



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

January 7, 2020

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

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

AGENDA

- | | |
|--|----------------------|
| I. Call to Order | Robert Nolan |
| II. Adoption of November 12, 2019
Community Relations Committee Meeting Minutes | Robert Nolan |
| III. Chairperson's Report | Robert Nolan |
| IV. CEO President's Report | Mitchell Katz, M. D. |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Kings | Warren Burke |
| b. NYC Health + Hospitals/East New York | Vera Gibbs |
| c. NYC Health + Hospitals/Sea View | George Marino |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

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

November 12, 2019
5:30 P.M.
NYC Health + Hospitals Board Room
125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Robert Nolan, Chairperson
José Pagán, Ph.D., Chair, NYC Health + Hospitals Board of Directors
Dr. Katz, President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island (excused)
Gary Delemonthe, Chairperson, NYC Health + Hospitals/Coler
Anthony Andrews, Ph.D., Chairperson, NYC Health + Hospitals/Queens
Everett Person Chairperson, NYC Health + Hospitals/Sydenham
Ronnie White (representing John Roane, Chairperson,) NYC Health + Hospitals/Bellevue
John Breceovich, Chairperson, NYC Health + Hospitals/Metropolitan
Enrique Cruz, Chairperson NYC Health + Hospitals/Gouverneur (excused)
Warren Berke, Chairperson, NYC Health + Hospitals/Kings
Cheryl Alleyne (representing Esme Sattaur-Lowe Chairperson,) NYC Health + Hospitals/NCB
Sylvia Lask, Chairperson, NYC Health + Hospitals/Jacobi (excused)
Carlos Cortez, Chairperson, NYC Health + Hospitals/Elmhurst (excused)
William Hamer, Chairperson, NYC Health + Hospitals/Harlem
Jacqueline Narine, NYC Health + Hospitals/ Cumberland (excused)
Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney (excused)
LaShawn Henry, Chairperson, NYC Health + Hospitals/Henry J. Carter
Jessica Arocho, Chairperson, NYC Health + Hospitals/Woodhull

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Gloria Thomas, NYC Health + Hospitals/Kings
Ruth Jones, NYC Health + Hospitals/Harlem
Elsie Trotman, NYC Health + Hospitals/Harlem
Irene Swilley-Wynn, NYC Health + Hospitals/Harlem
Carole Smith, NYC Health + Hospitals/Sydenham
Judy Wessler, NYC Health + Hospitals/Gouverneur
Clifford Duffus, NYC Health + Hospitals/Queens
Merlene Smith-Sotillo, NYC Health + Hospitals/Queens
James Boneparte, NYC Health + Hospitals/Queens

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

Deborah Brown, Office of Government Relations
Colicia Hercules, Office of Board Affairs
Renee Rowell, Office of Government Relations
Manelle Belizaire, Office of Government Relations
Xiomara Wallace, Office of Government Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

Gregory Calliste, Chief Executive Officer, NYC Health + Hospitals/Woodhull

Ebone Carrington, CEO, NYC Health + Hospitals/Harlem

Gregory A. Atwater, AED, NYC Health + Hospitals/Sydenham

Philip Cooke, AED, Public Affairs, NYC Health + Hospitals/Harlem

Charlotte Ozuna, CAB Liaison, NYC Health + Hospitals/Harlem

Randreta Ward-Evans, CAB Liaison, NYC Health + Hospitals/Sydenham

Jorge I. Montalvo, Chief Operating Officer/PAGNY

Rachel Graham Kagan/PAGNY

GUESTS:

Ann Bove, CPHS/NYSNA

Nydia Velasquez, NYSNA

CALL TO ORDER:

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m.

Mr. Nolan noted that a quorum had been established. He requested a motion for the adoption of the minutes of September 10, 2019. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Nolan noted that a quorum had been established and called the meeting to order at 5:36 p.m. He requested a motion for the adoption of the minutes of September 10, 2019. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Nolan began his remarks by welcoming Deborah Brown, JD, MSW, newly appointed Senior Vice-President for External and Regulatory Affairs, who will guide the System's external partnerships and manage complex regulatory and policy matters, defining and executing strategies to advance NYC Health + Hospitals' local, state, and federal priorities. Mr. Nolan noted that Ms. Brown would lead the Government and Community Relations teams with nearly two decades of experience representing, advocating for, and leading hospital systems. Mr. Nolan added that Ms. Brown joins the public health system from her position as the Chief Strategy and Innovation Officer for Health in the office of the Deputy Mayor for Health and Human Services. He noted that she also served in a senior staff position in the Montefiore Health System, where she led policy, regulatory, and advocacy initiatives to advance that system's expansion of value-based care.

Mr. Nolan reported that on October 23rd Ms. Brown presented Representative Elliot Engel (D-NY) with the America's Essential Hospitals Congressional Leader Award in recognition of his leadership in the fight against Medicaid DSH (Disproportionate Share Hospital) cuts. Mr. Nolan noted that this issue is a major priority of NYC Health and Hospitals' and added that nationally there had been both federal and states' cuts in the Medicaid program. Mr. Nolan added that, federal cuts were again delayed as part of the President's continuing resolution (CR) to fund the government until November 21st. Mr. Nolan added that the initial discussions had begun on Capitol Hill regarding a subsequent CR through or perhaps beyond the end of the year. Dr. Katz stated that "we remain confident that the cuts will not take effect this year or next."

Mr. Nolan reported that NYC Health + Hospital's OneCity Health Subsidiary, along with MetroPlus, had been collaborating with NYC DOHMH and the Mayor's Office, to submit comments in support of the State's draft 4-year Delivery System Reform Incentive Payment (DSRIP) program 1115 waiver extension/renewal application.

Mr. Nolan concluded his remark by announcing NYC Health + Hospitals/Coney Island leadership, New York City Council Brooklyn Delegation Co-Chair Mark Treyger and New York City Council Hospitals Committee Chair Carlina Rivera unveiled plans to improve access to care, experience and comfort for patients with new, upgraded ultrasound OBG/GYN technology purchased with \$400,000 capital funds secured by Council Member Treyger.

PRESIDENT REMARKS:

Mitchell Katz, M.D.,

Dr. Katz began the President's remarks by congratulating Mr. Nolan as the newly elected Chair of NYC Health + Hospitals Board of Directors' Community Relations Committee.

Epic

Dr. Katz reported that the countdown continues with NYC Health + Hospitals/Kings going live at the end of December. Dr. Katz noted that when this happens all facilities would be up on Epic.

NYC Care

Dr. Katz reported that in the first three (3) months of NYC Care rollout, 7,500 people had enrolled and received appointment with a primary care physician. Dr. Katz continued and noted that 3,000 prescription filled in the first two (2) months during expanded hours at our pharmacies.

Dr. Katz concluded the President's remarks by wishing all a happy, healthy and safe holiday season.

NYC Health + Hospitals/Woodhull

Mr. Nolan introduced Ms. Jessica Arocho, Chairperson of NYC Health + Hospitals/ Woodhull and invited her to present the CAB's annual report.

Ms. Arocho began her presentation by thanking members of the Committee for the opportunity to present the Woodhull CAB's annual report. Ms. Arocho acknowledged Mr. Gregory Calliste, Chief Executive Officer, employees of Woodhull, and fellow CAB members for their dedication and commitment to improving and providing excellent healthcare for the residents of North Brooklyn.

Ms. Arocho reported that the CAB is fully supportive of the CEO's vision of making NYC Health + Hospitals/Woodhull a model hospital and the hospital of choice for North Brooklyn community and also engaged in the pursuit of excellence in the areas of patient care, patient experience, staff satisfaction, community satisfaction and fiscal viability.

Ms. Arocho reported that most of the CAB membership slots are filled and the CAB is actively recruiting to fill the remaining vacancies. She reported that the full Board meets monthly and sub-committees meet as needed.

Ms. Arocho continued and shared NYC Health +Hospitals/ Woodhull's successes and challenges.

Major successes included:

- The facility is in good standing with all regulatory agencies including CMS and Joint Commission.
- The facility in joint partnership with Comunilife completed the 89 apartment residence on Woodhull's campus for supportive and low income persons, were completed on budget and on time in January, 2019.
- The facility established the first LGBT Pride Center in Brooklyn.
- The facility development of a better rapport with the North Brooklyn community where the CAB Chair, CEO and other team members visit community organizations, participated in community

activities, and briefed elected officials on a regular basis. Ms. Arocho noted that this has resulted in more community support and advocacy from the elected officials for more

- The facility with the support of the Woodhull Auxiliary, upgraded clinical equipment including eight (8) dental chairs, ophthalmology, cardiac/telemetry monitors, ultrasound and ventilators.
- The City Council secured \$5 million for the expansion and renovation of the Emergency Room. Certificate of Need (CON) was approved and project is now in design phase.

Major challenges included:

- Inability to fill key vacancies because of non-competitive salaries, which include service directors, specialists and other professional staffs. This results in patients being referred to other facilities for these services.
- Downsizing of the psychiatric services, including inpatient beds, because of lack of psychiatric professional.
- An aging physical plant (over 40 years old) which requires more maintenance to upkeep.

Ms. Arocho concluded her presentation by reporting that in spite of the difficulties, the staff morale is relatively high and community confidence and support for Woodhull is stronger than ever.

Mr. Nolan asked for a response to the rate the facility appearance as satisfactory.

Ms. Arocho replied that the scaffolding around the building takes away from the building façade.

Mr. Nolan acknowledged Ms. Ebone Carrington, CEO NYC Health + Hospitals/ Harlem and Gregory Calliste, CEO NYC Health + Hospitals/Woodhull.

Mr. Nolan thanked Ms. Arocho for her report and moved the agenda.

NYC Health + Hospitals/Harlem

Mr. Nolan introduced Mr. William Hamer, Chairperson, and invited him to present the Harlem CAB report.

Mr. Hamer began his presentation by thanking members of the Committee for the opportunity to present the Harlem CAB annual report. He continued and thanked Ms. Carrington, CEO for doing an excellent job, and for always making the Patient's Experience a top priority. Mr. Hamer added that Ms. Carrington has been transparent and keeps the CAB informed regarding the system's transformation.

Mr. Hamer reported that the facility's strategic priority is to improve the Patient Experience, increase access, increase market share and community outreach. Mr. Hamer added that NYC Health + Hospitals/Harlem is always in pursuit of excellence and shared some of the facility's accomplishments and recognitions during 2019:

- American Heart Association "Get with the Guidelines" for Stroke
- U.S. News & World Report On High Performers List for heart failure
- Dr. Gerald Fletcher was appointed to Accreditation Council for Graduate Medical Education (ACGME)

- The lobby of the MLK Jr. building was fully renovated
- Implementation of the Epic H2O Electronic Medical Record (EMR)
- Joint Commission Survey

Mr. Hamer reported that 2019 was a great year, for the CAB. He noted that the year was full of learning, growth and accomplishments. Mr. Hamer highlighted key points such as Healthy Harlem 101, CAB Legislative Breakfast and the Patient Family Advisory Council (PFAC) monthly meetings.

Mr. Hamer concluded his presentation by sharing a negative turned positive patient experience story of two community residents with the committee.

Mr. Nolan thanked Mr. Hamer for his presentation and continued with the agenda.

Mr. Nolan introduced Mr. Everett Person, Chairperson of NYC Health + Hospitals/ Sydenham 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 annual report. Mr. Person continued and thanked Gregory Atwater, Deputy Executive Director, Carole Smith, CAB member and Randreta Ward-Evans, CAB Liaison for their leadership and support.

Mr. Person reported that the Sydenham CAB participated in this year's Lobby Day in Albany, NY on Tuesday, February 12th. Mr. Person continued and stated that "the Sydenham CAB discussed the effectiveness and benefits of going to Albany, NY."

Mr. Person reported that the Sydenham CAB participated and supported the Police Athletic League's (PAL) annual Girl Sports Day, in Harlem. Mr. Person noted that the PAL has a long history in New York City.

Mr. Person reported that the Sydenham CAB continues to meet with the leadership to discuss community concerns, and provide updates on new initiatives and strategic planning. Mr. Person noted these meetings enables the CAB to plan health forums to address the community needs.

Mr. Person reported that the Sydenham CAB and Auxiliary collaborated with NAACP Mid-Manhattan Branch for their first Annual Backpack Giveaway on Saturday, August 24.

Mr. Person announced that the Sydenham CAB would co-partner with the Auxiliary to host this year's Pediatric Holiday Toys Giveaway on Saturday, December 14th.

Mr. Person reported that at least six (6) times a year Jeanne Parnell Habersham, CAB member, invites the Sydenham leadership and medical staff to her radio show on WHCR 90.3 FM as a mechanism to get the word out to the community about the services Sydenham has to offer.

Mr. Person concluded the Sydenham CAB's annual report by presenting Ms. Renee Rowell, Senior Director of Government and Community Affairs, with the Sydenham Auxiliary's Appreciation Award. Mr. Person noted that due to an illness, Ms. Rowell was unable to attend the Auxiliary Annual Public Meeting.

Mr. Nolan encouraged CAB members to participate and attend NYC Board of Directors' Annual Public Borough Meeting.

Old Business:

New Business:

In regards to the CAB's Annual Report format, Mr. Nolan recommended that the CAB's Council to come up with a better way to communicate concerns to the Committee.

Adjournment: Mr. Nolan adjourned the meeting at 6:10 p.m.

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	Barriers to receiving services
Diabetes	Customer Service: Professional and administrative staff's
Heart Disease	Waiting times at appointments
Obesity	Pharmacy Waiting times to fill prescriptions
Asthma	Staffing Cutbacks
Mental Illness	
HIV/AIDS/STIs	

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

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.
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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.

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

☒ **Community Board(s) meetings**

☒ **Other Public Meetings**

☒ **Needs Assessments**

☐ Surveys

☐ Community Health Profile Data

☒ **Reports from Community Organizations**

☐ Other Activities (please list)

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

☒ **yes**

☐ no

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

Kings County Hospital leadership is extremely adept at “listening” to concerns and “acting” towards their 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?

- **Better Care- Improve the Patient Experience**

Achieve operational excellence to drive patient safety and improve clinical outcomes.

Improve Access to Clinical Services and Care Coordination across the continuum of care (both within and without hospital)

Leverage our Communication channels to build awareness and accountability among our patients, staff and visitors.

Invest in Continuous Learning and celebrate staff accomplishments to foster an Engaged Workforce

- **Better Health- Improve the Health of the Community**

Engage with key stakeholders to identify and address the community's Health Needs and Social Determinants that impact health.

Build partnerships and create linkages with CBO's to support improved health outcomes.

Create Innovative Models of Care that focus on prevention, appropriate treatment and sustained individual and population health.

Achieve all DSRIP milestones in collaboration with One City Health Performing Provider System

- Improve our financial viability (Better Value)
- Improve the experience of providing care (Joy in Work)

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 McLeod, 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.

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 mentioned 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.

In addition, the CAB Chair attends monthly meetings of the Patient Experience Council and the Medical Board and reports to the full CAB at its monthly meeting.

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

- Excessive wait time for appointments
- Staff Attitude
- Lack of Communication

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

- Patient First
- Professionalism
- Quality of Care
- State of the art treatment procedures

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

☒ Yes

☐ No

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

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

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

☒ Yes

☐ No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

- 7. 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
- 8. What are current numbers of members? ____ What are current numbers of vacancies?** The current numbers of voting members are 12: 6 six ex officio. The number of vacancies is 8, We have submitted 4 new member applications to Central Office for vetting.
- 9. 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.
- 10. Do the CAB's recruitment efforts include outreach to new population groups in the community?**

☒ Yes

☐ No

Please note, in the new member applications being processed, two of applications include prospective members of population groups not currently represented.

11. 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"

12. 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. We currently have 3 Community Board Members whom are also CAB members. In addition, CAB members report to each of their state-holder groups as well as other monthly Community meetings, for example – NYPD 71st Precinct Council, elected officials town halls

13. 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

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

yes

☒ no

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

☒ yes (Please fill in)

☐ no

16. 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

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

The CAB is fully integrated into the facilities outreach events.

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

☒ yes

☐ no

The Chairperson, First Vice Chair, Secretary and Liaison attend the monthly council of CAB meeting.

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

☒ yes

☐ no

20. 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?

There's been turnover in this department, it is a work in progress.

IV. 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.

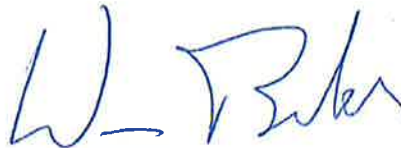
1. Increased transparency from Central office to all the CABS.
- 2.
- 3.
- 4.
- 5.

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

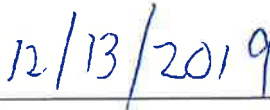
Signatures:

CAB

Chairperson:



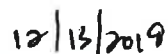
Date:



**Executive
Director:**



Date:





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

NYC Health + Hospitals Gotham Health-East New York

I. COMMUNITY NEEDS

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

HIV, Diabetes, Hypertension, Food insecurities, Asthma and Youth Health

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

☒ Community Board(s) meetings ☐ Other Public Meetings
☐ Needs Assessments ☒ Focus Groups ☒ Community Health Profile Data
☒ Reports from Community Organizations ☒ Population Health Dashboard

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

☒ yes ☐ no

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

- Town Halls for Staff to ongoing updates
- Nursing Visits
- Treat to Target Program
- Community Outreach
- Partnering with Metroplus and other Community Based Organizations
- Addressing Food insecurities
 - Project Eats Farm Stand
 - Health Bucks distribution

- Stanford Model Chronic Disease Self-Management
- Modernization of Teen Clinic
- (PrEP Grant)
- Partner with local schools to refer patients to Teen Clinic

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?
____ minimum 15 to maximum 27

2. What are current numbers of members? _15_ What are current numbers of vacancies? __1__

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

Tablings at the facility, presentations at CB5, presentations at Precinct Council, Food pantries and Faith based organizations. Marketing the clinic and bringing new patients into the clinic for care. 5 New members recruited September 1st 2019.

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

☒ Yes

☐ No

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

A. Planning and Development Committee

1. To participate in the establishment of priorities within the Health Center based upon needs of the community;
2. To participate in area-wide planning through appropriate agencies and mechanisms;
3. To be familiar with the fundamental guidelines governing accreditation and to participate in the community;

B. Finance Committee

1. To review and re-evaluate federal, state and local allocations which have an effect on the Health Center and Hospitals;
2. To review, evaluate the Health Center's budget;
3. To review, and evaluate Board budgets and committee budgets;
4. To make recommendations to the Board concerning the aforementioned budgets and allocations.
5. To evaluate, advise, assist and give recommendations on any personnel matter brought to attention. Particularly those matters that relate to the needs of the community and especially those aspects of operation which influence the type of quality of services rendered.

C. Membership Committee

To recruit and review qualifications of candidates to recommend to the Executive Director and the Borough President for Board membership.

D. Executive Committee

The primary duty of the Executive Committee shall be to take action on urgent matters that must be handled between regular Board meetings, subject to ratification by the Board. In addition to its primary duty, the Executive Committee may assist the Board Chairperson in the development of an agenda for each Board meeting and may act as a resource for the coordination of all Committee work.

D. Legislative Committee

Advocate for the facility with elected officials and plan the annual legislative breakfast.

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 Board member is also a member of CB5 and reports the needs to the Community Planning Board

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

☒ Yes ☐ No

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

☒ yes ☐ no

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

☒ yes ☐ no

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

☐ yes ☒ no

a. If so, were the issues subsequently addressed?

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

1. Annual Turkey Giveaway
2. Annual Toy Giveaway
3. Partnership with PAL
4. Joint presentations at Precinct council and Community Board 5 meetings
5. Business to Business marketing by CAB members

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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?

N/A

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. Continued partnership with Administration and Community Affairs
2. Happy to report elevator modernization is currently in progress

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

Signatures:

CAB

Chairperson:

Date:

12/10/19

Executive

Director:

Date:

12/10/19



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

SEA VIEW COMMUNITY ADVISORY BOARD

PRESENTED JANUARY 7, 2020

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 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)

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 is 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? 9. What are current numbers of vacancies? 3
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 call 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:

George Mauro (acting)

Date:

12/8/19

Chief Executive Officer:

[Signature]

Date:

12-23-19