

AGENDA

**COMMUNITY
RELATIONS
COMMITTEE
BOARD OF
DIRECTORS**

Meeting Date: March 10, 2015
Time: 5:30 P.M
Location: 125 Worth Street, Room 532

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, NP, BC

ADOPTION OF MINUTES

January 6, 2015

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

Central/North Brooklyn Family Health Network

Kings County Hospital Center

Kenneth Campbell

Dr. Susan Smith McKinney Nursing
& Rehabilitation Center

Antoine Jean-Pierre

East New York Diagnostic & Treatment
Center

Ludwig Jones

Woodhull Medical & Mental Health Center

Talib Nichiren

Cumberland Diagnostic and Treatment Center

Jacqueline Narine

OLD BUSINESS

Bellevue Hospital Center CAB's Styrofoam Resolution

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: January 6, 2015

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chair

Robert F. Nolan, Board Member

Antonio Martin, (Representing Dr. Raju, President, New York City Health and Hospitals Corporation)

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gladys Dixon, Chairperson, Coler Rehabilitation & Nursing Care Center CAB

Lois Rakoff, Chairperson, Bellevue Hospital Center

Jewel Jones, Chairperson, Metropolitan Hospital Center

Rosanne DeGennaro, Chairperson, Coney Island Hospital

Bette White, Chairperson, Harlem Hospital Center

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Gerald From, Ph.D., Chairperson Gouverneur Healthcare Services

Jacqueline Boyce, Chairperson, Queens Hospital Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

Kenneth Campbell, Chairperson, Kings County Hospital Center

Ruth Clarke, (Representing Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network)

HHC FACILITY CAB MEMBERS

Joann Gull, Elmhurst Hospital Center

Cindy Cain, Harlem Hospital Center

Abida N. Sattar, Coney Island Hospital

Roz Cohen, Coney Island Hospital

Marty Bromberger, Coney Island Hospital

Queenie Huling, Coney Island Hospital

Jeromane Berger-Gaskin, Kings County Hospital Center

Austin Tuitt, Kings County Hospital Center

Gloria Thomas, Kings County Hospital Center

Margaret Burke, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Wilbur Johnson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Dawn William Burke, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Gary Delamothe, Coler Rehabilitation & Nursing Care Center

John W. Roane, Bellevue Hospital Center

Alicia Zanelli, Bellevue Hospital Center

Brandi Stanbury, Queens Hospital Center

Carmen Vasquez, Metropolitan Hospital Center

J. Edward Shaw, Metropolitan Hospital Center

Clifford Duffus, Queens Hospital Center

Yvonne Davion, Queens Hospital Center

Virginia Granato, Henry J. Carter Specialty Hospital and Nursing Facility

Nydia Kensenhuis, Henry J. Carter Specialty Hospital and Nursing Facility
Priscilla Douglas, Cumberland Diagnostic and Treatment Center
Cheryle Williams, Cumberland Diagnostic and Treatment Center
Stanley Parham, Cumberland Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

John Jurenko, Assistant Vice President, Intergovernmental Relations
Valerie Phillips, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Robb Burlage, Ph.D., Intergovernmental Relations
Manelle Belizaire, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations
Agnes Abraham, Intergovernmental Relations

HHC FACILITY STAFF

Martha A. Sullivan, DSW, Executive Director Gouverneur Healthcare Services
Robert Huges, Executive Director, Coler/Carter Specialty Hospital and Nursing Facility
Anthony Rajkumar Executive Director (Acting) Metropolitan Hospital Center
Sanford Operowsky, Associate Executive Director, Gouverneur Healthcare Services
Cleon Edwards, Associate Executive Director, Public Affairs, Queens Hospital Center
Melissa Henry, Associate Director, Public Affairs, Bellevue Hospital Center
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Rehabilitation and Nursing Home
Daphane Champayne, CAB Liaison, Kings County Hospital
Lisa Marie Izquierdo, CAB Liaison, Bellevue Hospital Center
Sandra Springer, Associate Director, Queens Hospital Center External Affairs

GUESTS

Karen Jarrett, New York State Nurses Association
Ann Bove, R.N., New York State Nurses Association

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order by the CRC Chairperson, Mrs. Josephine Bolus, NP-BC at 5:50 PM.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of January 6, 2015. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed everyone here tonight and wished them all a Happy New Year. Mrs. Bolus informed the Committee that before proceeding with the Annual Activity Reports from the Community Advisory Boards of the South Manhattan Network, and her report to provide highlights of notable events that took place over these last three months, she would like to pause and acknowledge the passing of two individuals who in their own way, had given so much to so many.

Mrs. Bolus recalled that Governor Mario M. Cuomo died on New Year's Day at the age of 82. He reminded the Committee that the New York's first Italian-American governor had commanded the nation's attention with a compelling public presence and a forceful defense of progressive ideals. Governor Cuomo believed that government should "be a positive source for good", providing shelter for the homeless, work for the idle, care for the elderly and infirm, and hope for the destitute." Mrs. Bolus noted that it is important to honor the memory of Governor Cuomo and his vision of a government for all.

For those who might not have already known, with sadness Mrs. Bolus announced that HHC had lost a vital community leader and dear friend on December 18th with the passing of Ms. Monica Brown. Ms. Brown was an invaluable member of the Metropolitan Hospital CAB and a passionate supporter of the public health care system.

Born in Colon, Panama, and a lifelong East Harlem resident, she was extraordinarily active as a political and community leader in East Harlem for more than 50 years. Mrs. Bolus asked the Committee to observe a moment of silence in loving tribute to our former Governor, Mario Cuomo and our own, Ms. Monica Brown.

Mrs. Bolus informed the Committee that the newly formed CAB of the Henry J. Carter Specialty Hospital and Nursing Facility, has been excused from presenting a 2014 Annual Activity Report. She added, however, that Mr. Robert Hughes, Executive Director of Carter and of the Coler Specialty Hospital and Nursing Facility, as well as

two members of the newly established Carter CAB, Virginia Granato and Lydia Kensenhuis are in attendance in tonight's meeting.

Mrs. Bolus reported that, around the time of our last Committee meeting, on October 7th, there was growing concern about the spread of the deadly Ebola virus disease in and from West Africa. At that time, the first person diagnosed in the U.S. was fighting for his life in a Dallas hospital.

Mrs. Bolus reported that for months, HHC had engaged in an unprecedented logistical effort to train and prepare HHC facilities to safely manage potential Ebola patients. She noted that HHC's exceptional facility staff had stepped up to do nothing less than what is expected – provide high quality care – no matter what the challenge is. She reported that Bellevue Hospital successfully treated the only Ebola patient in New York City thus far. Bellevue's leadership and staff are to be applauded for their exceptional work.

Mrs. Bolus informed the Committee that HHC-wide Ebola preparedness, screening individuals suspected of Ebola infection and caring for that one patient, who care alone cost tens of millions of dollars, has added up. She added that HHC is hopeful that there will be significant reimbursement by the federal government as a result of a special Congressional appropriation.

Mrs. Bolus shared with the Committee that Dr. Raju and Ms. Brown today had met with HHS Assistant Secretary Lurie concerning the cost of system-wide preparedness, screening for Ebola and treating patients.

Mrs. Bolus stated that the Ebola staff training exercises and other activities were extensions of HHC's routine preparedness for all challenging emergencies. However, as noted with Ebola and Super Storm Sandy, the awareness and preparedness of community residents are also critical to the City's success in responding effectively to emergencies. She announced that a special Red Cross presentation will be made at the CAB Council meeting this evening on personal and community emergency preparedness. Mrs. Bolus strongly urged the CABs and network and facility leadership to partner with the Red Cross to promote such preparedness and to host forums in their respective communities.

Mrs. Bolus reported that HHC's 11th Annual "Take Care New York" (TCNY) program activities had taken place over the entire month of October, throughout the City.

Mrs. Bolus informed the Committee that, as part of the TCNY program, on October 2nd President Raju, a resident of Todt Hill, Staten Island, had told participants in the Health and Wellness Expo of the Staten Island Economic Development Corporation, that

public health is deeply entwined with economic growth. "An economically viable community does not happen without healthy people," he said.

Mrs. Bolus reported that, for this year's Take Care New York theme of "Move to Improve", the organization, "SHAPE UP NY" has been an omnipresent resource. There were lessons conducted on weight taking and estimating body fat indices; demonstrations about healthy eating; as well as teaching creative and simple exercise methods. In addition, Health club membership prizes were also available.

Mrs. Bolus informed the Committee that the range of topical events, educational activities and services across HHC for Take Care New York only included the usual physical exams and blood pressure tests, but also HIV screening, the provision of family planning and WIC information, screening mammograms and advertising of HHC's major involvement in "Making Strides Against Breast Cancer (October 19th); as well as the provision of flu shots on the spot. These events also presented an opportunity for the inclusion of education concerning the importance of voter registration and organ donation; MetroPlus enrollment; behavioral health screening and support, gun violence and domestic violence reduction, opioid overdose prevention, breast-feeding benefits; and information about Ebola.

With regard to domestic violence, Mrs. Bolus noted that Harlem and the Renaissance Network CABs had supported two major events during October.

Mrs. Bolus reported that on October 21st, they had held the first "Shine the Light Harlem", a domestic violence awareness walk and "speak out" at the Harlem State Office Building; and on October 30th, the facilities and their CABs had hosted the fifth annual Domestic Violence Conference with the organization, "We All Really Matter", or W.A.R.M. Speakers were Hannah Pennington, of the Mayor's Office to Combat Domestic Violence, Hon. Tandra L. Dawson, Esq., Justice of the New York State Supreme Court, and Rev. Dr. Lakeesha Walrond of the First Corinthian Baptist Church.

In addition, Mrs. Bolus noted that late October had marked the second anniversary of Hurricane Sandy; what Dr. Raju has called "the other momentous emergency challenge for HHC these last two years."

Mrs. Bolus reported that on November 6th, HHC had received a commitment from FEMA of \$1.6 billion to protect for the future Bellevue, Coney Island, Coler and Metropolitan. She noted that this funding commitment is the second largest FEMA award ever and the largest under FEMA's 428 Program.

Mrs. Bolus shared with the Committee that Mayor De Blasio, in thanking Senator Schumer for his assistance in obtaining this federal support, said that, "it is a major step forward in advancing the City's comprehensive resiliency plan".

Mrs. Bolus reported that HHC facilities have been at the forefront of violence prevention and are expanding their work in this critical area. A landmark "Guns Down, Life Up" Assembly, hosted by the Fund for HHC, was held on November 21st at the Chelsea Piers. The Assembly involved 240 leaders and 80 violence reduction organizations from throughout New York City and the nation. Participants included CAB representatives, other HHC volunteers, and local community organizations, along with HHC facility leaders, elected officials, medical professionals and researchers.

Mrs. Bolus reported that the Assembly had formulated and adopted a framework for a "Compact of Violence Reduction", around which work that breaks the cycle of violence in New York City could be agreed-to. In addition, participants at the Assembly had also discussed mapping, analyzing, and taking action in identifiable "hot spots".

Mrs. Bolus also reported that HHC will be embarking upon another groundbreaking initiative to improve the health of the communities it serves in New York City and change the way healthcare delivery works. She informed the Committee that on December 22nd, HHC had submitted its DSRIP (an acronym for Delivery System Reform Incentive Payment Program) application as a single Performing Provider System (PPS) with four borough HUBs for projects under three domains: System Transformation, Clinical Improvement, and Population Health. Mrs. Bolus noted that the overarching Goal of all DSRIP projects is to improve the health of communities and reduce avoidable hospital use by 25%.

At the approach of the State and City Budget season, Mrs. Bolus thanked the CABs for planning their respective Legislative Advocacy events. She acknowledged that the CABs will work closely with their facility leadership to develop forums which effectively show the essential role played by their public hospital, nursing home or health center and why the policy-makers' support is so critical to their constituents. Mrs. Bolus turned to Mr. Antonio Martin, Executive Vice President for the President's remarks.

PRESIDENT'S REMARKS

ANTONIO MARTIN

Mr. Martin greeted everyone. He wished everyone a Healthy and Happy New Year. He informed the Committee that Mrs. Bolus had stolen his thunder. In the interest of time, he invited the Committee to proceed with the CABs' Annual Reports.

SOUTH MANHATTAN NETWORK CABS' REPORTS

Coler Specialty Hospital and Nursing Facility (Coler) Community Advisory Board

Mrs. Bolus introduced Ms. Gladys Dixon, Chairperson of Coler Specialty Hospital and Nursing Facility and invited her to present the CAB's annual report.

Ms. Dixon began her presentation by acknowledging Ms. Bolus, members of the Community Relations Committee and guests. Ms. Dixon thanked the Committee for the opportunity to present the Coler CAB's annual report.

Ms. Dixon reported that over the past year Coler Specialty Hospital and Nursing Facility experienced changes and challenges. Ms. Dixon added that under the leadership of Mr. Robert Hughes, Executive Director, achievements were made. Ms. Dixon noted that the window installation and the sprinkler system projects that began before Hurricane Sandy were completed. Ms. Dixon added that since the CAB's last report many of Coler's residents now live in the community.

Ms. Dixon continued and reported that Mr. Hughes and the administrative staff provided information pertaining to the facility's operational initiatives and new healthcare issues at the CAB's monthly meetings. Ms. Dixon noted that as the Chairperson of both the Executive Committee and full Board meeting she meets monthly with the Executive Director.

Ms. Dixon informed members of the Committee, Chairpersons and invited guest that the Coler CAB's activities during the year 2014 included but were not limited to; attending HHC' Public Hearings, monthly Council of CAB's meeting and, the quarterly CRC meetings. Ms. Dixon added the Coler CAB attended the 2014 Council of CAB Conference and not only did the CAB members receive important information for carrying out the CAB's mission and activities, she noted they were given the opportunity to interact and share ideas with other HHC's Community Advisory Board members.

Ms. Dixon reported that the Coler CAB members are most appreciative of Mr. Hughes, Executive Director and Mr. William Jones, Sr. Associate Director/ CAB Liaison for their attendance and support to the Community Advisory Board during the year.

Ms. Dixon concluded the Coler CAB's annual report and thanked HHC's Intergovernmental Relation Staff for their supervision in order that the Coler CAB may continue to carry out the their activities. Ms. Dixon expressed her gratitude to Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations for her encouragement of the Long Term Care Community

Advisory Boards and their important role and responsibility in NYC's Public Health Care System.

Gouverneur Healthcare Services (Gouverneur) Community Advisory Board

Mrs. Bolus introduced Gerald From, Ph.D., Chairperson of Gouverneur Healthcare Services and invited him to present the CAB's annual report.

Dr. From began the Gouverneur CAB's report by thanking members of the Committee Chairperson for the opportunity to present the CAB's annual report. Dr. From noted that the report would likely be his last report to the CRC as the CAB Chairperson.

Dr. From continued and reported that he was born and raised on the Lower East Side and participated in the Gouverneur CAB since its inception 40 year ago. Dr. From noted that Gouverneur Healthcare Services has been an important part of his life.

Dr. From informed members of the Committee, CAB Chairpersons and invited guests that Gouverneur Healthcare Services had struggled to balance its budget. Dr. From thanked fellow CAB members, senior administration and prior administrations for their leadership through difficult times. Dr. From added that the staff demonstrated perseverance, strength and vision.

Dr. From concluded the CAB's report by thanking HHC's Board of Directors for supporting and funding Gouverneur Healthcare Services. Dr. From noted that he has confidence that HHC leadership will continue to demonstrate wisdom by supporting Gouverneur and enabling it to reach its full-potential as a cutting-edge healthcare facility.

Bellevue Hospital Center (Bellevue) Community Advisory Board

Mrs. Bolus introduced Ms. Lois Rakoff, Chairperson of Bellevue Hospital Center and invited her to present the CAB's annual report.

Ms. Rakoff began the Bellevue CAB's report by greeting members of the Committee, CAB Chairperson's and invited guests and informing them that Bellevue Hospital Center is the HHC Flagship hospital. Ms. Rakoff added that Bellevue Hospital Center is designated hospital for the President of the USA.

Ms. Rakoff continued and noted that Bellevue Hospital Center is a level #1 Trauma Center and when first responders meet with an accident on the job, they are taken to Bellevue. Ms. Rakoff added that Bellevue Hospital Center provides inpatient and outpatient care to New York City's Correctional facility.

Ms. Rakoff reported that the Bellevue CAB interactive with the hospital's administration, medical staff and the community. Ms. Rakoff noted that the CAB provides valuable input into the development of the facility, through discussions in Full board, Executive board and Committee meetings. Ms. Rakoff noted that the Bellevue CAB often pass resolutions. Ms. Rakoff explained that the resolutions are for the betterment of patients and the community served. The following resolutions were highlighted:

- Opposition to BHC and HHC facilities to use styrene disposal products to serve food and drinks. This resolution was brought to the Council of CABS and was thought worthy enough to be brought under review by the HHC Community Relations Committee.
- Support of BHC and HHC Facilities to develop a prohibited list of Food Ingredients. This had the support of Mr. Alexander, Executive Director of BHC.
- Opposition of Child's Height Requirement for Fare Payment to MT Busses,
- Opposition of the Sanitation Garage replacing Hunter's Nursing School at East 26th Street and 1st Ave,
- No Smoking at the Bus Stop and Bus Shelter outside Bellevue on 1st Ave. and adding speed bumps and stop signs at 448 East 26th Street (between Bellevue Internal Service Road and 1st. Ave).

Ms. Rakoff reported that the Bellevue CAB is developing strategies for recruiting new members of diverse age groups. Ms. Rakoff noted the Bellevue CAB had as many as 35 members, currently there are twenty-four (24) members and four (4) pending final approval. Ms. Rakoff added that the majority of CAB members are consumers.

Ms. Rakoff concluded the Bellevue CAB report by thanking and complimenting Bellevue Hospital CAB, Bellevue's medical staff, the administration, Mayor de Blasio, the NYC Police Department, Dr. Bassett, and Dr. Raju for the significant and excellent health care service dealing with Ebola Protocol and treatment. Ms. Rakoff added that the way Bellevue staff addressed the press and the community, by giving daily updates about the treatment of Dr. Spencer, without causing alarm or breaching the patient's privacy is to be commended. Ms. Rakoff stated she is "proud of the achievements of the CAB and of BHC and there is more to come for a healthier 2015."

Metropolitan Hospital Center (Metropolitan) Community Advisory Board

Mrs. Bolus introduced Ms. Jewel Jones, Chairperson of Metropolitan Hospital Center and invited her to present the CAB's annual report.

Ms. Jones began the Metropolitan CAB's report by thanking members of the Committee for the opportunity to present and acknowledging fellow CAB member who were in attendance to support her.

Ms. Jones reported that there have been changes at MHC in terms of leadership Interim ED and Interim MD. Ms. Jones noted that while the process is underway for the selection of a permanent ED and MD, the CAB will continue to provide support and assistance to the hospital and its staff.

Ms. Jones informed members of the Committee that the Metropolitan CAB supports the hospital and will do everything in its power to ensure that the Hospital is able to maintain its high standards following the recent CMS survey.

Ms. Jones reported that the CAB continues its request for funding for capital improvements throughout the hospital comparable to other HHC facilities. Ms. Jones noted that a new Training and Conference Center is being established on the 3rd floor of the Mental Health Building West Wing and the CAB also look forward to the re-organization of our Welcome Center to make it more patient-centered and patient friendly. Ms. Jones added that the CAB is extremely proud to report on the success of MHC's Comprehensive LGBT Health Center. And, that MHC was again recognized as a Leader in LGBT Healthcare Equality by the Human Rights Campaign Foundation (HRC).

Ms. Jones announced that the 99th Street project has been completed. Ms. Jones noted that it is a state-of-the-art building, with a mix of one bedroom and studio apartments, providing housing for patients from HHC, with a priority for individuals discharged from Coler-Goldwater. Hospital staff have been working with residents and efforts are underway to link them to services at Metropolitan Hospital.

Ms. Jones concluded the Metropolitan CAB's report by stating "there is much good news to report about the Draper Hall Redevelopment Project." Ms. Jones noted that this is a multifaceted project, with a space for community residents, for housing of seniors, and the possibility of a senior center. Ms. Jones added that the CAB had been advised that the NYC Council's Land Use Committee had approved the project and there would be community benefits as part of the project.

OLD BUSINESS

None.

NEW BUSINESS

Mr. J. Edward Shaw presented HHC's Office of Intergovernmental Relations staff with a "Certificate of Recognition" for responding in support of an ill-fated CAB member which resulted in life-saving action on April 1, 2014. The staffs were applauded.

Ms. Rakoff asked if the Resolution on HHC's use of Styrene be tabled until the next CRC meeting.

ADJOURNMENT

The meeting was adjourned at 7:05 p.m.

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

Kings County Hospital Community Advisory Board

I. COMMUNITY NEEDS

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

- Chronic Diseases (metabolic disorders)
- Mental Illness
- HIV/AIDS
- Cancer

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.

- **Metabolic Diseases:** Our State of the Art Diabetes Resource Center features new exam rooms and enhanced facilities. The Resource Center teaches diabetics how to manage their disease. In addition, KCHC has several Cardiology clinic sessions to treat patients with heart disease. Ambulatory Care collaborates with the inpatient team to follow up with the patients once they are discharged.

- **HIV/AIDS:** There are several programs and grants at KCHC that are focused on screening and treating patients for HIV. To help facilitate the screening of patients, grant funding has allowed for additional HIV testing hours in the emergency department. KCHC is also adding an additional testing location on the 7th floor of the Ambulatory Care Building to make HIV counseling and testing more accessible to clinic patients.
- **Mental Health:** The Department of Behavioral Health offers a range of onsite mental health and chemical dependency services. Treatment across the continuum of care focuses on the principles of wellness and recovery. Patient-centered care, family involvement and peer counseling are central to the treatment philosophy.
- **Cancers:** The KCHC on-site Cancer Center provides a variety of treatment and supportive services for cancer patients and their families. The services include chemotherapy, social services and family support, a Breast Cancer Patient Navigator Program, medicine, pharmacy and nutritional services. A full range of cancer screening services are also available (mammography, colonoscopy, pap smear, prostate, etc.).

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - Improve The Patient Experience
 - Expand Access To Healthcare
 - Increase Market Share
 - Focus on Workforce Development
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - The CAB Chair meets monthly with the Hospital Executive Director.

- The CAB hosts a general monthly CAB Meeting which is attended by the senior leadership team
 - In addition, the CAB provides input at the monthly committee 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?
- Staff Attitudes
 - Call Bell Response Time
 - Food/Dietary expectations not being met
 - Delayed Medication
 - Inappropriate or Lack of Communication
 - Wait time in the Emergency Rm (Peds & Adult ER)
3. What are the most frequent compliments provided by patients/residents?
- The most frequent compliments are about the exceptional care from nurses and physicians in the inpatient units.
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? 29

2. What are current numbers of members? 18 what are current numbers of vacancies? 9

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

- Presentations to the Community Planning Boards

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

Yes

No

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

- **Patient Services Committee:** The Patient Services Committee evaluates the quality of services and care provided to the patients and residents of the community.

- **Planning and Development Committee:** The Planning and Development Committee assists the hospital in determining their priorities based upon the needs of the community.
- **Behavioral Health Committee:** The Behavioral Health Committee evaluates and monitors the patient services, special programs and projects in Behavioral Health/Chemical Dependency.

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.

- Yes, it is included in the Capital Request.

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 Scheduled for 2/27/2015 no

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

yes no

- a. If so, were the issues subsequently addressed?
- Yes, the issues that were identified in the hospital's needs assessment were addressed at the meeting.

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

- The CAB hosted Voter Registration Drives.
- Free Flu Shot /Health Fairs at CAB member's congregations.

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.

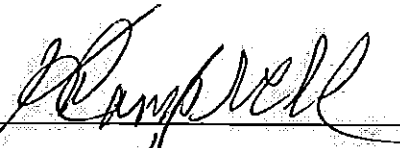
1. Outsourcing of Services

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

Signatures:

CAB

Chairperson:

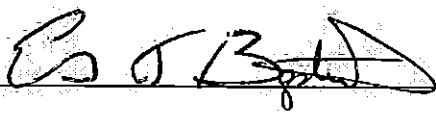


Date:

02/20/2015

Executive

Director:



Date:

2/20/2015

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

(Dr. Susan Smith McKinney Nursing & Rehabilitation Center)

I. COMMUNITY NEEDS

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

- *Diabetes and their related illnesses*
- *Obesity*
- *Immunization Practices (Flu Pneumonia)*
- *Availability of appropriate housing after discharge from facility*
- *Advantage of Managed Long Term Care*
- *Focus on Primary care remain priority*

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.

- *Ongoing education of residents, families and staff*
- *Interfacing with other representatives of NCBFHN and other facilities within HHC*
- *Partnering w/ Community Based Organizations, keeping them informed*
- *Advocating with Provider Associations / Elected Officials*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *Fiscal Viability*
 - *Residents and their families are kept engaged as partners in their care*
 - *Resident Safety and Resident Satisfaction*
 - *Working closely w/ community to promote and enable healthy living*
 - *Continued Improvement in the Provision of Quality Care & Services*
 - *Increase Community Awareness of Facility and the Services Offered*

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - *The Executive Director discusses strategic initiatives with CAB members at their monthly meetings. Members share their input about the development of those plans.*
 - *Facility's strategic plan is shared with all CAB members.*
 - *CAB conducts an annual resident satisfaction survey*
 - *Post discharge survey is being developed with HHC*

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 choices, preparation and Food Presentation

Resident Clothing Choices

Adding culturally sensitive flavoring

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

- *Enhancement and Cleanliness of the Facility*
- *Special Event at Facility particularly at Holidays*
- *Commitment and dedication of Staff*
- *Homelike environment/ Culture Change*

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

2. What are current numbers of members? **12**
3. What are current numbers of vacancies? **3**
4. What were the membership recruitment activities conducted by CAB this year?

Word of Mouth / Community Outreach to health fairs, churches and Community Board meetings

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

Yes

No

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

Membership Committee

- Assist with recruitment of new members

Health Outreach Committee

- Circulates information to the community and their various CBOs

- Attend community events on behalf of the CAB

Resident Care Committee

- Conducts annually Resident Satisfaction Survey

- Does walk through and interaction with staff and residents

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

Yes

No

- a. If yes, please describe actions taken.

Members report to their respective Community Board Organizations about the operations and needs of the facility..

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

Yes

No

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

yes no

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

Yes

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

- *CAB members assist in community Health Fair to give information and recruit new members.*
- *They were a part of the HHC Voters Registration Program*
- *Attends educational community events that are coordinated by In-reach Committee*
- *Attends facility's special events.*
- *Assist the Auxiliary with their in house resident initiatives/ events*

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

yes no

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

yes no

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

not enough just right they are always
extremely helpful to assist whenever the need arise and addresses
all situations promptly and respectfully.

If not enough, what assistance would you need?

I. 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.

- *The need for housing for our discharged residents remains a challenge.*
- *Providing appropriate post hospital Skilled Nursing Care*
- *Hosting an Annual Client / Family Day*
- *Re-instituting the Community Leadership Dinner Outreach*
- *Managing a continuum of a Culturally Sensitive Diet.*
- *Increasing levels at our off site ADHC Program*

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

Signatures:

CAB Chairperson: Allen J. P. [Signature]

Date: 2/24/15

Executive Director: Michael [Signature]

Date: 2/24/15

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

EAST NEW YORK DIAGNOSTIC AND TREATMENT CENTER

I. COMMUNITY NEEDS

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

Chronic Disease is a major concern in our communities. Controlling these disease processes would go a long way in lowering morbidity.

- **Hypertension**
- **Diabetes**
- **Obesity**
- **Mental Health**
- **HIV**

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)

- **HHC Registries**
- **New York Academy of Medicine Community Needs Assessment**

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

- yes no

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

- **Hypertension & Diabetes**

Care Teams have been developed consisting of Physician / Nurse / PCA to provide focused care for the patients of each provider, assisting them in managing their chronic disease.

All Nursing teams were trained on Hypertension and Diabetes Management and nurses provided one to one hypertension and diabetes education to patients.

We are in the planning stages to establish a Group Visit Model to allow patients an opportunity to have peer discussions regarding their experience and best practices.

The Group Visits will be led by a physician with a Nurse Education and Nutritionist.

We received a Grant to offer Blood Pressure Kits to our patients to allow them to monitor and manage their own blood pressure from home.

- **Obesity**

We received a Grant which would allow us to purchase pedometers and physical activity equipment (jump ropes, hula hoops and weights) to provide our patients. This will promote the importance of exercise and healthy lifestyle.

Cooking demonstrations were also provided to teach patients how healthy foods could also be enjoyable and easy on the palate.

This summer we will partner with local Farmers Market to provide easy access to healthy choices.

“Healthy Bucks” are given out in our WIC department to allow their clients to purchase fresh produce at their neighborhood Farmers Market.

All New Patient Visits include a full nutritional assessment.

We have a weekly exercise program where all patients are invited.

Body Mass Index (BMI) is performed at each visit.

Health Education in reference to disease management and complication with monitoring of cholesterol and lipids and initial A1Cs are drawn.

- **Mental Health**

Through the practice of Collaborative Care we have moved into integrating Behavioral Health into Primary Care.

Through our PHQ9 process we seek to identify patients with depression or anxiety and have them treated by their primary care physician as well as quickly identifying those who need a Behavioral Health visit and getting them into care as quickly as possible.

We provided an all-day Depression Workshop with giveaways for all patients and staff.

- **HIV**

Point of Care testing to identify HIV status is being performed. This allows for an opportunity for more of our community to be aware of their HIV status and get into care at its early stages.

We attend Community Health Events and provide HIV education and awareness to the community members, including local churches and schools.

Integration of our HIV clinic allows us to service our community and patients in a confidential setting with stigmatizing.

We will be increasing our hours in providing HIV services by hiring an additional Board Certified HIV specialist.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

East New York D&TC strategic priorities are to:

- **Address major health disparities in our community**
- **Improve Access to Care**
- **Improve patient experience (CAHP scores)**
- **Identify and address all aspects of health in our community.**

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

The CAB receives presentations from Administration Staff and gives feedback of support and/or alternative suggestion and recommendations.

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

X yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

X Yes

No

2. What are the most frequent complaints raised by patients/residents?
The most frequent complaints center on customer service, specifically regarding the interaction of staff with patients.

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

Most of our compliments surround our improvement on the delivery of care model.

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 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? **9** What are current numbers of vacancies? **6**

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

To see out candidates for the CAB applications are given to community business, residents and Consumers.

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 is currently functioning as a whole body. No committee structures have been delineated.

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.

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?

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

- **Annual Health Fair: CAB members had a table providing the community information about ENY services**
- **Black History Month: CAB members hosted this event.**
- **Christmas Giveaways: CAB members assisted in distributing gifts to the children in the community as well as our patients.**
- **Breast Cancer Fund Raiser: CAB members sold ribbons, buttons and pastry to raise monies for cancer awareness**

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. Improving the Foot Print of the ENY building
2. Landscaping
3. Improved Signage to identify ENY
- 4.
- 5.

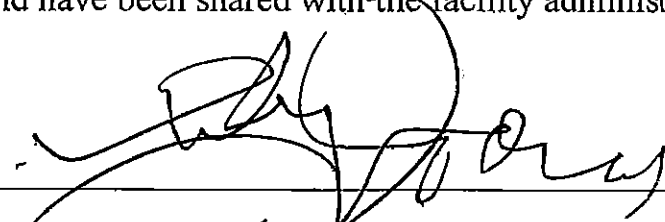
NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:


Date:


2/27/15

Executive

Director:

Date:


2/27/15

patients and CPEP Project in Psych Emergency room where there will be three observation beds for the twenty-four hours patient.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Woodhull's strategic priorities are to redesign and continue to renovate primary care practices and specialty practices to accommodate growth, enhance quality of care and increase patient satisfaction and patient safety for the North Brooklyn Community.

In addition, the implementation of New York State (NYS) Delivery System Reform Incentive Payment (DSRIP) program that will provide funding for public and safety net providers to transform the NYS Health Care Delivery System.

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

The Woodhull CAB and its Committees meets regularly and conducts walk-throughs of the various practices; (Emergency Room, Geriatrics, Mental Health, and Ambulatory Care Practices). The CAB also engages and meets with the Department Heads, Managers or Senior Cabinet Members and provides them with first-hand experience on how patient care is being provided and provides recommendations and suggestions.

The Woodhull CAB also meets monthly with the Network Senior Vice President, Medical Director, Chief Nurse Executive, Senior Associate Executive Director for Business Affairs, Senior Cabinet members and NYU Affiliate staff who provide ongoing updates on the facility's projects and priorities.

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

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? 21 What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by the CAB this year?

The CAB and the Membership Committee takes a proactive recruitment approach by participating in community outreach event and church activities in the community.

The CAB members distribute brochures about the CAB, along with CAB Applications.

Retired and former employees, in good standing, have also been recruited for the CAB.

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.

1. Membership Committee
2. Ambulatory Care Committee
3. Mental Health Committee
4. Planning/Development & Financial Committee
5. By-Laws Committee

Membership Committee

The Membership Committee has the responsibility of recruitment and oversight of the Membership Roster. It also reviews monthly attendance of CAB Members and submits recommendations as necessary.

In addition, the Membership Committee provides the CAB members with a copy of the Membership Attendance Grid monthly.

Ambulatory Care Committee

The Ambulatory Care Committee has the responsibility of acting as a patient advocate for the community and its patients. The Committee monitors and conducts site visits to the various practices and makes recommendations to the Network Senior Vice President, Mr. George M. Proctor, as it relates to the delivery of patient care, at the monthly CAB meetings.

Mental Health Committee

The Mental Health Committee reviews and monitors projects and programs, and makes recommendation to the Network Senior Vice President at the monthly CAB meetings.

Planning/Development & Financial Committee

The Finance Committee makes recommendations to the Network Senior Vice President regarding new areas of focus based upon needs in the community.

By-Laws

The By-Laws Committee has the responsibility for ensuring that the By-Laws are followed and are in compliance with HHC Operating Procedures and Guidelines. The By-Laws Committee also has the responsibility for reviewing and updating the By-Laws and submitting any revisions for appropriate approvals.

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.

The CPB Representatives are provided with newsletters, brochures, flyers for special events or functions, public notices, announcements and reports at the monthly CAB meeting to share with their community board.

The CPB Representatives regularly report back to their CPB. In addition, Woodhull attends CPB monthly and committee meetings to make presentations as needed and/or requested.

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?

Yes No

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

Woodhull Community Advisory Board Members attend and participate in all facility 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

Excellent

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:

Taylor M

Date:

2/6/15

Executive

Director:

George M Proctor

Date:

2/10/15

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

(Cumberland Diagnostic and Treatment Center)

I. COMMUNITY NEEDS

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

Pediatrics, HIV, Diabetes, Dental, Women's Health and Men's Health.

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

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

- Is your facility leadership addressing these needs/concerns?

Yes

No

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

Boosted community outreach by increasing the number of health fairs, health campaigns, and breakthrough improvement activities.

II. FACILITY'S PRIORITIES

- What are the facility's strategic priorities?
Patient safety, expanding services, customer service and patient centered care.

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

Various committees meet and report their findings to the administration. The CAB also seeks input from the consumers of the facility and relays the feedback to the administration. Further, the CAB reports information from the Council of CAB meeting to the administration and the community.

- 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

- 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

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

Wait time – This varies based on service, timing, and appointment scheduling.

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

Patients view the facility as a community center where they can obtain health care and social services from a concerned and compassionate

staff. This year, food baskets were distributed to patients in need as part of a holiday outreach. In addition, the facility is a center for community education. Learning events have included information distributed about changes in Medicaid and Medicare, as well as obesity, heart failure, diabetes, cancer, and the Delivery System Reform Incentive Payment Program (DSRIP) updates.

- (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

- 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"/>

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

- According to the CAB's By-laws, what is the CAB's total allowable membership? 21
- What are current numbers of members? 16. What are current numbers of vacancies? 5

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

Public meetings, Community sessions at CAB meetings, Health Fairs, NYCHA presentations and 88th Precinct Council Meetings.

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

Yes

No

The membership committee is currently reviewing applications.

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

Finance Committee, Patient Care Committee, Community Relations Committee and By Law Committee.

Finance Committee

This Committee advises the Executive Director on the establishment of priorities within the appropriate budgets. It reviews, advises and makes recommendations for the facility expense budgets as well as proposals relating to Finance and Capital Projects of the facility and the Corporation.

Patient Care Committee

This Committee has the responsibility of acting as the patient advocate for the community and as an advocate of quality patient care. This committee monitors the delivery of health care at the facility and back-up hospital, makes recommendations to the Executive Director as it relates to the delivery of care, develops a working relationship with the facility Quality Assurance Committee, and investigates health-related matters that are brought to the attention of the Committee. Further, this Committee is responsible for reviewing, advising, and assisting with the planning of the Mental Health and Outreach Programs of the Mental Health Program in addition to having the responsibility to review and advise the Executive Director and the Corporation on the appropriation of all funds for Mental Health Services and the Mental Health Program. Lastly, the

Committee makes recommendations to the CAB in the area of the Mental Health Programs and the full range of Mental Health Services.

Community Relations Committee

The mission of the Community Relations Committee is to help establish priorities within the facility's programs. The Committee recommends programs aimed at developing and maintaining good relationships with all the communities served by the facility. The Committee also collaborates with other groups and agencies in the development of community health care plans; and considers and advises the Corporation and the facility upon matters concerning the development of plans and programs of the Corporation.

By-Laws Committee

This committee is responsible for reviewing and updating the By-Laws.

- Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)? **Community Board 2**

Yes

No

- a. If yes, please describe actions taken.

Attendance at Community Board meetings

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

Yes

No

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

Yes

No

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

Yes

No

- 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?

Budget Cuts

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

Take Care NY

Go Red for Women

Mammograms for Women's Health

American Cancer Society Making Strides against Breast Cancer

Nutrition Month Awareness

Voter Registration Drive

Chemical Dependency Achievement Events

Patient Safety Events

Medicaid 101 Workshop

NYCHA Tenants Association Meetings

Annual 88th Precinct Night Out Against Crime

Participation in Delivery System Reform Incentive Payment Program (DSRIP) education forums

Meet and Greet with Brooklyn Borough President

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

Yes

No

- Did your CAB participate in last year's Council of CABs Annual Conference?
 Yes No
- 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.

✓ Budget Cuts

In closing, the Community Advisory Committee would like to commend Tracey Bowes for her exemplary work and leadership in the improvement of Cumberland Diagnostic and Treatment Center.

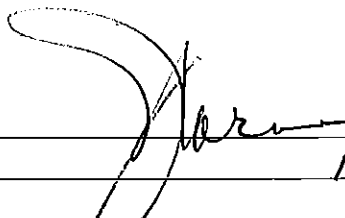
NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson: _____

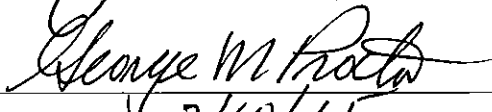
Date: _____


12/16/14

Executive

Director: _____

Date: _____


2/10/15