

## AGENDA

### COMMUNITY RELATIONS COMMITTEE

Meeting Date: September 3, 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

May 7, 2013

Josephine Bolus, NP, BC

#### CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

#### INFORMATION ITEMS

##### North Bronx Network

Jacobi Medical Center

Silvio Mazella

North Central Bronx Hospital

Esme Sattaur-Low

##### Southern Brooklyn/Staten Island Network

Coney Island Hospital

Queenie M. Huling

Sea View Hospital Rehabilitation  
Center and Home

Joseph Tornello

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

**COMMUNITY  
RELATIONS**

Meeting Date: May 7, 2013

**COMMITTEE**

**BOARD OF DIRECTORS**

**ATTENDEES**

**COMMITTEE MEMBERS**

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

**Robert F. Nolan, Board Member**

**Antonio Martin, Representing Alan Aviles, President, New York City Health and Hospitals Corporation**

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

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

**Virginia Granato, Chairperson Coler/Goldwater Specialty Hospital and Nursing Facility (Goldwater Campus)**

**Carlos Cortes, Chairperson, Elmhurst Hospital Center**

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

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

**May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center**

**Stephane Howze, Chairperson, Harlem Hospital Center**

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

**Jackie Rowe-Adams Chairperson, Renaissance Health Care Network**

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

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

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

**George Rodriguez, Chairperson, Lincoln Medical and Mental Health Center**

**George T. Robinson, Morrisania Diagnostic and Treatment Center**

**HHC FACILITY CAB MEMBERS**

**Martin Bromberger, Coney Island Hospital**

**Bette White, Harlem Hospital Center**

**Barbara Vanterpool, Harlem Hospital Center**

**Julia Smith, Harlem Hospital Center**

**Virginia Robinson, Renaissance Healthcare Network**

**Gary Delamothe, Coler/Goldwater Specialty Hospital and Nursing Facility**

**Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility**

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

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

**Michelle Winfield, Bellevue Hospital Center**

**Margaret Burke, Kings County Hospital Center**

**HHC CENTRAL OFFICE STAFF**

LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations  
Valerie Phillips, Office of Legal Affairs  
Deborah Cates, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Dona Green, Corporate Planning  
John Jurenko, Intergovernmental Relations  
Manelle Belizaire, Intergovernmental Relations  
Alvin Young, Intergovernmental Relations  
Robb Burlage, Intergovernmental Relations  
Renee Rowell, Intergovernmental Relations  
Duane Chandler, Communications

**HHC FACILITY STAFF**

Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center  
Stephen Lawrence, Ph.D., Deputy Executive Director, Harlem Hospital Center  
Dinah Surh, Senior Executive Director, Generations+/Northern Manhattan Network  
Debra Lesane, Associate Director, Kings County Hospital Center  
Ruth Hunt, Associate Director, Public Affairs, Bellevue Hospital Center  
Kencle Satchell, Associate Director Public Affairs, Harlem Hospital Center  
Vernie Riley, CAB Liaison, Renaissance Healthcare Network  
Antonio Montalvo, CAB Liaison, Generations+/Northern Manhattan Network  
Sonia Dell-Robinson, CAB Liaison, Coney Island Hospital  
Christina Harris, CAB Liaison, Harlem Hospital Center  
Debera Tyndall, CAB Liaison, Kings County Hospital Center  
Ron Law, Metroplus, Intergovernmental Relations  
Elizabeth Atkinson, Kings County Hospital Center  
Maria Velasquez, Harlem Hospital Center

**GUESTS**

Kent Mark, Consumer, Bellevue Hospital Center  
Daniel Porro, Commission on the Public's Health

## **ADOPTION OF MINUTES**

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

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of March 5, 2013. A motion was made and seconded. The minutes were adopted.

## **CHAIRPERSON'S REPORT**

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

Before proceeding with a presentation on Community Health Need Assessments and the annual Activities Reports from the Generations Plus and Northern Manhattan Network CABS, Mrs. Bolus highlighted some notable events that have occurred since the last meeting in March.

Mrs. Bolus reported that the final Annual Public Meeting of HHC's Board of Directors had taken place at Coney Island Hospital on April 9, 2013. Mrs. Bolus reminded the Committee that this meeting had been postponed from December of last year to enable staff and the community to focus on immediate post-Sandy recovery and restoration efforts.

Mrs. Bolus reported that there was widespread appreciation expressed by the speakers for the hard work undertaken over the past few months by hospital leadership and staff to restore services at Coney Island Hospital.

Mrs. Bolus reported that the Board heard from City Council Member Michael Nelson and Assembly Member Alec Brook-Krasny whose districts cover a large portion of Coney Island Hospital's catchment area. Each of the elected officials had emphasized their strong support for Coney Island Hospital.

Mrs. Bolus reported that Council Member Nelson noted that he would be working with his colleagues in the City Council to secure capital funding for the hospital. She added that Assembly Member Brook-Krasny had spoken of his gratitude toward hospital staff that had provided exceptional care to a sick relative.

Mrs. Bolus stated that the Board had also heard from several individuals who are members of the local Community Board and residents of the Coney Island Community. She reported that most of their comments have been focused on the community's reliance on the services provided by Coney Island Hospital and the urgent need to replace the Ida G. Israel Community Health Center which had been destroyed by the

storm. In addition, many of the speakers had expressed a strong concern that the Center's new location be in or near the original neighborhood.

Mrs. Bolus reported that several CAB Chairpersons or CAB representatives from Kings County Hospital Center, East New York Diagnostic and Treatment Center, Woodhull Medical & Mental Health Center and Dr. Susan Smith McKinney Nursing & Rehabilitation Center had spoken at the meeting. Mrs. Bolus added that they have spoken proudly about the programs and services provided at their respective facilities and the work that their CAB's have done over the past year. In addition, CAB members had also expressed their concerns about the impacts that State budget cuts have had on HHC and other healthcare providers in Brooklyn.

Moving from Brooklyn to the other boroughs, Mrs. Bolus reported that on April 19, 2013, Queens Hospital Center had celebrated the opening of its newly expanded Geriatrics Center. She noted that this Center will help to address the growing health care needs of elderly residents in the borough.

Mrs. Bolus also reported that last month, the New York State Department of Health had announced that Elmhurst Hospital leads all Queens's hospitals, and most hospitals in New York State, with the best overall safety rating for cardiac catheterization, or angioplasty procedures. She acknowledged both Elmhurst and Queens's hospitals on these accomplishments.

Mrs. Bolus announced that Lincoln Medical and Mental Health Center in the Bronx will be showcasing the artwork and performances of artists from three Bronx senior centers on May 14, 2013. She added that this event is sponsored by the Bronx Council on the Arts, the New York City Department for the Aging and the Lincoln Arts Exchange, with funding from the Department for the Aging and City Council Member Maria del Carmen Arroyo.

Mrs. Bolus reported that she had attended the Commission on the Public's Health System Gala last month. She noted that the gala had featured a tribute to Judy Wessler for her steadfast advocacy on behalf of responsive, accessible and quality health care for all New Yorkers. In addition, one of the CAB Chairpersons, Mrs. Jackie Rowe Adams, the Chair of the Renaissance Network CAB, had been recognized for community activism and her dedication to reducing gun violence in New York City.

Before concluding her remarks, Mrs. Bolus announced that the Annual Marjorie Matthews Award Recognition Ceremony is scheduled for mid-July and will be held at the Dr. Susan Smith McKinney Nursing & Rehabilitation Center. She recalled that each year a member of the CAB and the Auxiliary from each facility is being recognized for exemplary community advocacy and leadership. She ended her remarks stating that

she looks forward to seeing everyone at the recognition ceremony and that the weather will be a lot cooler than 100 degrees, as it was last year.

Mrs. Bolus turned the meeting over to Mr. Antonio Martin, Executive Vice President, to present the President Remarks.

Mr. Martin greeted Committee members and invited guests. He informed them that Mr. Aviles was away at a conference. He commended Mrs. Bolus for a thorough report. Mr. Martin noted the information item and Generations Plus/Northern Manhattan Network CAB reports on the agenda and chose to defer his comments to accommodate the meeting's lengthy agenda.

Ms. LaRay Brown, Senior Vice President, Community Health and Intergovernmental Relations, reminded Committee members and invited guests that Ms. Dona Green, Senior Assistant Vice President, had briefed the Community Relations Committee last March on the Affordable Care Act upcoming mandates and the resulting changes in the IRS requirements for all hospitals in the country. Ms. Brown informed the Committee that Ms. Green's presentation today will be an update on HHC Facility Community Health Needs Assessment (CHNA) 2013.

Ms. Brown commended all Executive Directors and facility planning staff who have stepped up to the plate worked tirelessly in identifying the required community needs assessment and the relative implementation plans due by June 2013. Ms. Brown commented that some of the CAB chairs are familiar with community needs assessment processes that the facilities have undertaken over the years and that many of them have been involved in the facility's community needs assessment process. However, Ms. Brown noted that the IRS Community Health Needs Assessment requires some changes in what the facilities had to do to meet the IRS mandates. Without further delay, Ms. Brown invited Ms. Green to proceed with her presentation.

Ms. Green began her presentation by giving an overview of her last presentation. She reiterated that the Affordable Care Act requires that all tax exempt hospitals complete CHNA and implementation strategies. She stated that each hospital has to pay for its own CHNA which has to be completed by June 30, 2013. She added that the IRS goal is to improve community health by identifying opportunities to improve the delivery system that meets the need of the community. The requirements are designed as a way for Congress to assess whether tax-exempt hospitals are fulfilling their responsibilities as not for profit organizations. Ms. Green noted that not completing the requirement will result in a \$50,000 fine per hospital. Therefore, it was HHC's best interest to make sure that the community needs were identified to avoid the penalty.

Ms. Green reported on the required elements of a CHNA. Ms. Green stated that a CHNA is considered "conducted" when a full report of its findings is made widely

available to the public. She explained that “conducted” means a link to the report on the hospital website with clear instructions on how to access the report. Ms. Green added that each hospital must create and adopt a written implementation strategy. She noted that the implementation strategy is considered adopted when approved by the Board of Directors. Other elements of a CHNA are:

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

Ms. Green reported on the process and methodology that were used in the CHNA. Ms. Green reported that 10 Facilities (excluding Lincoln & Metropolitan) have identified their community health needs through 90 minute focus group sessions: 1 provider, 1 patient, and 1 community stakeholder focus group. Five questions were asked to identify the community health needs. They are:

1. What are the greatest healthcare strengths in the facility's community?
2. What are the greatest healthcare weaknesses in the facility's community?
3. What are the greatest healthcare needs in the facility's community?
4. How might you rank the facility's responses to the priority community health needs?
5. How might the facility better respond to these needs?

Ms. Green stated that, once identified, the health needs were submitted to facility leadership for prioritization. She added that the responses from the three focus groups were used for content in the CHNA.

Ms. Green reported on variations in process & methodology undertaken by Lincoln Medical and Mental Health Center and Metropolitan Hospital Center. These two facilities took a different approach as described below:

- ▶ At Lincoln Medical and Mental Health Center, patient & community stakeholder focus groups conducted throughout 2011 led to the development of a community survey tool with 22 primary questions. 353 (30%) of these surveys were completed by community stakeholders and patients. Consequently, on March 2013, a provider focus group was convened to get their input on these needs.
- ▶ At Metropolitan Hospital Center, a survey to patients, community members and providers was administered between June and October 2012. The data was collected at scheduled outreach events and hospital clinics. The participants

were asked to identify most pertinent medical issues. 556 surveys were administered and completed by patients and community members and 128 providers.

Ms. Green reported on the top priority health needs identified on the table below. She noted that the table only shows the most common health needs identified. She added that it is not comprehensive for all facilities and may not include other priorities described in the facility's specific CHNA.

**Top Priority Health Needs Identified**

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

Ms. Green reported on the CHNA's Implementation Plan (IP) process as follows. First the priority health needs must be identified together with a description of the strategies that the hospital will put in place to address those specific health priorities. In addition, the implementation process must be adopted by the end of the same year in which the facility conducts the CHNA.

Ms. Green reported on common strategies identified across HHC Facilities as listed below:



- ▶ Implement Patient Centered Medical Homes to improve patient access & patient experience in primary care setting.
- ▶ Deploy Lean/Breakthrough to improve access and efficiency.
- ▶ Ongoing 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.
- ▶ Continue 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
- ▶ Continue 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

In addition to the above common strategies, Ms. Green reported on select programs and services at specific HHC facilities.

### **Bellevue Hospital Center**

#### Obesity:

The Bellevue Nutrition and Fitness Program (BENUFIT) provide comprehensive evaluation and treatment for children and youths with weight management issues. It also ensures continuity of care with personalized physician and/or care team. In addition, it improves access to weight management clinic, dietary services for "at risk" patients, and bariatric surgery services.

### **Coler-Goldwater Specialty Hospital and Nursing Facility**

#### Mental/Behavioral Health and Diabetes: Workgroup Development

This 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).

### **Coney Island Hospital**

#### Obesity: Farmer's Market

The Farmer's Market is 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 Center (EHC)**

#### Cancer Care: Hope Pavilion Cancer Center

The Hope Pavilion Cancer Center is a 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.

### **Harlem Hospital Center**

#### Gun Violence: "Circle of Safety" Violence Reduction Program

This program, whose target population is 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: This program 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: This program provides free dance workshops and body conditioning for seniors.
- Shape Up: This program is a free fitness program offered in collaboration with Equinox and NYC Department of Health & Mental Hygiene.
- Harlem Walk it Out: This program offers walking groups for people aged 50 and over. It Also hosts healthy eating tours in the community.

### **Jacobi / NCB**

#### HIV/AIDS: Behavioral Intervention-Rapid HIV Testing Education & Follow Up (B.R.I.E.F) method

This program redesigns traditional counseling and testing by redefining the role of counselor as an active Public Health Advocate. It also uses integrated multimedia to deliver health information and education to increase testing rates and impart skills and motivation needed to adopt safer sex practices. It is to be

noted that this program was 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. In addition, the program will be expanded to incorporate testing for Hepatitis C and sexually-transmitted diseases as part of HIV testing platform.

### **Kings County Hospital Center**

#### Chronic Diseases: Staff Wellness Program (SWP)

Considering that 70% of staff resides 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 addition, in conjunction with the American Heart Association, "Go Red" Program highlights heart disease awareness for women. It is a one day event that includes cooking demos, nutrition education, and health screenings) and special discounts for YMCA membership.

### **Lincoln Medical & Mental Health Center**

#### Substance Abuse: Program to Address Substance Abuse (PASA) / Mentally-Ill Chemical Abusers (MICA) Program

The PASA team conducts assessments and motivational interviewing and refers patients to appropriate chemical dependency, detox, or in-patient rehabilitation programs. The team is present every day of week and additional referrals and treatment are offered in the ED through the SBIRT (Screening, Brief Intervention, and Referral to Treatment) Program.

The MICA program provides services via referrals to patients at the ED. These services include psycho-social/psychiatric assessments, medication evaluation and monitoring, drug screening, counseling services, education about substance abuse, and case management coordination, etc.).

### **Metropolitan Hospital**

#### Obesity: Get Fit! (aerobics, yoga classes)

These services are open to all members of the hospital community, in partnership with Shape Up NYC. The 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)

This program provides short term, acute intensive day treatment service in lieu of psychiatric hospitalization for adults 18+ years. The patients attend daily with an average length of stay at 4-6 weeks.

## **Queens Hospital**

### Diabetes: Pediatric Healthy Lifestyle Program

This program targeted to 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. The program runs in 12-week cycles. The enrollees are given access to Rehab Gym where they participate in supervised activities by physical therapists. Preventive messages and healthy habits counseling are included in regular health maintenance visits for all patients beginning at birth.

## **Woodhull Medical and Mental Health Center**

### Obesity:

- Artist's Access Program - Allows local artists to trade services for health care credits

This program offers sliding fee scale for uninsured artists, with doctor visits starting at \$15. These uninsured artists earn healthcare credits by applying their artistic skills to a variety of tasks (e.g., dance and movement classes). For example, one hour of service merits \$40 worth of healthcare (minimum hourly rate set by the actor's union).

- Kids Ride Club

The club is designed to develop healthy lifestyles among youth by encouraging them to incorporate regular physical activity into their daily lives. It also gives low-income children with little opportunity for exercise a chance to bike safely and exercise while having fun. The club's total membership is 189 active members: 123 children ages 9-21 years and 66 adult leaders/volunteers who chaperone the rides. The youths are recruited from local school districts surrounding Woodhull Medical and Mental Health Center. The club's elements include education, nutrition, and physical activity.

Ms. Green reported on the CHNA's Next Steps. Upon the approval by HHC's Board of Directors on May 30, 2013, the CHNA will be adopted. The final CHNA report (pdf format) must be posted on each facility's website, by June 30, 2013.

Mr. Bobby Lee, Bellevue Chairperson commented that Obesity is a running theme across the Corporation and that Metropolitan Hospital Center has joined up with "Shape Up" in an attempt to address this widespread health need. Considering that "Shape UP" is a costless City initiative and can be easily implemented, Mr. Lee would like to know if the other facilities will follow suit.

Ms. Brown answered that the one great thing for having completed the CHNA is that it highlights for the whole HHC family what the implementation strategies that can be employed and are durable. She added that as the brothers and sisters of HHC know what their respective colleagues are doing, it will certainly have some replications. The other great thing is that there will not be any need to conduct a CHNA for three years. That does not mean that we cannot employ the strategies that have been tested in different facilities.

At the request of Ms. Brown, Ms. Debera added that Kings County Hospital stated that for the past two to three years, "Shape Up classes" have been offered at KCHC twice a week for both the staff and community. She noted that these classes are free of charge and are very well attended.

Stephanie Howze, Harlem Hospital CAB Chairperson that Harlem Hospital Center's participation in "Shape Up" includes: Kickboxing, Zumba and Pilates. She added that since everyone cannot Zumba, there are other low impact activities as well, such as "walk it out" to keep the individuals active and in good shape in the community.

Ms. Agnes Abraham, Chairperson of the Council of CABs and Kings County Hospital Center's CAB applauded Ms. Green and her staff for working on the CHNA. She commented that all the facilities are one family that can have a seamless transition into each other's best practices. She added that overall it abodes **stands** well with the facility and for the Corporation because as dysfunctional as we may look sometimes, it is not a bad dysfunction but one that can be fixed. Therefore, the CHNA is a great tool to help fixing it. She thanked Ms. Green for a job well done.

Mr. George Rodriguez, Lincoln Medical and Mental Health Center CAB Chairperson also thanked Ms. Green for a very comprehensive report.

Mrs. Bolus welcomed Mr. Milton Nunez, Lincoln Medical and Mental Health Center's new Executive Director; Stephen Lawrence, Ph.D., Deputy Executive Director, Harlem Hospital Center and Dinah Surh, Senior Executive Administrator, Segundo Ruiz Belvis Diagnostic and Treatment Center and invited the Chairperson, Mr. George Rodriguez, to present Lincoln Medical and Mental Health Center's CAB annual report.

### **Generations Plus/Northern Manhattan Network**

#### **Lincoln Medical & Mental Health Center (Lincoln) Community Advisory Board**

Mrs. Bolus introduced Mr. George Rodriguez, Chairperson of the Lincoln Community Advisory Board and invited him to present the CAB's annual report.

Mr. Rodriguez began the Lincoln CAB's report by thanking the members of the Committee for the opportunity to present.

Mr. Rodriguez informed members of the Committee, CAB Chairs and invited guests that the Lincoln CAB and the Community Planning Boards 1, 2 and 3 looks forward to a cohesive and working relationship with Milton Nunez, newly appointed Executive Director.

Mr. Rodriguez reported that one of the major concerns of the community is budget cuts that threaten the Medicaid and Medicare program. Mr. Rodriguez noted the importance of working together with local elected officials and the hospital's administration to maintain and protect the hospitals' vital services and programs.

Mr. Rodriguez concluded his report by commending the hospital's leadership on the recent unveiling of the TEEN Van (Teen Education and Empowerment Network). Mr. Rodriguez explained that the adolescents and young adults, in the community need and deserve a safe and nurturing environment to help them become healthy and productive members of society and he stated that "the CAB is proud that Lincoln can meet the needs of the community."

Mrs. Bolus asked Mr. Rodriguez about the CAB's recruitment efforts.

Mr. Rodriguez responded that the Lincoln CAB is proud to announce that they are in the process of recruiting three teenagers from the facility's catchment area. Mr. Rodriguez added that the teenagers have been invited to attend a CAB meeting for the purpose of learning and to become motivated to join the membership.

#### **Morrisania Diagnostic & Treatment Center (Morrisania) Community Advisory Board**

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

Mr. Robinson began his report with greetings to members of the Committee, CAB Chairpersons and invited guests.

Mr. Robinson reported that major improvements have been made to the facility and in customer services. Mr. Robinson continued and highlighted the facility's Rapid HIV Testing program. Mr. Robinson noted that Morrisania D&TC is committed to improving the quality of life for its patients.

Mr. Robinson conclude his report by informing members of the Committee and invited guests that the CAB works closely with the facility's administration and the CAB's recruitment efforts are ongoing.

### **Segundo Ruiz Belvis Diagnostic & Treatment Center (Belvis) Community Advisory Board**

In the absence of Segundo Ruiz Belvis Diagnostic and Treatment Center's (D&TC) CAB Chairperson, Mr. Gaberial DeJesus, Mrs. Bolus introduced Antonio Montalvo, CAB Liaison and invited him to present the CAB's Annual Report.

Mr. Montalvo began the Belvis CAB's report by reading a statement prepared by Mr. DeJesus. Mr. Montalvo stated "in his excused absence, Mr. DeJesus wants the Committee to know that it's a pleasure working with Belvis D&TC's administration and staff to help provide the best possible quality healthcare to the community at-large."

Mr. Montalvo continued and noted that information regarding the services Belvis provides is distributed to the Community Planning Boards, Community Based Organizations and the Churches by the CAB members.

Mr. Montalvo concluded Mr. DeJesus statement by reporting the Belvis CAB looks forward to a continued working relationship with the administration and the community.

Mrs. Bolus suggested that the Lincoln, Morrisania and Belvis CABs to consider having a booth at this year's National Night Out Against Crime for the purpose of recruiting new members.

Mr. Robert Nolan, CRC Committee Member referred to question #5 the rating of Belvis D&TC as satisfaction in condition and appearance. Mr. Nolan asked if there was anything we can do to elevate that rating from satisfactory to very good. Mr. Nolan continued and asked if the administration was aware of the CAB's concerns. Mr. Montalvo replied yes.

Ms. Bolus asked if there was any low cost ideas that the CAB can introduce to the administration that can be done to upgrade the facility.

Mr. Martin stated "that HHC should look at that. Clearly we should make sure our D&TC are attractive." Mr. Martin noted that he would take on the challenge of sprucing up Belvis.

Ms. LaRay Brown interjected and noted that John Jurenko, Assistant Vice President, Intergovernmental Relations is working with each of the facility's leadership, around things that they can afford to pay the debt service on, that they can request through City

Council Capital process. LaRay added that some of the D&TC's have put items on that list. She stated that "we are in the process of finalizing that list for Chair of Health Committee." LaRay asked the Executive Director of Lincoln "if he wants to look at list and see if there's something small that Belvis can pay debt service for and put it on list for the Council.

Mr. Nunez responded that he spent a fair amount of time at Belvis D &TC and reviewed a number of lists that he is looking at and willing to share with the office of Intergovernmental Relations.

### **Harlem Hospital Center (Harlem) Community Advisory Board**

Mrs. Bolus introduced Ms. Stephanie Howze, Chairperson of the Harlem Hospital Center Community Advisory Board and invited her to present the CAB's Annual Report.

Ms. Howze began her presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests. Ms. Howze expressed her gratitude's to fellow CAB member Bette White for attending the Council of CABs meetings in her absence.

Ms. Howze reported that the CAB uses the hospitals' Community Needs Assessment to look and make sure the hospital is aligned with the community's needs. Ms. Howze stated that "for the purpose of tonight's report she would like to highlight and focus on three (3) significant healthcare needs or concerns that is facing the Harlem community: Cancer, Diabetes and Homicide/Trauma."

Ms. Howze reported that Harlem Hospital Center has taken a proactive approach to prevention and treatment of Cancer. She noted that the hospital has implemented an aggressive early intervention and screening programs for breast, cervical prostate and colorectal cancers. She added that in addition the hospital has incorporated bilingual patient navigators to assist patients in negotiating the hospital's system. Ms. Howze emphasized how the CAB maintains open communication with the hospital's leadership on the number of vacancies within Oncology department.

Ms. Howze continued and reported the hospital works closely with patients who are enrolled in the Diabetes Registry. Ms. Howze explained that the Diabetes Registry helps the patients and providers to monitor the management of the disease and ensure patients have received the appropriate screenings. Ms. Howze noted that aggressive follow-up is done on those patients in the Diabetic Registry who are non-compliant with diabetes regimen.

Ms. Howze concluded her report by informing members of the Committee, CAB Chairpersons and invited guests that in Harlem there is "gun violence". Ms. Howze noted that Harlem Hospital has taken a proactive approach by implementing an award



winning program "Circle of Safety." Ms. Howze explained that the program offers non-traditional support to victims and families of gun violence. Ms. Howze added the Circle of Safety was the theme for the Harlem's CAB Legislative Breakfast. Ms. Howze stated that the CAB decided on a new twist to address the gun violence and budget issues facing the hospital and the community.

### **Renaissance Health Care Network Diagnostic and Treatment Center Community Advisory Board**

Mrs. Bolus introduced Ms. Jackie Rowe-Adams, Chairperson of the Renaissance Health Care Network Diagnostic and Treatment Center Community Advisory Board and invited her to present the CAB's Annual Report.

Ms. Adams began her presentation by thanking members of the Committee for the opportunity to give the Renaissance CAB's report and acknowledging the Renaissance's administration.

Ms. Adams stated that since the CAB's last report, the Renaissance Health Care Network has officially moved from 215 West 125<sup>th</sup> Street to its new location at 264 West 118<sup>th</sup> Street. Ms. Adams noted that the facility is beautiful and she commended Ms. Bernadette Brown, Senior Associate Executive Director for her leadership.

Ms. Adam reported that the Renaissance CAB is in the process of interviewing new members for the CAB. Ms. Adam added that the CAB is excited about bringing on new members.

Ms. Adams commended Ms. Denise Soares, on her recent appointment to Senior Vice President, Generations Plus/ Northern Manhattan Network and for her leadership skills.

Ms. Adams conclude her presentation by reporting that that the Renaissance and Harlem CAB held a joint Legislative Breakfast on Saturday, March 9<sup>th</sup> and she announce that the RHCN CAB looks forward to hosting a joint Annual Public Meeting with the Harlem CAB in the Fall 2013. Ms. Adam applauds the Network's leadership for making the recommendation for both CABs to work together. Ms. Adam added that Ms. Howze and she work well together as a team.

Mrs. Bolus reiterated her suggestion to Ms. Adams about recruiting new members during this year's National Night Out Against Crime.

### **OLD BUSINESS**

None.

### **NEW BUSINESS**

**ADJOURNMENT**

The meeting was adjourned at 6:40 p.m.

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

**JACOBI MEDICAL CENTER - 2013**

**I. COMMUNITY NEEDS**

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

The most significant health concern affecting our community is the high rate of obesity, diabetes, asthma and mental health/behavioral issues.

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

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

\* CAB members participated in the Community Health Needs Assessment Survey

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

yes     no

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

Facility leadership addresses these concerns by participating in corporate collaboratives, establishing special practice sessions, sponsoring health fairs where health education materials are distributed and free screenings are offered, and by the establishment and promotion of a Farmer's Market at the hospital. This is the third year that Jacobi has sponsored a Community Garden on the Jacobi campus for community members, patients and staff to grow their own

vegetables. In addition, garden beds were allocated to patient/staff partnerships, providing an opportunity for quality recreation and patient education. Participating patient areas include: Breast Cancer Survivors Support Group, Behavioral Health Services, Family Weight Management and Comprehensive Alcohol Treatment Center.

## II. FACILITY'S PRIORITIES

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

The facility's strategic priorities include: the Network's Service Excellence initiative, that aims high standards for service and civility; becoming one of the safest hospitals in the nation; developing a diversified payor mix essential for fiscal responsibility; and the continued use of LEAN initiative to improve the quality, safety and efficiency of our services.

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

The CAB is provided presentations directly from the Network Leadership, including the Network Safety Officer, Network Chief Financial Officer and the Network LEAN Transformation Officer. These sessions provide opportunities for CAB members to raise questions and issues to be addressed.

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

yes

no

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

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

Yes                       No

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

Most frequent complaints raised include wait time in the ER for relatively minor complaints, access to care and less than optimal communication between staff and patients. Another complaint that has been rectified was cold breakfasts for Behavioral Health Inpatients.

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

Patients frequently compliment the expertise of our medical staff, the comprehensive and unique services available, and staff attention and involvement. In addition, patients and visitors to Jacobi frequently comment how beautiful the new buildings and renovated areas are. Compliments now include the exterior since Jacobi has beautified and enhanced safety on the campus. For example, the grounds have been renovated with new lighting, security systems, pathways and plantings, and benches providing seating have been placed around the campus.

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

Yes                       No

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

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

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

X Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 17 What are current numbers of vacancies?

There are three vacancies; however, one application is currently in process.

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

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters were created to promote the CAB and were prominently displayed within the hospital. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, the annual September 11<sup>th</sup> Memorial Procession and the CAB sponsored Mental Health Conference that was promoted throughout the tri-state area (e.g., hospitals, psychiatric organizations/agencies, nursing homes, schools and libraries). This event was presented at no cost and served not only as an important forum of information but also to introduce the general public to the role of the CAB.



They participated in a community health focus group open to the public, in addition they attended various hospital conferences.

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

CAB members did not provide testimony but were present.

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

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

CAB members support the facility's outreach activities by attending and supporting our health fairs, flu shot and blood drive campaigns, and by distributing information about the hospital (new programs, services, events, etc.) and health materials in the community.

In addition, many CAB members attended the hospital's Social Work Disaster Response Conference, which focused on Professional Resilience in a Shared Trauma Environment and the Impact of Hurricane Sandy on Coney Island Hospital and HHC.

The CAB also sponsored a special meeting promoted within the community on "Gun Violence: An Ongoing Crisis."

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

yes                       no



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

yes

no

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

not enough

just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

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

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

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

Signatures:

CAB

Chairperson: \_\_\_\_\_

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

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

Signatures:

CAB

Chairperson:

*Silvio Magella CAB*

Date:

*8/27/13*

Executive

Director:

*Wm P. Walsh*

Date:

*8-27-13*

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

**NORTH CENTRAL BRONX HOSPITAL - 2013**

**I. COMMUNITY NEEDS**

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

The most significant health concern affecting our community is the high rate of obesity, diabetes, asthma and mental health/behavioral issues.

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

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

\*CAB members participated in the Community Health Needs Assessment Survey

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

yes     no

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

Facility leadership addresses these concerns in a variety of ways, including: participating in corporate collaboratives, establishing special practice session, sponsoring health fairs where health education materials are distributed and free screenings are offered, and the establishments and promotion of a Farmer's Market at the hospital.

## **II. FACILITY'S PRIORITIES**

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

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

A strategic goal this year was to improve the infrastructure of the Psychiatric Emergency Room, which is near completion and will double the size of the facility.

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

The CAB is provided presentations directly from Network Leadership, including the Network Safety Officer, Network Chief Financial Officer and the Network LEAN Transformation Officer. These sessions provide opportunities for CAB members to raise questions and issues to be addressed.

Following a telephone conference, at the NCBH CAB Chairperson's request, a special meeting was held to keep the CAB informed on recent events at NCBH. CAB members met with Mr. McLeod, Chief Operating Officer, North Central Bronx Hospital and other hospital leadership staff to review an important change in service delivery at NCBH beginning August 12<sup>th</sup>. In an hour-long information session we learned that NCBH was suspending the delivery of babies and the caring for newborns. The CAB was informed that NCBH's prenatal patients were being contacted about the service change and offered the option of delivering their babies at Jacobi (however, if patients chose another HHC or non-HHC hospital staff would help them make arrangements). The CAB learned that NCBH's Outpatient Women's Health Services would continue to provide

high quality prenatal, postpartum and gynecology services as well as gynecological inpatient care, and that the NCBH Emergency Room would continue to treat women's health emergencies. This special meeting allowed us to understand the issues regarding the decision to consolidate, and to provide suggestions. For instance, we highlighted the importance of providing transportation arrangements, the importance of increasing patient access, and we offered our efforts to continue to get the word out by distributing information at key community locations. In the end, we felt confident that the consolidation of this service was based on our network's commitment to patient safety, and that there will also be ongoing efforts to recruit new leadership and staff for this service. In addition, at this meeting we were pleased to learn of a number of new projects, including the new Dialysis Outpatient Center at NCBH that will begin shortly.

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?

Most frequent complaints raised are the access to patient care, not optimal communication between staff and patients, and the wait time in the ER for relatively minor complaints. Another complaint that has been rectified was cold breakfasts for Inpatient Behavioral Health patients.

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

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

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

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? 20

2. What are current numbers of members? 9 What are current numbers of vacancies? 11
3. What were the membership recruitment activities conducted by CAB this year?

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters were created to promote the CAB and were prominently displayed within the hospital. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, the annual 9/11 Memorial Procession and the 2011 CAB sponsored Legislative Forum held at NCBH were announced in local newspapers.

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

Yes                       No

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

Two CAB members participate regularly on the hospital's monthly Patient Experience Committee providing a unique consumer perspective.

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.

Actions taken include follow-up meetings at the Community Planning Boards and distribution of literature/information on our services.

News and events that are of interest with the Community Boards are shared with them through our CAB members.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?  
 Yes  No
8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?  
 yes  no
9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?  
 yes  no
10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?  
 yes  no

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

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

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

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

In addition, the CAB attended various hospital conferences, including The Social Work Emergency Response Conference that focused on



Hurricane Sandy's impact on HHC, and a conference on Gun Control and Gun Violence that impacts the community.

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

yes                       no

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

yes                       no

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

not enough               just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

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

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

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

Signatures:

CAB

Chairperson:

*Ernie Sarkow-Lou*

Date:

8/26/13

Executive

Director:

*William P. McKel - COO NCBH*

Date:

8/26/2013



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

### CONEY ISLAND HOSPITAL COMMUNITY ADVISORY BOARD 2013

#### I. COMMUNITY NEEDS

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

- *Replace the Ida G. Israel Community Health Center, which was destroyed by Super Storm Sandy, to the West end of Coney Island.*
- *The financial support and provision for a Level One Trauma Center, and the continued modernization of CIH in plans for redevelopment of Coney Island by NYC EDC/Coney Island Development Corp.*
- *Improving the level of community/patient satisfaction.*
- *Expanding access to specialty geriatric medical care services in light of the fact that southern Brooklyn has the largest geriatric population in NYC and CIH is surrounded by no less than six Naturally Occurring Retirement Communities.*
- *Ensuring the future continued success of HHC's mission in the midst of national health care reform and governmental budget crisis.*
- *Ensuring that the community's medical needs are addressed under the HHC Restructuring Plan, especially those needs which involve heart disease, diabetes, obesity, cancer, and high blood pressure.*

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

Community Board(s) meetings

Other Public Meetings

## Community Advisory Board Report

Page 2

- Needs Assessments       Surveys: HCAHPS  
 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.
- *Plans to restore the Ida G. Israel Community Health Center include the construction of a modular building on property owned by the New York City Housing Preservation and Development (HPD), located between W17th and 18<sup>th</sup> Streets on Surf Avenue. A CIH medical mobile unit will remain deployed on the west end of Coney Island at 3001 Mermaid Avenue while the health center is being built.*
  - *Hospital leadership has taken steps to improve the level of community/patient satisfaction by: maintaining ties with local community based organization and implementing a patient satisfaction initiative.*
  - *Hospital leadership is taking steps to maintain working relationships with the six Naturally Occurring Retirement Community organizations (NORCs) in CIH's primary service area. Various hospital departments, including Patient Relations, Social Work, Strategic Planning, Medical Affairs, and Public Affairs continue to meet with staff and members of the NORCs. The hospital leadership recognizes the importance of ensuring the continuity of care of its older patient population and is collaborating with the NORCs and with local SNF's and adult homes to ensure that patients avail themselves of the supportive social and clinical services offered in the community.*
  - *In 2013, meetings were held with local elected officials to discuss the hospital's equipment needs. The Brooklyn delegation of the NY City Council allocated \$1,816,000 to Coney Island Hospital for various equipment and services.*
  - *Hospital leadership has supported efforts to increase CAB membership commitment and diversity by canvassing community-based organizations, local elected officials, Community Board 11, 13, and 15 for additional candidates who represent the demographics of the Coney Island community.*

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?  
Restoration of Ida G. Israel Health Center  
Clinical Excellence  
Patient Safety  
Patient & Customer Satisfaction  
Information Technology  
Facilities & Infrastructure  
Financial Stewardship  
High Quality Workforce
2. Describe how the CAB provides input into the development of the facility's strategic priorities?

*The CAB has a representative on the hospital's Patient Safety Committee and Patient Satisfaction Committee, however both representatives are term limited effective August 31, 2013. The Board will select two new representatives to fill these vacancies. The CAB also provides input and suggestions in strategic and other plans presented at CAB meetings.*

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

## III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?  
 Yes  No
2. What are the most frequent complaints raised by patients/residents?  
*The most frequent complaints raised is the wait time and travel to SeaView Hospital for a mammography.*
3. What are the most frequent compliments provided by patients/residents?

*The compassionate, high quality care provided by the doctors, nurses, and other support staff; the responsiveness and helpfulness of the hospital staff. We have also received compliments about the Green Market, the community art exhibitions and the overall cleanliness of the hospital.*

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 <i>(see question2 above)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 27
2. What are current numbers of members? 22 What are current numbers of vacancies? 5

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

*The CAB membership canvassed community-based organizations, Community Boards 11, 13, 15 and reached out to individuals who represent the demographics of the Greater Coney Island community.*

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

Yes                       No

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

*The CAB currently has an active Executive Committee - that acts on behalf of the CAB between meetings, and keeps the CAB abreast of any proceedings. Legislative Committee- discusses Hospital legislative priorities and develops strategies to support those priorities. Membership Committee – reviews new membership applications and makes recommendations to the BOARD. Also, reviews status of all members to ensure they are in good standing. Sunshine Fund Committee – generate funds through voluntary contributions from Hospital members to acknowledge death, birth or hospitalization of a member, his or her (mother, father, spouse, children, sister or brother). Community Relations Committee-advise Board on issues that pertains to the community outreach activities. In addition, the Committee maintains a positive relationship between the hospital and the community. The Patient Care/Relation Committee is currently being re-established.*

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

Yes                       No

- a. If yes, please describe actions taken.

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

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

Yes                       No

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

yes                       no

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

yes                       no

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

yes                       no

a. If so, were the issues subsequently addressed?

*No, but in the process of being address*

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

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

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

yes                       no

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

yes                       no

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

not enough               just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

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



1. Ida G. Israel Family Health Center
2. Level 1 Trauma Center
3. Additional health screenings focused on heart disease, diabetes, obesity, cancer, and high blood pressure.

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

Signatures:

CAB

Chairperson:

*Lucille M. Harris*

Date:

*8/23/13*

Executive

Director:

*Arthur May*

Date:

*8/23/13*

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

**(SEA VIEW HOSPITAL REHABILITATION CENTER & HOME  
ADVISORY BOARD)**

**PRESENTED SEPTEMBER 3, 2013**

**I. COMMUNITY NEEDS**

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

**The Staten Island senior community continues to expect high quality and responsible services from its health care providers. The vulnerable elderly, those needing short term rehab and dementia care, are our primary customers. Adult children of these customers are, by association, our secondary market.**

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)

**Identification of these needs took place, in part, during CB meetings, surveys, public meetings, professional associations and state and national data collection reports, and through numerous media outlets.**

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

yes  no

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

**Leadership is addressing all concerns brought to them concerning any quality of care issues. Resident Council, Relative Council, Seminars/ Education, and Health Fairs are held.**

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

**Maintain CMS 5-Star rating. To provide the highest possible quality of care to all residents.**

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

**Through discussion and information sharing, CAB supports Sea View and carries Sea View's message to the community.**

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

yes  no

## III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes  No

2. What are the most frequent complaints raised by patients/residents?  
**Because residents live here and consider Sea View “home,” they do not always accept the occasional room reassignment if necessary due to a higher medical need of a new admission.**

3. What are the most frequent compliments provided by patients/residents?  
**A caring and professional staff tops the list along with satisfaction with activities and outings provided by Sea View. The residents always enjoy our “Winter Wonderland” celebration and our summer barbeques.**

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

Yes       N/A       No

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

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

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

Yes       N/A       No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 14

2. What are current numbers of members? 14 What are current numbers of vacancies? 0

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

**Keeping Community groups informed of our recruitment activities.**

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

Yes

No

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

No

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

Yes

No

a. If yes, please describe actions taken.

**Reports at monthly CAB meetings.**

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

Yes

No

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

yes

no

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

yes  no

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

yes  no

a. If so, were the issues subsequently addressed?

N/A

11. Describe the CAB's involvement in its facility's outreach activities?  
**CAB members are community leaders and professionals. They carry Sea View's message in their daily activities.**

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

yes  no

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

yes  no

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

not enough  just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

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

1. **NONE**
- 2.
- 3.
- 4.
- 5.

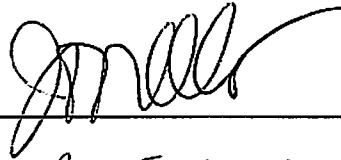
**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

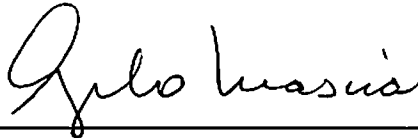
Date:



8-15-2013

Executive

Director:



Date:

8-15-2013