process of the community health needs assessment specifies that you must take into account input from people representing the broad interests of the community served by the facility, including those with expertise and special knowledge of the community. Ms. Green explained the Corporation's strategy to gather the data. In order to have the local input, many of the CAB members are being asked to participate in focus groups; however, the group that would adopt the implementation strategy has to be a Committee of the Board. Ms. Green noted that the IRS requirement is more than the hospitals' strategic plans and other form of community health assessments. To that end, HHC will be working with three focus groups: one looking internally, one with patients and one with community based organizations, CAB members and other stakeholders that are very knowledgeable about their community needs. Those needs collected at the local level are prioritized according to the most common needs and implementation strategies are identified to address these needs.

In the interest of time, Mrs. Bolus asked the audience to hold all further questions until the Council of CABs meeting following the CRC meeting at which time Ms. Green will also go over the Community Health Survey 2013 and answer the Committee members' questions.

### **East New York Diagnostic and Treatment (East New York D&TC) Community Advisory Board**

In the absence of East New York D&TC's CAB chairperson, Mr. Ludwig Jones, Mrs. Bolus introduced Ms. Patricia Hinds, Senior Associate Director Administrator of East New York D&TC and invited her to present the facility's CAB report.

Ms. Hinds began the East New York Diagnostic and Treatment Center's CAB presentation by greeting all in attendance.

Ms. Hinds reported that the community's most significant health care service needs/concerns of the East New York Diagnostic and Treatment Center community is obesity, diabetes, hypertension, high cholesterol, heart disease, depression and asthma.

Ms. Hinds continued and reported that the facility's leadership is addressing these needs by adopting HHC's Chronic Disease Collaborative. Ms. Hinds explained that there are five providers, a nurse, care manager, nutritionist, social worker and other nursing staff using the Chronic Care Model during planned visits to improve quality of

care provided to patients with diabetes, hypertension and high cholesterol. Ms. Hinds noted that MetroPlus and Health First also provided Care Managers, to work in collaboration with the providers and clinic staff. Ms. Hinds added that the clinic is also developing an exercise program for patients to address the needs.

Ms. Hinds reported that the most frequent complaints raised by patients are long waiting periods for specialty clinic appointments at Kings County Hospital Center (KCHC), follow-up appointments to Women's Health clinic are not always available clinic staff shortage, and the inconvenience of having to make follow-up appointments for ENYD&TC through KCHC.

Ms. Hinds informed members of the Committee and invited guests that "ENYD&TC has started using the Breakthrough methodology to develop changes in the way they provide services." Ms. Hinds noted that ENYD&TC CAB members are included in the process. Ms. Hinds added that one of ENYD&TC CAB members participated in a Rapid Improvement Event (RIE) that was successful in changing the way patients with appointments flow through the clinic. Ms. Hinds stated that "the CAB member involvement has resulted in a tremendous reduction in the amount of time patients spend in the clinic." In addition, Greeters were placed in the facility lobby to ensure that patients were properly acknowledged; their questions answered, and correctly directed to improve patient flow. She noted that with this action patients are satisfied with their care and treatment in the facility. She stated "the clinical director addresses all issues of staff curiousness to the patients."

Ms. Hinds concluded the ENYD&TC presentation by informing members of the Committee and invited guests that ENYD&TC CAB recently held elections and revised the CAB's bylaws. Ms. Hinds continued and stated "there are new officers on the board and CAB has increased its membership; there are now nine (9) members on the board with a vacancy of six (6) members. Recruitment efforts are ongoing.

#### **OLD BUSINESS**

None.

#### **NEW BUSINESS**

#### **ADJOURNMENT**

The meeting was adjourned at 6:25 p.m.





# HHC Facility Community Health Needs Assessment 2013

Presentation to:  
Community Relations Committee  
of the Board 5/7/2013

# Why a Community Health Needs Assessment (CHNA)?

- ▶ The Affordable Care Act added new requirements for tax-exempt hospitals to complete a CHNA and develop an implementation strategy once every three years
  - Separate CHNA must be conducted for each hospital by June 30, 2013
  - Goal is to improve community health by identifying opportunities to improve the delivery system to better meet the needs of the community
- ▶ Designed as a way for Congress to assess whether tax-exempt hospitals are fulfilling their responsibilities as not for profit organizations
- ▶ IRS responsible for oversight of nonprofit organizations – therefore is overseeing the CHNA requirements
  - IRS will impose a \$50,000 excise tax for each HHC facility that does not satisfy the CHNA requirements

# Required Elements of a CHNA

- ▶ A CHNA is considered “conducted” when a full report of its findings is made widely available to the public.
  - “conducted” means a link to the report on the hospital website with clear instructions on how to access the report
- ▶ Each hospital must create and adopt a written implementation strategy
  - Implementation strategy is considered adopted when approved by the Board of Directors

# Required Elements of a CHNA (cont'd)

- ▶ Description of the community served by the hospital
- ▶ Description of the process and methodology used for the CHNA
- ▶ Process for gaining input from broad community stakeholders
- ▶ Delineation of health needs identified through the CHNA
- ▶ Listing of the existing healthcare facilities and other resources in the facilities service community

# Process and Methodology

- ▶ 10 Facilities(excluding Lincoln & Metropolitan): Identified their community health needs through 90 minute focus group sessions: *1 provider, 1 patient, and 1 community stakeholder focus group*
- ▶ 5 Questions Were Asked:
  - What are the greatest healthcare strengths in the facility's community?
  - What are the greatest healthcare weaknesses in the facility's community?
  - What are the greatest healthcare needs in the facility community?
  - How might you rank the facility's responses to the priority community health needs?
  - How might the facility better respond to these needs?
- ▶ Health needs identified were submitted to facility leadership for prioritization
- ▶ Responses from the three focus groups were used for content in the CHNA

# Variations in Process & Methodology

Two facilities took a different approach:

## ▶ Lincoln MMHC

- Patient & community stakeholder focus groups conducted throughout 2011 led to the development of a community survey tool with 22 primary questions
- 353 (30%) surveys completed by community stakeholders and patients
- March 2013: convened provider focus group to get their input on needs

## ▶ Metropolitan Hospital

- Between June and October 2012, administered a survey to patients, community members and providers
- Data was collected at scheduled outreach events and hospital clinics
- Participants asked to identify most pertinent medical issues
- 556 surveys were administered and completed by patients and community members and 128 providers

# Top Priority Health Needs Identified

	Diabetes	Mental / Behavioral Health	Substance Abuse	Cancer	Obesity	HIV/ AIDS	Asthma	Cardiovascular Disease	Hypertension
Bellevue	✓	✓	✓	✓	✓	✓			✓
Coney Island	✓	✓			✓		✓	✓	✓
Elmhurst	✓	✓		✓				✓	✓
Goldwater Hospital	✓	✓							
Harlem	✓			✓	✓	✓		✓	✓
Jacobi	✓	✓	✓		✓	✓	✓	✓	
Kings County	✓	✓	✓	✓	✓	✓		✓	✓
Lincoln	✓		✓	✓			✓		
Metropolitan	✓	✓	✓	✓	✓		✓	✓	✓
North Central Bronx	✓	✓	✓		✓	✓	✓	✓	✓
Queens	✓	✓		✓				✓	
Woodhull	✓	✓			✓				

Note: Table shows most common health needs identified. It is not comprehensive for all facilities and may not include other priorities described in the facility's specific CHNA.

# CHNA's Implementation Plan (IP)

- Identify priority health needs
- Describe the strategies that the hospital will put in place to address the specific health priorities
- IP must be adopted by the end of the same year in which the facility conducts the CHNA



# Common Strategies Identified Across HHC Facilities

- ▶ Implement Patient Centered Medical Homes to improve patient access & patient experience in primary care setting
- ▶ Deploy Lean/Breakthrough to improve access and efficiency
- ▶ Continued Participation in HHC's Chronic Disease Collaborative to improve care, patient outcomes and efficiency
- ▶ Expand screening, early detection and preventions services (e.g. HIV, cancers, mental health, diabetes)
- ▶ Offer “one stop shopping” access to comprehensive range of specialized services
- ▶ Strengthen collaborations with CBOs, community groups, schools, etc.

# Common Strategies (cont'd)

## ▶ *Diabetes Registry*

- Tracks clinical outcomes of patients for physicians who are caring for diabetic patients and facilitates the coordination of follow-up care and patient education

## ▶ *Project R.E.D (Re-Engineered Discharge)*

- Improve discharge planning and increase successful community transitions and reduce re-admissions

## ▶ *Enhance Behavioral Health Services:*

- Comprehensive Psychiatric Emergency Program (CPEP) – evidenced based crisis model to reduce Emergency Department visits & hospitalization for individuals experiencing a psychiatric crisis
- Assertive Community Treatment (ACT) – evidence based service delivery model for providing comprehensive community-based treatment to individuals 18+ years with severe and persistent mental illness. Reduces emergency room visits and hospitalization for mental health issues, and increases housing stability for patients

# Select Programs / Services

## ▶ *Bellevue Hospital*

- *Obesity*: The Bellevue Nutrition and Fitness Program (BENUFIT)
  - Provide comprehensive evaluation and treatment for children and youths with weight management issues
  - Ensures continuity of care with personalized physician and/or care team
  - Improves access to weight management clinic, dietary services for “at risk” patients, and bariatric surgery services

## ▶ *Coler–Goldwater*

- *Mental/Behavioral Health and Diabetes*: Workgroup Development
  - Workgroup includes internal and external stakeholders that will meet monthly to further assess and support the current and future needs of the community served (e.g. housing for disabled persons, mental/behavioral health, diabetes management, dementia care, patient satisfaction)

# Select Programs / Services (cont'd)

## ▶ *Coney Island Hospital*

- *Obesity:* Farmer's Market
  - Located in front of the Hammett Pavilion on Ocean Parkway between mid-June and mid-November. Educators conduct open air classes on strategies for healthy cooking

## ▶ *Elmhurst Hospital*

- *Cancer Care:* Hope Pavilion Cancer Center
  - State-of-the-art comprehensive cancer care facility that provides a full range of diagnostic and treatment services
  - EHC's Breast Service and Oncology Department offers underserved women "one stop shopping" access cancer screenings, consultations and treatment, second opinions, access to clinical trials, individual and family counseling and patient education

# Select Programs / Services (cont'd)

## ▶ *Harlem Hospital*

- Gun Violence: “Circle of Safety” Violence Reduction Program
  - Target Pop: 18–24 years. Provides adolescents, young adults and their families who are the victims of violence with medical, social support and conflict resolution resources to interrupt the cycle of violence
- Obesity:
  - Harlem Healthy Eating and Living in Schools: Addresses the childhood obesity epidemic by teaching children aged 9–12 and their parents decision-making strategies to use in making healthy eating and lifestyle choices
  - Alvin Ailey Dance Workshops: Provides free dance workshops and body conditioning for Seniors
  - Shape Up: Free fitness program offered in collaboration with Equinox and NYC Department Of Health & Mental Hygiene.
  - Harlem Walk it Out: Offers walking groups for people aged 50 and over. Also hosts healthy eating tours in the community

# Select Programs / Services (cont'd)

## ▶ *Jacobi / NCB*

- HIV/AIDS: Behavioral Intervention–Rapid HIV Testing Education & Follow Up (B.R.I.E.F) method
  - Redesigns traditional counseling and testing by redefining the role of counselor as an active Public Health Advocate
  - Uses integrated multimedia to deliver health information and education to increase testing rates and impart skills and motivation needed to adopt safer sex practices
  - Adapted and integrated into Jacobi's community pharmacy testing initiative to reach a larger number of HIV+ patients who need to be linked to care
  - Will be expanded to incorporate testing for Hepatitis C and sexually-transmitted diseases as part of HIV testing platform

# Select Programs / Services (cont'd)

## ▶ *Kings County*

- Chronic Diseases: Staff Wellness Program (SWP)
  - 70% of staff reside in surrounding communities of KCHC and health needs are consistent with community needs
  - SWP provides on-site exercise/fitness classes for staff several times a week
  - Wellness Fair provides staff with free health screenings and additional health information and counseling.
  - In conjunction with the American Heart Association, “Go Red” Program highlights heart disease awareness for women. A one day event that includes cooking demos, nutrition education, and health screenings) and special discounts for YMCA membership.

# Select Programs / Services (cont'd)

## ▶ *Lincoln Medical & Mental Health Center*

- Substance Abuse: Program to Address Substance Abuse (PASA) / Mentally-Ill Chemical Abusers (MICA) Program
  - PASA team conducts assessments and motivational interviewing and refer patients to appropriate chemical dependency, detox, or in-patient rehabilitation programs
    - Team is present every day of week
    - Additional referrals and treatment offered in ED through the SBIRT (Screening, Brief Intervention, and Referral to Treatment) Program
  - MICA program provides services via referrals to patients at the ED
    - Services include psycho-social / psychiatric assessments, medication evaluation and monitoring, drug screening, counseling services, education about substance abuse, and case management coordination, etc.)



# Select Programs / Services (cont'd)

## ▶ *Metropolitan Hospital*

- Obesity: Get Fit! (aerobics, yoga classes)
  - Open to all members of the hospital community, in partnership with Shape Up NYC
  - Nutritionists and other health educators also utilize the weekly Farmer's Market to provide periodic classes on healthy food choices

## ▶ *North Central Bronx*

- Substance Abuse/Mental Health: Partial Hospitalization Program (PHP)
  - Provides short term, acute intensive day treatment service in lieu of psychiatric hospitalization for adults 18+ years
  - Patients attend daily with an average length of stay at 4–6 weeks

# Select Programs / Services (cont'd)

## ▶ *Queens Hospital*

- Diabetes: Pediatric Healthy Lifestyle Program
  - For preschoolers, pre-teens and teens – addresses key lifestyle changes needed to prevent or mitigate insulin resistance and Type II Diabetes, acquired hypertension and coronary artery disease
  - Program runs in 12-week cycles. Enrollees given access to Rehab Gym where they participate in supervised activities by physical therapists
  - Preventive messages and healthy habits counseling included in regular health maintenance visits for all patients beginning at birth

# Select Programs / Services (cont'd)

## ▶ *Woodhull Medical and Mental Health Center*

- Obesity:
  - Artist's Access Program – Allows local artists to trade services for health care credits
    - Offers sliding fee scale for uninsured artists, with doctor visits starting at \$15
    - Healthcare credits earned by applying their artistic skills to a variety of tasks (e.g., dance and movement classes)
    - One hour of service merits \$40 worth of healthcare (minimum hourly rate set by the actor's union)
  - Kids Ride Club – designed to develop healthy lifestyles among youth by encouraging them to incorporate regular physical activity into their daily lives
    - Gives low-income children with little opportunity for exercise a chance to bike safely, exercise, and have fun 189 active members (123 children ages 9–21 years, and 66 adult leaders / volunteers who chaperone rides)
    - Youths recruited from local school districts surrounding Woodhull
    - Elements include education, nutrition, and physical activity

# Next Steps

## ▶ Adoption

- Approval by HHC's Board of Directors– May 30, 2013

## ▶ Posting

- Final CHNA report (pdf) must be posted on facility's website, by June 30, 2013

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

**LINCOLN MEDICAL AND MENTAL HEALTH CENTER  
(Tuesday, May 7, 2013)**

**I. COMMUNITY NEEDS**

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

The most significant concerns that the community at large has is about today's budget cuts, the reality threatening the Medicaid and Medicare Programs and other major cuts that are coming. How are they going to impact not only the community but the staff as well?

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

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

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

- yes     no

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

We work together with the Administration in reaching out to Community Leaders and Legislators, advocating for them to help us maintain and restore programs. Administration keeps us informed.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Providing the best possible health care to our community and making sure to maintain that quality of care. For example the expansion of the ER which help us to provide our services to more individuals in a timely manner.

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

Administration gives us the opportunity to give feed back and suggestions at our monthly full Board meetings. Presentations on new initiatives and programs are given to the full Board on a monthly basis. Also the Executive Director's Report, Medical Director's Report, Financial Reports and Nursing Reports are shared with us. The CAB looks forward to continuing these open lines of communication with the new Administration.

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

yes

no

The Executive Director has kept us informed about modernization projects as they progressed, such as the renovation and expansion of the ER.

## III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

- Waiting too long to be seen by a Doctor continues to be a complaint raised by the patients.
- Pharmacy wait time.

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

- Clean Facility
- Excellent improvement of Doctor and Patient Relationship
- Good customer service

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

Yes

No

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

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

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

Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership?   24
2. What are current numbers of members?   12   What are current numbers of vacancies?   12
3. What were the membership recruitment activities conducted by CAB this year?

There is ongoing recruitment to ensure full membership. Board is recruiting from Community Events, Planning Boards and Health Fairs.

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.

In the process of selecting a Patient Care Committee Chair to have an active Patient Care Committee. This Committee keeps track of each Division of the Hospital by having the Directors give a presentation on their departments.

The Lincoln Community Advisory Board also has an active Intergovernmental Committee responsible for putting together the Annual Legislative Summit, as well as advocating to community leaders (Albany or Local) on behalf of the Facility.

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 representing the Planning Boards forward information received at the Community Advisory Board full Board meetings such as the Executive Director's Report, Medical Director's Report and Financial Report as well as to any other committees they belong to.

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

Yes  No

Planning Board Representatives distribute flyers or announcements of upcoming events in the community that are sponsored by the Planning Boards. Often Hospital's Outreach Department participates by offering free health screenings at those events.

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 Bronx CABs (Lincoln, Morrisania and Belvis) hosted our Ninth Annual Legislative Summit on Friday, March 15, 2013.

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?

No Issues were reported.

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

CAB members represent and speak on behalf of the Facility at:

- Planning Boards and on committees they represent
- Health Fairs
- Community Events
- Public Hearings in the City and in Albany, NY.

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. How is today's budget cut realities threatening the Medicaid and Medicare Programs?
2. How are the budget cuts going to impact not only the community but the staff as well?
- 3.
- 4.
- 5.

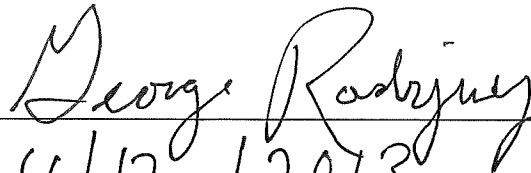
**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

  
4/12/2013

Executive  
Director:



Date:

4/19/13





nyc.gov/hhc

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

**MORRISANIA  
DIAGNOSTIC AND TREATMENT CENTER  
Tuesday, May 7, 2013**

**I. COMMUNITY NEEDS**

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

The community's concerns are the Medicaid and Medicare cuts and how will it affect our community and the services being rendered at Morrisania. How will it affect the staff as well?

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

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

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

yes     no

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

- o Distributing literature of the services provided at Morrisania at
- o Ongoing advocacy, visiting local Elected Officials, CBO's.

**II. FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?

To provide the best possible health care to our community.

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

Community Advisory Board Report  
Page 2

On a monthly basis the Administration gives the Community Advisory Board the opportunity to give feed back and suggestions at our monthly meetings.  
(Administration reports mentions on new initiatives and programs)

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

**III. PATIENTS'/RESIDENTS' EXPERIENCES**

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

Yes  No

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

• Waiting time is an issue to be seen by a doctor.

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

- Major improvements have been made to the facility.
- Improvements in customer service.

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"/>
Condition	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Appearance	<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?  
15

2. What are current numbers of members? 9

3. What are current numbers of vacancies? 6

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

We are in the process of an ongoing recruitment to ensure full membership. Members are helping to recruit from Planning Boards, Community Based Organizations, local Churches and Schools.

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

Yes                       No

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

We have an active Intergovernmental committee incharge of putting together Annual Legislative Event along with Lincoln Hospital and Belvis D&TC.

Once we have a full membership we will create a patient care committee.

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

Yes                       No

a. If yes, please describe actions taken.

Mr Robinson representative from Planning Board 4 brings information to the Board. (Flyers announcing events throughout the community)

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

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Page 4

Yes                      No

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

yes                               no

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

yes                               no

We host a Joint Annual Legislative Event with Lincoln Hospital and Belvis D&TC.

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

yes                               no

a. If so, were the issues subsequently addressed?

Mr. Robinson provided positive testimony regarding the facility,

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

CAB members participate in events and activities for the clinics.  
(Health Fairs, Advocacy, Etc.)

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

yes                               no

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

yes                               no



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

Not enough  Just right

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.

Final Comments:

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:

George T. Robinson

Executive

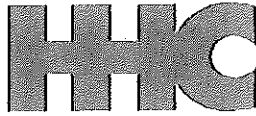
Director:

Date:

[Signature]

6/16/13





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

SEGUNDO RUIZ BELVIS  
DIAGNOSTIC AND TREATMENT CENTER  
(Tuesday, May 7, 2013)

I. COMMUNITY NEEDS

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

The most concerns are the Medicaid and Medicare cuts and getting information out to the community about the services that Segundo Ruiz Belvis Offers.

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

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

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

- yes     no

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

Advocacy is on going. Administration and the members of the Community Advisory Board continue reaching out to the local leaders and the Community Based Organizations about special events and health fairs held throughout the community, promoting good quality Health care.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

To continue providing the best up to date possible health care to our community.

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

The Administration gives us the opportunity to give feed back and make suggestions on the reports presented at the monthly full board meetings.

(Administrative Report, Financial Report and the Medical Director's Report.)

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

At all the Full Board Meetings.

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

- Wait time to be seen by a Doctor is too long.
- Need to improve on reaching out to the community (outreach efforts)

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

- Good Doctor and Patient Relationship.
- Residents are happy that clinic is in the community.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We continue to state that the facility is looking very outdated and needs updating.

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

Yes  No

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

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

2. What are current numbers of members? 7

We will continue working on an aggressive recruitment program.

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

Reaching out to all Directors from Community Based Organizations, Community Committees, Churches and Tenant Associations. We have also agreed and committed the members to bring in one to two individuals who will be committed individuals, who care about our community and are willing to work together to make sure that we continue our mission to provide the best possible health care to every one in our communities.

We will continue this process until we obtain a full membership.

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 an Intergovernmental Committee in charge of the Legislative Breakfast, which is usually hosted together with the Lincoln Hospital and Morrisania D&TC Community Advisory Boards.

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 representing the Planning Boards, and the 40<sup>th</sup> Precinct Council forward information received at the Community Advisory Board Full Board meetings to their Planning Boards. (Administrative Report, Financial Report and the Medical Director's Report.)

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?

No issues.

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

CAB members speak on behalf of the Facility at: Planning Boards, Health Fairs, events through out the community and hosted by the facility, and Public Hearings (Local or in Albany).

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.

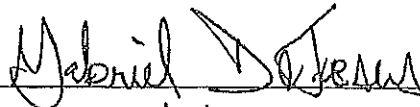
**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:



4/2/13

Executive

Director:



Date:

4/16/13



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

**HARLEM HOSPITAL CENTER**

**I. COMMUNITY NEEDS**

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

The significant health care needs or concerns facing the community/communities served by Harlem Hospital include: Asthma; Cancer; HIV/AIDS; Diabetes, Hypertension, Geriatric Services, Heart Disease, Mental Illness, Homicide/Trauma, Obesity and Insurance for the uninsured.

2. How were these needs/concerns identified? (Please check all that apply).  
 Community Board(s) meetings  Other Public Meetings  
 Needs Assessments  Surveys  Community Health Profile Data  
 Reports from Community Organizations  Other Activities (please list)
3. Is your facility leadership addressing these needs/concerns?  
 yes  no
- a. If yes, please give examples of what the facility leadership is doing.

As outlined in the 2013 needs assessment, the Hospital has taken a proactive approach to prevention and treatment. This strategy is evidenced by how the leadership has developed a series of initiatives to address the identified needs. To that end, please find below some examples of initiatives:

- **Cancer:** Harlem Hospital Center implemented aggressive early intervention and screening programs for breast, cervical, prostate and colorectal cancers. In addition, bilingual patient navigators are being utilized to assist patients in negotiating the Hospital system.

Hospital staff also developed special screening initiatives for community residents and patients. Last year's breast screening event had over 500 participants. In March, 2013, Harlem Hospital Center was invited by the Health Committee Chair, Manhattan Community Board 10 to collaborate with them to provide mammograms to women during the month of March in honor of Women's History Month. Partners in this Women's History Month Mammogram Campaign also included The American Cancer Society, Touro

College of Medicine and Pink Chose Me. Outreach efforts provide cancer education information and early intervention services to patients and residents of the Harlem community. The Brother-to-Brother Health Fair featured cancer screenings for men.

*Family Navigator Program* assists patients in navigating the health care system and in accessing breast cancer screening and breast health services.

*Quit Smoking Program* utilizes a holistic approach to provide services to our clients. Individualized and group modalities are used to assess and treat tobacco addiction. Tobacco education, health consequences associated with tobacco use, combined with addressing the physiological, psychological, and behavioral components are the primary focus of the Quit Smoking Program.

*Breast Imaging Center of Excellence* provides all aspects of women's imaging: mammography and associated procedures, as well as, Bone Densitometry.

Harlem Hospital Center has also recently installed state-of-the-art equipment technology that provides precision and images needed to detect cancer in its earliest stages. This equipment includes a 64-slice CT scan, new ultrasound equipment is used to diagnose breast abnormalities detected by a physician during a clinical exam and to characterize potential abnormalities seen on mammography, and fluoroscopy equipment to detect gastroenterology related cancers.

- **Children and Adolescent Services:** The Department of Pediatrics has developed a full complement of comprehensive pediatric service to address the needs of our children and adolescents. The *Family Care Center* provides comprehensive medical and case management services to pediatric AIDS patients and their families. *Family Friends* intergenerational program recruits senior volunteers to serve as mentors and provide companionship and support to children who are chronically ill or disabled and their families. *Family Support Team* provides comprehensive medical and support services to children who have been abused. The *Pediatric Injury Prevention Program* designed to reduce childhood injury by providing safe play areas, includes the Harlem Little League, the Harlem Horizon Art Studio and the Dance Leadership Program. *Harlem Adolescent Pregnancy Prevention Initiative (HAPPI)* trains community teachers and adolescent peer educators to provide a health information curriculum designed to postpone adolescent sexual involvement.

- **Diabetes:** The Hospital has developed a continuum of early detection, diagnostic, and treatment services and support groups to provide effective management strategies for Diabetes. Special Hospital initiatives have been designed to reinforce the goal of assisting patients in managing their disease and controlling their blood glucose levels and other medical conditions associated with their diabetes. Preventive and early detection interventions are offered through nutritional counseling, diabetes support groups, and cholesterol screenings. Patients are also enrolled in the Diabetes Registry which helps the patient and provider to monitor the management of disease and ensure patients have received appropriate screenings including HbA1c (a blood test that monitors long term blood glucose levels, ophthalmology/vision testing, podiatry/foot examinations, blood pressure monitoring, etc.

Harlem Hospital is an accredited Level 3 Patient-Centered Medical Home, which provides an infrastructure to develop and implement effective treatment regimens for diabetes and other chronic diseases. Patient care is coordinated and integrated across the health care continuum (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Through these programs, staff will implement program enhancements including: 1) Aggressive follow-up on those patients in Diabetic Registry who are non-compliant with Diabetes regimen; 2) Utilization of Certified Diabetic Educators to provide patient education on Diabetes self-management and importance of compliance with scheduled appointments, as well as, medication and dietary restrictions, and 3) With implementation of the NYS Medical Home Demonstration Project, an increase of 10% in the number of diabetic patients who have had an HbA1c test, compared to last year.

- **HIV/AIDS:** Staffs have created a seamless continuum of specialized care for patients at every level. Patients and their families are provided with HIV prevention education, HIV counseling and testing, primary care, special services for women, nutritional evaluation services and support groups. Programs designed to serve our population include: *HIV Rapid Testing, Adherence Programs, Family Center, Harm Reduction and Readiness Programs, HIV Health Care and Supportive Services, HIV Nutrition Care Services* and the *Medical Care Management Program*

- **Asthma:** The Hospital developed a long-term multifaceted approach to manage asthma including *The Harlem Children's Asthma Zone Asthma Initiative* and Harlem Family Asthma Program which screens children for asthma and implements interventions to prevent the exacerbation of asthma triggers in the home and school. The Emergency Department also has a designated *Asthma Booth* where patients with asthma receive treatment and information on managing their disease.

Harlem Hospital Center is located in a health professional shortage area and consequently the hospital has to be innovative in its recruitment and retention strategies. The residency program presents a unique opportunity for the hospital to recruit providers for open positions. The Hospital currently has residency programs in Internal Medicine, Pediatrics, Psychiatry, Child Psychiatry, Radiology, Surgery, General Dentistry, Pediatric Dentistry and Oral Surgery. The Hospital has four fellowship programs in Gastroenterology, Infectious Diseases, Nephrology and Pulmonary. Harlem Hospital Center is also a major site for training Columbia University College of Physicians and Surgeons medical and dental students.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?  
**Facility strategic priorities:** Patient Care; Patient Safety and Patient Experience; decrease waiting times in the ER and outpatient clinics; increase HIV Testing; Increase Mammography Screening; Decrease No-Show Rates; Continuation of Modernization Project for MLK Decanting & Demolition of Women's Pavilion; Outreach; Revenue Enhancement/Cost Containment, while keeping our continuum of care intact.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?  
**Customer Services-** At monthly CAB meetings, members communicate concerns and/or compliments regarding customer service. We also receive reports from the Quality Improvement Department on compliments and complaints and focus in on departments that struggle to meet the standard in regards to consumer service.

**Patient Care-** members of the CAB participate in the Working Group on Patient Advocacy and the Patient Safety committees. CAB members attend the Medical Board meeting and collaborate with staff to ensure that access to quality to healthcare is in the fore front of all discussion. We align this goal with the need to ensure we are as efficient as possible.

**Decrease waiting times in the ER and outpatient clinics-** The CAB monitors waiting times via monthly reports produced by the senior staff at Harlem Hospital. We work with staff to identify trends as well as share feedback on patient's experiences in the clinic to inform the data reviewed. We have experienced improved waiting times in several clinics as well as the ER. Most recently, in February 2012 the Hospital opened the Fast Track unit which allows patients with non-emergency illnesses and

injuries to be seen quickly. Two things were evident almost immediately: patients are being seen faster and there are fewer patients leaving the ER without being seen. We continue to work with the administration to strive to decrease wait times in the outpatient clinics and pharmacy.

**Modernization Project-** Members of the CAB serve on the modernization Project Steering Committee which provides direct input in the facility's modernization project. Last Fall, the Pavilion opened and care is now being provided in the new facility. The CAB attended report out activities for the Breakthrough activities that occurred in preparation for the opening.

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?

**Complaints: staffing shortages; lengthy waiting time for appointments; cost of health care, customer service, pharmacy, PAGNY and quality of care. We had numerous complaints regarding pharmacy and the appointment system in the outpatient clinic this year. We are working with the Administration to educate patients about the new rules regarding pharmacy and will participate in a corporation wide ACCESS TO CARE Initiative to alleviate the ambulatory care access issues.**

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

**We receive frequent compliments on the fact that our Nursing and Physician Staff provide excellent patient care.**

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?  
x Yes  No

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

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	x	<input type="checkbox"/>
Condition	<input type="checkbox"/>	x	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	x	<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? 35
2. What are current numbers of members? 27 What are current numbers of vacancies? 8
3. What were the membership recruitment activities conducted by CAB this year?

**The Membership Committee makes monthly announcements and encourages CAB members to refer applicants to the Board.**

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, but this is currently the focus of CAB improvement efforts.**

- Membership Committee – this committee reviews applications, nominations, and recommend appointments to the applicable appointing source. The Committee convenes periodically as the need arises for new/replacement members.
- Outreach Committee – this committee works with the Community Outreach Department of Harlem Hospital Center in efforts to promote the Hospital.
- Patient Care Committee – this committee served by all CAB members serves as liaisons with departments within the hospital to evaluate the medical care and services rendered to patients. The Committee reports its findings and recommendations to the Board.
- Annual Public Meeting – this committee is responsible for the planning and executing the CABs Annual Public Meeting.
- Newsletter Committee – this committee produces quarterly issues for the community at large.

# Community Advisory Board Report

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- Sunshine Committee – this committee is responsible for collecting dues from the CAB members and purchasing cards, gifts, for special occasions, and bereavement.
- By-Laws Committee – this committee is responsible for reviewing the proposals of the Board for amending the By-Laws and reporting to the membership.

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

Yes  No

a. If yes, please describe actions taken.

**Community Board Members who are members of the CAB share reports and activities during monthly Community Board and Health Committee Meetings. This year, the Community Board and the Hospital leadership met to redefine its relationship and explored opportunities for further collaboration.**

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 Scheduled for Fall 2013 via a collaboration with the Renaissance Health Care Network

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?

- Harlem Week
- Health Fairs
- Street Fairs
- Outreach Programs in the Hospital
- Tenant Associations

- School Boards
- Block Associations
- Various walks promoted by the Hospital
  - Oral Cancer
  - Breathe New York (Asthma Walk)
  - NYC Family Health Walk and The Percy Sutton 5K Run
  - Making Strides Against Breast Cancer
  - Step Out: A Fight Against Diabetes

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.

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

Signatures:

CAB

Chairperson: Stephane Kocoge *SK*

Date: \_\_\_\_\_

Executive

Director: Dominic Adams

Date: \_\_\_\_\_





- Hosting comprehensive Community Health Screenings throughout all of RHCN Facilities.
- Staff Training and Development
- RHCN participated in the annual Harlem Week event, promoting the services of our facilities, distributing applications for perspective CAB members.
- RHCN CAB hosted their Annual Public Meeting in October 2012. The focus was gun violence and how the services offered at RHCN can help to impact this “chronic condition”
- RHCN uses best practices to ensure high quality service delivery.
- RHCN relocated Sydenham Health Center to another facility to continue to provide comprehensive services to the Harlem Community.

## **II. FACILITY’S PRIORITIES**

1. What are the facility’s strategic priorities?
  - Improving patient satisfaction using the AIDET model as reflected in Press Ganey Patient Satisfaction scores
  - Strengthening partnerships with School based health clinics
  - Improving the availability of appointments
  - Patient Safety/Advocacy
  - Reductions in Health Disparities
  - Decreasing no-show rates
  - Expanding Community Outreach
2. Describe how the CAB provides input into the development of the facility’s strategic priorities?
  - The Community Advisory Board informs Leadership about any needs identified or expressed by patients in various facilities on how to improve the delivery of health care. Information is brought to the Council of CAB meetings, making Senior Management aware of the concerns of the patients, and potential problems.



- Cleanliness of the facilities

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

Yes                       No

- The updates are provided to the CAB on a monthly basis at the Full Board Meeting by the Senior Associate Executive Director.

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 checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes                       No

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

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

2. What are current numbers of members? 7 What are current numbers of vacancies? 18

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

- Applications were available at all outreach and Community Advisory Board Public Events, and requests were made to Community Boards, 11 and 12.

- Senior staff recommendations have been made.

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.

- Membership Committee – solicits, screens, and recommends to the Executive Director and/or Manhattan Borough President names of proposed candidates for membership under the proper categories for replacement or vacancies on the Board.
- Executive Committee – establishes special committees, at its discretion, as necessary to carry out objectives of the Board. The Executive Committee has the authority to act on the behalf of the entire Board subject to ratification at the next regular Board meeting, when an opportunity for the full Board does not exist.
- Legislative Committee – is responsible for considering rules and regulations by which the Board will conduct its business. The committee will make suggestions and the Board determines how the information will be disseminated to its Constitution.
- Patient Care Committee – participates in the planning and/or initiation of programs for the patients; evaluates and monitors the acceptability of services rendered to patients; help to establish priorities within the RHCN.
- Public Relations Committee – reaches out to the community to educate, increase health awareness, and promote the growth of a health constituency in concert with the Patient Care Committee. Plans and coordinates Annual Public Meetings.

- Finance Committee – advises in the development, preparation and submission of the RHCN capital and expense budget and proposals. Advises the RHCN Executive Director and the Corporation on the establishment of priorities within appropriate budgets.
- Sunshine Committee – is responsible for the hospitality, good and welfare of the Board members at times of illness, family distress and special recognition.

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

Yes                       No

a. If yes, please describe actions taken.

- Community Board 9 and 10 is actively involved in communicating their needs/concerns, although we don't have a representative from Community Boards, 11 and 12; We are in the process of scheduling meetings with the boards in recruit of appointed 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

- October 2012

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

yes                       no

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

yes                       no

a. If so, were the issues subsequently addressed?

- Yes issues regarding our youth were addressed

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

- Hosting/Attending Screenings
- Harlem Week
- Members visiting sites and reporting findings at monthly 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

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. Health Care Reform and what it means to the Harlem Residents

2. Budget (City, State, Federal)

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

Signatures:

CAB

Chairperson:

*Jackie Roe Adams* *JRA*

Date:

Executive

Director:

*MM*

Date: