

AGENDA

**COMMUNITY
RELATIONS
COMMITTEE
BOARD OF
DIRECTORS**

Meeting Date: September 16, 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

May 5, 2015

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

North Bronx Healthcare Network

Jacobi Medical Center

Silvo Mazzella

North Central Bronx Hospital

Esme-Sattaur-Low

Southern Brooklyn/Staten Island Network

Coney Island Hospital

Rosanne DeGennaro

Sea View Hospital Rehabilitation
Center and Home

Carol Dunn

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

**COMMUNITY
RELATIONS**

Meeting Date: May 5, 2015

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chair

Robert F. Nolan, Board Member

Ram Raju, President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

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

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

Jewel Jones, Chairperson, Metropolitan Hospital Center

George Rodriguez, Chairperson, Lincoln Medical and Mental Health Center

George Robinson, Chairperson, Morrisania Diagnostic & Treatment Center

Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network

Rosanne DeGennaro, Chairperson, Coney Island Hospital

Bette White, Chairperson, Harlem Hospital Center

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Dalia Soto (Representing Donald Young, Acting 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

Gloria Thomas (Representing Antoine Jean-Pierre, Chairperson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center)

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

HHC FACILITY CAB MEMBERS

Cindy Cain, Harlem Hospital Center

Theresa Pratt, Harlem Hospital Center

Barbara Vanterpool, Harlem Hospital Center

Patricia Ealey, Harlem Hospital Center

Charlene Freeman, Harlem Hospital Center

Ruth Jones, Harlem Hospital Center

Placida N. Robinson, Harlem Hospital Center

Benita Foy-Stembridge, Harlem Hospital Center

Sefton Rodney, Harlem Hospital Center

David Weaver, Harlem Hospital Center

Dawn Simmons, Harlem Hospital Center

Marty Bromberger, Coney Island Hospital

Jeromane Berger-Gaskin, Kings County Hospital Center

Hiawatha Campbell, Cumberland Diagnostic & Treatment Center

Priscilla Douglas, Cumberland Diagnostic & Treatment Center

Alicia Zanelli, Bellevue Hospital Center

Mary D. Maynard, Queens Hospital Center

Yvonne Davion, Queens Hospital Center
Lydia Kensenhuis, Henry J. Carter Specialty Hospital and Nursing Facility
Stanley Parham, Cumberland Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior 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
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations
Agnes Abraham, Intergovernmental Relations
Mary C. Cooper, Intergovernmental Relations

HHC FACILITY STAFF

Denise Soares, Senior Vice President Generations+/Northern Manhattan Network
Philip Cooke, Associate Executive Director, Harlem Hospital Center
Dinah Surh, Associate Executive Director Generations+/Northern Manhattan Network D&TC's
Melissa Henry, Associate Director, Public Affairs, Bellevue Hospital Center
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Antonio Montalvo, Jr., CAB Liaison, Lincoln Medical and Mental Health Center
Vernie Riley, CAB Liaison, Renaissance Health Care Network
Charlotte Ozuna, CAB Liaison, Harlem Hospital Center
Gia Ramsey, Injury Prevention Coordinator, Harlem Hospital Center
Sandra Springer, CAB Liaison, Queens Hospital Center
William Jones, Associate Director, Coler/Henry J. Carter Specialty and Nursing Facility
Ronald Law, Director of Community Affairs, MetroPlus

GUESTS

CALLED TO ORDER:

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

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed everyone. Mrs. Bolus informed members of the Committee and invited that this evening they would hear the Annual Activity Reports from the Community Advisory Boards of HHC's Generations Plus and Northern Manhattan Networks. Mrs. Bolus noted that it was May 5th, "Cinco de Mayo", a day of celebration for people of Mexican heritage and that it would be particularly fitting to hear from the Generations Plus Network, among whose communities many Mexican-American's live. Mrs. Bolus announced a festive "Cinco de Mayo" to all!

Mrs. Bolus congratulated Mr. Robert Nolan, Bronx Representative and loyal Community Relations Committee member who was the recipient of the United Hospital Fund's 2015 Distinguished Trustee Award.

Mrs. Bolus reported that HHC's Board of Directors held their first two Annual Public Meetings last week in Queens and Manhattan. She noted that these were well attended by CAB members, representatives from the community and union representatives.

Mrs. Bolus continued and stated that "Mr. Carlos Cortes, Chair of the Elmhurst CAB and Chair of the CABs Council, discussed the work of the CAB and thanked Dr. Raju for committing to expand the Emergency Department at Elmhurst Hospital." She noted that Mrs. Jacqueline Boyce, Chairperson, Queens Hospital Center discussed CAB and hospital activities and also focused on the work of the Patient Care Committee. Mrs. Bolus added that Mr. Cortes and Mrs. Boyce were joined by several of their CAB colleagues who addressed the Board on work of their respective CABs and local issues.

Mrs. Bolus reported that nearly all of the Manhattan CABs were represented at the Manhattan meeting last week at Gouverneur. Mrs. Bolus noted that she was impressed by those who spoke as consumers, and recognized President Raju's recent HHC 2020 Vision announcement to improve the patient experience.

Mrs. Bolus continued and reported that the Chair of the Coler CAB, Ms. Gladys Dixon spoke in a dual role as Chair of the Coler CAB and patient at Metropolitan Hospital. Mrs. Bolus noted that Ms. Dixon emphasized that all facilities need to improve communication, decrease wait time, and eliminate red tape. Mrs. Bolus added that her comments were later echoed by Bobby Lee, the former Bellevue CAB Chair.

Mrs. Bolus reported that Bette White, Chair of the Harlem CAB, described the close, interdisciplinary cooperation of the CAB on a number of special Committees; while Judy Wessler, former Executive Director of the Commission on the Public's Health System, spoke of her own patient experience and problems with scheduling appointments and access to care as a patient of Gouverneur Healthcare Services. Mrs. Bolus added that Ms. Wessler stressed the need to work more with patients and improve service coordination.

Mrs. Bolus continued and reported that in addition to hosting the Board's Manhattan meeting, Gouverneur held their ribbon-cutting ceremony to celebrate the completion of its major modernization. Mrs. Bolus explained that the expansion created a larger, more modern skilled nursing and ambulatory care facility. Mrs. Bolus added that among the community representatives and dignitaries at the ribbon cutting, many of Gouverneur's local elected officials attended including: U.S. Representative Nydia Velazquez, Assembly Member Sheldon Silver, State Senator Daniel Squadron and New York City Council Members Rosie Mendez and Margaret Chin.

Mrs. Bolus announced that Gouverneur Healthcare Services had another reason to celebrate recently, when Elizabeth Fernandez, who had served 23 years at Gouverneur as a Clerical Associate, was recognized in March with the Mayor's Customer Service Excellence Award.

Mrs. Bolus reported that HHC had another opening when Elmhurst Hospital Center opened a new ten-bed dedicated unit. Mrs. Bolus explained that the unit would allow staff to more closely monitor certain emergency room patients and expedite their diagnoses. She noted that the staff would be able to assist patients in finding medically appropriate community-based services instead of admitting them for inpatient services.

Mrs. Bolus reported that recently, HHC joined Mayor de Blasio, Deputy Mayor Lilliam Barrios-Paoli and several City Agency Commissioners to announce the "Safe Sleep" Campaign. Mrs. Bolus noted that this campaign is designed to increase awareness among parents and other caregivers about the potentially fatal risks of sharing a bed with an infant, and how to prevent injuries and deaths associated with other unsafe sleep practices. Mrs. Bolus added that unfortunately, nearly 50 infant deaths occur each year from a preventable sleep injury.

Mrs. Bolus informed members of the Committee, CAB Chairpersons and invited guests that the Fund for HHC held a follow up "Guns Down, Life Up" program assembly recently at Harlem Hospital Center and that a number of CAB representatives attended

the event, where participants continued their work to identify steps that can be taken to "reduce gun violence and keep communities safe.

Mrs. Bolus continued and recognized the following Generations Plus/Northern Manhattan Network staff present at the meeting: Ms. Denise Soares, Senior Vice President, Generations+/Northern Manhattan Network & Executive Director, Harlem Hospital Center, Mr. Philip Cooke, Associate Executive Director, Public Affairs Harlem Hospital Center, Ms. Dinah Surh, Senior Executive Administrator.

Mrs. Bolus announced that this year's 11th Annual Marjorie Matthews Community Advocate Recognition Awards would be held on Tuesday, July 21st. Location and logistics will be sent at a later date pending approvals. Cabs and auxiliaries are encouraged to begin the process of selecting their nominee.

Mrs. Bolus concluded her report by thanking all the CAB Chairs and members who attended President Raju's "HHC for Tomorrow" address. Mrs. Bolus noted that Dr. Raju's presentation focused on improving the patient's experience. Mrs. Bolus asked CAB Chairs to take Dr. Raju's message back to their CAB's and discuss how they can work to improve the patients experience at their facility.

Before turning the meeting over to Dr. Raju for his remarks, Mrs. Bolus announced for the third time in three consecutive years, Dr. Raju has been named among the 50 most influential physicians in Modern Healthcare. Mrs. Bolus and the Committee members acknowledged Dr. Raju for this great accomplishment.

PRESIDENT'S REMARKS

RAM RAJU, M.D.

Dr. Raju thanked Mrs. Bolus and the Committee members and invited guests. He announced that the month of May is Nurse's Month and took the opportunity to wish all the nurses "Happy Nurse's Month." He also acknowledged Mrs. Bolus as the nurse's champion for the Corporation.

Dr. Raju began his presentation by sharing with the Committee members and invited guests the new challenges faced by the Corporation. He stated that the Health and Hospitals Corporation is very essential to New York City in many ways such as:

1. A lot of people including the working population depend on the public health system for their health care
2. A large number of HHC employees financially depend on the Corporation

3. Many doctors are trained at HHC facilities
4. Research is conducted at HHC facilities

Dr. Raju reminded the Committee of HHC's mission, which is to treat everyone in need of health care, regardless of their ability to pay. However, Dr. Raju cautioned that HHC is faced with many challenges to keep up with his mission. He explained that the Affordable Care Act (ACA), which is one of the greatest healthcare Acts, while allowing a lot of people to get insured, also creates a challenge for HHC. The fact of the matter is that these newly insured who used to come to HHC's door, are now given an opportunity to go elsewhere for their care if they feel that they are waiting too long to get an appointment or waiting too long for their appointment visit. In addition, Dr. Raju added that, because of the way that ACA is done, monies that use to fund the public system are used to fund the various health exchanges. As such, the disproportionate share (DSH) monies are taken away from the public health system to fund these insurances (health exchanges). Moreover, Dr. Raju added that the third challenge is that one third of HHC's funds coming from the federal government is at risk. Lastly, Dr. Raju stated that, as HHC patients are now great targets for other hospitals, patient retention also becomes an issue.

Dr. Raju reiterated that HHC is very essential to New York City and stated that, for all the aforementioned reasons, going out of business is not an option. Therefore, Dr. Raju shared with the Committee his vision for the Corporation's survival as noted below:

- Bring more patients and keep them within the public health system. In order to accomplish both, the patient's experience has to address the following questions:
 - a. Are the patients able to get through the system?
 - b. Are the patients treated nicely?
 - c. Is there good follow-up in place for patients?
 - d. How do people interact with the patients as a person?

Dr. Raju stated that all of the above questions have to be addressed in a synchronized way. He warned that it is not going to be an easy task, because HHC's problem for all these years has been its capacity to meet the demand. Dr. Raju added that, there were

enough patients coming to HHC, and we used to worry about whether there were enough nurses and doctors to treat them. However, Dr. Raju announced that, for the first time in the history of the Corporation, HHC will be faced in the near future with a problem of demand. He justified his prediction because of the slow erosion of patient retention in the system in the last 10 years.

Goal: Improve the patient' experience in order to keep the patients.

Dr. Raju informed with the Committee that going forward, the biggest goal of the Corporation is to work on improving the patient's experience. By doing so, patients will be happy and refer more patients to HHC.

Dr. Raju shared with the Committee that two weeks ago, a group of 200 individuals including front line employees, CAB members and union partners were selected to participate in a retreat to share their views about what HHC needs to do to improve the patient's experience. He stated that the meeting was successful in two ways:

1. The involvement of front line staff members to find solutions
2. The direct contact with patients for their needs

Dr. Raju reminded CAB members that they play an important role in that process. He also reminded them that they are the voices of the people they serve. Therefore, their job is to also inform the Corporation about what is working well or not. Dr. Raju reassured the Committee that the Corporation will do its best to fix what is not working well. He added that a huge cultural change is about to happen in the Corporation. As such, HHC needs to work on its finances to keep up with its functions; staff have to be more productive; the Corporation needs to revolve around the patients, as opposed to revolve around the providers. Obviously, all of these goals are going to take a lot of time. That is why, Dr. Raju stated that the Corporation is giving itself five years. He stated that his expectation is that by 2020, some of these goals will be accomplished as it is the only way for the Corporation to be sustained and continue to be an essential part of New York City. He added that, though HHC has a great history, it is only meaningful if it can continue to do what it has been doing over the years.

Dr. Raju commented that HHC is one of the greatest systems that looks like its patient. He remarked that HHC President looks like an Elmhurst patient as many of Elmhurst patients speak just like him. Dr. Raju stated that HHC has a great strength for looking like its patients and that we should capitalize on that strength so as to gain market share.

Dr. Raju urged the Committee members to help him in achieving his 2020 vision as outlined above. He reminded them that to change the culture of 20,000 people is to change one person at a time. He cautioned them not to be afraid to change and concluded his remarks by quoting that "every job starts with the first step".

GENERATIONS PLUS/NORTHERN MANHATTAN NETWORK

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

Mrs. Bolus introduced Mr. George Rodriguez, Chairperson of Lincoln Medical & Mental Health Center and invited him to present the CAB's annual report.

Mr. Rodriguez began his presentation by thanking the members of the Committee for the opportunity to present.

Mr. Rodriguez reported that the Lincoln CAB works very closely with the hospital leadership and local elected officials in many ways to make sure the needs of the community are met.

Mr. Rodriguez congratulated Dr. Raju, on his announcement of HHC's 2020 Vision. Mr. Rodriguez continued and described Dr. Raju's vision for HHC as a healthcare system where patients, families, the community and caregivers can all trust in, be proud of and call HHC their home for many years to come.

Mr. Rodriguez concluded his presentation by informing members of the Committee, CAB Chairs and invited guests that he was a proud participant in Corporation's 2020 Visionaries. Mr. Rodriguez noted that the group consists of leaders from across HHC that includes managers, physicians, nurses, staff, patients, and labor representatives. Mr. Rodriguez noted that one objective is to contribute to the strategies and tactics to make HHC patient centered.

Mr. Robert Nolan, Committee Member referred to page three (3) of the Lincoln CAB's report and asked about the most frequent complaints raised by patients, which is worst?

Mr. Rodriguez responded that the hospital's administration had hired new staff to assist with the problem of wait times in the Emergency Department and Pharmacy.

Mr. Ludwig Jones, Chairperson, East New York Diagnostic and Treatment asked Mr. Rodriguez to explain the facility's Ebola readiness plan.

Mr. Rodriguez responded that the facility leadership remains optimistic and that there are continuous training sessions for the appropriate staff on all tours.

Morrisania Diagnostic & Treatment Center (Morrisania) Community Advisory Board

Mrs. Bolus introduced George Robinson, Chairperson of Morrisania Diagnostic and Treatment Center and invited him to present the CAB's annual report.

Mr. Robinson began the Morrisania CAB report by thanking the Committee for the opportunity to present the CAB's annual report.

Mr. Robinson reported that major improvements were made to Morrisania Diagnostic and Treatment Center. Mr. Robinson announced that Morrisania D&TC had expanded its Dental clinic days to include Saturdays, to meet the needs of the community.

Mr. Robinson concluded his presentation by stating that "the community is very pleased with the services received at Morrisania D&TC."

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

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

Mr. Montalvo extended apologies on the behalf of the CAB Chairperson, and stated that "Mr. DeJesus would like to Committee to know it's a pleasure working with the Belvis D&TC's administration and staff to help provide the best possible healthcare to the community at-large."

Harlem Hospital Center (Harlem) Community Advisory Board

Mrs. Bolus introduced Ms. Bette White, Chairperson of the Harlem CAB and invited her to present the CAB's annual report.

Ms. White began her presentation with greetings to the Committee members, CAB's Chairpersons and invited guests. Ms. White thanked Denise Soares, Senior Vice President/Executive Director, Generations+/Northern Manhattan Network, Philip Cooke,

Associate Executive Director and staff for their dedication and commitment to the Harlem community.

Ms. White reported that the Harlem Hospital Center CAB have thirty-two (32) members out of a maximum of thirty-five (35). Ms. White continued and applauded the CAB's membership committee for their outstanding recruitment efforts.

Ms. White informed members of the Committee, CAB Chairs and invited guests that the Harlem CAB is focused on the "patient's experience." Ms. White noted that she can fill a room with community residents/patients that have come to Harlem Hospital and want to share their positive experience.

Ms. White asked Ms. Ruth Jones, CAB member and patient to share her experience with the Committee. Ms. Jones reported that she was admitted to Harlem Hospital on Tuesday, April 28th thru Thursday, April 30th. Ms. Jones noted that during her stay, she received the best possible care. Ms. Jones stated "the staff was unaware that she was a CAB member, which made the experience realistic." Ms. Jones added all patients want is quality care.

Ms. White continued and thanked Dr. Raju, HHC President, LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations and Renee Rowell, Director of Community Affairs for their support at the CAB's Orientation/Retreat that was held on Saturday, September 13, 2014.

Ms. White concluded the Harlem's CAB report by asking members of the CAB in attendance to stand and be recognized. Members were applauded.

Renaissance Healthcare Network Diagnostic and Treatment Center (Renaissance) Community Advisory Board

Mrs. Bolus introduced Ms. Jackie Rowe-Adams, Chairperson, and invited her to present the CAB's annual report.

Ms. Adams began her presentation by greeting member of the Committee and thanking Denise Soares, Sr. V.P. /Executive Director, Dinah Surh Sr. Administrator Generation+/NMN, Vernie Riley, Auxiliary/CAB Liaison for their vision, dedication and commitment to the CAB.

Ms. Adams continued and paid homage to former RHCN CAB members and applauded the newer members who will continue to advocate for the community and be the voice of the voiceless.

Ms. Adams reported that she is the proud Chairperson of the RHCN CAB. Ms. Adam noted that she works closely with the Harlem CAB, and together they are a "team." Ms. Adams highlighted the Harlem and RHCN CAB Joint Legislative Breakfast. Ms. Adams noted that this year's event was well attended by the community and elected officials.

Ms. Adams concluded her presentation by commending Dr. Raju on his 2020 Vision for the Corporation and she announced that on Saturday, June 6th the RHCN CAB will host a Retreat/Orientation.

OLD BUSINESS

NEW BUSINESS

Ms. Gladys Dixon, Chairperson, Coler Specialty Hospital and Nursing Facility informed members of the Committee, CAB Chairpersons and invited guests that after testifying at this year's HHC Board of Directors Manhattan Annual Public Meeting about the long wait times at Metropolitan Hospital Center Pharmacy, due to several windows closure, she is now happy to report that she had met with the staff of Metropolitan Hospital Center. Ms. Dixon added that she was impressed with the change in the Pharmacy department. Ms. Dixon noted that on several occasions she noticed six to seven windows in the Pharmacy is now operational.

Ms. White, Harlem CAB Chair commended Dr. Raju for answering the public's emails.

Ms. Queenie Huling, National Action Network, Health and Wellness Committee thanked Harlem Hospital Center for sharing their outreach programs, educating and empowering the community.

ADJOURNMENT

The meeting was adjourned at 6:35 PM.

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

JACOBI MEDICAL CENTER - 2015

I. COMMUNITY NEEDS

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

Obesity, diabetes, asthma and mental health/behavioral issues continue to be the most significant health concern affecting our community.

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)
- Health Awareness Events
- CAB sponsored Annual Mental Health Conference

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

yes no

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

Facility leadership addresses these concerns by establishing special practice sessions, sponsoring health fairs where health education materials are distributed and free screenings are offered, and by the establishment and promotion of a Farmer's Market at the hospital. Also, this is the fifth year that Jacobi has sponsored a Community

Garden on the Jacobi campus with over 130 individuals growing their own vegetables, fruits and herbs. Those involved in the Community Garden include community members, patients and staff. Garden beds have been allocated to patient/staff partnerships, providing an opportunity for quality recreation and patient education. Participating patient areas include: Breast Cancer Survivors Support Group, Behavioral Health Services, Family Weight Management and Comprehensive Alcohol Treatment Center. The Family Weight Management Group uses the Community Garden weekly to discuss nutrition and engage patients in exercise.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include: the Network's Service Excellence initiative, that aims for patient satisfaction and quality care; high standards for patient safety; developing a diversified payor mix essential for fiscal responsibility; and the continued use of LEAN initiative to improve the quality, safety and efficiency of our services.

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

The CAB is provided presentations directly from the Network Leadership, including updates from the Executive Director, presentations from the Network Safety Officer, Network Chief Financial Officer, Network LEAN Transformation Officer, Nursing Leadership, Physicians and Administrative Service Line Directors. These sessions provide opportunities for CAB members to raise questions and issues to be addressed.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes No

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

Most frequent complaints raised include wait time in the ER for relatively minor complaints and patient access to care.

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

Patients frequently compliment the medical staff on the attention they receive and the comprehensiveness of the care. Patients also compliment the facility on its unique services. Patients and visitors to Jacobi frequently comment on how attractive the facility is, from the renovated buildings to the exterior grounds that has new lighting, security systems, pathways, plantings, and benches.

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

Yes No

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

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

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

X Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20

2. What are current numbers of members? 16 What are current numbers of vacancies?

There are four vacancies; however, two applications are currently in process.

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

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters, flatscreen shown throughout hospital lobbies and ads in local newspapers promote the CAB and CAB sponsored events. These events, open to the public, bring attention to the role of the CAB -- for instance, the annual September 11th Memorial Procession, the Legislative Forum, and the annual Mental Health Conference, which last year focused on "Veterans' Issues."

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 regular scheduled meeting throughout the year, including invitations to attend hospital conferences and their own CAB sponsored Annual Mental Health Conference. In addition, a CAB Emergency Department Sub-Committee meets quarterly or as needed. The ED sub-committee members are kept informed of new developments in the services and share this information at regular CAB meetings. Also, several CAB members participate regularly in the hospital's monthly Patient Experience Committee – hearing directly patient experiences and providing a consumer perspective, advice and guidance.

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

Yes No

- a. If yes, please describe actions taken.

Community (planning) Board representatives are provided information on hospital services, news and events, and healthcare information which they can distribute to the Community Boards either through printed materials or emails. CAB members in general distribute such information within 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 X no

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

X yes no

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

yes X no

CAB members did not provide testimony but were present.

a. If so, were the issues subsequently addressed?

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

CAB members attend and support facility events, including Ribbon Cuttings, health fairs, health campaigns and hospital conferences, such as the Annual Social Work Disaster Response Conference. They also are involved in outreach activities by sharing information and distributing information about the hospital (new programs, services, events, etc.) in the community.

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

yes X no

At their upcoming meeting in September, the CAB plans to discuss how to establish a regular presence at the Council of CABs.

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: Silvio Mazzella / AB
Date: 8/28/15

Executive
Director: Wm P. Wall
Date: 8/28/15



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

NORTH CENTRAL BRONX HOSPITAL - 2015

I. COMMUNITY NEEDS

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

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

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

- Community Board(s) meetings Other Public Meetings
 Needs Assessments* Surveys Community Health Profile Data
 Reports from Community Organizations
 Other Activities (please list)
- Health Awareness Events
- CAB Sponsored Mental Health Conference

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

yes no

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

Facility leadership addresses these concerns in a variety of ways, including: participating in corporate collaboratives, establishing special practice session, sponsoring health fairs where health education materials are distributed and free screenings are offered,

and the establishments and promotion of a Farmer's Market at the hospital.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

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

The reopening of Labor and Delivery at NCBH in September 2014 was a priority for the hospital. Senior staff, the Community Advisory Board, a CAB committee and outside community groups engaged in detailed conversations regarding the planning and promotion of the services. Several CAB members have regularly attended community meetings providing input to the outreach strategy for reopening. Following the reopening, CAB members receive periodic updates on the Women's Health Service and Labor and Delivery, and continue to participate in promotion of the services.

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

The CAB is provided presentations directly from the Executive Director, Network Leadership, including the Network Safety Officer, Network Chief Financial Officer, Network LEAN Transformation Officer, Physicians, Nursing Leaders, and Administrative Service Line Leaders. These sessions provide information on relevant healthcare issues, services and events and opportunities for CAB members to raise questions and issues to be addressed.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

Most frequent complaints raised are the access to patient care, and the wait time in the ER for relatively minor complaints.

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

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

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

Yes

No

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

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

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

X Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 7 What are current numbers of vacancies? 13 Please note 4 membership applications are being processed – which will leave vacancies at 9 – and the Borough President and Community Boards will be informed of vacancies.
3. What were the membership recruitment activities conducted by CAB this year?

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

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

Yes No

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

The CAB has a yearly calendar of regular meeting and/or special events, including healthcare conferences. Several CAB members participate regularly on the hospital's monthly Patient Experience Committee enabling them to providing a unique consumer perspective. In addition, the establishment of a CAB NCBH Emergency Department Sub-Committee will be discussed at the CAB's October meeting.

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

Yes No

- a. If yes, please describe actions taken.

Community Planning Board representatives on the CAB receive information and informational handouts on the hospital (e.g., services, initiatives, events, news, etc.) that they can distribute at CB 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

The CAB always sponsors a comprehensive Legislative Forum that is strongly promoted within the community for attendance. This year in addition to a legislative and budget update the program included a discussion on Ebola and the cost of a public hospital responding to a healthcare crisis and a presentation on the impact the Delivery System Reform Incentive Program (DSRIP) will have on public hospitals. CAB members, elected officials, community board leaders, community members and staff attended.

10. Did a representative of the CAB provide testimony at HHC’s Board of Directors’ Annual Public Meeting?
 yes no

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

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

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

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

In addition, the CAB attended various hospital conferences, including

The Social Work Emergency Response and their own sponsored Annual Mental Health Conference which is promoted within the community. This year's Mental Health Conference focused on "Veterans Issues" and included six key guest speakers who are experts in the field.

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

yes no

The CAB plans to discuss the need for ongoing participation at the Council of CABs meeting and to identify members who can serve as designees at their upcoming September meeting.

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

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

Signatures:

CAB

Chairperson: Ernie Sattawa - Low / XB

Date:

8/28/15

Executive

Director:

[Handwritten Signature]

Date:

8/28/15



**NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION**

nyc.gov/hhc

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

**CONEY ISLAND HOSPITAL
COMMUNITY ADVISORY BOARD
2015**

I. COMMUNITY NEEDS

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

- A. Reopening of Ida G. Israel Community Health Center, destroyed by Super Storm Sandy, to the West end of Coney Island to provide quality care services to the local residents.*
- B. Level One Trauma Center.*
- C. Continue to improve the level of community/patient satisfaction.*
- D. Expand access to specialty geriatric medical care services for Southern Brooklyn.*
- E. Ensuring the future continued success of HHC's 2020 Vision.*
- F. Continue to ensure that the community's medical needs are addressed under the HHC Restructuring Plan, especially those needs which involve heart disease, diabetes, obesity, cancer, and high blood pressure.*
- G. Expand community anti-gun violence awareness initiatives in Coney Island through the Guns Down Life Up (GDLU) initiative.*
- H. Continued growth of community partnerships to provide disease management health education class.*

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

Community Board(s) meetings

Other Public Meetings

Community Advisory Board Report

Page 2

- Needs Assessments Surveys: HCAHPS
 Community Health Profile Data Reports from Community Organizations
 Other Activities (please list)

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

- yes no

- If yes, please give examples of what the facility leadership is doing.
 - A. *A re-dedication ceremony was held on July 15, 2015 for Ida G. Israel Community Health Center which is tentative to open Fall 2015, pending approval.*
 - B. *As a Level II Trauma Center, the Emergency Department has been modernized and continues to improve operations to meet community needs:*
 - *Implement Emergency Medicine Residency program June 2015*
 - *Continue to recruit quality staff (two physicians and four PAs have been hired)*
 - *Increased ED patient treatment areas to improve patient flow*
 - *Ongoing training for screening, isolation, and treatment of patients suspected with infectious disease*
 - *Created a Discharge Room in the ED to enhance continuum of care*
 - *Interventional cardiology lab planned for new building*
 - C. *Hospital leadership continues to improve the level of community/patient satisfaction by building relationships with community stakeholders and elected officials. The hospital also continues to develop an environment where every patient feels welcomed and cared for during each visit and every encounter.*
 - *Weekly administrative patient comfort rounds*
 - *Enhanced dining service with birthday card, rolling dessert tray and redesigned cheerful placemat*
 - *Music and pet therapy*
 - *'Carey Bear' visits outpatient pediatrics, inpatient pediatrics, and ED pediatrics unit.*
 - *Daily newspaper delivery to inpatient units*
 - *Monthly "Health Education Seminars" (HES)*
 - *Employee designed artwork displayed throughout the facility*
 - *Floral arrangements and campus landscapes*
 - *Lemon water decanters at each entry points*

D. *Hospital leadership is actively recruiting Geriatricians for both the hospital and Ambulatory Care. In addition, the hospital is aiming to develop geriatric center protocols to manage patient care more effectively.*

E. *The hospital has implemented several initiatives since the launching of Dr. Raju's 2020 Vision.*

New Initiatives:

- *Narrating Care/AIDET Training – A (Acknowledge), I (Introductions), D (Duration), E (Explain) and T (Thank you)*
- *Ask 3 Program – to facilitate a pro-active means of anticipate the patients' needs.*
- *Narrating/Scripting Staff – several departments have established scripts for their employees when they enter the room, leave the room and explanation of procedure.*
- *Patient Experience Committee – a multidisciplinary committee will be established to set goals and objectives.*
- *Patient Experience Champion Award – for staff who made a contribution that has positively impacted the patient's experience.*
- *Patient Focus Group – to acquire opinions about the hospital services, facility and access to care from the patients' prospective.*
- *Environmental Services Patient Experience Initiatives – a ten (10) step cleaning process and moving items closer to patients*

F. *Senior leadership host offsite meetings with local CBO's to address the needs of the community. As a result, the hospital participates in local events providing health screenings for blood pressure, dental and vision; conducted education seminars, provide literature for childhood obesity, nutrition and pneumococcal vaccine.*

Hospital participation in local events:

- *National Night Out hosted by the 60th Precinct.*
- *Two "Back to School Blast" events hosted by Senator Diane Savino*
- *Tai Chi with Coney Island Seaside Innovative Senior Center*
- *Health Fair Collaboration with the Shrine Our Lady of Solace*
- *Health Fair hosted by Homecrest Community Services, Inc.*
- *Upcoming Coney Island Hospital "Back to School" Health Fair*
- *Upcoming Flu Points of Dispensing (PODS) for CBO's*

G. *With a planned launch in the fall, Coney Island Hospital will be part of the HHC GDLU initiative offering mentorship, skill building and life skill training for the target population of 13 to 24 year olds. Hospital leadership has met with Councilmen Treyger and grass roots community organizations, such as the Coney Island Anti-Violence Collaborative.*

H. The hospital participates in community health fairs by providing health screenings, follow up appointments and educational material. The hospital also provides health education seminars available to patients and the community.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

A. Improving the patient experience

B. Improving HCHAPS

C. Enhancing facilities environment to help improve patient throughput

D. Reducing avoidable readmissions

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

The CAB has a representative on the hospital's Patient Safety Committee. The CAB also provides input and suggestions in strategic and other plans presented at monthly CAB meetings.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

The most frequent complaints raised by patients are attitude, behavior and communication.

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

The most frequent compliments are excellent care provided by staff, excellent services provided in the Emergency Department and staff help the patients feel less stressed and more comfortable.

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? 27

2. What are current numbers of members? 24 What are current numbers of vacancies? 3

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

The CAB membership canvassed community-based organizations and reached out to individuals who represent the demographics of the Greater Coney Island community at local events.

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

Yes

No

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

The CAB currently has an active Executive Committee - that acts on behalf of the CAB between meetings, and keeps the CAB abreast of any proceedings. Legislative Committee - discusses Hospital legislative priorities and develops strategies to support those priorities. Membership Committee - reviews new membership applications and makes recommendations to the BOARD. Also, reviews status of all members to ensure they are in good standing. Community Relations Committee - advise Board on issues that pertains to the community outreach activities. In addition, the Committee maintains a positive relationship between the hospital and the community. Patient Care/Relation Committee has been established to monitor patient services.

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

Yes

No

- If yes, please describe actions taken.

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

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

Yes

No

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

yes

no

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

yes

no

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

yes no

- If so, were the issues subsequently addressed?

These issues are being addressed

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

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

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

Signatures:

CAB

Chairperson:

Roxanne De Lennare

Date:

8/21/15

Executive

Director:

V. B.

FOR ARTHUR WAGNER

Date:

8/21/15

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

**SEA VIEW HOSPITAL REHABILITATION CENTER & HOME
COMMUNITY ADVISORY BOARD**

PRESENTED SEPTEMBER 16, 2015

I. COMMUNITY NEEDS

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

The growing need for Memory Care Services and the need for short term rehab.

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

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

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

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

yes no

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

Leadership is addressing all concerns brought to them concerning any quality of care issues. Resident Council, Relative Council, Seminars/ Education, and Health Fairs are held. We open our facility to the community through Blood Drives, the Train Club, Knights of Columbus Volunteers, Auxiliary fundraising events, and the media.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

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

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

Through discussion and information sharing on a monthly basis, CAB supports Sea View and carries Sea View's message to the community.

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

yes no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes No

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

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

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

Yes N/A No

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

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

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

Yes N/A No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 14
2. What are current numbers of members? 14 What are current numbers of vacancies? 0
3. What were the membership recruitment activities conducted by CAB this year?
Keeping Community groups informed of our recruitment activities. Advising local elected officials when vacancies occur.
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?
 Yes No
5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
No
6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?
 Yes No
 - a. If yes, please describe actions taken.
Reports at monthly CAB meetings.
CB members on CAB.
7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?
 Yes No
8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?
 yes no

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

N/A

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

CAB members are community leaders and professionals. They carry Sea View's message in their daily activities.

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

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

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

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


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

Signatures:

CAB

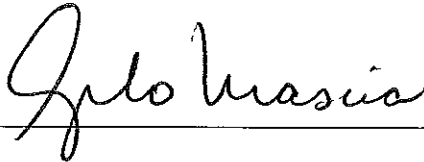
Chairperson:

Date:


August 10, 2015

Executive

Director:



Date:

8/10/15