

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: May 6, 2014
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

Robert F. Nolan

ADOPTION OF MINUTES

March 4, 2014

Robert F. Nolan

CHAIRPERSON'S REPORT

Robert F. Nolan

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

Generations Plus/Northern Manhattan Network

Lincoln Medical & Mental Health Center

George Rodriguez

Morrisania Diagnostic and Treatment Center

George Robinson

Segundo Ruiz Belvis Diagnostic and
Treatment Center

Gabriel DeJesus

Harlem Hospital Center

Bette White

Renaissance Health Care Network

Jackie Rowe-Adams

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: March 4, 2014

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

Bobby Lee, Chairperson, Bellevue Hospital Center)

Jewel Jones, Chairperson, Metropolitan Hospital Center

Jeromane Berger-Gaskin, (Representing May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center)

Bette White, Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Agnes Abraham, Chairperson, Kings County Hospital Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

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

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

Anthony Andrews, Chairperson, Queens Hospital Center

HHC FACILITY CAB MEMBERS

Kent Mark, Bellevue Hospital Center

Sandra Stevens, Bellevue Hospital Center

Edward Shaw, Metropolitan Hospital Center

Joyce Henry, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Dawn Williams Burton, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Brenda Morris, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Flize Bryant, M.D., Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Gloria C. Thomas, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Priscilla Douglas, Cumberland Diagnostic and Treatment Center

Hiawatha Campbell, Cumberland Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

Barbara Dialfordi, Cumberland Diagnostic and Treatment Center

Cheryle Williams, Cumberland Diagnostic and Treatment Center

Stanley Parham, Cumberland Diagnostic and Treatment Center

Tracey Barnett, Cumberland Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
Salvatore Russo, Chief Counsel, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Manelle Belizaire, Intergovernmental Relations
Robb Burlage, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations

HHC FACILITY STAFF

George Proctor, Senior Vice President, Central/North Brooklyn Family Health Network
Michael Tartaglia Executive Director, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Ernest Baptist Executive Director, Kings County Hospital Center
Vincent Mulvihill, Associate Executive Director, Central Brooklyn Family Health Network
Lynn Schulman, Associate Executive Director, Woodhull Medical and Mental Health Center
Charmaine Valentine, Associate Executive Director, East New York Diagnostic and Treatment Center
Cheryl Jones, Associate Executive Director, Woodhull Medical and Mental Health Center
Sherry Davis, Assistant Coordinating Manager, Cumberland Diagnostic and Treatment Center
LisaMarie Izquierdo, CAB Liaison Bellevue Hospital Center
William Jones, Associate Director, Coler/Goldwater Specialty Hospital and Nursing Facility
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Debera Tyndall, CAB Liaison, Kings County Hospital Center
Maria Hernandez, CAB Liaison, Woodhull Medical and Mental Health Center
Maria Velasque, Recreational Therapist Harlem Hospital Center

GUESTS

Karen Jarrett, New York State Nurses Association
Anthony Feliciano, Executive Director, Commission on the Public's Health
Corey Evans, Guest of Cumberland Community Advisory Board

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 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 February 4, 2014. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

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

Before proceeding with the annual activity reports from the Community Advisory Boards of the Central and North Brooklyn Networks, Mrs. Bolus highlighted some notable activities and recognitions that had occurred since the Committee's February 4th meeting.

Mrs. Bolus stated that "it is again the season for our Legislative Breakfasts which are invaluable opportunities for the Community Advisory Board members, consumers of our services and other community stakeholders to meet face-to-face with elected officials to advocate on behalf of HHC facilities and to articulate the health care needs of the communities." On behalf of the Board, Ms. Bolus thanked those Community Advisory Boards who had hosted, or will host in the coming weeks, these important forums.

Mrs. Bolus reported that, on February 24, 2014, at the request of the Health Committee of the City Council, Mr. Aviles had provided testimony to update the Council on the various initiatives that had been part of HHC's cost containment and restructuring plan. In his testimony, Mr. Aviles had provided some historical context to explain why HHC needed to undertake significant cost-containment and restructuring efforts over the last several years, pointing out several factors, such as: HHC's safety-net role which has made it especially vulnerable to deep State cuts to Medicaid, the cost of serving a rising tide of uninsured patients, and the erosion of federal funding. Mr. Aviles had outlined HHC's fiscal situation and challenges and he had then reviewed the Road Ahead initiatives and the principles that guided their implementation. He also had pointed out that, despite HHC's hard work to reduce its budget gap, future budget deficits loom and could be made deeper by pending labor arbitration outcomes and further federal budget cuts.

Mrs. Bolus reported that a number of Council Members had been very interested in the contract for the provision of acute and chronic dialysis and Mr. Aviles had responded to many questions related to continuation of the current quality and patients' access to

these services. In addition, there were also a number of questions about the timing for the re-opening of maternity services at North Central Bronx Hospital. Mr. Aviles had noted that a formal staffing plan for both inpatient maternity services and the NICU will be completed this month and that HHC would be formally asking the State Health Department to extend the time for re-opening the service until sometime this summer in order to identify and bring on board a full complement of staff (especially senior level physicians) for all tours.

Mrs. Bolus had especially acknowledged Ms. Agnes Abraham, the Chairperson of the Council of CABs, who also had provided testimony at last week's City Council hearing. Mrs. Bolus noted that Ms. Abraham had been eloquent and forceful in her support of the need for there to be a strong, financially viable public hospital system. She said that, "while she may not agree with every Road Ahead initiative, she recognizes that it would be irresponsible, knowing the dire economic constraints faced by the Corporation, not to agree that something has to be done. Ms. Abraham had urged the Council to do all in its power to ensure HHC's financial health for many years to come."

Mrs. Bolus reported that more than 8,000 New Yorkers volunteer in HHC hospitals and health centers every year. She noted that several of these generous volunteers had recently been specially recognized.

Mrs. Bolus reported that The United Hospital Fund had recognized Bellevue Hospital volunteer Anthony (Tony) Austin with its 2014 Hospital Volunteer Achievement Award. Mr. Austin works three to four days per week telephoning patients to remind them of their therapy session appointments, informing waiting patients when the therapist is ready to see them and escorting them to and from their sessions. Mr. Austin's accomplishments are all the more remarkable because he has been a paraplegic since 1983 when, as a cab driver, he was shot while driving his cab. He was treated extensively at Bellevue and has now been a volunteer there for more than 10 years.

Mrs. Bolus reported that former Schools Chancellor Dennis Walcott's, a lifelong Queens native, good works had also been recently celebrated. She noted that Chancellor Walcott had spent the month of January volunteering at Queens Hospital Center (QHC). While volunteering, Mr. Walcott had spent time in the Emergency Room, Pediatric Clinic, Adult Ambulatory Care Department, and several other outpatient and inpatient departments to observe how medical staff communicate with and engage patients. Mr. Walcott had given an hour-long, insightful presentation at QHC about his volunteer experience.

Mrs. Bolus continued her remarks and reported that staff and facility programs had also been recognized these past several weeks. Specifically, Yvette Calderon, MD, has been recognized by the New York State Department of Health with the Laubenstein Award for her decades of work in HIV/AIDS prevention efforts. Dr. Calderon, an

emergency department physician and Chief of Urgent Care at Jacobi Medical Center, had contributed to HHC's efforts to combat HIV/AIDS through a variety of innovative programs focused on engaging underserved communities and at-risk populations.

Mrs. Bolus continued by sharing with those present that, in 2003, Dr. Calderon had partnered with Dr. Jason M. Leider, Medical Director of the North Bronx Health Network's Adult HIV Services, to develop and implement Project B.R.I.E.F. seeking to boost HIV awareness through rapid testing in non-traditional testing environments such as emergency departments. Research has shown that this form of non-traditional testing more effectively reaches high-risk populations that have not otherwise been tested for HIV/AIDS. She noted that more than 100,000 Bronx residents had been tested due to Dr. Calderon's and Dr. Leifer's work. Rapid testing is now routinely performed at all HHC hospitals and health centers.

Mrs. Bolus reported that The Jacobi Medical Center Auxiliary Inc., in partnership with Fellowship Tabernacle Ministries, Inc., Physicians Affiliate Group of NY (PAGNY), and Jacobi Medical Center, had received \$300,000 for the Neighborhood Violence Prevention Project, an injury prevention program incorporating a multi-pronged approach to prevent shootings and violence involving young adults in Bronx County.

Mrs. Bolus informed the Committee that the program's name is SNUG - "guns" spelled backwards. She stated that Jacobi will be implementing the evidence-based Cure Violence Model, relying on culturally appropriate staff often former gang members who respond to shootings and prevent retaliation through focused outreach. Staff members also detect and resolve conflicts that are likely to lead to shootings and prevent retaliation. Mrs. Bolus noted that an extensive schedule of social and recreational programs specifically designed to appeal to an at-risk population would be implemented. Moreover, Jacobi Medical Center will be providing expert medical leadership including pediatric, adolescent and emergency medicine specialists, as well as a hands-on intense social work component.

Mrs. Bolus reported that HHC facilities continue to conduct prevention and health promotion initiatives. HHC will once again recognize National Colorectal Cancer Awareness Month this month by educating patients, staff and the public at large about the benefits of colon cancer prevention, screening and early detection. In addition, HHC Communications staff will use all platforms available -- from internal email blasts to social media -- to remind New Yorkers who are approaching 50 to get a colonoscopy or ask about other effective colon cancer screening tests available. Moreover, HHC physicians will spread the colon cancer message in op-ed columns in the Epoch Times, Harlem News, Brooklyn Spectator, Queens Courier, El Diario, El Especialito and The Chief Leader. Mrs. Bolus stated that other campaign elements would include posters, post cards, email messages, the HHC website, a press release, banners, and screen savers. She added that HHC will also collaborate with members of the Citywide Colon

Cancer Control Coalition (C5) to create awareness through a dedicated web page and unified social media campaign. Mrs. Bolus announced that, on March 6, 2014, HHC Board of Directors will hold a public hearing concerning the leasing of the G building on the HHC campus of Kings County for the development of 293 affordable apartments by CAMBA

Mrs. Bolus concluded her remarks stating that, after 40 years of unparalleled service to HHC and its patients, Lynda D. Curtis had announced her retirement effective March 2nd. Ms. Curtis retires as Senior Vice President of the South Manhattan Network with administrative oversight of Bellevue, Metropolitan, Gouverneur, Coler, and the new Henry J. Carter long term facility. In addition, until November 2013, she has been the Executive Director of Bellevue. Mrs. Bolus noted that throughout Ms. Curtis' career, which began in 1974 as a children's counselor at Sydenham Neighborhood Family Care Center, Lynda Curtis had represented the best of HHC -- deep compassion, dedication to improving the health status and safety of patients, unflagging energy, profound integrity, and a commitment to promoting opportunity for all staff.

Mrs. Bolus called on Mr. Antonio Martin, HHC's Executive Vice President, to provide remarks on behalf of Mr. Aviles who could not be with us this evening.

PRESIDENT'S REMARKS

Mr. Martin greeted everyone. He reminded the Committee that, HHC's longest serving President, Mr. Alan Aviles, will be leaving the Corporation as of March 28, 2014. He added that, while the HHC family is saddened by the departure of a leader who had such great vision for the Corporation, his replacement is another great leader, who is well-known to the HHC community. Mr. Martin stated that Dr. Raju will be coming back to HHC from Cook County Health and Hospitals System as HHC's new President. Mr. Martin took the opportunity to thank Mr. Aviles for his unwavering support of the Corporation throughout his leadership and to wish him well. He will certainly be missed. Similarly, Mr. Martin welcomed Dr. Raju, a friend to the Corporation, who is like-minded in style to Mr. Aviles.

Mr. Martin informed the Committee that the City of New York had sold 346 Broadway Building to a developer. Therefore, HHC's offices that were housed in that building including Legal, Facilities Development, Human Resources and Corporate Planning, will be relocated to a renovated building at 55 Water Street by next month. Mr. Martin noted that two other City Agencies are already at that location and are very happy that HHC join them. In addition, HHC will take advantage of the large meeting spaces available. Mr. Martin stated that staff are packing and are encouraged not to bring a lot of paper with them. Mr. Martin ended his remarks stating that all efforts are being made to make the move as streamlined as possible.

Mrs. Bolus acknowledged Mr. George Procter, Senior Vice President of the North Brooklyn and Central Brooklyn Networks, Mr. Ernest Baptiste, Executive Director of Kings County Hospital Center, Mr. Michael Tartaglia, Executive Director of Dr. Susan Smith McKinney Nursing and Rehabilitation Center,

CENTRAL/NORTH BROOKLYN FAMILY HEALTH NETWORK CABS' REPORTS

Kings County Hospital Center (Kings County) Community Advisory Board

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

Ms. Abraham began her presentation by greeting members of the Committee, fellow CAB Chairpersons, invited guests and acknowledged George Procter, Senior Vice President, North and Central Brooklyn Network, Ernest Baptiste, Executive Director, Kings County Hospital Center.

Ms. Abraham reported that the most significant health care service concerns/needs for Kings County community are chronic diseases such as obesity, diabetes and hypertension. Ms. Abraham added that the community's concerns also include the need for services focused on gun violence, mental illness, cancer and HIV/AIDS.

Ms. Abraham continued and reported that the facility's leadership had addressed the concerns and needs of the community with the relocation of the Diabetes Clinic to better coordinate care for patients and had implemented Kings Against Violence Initiative (KAVI) to address interpersonal violence in the community. Ms. Abraham added that the administration had also reorganized the mental health and substance abuse treatment programs to better meet the needs of the community.

Ms. Abraham stated that the "facility's strategic priorities is to improve access to ambulatory care services and to reduce wait times." Ms. Abraham noted that Kings CAB continues to meet with the ambulatory care staff and the administration team to ensure that the community concerns are taken into consideration. Ms. Abraham noted that Mr. Baptist has an "open door policy."

Ms. Abraham reported that the most frequent complaint at Kings County is long wait times in the clinics and emergency department and staff attitude. Ms. Abraham noted that staff attitude had improved however; there are still areas that need to be addressed. Ms. Abraham noted that compliments are on improved services and quality of care.

Ms. Abraham continued and reported that currently there are twenty-nine (29) working members with seven (7) vacancies on the CAB.

Ms. Abraham concluded the CAB's report and informed the Committee members and invited guests that the Kings CABs structure includes: Patient Care, Behavioral Health, Membership and Planning and Development Committees. Ms. Abraham added that the Planning and Development Committee are actively involved with working with the administration on the Heal Grant. Ms. Abraham noted that the Community Planning Boards designee help disseminate information to the community at large.

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

Mrs. Bolus introduced Ms. Jeromane Berger-Gaskin, Second Vice Chairperson of the Dr. Susan Smith McKinney Nursing and Rehabilitation Center's Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. Berger began the DSSM CAB's report by stating that the Dr. Susan Smith McKinney Nursing and Rehabilitation Center "continues to be a Center of Excellence despite cut backs and budgetary restraints." Ms. Berger commended the leadership of Michael Tartaglia, Executive Director, Charmaine Lewis, Deputy Executive Director, and the staff for their dedication and commitment to DSSM. Ms. Berger noted the reason for the achievement was the adherence to the facility's mission and vision; keeping the focus on residents and the care they receive.

Ms. Berger informed members of the Committee and invited guests that Neponsit Adult Day Care Center of Far Rockaway, Queens, is temporarily stationed at DSSM. Ms. Berger added that the Adult Day Care Center will be returning to their site in Far Rockaway, by late Spring, 2014.

Ms. Berger highlighted the DSSM CAB's participation in 2013 outreach activities. They included:

- CAB members participated in the Go Red Event.

- During Men' Health month CAB members participated in the 2nd Annual Recognition Luncheon.
- CAB members participated in Black History Month Supper Club Presentation "From Drums to Jazz". Ms. Berger added that at the event the CAB honored Mr. Harold Ousley, resident, who played the Cotton Club in Harlem and performed with icons such as Billy Holiday, Ella Fitzgerald, Louis Armstrong and others. Ms. Berger noted that he was presented with a Congressional Proclamation, a New York City Council Proclamation and a Borough President Citation for his contribution to Jazz Music during the Civil Rights Movement.
- Ms. Agnes Abraham, Chairperson of HHC Council of CAB, presented an inspiring "Civil Rights" message during Black History Month.
- The DSSM CAB participated in the annual Resident Satisfaction Survey. Ms. Berger noted the results were excellent.
- DSSM CAB members participated in a Special Thanksgiving Dinner that was sponsored by the Auxiliary and Brooklyn Farragut Lions Club. Ms. Berger noted that the Farragut Lions Club also presented Mr. Tartaglia with blankets for the residents.
- DSSM CAB continued to support various efforts at the center such as the Annual Christmas Tree, Menorah and Kwanzaa Lighting.

Ms. Berger concluded the DSSM CAB's report by again thanking George Proctor, Michael Tartaglia, Charmaine Lewis, and the staff of DSSM for their support of the CAB. Ms. Berger added that the DSSM CAB pledged its continued support to all the residents and staff.

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

Mrs. Bolus introduced Talib Nichiren, Chairperson of the Woodhull Medical and Mental Health Center Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Mr. Nichiren began his presentation by thanking members of the Committee for the opportunity to share the Woodhull CAB's annual report. Mr. Nichiren also thanked George Proctor, Senior Vice President, North/Central Brooklyn Network, Lynn Shulman,

Senior Associate Executive Director, and Maria Hernandez, CAB Liaison for their leadership and support.

Mr. Nichiren reported that Woodhull Medical and Mental Health Center celebrated its second year of success with the innovative Center for Integrated Health. Mr. Nichiren explained that the Innovative Center integrates primary care into the hospital's psychiatry outpatient service, with the goal of providing holistic care to psychiatric patients with other chronic diseases. Mr. Nichiren added that since its inception in 2011, more than 1,000 high-risk patients had been referred to the newly created Center.

Mr. Nichiren informed members of the Committee and invited guests that Woodhull Medical and Mental Health Center in collaboration with New York University (NYU) implemented a Video Interaction Project (VIP). Mr. Nichiren explained that VIP is designed to encourage critical interactions between parents and children through videotaped playing or reading sessions that are monitored by child development specialists, who identify and reinforce positive interactions. Mr. Nichiren added that the goal of VIP is to address the vast disparities in development, school readiness and educational achievement between children living in poverty and middle to high income families.

Mr. Nichiren reported that under the leadership of Angela Edwards, Nursing Director, Woodhull Medical and Mental Health Center continue to strengthen its affiliation with schools of nursing. Mr. Nichiren added that Woodhull Medical and Mental Health Center initiated a Registered Nurse to BSN program with Lehman College. Mr. Nichiren noted that the first graduation is expected May 2015.

Mr. Nichiren continued and reported that the facility's strategic priorities is to redesign and continue to renovate primary and specialty care practices to accommodate growth, enhance quality of care, increase patient satisfaction and patient safety for the North Brooklyn community.

Mr. Nichiren concluded the Woodhull CAB's report by commending the administration and staff of Woodhull Medical and Mental Health Center for their dedication and commitment to the community.

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

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of the East New York Diagnostic and Treatment Center Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Mr. Jones began the East New York D&TC CAB's report by informing members of the Committee and invited guest of staff's transitions. Mr. Jones added that the CAB welcomed Charmaine Valentine, Site Administrator and Mari Millet, CAB Liaison. Mr. Jones thanked Mr. Alvin Young, Director of Community Affairs, Office of Intergovernmental Relations, for his tremendous support of the East New York CAB and Auxiliary.

Mr. Jones reported the most significant health care need/concerns of the East New York community were hypertension, diabetes, obesity and HIV. Mr. Jones noted that the facility's leadership is addressing the needs and concerns of the community by extending hours in the medical and pediatric clinic to accommodate working families', appointment reminder calls and jitney transportation to Kings County Hospital Center. Mr. Jones added that improved access to appointment availability had resulted in improvement of the patient satisfaction surveys.

Mr. Jones informed members of the Committee, CAB Chairpersons and invited guests that ENY D&TC CAB had started a "Banana Program." Mr. Jones explained that every morning bananas are provided for patients in the waiting areas. Mr. Jones added that patients often leave home without eating. Mr. Jones noted that the ENY CAB is also working to start a clothing and pantry program for the patients.

Mr. Jones reported that the ENY CAB had been working with the staff on ideas on beautification of the frontal exterior of the facility and poor lighting and visibility at night issues. Mr. Jones explained that since the closure of the Gas Station, that was located across the street from the facility it has left the area very dark and desolated. Mr. Jones added that the 75th Precinct had agreed to patrol the area frequently for safety of patients and staff.

Mr. Martin informed Mr. Jones, that a team from HHC's facility management department had been informed of the lighting issue and work had been done to resolve the issue. Mr. Martin added that lighting provides a sense of security for the patients and the community.

Mr. Jones concluded the ENY CAB report by stating that the CAB "currently had six members with nine (9) vacancies." Mr. Jones added that recruitment of new members from local business; churches and community organizations were ongoing.

Cumberland Diagnostic and Treatment Center (Cumberland D&TC) Community Advisory Board

Mrs. Bolus introduced Ms. Jacqueline Narine, Chairperson of Cumberland Diagnostic and Treatment Center Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. Narine began her presentation by thanking the members of the Committee for the opportunity to present the Cumberland CAB's annual report. Ms. Narine thanked Vincent Mulvihill, Network Associate Executive Director, Lynn Schulman, Network Senior Associate Executive Director, Cheryl Jones, Director of Business Affairs and Sherry Davis, staff for their support of the Cumberland CAB. Ms. Narine also acknowledged George Proctor, Senior Vice President Central/North Brooklyn Network for his continuity and leadership.

Ms. Narine reported that 2013 had been an exciting year at Cumberland Diagnostic and Treatment Center. Ms. Narine added that the CAB's membership continued to grow in diversity. Ms. Narine mentioned that new members appointed to the CAB include a Dentist, a Nurse, a Professor and a MIS entrepreneur. Ms. Narine noted that there were four (4) vacancies and recruitment is ongoing.

Ms. Narine continued and reported that the Cumberland CAB had continued its strong partnership with the administration. Ms. Narine added that in the last year Cumberland D&TC family were joined by Tracy Bowes, Site Administrator and Cherilyn Re, Nursing Director. Ms. Narine stated "their fresh eyes and ideas are helping to bring Cumberland into a new era of healthcare."

Ms. Narine informed members of the Committee and invited guests that the Cumberland CAB had been involved in the process as facility transitions to a Federally Qualified Health Center (FQHC). Ms. Narine added that the facility transformation to FQHC model will help address the community concerns of chronic diseases such as: diabetes, obesity, and hypertension and will help to increase access to comprehensive care.

Ms. Narine concluded the Cumberland CAB's report by stating that "patients view Cumberland D&TC as a community center, a place where the community can obtain health care, social service, and work with a committed and dedicated staff." Ms. Narine added that as part of the facility's holiday outreach in 2013 the CAB had distributed twenty-five (25) food baskets to patients. Ms. Narine noted that the CAB at Cumberland represents the consumers of health care, who regularly do walk through in the facility and listen what patients have to say. In closing Ms. Narine thanked Alvin Young, Director of Community Affairs, HHC Intergovernmental Relations and Manelle Belizaire, Assistant Director, Intergovernmental Relation for the their support. She also thanked Cumberland D&TC's CAB and Auxiliary Board Members that were in attendance.

OLD BUSINESS

None.

NEW BUSINESS

Bette White, Harlem Hospital CAB Chair, thanked members of the Committee and CAB Chairpersons that supported her through the bereavement in the loss of her beloved mother.

ADJOURNMENT

The meeting was adjourned at 6:55 p.m.



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

LINCOLN MEDICAL & MENTAL HEALTH CENTER (Tuesday, May 6, 2014)

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 always had is about budget cuts, and the reality that services and programs provided by the facility are being threatened. Lincoln Hospital has worked hard becoming number one in providing the best possible health care to our community and together the administration and community need to ensure that this top notch service continues.

2. How were these needs/concerns identified? (Please check all that apply).
 - Community Board(s) meetings
 - Other Public Meetings
 - Needs Assessments
 - Surveys
 - Community Health Profile Data
 - Reports from Community Organizations
 - Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?
 - yes
 - no

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

The Community Advisory Board Members work together with the Administration in reaching out to Community Leaders and

Legislators, advocating for them to help us maintain and restore the hospital services and programs. Administration keeps us informed.

The CAB is also pleased to be kept informed of the many great improvements that have taken place over the past year to ensure the health care needs and concerns of the community are met. Some of these programs and accomplishments are:

- The Fruit and Vegetables Prescription Program designed to provide assistance to overweight and obese children who are at risk of developing type 2 diabetes and heart disease.
- New State of the Art Psychiatric In-Patient Unit at Lincoln
- Lincoln Medical and Mental Health Centers Emergency Department renovation and expansion.
- Lincoln Hospital receives Gold Plus Quality Achievement Award for Stroke Care.
- Lincoln Hospital Center Cancer Center receives national Outstanding Achievement Award.
- Integrated Wellness Center 7B

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 renovation and expansion of the ER, which help us to provide our services to more individuals in a timely manner in the city's busiest ER.

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

Administration informs us on the development of the facility's strategic priorities through:

- Our monthly full Board meetings.
- Presentations on new initiatives and programs presented to the full Board on a monthly basis.
- The Executive Director's Report, Medical Director's Report, Financial Reports and Nursing Reports to the CAB.
- Invitations to special programs such as Research Day, Focus Groups, etc.

This gives us the opportunity to give feedback and suggestions.

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?

Although these issues still exist, fewer complaints have been given. This is because Administration is working to rectify the problem.

- Waiting too long to be seen by a Doctor.
- Pharmacy waiting time.

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

- Excellent improvement of Doctor and Patient Relationships

- Good customer service
- New areas(Emergency Department, Wellness Clinic)

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24
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.

The Board is working with Public Affairs to ensure that representation through-out our catchment area is obtained. Several Candidates have been identified and are waiting to be interviewed.

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 Board has officially selected a Patient Care Committee Chair, Alice Simmons. This Committee will keep 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 Planning Boards 1 and 3, 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 committee CAB members belong to.

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

Yes

No

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

yes no

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

yes no

The Bronx CABs (Lincoln, Morrisania and Belvis) hosted our Tenth Annual Legislative Summit on Friday, March 14, 2014. Event was very well attended.

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.
- Voters Registration

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:

George Rodriguez

Date:

4-17-14

Executive
Director:

[Signature]

Date:

4/21/14



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

**MORRISANIA
DIAGNOSTIC AND TREATMENT CENTER
Tuesday, May 6, 2014**

I. COMMUNITY NEEDS

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

The community's concern is that the funding that supports the facility in providing the best possible health care does not get compromised by the state budget cuts.

Morrisania is a very important part of the community and very much needed.

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

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

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

yes no

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

The Community Advisory Board works together with the administration making sure that ongoing advocacy, visiting local Elected Officials and Community Based Organization's continues.

The Administration keeps the CAB involved and informed at all times.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
To continue providing the best possible health care to our community by making improvements such as improving patient flow and decreasing the total amount of time it takes for a patient to be discharged from the clinic.

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

On a monthly basis the Administration gives the Community Advisory Board status reports giving the Community Advisory Board members an opportunity to give feedback and suggestions at these monthly meetings. These reports are: Administration reports mentions on new initiatives and programs, Medical Director's Report and Financial 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

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

• Waiting time to be seen by a doctor is still an issue but progress has been made by the Administration.

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

- Major improvements have been made to the facility's appearance. Facility feels more inviting.
- 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 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? 15
2. What are current numbers of members? 6 What are current numbers of vacancies? 9
3. What were the membership recruitment activities conducted by CAB this year?

An ongoing recruitment continues to ensure full membership. Members are helping to recruit from Planning Boards, Community Based Organizations, local Churches and Schools. The Public Affairs is helping us as well. Since the last meeting we have lost three members, it has been hard to find committed individuals.

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

Yes

No

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

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

Once we have a full membership we will create begin to create new committees.

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.

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

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

Yes

No

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

yes no

9. 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.

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 participate in outreach activities sponsored by the Clinic as well as outside entities.
(Health Fairs, Advocacy in the city as well as in Albany when necessary, Planning Board's, etc.)

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:

George T. Robinson

Date:

4-25-14

Executive

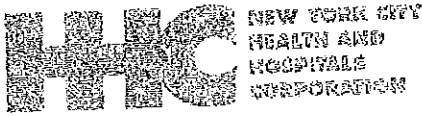
Director:

[Signature]

Dinah Smith, Sr. Exec Adm.

Date:

4/28/14



nyc.gov/hhc

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

SEGUNDO RUIZ BELVIS
DIAGNOSTIC AND TREATMENT CENTER
(Tuesday, May 6, 2014)

I. COMMUNITY NEEDS

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

The community's concern is that the funding that supports the facility that is providing the best possible health care, does not get compromised by the state budget cuts. Also we need to fill up the vacancies for Doctor's that exist to be able to serve more individuals.

Belvis is a very important part of the community and very much needed. We need to ensure that it stays for the good of our residents.

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 ongoing. Administration and the members of the Community Advisory Board continue reaching out to the local

leaders of the community Based Organizations promoting the quality of care provided by Segundo Ruiz Belvis.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

To continue providing the best 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.
(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

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

• Waiting a long time to be seen by a Doctor, but administration has reported to the CAB that they are working on that issue to decrease the wait time.

- The facility looks run down and needs a face lift.
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.
 - Staff attitude has improved.
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?
- Yes No

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

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input 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? 15
2. What are current numbers of members? 7 What are current numbers of vacancies? 8

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

The members will continue working on an aggressive recruitment program reaching out to all Directors from Community Based Organizations, Community Committees, Churches and Tenant Associations. We are also committed to bringing in 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 everyone in our communities.

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 40th Precinct Council forward information received at the Community Advisory Board Full Board meetings at their other committee meetings. (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?
None.
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 throughout 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.
- 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:

Sabail De Jesus.

4-25-14

Executive

Director:

[Signature]

Alnah Smith Sr Exec. Ad

Date:

4/28/14

**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 Center include: Asthma; Hypertension Diabetes, HIV/AIDS; Geriatric Services; Mental Illness; Chemical Dependently, Obesity. Cancer

Additional Concerns:

Emergency Room Wait Times

Emergency Room Staffing

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 community 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:** The Cancer Prevention and Control Initiative provide cancer education information and early intervention services to patients and residents of the Harlem community. Staffs focus on lungs, colorectal, breasts, prostate and cervical cancer. The Hospital's bilingual Family Navigator Program assists in accessing scheduled health and support care services. The Quit Smoking Program provides support groups and therapeutic assistance to patients and community residents who want to stop smoking.
- **Diabetes:** Patients with diabetes are enrolled in the diabetic registry where clinicians monitor their compliance with treatment regimens and assist patients in making the appropriate lifestyle changes in diet and health habits.

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- Hypertension - “Treat to Target” program, which increases the role of registered nurses and allows for more frequent and more focused clinic visits. We help patients achieve healthier blood pressure levels and reduce their risk of heart attacks and strokes.
- 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 was 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 Breathing Space where patients with asthma receive treatment and information on managing their disease.
- Care management - A program initiated in our Emergency Department to prevent readmissions of congestive heart failure, asthma, hypertension and Pneumonia.

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.

In addition Leadership continuously meets with the Community Advisory Board and discusses the following regarding the emergency room.

- Increase in sessional salaries for Emergency Room Physicians.
- Full complement of nursing staff by the fall of 2014.

The opening of the Marshal England Emergency Department will address the wait time issues. The new 30,000-square-foot, state-of-the-art adult and pediatric emergency departments, will expand patient access and privacy, and improve patient flow and comfort. Harlem Hospital Center’s Emergency Department provides 75,000 visits per year as resulted in a 10% increase in patient volume.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Facility strategic priorities:

Decrease waiting times in the ER and outpatient clinics

Improve patient safety

Provide HIV Testing at all entry points to the facility

Decrease Ambulatory Care No-Show Rates

Increase revenue and reduce cost

Enhance the patient care experience

Improve patient satisfaction scores

Implement staff programs to improve patient safety

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

Patient Care Committee members also periodically meet with Emergency Room staff, for purposes of addressing staffing issues.

Harlem Hospital Center CAB members also attend the following:

- Quarterly community emergency planning and preparedness meetings.
- Monthly Patient Advocacy Meetings.
- Monthly Patient Safety Meetings.
- Breakthrough Report Outs.

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?

- Food
- Staff response to patients needs

- Recently- Emergency department staffing shortages and lengthy wait times

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 patients care and customer service. The increase in customer service comes as a result of our AIDET and CARES initiatives. Patients have also complimented the manner in which staff communicates about their medication and point of care and discharge instructions.

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

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

- Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

35

2. What are current numbers of members? 22 What are current numbers of vacancies? 13

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

The Membership committee vigorously recruited potential members at all CAB events to include their Annual Public Meeting, Joint Legislative Breakfast and their own individual outreach. These efforts have made it so that there are 7 potential members awaiting the completion of the appointment process.

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:

- On an annual basis, the Board's Chairperson shall appoint a Membership Committee, consisting of three (3) – five (5) Board members, to review applications/ nominations, and to recommend appointments to the applicable appointing source in accordance with the criteria outlined in this Article.
- Upon receipt of applications the Membership Committee will convene and will provide feedback regarding its review to the appropriate appointing authority within two weeks of its review of candidates.
- The staff person for the CAB shall be a member of this Committee.
- The Board may elect to recommend for appointment a candidate for membership to the Board. Said appointment will be subject to the 90- Day appointment rule, the limits outlined at Article VI, Section IV- A-5, and approval of the HHC President.

The membership committee is actively interviewing candidates for new 2014 members.

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.

Harlem Hospital Center has several CAB members which serve on Community Board Committees and often invite Physicians and Nursing staff to present hospital services during committee and General Board 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

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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?

Harlem Hospital Center's Community Advisory Chairperson spoke on the positive change that has taken place with our new leadership. Ms. Denise Soares' transition was a smooth and positive one. Her transparency impressed the Community Advisory Board Members. The Hospital's leadership meets and addresses issues with the CAB and welcomes our input and suggestions at all times.

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

- Harlem Week
- Health Fairs
- Street Fairs
- Outreach Programs in the Hospital
- 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
 - AIDS Walk NYC
 - Domestic Violence Walks

Members also participate in Blood Drives and Voters Registration Drives

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:

Bette White

Date:

4/30/14

Senior Vice President/

Executive Director:

Wanda Brown

Date:

4/30/14



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

**RENNISSANCE HEALTH CARE NETWORK
COMMUNITY ADVISORY BOARD**

• **COMMUNITY NEEDS**

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

- AIDS and HIV
- Asthma
- Childhood Obesity
- Dental
- Depression
- Diabetes
- Hypertension
- Nutrition
- Smoking
- Social Services

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)
 - Seven (7) new CAB members – 2013/2014
 - Meet and Greet with Community Organizations and Leadership – September 30, 2013
 - CAB Board Retreat – August 28, 2013
 - Blood Drive – November 12, 2013
 - Joint Annual Public Meeting – November 13, 2013
 - Hosting Pediatric Holiday Event – December 17, 2013
 - Patient Focus Group - January 14, 2014

- Joint Legislative Breakfast – March 8, 2014

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

yes no

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

- RHCN participated in HARLEM WEEK event, promoting services and outreach screenings
- Hosting Health Outreach screenings through-out the Harlem Community
- Patient Focus Group at Sydenham Health Center
- Staff Training and Development
- Joint Legislative Breakfast theme was Health Care in the 21st Century
- Joint Annual Public Meeting theme was Stand Up For Patient Safety
- CAB and staff Affordable Care Act Seminar
- CAB presented HHC's Guiding Principles by RHCN Management team
- **FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?

- Improving Patient Flow
- Improving Patient Appointments Availability
- Improving Patient Satisfaction
- Educating Patients on Healthy Eating
- Community Outreach
- Improving Patient Safety
- Increasing School Based Partnerships
- Improving Staff and Leadership Working relationships

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

- The CAB offers input on how to improve the outreach strategic priorities
- The CABs hold public meetings to improve community relations
- The CAB reacts to information given by the patients in RHCN sites on how to improve health care. Information is brought to

the Council of CAB meetings, making Senior Management aware of the concerns of the patients, and potential problems.

- CAB volunteers make outreach telephone calls to patients for the Diabetic Education program.

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

yes no

- The Senior Management team share information at the CAB full board meetings.

• **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 reduction in on-site services resulting in their patients being referred to Harlem and Lincoln Hospitals.
- Patients receiving referrals too far in the future.
- No understanding the Network relationship with Harlem Hospital, Lincoln Hospital, Renaissance Health Care Network, Morrisania and Belvis.

3. (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

- Senior Associate Director and Medical Director updated the CAB at the full board meetings on results of Press Ganey Surveys.

1. 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

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

X Yes

No

• **CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 26
2. What are current numbers of members? 14 What are current numbers of vacancies? 12
3. What were the membership recruitment activities conducted by CAB this year?

- Applications were available at all Outreach and Community events.
- Community Advisory Board Public Events
- Requests were made to Community Boards.
- CAB and Senior Management recommendations have been made.

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

X Yes

No

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

Executive Committee –establishes committees to carry out objectives of the Board. The Executive Committee has the authority to act on

behalf of the entire Board subject to ratifications at the next regular Board meeting, when an opportunity for the full Board does not exist. Receiving and acting on reports of committees of the Board. Prepare the agenda for the regular Board Meeting. Sponsor relevant community programs in health.

Membership Committee – solicits, screens and recommends to the Associate Executive Director and/or Manhattan Borough President names of proposed candidates for membership under the proper categories for replacement or categories for replacement or vacancies on the Board

Legislative Committee – is responsible for considering rules and regulations by which the Board will conduct its business. The committee shall keep abreast of New York City, New York State and Federal Legislations, which will affect the health needs of the consumers. The committee will be responsible for the election process.

Patient Care Committee- participate in the planning and/or imitation 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 Patient Care Committee. Plans and coordinated the Annual Public Meetings.

Finance Committee – advises in the development, preparation and submission of the RHCN capital and expense budge and proposals. Advises the RHCN Executive Director and Corporation on the establishment of priorities within appropriate budgets.

Sunshine Committee – shall be responsible for the hospitality, good, and welfare to the Board members at times of illness and special recognition. The committee shall keep the records of the Board members voluntary contributions and transactions.

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

Yes No

a. If yes, please describe actions taken

- The representative gives a report on RHCN to the Health Committee.

1. 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

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

yes no

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

yes no

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

yes no

1. If so, were the issues subsequently addressed?

- Yes issues were addressed

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

- Hosting and attending screenings
- Harlem Week
- Patient Focus Group
- Pediatric Holiday Party/Event
- Blood Drive

1. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?
 yes no

2. Did your CAB participate in last year's Council of CABs Annual Conference?
 yes no

3. 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?

• **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. Medicaid and Medicare Reform and how it effects the community
2. Budget (City, State, Federal)
3. Patients have a better understanding of the Affordable Care Act
4. Patients understanding Generations+/Northern Manhattan Health Care Network and how it effects their medical care.

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

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Signatures:

CAB Chairperson:

Jackie R Adams

Date:

04/11/2014

Executive Director:

[Signature]

Date: