



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

September 12, 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 May 8, 2018
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. CEO President's Report | Matthew Siegler |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Kings | Warren Berke |
| b. NYC Health + Hospitals/Coney Island | Rosanne DeGennaro |
| c. NYC Health + Hospitals/Sea View | Joseph Tornello |
| d. NYC Health + Hospitals/Jacobi | Sylvia Lask |
| e. NYC Health + Hospitals/North Central Bronx | Esme Sattaur-Low |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

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

May 8, 2018

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, Member
Mitchell Katz, M.D., President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island
Sharon Oliver-Henderson, Chairperson, NYC Health + Hospitals/Cumberland
Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler
Anthony Andrews, Ed.D, Chairperson, NYC Health + Hospitals/Queens
Everett Person, (representing Ruth Clark, Chairperson), NYC Health + Hospitals/Sydenham
Ludwig Jones, Chairperson, NYC Health + Hospitals/East New York
Esme Sattura-Low, Chairperson, NYC Health + Hospitals/North Central Bronx
Eartha Washington, Chairperson, NYC Health + Hospitals/Elmhurst (excused)
Beverly Alston, Chairperson, NYC Health + Hospitals/Carter (excused)
Louise Dankberg, Chairperson) NYC Health + Hospitals/Bellevue
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan (excused)
Judy Wessler (representing, Enrique Cruz, Chairperson) NYC Health + Hospitals/Gouverneur
William Hamer (representing Benita Stembridge, Chairperson), NYC Health + Hospitals/Harlem
Warren Berke, Chairperson, NYC Health + Hospitals/Kings
Talib Nichiren, Chairperson, NYC Health + Hospitals/Woodhull
Antonine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Gail Nurse, NYC Health + Hospitals/Queens
Eunice C. Sebro, NYC Health + Hospitals/McKinney
Wilbur Johnson, NYC Health + Hospitals/McKinney
Claudette Browne, NYC Health + Hospitals/McKinney
Lillie Taylor, NYC Health + Hospitals/East New York
Olivia Taylor, NYC Health + Hospitals/East New York
Vere Gibbs, NYC Health + Hospitals/East New York
Oneida Lewis, NYC Health + Hospitals/Cumberland
Jacqueline Narine, NYC Health + Hospitals/Cumberland
Irene Swilley -Wynn, NYC Health + Hospitals/Harlem
Joyce Rivers, NYC Health + Hospitals/Sydenham
Zorona Hamm, NYC Health + Hospitals/Harlem
Lygia Kensenhuis, NYC Health + Hospitals/ Carter
Damian Mercado, NYC Health + Hospitals/East New York
James Boneparte, NYC Health + Hospitals/Queens
Alicia F. Allick-Goudie, Chaplain, NYC Health + Hospitals/Carter

Paula Dowds, NYC Health + Hospitals/Sydenham
Marty Bromberger, NYC Health + Hospitals/Coney Island
Queenie Huling NYC Health + Hospitals/Coney Island
Wilbur Johnson, NYC Health + Hospitals/McKinney

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

Lucia Caltagirone, Office of Legal Affairs
Bridgette Ingraham-Roberts, Office of Government Relations
Kathleen Whyte, Office of Government Relations
Manelle Belizaire, Office of Government Relations
Renee Rowell, Office of Government Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

David Weinstein, Chief Executive Officer, NYC Health + Hospitals/Coney Island
Ebony Carrington, Chief Executive Officer, NYC Health + Hospitals/Harlem
Gregory Calliste, Chief Executive Officer, NYC Health + Hospitals/Woodhull
Anthony Divittis, Chief Operating Officer, NYC Health + Hospitals/Woodhull
Jeanette Nyarko, Associate Director, Public Affairs, NYC Health + Hospitals/Harlem
Randreta Ward-Evans, CAB Liaison, NYC Health + Hospitals/Sydenham
Nyron McLeish, Associate Director, NYC Health + Hospitals/Carter
C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens
Charlotte Ozuna, CAB Liaison, NYC Health + Hospitals/Harlem
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings
Nancy Ramos, CAB Liaison, NYC Health + Hospitals/Cumberland

GUESTS:

Pastor James Deleston
Genevieve Cruz

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:30 p.m. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of the March 13, 2018 Community Relations Committee Meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REMARKS:

Mrs. Bolus opened the meeting with a warm welcome to all and continued and highlighted notable community related initiatives and accomplishments from across the system including:

- Three of the five Annual Public Meetings of the Board were held in April and early May. Mrs. Bolus noted that a common theme had emerged from these meetings, which came from nurses who were advocating for increased staffing at the facilities. Mrs. Bolus thanked those who testified and encouraged CAB leaders in Brooklyn and the Bronx to attend their upcoming meetings and to provide testimony. Mrs. Bolus added that the remaining meetings will begin at 6pm on the following dates and locations:
 - For Brooklyn: Wednesday, May 16, 2018 at NYC Health + Hospitals/Kings
 - For The Bronx: Wednesday, May 23, 2018 at NYC Health + Hospitals/Lincoln.
- NYC Health + Hospitals/Metropolitan received an “A” for patient safety from The Leapfrog Group. Mrs. Bolus explained that Leapfrog’s Hospital Safety Grades are assigned to hospitals across the country based on their performance in preventing medical errors, infections and other harms among patients in their care. Mrs. Bolus noted that Metropolitan was the only hospital in New York City to receive an A grade.
- In April, twenty-two (22) patient care locations, across all five boroughs, received the designation “Leader in LGBTQ Healthcare Equality” from the Human Rights Campaign Foundation for 2018. Mrs. Bolus added that this is the third consecutive year that NYC Health + Hospitals had received this designation. She continued and explained that the honor acknowledges hospitals, community health centers, and nursing homes across the country that embrace LGBTQ inclusion and patient-centered care. Mrs. Bolus announced that Edward Fishkin, MD, Chief Medical Director at NYC Health + Hospitals/Woodhull, was honored by *Gay City News* with its Impact Award, for “Outstanding contributions to the LGBTQ community”, for his work in opening the Pride Health Center at Woodhull.
- In recognition of Immigrant Heritage Week 2018 (April 16th – 22nd), Dr. Katz and the Mayor’s Office of Immigrant Affairs Commissioner, Nisha Agarwal, joined together to reissue a letter that was first published in December 2016, letting New Yorkers know that public health facilities are open to all regardless of their immigration status or ability to pay, and to seek care without fear of having their immigration status disclosed.
- On April 24th, NYC Health + Hospitals joined with CAMBA Housing Ventures and its partners to mark the official opening of CAMBA Gardens Phase II, a \$100 million housing development providing 293 units of affordable and supportive housing on the campus of NYC Health + Hospitals/Kings. Mrs. Bolus added that along with CAMBA

Gardens Phase I, which opened in October 2013, the two developments provides a combined 502 affordable and supportive rental housing units for low-income residents, many of whom had been or will be connected to needed social services and health services.

Mrs. Bolus concluded her report by announcing and inviting all to attend the fourteenth (14th) Annual Marjorie Matthews Community Advocate Recognition Ceremony and BBQ on Thursday, July 19th from 4:00-8:00p.m.

PRESIDENTS REMARKS:

Mitchell Katz, M.D.

Dr. Katz welcomed Committee Members, CAB Chairs and invited guests and informed members of the Committee and CAB Chairs that over the last four (4) months he had visited NYC Health + Hospitals' community health centers, skilled nursing facilities and hospitals. Dr. Katz noted that his remarks would be brief because he looked forward to hearing the presenting CABs' annual reports.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Cumberland/A Gotham Health Center

Mrs. Bolus introduced Ms. Sharon Oliver- Henderson, Chairperson of NYC Health + Hospitals/ Cumberland CAB and invited her to present the CAB's annual report.

Ms. Oliver-Henderson began her presentation by greeting members of the Committee, CAB Chairs and invited guests. Ms. Oliver-Henderson highlighted the following key points and accomplishments:

- NYC Health + Hospitals/ Cumberland FQHC continues to flourish. With the growing of the North Brooklyn community, the number of patients had increased in adult medicine, pediatrics and behavioral health.
- NYC Health + Hospitals/Cumberland's administration and staff are continuing to working together to make improvements. Ms. Oliver-Henderson added that the changes in aesthetics and the layout had made the facility warm and inviting to Cumberland's patients. She added that the administration works diligently to improve access and wait time.
- The Community Advisory Board works closely with Administration. The Board makes suggestions and provides feedback on issues relating to patient satisfaction and patient care.
- Cumberland Men's Committee (CMC) is currently being formed to address the disparities in health care for men of all ages. Their mission is to encourage and teach men to take care of their health and support one another.

Ms. Oliver-Henderson concluded her presentation by thanking Michelle Clark, Site Administrator and Nancy Ramos, CAB Liaison, for the leadership and support.

Mr. Ludwig Jones, Chairperson, NYC Health + Hospitals/East New York, asked about the Men's Health program at Cumberland.

Ms. Oliver-Henderson responded that the Men's Health group meets once a month to discuss issues relevant to men's health.

NYC Health + Hospitals/Harlem

Mrs. Bolus introduced Mr. William Hamer, 1st Vice Chairperson of NYC Health + Hospitals/Harlem CAB and invited him to present the CAB's annual report.

Mr. Hamer began his presentation by thanking members of the Community Relations Committee for the opportunity to present Harlem's CAB annual report and acknowledging Ebone Carrington, CEO, NYC Health + Hospitals/Harlem for her leadership and support for always making the Patient Experience a top priority. Mr. Hamer noted that the leadership has been transparent in keeping the CAB informed about the system's transformation. Mr. Hamer continued and noted that NYC Health + Hospitals/Harlem is always in pursuit of excellence. He highlighted the following key points and accomplishments:

- NYC Health + Hospitals/Harlem opened a new state-of-the-art Geriatric Center and was selected to participate in the historic National Institute of Health's (NIH) Precision Medicine Initiative, known as the All of Us Research Program. Mr. Hamer explained that the goal is to help researchers understand more about why people get sick or stay healthy. This is done by taking into account individual differences in lifestyle, environment, and biology. Mr. Hamer added that researchers will uncover paths toward delivering precision medicine, helping to improve health outcomes nationally. He announced that the official launch of the All of US Research program had occurred on Sunday, May 6, 2018.
- The New York City Department of Environmental Protection (DEP) named NYC Health + Hospitals/Harlem as the winner of the NYC Water Challenge to Hospitals. Mr. Hamer noted that the facility reduced water usage by 7.4% in 2017, saving 12.6 million gallons of water during the Challenge.
- Thanks to the Finance department's reorganization, realignment and implementation of the new enterprise level systems, there was a reduction in discretionary spending from \$60.2M to 27.9M at NYC Health + Hospitals/Harlem.

- The CAB's Patient Care Committee works closely with the hospital's Patient Experience Officer and Director of Guest Relations to serve as secret shoppers. He added that the CAB provides real time reports on the Patient Experience and also actively attends monthly hospital committee meetings such as: Patient Advocacy Committee, Patient Safety Committee and Emergency Preparedness Medical/Dental Executive Committee

Mr. Hamer concluded his report by stating that the CAB participated in this year's lobby day in Albany, NY on Tuesday, February 13th and hosted a successful legislative breakfast on Thursday, March 15th. Mr. Hamer added that it was a great year, full of a lot of learning, growth and accomplishments.

Mr. Nolan, Board members asked about Harlem's Hip Hop Stroke program.

Ms. Carrington responded that the Hip Hop Stroke Program is part of NYC Health + Hospitals/Harlem Stroke Center's multi-year stroke initiative to provide screening services and educate the community to recognize stroke symptoms. Ms. Carrington noted that the Hip Hop Stroke project's goal is to teach children and families about stroke. She explained that the idea was to use universally popular music so that children would not only get valuable information, but would retain and to recognize stroke symptoms quickly so they can call 911 if they suspect a problem.

NYC Health + Hospitals/Sydenham

Mrs. Bolus introduced Mr. Everett Person, Vice Chair of NYC Health + Hospitals/Sydenham CAB and invited him to present the CAB's annual report.

Mr. Person began his presentation by thanking members of the Committee for the opportunity to present the Sydenham CAB's annual report. Mr. Person continued and thanked Gregory Atwater, Deputy Executive Director, Reba Williams, Medical Director, Randreta Ward-Evan, CAB Liaison and Renee Rowell, Director of Community Affairs, for their leadership and support. Mr. Person highlighted key points and accomplishments:

- Mr. Person and fellow CAB member Donna Gill participated in this year's lobby day in Albany, NY. Mr. Person noted that in lieu of having a legislative breakfast the CAB and facility leadership met directly with local elected officials.
- On Friday, May 11th Councilman Mark Levine, Chair, NYC Council Health Committee will tour Sydenham Health Center. The CAB will continue to meet with political leaders during the year.
- The CAB organized a meeting between leadership and the Police Athletic League. The CAB will also host a Meet and Greet with Community Boards 9, 10, 11 and 12 Chairs and Health Committee Chairs.

- Over 300 patients were in attendance at the Pediatric Holiday Event of 2017 that was chaired by Paula Dowds. Mr. Person added that the day was filled with toys, healthy snacks, storytelling, face painting and music.
- Gregory Atwater, NYC Health + Hospitals/Sydenham's Deputy Executive Director continues to have an open door policy. Mr. Person added that Mr. Atwater meets with the CAB leadership to discuss community concerns, and give updates on new initiatives and strategic planning. Mr. Person added that through continued staff development, Mr. Atwater had improved patient satisfaction especially patient flow and customer service. Mr. Person noted that Dr. Katz toured Sydenham Health Center, and congratulated our leadership on patient flow.
- The most significant health care service needs and concerns for the West Harlem community are: AIDS and HIV, Asthma, Cancer Screening, Child Obesity, Dental, Diabetes, Eye Care, Health Disease, Hypertension, Mental Health and Counseling, Nutrition, Opioid Program, Prenatal care, Smoking, Social Services and Weight Management.

Mr. Person concluded his report by informing members of the Committee, CAB Chairs and invited guests that a major concern of the CAB is the need for a larger facility. Mr. Person explained that with the closing of Grant, Washington Heights and temporary closing of Drew-Hamilton there is a lack of staff space at the current Sydenham site. Mr. Person continued and added that in addition to needing more space, Sydenham also needs at least two vans. Mr. Person explained that having several offsite health centers, Sydenham is required to make deliveries daily, up to and including sterile instruments, transporting patients and staff between sites to make sure specific health care services of our patients are met.

NYC Health + Hospitals/Woodhull

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

Mr. Nichiren began his presentation by thanking members of the Committee for the opportunity to present the Woodhull CAB's annual report. Mr. Nichiren continued and added that his report will be very brief. Mr. Nichiren continued and presented the following:

- NYC Health + Hospitals/Woodhull primary and specialty clinic's extended their hours of operations to accommodate the community's increase in service demands. Mr. Nichiren added that Woodhull had opened a second LGBTQ Pride clinic. He added that the Pride Clinic will provide patient-centered and culturally sensitive health services to the LGBTQ community in an environment that will aim to remove barriers to care.

- The Woodhull CAB was instrumental in securing jobs for community residents on the current housing project on NYC Health + Hospitals/Woodhull campus. Mr. Nichiren added that the CAB also recommended the relocation of the Dialysis Unit to the main floor thereby making it more accessible.

Mr. Nichiren concluded his report by thanking Maria Hernandez for her leadership and support of the CAB.

NYC Health + Hospitals/McKinney

Mrs. Bolus introduced Ms. Eunice Sebro, Member of NYC Health + Hospitals/ McKinney CAB, and invited her to present the CAB's annual report.

Ms. Sebro began her presentation by informing members of the Committee, CAB Chairs and invited guests that under the Leadership of David Weinstein, Chief Executive Officer and his leadership team that McKinney remains the Waldorf of Post-Acute Care. Ms. Sebro continued and explained that the reason for McKinney's great achievements was because their health care practices are in alignment with the principles and transformational goals of keeping the focus on the residents, ensuring their greatest experiences and expectations of quality care. Ms. Sebro noted that in this pursuit of excellence their greatest resource is the staff who are treated with utmost respect because they find ways to be humanely innovative, accommodating and motivated. Ms. Sebro highlighted key points and accomplishments:

- The CAB continues its community outreach as each member takes the initiative to spread the word to their various boards and churches about all the events at McKinney.
- The food serving system at McKinney has been upgraded and the residents continue to enjoy the Dinex system which is a thermal heating system where the right temperature of food is held for serving. Ms. Sebro added that McKinney had also formed a Dining Experience Committee which included representation from nursing staff and a resident. Ms. Sebro explained that the committee's goal is to implement ideas that allow residents to have a lifestyle that they are accustomed to and to encourage more sociability and choices.
- During the Christmas holiday, the McKinney CAB held its first Community Coat Drive. Ms. Sebro noted that they distributed more than 100 coats to the community.

Ms. Sebro concluded her report by informing members of Committee, CAB Chairs and invited guests that during Women's History Month, McKinney celebrated the birthdays of six (6) female residents who were 100 years and over. Ms. Sebro added that their families and community residents joined the celebration. Ms. Sebro added that each Centenarian received awards, citations and proclamations from various elected officials. Ms. Sebro noted that the phenomenal event was publicized by many different news channels and newspapers.

OLD BUSINESS:

MINUTES OF THE MAY 8, 2018 COMMUNITY RELATIONS COMMITTEE OF THE BOARD OF DIRECTORS

None.

NEW BUSINESS:

None.

ADJOURNMENT

The meeting was adjourned at 6:20 PM.

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

I. COMMUNITY NEEDS

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

Health Care Service Needs	Community Concerns
Hypertension/High Blood Pressure – awareness, prevention and treatment	Barriers to receiving care and services
Diabetes– awareness, prevention and treatment	Customer Service including Professionalism wait times - especially Emergency Room and Pharmacy
Heart Disease– awareness, prevention and treatment	Waiting times at appointment
Obesity– awareness, prevention and treatment	Housing Stability/ Affordability
Asthma– awareness, prevention and treatment	Staffing Cutbacks
Mental Illness– awareness, and treatment	Mental Health Education
HIV/ADIDS/STIs– awareness, prevention and treatment	Violence

MISSION: To provide proper safe health care to our residents in both primary and specialty practices coupled with:

2.

Good Customer Services	1.Reduce length of waiting time-for Appointments & receiving services 2. Continuous review and training for “front line staff” in providing quality customer service.
Monitor and improve Patient Care	Up to date treatment through the acquisition of superior staffing, technology and up to date treatment regimes.
Facility upkeep and adaptability	From the grounds to the operating rooms, continuous up keep of facility and adapt facility to better service patients. There is a great need for additional elevators in the Ambulatory Care building, the lengthy waits for elevators highlights patient volume and services

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

- Community Board(s) meetings** **Other Public Meetings**
- Needs Assessments** Surveys Community Health Profile Data
- Reports from Community Organizations** **Other Activities (please list)**
- Observations and informal conversations with patients

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

- yes** **no**

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

Kings County Hospital leadership is extremely adept at “listening” to concerns and “acting” to find a resolution. They attend each committee

meeting, as well as the monthly Full Board meeting. All questions from individual CAB members are heard and addressed. When there is an issue that is not answered at a meeting, feedback is provided.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- To hire more clinical staff to meet patient needs and ensure safety
- Develop a business plan(s) to provide needed services to the community while simultaneously increasing the hospital's revenue
- Continue developing deep connections with the community to increase awareness and patient volume

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

The CAB engages with all levels of facility. We are dedicated to being the "eyes and ears" of Kings County. The majority of the CAB is motivated to participate, since they, their families and their neighbors and friends look to KCHC for their personal wellness. In addition our CAB members are proud of KCHC, we take seriously our opportunity to contribute to the well being of our community. We are fortunate that the leadership of KCHC respects the input which the CAB offers. The Leadership are active problem solvers, who appreciate constructive observations and work towards the solutions. Sheldon McCleod, at a recent public event, introduced the CAB as "his partners". We are proud to say that we feel the same way, which keeps active the CAB members active in contributing to the betterment of the KCHC community.

Members of the Community Advisory Board have also leveraged community relationships to help engage elected officials and other important community organizations including non-traditional communities (specifically the Hasidic 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

The CAB is informed on a real time basis during committee meetings, full board meeting and individual meetings. When issues arise, phone calls and emails are utilized.

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

Patient Safety and Patient Satisfaction are topics discussed on a monthly basis at the Patient Care Committee. The committee meets the first Thursday every month. The Associate Executive Director provides update to the board with updates from Patients Grievances. The Patient Experience Associate Executive Director oversees the Patient Guest Relations department to Improve Kings County patient experience. In 2016 CMS Grievance Regulations was at 13%, now we are at 98%.

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

- Excessive wait time for appointments
- Customer Service
- Lack of Communication

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

- Patient First
- Professionalism
- Quality of Care

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

Yes No

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

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

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? The total allowance membership is 26: 20 voting members and six ex officio

2. What are current numbers of members? ____ What are current numbers of vacancies? The current numbers of voting members are 16: 6 six ex officio. The number of vacancies is 4

3. What were the membership recruitment activities conducted by CAB this year? Outreach to Brooklyn Borough President, Community Boards, other stakeholder groups and individual outreach by CAB members and Senior Hospital Staff.

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.

- CAB General Meeting takes place on the 3rd Thursday of each month
- Behavioral Health Committee meets on the 1st Monday of each month
- Patient Care Committee meets on the 1st Thursday of each month
- Planning and Development Committee meets on the 1st Thursday of each month
- Membership Committee, meets "as needed"
- Legislative Committee, meets "as needed"
- By Law Committee, meets "as needed"

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.

Kings County Community Board members and CAB members report monthly at CAB Committee Meetings and Community Board Meetings. In addition, CAB members report to each of their stake holder groups as well as other monthly Community meetings, for example – NYPD 71st Precinct Council, Town Halls, etc..

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

The CAB hosted the Guns Down Life Up Program focused on Youth and Anti Violence program.

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

yes (March 3, 2018) no

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

yes no

a. If so, were the issues subsequently addressed?

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

The CAB is fully integrated into the facilities outreach events.

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

yes no

The Chairperson, Second Vice Chair and Liaison attend the monthly council of CAB 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?

X not enough just right

If not enough, what assistance would you need?

Our CAB's liaison was recently transferred to Central office. There has not been a replacement; therefore we need a liaison per the By Laws.

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. Replacement of CAB Liaison

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:

6/28/18

Chief Executive Officer:



Date:

6/28/2018

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

**NYC HEALTH + HOSPITALS/CONEY ISLAND COMMUNITY
ADVISORY BOARD**

I. COMMUNITY NEEDS

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

- A. NYC Health + Hospitals/Coney Island to become a Level one Trauma Center.*
- B. The need for an interventional Cardiology Cath Lab and Electrophysiology lab.*
- C. Continue to improve the level of community satisfaction and patient satisfaction.*
- D. Increase access to specialty medical care services for Southern Brooklyn to include services in the areas of heart disease, diabetes, obesity, cancer, smoking and high blood pressure for both geriatrics and juveniles.*
- E. Continue to provide disease management and health education classes in the community to ensure highest level of care.*
- F. Expand drug program to educate the community on the dangers of addiction to opioids.*

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input checked="" type="checkbox"/> Other Public Meetings |
| <input checked="" type="checkbox"/> Needs Assessments | <input checked="" type="checkbox"/> Surveys |
| | <input checked="" type="checkbox"/> 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. *NYC Health + Hospitals/Coney Island Level one Trauma Center designation:*

- *The American College of Surgeons recommends that board certified emergency physicians preferentially treat patients in level one trauma centers. Over the past 12 months, the Department of Emergency Medicine at NYC Health + Hospitals/Coney Island has recruited four full-time board certified emergency medicine physicians and one per diem emergency medicine physician.*
- *A research commitment in trauma is required of a level-one trauma center. The Department of Emergency Medicine has partnered with the Alliance of Research Associates Programs to provide research associates to this department for research in trauma.*
- *Level-one trauma center designation is supported by an academic commitment to the specialty of emergency medicine. The Emergency Medicine Residency Program at NYC Health + Hospitals/Coney Island expanded to 16 residents in July 2017 and is anticipated to receive ACGME accreditation in late 2018.*
- *The Department of Emergency Medicine has worked closely with the Department of Pathology to achieve full NYS accreditation for the Blood Bank and an effective massive transfusion protocol has been developed.*
- *The Department of Emergency Medicine continues to support annual CME in trauma by providing attending physicians 40 hours of annual CME.*
- *Bedside ultrasound assessment of the trauma patient is a core competency for successful trauma resuscitation. A Director of Ultrasound has been recruited by the Department of Emergency Medicine. This director is board certified in emergency medicine and fellowship trained in ultrasound.*
- *The newly designed critical services tower will include a new state-of-the-art emergency department with 3 resuscitation rooms – 2 adult and 1 pediatric.*
- *I-Stat point of care testing for immediate point of care evaluation of critically ill patients has been implemented in the emergency department.*

- B. *NYC Health + Hospitals/Coney Island is the major health care provider to much of Southern Brooklyn with an estimated population of 875,000 individuals. The most recent Community Health Needs Assessment have identified diabetes, hypertension and heart disease/high cholesterol/stroke as the top three health care issues affecting our population. Heart disease is the leading cause of death in New York State and the most common form of heart disease is Atherosclerotic Coronary Artery Disease (CAD). Various treatments are available for CAD from lifestyle changes, to medication for hypertension and cholesterol and many times stent placement to keep the arteries open (also known as PCI).*

When a patient is having chest pain from a heart attack, PCI is the treatment of choice to restore blood flow to the heart muscle to prevent it from dying. It is optimal to perform this procedure as soon as possible to save as much heart muscle as possible. There are few other hospitals in mid to northern Brooklyn that perform this procedure, however, they are more than 5 miles away and can take as much as 45 minutes travel time in traffic. "Time is muscle"

Atrial Fibrillation, an irregular heart rhythm is the major cause of strokes in the United States. The current treatment for this condition is anticoagulation also known as "blood thinners". These medications prevent clots from forming inside your heart that eventually can break off eventually causing a stroke. There are many individuals that cannot take the risk of being on "blood thinners" and some that cannot tolerate the irregular rhythm so their option would be to fix the irregular rhythm by ablation in an Electrophysiology (EP) lab. Having an EP lab would be a major benefit to patients of Southern Brooklyn by reducing the amount of patients in atrial fibrillation and similarly the debilitating effects of strokes.

- C. *Hospital Leadership continues to work on enhancing the patients' experience by developing an environment that strives for excellence. The following programs are ongoing or have been put in place to enhance the patient experience:*
- *Introduction of the new Health + Hospitals ICARE system values training. ICARE stands for Integrity, Compassion, Accountability, Respect, and Excellence. All employees will complete ICARE training. The training consists of two parts, ICARE customer service standards and ICARE Service Recovery. The goal is to have ICARE imbedded into all aspects service delivery.*

- *Patient Experience Committee - Monthly meetings held to share best practices, updates for ongoing projects, designing new projects, and analysis of patient experience reports.*
- *Press Ganey & Patient Experience Reports - Monthly Press Ganey HCAHPS Reports, Comment Reports, and ad-hoc data analysis is shared with hospital leadership, managers, and staff.*
- *Follow-up Patient Phone Calls for all Emergency Department Express patients, as well as discharges from the Inpatient Service. Approximately 50-100 phone calls are being made daily, Monday through Friday.*
- *New Health + Hospitals/Coney Island branded patient property bags are given to all admitted patients. The bags can be used beyond the hospital stay; they make great beach or grocery bags.*
- *Thank You cards upon discharge & Birthday cards being delivered to patients.*
- *The new Dinex service has enhanced and improved the food delivery and presentation. The program includes state-of-the art meal temperature control technology, new delivery carts, and upgraded fine china.*
- *Happy or Not Kiosks- Kiosks have been added to four ambulatory care units (Primary Care, Outpatient Radiology, OBGYN, Gastroenterology) as a fun method to engage patients to rate their experience as they leave their appointments. The data has been used to improve patient flow, and celebrate the best performing sites.*
- *Pet Therapy Program - Pet therapy coordinated by our Volunteer Department to enhance therapy on our inpatient behavioral health units.*
- *Tower 6 West has been designated the ACE (Acute Care of the Elderly) unit. The unit is outfitted with enhancements for care of the elderly patient. Additionally it is our goal to attain NICHE (Nurses Improve Care for Healthsystem Elders) designation in our efforts to improve our care for the elderly population.*
- *Patient Experience Annual Celebration 4/23/18 to 4/27/18- Several Town hall sessions for staff to celebrate patient experience, Q&A for patient experience scores, performance/skits of patient experience scenarios, and selfie pictures to promote patient experience through social media.*
- *Creation of emergency department physician patient experience report cards given to our ED providers on a quarterly basis.*

- *Enhance Physician Rounding on the inpatient services, ensuring that rounding includes pertinent updates related to lab results, testing, discharge date, and any question from the patient.*
 - *Understanding Coney Island's patient culture project- Our Summer student Intern from the GNYHA performed surveys, education, and created culture tools for designated inpatient units to improve the clinical teams understanding of the patient cultures we serve.*
 - *Creation of a Physician Hotline, 718-616-DOCS for patient's families to call if they need to speak to a doctor about their loved one's care.*
 - *Celebrating our top performers - Celebrations and rounding by leadership to the departments and individuals displaying the best patient experience.*
- D. Much of the care for patients affected by chronic diseases such as type 2 Diabetes and Hypertension, is provided to the communities we served through the primary care practices. Adult patients affected with chronic diseases such as Type 2 Diabetes, hypertension receive comprehensive care planned by their Primary Care Provider, with the support of a care team that includes Population Health nurses and a care manager. This allows for improved access to follow up care, patient education and an enhanced patient experience. NYC Health + Hospitals/Coney Island has become one of the leading hospitals for depression care in the primary care setting. All patients receiving care are evaluated for anxiety and depression. Those patients identified in need of care for these conditions and who have diabetes are eligible for enrollment into the Diabetes collaborative. This program allows for additional support by a behavioral health team that provides care in collaboration with the primary care provider and within the practice.*

In July, 2018 over 75% of patients enrolled in this program showed significant improvement in there depression.

*When specialty services are needed the primary care provider has the ability to expedite this consultation through the electronic medical record or **E consult** process. This process facilitates coordination and communication between the specialist and the primary care provider to get the patient the care they need in the most appropriate setting. **E consults** are in use in most of the adult medical services, including endocrinology, cardiology and gastroenterology.*

Pediatric specialty services expansion has been proposed for several of the most needed subspecialties.

Upcoming planned initiatives

Smoking cessation

Health + Hospitals office of Population Health is beginning to work closely with Central Office to improve access to education and support for smoking cessation. We are working on a review of our needs in order to identify areas of improved collaboration with community and city wide smoking cessation programs. This will improve access to services for both patients and employees.

E. Outreach is provided in the surrounding communities in areas focusing on the Community Health Needs Assessment to local senior centers, nursing homes, public schools, community based organizations and at other events hosted by local elected officials. The hospital offers flu inoculations, health screenings, prevention, education and monthly on-site workshops for diabetes wellness to patients and the community.

Some areas of outreach include:

- Staten Island Borough President*
- Department of Motor Vehicles*
- Kingsborough Community College*
- The Bay Senior Center*
- Spring Creek Senior Partners NORC Safety Fair*
- Senior Alliance Senior Center*
- Public School 188*
- JASA Shorefront Senior Center*
- Councilman Treyger*
- St. Anselm's Catholic Academy*
- Senator Savino*
- Alliance for Coney Island*
- Homecrest Community*
- Brooklyn College*

F. NYC Health + Hospitals/Coney Island Chemical Dependency continues to distribute naloxone overdose prevention kits and provide overdose prevention education and training in the Chemical Dependency outpatient program, inpatient Detox program and in the surrounding communities. An opioid forum was held to educate local high school students on the risk of opioid use. Included on the panel were the Chief and Associate Executive Director of Emergency Medicine, the Associate Director of Chemical Dependency and a twenty-six year old patient who testified to her struggles of opioid addiction. Outreach activities are ongoing in the surrounding communities where education and prevention is taught. Areas of outreach events include:

- Hoving House Women's Residence*

- *Overdose Prevention Education for Families – Dynamic Youth Community*
- *Kingsborough Community College – Student Health Education Day*
- *Overdose Prevention Education/Naloxone Emergency Rescue Kit Train the Trainer – CIH ACT Program*
- *Brooklyn Providers Substance Abuse Networking event – New Directions/Brooklyn Center for Psychotherapy*
- *New York City Housing Authority: Odwyer Houses Mental Health Family Day/Substance Abuse Education*

Naloxone overdose prevention kits and overdose prevention training were also available at Senator Savino's Back to School Fair and will be available at the Mermaid Block Party hosted by the Alliance for Coney Island in partnership with Councilman Treyger.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- A. Diabetes – Registry and Support Group*
- B. Cardiovascular Disease, Hypertension & Cholesterol – management & care transition and a cardiovascular registry*
- C. Continue to work on development of the new critical services structure*
- D. Colonoscopy screening*
- E. Interventional cardiology services (Certificate of Need pending)*
- F. Expansion of Ambulatory Care services*
- G. Expansion of Infusion Center*

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

The CAB members represent the views of the community in the health care facility's decision making process to ensure access to the best possible medical care in their communities. They provide vital insight on the development of facility plans and programs, as well as keep the community informed of NYC Health + Hospitals' goals and objectives.

- *The CAB has a representative on the hospital's Patient Safety Committee.*
- *The CAB members participated in Advocacy Day in Albany.*
- *The CAB members attended the Annual Public Hearing for Brooklyn. Testimony was given by the CAB Chairperson.*
- *The CAB members hosted the annual legislative breakfast.*

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/residents are the length of time it takes for an appointment at the clinic.

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

The most frequent compliment provided by patients/residents are:

A. The improvement in the operations in the Emergency department.

B. The extended evening and weekend hours in the clinic.

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

Yes

No

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

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

Appearance

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? 25 What are current numbers of vacancies? 2 (*Two appointments are pending approval*)

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

The CAB members canvassed community based meetings and events. Community outreach was made to individuals who represent the demographics of the greater Coney Island community. Some areas include but are not limited to Sheepshead Bay, Brighton Beach, Gravesend and Manhattan Beach. Recruiting is also done at the monthly CAB 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.

The CAB has the following active committees:

- *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 pertain 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.
- Nominating Committee – nominates voting members of the Board for each office.

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

Yes No

a. If yes, please describe actions taken.

All needs and/or concerns are shared with the local elected officials and community leaders and are relayed to the 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?

Yes the hospital has addressed all issues.

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

Through their contacts at community based organizations, CAB members assist in identifying locations where health screenings and health education can be provided. They help with the coordination of some events as well as participate.

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 n/a

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. Education for the community on opioid use.

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

Signatures:

CAB Chairperson: Rosalie De Lorenzo

Date: August 22, 2018

Chief Executive Officer: William A. Brown

Date: 8/23/18



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

SEA VIEW COMMUNITY ADVISORY BOARD

PRESENTED SEPTEMBER 12, 2018

I. COMMUNITY NEEDS

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

**Post-Acute Care
Memory Care Services
Wellness Care Programs**

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)

**DSRIP - Delivery System Reform Incentive Payment Program
SIPPS – Staten Island Performing Provider System**

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 maintaining an “open door” policy for all residents, families, and members of the community. Leadership remains available at all times to address community and facility concerns. There is also a suggestion box in the Lobby for staff, residents, and family members.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Improve overall Resident Satisfaction scores

Maintain CMS 5-Star rating

Provide the highest possible level of quality care to our residents

Maintain our CMS ranking as one of the top ten high performing nursing homes in the nation.

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

We share information with our CAB on an "as needed" basis, as well as during our monthly meetings. Robust discussion with our CAB is consistently maintained.

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?

Patients do not always agree when they are being discharged from Rehab or to home. The team goes to great efforts to fully explain clinical rationale in an effort to be as reassuring as possible.

Room changes - staff thoroughly explains to family members that room changes and transfers are based on the medical needs of each resident.

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

A caring and professional staff continues to be our top positive feedback element. In addition, facility cleanliness and sensitivity to families are very frequently commented upon. Our Food Service and Activities departments also receive many compliments.

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 involvement with Sea View, briefing elected officials on CAB activities, and eliciting feedback from residents and families.

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.

CB members serve on CAB. They provide information to all CAB members.

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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 devoted volunteers. If called upon, they respond willingly.

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:



Chief Executive
Officer:



Date:





**2018 REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC HEALTH + HOSPITALS/JACOBI
COMMUNITY ADVISORY BOARD**

I. COMMUNITY NEEDS

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

Obesity, diabetes, asthma, mental health/behavioral issues, gun violence and opioid abuse 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 – this year’s conference “Saving Lives Through Education” focused on the new Mental Health Education Law that requires that mental health education be taught in junior high and high schools. Speakers included Ann Sullivan, MD, NYS Commissioner of the Office of Mental Health and MaryEllen Elia, NYS Commissioner of Education as well as other experts in the field. The conference was attended by approximately 100 people (hospital staff, patients, CAB members, and community members--including teachers from local schools).

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 health awareness events throughout the year in the hospital's Atrium, and through Stop the Bleed workshops (presented in the community and in-house); a partnership with Senator Klein to establish SUV (Stand Up To Violence) the first hospital-based cure violence program in NYS; and opioid abuse awareness and prevention programs.

Additionally, health messages are communicated in public areas of the facility via its flatscreen system, health education materials (and free screenings) are available at the facility's Farmer's Market. Also, this is the ninth 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 meets at the Community Garden weekly to discuss nutrition and engage pediatric patients in exercise.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Jacobi is committed to the health and well-being of all New Yorkers and offers a wide range of high quality and affordable health care services to keep patients healthy and to address the needs of the diverse populations of the Bronx. The facility's strategic priorities include improving the patient experience; Leading the Way to Zero (no hospital acquired patient

illness); improving our fiscal responsibility through better documentation and billing; and the continued improvement of 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 leadership, including ongoing updates and information from the Chief Executive Officer, and whenever appropriate from the Medical Director, Chief Nursing Officer, Senior Leadership, Chief Financial Officer, Department Chairs, Physicians, and Administrators. These sessions keep CAB members informed and provide opportunities for them to raise questions and have 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 medical attention they receive, the comprehensiveness of the care, and the kindness of staff. Patients also compliment the facility on its unique services. Patients and visitors frequently comment on how attractive the facility is, from the renovated buildings to the immaculate and safe exterior grounds (e.g., 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"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15-27
2. What are current numbers of members? 14 What are current numbers of vacancies? 1

Please note, we have 2 additional CAB candidates soon to be processed that will increase our membership to 16 – and we are waiting to hear from the Bronx Borough President's office regarding 4 appointments (one each from CB9, 10, 11, and 12), and waiting to hear from Lehman College regarding the possibility of several students joining the board.

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

CAB members promote the CAB in the community 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 example, the annual September 11th Memorial Procession, the Legislative Forum, and the annual Mental Health Conference.

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.

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

yes no

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

yes no

CAB members did not provide testimony but were present.

a. If so, were the issues subsequently addressed?

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

CAB members 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 (e.g., 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 no

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

yes no

Note: Jacobi CAB members always participate in the conference, however, there wasn't one presented this year.

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 Mayzella / *SM*

Date: 8/30/18

Executive
Director: *Christina J. ...*

Date: Aug 29, 2018



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

NORTH CENTRAL BRONX COMMUNITY ADVISORY BOARD

I. COMMUNITY NEEDS

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

The most significant health concerns affecting our community continues to be the high rate of chronic disease such as diabetes, obesity, heart disease, respiratory disease including 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

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 system wide initiatives, providing specialty practice sessions, sponsoring health fairs where health education materials are distributed and free screenings are offered, and promotion of a Farmer's Market near the hospital.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include Service Excellence initiative aimed at encouraging our staff to embrace standards of behavior for service excellence so we can provide the best care experience for our patients and community. Also, a strategic priority continues to be becoming one of the safest hospitals in the nation. NCB also aims to develop a diversified payor mix essential for fiscal responsibility, and employs performance improvement initiatives to continue to improve the safety, efficiency and quality of its services and systems.

Senior staff and the Community Advisory Board engage in discussions regarding the planning and promotion of services. Several CAB members attend community meetings so they can provide valuable feedback and input from the community.

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, Leadership, including Physicians, Nursing Leaders, Finance and Administrative Leaders. These sessions provide information on key performance indicators, relevant healthcare issues, services and events and 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?

X Yes

No

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

X Yes

No

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

Most frequent complaints raised are regarding communication.

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

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

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15 to 27
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?

CAB members reach out to individuals in the community regarding the board and interested individuals are invited to attend meetings as guests. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, participation in the annual 9/11 Memorial Procession and the Legislative Forum. Additionally, CAB participation in community health fairs also brings attention to the role of the CAB.

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

Yes

No

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

The CAB has a yearly calendar of regular meetings and/or special events, including healthcare conferences.

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.) and also on NYC Health+ Hospitals initiatives that they can distribute at Community Board meetings.

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

Yes

No

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

Yes

No

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

Yes

No

The CAB participated in a Legislative Forum that was strongly promoted within the community for attendance. 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 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.

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:

9/4/18

Executive Director:



Date:

9/4/18