



**COMMUNITY RELATIONS COMMITTEE  
OF THE BOARD OF DIRECTORS**

March 13, 2018  
5:30 P.M.  
Board Room  
125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

**AGENDA**

- |                                                                                    |                         |
|------------------------------------------------------------------------------------|-------------------------|
| I. Call to Order                                                                   | Josephine Bolus, NP, BC |
| II. Adoption of November 14, 2017<br>Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report                                                          | Josephine Bolus, NP, BC |
| IV. CEO President's Report                                                         | Mitchell Katz, M.D.     |
| V. Information Items (Annual CAB Reports):                                         |                         |
| a. NYC Health + Hospitals/Coler                                                    | Gary Delamothe          |
| b. NYC Health + Hospitals/Carter                                                   | Beverly Alston          |
| c. NYC Health + Hospitals/Queens                                                   | Anthony Andrews         |
| d. NYC Health + Hospitals/Elmhurst                                                 | Eartha Washington       |
| e. NYC Health + Hospitals/ East New York                                           | Ludwig Jones            |
| VI. Old Business                                                                   |                         |
| VII. New Business                                                                  |                         |
| VIII. Adjournment                                                                  |                         |

**COMMUNITY RELATIONS COMMITTEE  
OF THE BOARD OF DIRECTORS**

November 14, 2017

5:30 P.M.

NYC Health + Hospitals Board Room  
125 Worth Street, Room 532

**MINUTES**

**ATTENDEES**

**COMMITTEE MEMBERS**

Josephine Bolus, NP-BC, Committee Chair  
Robert Nolan, Board Member  
Helen Arteaga-Landaverde, Board Member  
Stanley Brezenoff, Interim President, NYC Health + Hospitals

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island  
Carmen Benitez, representing (Chairperson, George Rodriquez) NYC Health + Hospitals/Lincoln  
Sharon Oliver-Henderson, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center  
Gary Delamothe (representing Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler)  
Anthony Andrews, Ed.D, Chairperson, NYC Health + Hospitals/Queens  
Ruth Clark, Chairperson, NYC Health + Hospitals/Sydenham/A Gotham Health Center  
Louise Dankberg, Chairperson, NYC Health + Hospitals/Bellevue  
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan  
Judy Wessler (representing, Enrique Cruz, Chairperson) NYC Health + Hospitals/Gouverneur  
Zorona Hamm representing (Benita Stenbridge, Chairperson), NYC Health + Hospitals/Harlem  
Warren Berke, Chairperson, NYC Health + Hospitals/Kings  
Talib Nichiren, Chairpseron, NYC Health + Hospitals/Woodhull

**FACILITY COMMUNITY ADVISORY BOARD MEMBERS**

William Hamer, NYC Health + Hospitals/ Harlem  
Marty Bromberger, NYC Health + Hospitals/Queens  
David Ford, NYC Health + Hospitals/ Bellevue  
Frances Curtis, NYC Health + Hospitals/Bellevue  
Ricardo Reed, NYC Health + Hospitals/Bellevue  
John Roane, NYC Health + Hospitals/Bellevue  
Carol A. Schachter, NYC Health + Hospitals/Bellevue  
Everett Person, NYC Health + Hospitals/Sydenham  
Julie Cohen, NYC Health + Hospitals/Bellevue  
Ruth Jones, NYC Health + Hospitals/Harlem  
Brenda F. Harris, NYC Health + Hospitals/Harlem  
Irene Swilley –Wynn, NYC Health + Hospitals/Harlem  
Wilbur Johnson, NYC Health + Hospitals/McKinney  
Claudette Browne, NYC Health + Hospitals/McKinney  
Gloria C. Thomas, NYC Health + Hospitals/McKinney  
Lillie Taylor, NYC Health + Hospitals/East New York  
Vere Gibbs, NYC Health + Hospitals/East New York  
Jeanne Battle, NYC Health + Hospitals/Metropolitan  
James Boneparte, NYC Health + Hospitals/Queens  
Abidan Sattar, NYC Health + Hospitals/Coney Island  
Donna Gill, NYC Health + Hospitals/Sydenham

**NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF**

Salvatore Russo, Chief Officer, Legal Affairs  
John Jurenko, Vice President, Government Relations  
Steven Newmark, Office of Legal Affairs  
Colicia Hercules, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Bridgette Ingraham-Roberts, Office of Government Relations  
Kathleen Whyte, Office of Government Relations  
Manelle Belizaire, Office of Government Relations  
Robb Burlage, Office of Government Relations  
Renee Rowell, Office of Government Relations

**NYC HEALTH + HOSPITALS FACILITY STAFF**

William Hicks, Chief Executive Officer, NYC Health + Hospitals/Bellevue  
Alina Moran, Chief Executive Officer, NYC Health + Hospitals/Metropolitan  
Gregory Atwater, Executive Director, NYC Health + Hospitals/Sydenham  
Evelyn Hernandez, Associate Executive Director, NYC Health + Hospitals/Bellevue  
Deborah Mabry, Deputy Executive Director, NYC Health + Hospitals/Morrisania  
Michael Lettera, Associate Director, DSRIP NYC Health + Hospitals/Metropolitan  
C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue  
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens  
Antonio Montalvo, CAB Liaison, NYC Health + Hospitals/Lincoln  
Randreta Ward-Evans, CAB Liaison, NYC Health + Hospitals/Sydenham  
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings  
Nyron McLeish, CAB Liaison, NYC Health + Hospitals/Carter

**GUESTS:**

Anthony Feliciano, Commission on the Public's Health  
Ann Bove, Commission on the Public's Health  
Lois Rakoff, Manhattan Community Board #2 Representative  
Moirra Dolan, DC 37  
Joanna Solmonsohn, NYS Nurses Association  
Cindy Cain, NYC Health + Hospitals Consumer

## Minutes of the November 14, 2017 Community Relations Committee of the Board of Directors

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:40 p.m. Mrs. Bolus, announced that a quorum had been established. She requested a motion for the adoption of the minutes of the last two meetings, which were held on May 2<sup>nd</sup> and September 12, 2017. A motion was made and seconded. The minutes were adopted.

Mrs. Bolus opened the meeting with a warm welcome to all. Mrs. Bolus thanked Mr. Brezenoff for filling in for her at the September meeting.

Mrs. Bolus began her report by reminding all who had not gotten a flu shot to do so immediately! She noted that CAB members should check with their CAB liaisons for dates and times to get a flu shot at their respective facilities. She continued and highlighted notable community related initiatives and accomplishments from across the system as follows:

- Health + Hospitals had joined with 16 City agencies to offer new and enhanced programs and supports, including trainings and certification opportunities for more than 500 physicians, as well as a public awareness campaign centered on LGBTQ youth and their families. The Project includes funding for seven new Community Coalitions aimed at reducing alcohol and substance misuse. The initiative is part of First Lady Chirlane McCray's NYC Unity Project that was launched in late September.
- A ribbon cutting ceremony was held to promote the acquisition of state-of-the-art 3D breast imaging equipment for the Rita J. Kaplan Breast Imaging Center at Bellevue. Costing over \$1.5 million, this equipment is expected to provide more detailed, higher quality images for more than 10,000 patients a year, and provide patients with faster reports concerning their results. Mrs. Bolus noted that having this equipment will increase early detection of breast cancer, which will provide better treatment options for patients.
- A ribbon-cutting ceremony was held at the Bushwick Health Center in Brooklyn on October 25<sup>th</sup> to mark the official recognition of Health + Hospitals' major program of expanding primary and specialty care at health centers in four boroughs. Mrs. Bolus explained that this expansion will allow Health + Hospitals to serve 42,000 more patients in underserved communities, and that the expansion was made possible through a City government investment of \$40 million, primarily from the Mayor's Caring Neighborhoods Program, and \$10 million appropriation from the City Council.
- To mark the start of the open enrollment period for health insurance coverage under the Affordable Care Act, the Mayor, elected officials, community stakeholders, CAB members and staff participated in a rally at Harlem Hospital on November 1<sup>st</sup>. She noted that in New York State, open enrollment will end on January 31, 2018.
- The last of the Health Insurance 101 Workshops will be held tomorrow at Bellevue from 8:30am to 1:00 p.m. in the Old Medical Library. Mrs. Bolus added that the workshop focuses heavily on helping seniors understand their options during the open enrollment period for the Medicare program, which started on October 15<sup>th</sup> and will end on December 7<sup>th</sup>.

- Acknowledged Ernest Baptiste, CEO of Kings County, who would be departing Kings County to take on a new leadership role at Stony Brook University Hospital. Mrs. Bolus added that as CEO of Kings County, for more than five years, numerous milestones were achieved, including the development of a world-class model of mental health services and the successful transition from Department of Justice oversight.

Mrs. Bolus concluded her remarks by expressing her sincere thanks and appreciation to Mr. Brezenoff, who had joined the evening for his final CRC meeting as Interim President and CEO of NYC Health + Hospitals. Mrs. Bolus noted that while his term was short, he led with vision and vigor. She again thanked Mr. Brezenoff for his tremendous commitment and service to NYC Health + Hospitals.

## **INTERIM PRESIDENTS REMARKS:**

**Stan Brezenoff**

Mr. Brezenoff welcomed Committee Members, CAB Chairs and invited guests and highlighted key NYC Health + Hospitals events that occurred since the September 12<sup>th</sup>, meeting as described below:

- The funding dispute with State had been resolved. Mr. Brezenoff expressed his appreciation for the solidarity and support NYC Health + Hospitals received from CAB members, labor partners, community allies and elected officials in standing up for what's right when it comes to funding for essential health care system. Mr. Brezenoff continued and noted that the community's commitment speaks to the enormity of NYC Health + Hospitals mission and obligation to fight harder than ever for every precious dollar needed to continue achieving it.
- NYC Health + Hospitals is in the midst of training physicians, creating action teams and enhancing the ability of the health care systems' emergency rooms to intervene and save lives in the battle against opioid abuse. Mr. Brezenoff added that this too is an initiative of the Mayor and the First Lady Chirlane McCray that was first announced at a press conference at NYC Health + Hospitals/Lincoln in May 2017.

Mr. Brezenoff concluded his remarks by stating "the year has gone by quicker than I had imagine and the challenges had been significant." Mr. Brezenoff added that he had been here (NYC Health + Hospitals) before and at both times what had struck him the most is the marvelous level of commitment of people at NYC Health + Hospitals, the Community Advisory Boards and community partners. Mr. Brezenoff added that the one thing that's not lacking at NYC Health + Hospitals is when times are tough and resources are in question is the level of the shared commitment of mutual goals, service and support, which made this year especially rewarding. Mr. Brezenoff informed Committee members, CAB Chairs and invited guests that a long term successor had been named, Dr. Mitchell Katz, who will join our staff early next year. Mr. Brezenoff added that Dr. Katz has an established record of achievement and commitment and share the same goals that characterize NYC Health + Hospitals.

Mrs. Bolus moved the agenda to the Action Item to present a revised Policy and Guidelines governing Community Advisory Board in all NYC Health + Hospitals facilities. Mrs. Bolus invited Mr. John Jurenko, Vice President, Government, Community Relations and Planning to walk the Committee through the major changes that were being proposed.

Mr. Jurenko began his presentation by informing members of Committee, CAB Chairs and invited guests that the last time NYC Health + Hospitals Policy and Guidelines for CAB had been amended was over twenty-five (25) years ago. Mr. Jurenko continued and presented the following proposed amendments:

- CAB Terms of Appointment: CAB membership terms will change from three 3-year terms to three 2-year terms, not to exceed a total of six years. The length for an officer's term will be 2-years. No officer will serve more than 2 consecutive terms.
- Number of Voting Members: Change from 15 to 35 to 15 to 27 members
- New background screening requirement for CABs: This new requirement for CAB members and applicants aligns with NYC Health + Hospitals' background screening policy for all volunteers (OP 20-56) Compliance screening required by the Center for Medicare and Medicaid Services (CMS)
- NYC Community Board Representation on CABs: Community Board appointees will be considered in the total complement of members appointed by the Borough President, which should not exceed one-third of CABs' membership
- Exceptions, Appeals and Due Process: This section was revamped to create two new sections – "Exceptions" and "Resolution of Disputes" Under new Resolution of Disputes section. CABs are to resolve disputes and conflicts within the CAB and establish dispute resolution processes.
- New language recommended by the Executive Committee of the Council of CABs: This new language states that, "As a last resort, the President, or his/her designee, in consultation with the facility's Chief Executive Officer and the Chairperson of the Council of Community Advisory Boards or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of the CAB or the termination of membership of one or more CAB members."

Mr. Jurenko concluded his presentation by informing all of the next and final step in the process, which would be a presentation to NYC Health + Hospitals Board of Directors on Thursday, November 30<sup>th</sup> for approval. Ms. Judy Wessler, representing NYC Health + Hospitals/ Gouverneur CAB, informed members of the Committee, CAB Chairs and invited guests, that the CAB was not informed about proposed amendments and expressed concerns with the definition of the word "consultation." Ms. Wessler added that the description is not in sync with the judge's ruling, referring to the 1985 Greenpoint CAB vs. New York City Health & Hospitals Corporation, dispute. Ms. Wessler added that the Gouverneur CAB had concerns about two year term limits. Ms. Wessler asked on behalf of the CAB to delay the approval of the amended CAB Policy and Guidelines for two months pending the arrival of NYC Health + Hospitals' newly appointed President. Ms. Wessler continued and called for a motion to delay

the approval process of the amendments to the Policy and Guidelines for CABs pending the arrival of NYC Health + Hospitals' newly appointed President. The motion was not seconded.

Mr. Nolan, Board member asked if the Borough Presidents (BP) had been briefed. Mr. Jurenko responded yes. Mr. Nolan asked if reducing the number of community planning board members would diminish the number of Borough President's appointees. Mr. Jurenko responded no.

The following concerns were also discussed:

- Need to increase the \$35 allowance – it is long overdue
- Background check requirement is a good requirement to add
- Need to review CAB's role in the facility's CEO selection process when a search committee is not convened

Mrs. Bolus opened the floor for a motion to approve that the amendments to NYC Health + Hospitals' Policy and Guidelines for Community Advisory Boards be presented to NYC Health + Hospitals Board of Directors. The motion was approved.

## **COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS**

### **NYC Health + Hospitals/Bellevue**

Mrs. Bolus introduced Ms. Louise Dankberg, Chairperson of NYC Health + Hospitals/ Bellevue CAB and invited her to present the CAB's annual report.

Ms. Dankberg began her presentation by greeting members of the Committee, and congratulating Mr. Brezenoff and his team for pursuing and not backing down on getting DSH Federal Funds that the State was withholding. Ms. Dankberg continued and commended William Hicks, CEO, NYC Health + Hospitals/Bellevue and his administration for their dedication and commitment to the community. Ms. Dankberg added a special recognition to Evelyn Hernandez, Sr. Associate Director, Jill Brooker, CAB Liaison and Renee Rowell, Director of Community Affairs, NYC Health + Hospitals. Ms. Dankberg highlighted the following key points and accomplishments:

- Mr. Hicks and his administration provides the CAB with a comprehensive report during the monthly meetings. Ms. Dankberg added that the CAB had asked local elected officials to attend each full board meeting in addition to participating in the annual legislative breakfast.
- Since the CAB's last report members had participated in many community events such as: community board meetings, passing resolutions regarding health issues, constantly looking for more members by participating in local community events, notifying libraries, tenant associations and senior centers. Ms. Dankberg added that the local newspaper Town and Village featured many of the events.
- The First Lady, Chirlane McCray had promoted her Mental Health initiative by speaking at NYC Health + Hospitals/Bellevue on several occasion.

Ms. Dankberg concluded her report by recommending that NYC Health + Hospitals/Bellevue should consider implementing a Sabbath elevator. Ms. Dankberg explained that the elevator would automatically stop on every floor during the Sabbath. Ms. Dankberg continued and thanked members of the Bellevue CAB for their support.

A pictorial brochure highlighting the Bellevue CAB was distributed.

### **NYC Health + Hospitals/Metropolitan**

Mrs. Bolus introduced Mr. Edward Shaw, Chairperson of NYC Health + Hospitals/Metropolitan CAB and invited him to present the CAB's annual report.

Mr. Shaw began his presentation by thanking members of the Community Relations for the opportunity to present Metropolitan's CAB annual report and acknowledging Alina Moran, CEO, NYC Health + Hospitals/Metropolitan for her leadership and support and all members of the Met CAB for their dedication and commitment to serve the East Harlem (El Barrio) community. Mr. Shaw continued and added that Ms. Moran and the Met CAB have a close working relationship. He presented the following summary:

- The Metropolitan CAB hosted a Legislative Breakfast, with great attendance from members of the community eager to hear about the health systems legislative priorities for 2017. Mr. Shaw added that a number of CAB members participated in this year's Advocacy Day event in Albany, N.Y.
- The Metropolitan CAB hosted a successful Annual Public Meeting. Mr. Shaw noted that the CAB honored local community leaders and reported back to stakeholders on our work on behalf of the hospital.
- The Metropolitan CAB hosted an effective community forum on Housing and the Drug Epidemic. Mr. Shaw added that the forum mainly focused on the rampant opioid use and the need for better services for homeless individuals in East Harlem. Mr. Shaw noted that the CAB had previously held a forum to raise awareness of synthetic marijuana and other opioids that decimate the East Harlem communities.

Mr. Shaw concluded his presentation by stating "the CAB continues to be focused on ensuring that Metropolitan Hospital remains open." Mr. Shaw added and repeated the CAB is focused on ensuring that Metropolitan remains open and ready to serve the complex and evolving health care needs of, 'El Barrio', the East Harlem community.

### **NYC Health + Hospitals/Renaissance**

Mrs. Bolus introduced Ms. Ruth Clark, Chairperson of NYC Health + Hospitals/ Renaissance CAB and invited her to present the CAB's annual report. Ms. Clark began her presentation by thanking members of the Committee for the opportunity to present Sydenham CAB annual report. The following overview was presented:

- The Sydenham CAB had a successful year with six new CAB members and the ability to expand their community and political outreach. She noted that Matthew Washington, Manhattan Deputy Borough President, had attend the CAB meeting.



- The Sydenham CAB developed an English and Spanish Patient Survey, partnered with Health Advocates for Older People, worked with the facility’s leadership to start Arthritis and worked jointly with the Sydenham Auxiliary to host a Pediatric Holiday Event.
- On October 27<sup>th</sup> the CAB hosted its Annual Public Meeting. She added this year’s Keynote Speaker was Robert Christmas, Former Executive director of Sydenham Hospital and presently International Joint Commission Surveyor. She continued and noted that this year’s honorees included the Honorable David N. Dinkins; Brian Benjamin, NYS Senator; Jackie Rowe-Adams, founder of Harlem Mother’s S.A.V.E; Terrie Williams, Author of “Black Pain”; Rasheedah Ali, Healthcare Advocate; Coreen Simpson, Creator of “The Black Cameo”; and Lynnsue Jolley, Social Worker, Renaissance School Base. She continued and noted that remarks and presentations were heard from Gregory Atwater, Honorable Charles Rangel, Keith L.T. Wright, Hazel Dukes and Gale Brewer, Manhattan Borough President. Music was provided by Danny Mixon Jazz Trio.
- The community’s most significant health issues include AIDS and HIV, Asthma, Cancer, Child Obesity, Dental, Diabetes, Hypertension and Mental Health. Ms. Clark added that a major concern of the CAB is that patients do not understand why there are not more subspecialties at Renaissance. Ms. Clark explained that due to the reduction of services, patients are referred to NYC Health + Hospitals/ Harlem and Lincoln. However, the patients view this as a barrier to access quality health care.
- The CAB is concerned about moving services out of New York City’s Housing Authority (NYCHA) developments. Ms. Clark added that the CAB will continue to work with leadership to develop a better relationship with NYCHA.

Ms. Clark concluded her presentation by stating “In order for the Community Advisory Board to be effective, we need your Support and Feedback”: Our diverse communities have continued to share with us, and this make us stronger.”

**OLD BUSINESS:**

None.

**NEW BUSINESS:**

None.

**ADJOURNMENT**

The meeting was adjourned at 6:30 PM.



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC Health + Hospitals / Coler - Community Advisory Board**

**I. COMMUNITY NEEDS**

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

Nursing staff levels.

Housing options for residents to be discharged.

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

(Resident Council Meetings)

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

yes

no

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

Coler has closed units in an effort to consolidate vacant beds and reassign nursing staff to sustain adequate staffing levels. In addition, nursing staff are being hired to offset attrition.

**II. FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?

Maintaining an effective workforce through financial challenges, improving overall budget performance and enhancing the patient experience.

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

Monthly CAB meetings where the CAB members can directly interact with hospital leadership.

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 is sometimes delivered late, adequate nursing levels, reluctance to express issues due to concerns about staff response and language barriers. Fellow residents who do not practice good hygiene and refuse staff assistance.

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

The nurses overall are kind and hardworking. They also have a high tolerance with residents who exhibit a bad attitude. Special resident activity events are of high quality.

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

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

Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 30

2. What are current numbers of members? 15 What are current numbers of vacancies? 15

3. What were the membership recruitment activities conducted by CAB this year? Actively recruiting from Planning Board 8 and from Roosevelt Island Resident's Association. Coler residents are also sought to join the CAB during the Resident Council Meetings.

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.

Our former Planning Board 8 member has left the community and we are in the process of getting a new member from Planning Board 8.

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 (see above)

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 (March 15)  no

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

yes  no

a. If so, were the issues subsequently addressed?

No

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

Not applicable.

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?

Assistance with Community outreach and membership recruitment.

Having Intergovernmental representatives visit our site from time to time.

**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. We would like to see more opportunities for the Long Term Care CABs to be involved in CRC planning events and outreach activities.

**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:

*B. Cadep Dizon*

DEC 28, 2017

Executive

Director:

Date:

*Paul R. Hayes*

Dec. 22, 2017



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC HEALTH+ HOSPITALS/HENRY J. CARTER**

**I. COMMUNITY NEEDS**

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

- Adequate community medical services
- Affording housing for underserved population
- Employment opportunities

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

- Community Board(s) meetings                       Other Public Meetings  
 Needs Assessments                       Surveys                       Community Health Profile Data

Reports from Community Organizations    Other Activities (please list)

- CAB's Patient Care Committee
- Press Ganey Survey Report on Patient /Resident Experience
- Members from Planning Board 11

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

- yes                                               no

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

- Expanded the ventilator services capacity from 20 to 32 beds to accommodate additional cases from the community.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
  - Providing quality and home like care to the patients/residents
  - Improving patient resident experience
  - Supportive discharges into the community.
  - Execute cost containment initiatives to meet the fiscal year budget 2018.
  
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
  
3.

Chairperson and Patient Chair Committee Chairperson meets monthly with the department heads to discuss the listed strategic priorities. A report is presented to the Board during the monthly meeting.
  
4. 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 number of complaints have decreased significantly compared to 2016. This is due to the # of patient experience initiatives held by each department. The complaints raised were in response lack of effective communication. The



communication issues are being addressed with the respective departments.

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

Compliments frequently made were about the ventilator weaning success, staff care, cleanliness of the environment, and special events provided by Therapeutic Recreation.

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? **NOT APPLICABLE**

Yes

No

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

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

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

Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 25-27

2. What are current numbers of members? 10 What are current numbers of vacancies? 15
3. What were the membership recruitment activities conducted by CAB this year?

Planning Boards # 10 and #11

Recommendations from local and state elected officials

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

Yes

No

Family members of the residents and Family Council are invited to the meetings.

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

Executive Committee meets monthly or bi monthly to discuss the agenda and important issues as related to the Board.,  
Legislative Committee, Patient Care Committee and By Laws.

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

Yes

No

- a. If yes, please describe actions taken.

Members of Planning Board #10 and #11 attends the meeting and present a report on the issues affecting the surrounding communities

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

Annual Legislative Breakfast opened to the public to address community health concerns.

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

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

The Board members participated in the zoning, housing development, workshops on employment opportunities and block association meetings.

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

yes                       no

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

yes                       no

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

not enough             just right

If not enough, what assistance would you need?

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

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

- 1.
- 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:

*Judith J. Braro*  
\_\_\_\_\_  
*12/20/17*  
\_\_\_\_\_

Executive  
Director:

Date:

*Lloyd R. Perry*  
\_\_\_\_\_  
*12/20/17*  
\_\_\_\_\_



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

Queens Hospital Center  
Community Advisory Board

### I. COMMUNITY NEEDS

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

NYC Health + Hospitals/Queens primarily serves the communities of central and southeastern Queens, and many of the health status indicators are above the New York City rates and averages for these residents. For example, based on the NYC Department of Health and Mental Hygiene 2011 Community Health Survey:

- The percentage of residents with hypertension, 30.0 percent, is higher than the city rate of 28.9 percent.
- The percentage of community residents with high cholesterol, 33.1 percent, is greater than the city rate of 30.6 percent.
- The diabetes rates of 12.5 percent in Queens' service area is higher than the overall city rate of 10.5 percent, and the rate for *preventable admissions for diabetes* from Queens' service area (332 per 100,000 population) was higher than the city's rate (307 per 100,000).
- The obesity rate of 24 percent for the NYC Health + Hospitals/Queens catchment area is greater than the city rate of 23.7 percent.

Focus groups conducted by NYC Health + Hospitals/Queens provided three lists of healthcare needs. Queens' leadership prioritized these needs as follows:

- Cancer
- Diabetes
- Hypertension
- Heart Disease
- Behavioral Health (depression; schizophrenia)

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

NYC Health + Hospitals/Queens provides a complete menu of comprehensive medical services that offers a world of care from pediatric specialties to geriatrics and senior care, to medicine and surgery, radiology and dentistry, urology, ophthalmology and victim services. The hospital has four Centers of Excellence in Behavioral Health, Cancer Care, Diabetes Management, and Women's Health.

Queens continues to enhance its Centers of Excellence in Diabetes and Cancer Care and by expanding the services offered to patients suffering from heart disease. The Queens Diabetes Center of Excellence is accredited by the American Diabetes Association, which is a national recognition for diabetes care and education. The Center passed the American Annual Status Report which extends our accreditation for the Diabetes Self-Management Education Program through June 30, 2018. The Center reported 798 patients that were referred by the diabetes team and received more than three sessions of diabetes self-management training and medical nutrition therapy. The Queens Cancer Center continues to offer a full array of medical and surgical services to patients

with cancer and has also participated in a large number of clinical trials of the latest cancer drugs. In late December 2016 and mid-January 2017, Dr. Margaret Kemeny, Queens Cancer Center Director, and Cancer Center Research Nurse Linda Bulone were interviewed for two New York Times articles examining how minority women face extra hurdles in gaining access to clinical cancer treatment trials. In Cardiology, the Chest Pain Unit was expanded to include weekends; the unit is now open round-the-clock. This has expedited the care of patients with possible/probable coronary artery disease. The volume in the Cardiology Clinic has also been increasing year after year – for first time ever, we are receiving more than 10,000 visits. In 2017, NYC Health + Hospitals/Queens was recognized as a high performer in the treatment of heart failure patients by U.S. News and World Report. The Metabolic Clinic provides timely post-hospital care for all patients discharged from the Heart Failure Unit, as well as a Cardiac Rehab Clinic.

The Center of Excellence in Behavioral Health continues to focus on engaging patients in care in the least restrictive setting. We have continued our project to lower length-of-stay for our inpatient service (LOS has decreased from 22 days in 2009 to approximately 15 days in 2017) and avoid unnecessary inpatient admissions by helping our patients engage in our outpatient treatment programs. The Department has redesigned the intake process in our Ambulatory Clinics to be more streamlined and value-added for patients, moving them into active treatment faster. It has also enhanced its outreach efforts for its Emergency Room discharges in order to help patients negotiate the healthcare system and connect to care, as well as opened a Family Justice Center Clinic focusing on providing treatment to victims of domestic violence.

On April 2, 2016, Queens implemented GO-EMR, also known as the EPIC electronic medical record (EMR), in seamless fashion, and CAB members participated in rolling out the new program by acting as volunteers in the hospital's main building to allay any confusion among patients. (An equally smooth upgrade of the EPIC system recently took place on December 9 and 10, 2017.) One example of a task we are currently undertaking to achieve quality improvement involves utilizing our new electronic medical records to better monitor how well we are

caring for our patients, creating a climate of transparency. We are promoting an important feature of the new EMR – its MYChart feature, the patient portal that puts patients’ medical history at their fingertips. Patients can now manage their health online by using a smartphone, tablet, or laptop to view medical test results, request prescription refills, send messages to the care team, and access appointment information. The new technology also features sophisticated decision-support tools that equip providers with alerts to prevent medication errors, avoid duplicative and unnecessary tests, and keep patients’ preventive health screenings on schedule.

By virtue of the fact that it is one of only two public hospitals located in the most diversely populated borough in the city, NYC Health + Hospitals/Queens provides a disproportionate share of services for the borough’s low income and uninsured population. In 2014, 34 percent of its ambulatory visits and 33 percent of its ED visits were uninsured, compared to 6 percent and 14 percent at voluntary hospitals in Queens. In addition, 65 percent of its inpatient discharges were either uninsured or enrolled in Medicaid, compared to 40 percent at voluntary hospitals in Queens.

Our hospital’s involvement in the Delivery System Reform Incentive Payment Program, or DSRIP, as a member of the OneCity Health Participating Provider System, is an additional strategy that Queens Hospital will be utilizing to support our transformation to patient-centered care. Through DSRIP, we aim to promote existing community partner collaborations as well as create new partnerships which will assist us in connecting our patients with resources right where they live. The goal of DSRIP is to transform the delivery and purchasing of care which ultimately will improve patient outcomes, quality of care, and lower Medicaid program costs. Its overarching aim is to reduce avoidable hospital use by 25 percent by the year 2020 and move the majority of patient care into the primary care setting.

As part of an ongoing effort to treat the community’s burgeoning immigrant population, Queens Hospital hosted an IDNYC pop-up enrollment center on its campus throughout the week of May 11 to May 22 for the benefit of patients and visitors at the facility. IDNYC is New



York City's free government-issued identification card for all New York City residents age 14 and older. The Queens pop-up and other sites within Health + Hospitals will assist patients in obtaining needed documentation. These cards are issued to all who apply regardless of their immigration status.

NYC Health + Hospitals/Queens also has a longstanding presence throughout the community by providing primary care in medicine, pediatrics, prenatal and gynecological care at its three offsite facilities, which have recently undergone the process of transitioning to operational management by Gotham Health. The South Queens Community Health Center was established in 1986, followed by the Parsons Medical Center and Springfield Gardens Medical Center, both of which opened in 2000. Additional services are provided at school-based health sites and part-time sites at senior citizen centers. Community-based sites were established consistent with an overall objective: to make patient-centered healthcare more accessible to the residents of southeastern Queens.

NYC Health + Hospitals has been consistently recognized for its achievements in various fields of endeavor throughout all hospital disciplines. Below is a sampling of the hospital's accomplishments:

- Queens received an 'A' grade on the Fall 2016 Leapfrog National Patient Safety Survey: NYC Health + Hospitals was one of only two hospitals in New York City to receive an 'A' grade from The Leapfrog Group, a national patient safety watchdog. Leapfrog's Hospital Safety Scores assess hospitals nationwide using 30 evidence-based measures of hospital safety.
- Queens has consistently received the highest scores within the system on the HCAHPS patient satisfaction survey: In several of the survey areas, such as communication with physicians, communication regarding medications and satisfaction with the hospital environment, Queens is now performing above the national HCAHPS median.
- In November 2017, Queens received a "Most Improved Performance Award" from a prestigious healthcare coalition, The Northeast Business Group on Health (NEBGH).
- Also in November, Queens received a recognition award from Healthfirst healthcare plan for "Most Improved Hospital in New

York City”. The award category was for “Most Improved Hospital in Medicare Patients”. Queens saw the greatest improvement in the following selected measures: 1) medication adherence for oral diabetes medications: Queens moved from a rating of 4 in 2015 to a rating of 5 in 2016; and 2) monitoring physical activity: Queens moved from a rating of 3 in 2015 to 5 in 2016.

- In August 2017, Queens was recognized by U.S. News and World Report for high performance in the area of heart failure. This designation is based on risk-adjusted survival and readmission rates, volume, patient experience, patient safety, quality of nursing care and other care-related indicators.
- In April 2017, our hospital again received National Center Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home Designation. This model of care puts patients at the forefront of their care and is structured to build relationships between people and their clinical care teams. This model of care has been shown to improve quality, the patient experience and staff satisfaction while reducing healthcare costs.
- NYC Health + Hospitals/Queens received Joint Commission certification after completing a four-day survey in February 2014, and again after completing a four-day survey in February 2017.

## II. FACILITY’S PRIORITIES

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

We have five specific goals that comprise “Our Strategic Pillars”, or our plan to create healthier communities:

- Goal #1 – Quality Improvement: Our strategy is to improve quality and safety by implementing best practices that will effectively eliminate hospital-acquired infections and increase quality outcomes for our patients and members of the local community.
- Goal #2 – Operations: Our strategy is to improve our day-to-day operations by articulating clear strategic goals that absolutely

support the implementation of key strategic initiatives that improve efficiencies and deliver value to our patients.

- Goal #3 – Patient Experience: Our strategy is to provide a memorable patient experience by always anticipating, meeting and exceeding the needs of our patients in order to improve our HCAHPS scores and receive financial benefits in the form of better reimbursement rates.
- Goal #4 – Staff Engagement: Our strategy is to improve staff engagement by implementing a robust employee recognition program that seeks to make employees feel valued, appreciated and respected for treating our patients, their families, and our colleagues with exceptional kindness and empathy.
- Goal #5 – Financial Responsibility: Our strategy is to improve our finances by investing in technology, such as the new electronic medical record, and implementing sustainable processes/systems which can be effectively managed to improve quality and efficiency while constraining costs.

Our core values, embodied in the acronym ‘I-CARE’, help uphold our broader vision. I-CARE stands for Integrity, Compassion, Accountability, Respect, and Excellence.

Most recently, NYC Health + Hospitals/Queens (as part of a system-wide initiative) has zeroed in on the patient experience as the new focus of our organization. We recognize the fact that hospitals today must approach their objectives from a broader perspective; that is, become more responsible for overall population health, and in turn, take a closer look at the individual patient. The patient experience constitutes a guiding principle or philosophy that is at the heart of our efforts to implement a real action plan that will help ensure that every patient and family we serve will experience coordinated, safe care that exceeds their expectations. Our ultimate goal is to keep patients first, and help those we encounter to live their healthiest lives going forward.

Our success will be based on our ability to do the following:

- First, anticipate and then meet our patients’ needs;

- Second, engage our workforce to the extent whereby each employee is both supported and personally accountable;
- Third, provide high-quality, safe care in a culturally sensitive and coordinated way;
- Fourth, expand our access to include and serve more patients;
- Lastly, increase our efficiency through investments in technology and capital.

In 2017, the hospital conducted a thorough assessment of present state of performance related to patient experience and was able to improve and achieve a number of meaningful outcomes. These include:

- Patient Experience/Grievance Committee
- Clinical Leadership Team – meeting bimonthly
- POC Rounding across all departments
- Proactive service recovery by Patient Relations Staff using rounding
- CAHPS review for onboarding residents
- Process in place to review CAHPS data with all acute units monthly
- Disseminate CAHPS data monthly to all stakeholders
- Patient-Family Advisory Council
- Analyzing and trending of complaints/grievances
- Creation/Initiation of “I-CARE Standards of Behavior” that were distributed and acknowledged by 1,868 employees
- Created “Welcome Cards” for acute-care patients
- Created “Thank You Cards” for patients being discharged from inpatient units.

Our nation’s healthcare delivery system is undergoing a major transformation as reimbursement moves from a volume-based methodology to one based in value and quality. By achieving positive outcomes on quality measures, we can better align the healthcare delivery system towards continuous quality improvement and receive financial benefits in the form of better reimbursement rates. With this in mind, we have articulated our goals for 2018 to enhance the patient experience:

- Remain current with best practices and explore strategies/tactics for empowering every employee to advance the care experience of our customers and reach the national ranking goal.
  - Implementation of process to disseminate evidence-based practices.
  - Develop strategic plan to get leadership buy-in for transition from executive leadership steering team to staff-led work team.
  - Maximize the impact of monthly HCAHPS huddles.
  - Augment partnership with stakeholders to design strategies for improvement of patient experience across the various departments.
  - Build plans to develop leadership understanding/knowledge of patient experience.
  - Build plans to promote leadership understanding of survey results.
  - Work in partnership with stakeholders across departments to promote performance, communication about patient experience data that should be used to drive patient/family engagement.
  - Implementation of hospital “Greeter Program” to address needs of patients/family waiting in ER or needing assistance to their destination within the hospital (CAB members are directly involved in the planning and implementation of this program).
  - Create a culture of recognition to build engagement and trust using Press Ganey survey data and comments:
    - Recognition of staff (e.g. monthly breakfast with CEO)
    - Recognition of high scores and most improved unit (quarterly)
  - Seek educational opportunities to enrich ability of Patient Relations staff/departmental leaders to promote service recovery and excellent patient experience.
2. Describe how the CAB provides input into the development of the facility’s strategic priorities?

The strategic priorities of the hospital are shared with the members of the CAB at the monthly meeting of the full Board, at the Executive

Committee as well as at regularly scheduled sub-committee meetings such as Patient Care and Community Relations. At the monthly meeting of the full Board, directors of each of the hospital's major services, e.g. Internal Medicine, Ambulatory Care, Psychiatry, Emergency Services, Respiratory Care, Pulmonary Diagnostic Center (Sleep Apnea) and Women's Health make presentations on the strategic issues facing their departments and their plans to address these issues. Members of the CAB provide their input during these discussions. Every major service is reviewed on an annual basis. The hospital has also provided several presentations this past year on the New York State Delivery System Reform Incentive Program, including discussing the specific projects that will be the focus of this effort. Another platform that invites the input of CAB members (as well as the general public) is Health + Hospitals Annual Public Meeting, at which time pressing matters concerning the hospital are brought to the fore for discussion.

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

The CAB has been consistently apprised of new and ongoing developments concerning various projects throughout the hospital campus. Over the past several years, the matter of the T Building, which has fallen into disrepair and is no longer financially viable for H+H to maintain, was under discussion among hospital administrators, CAB members and community residents. As of December 2017, an agreement has been reached with NYC Councilmember Rory Lancman regarding the disposition of the T Building. The building will be redeveloped as a joint project with Dunn Development Corp., CAMBA and Health + Hospitals. Dunn will be renovating the building to create 206 units of affordable and supportive housing. The CAB was kept informed of how the project was progressing and even participated in a public hearing on the matter in support of the project in September 2016. A vote on this

project was postponed from last October, and the City can now move ahead with the disposition of the T Building.

Other capital projects and successes include the hospital's expansion of its Pharmacy Department, and the expansion and renovation of its Adult Emergency Department. In July, Queens Hospital received \$1 million in capital funding from Queens Borough President Melinda Katz for the expansion of the hospital's Pharmacy. These funds will enable Queens to increase medication and patient safety, increase efficiency with utilization of Outpatient Pharmacy Automation and technology, and expand the IV room to meet new pharmaceutical regulations. The improvements will ultimately allow for an increase in patient access and patient satisfaction and a decrease in wait time.

It was also learned that NYC Councilmember I. Daneek Miller (D-27<sup>th</sup> District) and the Council's Queens Delegation secured \$600,000 in funding for the construction and outfitting of a new Interventional Radiology Suite for Queens Hospital. New interventional radiology capabilities will enable our hospital to perform minimally invasive, targeted treatments using imaging guidance. This substantial infusion of funds will further cement Queens' position as the hospital of choice in our community.

In addition, plans are now underway to expand our Adult Emergency Department to accommodate an increase in patient volume. In recent years our ED has experienced a significant increase in patient volume. Originally built for 40,000 visits per year, the facility now accommodates 100,000 visits per year as a result of several hospital closures in the borough. This results in longer ED wait times and is a hindrance to the quality of care as well as to enhancing patient experience.

The NYC Health + Hospitals/Queens Emergency Department renovation and expansion project has begun and will be completed in four phases over the next 18 months. The cost of the project is \$6 million and will expand capacity by almost 100 percent.

### 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 are difficulties experienced in scheduling appointments in the Ambulatory Care clinic, as well as overall attitude and communication of staff that is not meeting the expectation of patients.

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

The most frequent compliments provided are that staff members at Queens demonstrate professionalism, empathy, compassion, caring and respect for the patients they are treating.

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 times provided by facility leadership at CAB meetings?

- Yes  No

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

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

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

- Yes  No



IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 25-27

2. What are current numbers of members? 22 What are current numbers of vacancies? 3

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

The Queens CAB has recruited new members by approaching consumers of the hospital, primarily at meetings held in the Department of Patient Experience, and also at various events hosted at the hospital such as the Legislative Breakfast, at health fairs and other events in the community, and at the local universities.

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

Yes

No

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

- Yes: The **Bylaws Committee** consistently reviews the bylaws to ensure that they adequately govern the CAB; the **Community Relations Committee** identifies the various means by which the CAB can build bridges with the community and sponsors community health education events; the **Membership Committee** is charged with looking at ways to attract active members of the community, as well as consumers, to the CAB; the **Patient Care Committee** receives regular reports from Ambulatory Care and Nursing and addresses patient care issues and complaints in an effort to ensure that the hospital is delivering quality healthcare; the **Finance Committee** reviews the budgets and makes recommendations regarding priorities relating to expenditures, as well as participates in all fiscal matters of the hospital and

policies relating thereto; the **Executive Committee** meets regularly before every CAB meeting to discuss new business and at times sensitive issues and whether they should be addressed at the general CAB meeting, as well as determines the agenda for all regular Board meetings.

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.

CAB members who are Community Planning Board representatives have invited hospital representatives to give presentations on various issues at the Community Planning Board meetings. For example, over the past year Queens CEO Chris Roker has regularly attended several Community Planning Board meetings to discuss the new leadership and strategic planning taking place at H + H/Queens. The Community Planning Boards' leaders and members also attended the hospital's annual Legislative Brunch, at which time they supported the hospital's request for funding a replacement Interventional Radiology Suite which will provide for less invasive diagnostic and other procedures for those Queens patients who tend to have multiple chronic conditions which compromise their ability to tolerate more invasive procedures. Nearly 75 percent of this project was funded by the Queens Borough President and City Council Delegation of Queens.

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?

X Yes  No

10. Did a representative of the CAB provide testimony at the NYC Health + Hospitals Board of Directors' Annual Public Meeting?

X Yes  No

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

11. Describe the CAB's involvement in its facility's outreach activities? CAB members regularly participate in NYC Health + Hospitals/Queens outreach activities, which have included a Voter Registration Drive, an Albany Lobby Day in February, and a Black History Month event in February. During Albany Lobby Day, CAB members met with New York State Senator James Sanders Jr. (D-10<sup>th</sup> District) and Leroy G. Comrie Jr. (D-14<sup>th</sup> District) to discuss the possibility of additional funding for NYC Health + Hospitals in the upcoming budget, as the system faces a financial deficit of \$1.8 billion by 2020, as well as ensuring appropriate funding for safety-net hospitals which are critical to securing the H+H mission going forward. Members of the CAB also regularly recommend the hospital's involvement in specific health fairs and other community outreach activities. Hospital staff and CAB members collaborated by participating in several Community Health Fairs and provided health information to the community regarding asthma, diabetes, smoking cessation, and blood pressure screening during the summer of 2017.

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

X Yes  No

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

X 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. The Health System's DSRIP strategy, including proposed community partnerships
- 2.
- 3.
- 4.

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

Signatures:

CAB Chairperson: 

Date: December 14, 2017

Chief Executive Officer: 

Date: December 14, 2017



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC HEALTH + HOSPITALS/ELMHURST 2017**

**I. COMMUNITY NEEDS**

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

- 1) Emergency Department Expansion
- 2) Body and mind training
- 3) Financial Concern
- 4) Expansion of senior care service, medical primary care service and pediatric service
- 5) Managing chronic disease (diabetes)/prevention/treatment
- 6) Community outreach involvement, and collaboration

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

- Community Board(s) meetings
- Needs Assessments
- Reports from Community Organizations
- Surveys
- Other Public Meetings
- Community Health Profile Data
- Other Activities (please list)  
Health Fair, Workshops, Forums,  
Community outreach by NYC  
H+H/Elmhurst External Affairs  
Department

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

- yes                       no

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

- The CAB and senior leaders have an open exchange of information at the monthly meetings.

-The CAB Chairperson is a member of the Community Engagement Team - organized events like Walk With the CEO and the Doctors

-Emergency Department and Primary Care Department expansion are in progress

-Promoting LGBTQ awareness

-Preventative Care – an ongoing program - Diabetes care management program.

-NYC Health + Hospitals/Elmhurst in the community to promote health literacy. The CAB Chairperson is a member of the Community Engagement Team - organized the following events:

- Dr. Rohit Hasija gave a presentation on Hip and Knee Pain at the Broadway Library
- Dr. Suzanne Bentley and Lorraine Boehm, RN at Simulation Event at Forest Hills Library
- Emergency Preparation with Dr. Stuart Kessler and Dr. Laura Lavicoli at Sunnyside library
- Dr George Hagopian at Walk with a Doctor Event at Al Oerter Rec Center
- Drs. Tayaba, Gonzales and Brewer gave a discussion on newborn, pediatric and family health at the Elmhurst Library
- Drs. Vladimir Gasca and Basilisa Canto at Latinas and Depression discussion at Corona Library
- Heart Health with Dr. Rubinstein at east Elmhurst Library
- Stop the Bleed Training with Trauma Team at Maspeth Library
- Dr. Hugh Lavery at Lefrak Library discussion on Men's Health and Prostate Cancer
- NYC Health + Hospitals/Elmhurst at Ecuadorian Consulate Health Fair
- NYC Health + Hospitals/Elmhurst at Hall of Science Community Fair.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
  - Expansion of the Emergency Department
  - Comprehensive Women's Health Services
  - Availability of language services
  - Safe and clean environment
  - EPIC Upgrade
  - Cutting edge technology
  - Promote community involvement and collaboration
  
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
  - The entire Board provides valuable insights into the changing needs of the community and the impact on strategic priorities. The joint efforts to work with the community and our elected representatives is ongoing and involves all aspects of the CAB members and the hospital leaders. The members offer advice and opinions based on their own professional and personal experience.
  - Our CAB members conducted a series of walks in the business districts surrounding the hospitals in order to introduce themselves and hear directly from community stakeholders about how the hospital can provide better care. The feedback from these visits has been positive and has helped hospital administration gain valuable insight into community needs regarding hospital services.
  
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





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

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

Yes                       No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24-28

2. What are current numbers of members? 25 What are current numbers of vacancies? 3

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

We rely on current members to make referrals when there are openings. We recruited four new members referred by our members.

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 Care – Monitors patient services and works to address any issues concerning patients and medical services – this year's focus was EPIC implementation and community health needs assessment.

Women's Health – working with the hospital's Labor/Management Women's Issues Committee and local community advocacy group, Shareing and Careing, sponsored a successful Women's Health Forum

Finance – Works with Chief Financial Officer if major budget issues arise.

Legislative/Community Relations – Plans Annual Legislative Meeting and other community and legislative outreach. The Committee coordinated the Voter Registration campaigns

Membership – Recruits, interviews and mentors new members to the Board.

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.

- Leadership of each Community Board in our catchment area were invited to our Annual Legislative Lunch
- The CAB meeting packets are shared with the Community Board by our members.

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

Yes  No

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

yes  no

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

yes  no

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

yes                       no

a. If so, were the issues subsequently addressed?

Yes the CAB's main objective was to request from the Legislators for capital funding for a specialized stroke center for Elmhurst and we were successful in getting it.

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

- Pediatric Health Fair
- Women's Health Fair
- New Year's Day Basket Distribution (First Baby of the year)
- EHC's Green Market
- Volunteer Recognition Ceremony
- Community Engagement Committee
- LGBTQ Activities
- Red White & Blue Event
- Hispanic Heritage Celebration
- Community Blood Drive
- Walks with the CEO & the Doctors

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

yes                       no

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

yes                       no

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

not enough       just right

If not enough, what assistance would you need?

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

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

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

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

Community Advisory Board Report  
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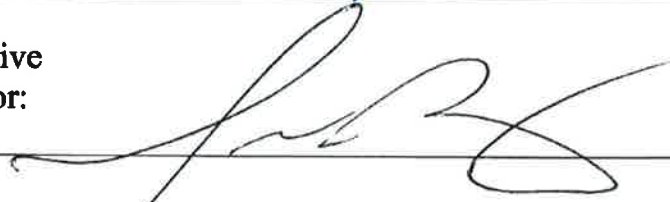
Signatures:

CAB

Chairperson: Eartha Washington

Date: December 13, 2017

Executive  
Director:



Date: 12/19/17



## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

**Staff Engagement**

Improve communication through Staff Engagement  
Training and Education Opportunities for staff

**Patient Engagement**

Improve rate of Diabetes Control among patients of East New York  
Collectability and Enhanced Revenue  
Improving opportunities for patient education

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

**Assess and review information provided by Administration and makes recommendations for changes.**

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?  
Wait time and the need for new elevators in the building.

3. What are the most frequent compliments provided by patients/residents?
- Staff engagement with patients
  - Culturally sensitive and culturally competent staff
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

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

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

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

Yes

No

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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15
2. What are current numbers of members? 9 What are current numbers of vacancies? 6
3. What were the membership recruitment activities conducted by CAB this year?  
**Re-establishing membership committee and developing a recruitment plan.**



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.

- Legislative Committee
- Executive Committee
- Membership Committee

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?

There were no pressing issues stated at that time.

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

- Holiday Party
- Toy Giveaway
- Healthy Savings Nutrition Program
- Farmer's Market

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. Greater involvement with CAB from Administration
2. Continued work with Public Affairs
3. New Elevators for the facility.
- 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:



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Date:

2/8/18

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Executive

Director:

William Paterson

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Date:

2/8/18

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